

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

IN RE: )  
ANNE-MARIE R. NOEL ) Docket No. NU97-0608  
License No. 026-0028469 )

STIPULATION AND CONSENT ORDER

**STIPULATION**

NOW COMES the State of Vermont, by and through State Prosecuting Attorney Edward G. Adrian, and the Respondent, Anne-Marie R. Noel, R.N., who stipulate and agree as follows:

**Board Authority**

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. § 1582; the Administrative Rules of the Board of Nursing ("ARBN"); and the Rules of the Office of Professional Regulation.

**Statement of Facts**

2. Anne-Marie R. Noel (the "Respondent") of Essex, Vermont is a registered nurse holding license number 026-0028469, issued by the State of Vermont. This license was originally issued on or about July 16, 2003 and is currently set to expire on March 31, 2009.
3. At all relevant times, the Respondent was employed at Fletcher Allen Health Care (the "Facility") located in Burlington, Vermont.
4. On or about May 20, 2008, three nurses at the Facility came to nurse C.W. to speak about their concerns surrounding the Respondent. In particular that she was acting strangely, was sluggish, and her pupils were constricted. It was known to C.W. that the Respondent had recently had back surgery.
5. On or about May 7, 2008, the Facility Pyxis report indicated that at 18:17 nurse V.W. witnessed the Respondent waste two (2) Oxycodone with Aceta. The tablets had been withdrawn from the Pyxis by the Respondent at 18:17. At 18:50 the Respondent withdrew two (2) Hydrocodone tablets and the MAR only indicates that one (1) tablet



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was administered to the patient while also indicating that the patient "denies pain".

On or about May 15, 2008, the Pyxis records indicate that the Respondent withdrew two (2) Oxycodone with Aceta tablets at 14:05 and the MAR indicates that one (1) was given to the patient at 15:14 and that V.W. wasted the other with the Respondent as a witness.

On or about May 15, 2008, the Pyxis records indicate that at 16:19 the Respondent withdrew two (2) Oxycodone I.R. tablets and another at 18:14. The patient MAR indicates that only one (1) tablet was given. The Pyxis records indicate that at 21:43 V.W. wasted one (1) Oxycodone I.R. and the Respondent witnessed the waste. The records also indicate that the patient "denies pain."

On or about May 15, 2008, Pyxis records indicate that the Respondent withdrew two (2) Oxycodone with Aceta tablets at 19:00 and that at an unknown time one (1) tablet was given to the patient. The Pyxis records indicate that at 21:43 V.W. wasted one (1) tablet with the Respondent as a witness.

On or about June 2, 2008, nurse V.W. told Investigator Mark Jacobs that she could have possibly witnessed the wasting of the tablets one time, but she did not recall and that it was not usual to have to waste tablets. On or about June 14, 2008, V.W. was shown the records indicated above and indicated that she did not participate in any of the tablet wastings (either as a witness or as a waster). V.W. also stated that she would have remembered the Respondent coming to her to waste tablets three times in one day.

6. On or about May 6, 2008, the Pyxis records indicate that the Respondent took out two (2) Hydromorphone tablets at 18:19 and gave them to the patient as indicated on the MAR. That at 18:20 the Respondent took out two (2) Oxycodone with Aceta tablets. At 18:39 the Pyxis records indicate that the nurse L.C. was the individual who wasted two (2) Oxycodone with Aceta tablets with the Respondent as the witness. L.C. did not remember this wasting.
7. On or about May 14, 2008, the Pyxis records indicate that the Respondent withdrew two (2) Oxycodone with Aceta tablets even though the patient records indicate that the patient "denies pain" and the administration of the tablets was not documented. On or about May 16, 2008 the Pyxis records indicate that the Respondent withdrew two (2) Hydromorphone tablets at 12:36 and the MAR indicates that only one was given to the patient with no record of waste. In addition, for this patient there was no record of the physician ordering the Hydromorphone and the patient suffered from nausea.
8. On or about May 15, 2008, the Pyxis records indicate that at 12:25 the Respondent withdrew three (3) Oxycodone I.R. tablets and the medical records reveal only two



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tablets were administered at 12:22. There is no indication that the other tablet was wasted and the records indicated that the patient "denies pain."

