



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Suite 500, Boston, MA 02114

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Lieutenant Governor

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MARYLOU SUDDERS  
Secretary

EILEEN M. SULLIVAN  
Acting Commissioner

January 21, 2015

BY FIRST CLASS AND CERTIFIED MAIL RETURN  
RECEIPT REQUESTED NO. 7012 3460 0001 7331 4556

Alejandro Manuel Canto

redact

RE: In the Matter of Alejandro Manuel Canto, RN License No. 2271987  
Board of Registration in Nursing Docket No. NUR-2013-0244

Dear Mr. Canto:

Enclosed is the *Final Decision and Order by Default* ("Final Decision") issued by the Board of Registration in Nursing ("Board") in connection with the above-referenced matter. The effective date of the Board's Order is ten (10) days from the date appearing on page 7 of the *Final Decision* ("Date Issued"). Your appeal rights are noted on page 7 of the *Final Decision*.

Sincerely,

Rula Harb, MSN, RN  
Executive Director  
Board of Registration in Nursing

Enc.

cc: Michelle Fentress, Prosecuting Counsel  
Patricia Blackburn, Administrative Hearings Counsel

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION  
IN NURSING

\_\_\_\_\_  
In the Matter of )  
**ALEJANDRO MANUEL CANTO** )  
RN License No. 2271987 )  
License Expired 8/16/2014 )  
\_\_\_\_\_ )

Docket No. NUR-2013-0244

FINAL DECISION AND ORDER BY DEFAULT

On July 29, 2014, the Board of Registration in Nursing ("Board") issued and duly served on Alejandro Manuel Canto ("Respondent"), an Order to Show Cause ("Show Cause Order")<sup>1</sup> related to a complaint filed regarding Respondent's license. In addition to stating the allegations against Respondent, the Show Cause Order notified Respondent that an Answer to the Show Cause Order ("Answer") was to be submitted within 21 days of receipt of the Show Cause Order.<sup>2</sup> The Show Cause Order also notified Respondent of the right to request a hearing on the allegations<sup>3</sup> and that any hearing request ("Request for Hearing") was to be submitted within 21 days of receipt of the Show Cause Order.<sup>4</sup> Respondent was further notified that failure to submit an Answer within 21 days "shall result in the entry of default in the above-captioned matter" and, if defaulted, "the Board may enter a Final Decision and Order that assumes the truth of the allegations in the Show Cause Order and may revoke, suspend, or take other disciplinary action against [Respondent's] license...including any right to renew [Respondent's] license." A copy of the Show Cause Order is attached

<sup>1</sup> Pursuant to 801 CMR 1.01(6)(a).  
<sup>2</sup> In accordance with 801 CMR 1.01(6)(d)(2).  
<sup>3</sup> Pursuant to G.L. c. 112, §61.  
<sup>4</sup> Respondent was also notified that failure to timely submit a Request for Hearing constitute a waiver of the right to a hearing.  
Canto, A.  
NUR-2013-0244



I do hereby certify the foregoing to be a true and certified copy of the document on file with the Massachusetts Board of Registration in Nursing.

*am* *lm* 3/2/15  
\_\_\_\_\_  
Authorized Signatory Date

to this Final Decision and Order by Default and is incorporated herein by reference.

As of the date of this Final Decision and Order by Default, Respondent has failed to file either an Answer or a Request for Hearing.

The Board has afforded Respondent an opportunity for a full and fair hearing on the allegations in the Show Cause Order as required by G.L. c. 30A, §10, and sufficient notice of the issues involved to afford Respondent reasonable opportunity to prepare and present evidence and argument as required by G.L. c. 30A, §11(1). The Board has also notified Respondent of the obligation under 801 CMR 1.01(6)(d) to file an Answer to the Show Cause Order within 21 days of its receipt and of the consequences of failing to file an Answer or otherwise respond.

As authorized by G.L. c. 30A, §10(2), the Board may make informal disposition of any adjudicatory proceeding by default. Upon default, the allegations of the complaint against Respondent are accepted as true. *Danca Corp. v. Raytheon Co.*, 28 Mass. App. Ct. 942, 943 (1990).

Based on the foregoing, the Board enters a default in the above-captioned matter and, consequently, the allegations in the Order to Show Cause are deemed to be true and Respondent has waived the right to be heard. In accordance with the Board's authority and statutory mandate, the Board orders as follows:

#### ORDER

Based on its Final Decision and Order by Default, the Board **Revokes** the Respondent's Right to Renew his license to practice as a Registered Nurse in Massachusetts, RN License No.2271987.

