

IN THE MATTER OF	*	BEFORE THE MARYLAND
SUZANNE PAIGE JEFFERSON	*	BOARD OF NURSING
LICENSE NOS: R119748	*	
LP23795		
* * * * *		

ORDER OF TERMINATION OF PROBATION OF REGISTERED NURSE LICENSE AND LICENSED PRACTICAL NURSE LICENSE

On August 16, 2017, the Maryland Board of Nursing (the “Board”) executed an “Consent Order of Stayed Suspension and Order of Probation of Registered Nurse License and Licensed Practical Nurse License” hereinafter “Probation Order”),¹ which placed the licenses of **SUZANNE PAIGE JEFFERSON** (“the Licensee”), to practice as a registered nurse, license number **R119748**, and licensed practical nurse, license number **LP23795**, in the State of Maryland on probation for a minimum of five (5) years, subject to certain probationary terms and conditions. Subsequently, an order modifying the Probation Order was executed on March 13, 2019. A second order modifying the Probation Order was executed on March 13, 2020.

The Licensee has satisfied all the terms and conditions of probation that were imposed in the Probation Order, therefore it is hereby:

ORDERED that the probation ordered upon the Licensee by the Probation Order dated August 16, 2017, is hereby **TERMINATED** and the Probation Order is of no further force and effect; and it is further

¹ The Probation Order is incorporated by reference into this Order and is attached to this Order as Exhibit A.

JEFFERSON, Suzanne Paige (R119748; LP23795)
Order of Termination of Probation of Registered Nurse License and Licensed Practical Nurse License

ORDERED that this is a Final Decision and Order is a **PUBLIC RECORD** under Md.

Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019).

January 10, 2023
Date

Karen E. B. Evans MSN, RN-BC
The Executive Director's Signature
Appears on the Original Document

IN THE MATTER OF

SUZANNE PAIGE JEFFERSON

LICENSE NOS.: R119748
LP23795

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BEFORE THE

MARYLAND BOARD

OF NURSING

* * * * *

CONSENT ORDER OF STAYED SUSPENSION AND ORDER OF PROBATION OF REGISTERED NURSE LICENSE AND LICENSED PRACTICAL NURSE LICENSE

I. BACKGROUND

In August 2014, Suzanne Paige Jefferson ("the Respondent") contacted the Maryland Board of Nursing ("the Board") and self-reported informing the Board that she had been diverting oxycodone for the past four months from the hospital ("Hospital A") where she was employed as a registered nurse.

In September 2014, the Board received a complaint ("First Complaint") from Hospital A regarding the nursing practice of the Respondent. The First Complaint alleged that Respondent admitted to diverting and ingesting controlled medications while working at Hospital A.

On September 3, 2014, the Respondent entered into a Participation Agreement ("Agreement") with the Board's Rehabilitation Program. In December 2016, the Board received a complaint ("Second Complaint") from a hospital in Maryland regarding the Respondent's nursing practice. The Second Complaint alleged that the Respondent admitted to diverting drugs from the hospital and ingesting them. On January 6, 2017, the Respondent was expelled from the Rehabilitation Program for non-compliance with her Agreement.

In, the Maryland Board of Nursing (the "Board") received information regarding the registered nursing practice of (the "Respondent"), license number R.

On June 13, 2017, the Board issued a "Notice of Agency Action – Charges under the Maryland Nurse Practice Act" ("Charges") to the Respondent. The Charges notified the



SUZANNE PAIGE JEFFERSON, (R119748/LP23795)
Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

Respondent that the Board was charging her RN and LPN licenses with violations of the Maryland Nurse Practice Act, Md. Code Ann., Health Occupations Article ("HO"), §§ 8-101 *et seq.*, specifically § 8-316(a):

- (21) Is expelled from the rehabilitation program established pursuant to § 8-208 of this title for failure to comply with the conditions of the program;
- (28) After failing to renew a license or after a temporary license has lapsed, commits any act that would be grounds for disciplinary action under this section; *to wit*, § 8-316(a) (21)

On August 8, 2017, the Respondent, along with her attorney, Jane Tolar, Esq, and Tracy L. Bull, administrative prosecutor, attended a case resolution conference with members of the Maryland Board in an effort to resolve the summary suspension and pending disciplinary charges in lieu of an evidentiary hearing. At that case resolution conference, the Board agreed to the following Findings of Fact, Conclusions of Law, and Order.

