



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Professions Licensure  
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June 12, 2014

BY FIRST CLASS AND CERTIFIED MAIL RETURN  
 RECEIPT REQUESTED NO. 7014 0510 0001 0375 0998

Linda Molloy

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**RE: In the Matter of Linda Molloy, RN License No. 156495  
Board of Registration in Nursing Docket No. NUR-2012-0283**

Dear Ms. Molloy:

Enclosed is the *Final Decision and Order* ("*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 16 of the *Final Decision* ("Date Issued"). Your appeal rights are noted on page 16 of the *Final Decision*.

**RECEIVED**

JUN 13 2014

OFF. PUBLIC PROTECTION

Sincerely,

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

Enc.

cc: Beth Oldmixon, Prosecutor

Vivian Bendix, Hearings Counsel



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.

Authorized Signature      9/17/14  
 Date

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION  
IN NURSING

\_\_\_\_\_  
In the Matter of )  
Linda Molloy )  
RN License No. 156495 )  
RN License Expires 6/5/16<sup>1</sup> )  
\_\_\_\_\_ )

DOCKET NO. NUR-2012-0283

**FINAL DECISION AND ORDER<sup>2</sup>**

Procedural Background

This matter comes before the Board of Registration in Nursing (“Board”) for determination of an appropriate sanction and issuance of a Final Decision and Order following the Stipulation of the Parties (“Stipulation”) and Request for Sanction Hearing filed by the parties on April 4, 2014. The Stipulation filed by the parties provided as follows:

1. On or about October 17, 2012, the Respondent was employed by Mercy Medical Center (“Mercy”) in Springfield, Massachusetts in the Nursing Administration Department as the Director of Regulatory Compliance/Infection Control.
2. On or about October 17, 2012, Mercy required the Respondent to attend a Catholic Identity Matrix Training (“Training”) seminar located on the Mercy campus.
3. On or about October 17, 2012, the Respondent attended the Training in her capacity as the Director of Regulatory Compliance/Infection Control.

<sup>1</sup> The original caption in the instant matter reflected the license expiration date as June 5, 2014. However, Respondent’s current record of standing with the Board reflects that Respondent’s license has been renewed and will expire on June 5, 2016. (Board records of which the Board takes administrative notice).

<sup>2</sup> In that the evidence in this matter, consisting of the documentary evidence submitted at the hearing, including the Stipulation Agreement of the Parties, is before the Board, no tentative decision is required. 801 C.M.R. 1.11(11).

4. On or about October 17, 2012, when Respondent arrived at the Training her manner of dress and behavior were inappropriate and unprofessional.
5. On or about October 17, 2012, at the conclusion of the Training, Respondent was found to have an odor of alcohol on her breath.
6. On or about October 17, 2012, the Respondent submitted to two breathalyzer tests, both of which indicated Respondent had a blood alcohol level of greater than .08.
7. The Respondent was impaired when she arrived at Mercy for the Training on or about October 17, 2012.
8. The Respondent has subsequently acknowledged she has an alcohol abuse problem.
9. The Respondent participated in an out-patient recovery program in November and December of 2012.
10. The Respondent participated in an in-patient recovery clinic in January 2013 and May 2013.
11. Respondent continues to treat with a Licensed Social Worker and a Psychiatrist.
12. The Respondent has been a licensed Registered Nurse in Massachusetts since 1981.
13. Besides the current matter, the Respondent has not had any other complaints against her Massachusetts Registered Nurse License.
14. The Respondent has provided performance evaluations dated March 2011 and March 2012.
15. The Respondent's conduct as alleged, warrants disciplinary action by the Board against her license to practice as a Registered Nurse pursuant to Board regulation 244 CMR 9.03 for violation of Standards of Conduct for Nurses, namely:
  - a. Violation 244 CMR 9.03(5) for failing to engage in the practice of nursing in accordance with the accepted standards of practice.
  - b. Violating 244 CMR 9.03(36) for practicing nursing while impaired.
  - c. Violating 244 CMR 9.03(47) for engaging in any other conduct that fails to conform to the accepted standards of nursing practice or any behavior that is likely to have an adverse effect on the health, safety, or welfare of the public.

16. The Respondent's conduct as alleged warrants disciplinary action by the Board against her license to practice as a Registered Nurse pursuant to G. L. c. 112 § 61 for deceit, malpractice, and gross misconduct in the practice of the profession or for any offense against the laws of the Commonwealth relating thereto.
17. The Respondent's conduct as alleged also constitutes unprofessional conduct which undermines the public confidence in the integrity of the profession. *Sugarman v. Board of Registration in Medicine*, 422 Mass. 338, 342 (1996); see also, *Kvitka v. Board of Registration of Medicine*, 407 Mass. 140, cert. denied, 498 U.S. 823 (1990); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708, 713 (1982).