If Respondent renews his license to practice as a Registered Nurse in Massachusetts before the Effective Date of this Final Decision and Order by Default, the Board **Revokes** said license, RN License No. 2271987.

Canto, A.  
NUR-2013-0244

Respondent is hereby ordered to return any nursing license issued to him by the Board, whether current or expired, to the Board's office at 239 Causeway Street, Boston, Massachusetts 02114, by hand or by certified mail, within five (5) days of the Effective Date set forth below.

Respondent shall not practice as a Registered Nurse in Massachusetts on or after the Effective Date of this Order. "Practice as a Registered Nurse" includes, but is not limited to, seeking and accepting a paid or voluntary position as a Registered Nurse or in any way representing himself as a Registered Nurse in Massachusetts. The Board shall refer any evidence of unlicensed practice to appropriate law enforcement authorities for prosecution as provided by G.L. c. 112, §§ 65 and 80.

Respondent may petition the Board in writing for relicensure when he can provide documentation satisfactory to the Board demonstrating his ability to practice nursing in a safe and competent manner. Such documentation shall include either evidence that Respondent has been in stable and sustained recovery from all substances of abuse for the three (3) years immediately preceding any petition for relicensure or provide proof to the Board that he does not have a substance abuse problem. Accordingly, Respondent shall with any petition for relicensure have submitted **directly to the Board**:

**EITHER**

- 1) the results of random supervised urine tests for substances of abuse for Respondent, collected no less than fifteen (15) times per year, according to the requirements outlined in Attachment A, during the two (2) years immediately preceding the petition for relicensure, all of which are required to be negative;

Canto, A.  
NUR-2013-0244

- 2) documentation that Respondent obtained a sponsor and regularly attended Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings at least three (3) times per week during the two (2) years immediately preceding any petition for license reinstatement, such documentation to include a letter of support from the Respondent's sponsor and weekly signatures verifying this required attendance;
- 3) documentation verifying that he has regularly attended group or individual counseling or therapy, or both, during the two (2) years immediately preceding any petition for relicensure;<sup>5</sup>
- 4) A comprehensive mental health evaluation of the Respondent conducted by a licensed mental health provider which meets the requirements set forth in Attachment B 2

**OR**

If the Respondent seeks to provide evidence to the Board that he has never had and does not now have any type of substance abuse, dependency or addiction problem, then **instead of the evidence required by Paragraphs 1, 2, 3 and 4 above, she shall provide to the Board:**

- 5) A clinically based evaluation of the Respondent conducted by a licensed, board certified psychiatrist currently certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Addiction Psychiatrist), which meets the requirements set forth in Attachment

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<sup>5</sup> Such documentation shall be completed by each licensed mental health professional seen by Respondent, and shall be written within thirty (30) days preceding any petition for relicensure. Further, such documentation shall include: a summary of Respondent's progress in therapy and her full, sustained recovery from substance abuse, dependence and addiction; a statement of the frequency and length of therapy; and specific treatment recommendations for Respondent's full, sustained recovery from substance abuse, dependence and addiction.

In addition the Respondent shall with any petition for relicensure have submitted **directly to the Board:**

- 6) reports from Respondent's primary care provider and any specialist(s) whom Respondent may have consulted verifying that Respondent is medically able to resume the safe and competent practice of nursing, which meets the requirements set forth in Attachment B 1
- 7) if employed during the year immediately preceding Respondent's petition for relicensure, have each employer from said year submit on official letterhead an evaluation reviewing Respondent's attendance, general reliability, and overall job performance;<sup>6</sup>
- 8) certified Court and/or Agency documentation that there are no pending actions or obligations, criminal or administrative, against the Respondent before any court or Administrative Agency including, but not limited to:
  - a. Documentation that *at least one (1) year prior to any petition for reinstatement* the Respondent satisfactorily completed all court requirements (including probation) imposed on her/him in connection with any criminal matter and a description of those completed requirements and/or the disposition of such matters;<sup>7</sup> and
  - b. Certified documentation from the state board of nursing of each

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<sup>6</sup> If Respondent wasn't employed at all during this period, submit an affidavit so attesting.