II. FINDINGS OF FACT

The Board finds that:

1. On or about March 16, 1988, the Board issued the Respondent a license to practice as a licensed practical nurse ("LPN") in the State of Maryland, license number LP23795. The Respondent's LPN license is non-renewed having expired on May 28, 1994. The Compact¹ status of the Respondent's LPN license is "Single State."
2. On or about October 25, 1993, the Board issued the Respondent a license to practice as a registered nurse ("RN") in the State of Maryland, license number R119748. According to the Board's MyLicense Office database, the current status of the Respondent's RN

¹ The Nurse Licensure Compact (NLC) is an agreement between Boards of Nursing of party states that allows nurses to have one Multi-State nursing license with the ability to practice nursing in both their home state and other party states. In accordance with the Multistate Licensure Compact, Md. Health Occ. Code Ann. §8-7A-01.3(f) and §8-7A-01.3(j) respectively, "Home state" means the party state that is the nurse's primary state of residence; and, "Party state" means any state that has adopted this Compact.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

license is "Active" and the expiration date is May 28, 2018.² The Compact status of the Respondent's RN is "Single State."

3. On or about August 14, 2014, the Respondent contacted the Board by telephone and stated, "I had been taking some narcotics at work, turned myself in on Monday, August 11, 2014 and have been suspended." The Respondent said she had been diverting oxycodone for four months to help her through her depression.
4. A Board staff member referred the Respondent to a health care provider ("Treatment Provider A") for treatment assessment.

2014 COMPLAINT

5. On or about September 17, 2014, the Board received a complaint ("2014 Complaint") from a Maryland hospital ("Hospital A")³ regarding the Respondent's practice as a registered nurse.
6. The Respondent was employed as an RN at Hospital A and on August 10, 2014 worked in Unit A.
7. According to the complaint, on or about August 10, 2014, a night shift nurse ("RN1") in a different unit ("Unit B") reported to the Charge Nurse that the Meditech indicated that the Respondent had administered 10 mg of oxycodone⁴ to one of RN1's patients ("Patient A") at 7:29 p.m. on August 10, 2014 on Unit B.

² The information contained in #2 regarding the status and expiration date of the Respondent's Maryland RN license was obtained from NURSUS, MyLicense Office, and the Board's website on June 8, 2017.

³ To ensure confidentiality, the names of the hospitals, patients, treatment centers, staff members, nurses, investigators, etc. are not set forth in this Consent Order. The names are available to the Respondent upon request to the Maryland Board of Nursing.

⁴ Error! Main Document Only. Oxycodone is an opioid analgesic related to codeine. It is usually combined with acetaminophen (ie. Percocet); aspirin (ie. Percodan); or ibuprofen (ie. Combunox). It is a Schedule II controlled substance.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

8. When questioned initially by the Charge Nurse, the Respondent initially stated that she didn't know what was going on and stated that she wasn't at Hospital A at 7:29 p.m. on August 10, 2014. After the Charge Nurse initiated an audit of the Respondent's Pyxis activity, the Respondent admitted that she stole the oxycodone medication. The Respondent told the Charge Nurse that she stole oxycodone, ingested it, and then printed out another patient bracelet (for Patient A) and scanned the medication as given at 7:29 p.m. The Respondent admitted to diverting narcotics from Hospital A beginning in May 2014. The Respondent admitted to ingesting the diverted medications while working and taking others home for personal use.

REHABILITATION PROGRAM

9. By letter dated August 14, 2014, the Respondent was invited to meet with the Board's Rehabilitation Committee ("the Committee") on September 3, 2014.
10. On or about August 26, 2014, the Respondent underwent an alcohol and drug evaluation by a substance disorder center ("the Center"). In the evaluation report, the counselor wrote:

...Ms. Jefferson reported taking pain medication for a tooth problem in approximately January 2014. She reported obtaining a total of two oxycodone prescriptions, 30 pills each. In late February, her father became ill and Suzanne felt very sad and depressed. In April of 2014 she states she randomly decided to take an oxycodone out of the Pyxis, to take home with her to sleep. She reports doing this several times and then it escalated to taking 3-4 (5 mg) per shift and using them while at work. This went on every day that she worked...A review of her dental records indicated that she went for dental problems in May of 2014 and received four prescriptions for Percocet 5/325, 30 pills each. This was a discrepancy in her report...

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

11. The Counselor surmised that the Respondent “has limited insight into the addiction process and relapse potential” and recommended that the Respondent engage in out-patient substance abuse treatment and attend support group meetings.
12. On or about August 30, 2014, the Respondent submitted an application to the Board’s Rehabilitation Program (“the Program”). In her application, the Respondent wrote, “I was stealing and using oxycodone from place of employment. I turned myself in to manager.” The Respondent wrote that she took oxycodone “5 mg 4 x day 3-4 days a week”.
13. On September 3, 2014, the Respondent met with the Committee. The Respondent stated that she began taking oxycodone in April to deal with a family member’s illness and then started taking oxycodone from work until August. The Respondent said that she had been terminated from her employment at Hospital A.
14. On September 3, 2014, the Respondent entered into a Participation Agreement (“Agreement”) with the Board’s Rehabilitation Program. The Agreement was to remain in effect for five (5) years, after which time the Respondent could petition for the removal of the conditions, provided that the Respondent had been compliant with the terms of the Agreement.
15. On September 3, 2014, the Respondent signed an Affidavit and Acknowledgement of Rehabilitation Agreement, acknowledging that she had reviewed the Agreement and understood the terms of the Agreement. As part of the Agreement, the Respondent agreed to, inter alia:
 - a. Seek employment;
 - b. Not work more than 40 scheduled hours per week;