9. On or about May 16, 2008, the Pyxis records indicate that the Respondent withdrew two (2) Oxycodone with Aceta tablets at 14:31 and the MAR indicates that at 14:26 only one (1) was given to the patient with no record of waste and an indication stating the patient "denies pain."
10. On or about May 19, 2008, the Pyxis records indicate that the Respondent withdrew two (2) Hydrocodone with Aceta tablets at 15:48 with no documentation of the medications being given or wasted and an indication in the records stating the patient "denies pain".
11. On or about May 20, 2008, the Pyxis records indicate that the Respondent withdrew two (2) Hydrocodone with Aceta tablets at 16:11 with no documentation of the medications being given or wasted and an indication in the records stating the patient "denies pain" and was suffering from nausea.
12. On or about May 20, 2008, the Pyxis records indicate that the Respondent withdrew two (2) Oxycodone with Aceta tablets at 17:06 with no documentation of the medications being given or wasted and an indication in the records stating the patient "denies pain."
13. On or about June 1, 2008, nurse C.C. indicated to Investigator Jacobs that she first became concerned about the Respondent in December, 2007 when the Respondent took out Percocet to give to a patient with nausea because in C.C.'s experience it is very difficult to take tablet medication when nauseated.
14. On or about June 2, 2008, nurse C.M., a steward for the nurses union, indicated that she had observed the Respondent acting sleepy, slow and withdrawn. She also indicated that she had found a discrepancy in the Respondent's use of the Pyxis machine where she noticed that the Respondent had withdrawn two (2) Oxycodone tablets from the Pyxis machine. It is further indicated in the Pyxis report that the nurse K.B. wasted one tablet and the Respondent was the witness. On or about June 12, 2008 K.B. told Investigator Jacobs that she was involved with the wasting of Fentanyl that is also documented in the Pyxis machine, but that she did not recall participating in the wasting of the Oxycodone.
15. On or about June 2, 2008, nurse C.S. reported to Investigator Jacobs that she had observed mood swings, constricted pupils and temperature changes in the Respondent.
16. On or about June 10, 2008, R.E, the Facility Pharmacy Manager, indicated that the Anomalous Usage report from April 21, 2008 through May 20, 2008 of the



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Respondent for the PACU at both facility campuses indicates that she had the highest amount of usage for Oxycodone, with 47 units compared to the second highest at 27 units; the highest usage for Hydrocodone with Aceta with a usage of 21 and the next highest of 13; and finally the third highest usage of Oxycodone I.R. with 21 units and the highest at 25.

17. An audit of the Respondent's Pyxis records reveals that on at least five occasions the Respondent participated in wasting narcotic tablets in conjunction with liquid morphine or fentanyl. As outlined above, some nurses who participated in the witnessing remembered the liquid narcotics, but not the tablets.
18. On or about June 20, 2008, Investigator Marc Jacobs met with nurse T.B. to discuss the May 12, 2008 Pyxis records that indicate that the Respondent took out two (2) Oxycodone with Aceta tablets at 18:14 and another two (2) Oxycodone with Aceta tablets at 18:19 for the same patient. The MAR indicates two tablets being given at 18:20. The Pyxis then indicates that at 18:34 the Respondent was listed as a witness to the waste of two (2) Oxycodone with Aceta tablets and at 18:34 three (3) mg Morphine by nurse T.B. Nurse T.B. indicated that she did not recall participating in this wasting and that she has very little experience wasting tablets. **Nurse T.B. also indicated at this time that it is common practice in the Facility for a nurse who needs to do a wasting to approach a nurse already on the Pyxis, ask that the nurse on the Pyxis to indicate that they are the person doing the wasting (even though they are really the witness) and then have the person doing the wasting be entered as the witness. On information and belief, this accounts for the superimposition of witness and the waster as outlined in the allegations above. Nurses V.W and C.M. confirmed that a nurse entering wasting in this manner could indicate that other medication was wasted besides that which is actually shown to the witness.**
19. On or about June 2, 2008, Investigator Jacobs went to the residence of the Respondent. Another female at the residence indicated that the Respondent could not speak at that time as she was too uncomfortable because she had just come from the doctor. Later that day Attorney John Pacht asked Investigator Jacobs not to contact the Respondent. On or about June 26, 2008 Attorney Pacht indicated that the Respondent was having an extraordinarily difficult time physically and undergoing tests for a variety of problems and could not meet with Investigator Jacobs to discuss the concerns.

#### Charges

20. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of:
  - a. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by reason of



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any cause) which includes failure to conform to the essential standards of acceptable and prevailing nursing practice pursuant to ARBN Chapter 4, Rule IV(II)(B)(2); and reasons of physical or mental disability or use of drugs, narcotics, chemicals, or any other type of materials pursuant to ARBN Chapter 4, Rule IV(II)(C);

- b. 3 V.S.A. § 129a(b)(2) (Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes failure to conform to the essential standards of acceptable and prevailing practice); and
- c. 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).