<sup>7</sup> The Respondent shall also provide, if requested, an authorization for the Board to obtain a Criminal Offender Record Information (CORI) Report of the Respondent conducted by the Massachusetts Criminal History Systems Board and a sworn written statement that there are no pending actions or obligations, criminal or administrative, against the Respondent before any court or administrative body in any other jurisdiction.

jurisdiction in which the Respondent has ever been licensed to practice as a nurse, sent directly to the Massachusetts Board identifying her license status and discipline history, and verifying that her nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.

- 9) documentation satisfactory to the Board of his successful completion of all continuing education equivalent to the continuing education required by Board regulations for the two (2) license renewal cycles immediately preceding any petition for relicensure.

The Board's approval of Respondent's petition for relicensure shall be conditioned upon, and immediately followed by, probation of Respondent's nursing license for a period, as well as other restrictions and requirements that the Board may then determine are reasonably necessary in the best interests of the public health, safety, and welfare.

The Board may choose to relicense Respondent if the Board determines that relicensure is in the best interests of the public at large.

The Board voted to adopt the within Final Decision by Default at its meeting held on January 14, 2015, by the following vote: **In favor:** Anthony Alley, BSN, RN, M. Beal, RN/NM, P. Gales, RN, K. Gehly, RN, S. Kelly, RN/NP, J. Killion, LPN, B. Levin, RN, A. Peckham, RN, MSN, C. Simonian, PharmD, R.Ph., S. Taylor, MSN, RN, C. Tebaldi, RN, MS, **Opposed:** None **Abstained:** None **Absent:** E. Richard Rothmund Cheryl Urena, LPN.

The Board voted to adopt the within Final Order by Default at its meeting held on January 14, 2015, by the following vote: **In favor:** Anthony Alley, BSN, RN, M. Beal, RN/NM, P. Gales, RN, K. Gehly, RN, S. Kelly, RN/NP, J. Killion, LPN, B. Levin, RN, A. Peckham, RN, MSN, C. Simonian, PharmD, R.Ph., S. Taylor, MSN, RN, C. Tebaldi, RN, MS, **Opposed:** None **Abstained:** None **Absent:** E. Richard Rothmund Cheryl Urena, LPN.

EFFECTIVE DATE OF ORDER

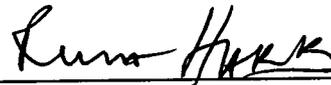
This Final Decision and Order by Default becomes effective upon the tenth (10<sup>th</sup>) day from the date it is issued (see "Date Issued" below).

RIGHT TO APPEAL

Respondent is hereby notified of the right to appeal this Final Decision and Order by Default to the Supreme Judicial Court within thirty (30) days of receipt of notice of this Final Decision pursuant to M.G.L. c. 112, § 64.

Board of Registration in Nursing

Date Issued: January 21, 2015



Rula Harb, MSN, RN

Executive Director

Notified:

Canto, A.  
NUR-2013-0244

VIA FIRST CLASS AND CERTIFIED MAIL RETURN

RECEIPT REQUESTED NO. 7012 3460 0001 7331 4556

ALEJANDRO MANUEL CANTO

redact

A rectangular grey box redacting information, likely a name or address, located below the name ALEJANDRO MANUEL CANTO.

BY HAND DELIVERY

Michelle Fentress, Esq.

Prosecuting Counsel

Board of Registration in Nursing

239 Causeway Street

Boston, MA 02114

Canto, A.  
NUR-2013-0244



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
Office of General Counsel  
239 Causeway Street, Suite 500, Boston, MA 02114

DEVAL L. PATRICK  
GOVERNOR  
JOHN W. POLANOWICZ  
SECRETARY  
CHERYL BARTLETT, RN  
COMMISSIONER

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Fax: 617-973-0986  
www.mass.gov/dph/boards

July 29, 2014

**BY FIRST CLASS AND CERTIFIED MAIL (return-receipt requested)**

7012 3460 0003 3582 4336

Mr. Alejandro Manuel Canto

redact

**RE: In the Matter of Alejandro Manuel Canto RN License No. 2271987**  
**Board of Registration in Nursing, Docket No. 2013-0244**

Dear Mr. Canto

The Massachusetts Board of Registration in Nursing within the Department of Public Health, Division of Health Professions Licensure ("Division"), has completed its investigation of the above-listed complaints against your license to practice as a Registered Nurse. For the reasons set forth in the attached Order to Show Cause, the Board is proposing to suspend, revoke or impose other discipline against your license as a Registered Nurse (RN License No. 2271987).

