S. Burlington

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE:	)	
NANCY J. CONTOIS	)	Docket No. NU26-0902
License No. 026-0027074	)	

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, through State Prosecuting Attorney, Angela B. Stanski, and the Respondent, Nancy J. Contois, who stipulate and agree as follows:

Board Authority

1. The Vermont Board of Nursing ("the Board") has jurisdiction to investigate complaints of unprofessional conduct and discipline nurses pursuant to 3 V.S.A. §129(a)(5); 3 V.S.A. §814(d); 26 V.S.A. §1582(a); the Administrative Rules of the Board of Nursing; and the Rules of the Office of Professional Regulation.

Statement of Facts

2. The Respondent, Nancy J. Contois, is licensed in the State of Vermont as a Registered Nurse under license number 026-0027074.

3. The Respondent's license is currently suspended pursuant to the Stipulation and Consent Order entered by the Board of Nursing on March 12, 2003. This discipline was imposed by the Board due to the Respondent having violated the conditions of her license in effect at the time by testing positive for Benzodiazepine(s) and Opiate(s) and by having consumed alcohol. Further, this discipline was also based on the Respondent obtaining physician's prescriptions for Paxil and Percocet without following the provisions set forth in her Order, and for the Respondent being found to have removed Percocet from the Pyxis machine at work on several occasions without documenting the administration of the medication. The Respondent has recently requested that the Board consider her for license reinstatement.

4. On March 8, 2005, the Board received an evaluation of the Respondent from her counselor, Kim Bushey, LADC, MACP. Ms. Bushey advises in her report that since the suspension, the Respondent has voluntarily completed a ninety day program at Hazelden Springbrook, an intensive drug and alcohol treatment program located in Oregon. The Respondent was discharged from Hazelden Springbrook on February 20, 2004. In adhering to her discharge recommendations, on February 23, 2004, the

Respondent was then admitted into aftercare at DayOne-FAHC, a voluntary outpatient treatment program. The Respondent has now successfully completed over one year of aftercare. Ms. Bushey advises that the Respondent "has made significant progress in her treatment and has met her treatment goals at the time of admission" which include the Respondent having "consistently maintained abstinence, regular treatment attendance and involvement, and involvement in self-help. As part of her self-help, the Respondent has attended daily AA meetings for three months, and has since attended three to five meetings per week." The Respondent has obtained and has retained close ties with her AA sponsor, and all of her urine screens have been negative for any substances. To date, the Respondent has participated in 43 individual treatment sessions at DayOne. Ms. Bushey believes that the Respondent is "capable of returning to professional work with supervision" and she recommends that the Respondent's license be reinstated.

Charges

5. The acts, omissions and/or circumstances described above constitute grounds for discipline because Respondent violated:

i. 26 V.S.A. §1582(a)(3) (Inability to practice nursing competently by reason of any cause). Any cause includes, but is not limited to, use of drugs, narcotics, chemicals or any other type of materials pursuant to the Administrative Rules of the Board of Nursing, Chapter 4, Rule IV(II)(C); and

ii. 26 V.S.A. §1582(a)(5) (Being habitually intemperate or addicted to the use of habit-forming substances); and

iii. 26 V.S.A. §1582(a)(7) (Engaging in conduct of a character likely to deceive, defraud or harm the public); and

iv. 3 V.S.A. §129a(a)(3) (Failure to comply with the provisions of state statutes or rules governing the practice of the profession).

Understandings

6. Respondent understands that the Nursing Board must review and accept the terms of the Consent Order. If the Board rejects any portion, the entire Stipulation and Consent Order shall be null and void.

7. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced her rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.

8. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.

9. Respondent is not under the influence of any drugs or alcohol at the time she

signs this Stipulation and Consent Order.

10. Respondent voluntarily enters into this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulation and Consent Order.