Following the filing of the parties' Stipulation on April 4, 2014, a hearing on sanctions was convened before the Board on April 30, 2014 pursuant to G.L. c. 30A and the Standard Rules of Adjudicatory Practice and Procedure at 801 CMR 1.00 et seq. Administrative Hearings Counsel Vivian Bendix presided at the hearing. The Respondent appeared *pro se*. Prosecuting Counsel was Beth Oldmixon, Esq. Both the Respondent and her husband made statements relative to the issue of sanctions.<sup>3</sup>

#### Exhibits

The following exhibits were entered into the record at the sanction hearing:

1. Order to Show Cause, issued June 20, 2013
2. Answer to Order to Show Cause with 5 attachments, dated July 19, 2013
3. Stipulation of the Parties and Request for Sanction Hearing, dated April 4, 2014
4. Linda Molloy Resume
5. Job description for Director of Regulatory Compliance/Infection Control, Sisters of Providence Health System, June 2012
6. March 2011 Performance Evaluation

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<sup>3</sup> The parties agreed to place on the record the fact that prior to and until the commencement of the Sanction Hearing, Respondent was offered the opportunity to participate in the Board's SARP Program ("SARP"), which Respondent understood would constitute a non-disciplinary disposition of the instant matter. Respondent declined to participate in SARP, being fully aware that the opportunity to do so would no longer be available once the Sanction Hearing commenced.

7. March 2012 Performance Evaluation
8. October 12-17, 2012 electronic mail ("email") communication between Molloy and Adams Re FMLA application
9. October 17, 2012 e-mail communication between Molloy and Adams Re arrival at Training
10. July 9, 2013 Letter: Park, LICSW, CADC and Geller, LICSW, Adcare Outpatient Services to Molloy
11. January 10, 2014 Letter: Paul Foster-Moore, LICSW and Susan R. Reuben, M.D., River Bend Medical Group to To Whom It May Concern

#### Discussion

The Board has reviewed the undisputed facts and conclusions of law, as stipulated to by the parties and set forth above, acknowledging that pursuant to 244 CMR 9.03 (5), (36), and (47) and to G.L. c. 112, §61, Respondent's conduct warrants disciplinary action by the Board against her license to practice as a Registered Nurse ("RN"). In accordance with the Stipulation, Respondent's acts also constitute unprofessional conduct and conduct which undermines the confidence in the integrity of the profession. *Kvitka v. Board of Registration of Medicine*, 507 Mass. 140, cert. denied, 498 U.S. 823 (1990); *Raymond v. Board of Registration of Medicine*, 387 Mass. 708, 713 (1982).

The Board has reviewed and now considers the statements and information Respondent presented in mitigation at the April 30, 2014 hearing on sanctions.

Respondent completed her Bachelor's of Science in Nursing at American International College in Springfield, Massachusetts and was licensed as an RN by the Board in 1981. Respondent has worked successfully as a nurse for 33 years and loves her chosen vocation. She feels fortunate to be a part of the nursing profession. During Respondent's years of service, she has provided leadership and guidance to nursing

students for the Department of Education ("DOE"). The DOE has continued to utilize Respondent in teaching roles so as to convey her passion for nursing to students. Except for the case at hand, Respondent has had no other infractions.

Prior to October 17, 2012, Respondent had spent the previous 15 years working at Mercy Medical Center ("Mercy"), operated by the Sisters of Providence Health System. At Mercy, the Practice Counsel presented Respondent with the Nurse Excellence Award twice. These awards were particularly meaningful to Respondent because they were peer nominated awards, reflecting the respect that Respondent's co-workers had for her. Additionally, Respondent received above average performance evaluations from her supervisors. Respondent's performance evaluations for the periods of February 2010-February 2011 and February 2011- February 2012 state that Respondent consistently "exceeded standards" and served as a role model. (Exhibits 6, 7)

On October 17, 2012, while employed as Director of Regulatory Compliance and Infection Control at Mercy Medical Center in Springfield, MA, Respondent was required to attend a Catholic Identity Matrix Training that she arrived at and appeared at in an intoxicated state. Two breathalyzer tests showed positive blood alcohol levels in excess of .08. Respondent admits that she had developed an alcohol abuse problem and attributes her alcohol abuse to excessive stress at work and at home.