The Order to Show Cause and any subsequent hearing are governed by G.L. c. 30A, the State Administrative Procedure Act, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et. seq.* You must submit an Answer to the Order to Show Cause and you have a right to request a hearing by filing a written request for a hearing, as specified in the Order to Show Cause.

Your failure to submit an Answer to the Order to Show Cause within twenty-one (21) days of receipt of the Order to Show Cause *shall result in the entry of default* in the above-referenced matters. Your failure to submit a written request for a hearing within twenty-one (21) days of receipt of this Order to Show Cause *shall constitute a waiver of the right to a hearing* on the allegations therein and on any Board disciplinary action. Notwithstanding the earlier filing of an Answer and/or request for a hearing, your failure to respond to notices or correspondence, failure to appear for any scheduled status conference, pre-hearing conference or hearing dates, or failure to otherwise defend this action shall result in the entry of default.

**If you are defaulted, the Board may enter a Final Decision and Order that assumes the truth of the allegations in this Order to Show Cause, and may revoke, suspend, or take other disciplinary action against your license to practice as a Registered Nurse in Massachusetts, including any right to renew your license.**

The request for a hearing and your Answer must be filed with Michelle D. Fentress, Prosecuting Counsel, at the following address:

Michelle D. Fentress  
Prosecuting Counsel  
Department of Public Health  
Office of the General Counsel  
239 Causeway Street, Suite 500  
Boston, Massachusetts 02114

If you are represented by an attorney in this matter, all communications should be made through your attorney.

You may contact me at (617) 973-0979 if you have any questions regarding this matter.

Sincerely,  
  
Michelle D. Fentress  
Prosecuting Counsel

Encl: Order to Show Cause  
Certificate of Service

**This is an important notice. Please have it translated.**  
**Este é um aviso importante. Queira mandá-lo traduzir.**  
**Este es un aviso importante. Sirvase mandarlo traducir.**  
**ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG**  
**XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY**  
**Ceci est important. Veuillez faire traduire.**  
**本通知很重要。请将之译成中文。**  
**នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង**  
**ΠΡΟΣΟΧΗ. ΑΥΤΟ ΕΙΝΑΙ ΣΗΜΑΝΤΙΚΟ. ΠΑΡΑΚΑΛΩ ΜΕΤΑΦΡΑΣΤΕ**  
**Questo è un 'avviso importante. Si pregadi farlo tradurre.**

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION  
IN NURSING

\_\_\_\_\_  
In the Matter of )  
ALEJANDRO MANUEL CANTO )  
RN License No. 2271987 )  
License Expires 8/16/2014 )  
\_\_\_\_\_ )

Docket No. NUR-2013-0244

**ORDER TO SHOW CAUSE**

ALEJANDRO MANUEL CANTO you are hereby ordered to appear and show cause why the Massachusetts Board of Registration in Nursing ("Board") should not suspend, revoke, or otherwise take action against your license to practice as a Registered Nurse, in the Commonwealth of Massachusetts, License No. 2271987 or your right to renew such license, pursuant to G.L. c. 112, § 61 and Board regulation 244 CMR 9.03, based upon the following facts and allegations:

1. On or about May 16, 2011, the Board issued to you a license to engage in the practice of nursing as a Registered Nurse ("RN") in the Commonwealth of Massachusetts. Your license will expire on August 16, 2014 unless renewed.
2. On various dates between October 2013 and November 2013, while you were licensed to practice as an RN in Massachusetts and working as a traveling nurse at UMass Memorial Medical Center ("UMass") in Worcester, Massachusetts, you failed to account for or properly document your administration or waste of narcotics and benzodiazepines that you removed from the Pyxis.

**Patient A**

3. On October 1, 2013 and October 2, 2013, you were electronically documented as having removed medication from the Pyxis for "Patient A" who had the following physician's orders on October 1, 2013 at 6:03 a.m. and 9:10 a.m., respectively: (1) to be administered by intravenous injection ("IV"), one dose of 12.5 micrograms ("mcg") of Fentanyl Citrate (Schedule I Controlled Substance) ("Fentanyl Citrate"); and (2) to be administered by IV, 50 mcg of Fentanyl Citrate every two (2) hours-PRN.<sup>1</sup>
4. On October 1, 2013 at 12:31 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient A; however, Patient A's Medication Administration Record ("MAR") for PRN Dosages Administered on October 1, 2013, does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 12:31 a.m.