11. Respondent voluntarily waives her right to a contested hearing before the Board of Nursing.

12. Respondent agrees that the Order set forth below may be entered by the Board.

ORDER

Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

A. The Board of Nursing hereby **CONDITIONS** the Respondent's license to practice nursing for a minimum period of **THREE (3) YEARS** commencing with the date of entry of this Stipulation and Consent Order. The conditions are as follows:

(1) Issuance of License.

Upon the commencement of these conditions, Respondent shall be issued a license labeled "conditioned."

(2) Length of Time Conditions Imposed.

The conditions shall remain in place until Respondent has completed all conditions ordered. Respondent shall be subject to the conditions until Respondent completes three (3) years of supervised nursing practice in which she works forty (40) hours every two (2) weeks as a nurse. Part time hours of less than forty (40) hours every two (2) weeks shall be credited on a prorated basis. Respondent shall be prohibited from working more than forty (40) hours per week. Respondent's license is additionally conditioned as follows.

(3) Completion of Alcohol and Drug Abuse Counseling and Treatment Plan.

Respondent shall enter into and continue individual alcohol and drug abuse counseling with a treating professional approved by the Board until the treating professional shall certify in writing to the Nursing Board that such counseling is no longer necessary. Respondent shall enter into and comply with the alcohol and drug abuse treatment plan approved by the Board and the treating professional.

(4) Notification to Treating Professional.

Respondent shall provide a copy of this Stipulation and Consent Order to her treating professional and cause her treating professional to inform the Board, in writing and on professional letterhead, of receipt of the Stipulation and Consent Order and the treating professional's ability to comply with the conditions related to treatment and with all other terms of this Consent Order.

(5) Reports from Treating Professional.

Respondent shall authorize and cause her treating professional to submit to the Board evidence of satisfactory progress with the treatment plan during the effective period of this Consent Order. These reports shall be submitted in writing on forms issued by the Board. The first report is due commencing the month after the date of the commencement of the conditions and subsequent reports are due every month thereafter.

In the event that the treating professional wishes to change the frequency of submission of the monthly reports, the treating professional may make a written request to the Board along with the reasons therefore, submitted on professional letterhead. If such a request is granted by the Board, should a change in treating professionals occur, the requirement of monthly reporting will resume.

Respondent shall authorize her treating professional to provide all information requested by the Nursing Board, either orally or in writing, at any time during the period this Consent Order is in effect.

(6) Notification to Employers/Nursing School.

Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current or future setting during the conditioned period in which Respondent practices as a nurse and inform them of Respondent's conditional license status.

Within ten (10) days of the commencement of nursing employment and of any subsequent nursing employment, Respondent shall cause Respondent's immediate supervisor to write to the Board, on the employer's letterhead, acknowledging receipt of the Stipulation and Consent Order and the ability to comply with the conditions in the Consent Order.

In the event Respondent is attending a nursing program which has a clinical portion which involves actual patient care, she shall provide a copy of the Stipulation and Consent Order to the Program Director. Respondent shall cause the Program Director to write to the Board, on school letterhead, acknowledging receipt of the Stipulation and Consent Order and ability of the program to comply with its conditions during clinical experience.

(7) Reports from Employers/Nursing School.

Within one (1) month of the commencement of nursing employment and **monthly** thereafter, Respondent shall cause every nursing employer Respondent has worked for during the month to submit to the Board an evaluation of Respondent's work performance and attendance during that month. This report shall be submitted in writing on forms issued by the Board.

In the event that a nursing employer wishes to change the frequency of submission of the monthly reports, the employer may make a written request to the Board along with the reasons therefore, submitted on professional letterhead. If such a request is granted by the Board, should the Respondent change employers, the requirement of monthly reporting will resume.

In the event the Respondent is attending a nursing program, Respondent shall cause the Program Director to submit to the Board, on a monthly basis, a written

evaluation of her performance and attendance. This report shall be submitted in writing on forms issued by the Board and accompanied by a cover letter on the school's letterhead.

(8) Administration of Medications.

Respondent is prohibited from administering any controlled substances. This condition may be removed only by the Respondent filing a petition with the Board after she has worked as nurse for twelve (12) weeks for at least 40 hours work every two weeks (or the part time equivalent) after the entry date of this Order.