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

- c. Within four weeks of signing the Agreement, have the treatment program/treatment provider submit in writing to the Committee verification that they have reviewed the Agreement;
- d. Comply with the terms of the agreement with the treatment program/treatment provider;
- e. Continue in treatment until discharged from the treatment program and submit a discharge summary to the Committee within a month of discharge from the program;
- f. The treatment program/provider shall notify the Committee in the event the Respondent terminates treatment prior to discharge, is discharged prior to successful completion of the program, missed or had a positive toxicology screen and/or breathalyzer, or unsatisfactory progress in treatment;
- g. Provide the Committee with **written quarterly progress reports** evaluating the Respondent's progress towards rehabilitation and elaborating on her recovery program. The reports are to be submitted **even though the Respondent may not be working/working in the nursing field**;
- h. Understand that the Respondent's **treatment provider and therapist** will provide **quarterly progress reports** regarding the Respondent's compliance and progress, and that it is the Respondent's responsibility to notify her treatment provider and therapist when the reports are due. The reports must reflect the Respondent's compliance, progress towards recovery.
- i. Should the Respondent be prescribed any medication, the Respondent will notify the Committee immediately by telephone and send a copy of the prescription to the Committee within one day. The Respondent shall show the Rehabilitation Agreement to any healthcare provider who prescribes for the Respondent, including, but not limited to, dentists, ER physicians, nurse practitioners and physician assistants. If prescribed any CDS or mood-altering medication, the Respondent, in addition to notifying the Committee, obtain a copy of the medical record pertaining to the condition which necessitated the prescription. The Respondent agrees not to take any mood-altering drugs unless it has been approved by the Respondent's program/treatment provider;
- j. In the event the Respondent moves permanently or temporarily, notify the Committee, in writing within 60 days, of the new address and telephone number;
- k. Not work outside the State of Maryland without permission of the Maryland Board of Nursing and the Board of Nursing in the state where the Respondent wishes to work;

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

....

- I. Obey all State and Federal laws...
 - m. Not engage in the conduct that led to the Respondent's requesting admission to the Rehabilitation program and remain drug and alcohol free;
 - n. Understand that non-compliance with the Agreement may result in immediate suspension of the Respondent's license to practice registered nursing as a result of modification of terms of the Agreement, a new Agreement, or expulsion from the program. Should expulsion from the program occur, the Respondent understands that a formal report, along with all Rehabilitation program records, will be forwarded to the Board of Nursing;
 - o. Shall arrange for random monthly toxicology screens through her treatment program/treatment provider or an entity selected by the Committee. The screens shall not be less than monthly. The treatment program/provider or the Committee may request a random screen at any time. Any positive screen shall be reported to the Committee and considered a violation of the Agreement. Drug screens continue until the Respondent is discharged by the Committee.
16. According to the September 3, 2014 cover letter attached to the Agreement, the Respondent's first quarterly reports were due in October 2014, and every three months thereafter, January, April and July, etc.
17. By letter dated May 28, 2015, the Board notified the Respondent that she was scheduled to meet with the Committee on June 3, 2015 for her "in-person third quarter report."
18. On June 3, 2015, the Respondent met with the Committee. The Committee told the Respondent that she had missed several FirstLab⁵ call-ins each month. The Committee recommended that the Respondent attend two meetings, at minimum, per week.
19. By letter dated February 16, 2016, the Board notified the Respondent that she was scheduled to meet with the Committee on March 3, 2016 for her in-person third quarter report. The meeting was rescheduled at the request of the Respondent.

⁵ FirstLab has since changed its name to FirstSource Solutions.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

20. On March 17, 2016, the Respondent met with the Committee. The Committee notified the Respondent that she had been non-compliant with her Agreement and had missed call-ins to FirstLab beginning in July 2015 and that she had missed several drug screens in July, September, November, and December. The Committee told the Respondent that it was her "last chance to make screens timely" and she would be required to meet with the Committee again in three months.
21. By letter dated May 31, 2016, the Board notified the Respondent that she was scheduled to meet with the Committee on June 16, 2016 to review her "compliance efforts."
22. On or about June 16, 2016⁶, the Respondent met with the Committee. The Respondent stated that she was doing well and had improved substantially. The Committee recommended that the Respondent "keep up the good work."