<sup>1</sup> The acronym "PRN" stems from the Latin phrase *pro re nata*, which means "when necessary" or "as needed"

5. On October 1, 2013 at 3:40 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient A; however, Patient A's MAR for PRN Dosages Administered on October 1, 2013, does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 3:40 a.m.
6. On October 1, 2013 at 8:11 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient A; however, Patient A's MAR for PRN Dosages Administered on October 1, 2013, does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 8:11 p.m.
7. On October 1, 2013 at 9:35 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient A; however, Patient A's MAR for PRN Dosages Administered on October 1, 2013, does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 9:35 p.m.
8. On October 2, 2013 at 12:26 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient A; however, Patient A's MAR for PRN Dosages Administered on October 2, 2013, does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 12:26 a.m.
9. On October 2, 2013 at 2:50 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient A; however, Patient A's MAR for PRN Dosages Administered on October 2, 2013, does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 2:50 a.m.
10. Between October 1, 2013 and October 2, 2013, you removed a total of 12,000 mcg of Fentanyl from the Pyxis and you failed to document any administration or waste of the Fentanyl that you removed.
11. The quantity of Fentanyl that you removed from the Pyxis on October 1, 2013 and October 2, 2013, exceeded the amount ordered by the physician for Patient A as outlined in Paragraph 3 above.

#### Patient B

12. On October 6, 2013, you were electronically documented as having removed medication from the Pyxis for "Patient B" who had the following physician's orders on October 6, 2013 at 4:40 a.m. and 22:30 p.m., respectively: (1) to be administered by IV, 25-50 mcg of Fentanyl (Class I Controlled Substance) ("Fentanyl") every 15 minutes-PRN and also 150-200 mcg of Fentanyl every hour; and (2) to discontinue the 4:40 a.m. order and to

instead administer by IV 100-200 mcg of Fentanyl every 15 minutes-PRN and also 200-400 mcg of Fentanyl every hour.

13. On October 6, 2013 at 7:50 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 7:50 a.m.
14. On October 6, 2013 at 9:00 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 9:00 a.m.
15. On October 6, 2013 at 9:41 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 9:41 a.m.
16. On October 6, 2013 at 9:50 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 9:50 a.m.
17. On October 6, 2013 at 10:55 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 10:55 a.m.
18. On October 6, 2013 at 11:12 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 11:12 a.m.

19. On October 6, 2013 at 11:37 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B. You documented in Patient B's MAR for PRN Dosages Administered that you administered 50 mcg of Fentanyl on October 6, 2013 at 11:50 a.m.; however, you did not document any additional administration or waste of the remaining 50 mcg of Fentanyl that you removed from the Pyxis.
20. On October 6, 2013 at 12:02 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 12:02 p.m.
21. On October 6, 2013 at 12:32 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 12:32 p.m.
22. On October 6, 2013 at 12:56 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 12:56 p.m.
23. On October 6, 2013 at 2:00 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 2:00 p.m.
24. On October 6, 2013 at 2:35 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 2:35 p.m.
25. On October 6, 2013 at 3:14 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by

you demonstrating that you administered or wasted any amount of Fentanyl at or around 3:14 p.m.

26. On October 6, 2013 at 3:32 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B; however, neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 3:32 p.m.
27. On October 6, 2013 at 4:11 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient B. You documented in Patient B's MAR for PRN Dosages Administered that you administered 50 mcg of Fentanyl on October 6, 2013 at 4:11 p.m.; however, you did not document any additional administration or waste of the remaining 50 mcg of Fentanyl that you removed from the Pyxis.
28. On October 6, 2013 at 5:15 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient B; however neither Patient B's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl at or around 5:15 p.m.
29. On October 6, 2013 at 6:19 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient B and you documented in Patient B's MAR for High Risk IV Drip Medication Dosages/Hour on October 6, 2013 at 18:20 p.m. that you hung a new bag of Fentanyl.
30. On October 6, 2013, you removed a total of 13,100 mcg of Fentanyl from the Pyxis and you failed to document the administration or waste of 11,000 mcg of the Fentanyl that you removed.
31. The quantity of Fentanyl that you removed from the Pyxis on October 6, 2013 exceeded the amount ordered by the physician for Patient B as set forth in Paragraph 12 above.

