

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

DEVAL L. PATRICK
GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

CHERYL BARTLETT, RN
COMMISSIONER



Tel: 617-973-0900
Fax: 617-973-0984
www.mass.gov/dph/boards/rn

May 19, 2014

Jennifer Holey
378 North Street
Williamstown, MA 01268

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 Date

Certified mail 7012 3460 0001 7331 3603

RE: In the Matter of Jennifer Holey/NUR-2013-0021
RN/NA License No. 2280592

FINAL NOTICE OF SUSPENSION

Dear Ms. Holey:

On April 24, 2013, you entered into a Consent Agreement ("Agreement") for SARP Participation with the Board of Registration in Nursing ("Board").

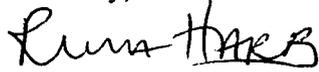
On May 8, 2014, the Board sent you a Notice of Violation and Further Discipline ("Notice"). A copy of the Notice is enclosed with this letter. The Notice informed you that you are in violation of the Agreement and listed the facts supporting the determination that you are in violation. The Notice also informed you that the Board intended to exercise its discretion under the Agreement and suspend your license. The Notice informed you that you had a right to a hearing on the limited issue of whether you are in compliance with, or in violation of, the terms of the Agreement. Lastly, the Notice informed you that to claim your right to a hearing, you needed to submit a written statement of facts and request for a hearing within 7 days.

As of the date of this letter, the Board has not received from you a written statement of facts and request for a hearing. Accordingly, you have waived your right to a hearing.

Effective today, May 19, 2014, the Board exercises its authority under paragraph seven (7) of the Agreement and **SUSPENDS your license to practice for a minimum of three (3) years. You may not practice as a Registered Nurse in Massachusetts until the Board provides you written notice that it has reinstated your license.**

You may petition the Board to reinstate your license after you submit documentation of your ability to practice nursing in a safe and competent manner as delineated in Paragraph ten (10) of your Agreement. Please review the Agreement for guidance on information and documents that you will need to include with your petition. You may also contact Traci Westgate at (617) 973-0894 if you have any questions regarding license reinstatement.

Sincerely,

A handwritten signature in black ink that reads "Rula Harb". The signature is written in a cursive style with a large, stylized "H" and "B".

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



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Executive Office of Health and Human Services
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May 8, 2014

Jennifer Holey
378 North Street
Williamstown, MA 01268

Certified mail 7012 3460 0001 7331 3474

RE: In the Matter of Jennifer Holey/NUR-2013-0021
RN/NA License No. 2280592

NOTICE OF VIOLATION AND FURTHER DISCIPLINE

Dear Ms. Holey:

On April 24, 2013, you entered into a Consent Agreement ("Agreement") for SARP Participation with the Board of Registration Nursing ("Board"). A copy of the Agreement is enclosed with this letter for your review.

You are in violation of the Agreement. Under Paragraph seven (7) of the Agreement, the Board may impose further discipline against your license in the event that you violate any provision of the Agreement. You are hereby notified that the Board will exercise its discretion under the Agreement and **SUSPEND your license, effective in 7 days.**

The basis for the Board's contention that you are in violation of the agreement are as follows:

1. Paragraph four (4)i of the Consent Agreement, you were required to attend all SAREC monitoring meetings as scheduled and notify the SARP coordinator in writing if unable to attend. *As of the date of this letter, you have failed to complete this requirement. You last attended a monitoring meeting on January 17, 2014. Doug McClellan received your January 22, 2014 letter notifying him of your withdrawal from SARP.*
2. Per paragraph (4)j and Attachment A of the Consent Agreement, you were required to have results of random, supervised, urine tests for substances of abuse, all of which are

required to be negative, submitted directly to the SARP Coordinator. *The Board was notified that you stopped calling and testing at the drug testing management company (First Lab) as of January 19, 2014.*

You have a right to a hearing on the limited issue of whether you are in compliance with, or in violation of, the terms of the Agreement. You may claim your right to a hearing by submitting a written statement to the Board within 7 days of receipt of this letter. Your written statement must include specific facts which support the determination that you are in compliance, and not in violation, with the provisions of the agreement identified above. Your written statement must also include a request for a hearing. Please send your written statement to me at:

Olajumoke Atueyi
Board Counsel
Board of Registration in Nursing
239 Causeway Street, Suite 500
Boston, MA 02114

Your failure to submit a written statement of facts and request for a hearing within 7 days shall constitute a waiver of your right to a hearing on the issue of your violation of the Agreement.