2016 COMPLAINT

23. On or about December 14, 2016, the Board received a complaint from Hospital B regarding the Respondent's nursing practice.
24. The Respondent was working at Hospital B in December 2016. Hospital B was not aware that the Respondent was participating in the Board's Rehabilitation Program.
25. On or about December 2, 2016, a staff nurse ("Staff Nurse") reported to her supervisor that she saw the Respondent holding something in her hand when the Respondent went to administer medication to a patient. The Staff Nurse reviewed the eMAR and found that the Respondent had removed both Motrin 800 mg (2 400 mg tabs) and two (2) tablets of

⁶ The Committee's notes from this meeting are dated June 16, 2016 and November 10, 2016. Both dates have a line through them.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

- Percocet from the Pyxis for the patient. The Staff Nurse said that the records indicated that the Respondent had administered both medications to the patient.
26. When the patient was interviewed, the Patient denied asking for pain medication. The patient said that the Respondent gave her (the Patient) two tablets and was told that one tablet was Percocet and one tablet was Motrin. The Patient said both tablets looked alike.
27. There was no pain assessment documented in the Patient's records corresponding to the administration of the pain medication. The eMAR indicated that all four pills were scanned indicating that all four pills were administered to the Patient.
28. When questioned by the Supervisor, the Respondent stated that she gave two Percocet to the Patient and disposed of the Motrin in a sharps container, but could not remember which one.⁷ The Respondent denied taking any pills.
29. The Supervisor told the Respondent that she was being placed on administrative leave immediately and was not to return to work until notified. The Respondent had to be told three times to leave the hospital before she finally left.
30. The Respondent's Pyxis activity from October 3, 2016 through November 25, 2016 was reviewed. The following discrepancies were found as a result of the review:
- a. On or about October 6, 2016, the Respondent removed from the Pyxis two (2) tablets of Percocet at 14:10 and 50 mg/1mL of Demerol at 14:09 for the same patient ("Patient A"). The Respondent documented that both the Demerol and Percocet were administered to Patient A at 14:21. According to the Supervisor's notes, both doses should not have been administered to the patient simultaneously.⁸

⁷ The EVS Supervisor checked all the sharps containers on the unit and located 1 empty pill pack labeled ibuprofen 400 mg. No other packs for Motrin or Percocet were located.

⁸ The patient had physician's orders for 1 tablet of Percocet every 4 hours, as needed for mild pain; and, 50 mg Demerol IV, every 3 hours as needed for pain score of 8-10. There was no pain score documented in the patient's record corresponding to the administration of the Demerol.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

- b. On or about October 7, 2016 the Respondent withdrew one (1) Percocet tablet at 10:01 for a patient ("Patient B") and documented administering two tablets to the patient at 10:12.
- c. On or about October 6, 2016, a patient had an order for Stadol 1 mg, IV, every 4 hours, as needed, for pruritis. On October 6, 2016, the Respondent removed 1 mg of Stadol from the Pyxis at 15:16:33 for a patient ("Patient C") and then removed another dose, in a separate transaction, for the very same time at 15:16:33. The Respondent documented administering 1 mg of Stadol to Patient C at 15:23 on October 6, 2016. One dose of 1 mg of Stadol was unaccounted for. The Respondent denies stealing or ingesting the medication.
- d. Patient D had an order for one (1) tablet of Percocet, every 4 hours, as needed, for mild pain. On October 28, 2016, the Respondent removed from the Pyxis two (2) tablets of Percocet at 20:22 for Patient D. The Respondent documented administering two (2) tablets of Percocet to Patient D at 21:09 for a pain score of 3 (mild pain).
- e. On October 28, 2016, the same shift, the Respondent removed from the Pyxis two (2) tablets of Percocet at 23:37 for Patient D. The Respondent documented that she administered two (2) tablets of Percocet to Patient D at 00:26. According to her documentation, the Respondent administered the two doses of Percocet approximately 3.25 hours apart.⁹ There was no pain assessment documented that corresponded to the administration of the Percocet at 00:26.
- f. Patient E had an order for one (1) tablet of Percocet, every 4 hours, as needed for mild pain. On October 30, 2017, the Respondent removed one (1) tablet of Percocet from the Pyxis at 11:02 for Patient E. The Respondent documented administering the 1 tablet of Percocet to Patient E at 11:12. At 13:00, the Respondent removed one (1) tablet of Percocet from the Pyxis for Patient E. The Respondent documented administering one (1) tablet of Percocet to Patient E at 13:14. The Respondent failed to document Patient E's pain level for either dose.
- g. Patient G had an order for one (1) tablet of Percocet every 4 hours, as needed, for mild pain; and two (2) tablets of Percocet every 4 hours for moderate/severe pain. On October 25, 2016, at 13:57, the Respondent removed two (2) tablets of Percocet from the Pyxis. The Respondent documented administering two (2) tablets of Percocet to Patient G. At 16:15, the Respondent removed one (1) tablet of Percocet from the Pyxis and documented administering one (1) tablet of Percocet to Patient G at 16:40. The Respondent documented at 16:22 that the Patient's pain level was "0". The Respondent documented in a note at 18:10, "Dropped 1 Percocet on the floor. Dissolved in cup of water and dumped down drain. Gave patient one tab at 16:30."