#### Patient C

32. On November 3, 2013, you were electronically documented as having removed medication from the Pyxis for "Patient C" who had the following physician's order on October 30, 2013: to be administered by IV, 25-50 mcg of Fentanyl every 15 minutes-PRN and 2-4 milligrams ("mg") of Midazolam (Schedule IV Controlled Substance) ("Midazolam") every 15 minutes-PRN.
33. On November 3, 2013 at 7:30 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient C; however, neither

Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 7:30 a.m.

34. On November 3, 2013 at 10:59 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 10:59 a.m.
35. On November 3, 2013 at 11:43 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 11:43 a.m.
36. On November 3, 2013, at 11:44 a.m., the electronic removal record for the Pyxis indicates that you removed one (1) – 2 mg vial of Midazolam for Patient C; however, Patient C's MAR for PRN Dosages Administered does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Midazolam on November 3, 2013 at or around 11:44 a.m.
37. On November 3, 2013 at 12:21 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 12:21 p.m.
38. On November 3, 2013 at 12:47 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 12:47 p.m.
39. On November 3, 2013 at 12:48 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2 mg vial of Midazolam for Patient C; however, patient C's MAR for PRN Dosages Administered does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Midazolam on November 3, 2013 at or around 12:48 p.m.

40. On November 3, 2013 at 13:12 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 13:12 p.m.
41. On November 3, 2013 at 13:34 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 13:34 p.m.
42. On November 3, 2013 at 14:21 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 14:21 p.m.
43. On November 3, 2013 at 15:23 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 15:23 p.m.
44. On November 3, 2013 at 15:24 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2 mg vial of Midazolam for Patient C; however, Patient C's MAR for PRN Dosages Administered does not have any written entries prepared by you demonstrating that you administered any amount of Midazolam for Patient C on November 3, 2013 at or around 15:24 p.m.
45. On November 3, 2013 at 15:38 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 15:38 p.m.
46. On November 3, 2013 at 16:41 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient C. Patient C's MAR for PRN Dosages Administered on November 3, 2013 at 17:00 p.m. indicates that you administered an amount of Fentanyl to Patient C; however, the entry signed by you is undated and the amount administered is illegible. There is no other written entry

prepared by you in Patient C's MAR for PRN Dosages Administered demonstrating that you administered 100 mcg of Fentanyl or wasted any amount of Fentanyl on November 3, 2013 at or around 16:41 p.m.

47. On November 3, 2013 at 17:19 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient C; however, neither Patient C's MAR for PRN Dosages Administered, nor Patient C's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 3, 2013 at or around 17:19 p.m.
48. On November 3, 2013, you removed a total of 8800 mcg of Fentanyl from the Pyxis, but Patient C's MAR for PRN Dosages Administered has only one illegible, undated entry demonstrating that you administered some quantity of Fentanyl to Patient C at 17:00 p.m.
49. You failed to document any waste of the 8800 mcg of Fentanyl that you removed from the Pyxis on November 3, 2013.
50. The quantity of Fentanyl you removed from the Pyxis on November 3, 2013, exceeded the amount ordered by the physician for Patient C as set forth in Paragraph 32 above.
51. On November 3, 2013, you removed a total of 6 mg of Midazolam from the Pyxis but you only documented administering 2 mg of Midazolam to Patient C on November 3, 2013.

#### Patient D

52. On November 9, 2013, November 12, 2013, and November 16, 2013, you were electronically documented as having removed medication from the Pyxis for "Patient D."
53. On November 9, 2013, Patient D had the following physician's order: to be weaned off Fentanyl.
54. On November 15, 2013, Patient D had the following physician's orders: (1) to be administered by IV two (2)-100 mg doses of Fentanyl Citrate between November 15, 2013 and 15:28 hours on November 16, 2013; and (2) to be administered two (2)-4 mg doses of Midazolam between November 15, 2013 and 15:28 hours on November 16, 2013.
55. On November 9, 2013 at 8:14 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 9, 2013 at or around 8:14 a.m.