#### Understandings

- 21. This Stipulation is neither an admission of liability by the Respondent nor a concession by the State of Vermont that its charges are not well founded. To avoid delay, uncertainty, inconvenience, and expense of protracted litigation of the charges above the Parties reach a full and final Stipulation pursuant to these Understandings and the Order below. The Respondent does not dispute that the State could prove these charges by a preponderance of the evidence if this matter went to a hearing and agrees that the conditions below are necessary to protect the public.
- 22. 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.
- 23. 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.
- 24. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
- 25. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.
- 26. 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.



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27. Respondent voluntarily waives her right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.
28. 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 **INDEFINITELY SUSPENDS** the Respondent's license to practice nursing for a **MINIMUM OF SIX (6) MONTHS** from [REDACTED] *July 15, 2008*. Before applying for reinstatement, Respondent must: 1) obtain an independent evaluation report by a licensed professional specializing in drug and alcohol abuse pre-approved by the Board; and 2) the results of the report with the drug and alcohol abuse independent evaluator must indicate that the Respondent does not present a risk to the safety, health or welfare of her potential patients. The Respondent's license shall not be reinstated until these prerequisites are met, regardless of whether more than six (6) months have passed since the suspension went into effect. Once reinstated, Respondent's license will be **CONDITIONED FOR THREE (3) YEARS**. The conditions will be as follows:

(1) Re-issue of License.

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

(2) Length of Time of 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 a **minimum of three (3) years** of supervised registered nursing in which she works at least forty (40) hours every two (2) weeks as a registered 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.

(3) Completion of Substance Abuse Counseling and Treatment Plan.

Respondent shall enter into and continue substance abuse counseling with a treating professional pre-approved by the Board until the treating professional shall certify in writing to the Board that such counseling is no longer necessary. Respondent shall enter into and comply with the substance 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



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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 **monthly** thereafter.

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) Participation in Recovery Groups.

Respondent shall participate as recommended by her treating professional in substance abuse recovery group(s), and shall submit quarterly reports documenting such attendance on forms issued by the Board.

(7) Random Drug and Alcohol Testing.

~~The parties have not reached an agreement on this condition and agree that the matter may be set for disposition. The State recommends a disposition as set forth below.~~

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 pre-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 and approved by the Board. All urine specimens collected for tests shall be collected in an observed setting. All screens shall be negative.

Failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any urine screen shall cause that screen to be presumed positive. Any positive screen shall act as a violation of this Order.

(8) Abstain from Drug and Alcohol Use.

~~The parties have not reached an agreement on this condition and agree that the matter may be set for disposition. The State recommends a disposition as set forth below.~~

Respondent shall abstain completely from the consumption or possession of alcohol and drugs with the exception of medications as outlined in paragraph A.(9) for the period of time described in A.(2).



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(9) 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 fourteen (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 fourteen (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.

(10) 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 in which Respondent practices as a registered nurse and inform them of Respondent's conditional license status.

Within ten (10) days of the date of entry of this Consent Order or of any subsequent registered 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 the Respondent is attending a nursing program, 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 the conditions in the Consent Order during clinical experience.

(11) Reports from Employers.

Within one (1) month of the date of entry of this Order or within one (1) month of the commencement of registered nursing employment and **monthly** thereafter, Respondent shall cause every nursing employer the 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 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.



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(12) Practice Under Supervision.

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

(13) 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 a registered nurse for twelve (12) weeks for at least forty (40) hours every two weeks (or the part time equivalent) after the date of reinstatement.

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.

(14) Types of Employment Prohibited.

Respondent shall not work in a supervisory role. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency or as a private duty nurse or personal care provider during the effective period of this Consent Order. Respondent will argue before the board this time provision should be modified.

(15) Interview with the Board or its Designee.

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

(16) Out-of-State Practice.

Before any out-of-state practice can be credited toward the fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board prior to Respondent practicing nursing outside the State of Vermont. If Respondent fails to receive such approval before practicing nursing outside the State of Vermont, none of the time spent practicing nursing 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 nursing 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.



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(18) Notification to Other States.

In the event that the Respondent is licensed in nursing in any other state(s), she must inform the nursing licensing board of the state(s) in which the Respondent is licensed of the conditional status of her Vermont registered 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 as a registered nurse, 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) Release of Information Forms.

The conditions of this Order require the Respondent to authorize drug and/or alcohol treatment providers to report information in verbal and/or written format and/or to discuss the Respondent and any and all treatment rendered to the Respondent for drugs and/or alcohol with the Board or its designee. The conditions of this Order must allow any and all information from the Respondent's treatment providers to also be provided to the Office of Professional Regulation investigators and that the information may be used for further prosecutions if so warranted or if the Office of Professional Regulation determines that said information violates the terms of this Order or any rules or laws governing the profession of nursing.