⁹ Patient D's order was for 1 tablet of Percocet, every 4 hours, as needed, for mild pain.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

- h. On October 29, 2016, the Respondent removed two (2) tablets of Norco from the Pyxis for Patient H and then returned the medication to the Pyxis within approximately ten minutes.
- i. Patient I had an order for 4 mg of Dilaudid, PO, every 3 hours, as needed, for pain. On October 10, 2016, at 16:11, the Respondent started to remove one (1) tablet of 2 mg Dilaudid from the Pyxis and then cancelled the transaction. At 16:12, the Respondent removed two (2) tablets of Dilaudid (2 mg each) from the Pyxis. At 16:13, the Respondent returned one Dilaudid tablet to the bin. There was no documentation regarding the administration of the other Dilaudid tablet. At 18:50, the Respondent removed two (2) tablets of 2 mg Dilaudid from the Pyxis and documented that she administered the 2 tablets to Patient I at 19:01. The Respondent failed to document a pain assessment for Patient I. According to the Respondent, she did document a pain assessment.
- j. On October 4, 2016, at 11:49, the Respondent removed Fentanyl citrate 50mcg/1 mL from the Pyxis. There was no documentation indicating that the Respondent had administered, wasted, or returned the medication.
- k. Patient J had an order for "oxycodone HCL, 5 mg, Q4H PRN, PO, pain 1-5." On October 24, 2016 at 09:45, the Respondent removed one (1) 5 mg tablet of oxycodone IR from the Pyxis for Patient J. The Respondent documented administering the 1 tablet to Patient J at 09:55. The Respondent documented administering another dose of oxycodone to Patient J three minutes later. At 09:57, the Respondent removed one 5 mg tablet of oxycodone from the Pyxis and documented administering it to Patient J at 10:00.
- l. On November 10, 2016, the Respondent removed two (2) tablets of Xanax¹⁰ 0.25 mg from the Pyxis for Patient K on override. There was on corresponding physician's order found to match the override. There was no documentation to indicate that the medication was scanned and administered to the patient, wasted, or returned to the bin. The Respondent denies stealing or ingesting the medication.
- m. Patient L had an order Tylenol #3, 1 tablet every 4 hours as needed for mild pain. Patient L also had an order for Tylenol #3, 2 tablets every 4 hours as needed for moderate/severe pain. On November 4, 2016, at 15:50 the patient's pain level was documented as "5". At 15:56, the Respondent removed two (2) tablets of Tylenol #3 from the Pyxis for Patient L and documented administering the two (2) tablets to Patient L at 16:01. At 18:18, the Respondent removed two (2) tablets of Tylenol #3 from the Pyxis for Patient L.

¹⁰ Xanax is the trade name for alprazolam, a benzodiazepine which depresses subcortical levels of the central nervous system. It is a Schedule IV controlled substance used to treat anxiety, panic disorders and anxiety with depressive symptoms.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

31. According to the 2016 Complaint, the Respondent was scheduled to work twenty-six (26) shifts between October 3, 2016 and November 25, 2016. On fifteen (15) of those shifts, the Supervisor found that the Respondent was involved in nineteen (19) events related to improper medication administration, failure to follow physician's orders, and practicing outside the scope of her practice.
32. After meeting with her Supervisor to review her documentation and the missing medications, the Respondent admitted to her Supervisor that she was taking drugs from the hospital and using them for herself.
33. According to personnel records received from Hospital B,

On December 15, 2016, [the Respondent] was in to process of termination for diversion of narcotics when she admitted to substance abuse. At this time, the RN is off on leave and seeking counseling for her addiction. MD BON has been made aware. HR is actively involved at [treatment center].
34. On January 3, 2017, the Supervisor notified Hospital B's human resources department that the Respondent did not respond to the Supervisor's email sent on December 30, 2016 email.
35. On January 5, 2017, the Respondent met with the Committee. The Respondent relapsed on December 2, 2016. The Respondent stated that she started "using" again in July and she was confronted at work. The Respondent stated that she was not fired.
36. The Respondent failed to submit Self-Reports in October 2016 and January 2017. The Respondent failed to submit a Self-Report in a timely manner in January 2015.
37. The Respondent failed to submit written quarterly progress reports from her treatment provider and therapist regarding the Respondent's compliance and progress (towards

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

rehabilitation) in October 2014; April 2015; July 2015; April 2016; July 2016; October 2016; and January 2017.