56. On November 9, 2013 at 9:08 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 9, 2013 at or around 9:08 a.m.
57. On November 9, 2013 at 10:08 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 9, 2013 at or around 10:08 a.m.
58. On November 9, 2013 at 11:31 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 9, 2013 at or around 11:31 a.m.
59. On November 9, 2013 at 11:59 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-100 mcg vial of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 9, 2013 at or around 11:59 a.m.
60. On November 9, 2013 at 12:55 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 9, 2013 at or around 12:55 p.m.
61. On November 12, 2013 at 7:45 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 7:45 a.m.
62. On November 12, 2013 at 10:53 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you

demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 10:53 a.m.

63. On November 12, 2013 at 11:56 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 11:56 a.m.
64. On November 12, 2013 at 14:22 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 14:22 p.m.
65. On November 12, 2013 at 16:08 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 16:08 p.m.
66. On November 12, 2013 at 17:38 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 17:38 p.m.
67. On November 16, 2013 at 9:24 a.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 9:24 a.m.
68. On November 16, 2013 at 12:49 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2 mg vial of Midazolam for Patient D; however, Patient D's MAR for PRN Dosages Administered does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Midazolam on November 16, 2013 at or around 12:49 p.m.
69. On November 16, 2013 at 13:42 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however,

neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 13:42 p.m.

70. On November 16, 2013 at 15:17 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2 mg vial of Midazolam for Patient D; however, Patient D's MAR for PRN Dosages Administered does not have any written entries prepared by you demonstrating that you administered or wasted any amount of Midazolam on November 16, 2013 at or around 15:17 p.m.
71. On November 16, 2013 at 16:32 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D and that you wasted 700 mcg of the Fentanyl you removed; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient B's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted the remaining 1300 mcg of Fentanyl on November 12, 2013 at or around 16:32 p.m.
72. On November 16, 2013 at 17:32 p.m., the electronic removal record for the Pyxis indicates that you removed one (1)-2000 mcg bag of Fentanyl for Patient D; however, neither Patient D's MAR for PRN Dosages Administered, nor Patient D's MAR for High Risk IV Drip Medication Dosages/Hour, has any written entries prepared by you demonstrating that you administered or wasted any amount of Fentanyl on November 12, 2013 at or around 17:32 p.m.
73. Between November 9, 2013 and November 16, 2013, you removed a total of 28,200 mcg of Fentanyl from the Pyxis for Patient D and you failed to document any administration or waste of 27,500 mcg of the Fentanyl you removed.
74. The quantity of Fentanyl you removed from the Pyxis on November 9, 2013, November 12, 2013, and November 16, 2013, exceeded the amount ordered by the physician for Patient D as set forth in Paragraph 53 and 54 above.
75. On November 16, 2013, you removed a total of 4 mg of Midazolam from the Pyxis for Patient D and you failed to document any administration or waste of any amount of the Midazolam that you removed.

#### Grounds for Discipline

- A. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03(5), because you engaged in other conduct that fails to conform to accepted standards of nursing practice or in any behavior that is likely to have an adverse effect upon the health, safety, or welfare of the public.

- B. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03(35), because you failed to maintain the security of controlled substances that were under your responsibility and control.
- C. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03 (37), because you failed to refrain from unlawfully obtaining or possessing controlled substances.
- D. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03 (38), because you failed to refrain from administering prescription drugs or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber.
- E. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03 (39), because you failed to document the handling, administration, and destruction of controlled substances in accordance with all federal and state laws and regulations in a manner consistent with accepted standards of nursing practice.
- F. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03 (44), because you failed to make complete, accurate and legible entries in all records required by federal and state laws and regulations and accepted standards of nursing practice.
- G. Your conduct as alleged, warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03 (47), because you failed to refrain from engaging in any other conduct that fails to conform to accepted standards of nursing practice or in any behavior that is likely to have an adverse effect upon the health, safety, or welfare of the public.
- H. Your conduct as alleged warrants disciplinary action by the Board against your license to practice as an Registered Nurse pursuant to G.L. c. 112, §61 for deceit, malpractice, and gross misconduct in the practice of the profession and for any offense against the laws of the Commonwealth relating thereto.
- I. Your conduct as alleged warrants disciplinary action by the Board against your license to practice as a Registered Nurse pursuant to G.L. c. 112, §74, for lack of the good moral character required for initial licensure and license renewal.
- J. Your conduct as alleged also constitutes unprofessional conduct and conduct that undermines public confidence in the integrity of the nursing profession. *Sugarman v. Board of Registration in Medicine*, 422 Mass. 338, 342 (1996); see also *Kvitka v. Board of Registration in Medicine*, 407 Mass. 140, cert. denied, 498 U.S. 823 (1990); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708, 713 (1982).