For the preceding 7 years at Mercy, Respondent was the leader overseeing inspection surveys by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"). Respondent was responsible for the preparation and coordination of JCAHO inspections, and with the last two inspections, Mercy received the highest rating from JCAHO inspectors. Respondent's tasks included coordinating

agendas, coordinating preparation for the survey team, running mock interviews, and creating support teams for the survey process. In 2009, subsequent to the JCAHO surveys, Respondent was promoted from Manager of Regulatory Compliance to Director of Regulatory Compliance and Infection Control.

In addition to her substantial responsibilities at Mercy, Respondent was given assignments at an associated behavioral health campus that included a 100 bed hospital and the state's two busiest methadone clinics. The methadone clinics had provisional accreditation from the Department of Public Health ("DPH").<sup>4</sup> Respondent was tasked with coordinating a JCAHO survey at the facilities and restoring the clinics' DPH accreditation by ensuring that treatment plans were timely submitted to DPH and by developing quality control standards. Although she had no familiarity with behavioral health and was not given any training or direction in how to accomplish the objectives set before her, Respondent tackled them successfully. She formed positive working relationships with the managers of both clinics and their administrative assistants and led them in developing Quality Control measures. She also worked closely with DPH in Northampton, MA. Among the initiatives Respondent developed was a program called "Mommy and Me", which put in place a process for teaching pregnant women with substance abuse problems to care for their bodies while on methadone. The program followed the women after the birth of their babies, sometimes with home visitation, to ensure that both mothers and babies were healthy and safe. The clinics received full accreditation from DPH within a year and a half of Respondent assuming responsibility for that goal.

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<sup>4</sup> The clinics had been cited by DPH for being late in submitting to DPH hundreds of treatment plans and the lack of quality control leading to this failure. Despite the tardy submissions required by DPH, the clinics were improperly billing for services rendered.

Between about July 2012 and October 2012, Respondent experienced extremely high levels of stress at work. Just before she appeared intoxicated at the October 17, 2012 meeting, there were JCAHO surveys and DPH licensing visits at Mercy and the methadone clinics. Also, the Massachusetts Department of Mental Health ("DMH") was conducting inspections of several programs. Responsibility for all these visits fell to Respondent, adding to her already substantial stress. Although she had teams that worked with her, they were comprised of *per diem* and part-time employees. Exacerbating the situation was the fact that an individual Respondent supervised failed to provide a complete set of required data to the Centers for Disease Control and Prevention ("CDC"), causing the hospital to lose thousands of dollars. Respondent felt responsible for the error and loss because she did not review the data as thoroughly as she should have, relying on the employee's excellent track record of supplying required data to the CDC.

At the same time, Respondent was also beset with great stress in her personal life. A widowed brother gave Respondent 10 days notice that his house was going into foreclosure and that he and his children would have to move in with Respondent, her husband and three children. Respondent's brother had one child who lived with him full-time and two children who lived with him during college breaks. The children had a difficult time after losing their mother and Respondent was very involved in getting them help and nurturing them.

The high level of stress at work and at home led Respondent to drink excessively. Respondent states that she is not a longstanding alcohol abuser, and normally would have had one or two drinks at most and would have never driven even after just a single drink.



When too many stressful issues arose concurrently, beginning in July 2012, Respondent began to "self-medicate" with alcohol. Prior to the incident on October 17, 2012, Respondent had informed her boss that she was falling apart from her professional and personal stress and needed to transition to a less demanding position and take some leave pursuant to the Family and Medical Leave Act ("FMLA leave"). Respondent's supervisor was concerned about Respondent going on leave because nobody else knew how to perform Respondent's job or seemed suitable to train for taking on Respondent's duties. Although the leave was ultimately approved, it had not yet begun on October 17, 2012. (Exhibit 8)

Respondent admits that she is an alcoholic and that twice she has been to an inpatient detoxification and treatment facility, Adcare Hospital. Following an unsuccessful attempt to participate in outpatient treatment in November 2012 – January 2013, Respondent was hospitalized for detoxification from January 22, 2013 to January 30, 2013. Treatment included seven hour days dedicated to taking various classes. At the outset of her treatment, Respondent understood from Adcare that following such treatment, she would be discharged home. Upon the completion of the treatment, Adcare indicated that Respondent was expected to participate in an in-patient recovery program. As neither Respondent nor her family were prepared for such an extended inpatient hospitalization, Respondent opted for an outpatient recovery program at Adcare, from which she was discharged for non-compliance in April 2013. From about May 4-16, 2013, Respondent returned to inpatient care at Adcare, undergoing detoxification and then participating in a highly structured all-day recovery program. When the facility was ready to discharge Respondent, she chose to extend her stay as she felt she could benefit

from more classes and group participation. While Respondent's first admission to Adcare was more or less forced on her by others when she failed to grasp the seriousness of her problem, her second admission in May 2013 was voluntary and motivated by Respondent's realization that she needed help. (Exhibit 10)