In any such petition, the Respondent must demonstrate, to the satisfaction of the Nursing Board, that she can safely and competently administer such medications. In any such petition, the Respondent must include appropriate support from her treating professional and employer or nursing school administrator and a description of the documentation and inventory control procedures in place.

The removal of this prohibition shall not automatically result in the reinstatement of all medication privileges. The Board may gradually restore those privileges through whatever intermediary steps it determines are appropriate.

(9) Practice Under Supervision.

Respondent shall practice only in a nursing setting where Respondent has direct supervision for the entire shift by a registered nurse that is licensed and in good standing.

(10) Participation in Recovery Group.

Respondent shall participate as recommended by her treating professional, in Alcoholics/Narcotics Anonymous meetings and/or other recovery group.

(11) Abstain from Alcohol and Drug Use.

Respondent shall abstain completely from the consumption or possession of alcohol and drugs with the exception of prescribed medications as outlined in paragraph A.(12) for the period of time described in paragraph A.(2).

(12) Drug Use Exception.

Respondent shall not take controlled substances unless necessary. Respondent may take scheduled/controlled medications lawfully prescribed for a bona fide illness or condition by a physician, dentist, or nurse practitioner whose identity shall be made known to the Board in writing by Respondent within forty-eight (48) hours of the establishment of the practitioner/patient relationship. Respondent shall ensure that the physician, dentist or nurse practitioner informs the Board, in writing and on appropriate letterhead, of knowledge of Respondent's substance abuse issue(s) within one (1) week of entering into the practitioner/patient relationship. Respondent shall inform the Board in writing of all scheduled/controlled medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.

The Board or its designee may request at any time that the practitioner document the continued necessity for the prescribed scheduled/controlled medications if the

term exceeds 14 days. This includes medications to be administered as necessary. It is not anticipated that Respondent would be prescribed scheduled/controlled medication, during the term of this Consent Order, for a period greater than 14 days, but if so, then the conditions herein may be revoked by the Board.

Respondent shall keep a written record of all medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

(13) Random Drug and Alcohol Testing.

Respondent shall submit to random drug and alcohol screenings at the request of the Board or its designee. Respondent shall designate a person, who has been approved by the Board or its designee, to administer random drug and alcohol screens. All testing shall be done on a random, unannounced basis and analyzed by a lab qualified to analyze samples for forensic purposes. All urine specimens collected for tests shall be collected in an observed setting. All screens shall be negative.

(14) Interview with the Board or its Designee.

Respondent shall appear in person for interviews with the Board or its designee upon request.

(15) Types of Employment Prohibited.

Respondent shall not work as a supervising nurse, with the exception of supervising LNAs and other unlicensed assistive persons. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency or as a personal care provider during the effective period of this Consent Order.

(16) Out of State Practice/Residence.

Before any out-of-state practice or residence can be credited toward fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board prior to Respondent leaving the State of Vermont. If Respondent fails to receive such approval before leaving the State, none of the time spent out-of-state will be credited toward the fulfillment of the terms and conditions of this Consent Order. The Board will approve out-of-state practice so long as the Respondent can still comply with the provisions of this Consent Order.

(17) Notification of Place of Employment/Personal Address/Telephone Number.

Within five (5) days of the date of entry of this Consent Order, Respondent shall notify the Board, in writing, of her current place of employment, personal address, and telephone number. Respondent shall further notify the Board, in writing, within forty-eight (48) hours of any change in employment, personal address, or telephone number.

(18) Notification to Other States.

In the event that the Respondent is licensed as a nurse in any other state(s), she must inform the nurse licensing board of the state(s) in which the Respondent is

licensed of the conditional status of her Vermont nursing license within thirty (30) days of the date of entry of this Order. If the Respondent fails to provide such notification, it will be considered a violation of this Order.

(19) License Renewal.