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You have a right to an adjudicatory hearing ("hearing") on the allegations contained in the Order to Show Cause before the Board determines whether to suspend, revoke, or impose discipline against your license. G.L. c. 112, §61. Your right to a hearing may be claimed by submitting a written request for a hearing *within twenty-one (21) days of receipt of this Order to Show Cause*. You must also submit an Answer to this Order to Show Cause in accordance with 801 CMR 1.01 (6)(d) *within twenty-one (21) days of receipt of this Order to Show Cause*. The Board will give you prior written notice of the time and place of the hearing following receipt of a written request for a hearing.

Hearings shall be conducted in accordance with the State Administrative Procedure Act, G.L. c. 30A, §§10 and 11, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 and 1.03, under which you are granted certain rights including, but not limited to, the rights: to a hearing, to secure legal counsel or another representative to represent your interests, to call and examine witnesses, to cross-examine witnesses who testify against you, to testify on your own behalf, to introduce evidence, and to make arguments in support of your position.

The Board will make an audio recording of any hearing conducted in the captioned matter. In the event that you wish to appeal a final decision of the Board, it is incumbent on you to supply a reviewing court with a "proper record" of the proceeding, which may include a written transcript. *New Bedford Gas and Light Co. v. Board of Assessors of Dartmouth*, 368 Mass. 745, 749-750 (1975). Upon request, the Board will make available a copy of the audio recording of the proceeding at your own expense. Pursuant to 801 CMR 1.01 (10)(i)(1), upon motion, you "may be allowed to provide a public stenographer to transcribe the proceedings at [your] own expense upon terms offered by the Presiding Officer." Those terms may include a requirement that any copy of the transcript produced must be sent promptly upon completion and on an ongoing basis directly to the Presiding Officer by the stenographer or transcription service. The transcript will be made available to the Prosecutor representing the Board. Please note that the administrative record of the proceedings, including but not limited to, the written transcript of the hearing is a public record and subject to the provisions of G.L. c. 4, §7 and G.L. c. 66, §10.

Your failure to submit an Answer to the Order to Show Cause within 21 days of receipt of the Order to Show Cause *shall result in the entry of default* in the above-captioned matter. Your failure to submit a written request for a hearing within 21 days of receipt of this Order to Show Cause *shall constitute a waiver of the right to a hearing* on the allegations herein and on any Board disciplinary action.

Notwithstanding the earlier filing of an Answer and/or request for a hearing, your failure to respond to notices or correspondence, failure to appear for any scheduled status conference, pre-hearing conference or hearing dates, or failure to otherwise defend this action shall result in the entry of default.

**If you are defaulted, the Board may enter a Final Decision and Order that assumes the truth of the allegations in this Order to Show Cause, and may revoke, suspend, or take**

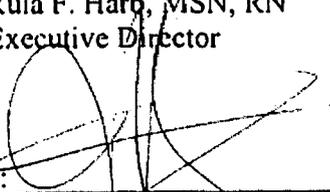
**other disciplinary action against your license to practice as a Registered Nurse in the Commonwealth of Massachusetts, including any right to renew your license.**

Your Answer to the Order to Show Cause and your written request for a hearing must be filed with Michelle Fentress, Prosecutor at the following address:

Michelle D. Fentress, Esq.  
Prosecuting Counsel  
Department of Public Health  
Office of the General Counsel  
239 Causeway Street, Suite 500  
Boston, MA 02114

You or your representative may examine Board records relative to this case prior to the date of the hearing during regular business hours at the office of the Prosecutor. If you elect to undertake such an examination, then please contact Prosecuting Counsel in advance at (617) 973-0979 to schedule a time that is mutually convenient.

BOARD OF REGISTRATION IN NURSING,  
Rula F. Harb, MSN, RN  
Executive Director

By: 

Michelle D. Fentress, Esq.  
Prosecuting Counsel  
Department of Public Health

July 29, 2014

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Cover Letter, Order to Show Cause and Certificate of Service were served upon the Licensee, Alejandro Manuel Canto, at the following address of record with the Board:

Alejandro Manuel Canto

redact

by first class mail, postage prepaid, and certified mail no. 7012 3460 0003 3582 4336

This 29<sup>th</sup> day of July, 2014.



Michelle D. Fentress, Esq.  
Prosecuting Counsel