In June 2013, Respondent participated in intensive outpatient treatment at Adcare. During the program, Respondent submitted to nine breathalyzer tests, all of which showed 0.000 levels of alcohol. Additionally, Respondent had two urine toxicology screenings that were positive only for Benzodiazepines that were prescribed for Respondent. Following her discharge from outpatient treatment, Respondent had an aftercare plan calling for participation in an Early Recovery Group and individual counseling sessions. (Exhibit 10) Respondent's treatment has included AA meetings, which she has consistently continued to attend four or five times a week. After her discharge Respondent sometimes went to two AA meetings a day. Respondent does not currently have a sponsor, although she has asked two individuals to act as her sponsor. However, through AA, Respondent has met a lot of people who have successfully supported her during times of weakness.

In October 2013, Respondent commenced treatment with a Licensed Social Worker ("LCSW") and a psychiatrist in the Behavioral Health Services Department of a medical group. The focus of Respondent's therapy has been indentifying triggers to alcohol relapse and devising proactive plans to maintain sobriety under pressure. Respondent is also on three psychotropic medications. As of January 10, 2014, the LCSW and psychiatrist reported that Respondent had a single relapse when she drank two glasses of wine at Thanksgiving. They further reported that Respondent abstained

from all alcohol during the Christmas and New Years holidays, even in the presence of intoxicated persons and despite difficulties with certain family members. The providers reported that Respondent was using several AA meetings a week, psychotherapy, spousal support, and the AA Step Program to stay on track with her recovery. Sources for "cognitive reinforcement" of sobriety included the AA "Big Book," the "Little Red Book," "Living Sober," and "Step by Step". (Exhibit 11)

As of January 10, 2014, the LICSW and the psychiatrist reported that Respondent was managing her anxiety disorder utilizing "self-calming and relaxation breathing techniques with excellent results." Respondent was also relying on medication and non-drinking friends to prevent social isolation. Her energy levels exceeded her usual baseline and she was "making slow but steady progress in avoiding catastrophic thinking patterns that provoke high levels of anxiety." (Exhibit 11)

Respondent has continued to see the LICSW approximately once a week as well as having regular visits with the psychiatrist who manages her medications. Additionally, Respondent expects to continue her participation in AA and therapy for the rest of her life. Respondent reports that in the last year, she has had 11 consecutive negative blood alcohol tests with no advance notice of the testing. The testing was performed at Adcare. Respondent has assumed full responsibility for her alcoholism and the treatment she receives to remain sober. She has received a tremendous amount of support from her husband, family, friends, and people with whom she has become close at AA,

Respondent has not engaged in any patient care in the last 20 years and has no access to medication dispensary systems. She does not plan to return to a clinical position as at this point as she lacks the skills and competency to work in patient care. At the end

of her FMLA leave, Respondent left Mercy in order to avoid the type of stress she encountered in her previous job. On April 3, 2014, Respondent took a 20 hour a week position that does not involve patient care, treatment plans, assessments, or distribution of medications. As a "Clinical Reimbursement RN", Respondent's tasks are limited to document review and increasing reimbursements.

Respondent's husband, Dave Anderson, stated that the episode involving his wife's fall into alcoholism took him by surprise as she was not the person he had known for the previous 25 years. He indicated that Respondent had never had more than a glass or two of wine, and had never driven even after one glass. Respondent's husband described this episode as a complete aberration. He remarked that something snapped in October of 2012 that was the final straw that broke the camel's back. He noted that Respondent had a vast amount of responsibility at work with virtually no support or training, leaving her to make her own way at accomplishing the multitude of tasks with which she was charged.

Mr. Anderson stated he had tried to convince Respondent to quit her job because of the stress she was experiencing. According to Mr. Anderson, Respondent was assigned more work than was feasibly possible for one individual to handle on her own. He indicated that Mercy did a disservice to Respondent by giving her such tremendous responsibilities without adequate support, by taking too long to allow Respondent to transition into a less demanding position and take FMLA leave, and by making no attempt to communicate with Respondent after the October 17, 2012 incident to see how she was doing.