Sincerely,



Olajumoke Atueyi, Board Counsel
Board of Registration in Nursing

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COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
Jennifer Jean Holey
RN/NA License No. 2280592
Expires: 4/5/2014

Complaint No. NUR-2013-0021
SARP Reference No. R-13-028

CONSENT AGREEMENT FOR SARP PARTICIPATION

The Massachusetts Board of Registration in Nursing (Board) and Jennifer Jean Holey (Licensee), a Registered Nurse/Nurse Anesthetist (RN/NA) licensed by the Board, License No. 2280592, do hereby stipulate and agree that the following information shall be entered into the Licensee's record maintained by the Board:

1. The Licensee agrees that this Consent Agreement for SARP Participation (SARP Agreement) is entered into in resolution of the Board's investigation of a complaint filed against her, Complaint No. NUR-2013-0021.
2. The Licensee admits that she has a substance abuse problem. She also admits that while employed as a Registered Nurse/Nurse Anesthetist at North Adams Regional Hospital in North Adams, MA, on or about December 12-13, 2013, the Licensee diverted controlled substances for her own personal use and practiced while impaired by said controlled substances. The Licensee acknowledges that her conduct, as documented in Complaint No. NUR-2013-0021, constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03 (5), (35), (36), (37), and (47) and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112 § 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions.
3. Pursuant to Massachusetts General Laws ("G.L.") Chapter 112, section 80F, the Board established the Substance Abuse Rehabilitation Program ("SARP") as an alternative to standard disciplinary action. The Board and the Licensee agree that she will participate in SARP as a voluntary alternative to the Board seeking prosecution for the immediate suspension of her license.
4. During the time that the Licensee is participating in SARP, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction:
 - a. Abstain from the use of alcohol and all substances of abuse or substances with potential for abuse.

- b. Provide written verification from each treatment provider, including, but not limited to primary care physicians, dentists, psychiatrists, and therapists that he/she has reviewed this document.
- c. If prescribed any controlled substance, or when taking over-the-counter (OTC) medications, notify the SARP and the Drug Testing Management Company (DTMC) within five (5) days and submit directly to the SARP Coordinator and the DTMC a written statement of the identity and amount of each controlled substance prescribed, and medical necessity for said prescription, and agree to follow medical advice to minimize the risk of relapse.
- d. Participate in individual therapy/substance abuse counseling at least twice per month for two years or until such time as Licensee is discharged by the attending therapist in collaboration with the SARP Coordinators. The Licensee understands that all therapists and treatment providers must be approved by SARP and acknowledge in writing his/her willingness to regularly report to SARP on the Licensee's progress. In addition, the Licensee understands that she is responsible for the timely submission of all progress reports by her treatment provider(s), utilizing the standardized SARP form, to the Substance Abuse Rehabilitation Evaluation Committee (SAREC). Licensee further understands that her therapist will notify SARP immediately with concerns.
- e. Advise SARP in writing within ten (10) days of any change in treatment provider(s), therapist(s), or counselor(s).
- f. Notify SARP in writing within ten (10) days in any change of name, address or other personal data pursuant to Board regulations at 244 CMR 9.03 (27).
- g. Participate weekly in a professional Peer Support Group, approved by SARP, for the length of the SARP program.
- h. Attend at least four (4) twelve-step meetings each week, and actively participate in said program (including, but is not limited to, obtaining a sponsor, joining a "home" group), or participate in a SARP approved alternative program, and notify SARP in writing immediately thereafter of participation.
- i. Attend all SAREC monitoring meetings as scheduled and notify the SARP Coordinator in writing if unable to attend.