38. The Respondent failed to submit discharge summaries from any treatment programs and providers to the Committee.

39. Between September 5, 2014 and January 18, 2017, the Respondent failed to call in to FirstLab¹¹ on two-hundred and fifty-four (254) occasions. On eleven (11) occasions, the Respondent was selected to submit to a urinalysis drug screen and no drug screen results were found. Of the twenty occasions the Respondent was selected and did submit to the urinalysis, on one occasion the test result indicated a creatinine level of 18.7 mg/dL.

40. By letter dated January 6, 2017, the Board notified the Respondent that she was expelled from the Rehabilitation Program for her failure to comply with the provisions of the Agreement.

41. In an email sent to the Board's Director of Complaints and Investigations, the Respondent wrote:

...In 2014 when I went into the rehabilitation program I told no one that I had an addiction problem. Not my family, my friends, or co-workers. I thought I could recover on my own and I thought I did not need anyone to help me...I stayed clean for about 9 months-1 year. Then, on occasion I started taking Percocet from the hospital to use. I tried stopping on my won [sic], but I could not...The difference this time as opposed to 2014, is that I know I am an addict, and I know I need help...I am asking for a second chance in the drug rehabilitation program...

42. According to NURSYS¹², the Respondent holds unencumbered RN and LPN licenses in Delaware, license numbers L1-0022636 and L2-0004059 (respectively). The Respondent's Delaware LPN license is not active and expired on December 31, 1994.

¹¹ FirstLab has since changed its name to FirstSource Solutions.

¹² NURSYS is a national database for verification of nurse licensure, discipline and practice privileges for participating jurisdictions, including all states in the Nurse Licensure Compact in conjunction with the National Council of State Boards of Nursing (NCSBN).

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

The Respondent's Delaware RN license is not active and expired on December 31, 1995.

The Compact status of both Delaware nursing licenses is "Single State."

43. Based on the foregoing, the Board finds that the Respondent violated HO § 8-316(a) (21), and (28). The Board finds that the Respondent's violation falls within category M of the Board's sanctioning guidelines. See COMAR 10.27.26.07.M. The range of potential sanctions under category M is suspension for one year to revocation and the range of potential monetary penalties is \$3000 to \$5000.

III. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated HO § 8-316(a) of the Nurse Practice Act as follows:

- (21) Is expelled from the rehabilitation program established pursuant to § 8-208 of this title for failure to comply with the conditions of the program;
- (28) After failing to renew a license or after a temporary license has lapsed, commits any act that would be grounds for disciplinary action under this section; *to wit*, § 8-316(a) (21)

IV. ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is hereby:

ORDERED that the licenses of the Respondent, **SUZANNE PAIGE JEFFERSON**, to practice as a **REGISTERED NURSE** and **LICENSED PRACTICAL NURSE** in the State of Maryland, license number **R157166** and **LP23795** (respectively) are hereby **SUSPENDED** for a minimum of **ONE (1) YEAR** beginning on the effective date of this Consent Order, and that **SUSPENSION** shall be **IMMEDIATELY STAYED** beginning on the effective date of this Consent Order; and it is further

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

ORDERED that, beginning on the effective date of this Consent Order, the Respondent's registered nurse and licensed practical nurse licenses shall be placed on **PROBATION FOR A MINIMUM OF FIVE (5) YEARS**, subject to the following terms and conditions:

1. The Respondent's status as a registered nurse and a licensed practical nurse will be listed in the Maryland Board's computer records and website as being on "Probation";
2. The Respondent may seek employment, but shall obtain Board approval before accepting any new position;
3. The Respondent shall submit to the Maryland Board written monthly self reports describing the Respondent's progress, even if the Respondent is not working in the nursing field. Failure to provide written self reports on time shall constitute a violation of probation and this Order;
4. The Respondent shall immediately notify all employers of the probationary status of the Respondent's license(s) and arrange for all employers to submit, in writing, confirmation that they have reviewed this Consent Order;
5. The Respondent shall arrange for the Respondent's supervisor at the Respondent's place of employment to submit written quarterly work-site reports to the Maryland Board evaluating the Respondent's work performance and nursing practice. If the Respondent's employment terminates at any of the Respondent's place(s) of employment before the due date of a quarterly report, then a final work-site report is due on the last day of employment. It is the Respondent's responsibility to ensure that work-site reports are submitted to the Maryland Board and to notify the Respondent's supervisor when these reports are due. An

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

unsatisfactory report will be considered a violation of probation and this Consent Order;