Mr. Anderson also spoke of stressful events in Respondent's personal life that occurred during the decade preceding October 2012, beginning with the death of Respondent's brother's wife. He stated that something such as a mental breakdown or some other manifestation of the stress, not necessarily alcohol abuse, was inevitable.

Mr. Anderson indicated that Respondent has done remarkably well in recovery and has gotten better and better in the last six to eight months. She is also well suited for her current job. After the event on October 17, 2012, Respondent was despondent and could not believe what was happening to her. Respondent's initial round of treatment was involuntary and she believed that she did not need it. However, she came to terms with her alcoholism and voluntarily took responsibility for her second admission to Adcare and the treatment she has received subsequently.

Prosecuting Counsel asserted that the facts show that Respondent violated regulations by arriving at work with a positive alcohol level. The prosecution leaves disciplinary action to the discretion of the Board as it sees fit and consistent with Board precedent. The Respondent indicated that she is open to randomized urine screens as mandated by the Board.

Based on the above-referenced Stipulations, the statements and exhibits introduced at the hearing on sanctions, the Board's responsibility to protect the health, safety, and welfare of the public and the Board's duty to maintain the public's confidence in the integrity of the nursing profession, the Board enters the following Order:

## ORDER

Based on its Final Decision and Order, the Board Suspends for a minimum of three (3) years<sup>5</sup> Respondent's license to practice as a Registered Nurse in Massachusetts, RN License No. 156495.

Respondent is hereby ordered to return any nursing license issued to her 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 herself 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 after a period of three (3) years and when she can provide documentation satisfactory to the Board demonstrating her ability to practice nursing in a safe and competent manner. Such documentation shall include, but may not be limited to, 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. Accordingly, Respondent shall with any petition for relicensure:

- 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;

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<sup>5</sup> Respondent submitted reports from her health care providers attesting to her sobriety from January 2014 to the present. She also reports that she has undergone random drug testing and that all test results are negative. If Respondent submits objective proof of her sobriety, (i.e., the test results directly from Adcare) the Board will accept her petition for reinstatement in two years and six months.

- 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 she has regularly attended group or individual counseling or therapy, or both, during the two (2) years immediately preceding any petition for relicensure;<sup>6</sup>
- 4) submit written verification from Respondent's primary care provider and any other specialist(s) whom Respondent may have consulted that indicate that Respondent is medically able to resume the safe and competent practice of nursing, which meets the requirements set forth in Attachment B 1
- 5) 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>7</sup>
- 6) 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

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<sup>6</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.

<sup>7</sup> If Respondent wasn't employed at all during this period, submit an affidavit so attesting.

(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>8</sup> and

- b. Certified documentation from the state board of nursing of each 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

Respondent shall also submit documentation satisfactory to the Board of her 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 of two (2) years, 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 relicensure Respondent if the Board determines that relicensure is in the best interests of the public at large.

The Board voted to approve the within Final Decision at its meeting held on June 11, 2014, by the following vote: **In favor:**, P. Gales, RN, K. Gehly, RN, S. Kelly, RN/NP, J. Killion, LPN, B. Levin, RN, A. Peckham, RN, MSN, E. Richard Rothmund,

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<sup>8</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.



C. Simonian, PharmD, R.Ph., S. Taylor, MSN, RN, C. Tebaldi, RN, MS **Opposed:** None  
**Abstained:** None **Absent:** M. Beal, RN/NM

The Board voted to approve the within Final Order at its meeting held on June 11, 2014, by the following vote: **In favor:** P. Gales, RN, K. Gehly, RN, S. Kelly, RN/NP, J. Killion, LPN, B. Levin, RN, A. Peckham, RN, MSN, E. Richard Rothmund, C. Simonian, PharmD, R.Ph., S. Taylor, MSN, RN, C. Tebaldi, RN, MS **Opposed:** None  
**Abstained:** None **Absent:** M. Beal, RN/NM

### EFFECTIVE DATE OF ORDER

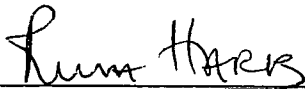
This Final Decision and Order becomes effective upon the tenth (10<sup>th</sup>) day from the date it is issued (see "Date Issued" below).

### RIGHT TO APPEAL

Respondent is hereby notified of the right to appeal this Final Decision and Order 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: June 12, 2014



Rula Harb, MSN, RN  
Executive Director

Notified:

VIA FIRST CLASS AND CERTIFIED MAIL RETURN  
RECEIPT REQUESTED NO. 7014 0510 0001 0375 0998

Linda Molloy

redact

By Hand

Beth Oldmixon, Prosecutor

Vivian Bendix, Hearings Counsel