If the Respondent's license expires while this Order is still in effect, this Order does not automatically extend the license. In that situation, in order to continue to practice nursing, the Respondent must timely apply for renewal, pay the applicable fee and demonstrate that she has otherwise complied with the requirements for license renewal.

(20) Costs.

The Respondent shall bear all costs of complying with this Consent Order.

(21) Violation of this Order.

If the Respondent violates the terms of this Order in any respect, the Board, after giving the Respondent notice and an opportunity to be heard, may rescind or modify this Order and impose additional appropriate disciplinary actions. If a complaint of unprofessional conduct is made against the Respondent during the term of this Order, this Order shall be automatically extended until the unprofessional conduct matter is concluded.

(22) Completion of Conditional License Period.

After the conditional license period, the Respondent may petition the Board to remove any and all conditions on her license. The Respondent must present proof that she has full complied with the terms of this Order. The Respondent must also present proof of successful alcohol and drug abuse rehabilitation and she must demonstrate, to the satisfaction of the Nursing Board, that she poses no danger to the public or the practice of nursing and that she can safely and competently perform the duties of an R.N.

B. Notwithstanding any provision above, the Respondent must continue to meet all Nursing Board requirements for maintaining a license, license renewal and license reinstatement.

C. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

D. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

AGREED TO:

Dated: 3/11/05

STATE OF VERMONT
SECRETARY OF STATE

By: Angela B. Stanski
Angela B. Stanski
State Prosecuting Attorney

NANCY J. CONTOIS
RESPONDENT

Dated: 3/11/05

By: Nancy J. Contois
Nancy J. Contois

APPROVED AS TO FORM:

Dated: 3/11/05

ATTORNEY FOR RESPONDENT

By: Eric Miller
Eric S. Miller, Esq.

APPROVED AND SO ORDERED:

Dated: 3-14-05

VERMONT BOARD OF NURSING

By: Linda Rice
Chairperson (Acting)

Date of Entry: 3/18/05

nu.contois.stip

STATE OF VERMONT
BOARD OF NURSING

IN RE:	)	
Nancy Contois	)	Docket No. NU26-0902
License No: 26-27074	)	

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COME the State of Vermont, through its Attorney General William H. Sorrell, and Respondent Nancy Contois, and stipulate and agree as follows:

1. The Vermont Board of Nursing has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by nurses and nursing assistants pursuant to 3 V.S.A. §§129, 129a and 814; 26 V.S.A. §§1574, 1582, 1595 and 1598; the Board of Nursing's Rules and the Office of Professional Regulation's Rules.

2. Respondent, Nancy Contois, of South Burlington, Vermont, is a registered nurse holding license number 26-27074, issued by the State of Vermont. This license was conditioned pursuant to a combined Specification of Charges, Stipulation and Consent Order ("Order") entered by the Nursing Board on about October 2, 2001 (Docket No. APP/NU09-0701, attached and incorporated). Further, this license was officially issued on about April 1, 2002, after Respondent passed the N.C.L.E.X. examination, and it was summarily suspended on about December 11, 2002.

3. The Order stated: "Respondent shall submit to random alcohol and drug screening at the request of the Board. Respondent shall ensure an identified contact person, approved by the Board, shall administer random drug and alcohol tests. All screens shall be negative except for drugs prescribed for her under the care of a physician, dentist, or nurse practitioner. (See paragraph B(8) Drug Use Exception)." [Paragraph B(6)]

4. The Order stated: "Respondent shall abstain completely from the consumption or the use or possession of any alcohol or drugs with the exception of prescribed medications as outlined in paragraph B(8)." [Paragraph B(7)].

5. The Order stated: "Respondent may take medications lawfully prescribed for a bona fide illness or condition by a physician, dentist, or nurse practitioner whose identity shall be made known to the Board in writing by Respondent within forty-eight (48) hours of the establishment of the practitioner/patient relationship. Respondent shall ensure that the physician, dentist or nurse practitioner informs

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the Board, in writing and on appropriate letterhead, of knowledge of Respondent's stipulation within one (1) week of entering into the practitioner/patient relationship. Respondent shall inform the Board in writing of all medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription. The Board or its designee may request at any time that the practitioner document the continued need for prescribed medications. Respondent shall keep a written record of medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee." [Paragraph B(8)].