6. The Respondent shall notify the Maryland Board in writing of any nursing position from which the Respondent is terminated by the employer and/or any nursing position from which the Respondent voluntarily resigns within **THREE (3) BUSINESS DAYS** of the date of termination/resignation. The Respondent shall include the reasons for the termination or resignation in said written notification;
7. The Respondent shall not seek employment or be employed in the following work environments: emergency room; critical care unit (CCU); intensive care unit (ICU); hospice care; any type of home health care; for a staffing or temporary agency; assisted living facility; or for independent living for the developmentally disabled clients.
8. The Respondent shall not work more than forty (40) hours per week;
9. The Respondent shall only work where there is a registered nurse present and immediately available;
10. The Respondent shall not work in a supervisory position, including but not limited to a charge nurse position; and it is further
11. The Respondent shall submit to random drug testing, at any time, of urine, breath, or blood at least once a month, but not more than 37-40 times for 1st two years, 25-30 times for remaining years, as required by the Maryland Board and cause the results to be submitted to the Maryland Board in addition to the following additional drug-monitoring terms and conditions:

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

- a. Registering with "First Source Solutions"¹³ ("FirstSource") by contacting them by phone at 1-800-732-3784 or on their website at www.firstsourcesolutions.com within five (5) days from the effective date of this order. After registering, the Respondent is responsible for contacting FirstSource on a daily basis (Monday through Sunday) by phone at 1-877-282-1911 and submitting to all FirstSource testing requirements and policies and procedures;
 - b. Any positive or missed test directed or ordered by FirstSource, the Maryland Board, or the Respondent's employer(s) shall be reported to the Board and be considered a violation of the Consent Order;
 - c. Any tampering with a test sample or other improper attempt to avoid a positive drug or alcohol test result is a violation of the Consent Order;
 - d. The Respondent shall not consume poppy seeds, quinine water, hemp tea, or other products containing substances that could trigger a false positive drug or alcohol test; and
 - e. The Respondent shall remain drug and alcohol free
12. The Respondent shall not work in a setting or role in which the Respondent has access, by any means, automated or key, to controlled dangerous substances ("CDS"), including any mood-altering drugs;
 13. The Respondent shall not work in a setting or role in which the Respondent may dispense, access, control or administer CDS, including mood-altering drugs;
 14. The Respondent shall attend at least TWO (2) support group meeting per week and submit documentation, such as signed attendance slips, verifying the Respondent's attendance at TWO (2) meeting per week;
 15. The Respondent shall maintain a sponsor;
 16. The Respondent shall not take any CDS or mood-altering drugs unless approved by the Respondent's healthcare provider;

¹³ FirstSource Solutions was formerly FirstLab.

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

17. The Respondent shall show this Order to any healthcare provider who prescribes for the Respondent, including, but not limited to, dentists, physicians, pain management clinicians, emergency and urgent care providers, nurse practitioners, and physician assistants;
18. If the Respondent is prescribed any medication, the Respondent shall notify the Board immediately and send a copy of the prescription or the pharmacy report to the Board within **THREE (3) DAYS**.
19. If the Respondent is prescribed any CDS or mood-altering medication, the Respondent shall, in addition to immediately notifying the Maryland Board in writing, agree to have the Respondent's prescribing provider(s) provide to the Maryland Board a medication report or pharmacy report pertaining to the condition that necessitated the prescription within **TEN (10) DAYS** of each time that the Respondent is prescribed any mood-altering substance or any Schedule II-V controlled substance. It is the Respondent's responsibility to ensure that these reports are submitted timely to the Maryland Board;
20. The Respondent shall seek and/or maintain treatment with a Maryland Board-approved treatment provider/treatment program. Within **TWO (2) WEEKS** of the effective date of this Consent Order, the Respondent is responsible for ensuring that his/her treatment program/treatment provider submits written verification that they have reviewed this Consent Order to the Maryland Board;
21. The Respondent shall comply with all terms and conditions set by the treatment program/treatment provider;

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

22. The Respondent shall arrange for the Respondent's treatment provider/treatment program to submit written quarterly reports to the Maryland Board evaluating the Respondent's compliance and progress toward rehabilitation. It is the Respondent's responsibility to notify all treatment providers when these reports are due;
23. The Respondent shall maintain treatment throughout the probationary period unless the Respondent is formally discharged from treatment before the end of the probationary period. A discharge summary is to be submitted to the Board within **TWO (2) WEEKS** of discharge from the program. In the event the Respondent terminates treatment before discharge by the treatment program/treatment provider, has a missed or positive toxicology screen and/or breathalyzer, or has unsatisfactory progress, the Respondent shall immediately notify the Maryland Board;
24. At any time during the probationary period, the Maryland Board may, in its discretion, order the Respondent to submit to an appropriate examination by a healthcare provider designated by the Maryland Board. The Respondent shall sign all necessary consent forms required to authorize disclosure of the examiner's written report to the Board, and the Board will pay the costs of this examination;
25. The Respondent must notify the Board of Nursing's Compliance Unit and First Source Solutions of any and all vacation or travel plans two weeks prior to the date of departure.
26. Failure to abide by any of these conditions shall constitute a violation of the