- j. Have submitted directly to the SARP Coordinator, according to the conditions and procedures outlined in **Attachment A** of this Agreement, the results of random, supervised urine tests for substances of abuse, all of which are required to be negative.
 - (i) Comply with the additional condition of observed urine collection as determined necessary by the SARP Coordinator.
- k. Report to the SARP Coordinator any incident of relapse within twenty-four (24) hours of said incident. In addition, the Licensee understands that she must follow the relapse protocol as delineated in the SARP Relapse Management Policy.¹
- l. Refrain from practice as a nurse for a minimum of one (1) year and agree to have her paper nursing license held by the SARP Coordinator. Further, Licensee agrees not to return to practice unless and until SARP notifies Licensee that her privilege has been restored.
- m. After SARP notifies the Licensee that she may resume nursing practice, the Licensee agrees to comply with all restrictions placed on her practice by the SAREC.²
- n. Agree to provide a copy of this Consent Agreement and any further Consent Agreement amendments to all nursing supervisors.
- o. Agree to obtain and forward progress reports of Licensee's job performance from her employer to the SARP utilizing the standardized SARP form.
- p. Notify the SARP Coordinator prior to any change in job description, employer, and provide the name, address and telephone number of each new employer.
- q. Request in writing any changes to nursing practice restrictions.
- r. Immediately report to SARP any arrest and/or conviction of any offense. Licensee understands that SARP will report any conviction to the Board and that the Board will determine if a

¹ See SARP Relapse Management Policy, 06-001

² Restrictions include, but are not limited to, no patient contact, no access to medications, no overtime, no overnight shifts, no access to narcotics, no double shifts.

new complaint against the Licensee's nursing license will be opened based on that conviction.

- s. Submit documentation that [he/she] has successfully completed nine (9) contact hours of continuing education³ within one (1) year after the Effective Date of this Agreement on one or more of the following topics: psycho-pharmacology of addiction; the disease concept of addiction; denial and other defenses related to substance abuse; relapse prevention; the family disease concept of addiction; and the addicted professional.
5. Licensee understands that her employer will be notified by SARP in the event of a relapse or other inability to practice nursing in a safe manner. The Licensee acknowledges that formal discharge from the SARP will take place only upon completion of the program and recommendation by SAREC and approval of the Board.
 6. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement it will not prosecute the complaint contained in Complaint No. NUR-2013-0021. In addition, if the Licensee has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Licensee's SARP participation will terminate upon written notice to the Licensee from the Board and the Licensee's record will be sealed.
 7. If the Licensee does *not* comply with each requirement of this Agreement, or if the Board opens a subsequent complaint⁴ during the Licensee's participation in SARP, the Board, upon written notice to the Licensee, and as warranted to protect the public health, safety, or welfare will IMMEDIATELY SUSPEND the Licensee's nursing license. The Board will SUSPEND the Licensee's nursing license prior to an adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) as contained in the subsequent complaint and such suspension shall remain in effect until final disposition of the matter in accordance with this Paragraph 7.
 8. The Licensee agrees that if the Board suspends her nursing license in accordance with Paragraph 7, she will immediately return her current Massachusetts license to practice as a Registered Nurse/Nurse Anesthetist to the Board, by hand or certified mail. Upon said suspension, she will no longer be authorized to engage in the practice of nursing in the Commonwealth of Massachusetts and shall not in

³ These contact hours may be applied to the contact hours required for license renewal. They may be taken as home study or as correspondence course, *provided that* they meet the requirements of Board Regulations at 244 CMR 5.00, Continuing Education.

⁴ The term "Subsequent Complaint" applies to a complaint opened after the Effective Date, which (1) alleges that the Licensee engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Licensee shall have an opportunity to respond.