6. From about April 25, 2002 to September 25, 2002, Respondent was employed by Fletcher Allen Health Care, of Burlington, Vermont.

7. Respondent admits that on about August 26, 2002, she ingested a prescription medication (clonazepam – a Benzodiazepine - upon information and belief), which had actually been prescribed to another person, and that she accepted, but did not ingest, additional clonazepam, that had been prescribed to that person.

8. Respondent admits that at times since October 21, 2001, she has possessed, used and consumed alcohol.

9. Respondent admits that she tested positive for Benzodiazepine(s) on August 28, 2002.

10. Respondent admits that with regard to the paragraph immediately above, as of August 28, 2002 she did not:

    a. Make the identity of any prescribing practitioner known to the Board in writing within forty-eight (48) hours of the establishment of the practitioner/patient relationship.
    b. Ensure that any prescribing practitioner inform the Board, in writing and on appropriate letterhead, of knowledge of Respondent's stipulation within one (1) week of entering into the practitioner/patient relationship.
    c. Inform the Board in writing of all medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.
    d. Keep a written record of medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

11. Respondent admits that she tested positive for Opiate(s) on August 28, 2002.

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12. Respondent admits that with regard to paragraph immediately above, as of August 28, 2002 she did not:

    a. Make the identity of any prescribing practitioner known to the Board in writing within forty-eight (48) hours of the establishment of the practitioner/patient relationship.
    b. Ensure that any prescribing practitioner inform the Board, in writing and on appropriate letterhead, of knowledge of Respondent's stipulation within one (1) week of entering into the practitioner/patient relationship.
    c. Inform the Board in writing of all medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.
    d. Keep a written record of medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

13. Respondent admits that on about September 13, 2002, her medical doctor wrote to the Board to document: Respondent receiving a sample packet of paxil on July 1, 2002 and a 30-day prescription with refills on July 15, 2002; Respondent receiving a prescription for thirty percocet on July 22, 2002, and; Respondent making an Emergency Room visit on about August 10, 2002.

14. Respondent admits that she tested positive for Benzodiazepine(s) on September 19, 2002.

15. Respondent admits that with regard to the two paragraphs immediately above, as of September 19, 2002 she did not:

    a. Make the identity of any prescribing practitioner known to the Board in writing within forty-eight (48) hours of the establishment of the practitioner/patient relationship.
    b. Ensure that any prescribing practitioner inform the Board, in writing and on appropriate letterhead, of knowledge of Respondent's stipulation within one (1) week of entering into the practitioner/patient relationship.
    c. Inform the Board in writing of all medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.
    d. Keep a written record of medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

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16. Respondent admits that on about August 19, 2002, at approximately 4:47 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "C.J.", but never documented administration of the medication.

17. Respondent admits that on about August 19, 2002, at approximately 6:03 p.m., she removed from the "pyxis" machine, morphine for patient "C.J.", but never documented administration of the medication.

18. Respondent admits that on about August 19, 2002, at approximately 8:26 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "C.J.", but never documented administration of the medication.

19. Respondent admits that on about August 19, 2002, at approximately 10:06 p.m., she removed from the "pyxis" machine, morphine for patient "C.J.", but never documented administration of the medication.

20. Respondent admits that on about August 21, 2002, at approximately 12:24 p.m., she removed from the "pyxis" machine, acetaminophen with codeine for patient "B.D.", but never documented administration of the medication.

21. Respondent admits that on about August 21, 2002, at approximately 5:57 p.m., she removed from the "pyxis" machine, lorazepam (also called ativan) for patient "M.W.", but never documented administration of the medication.

22. Respondent admits that on about August 24, 2002, at approximately 12:37 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "E.M.", but never documented administration of the medication.