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

Consent Order; and it is further

ORDERED that the Respondent shall have contacted, and scheduled an appointment with, the Maryland Board of Nursing's Discipline/Compliance unit no later than **(10) business days from the effective date of this Consent Order**, for the purpose of beginning compliance with its terms and conditions. Failure to contact the Maryland Board as required by this paragraph shall constitute a violation of probation and of this Consent Order; and be it further

ORDERED that this Consent Order shall be applicable to the Respondent's multi-state privilege to practice as an RN and LPN and, for the duration of this Consent Order, the Respondent may not work outside the State of Maryland as a RN or LPN pursuant to the multi-state licensure privilege or pursuant to a license issued by a non-party state without written permission of the Maryland Board of Nursing and the nursing board in the party or non-party state where the Respondent wishes to work; and it is further

ORDERED that the Respondent shall disclose a copy of this Consent Order to the Nursing Board of another State where employed and submit to this Maryland Board written acknowledgement; and it is further

ORDERED that in the event that the Maryland Board issues to the Respondent any other type of license and/or certificate to which the Maryland Board is authorized to grant, that license and/or certificate shall also be subject to the terms of this Consent Order; and it is further

ORDERED that the Respondent shall obey all state and federal laws. If the Respondent is convicted of, or pleads guilty to, any crimes, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside, the Respondent shall notify the Maryland Board, in writing, of any conviction(s) or guilty plea(s) within **TEN (10) DAYS** of the

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

conviction or guilty plea. Failure to report a conviction or guilty plea to the Maryland Board in writing within **TEN (10) DAYS** is a violation of probation and this Consent Order; and it is further

ORDERED that in the event that the Respondent moves permanently or temporarily, the Respondent shall notify the Maryland Board of the new address and phone number within **THREE (3) DAYS** of the move; and it is further

ORDERED that the Respondent shall submit to an in-person, face-to-face annual meeting with Maryland Board staff throughout the entire duration of the probationary period if requested to do so;

ORDERED that the Respondent shall be responsible for paying all costs required to comply with the all of the terms and conditions of probation and this Consent Order; and it is further

ORDERED that after **FIVE (5) YEARS** after the effective date of this Consent Order have passed, the Board will consider a petition for termination of the Respondent's probationary status, provided that the Respondent has been compliant with all of the probationary terms of this Consent Order and safely employed as an RN for at least **NINE (9) MONTHS** immediately preceding the petition of termination of probationary status; and it is further

ORDERED that if the Respondent violates any of the terms and conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing, may impose, by further public Order of the Board, any sanction(s) authorized by Health Occ. § 8-316, including reprimand, additional probation, lifting the stay of suspension if the violation occurs within one year of the effective date of this Consent Order, suspension, revocation, and/or monetary penalty; and be it further

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)

Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and Licensed Practical Nurse License

ORDERED that this Consent Order is a PUBLIC RECORD pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014).

8/29/12
Date

Sabia Persaud, PhD, RN, APHN-BC
The Board President's Signature
Appears on the Original Document

CONSENT

By this Consent, I acknowledge that I have read this Consent Order in its entirety and I hereby admit the truth of the Findings of Fact, and accept and submit to the foregoing Consent Order and its conditions. I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to legal counsel authorized to practice law in Maryland, to confront witnesses, to give testimony, to request subpoenas for witnesses, to call witnesses on my own behalf, to introduce testimony and evidence on my own behalf, and to all other substantive and procedural protections provided by law. I waive these rights, as well as any appeal rights under Maryland Code Annotated, State Government Article § 10-222.

I sign this Consent Order after having an opportunity to consult with an attorney, voluntarily and without reservation, and I fully understand and comprehend the language, meaning, terms, and effect of this Consent Order.

Suzanne Paige Jefferson
SUZANNE PAIGE JEFFERSON, R119748, LP23795

SUZANNE PAIGE JEFFERSON, (R119748/LP23795)
Consent Order of Stayed Suspension/Order of Probation of Registered Nurse License and
Licensed Practical Nurse License

NOTARIZATION

CITY: Easton
COUNTY: Talbot

I HEREBY CERTIFY that on this 16th day of August 2017, before me, Notary Public of the State and City/County aforesaid, SUZANNE PAIGE JEFFERSON personally appeared, and made oath in due form of law that signing the foregoing Consent Order was the voluntary act and deed of SUZANNE PAIGE JEFFERSON.

AS WITNESSETH my hand and notarial seal.



[Signature]
Notary Public

My Commission Expires: 02/20/2018