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any way represent herself as a Registered Nurse/Nurse Anesthetist until such time as the Board reinstates her nursing license or right to renew such license⁵.

9. The Licensee understands that any SUSPENSION of her nursing license in accordance with this Agreement shall be for a minimum of three (3) years, commencing with the Effective Date of the notice of SUSPENSION. After a three (3) year period of license SUSPENSION, the Licensee may petition the Board in writing for reinstatement of her RN/NA license. With such petition, the Licensee shall submit documentation satisfactory to the Board of her ability to practice nursing in a safe and competent manner as delineated in Paragraph 10 below.
10. The Licensee agrees that together with any request for license reinstatement she shall provide all of the following to the satisfaction of the Board:
 - a. Have submitted directly to the Board, according to the conditions and procedures outlined in **Attachment A**, the results of her random supervised urine tests for substances of abuse, collected no less than fifteen (15) times per year during the two (2) years immediately preceding any petition for reinstatement, all of which are required to be negative.
 - b. Documentation that she has obtained a sponsor and has 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 her sponsor and signatures verifying this required attendance.
 - c. Documentation verifying that she has regularly attended group or individual counseling or therapy, or both, conducted by a licensed mental health provider during the two (2) years immediately preceding any petition for reinstatement. Such documentation shall be completed by each licensed mental health provider seen by the Licensee, and shall be written within thirty (30) days preceding any petition for reinstatement and sent directly by the provider to the Board.
 - d. Written verification from her primary medical care provider and any other licensed health care professional(s) with whom she may have consulted, written within thirty (30) days preceding any petition for license reinstatement, that the Licensee is medically able to resume the safe and competent practice of nursing, including a list of all prescribed medications and the medical necessity for each.
 - e. If employed during the year immediately preceding Licensee's petition for

⁵ Any evidence of unlicensed practice or misrepresentation as a Registered Nurse/Nurse Anesthetist after the Board has notified the Licensee of her license suspension shall be grounds for further disciplinary action by the Board and the Board's referral of the matter to the appropriate law enforcement authorities for prosecution, as set forth in G.L. c. 112, §§ 65 and 80.

license reinstatement, have each employer from said year submit on official letterhead an evaluation reviewing Licensee's attendance, general reliability, and overall job performance⁶.

- f. Evidence of completion of all continuing education required by Board regulations within the two (2) license renewal cycles immediately preceding any reinstatement petition.
 - g. 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:
 - 1. 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 in connection with any criminal matter and a description of those completed requirements and/or the disposition of such matters;⁷ and
 - 2. Certified documentation from the state board of nursing of each jurisdiction in which the Licensee 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.
11. The Board may choose to relicense the Licensee if the Board determines that re-licensure is in the best interests of the public at large. The Board's approval of Licensee's petition for re-licensure shall be conditioned upon, and immediately followed by, probation of Licensee's nursing license for a minimum 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.
12. The Licensee understands that she has a right to formal adjudicatory hearing concerning the allegations against her and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the complaints.

⁶ If Licensee wasn't employed at all during this period, submit an affidavit so attesting.

⁷ The Licensee shall also provide, if requested, an authorization for the Board to obtain a Criminal Offender Record Information (CORI) Report of the Licensee 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 Licensee before any court or administrative body in any other jurisdiction.

- 13. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the complaint[s] and this Agreement.
- 14. The Licensee acknowledges that if the Board SUSPENDS her nursing license pursuant to this Agreement, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
- 15. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review

Doog McElroy 4/19/13
Witness (sign and date)

Jennifer Jean Holey
Licensee (sign and date)

Doog McElroy
Witness (print name)

Caron Robert
Caron Robertson, MSN, RN
Deputy Executive Director
Board of Registration in Nursing

April 24, 2013
Effective Date of Agreement

Fully Signed Agreement Sent to Licensee on April 24, 2013 by Certified Mail
No. 7012 0470 0001 3526 5793