23. Respondent admits that on about August 26, 2002, at approximately 6:11 p.m., she removed from the "pyxis" machine, diazepam (also called valium) for patient "K.R.", but never documented administration of the medication.

24. Respondent admits that on about August 27, 2002, at approximately 1:03 p.m., she removed from the "pyxis" machine, hydromorphone (also called dilaudid) for patient "T.B.", but never documented administration of the medication.

25. Respondent admits that on about August 30, 2002, at approximately 11:50 a.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "F.M.", but never documented administration of the medication.

26. Respondent admits that on about August 30, 2002, at approximately 2:58 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "F.M.", but never documented administration of the medication.

27. Respondent admits that on about September 2, 2002, at approximately 7:29 a.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "F.M.", but never documented administration of the medication.

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28. Respondent admits that on about September 13, 2002, at approximately 6:35 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "W.R.", but never documented administration of the medication.

29. Respondent admits that on about September 13, 2002, at approximately 10:53 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "W.R.", but never documented administration of the medication.

30. Respondent admits that on about September 15, 2002, at approximately 7:45 a.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "D.A.", but never documented administration of the medication.

31. Respondent admits that on about September 15, 2002, at approximately 12:11 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "D.A.", but never documented administration of the medication.

32. Respondent admits that on about September 15, 2002, at approximately 3:10 p.m., she removed from the "pyxis" machine, percocet (also called oxycodone) for patient "D.A.", but never documented administration of the medication.

33. Respondent admits that during about August 2002, she removed prescription medications - including percocet, morphine and benzodiazepines - from the "pyxis" machine at inappropriately high amounts. For example, she withdrew about 284 percocet when the next-highest person – who was almost working full-time - withdrew about 175 percocet.

34. Respondent admits the conclusions of unprofessional conduct as set forth below in the Board's Order.

35. Respondent understands that the Nursing Board must review and accept the terms of the Consent Order. If the Board rejects any portion, the entire Stipulation and Consent Order shall be null and void.

36. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.

37. Respondent waives any notification period and agrees to have this document reviewed by the Board during the next available meeting. Respondent specifically waives any claims that any disclosures made to the full Board during its review of

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this agreement have prejudiced her rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.

38. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.

39. Respondent voluntarily enters this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulation and Consent Order.

40. Respondent voluntarily waives her right to charges and a contested hearing before the Board of Nursing.

41. Respondent agrees that the Board may set forth the order below.

ORDER

Based on the stipulation above it is **ORDERED AND ADJUDGED** as follows:

A. By engaging in the conduct above, Respondent acted unprofessionally pursuant to, and in violation of: Nursing Board Rules Chapter 4, Rule IV(B)(2)(a) (performance of unsafe or unacceptable nursing care) and Chapter 4, Rule IV(B)(2)(b) (failure to conform to the essential standards of acceptable and prevailing nursing practice), Chapter 4, Rule IV(B)(4)(c) (...making inaccurate or misleading entries); 3 V.S.A. §129a(a)(3) (failing to comply with provisions of federal or state statutes or rules governing the practice of the profession) and 3 V.S.A. §129a(a)(4) (Failing to comply with an order of the board or violating any term or condition of a license restricted by the board).

B. The Nursing Board ~~REVOKES~~ suspends (*) the Respondent's license.

(*) See insert on page 7.

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C. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

D. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

Dated: 2/14/03 by: _____
William H. Ahlers
Assistant Attorney General

RESPONDENT
NANCY CONTOIS

Dated: 2/12/03 by: Nancy Contois
Nancy Contois

APPROVED AND SO ORDERED: VERMONT BOARD OF NURSING

Dated: 3-10-03 by: Linda Rice APRN.
Acting Chairperson

Entry Date: 3/12/03

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NC
WHA

Insert to item B:
Commencing on the date this order is entered, continuing until she demonstrates, to the satisfaction of the board:
Possession of at least entry level qualifications; Specific rehabilitation; good moral character and fitness; Methods of assuring public safety; and that reinstatement would not be detrimental to the integrity of the profession or subversive of the public interest

NC
WHA