The Respondent is entitled to revoke this consent at any time. However, any revocation by the Respondent of such consent to disclosure during the term of this Order shall be considered a violation of this Order.

This consent expires when the conditions are removed from the Respondent's registered nursing license.

This Stipulation and Consent Order shall constitute a valid written consent pursuant to the requirements of 42 C.F.R. § 2.31.

The Respondent understands that her treatment provider may require her to sign a separate and distinct consent meeting the requirements of 42 C.F.R. § 2.31.

(21) Costs.

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

(22) 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.

(23) Completion of Conditional License Period.



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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 fully complied with the terms of this Order. The Respondent must also present proof of successful substance abuse rehabilitation and she must demonstrate, to the satisfaction of the Board, that she poses no danger to the public or the practice of registered nursing and that she can safely and competently perform the duties of a licensed registered nurse.

- 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: 5/7/09

STATE OF VERMONT  
SECRETARY OF STATE

By: [Signature]  
Edward G. Adrian  
State Prosecuting Attorney

Dated: 4/29/09

ANNE-MARIE R. NOEL  
RESPONDENT

By: [Signature]  
Anne-Marie R. Noel

APPROVED AS TO FORM:

Dated: 5/1/09

ATTORNEY FOR RESPONDENT

By: [Signature]  
John Pacht, Esq.

APPROVED AND SO ORDERED:

Dated: 5/11/09

Date of Entry: 5/14/09

VERMONT BOARD OF NURSING

By: [Signature]  
Chairperson



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

*In re* Anne-Marie R. Noel }  
License No. 026-0028469 }  
Docket No. NU97-0608 }

**SUMMARY SUSPENSION ORDER**

On Monday 14 July 2008, this matter came before the Vermont State Board of Nursing by petition of the State of Vermont. The State of Vermont seeks a summary suspension of Respondent's professional license pursuant to 3 V.S.A. § 814(c). The hearing took place at the Secretary of State's Office of Professional Regulation, National Life Building, Montpelier, Vermont.

The Board has authority to suspend summarily a license pending further proceedings if it determines that public health, safety or welfare imperatively require emergency action.

**Findings of Fact &  
Conclusions of Law:**

Based on a review of the evidence presented at the hearing of this matter, the Board finds:

1. The Board of Nursing licenses the Respondent, and the Respondent is subject to the disciplinary authority of this Board. 26 V.S.A. Chapter 28, 3 V.S.A. § 129(a)(3); and the Administrative Rules of the Office of Professional Regulation.
2. The State filed a "Request for Summary Suspension" dated 9 July 2009, alleging that the Respondent's documentation, wasting and administration of opioids on several occasion in May 2008 was suspicious. Respondent worked at Fletcher Allen Health Care during the period alleged by the State of Vermont. The State's allegations suggest that the Respondent may have diverted opioids for her own consumption.
3. The State argues that public health, safety or welfare imperatively requires emergency action, and it asks this Board to suspend summarily the Respondent's license prior to a full hearing on the merits.
4. The Board has considered the evidence related to the allegations in the State's Request for Summary Suspension.
5. The Board finds that the State has, in its presentation of evidence, met its burden to the necessary degree of showing an imperative need for emergency action to protect the public health, safety and welfare.

6. Pursuant to 3 V.S.A. § 814(c), the Board issues the following temporary order, which shall remain in effect until further action by this Board.

**ORDER**

The Board of Nursing GRANTS the State of Vermont's Request for Summary Suspension.

The Respondent's license is SUMMARILY SUSPENDED pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

- END -

Vermont Board of Nursing

By: Linda M. Y. Rice APRN Dated at Montpelier: 14 July 2008  
Linda M. Y. Rice, APRN  
Board Chairperson

Ellen W. Leff, RN  
Board Vice-Chairperson

OFFICE OF PROFESSIONAL REGULATION

DATE OF ENTRY: 7/15/08

## APPEAL RIGHTS

This is a final administrative determination. 3 V.S.A. § 812.

A party aggrieved by a final decision of a Board may appeal the decision by filing a written Notice of Appeal with the Director of the Office of Professional Regulation, National Life Building, North, FL 2, Montpelier, Vermont 05620-3402 within 30 days of the entry of the order.

If a party appeals, the Director of the Office of Professional Regulation assigns the case to an appellate officer. The Appellate Officer shall decide the appeal based on the record of evidence created before the board. In cases of alleged procedural mistakes or irregularities before the board, which the record does not show, the Appellate Officer may take proof on that issue. See 3 V.S.A. §§ 129(d) and 130a.