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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MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

September 22, 2015

BY FIRST CLASS AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED NO. 7014 0510 0001 0375 2497
Elizabeth M. O'Brien
redact

BY FIRST CLASS AND CERTIFIED MAIL RETURN
RECEIPT REQUESTED NO. 7014 0510 0001 0375 2367
Elizabeth M. Obrien
redact

RE: In the Matter of Elizabeth M. O'Brien, RN License No. 178778
Board of Registration in Nursing Docket No. NUR-2013-0177

Dear Ms. O'Brien:

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 6 of the *Final Decision* ("Date Issued"). Your appeal rights are noted on page 5 of the *Final Decision*.

Sincerely,

Amy S. Fein, RN, BSN, JD
Co-Interim Executive Director
Board of Registration in Nursing

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 11/9/15
Date

Enc.

cc: Eugene Langner, Prosecuting Counsel

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
Elizabeth O'Brien
RN License No. 178778
License Expired 11/11/12

Docket No. NUR-2013-0177

FINAL DECISION AND ORDER BY DEFAULT

On June 17 and 26 and July 16, 2015, the Board of Registration in Nursing (Board) issued and duly served on Elizabeth O'Brien (Respondent) an Order to Show Cause (Show Cause Order) [1] 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[2]. The Show Cause Order also notified Respondent of the right to request a hearing on the allegations[3], and that any hearing request (Request for Hearing) was to be submitted within 21 days of receipt of the Show Cause Order.[4] Respondent was further notified that failure to submit an Answer within 21 days "shall result in the entry of default in the 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 to this Final Decision and Order by Default and is incorporated herein by reference.

On July 16, 2015, Prosecuting Counsel sent notice to Respondent (to the address to which the June 17 Show Cause Order was sent) to file an Answer and a Request for Hearing by July 24, 2015. On July 20, 2015, Prosecuting Counsel sent notices to

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[1] Pursuant to 801 CMR 1.01(6)(a). Each of the Show Cause Orders was sent to a distinct address.
[2] In accordance with 801 CMR 1.01(6)(d)(2).
[3] Pursuant to M.G.L. c. 112, s. 61.
[4] Respondent was also notified that failure to timely submit a Request for Hearing would constitute a waiver of the right to a hearing.

Respondent (to the two (2) addresses to which the June 26 Show Cause Order was sent) to file an Answer and a Request for Hearing by July 27, 2015. On August 10, 2015, Prosecuting Counsel sent notice to Respondent (to the address to which the July 16 Show Cause Order was sent) to file an Answer and a Request for Hearing by August 17, 2015. The notices again advised Respondent that if defaulted, the Board might enter a Final Decision and Order that assumes the truth of the allegations stated in the Show Cause Order and impose license discipline, including discipline on any right to renew.

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 Massachusetts General Laws (G.L.) c. 30A, s. 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, s. 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 M.G.L. c. 30A, s. 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 Show Cause Order 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 license to practice as a Registered Nurse in Massachusetts, RN178778 for a minimum of three (3) years. The Board further revokes the Respondent's right to renew her license.

If Respondent renews her 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, RN178778.

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 ten (10) 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.

The Board may choose to reinstate Respondent's license if the Board determines in its sole discretion that reinstatement is in the best interests of the public health, safety and welfare.

Respondent may petition the Board in writing for relicensure 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 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 have submitted **directly to the Board**:

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;
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 Respondent has regularly attended group or individual

counseling or therapy, or both, during the two (2) years immediately preceding any petition for relicensure;[5]

4) 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**

5) A comprehensive mental health evaluation of the Respondent conducted by a licensed mental health provider which meets the requirements set forth in Attachment **B2**

6) 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;[6]

7) 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;[7] 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.

8) documentation satisfactory to the Board of Respondent's 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.

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[5] 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.

[6] If Respondent was not employed during this period, submit an affidavit so attesting.

[7] 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.

The Board may condition its approval of respondent's petition for reinstatement upon the respondent entering into a Consent Agreement for Probation of Respondent's nursing license for a period of time, with such restrictions and requirements that the Board may at that time and in its sole discretion determine are reasonably necessary to protect the public health, safety, and welfare.

The Board voted to adopt the within Final Decision by Default at its meeting held on September 9, 2015, by the following vote: **In favor**: A. Alley, BSN, RN; M. Beal, RN/NM; P. Gales, RN; K. Gehly, RN; J. Killion, LPN; A. Peckham, RN, MSN; C. Simonian, Pharm.D., R.Ph.; S. Taylor, MSN, RN; B. Levin, RN; C. Urena, LPN, **Opposed**: None, **Abstained**: None, **Recused**: None, **Absent**: C. Tebaldi, CNP; E. Richard Rothmund.

The Board voted to adopt the within Final Order by Default at its meeting held on September 9, 2015, by the following vote: **In favor**: A. Alley, BSN, RN; M. Beal, RN/NM; P. Gales, RN; K. Gehly, RN; J. Killion, LPN; A. Peckham, RN, MSN; C. Simonian, Pharm.D., R.Ph.; S. Taylor, MSN, RN; B. Levin, RN; C. Urena, LPN, **Opposed**: None, **Abstained**: None, **Recused**: None, **Absent**: C. Tebaldi, CNP; E. Richard Rothmund.

EFFECTIVE DATE OF ORDER

This Final Decision and Order by Default becomes effective upon the tenth (10th) 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 either the Supreme Judicial Court pursuant to M.G.L. c. 112, § 64 or to a superior Court with jurisdiction pursuant to M.G.L. c. 30A §§ 12. Respondent must file his appeal within thirty (30) days of receipt of this notice of Final Decision and Order by Default.

Board of Registration in Nursing

Amy S. Fein, RN, BSN, JD
Co-Interim Executive Director
Board of Registration in Nursing

Date Issued: September 22, 2015

Notified:

VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED NO. 7014 0510 0001 0375 2497
Elizabeth O'Brien
redact

VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED NO. 7014 0510 0001 0375 2367
Elizabeth O'Brien
redact

BY HAND DELIVERY
Eugene Langner, Esq.
Prosecuting Counsel

ATTACHMENT A

Guidelines for Nurses' Participation in Random Urine Drug Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

I. Nurses who are required by a Board Agreement or Order to have random, supervised urine drug screens are expected to remain abstinent from all substances of abuse, including alcohol. It is a nurse's responsibility not to ingest any substance(s) that may produce a positive drug screen, including over-the-counter medications. Unless otherwise stated in a nurse's Board Agreement or Order, all nurses shall be randomly tested a minimum of fifteen (15) times per year.

II. The Board designates one Drug Testing Management Company (DTMC).[8] The Board will accept only the results of urine drug screens that are performed under the auspices of the DTMC and reported directly to the Board.

III. All costs related to a nurse's participation in the DTMC urine drug screening program are the responsibility of the participating nurse.

IV. A nurse is expected to sign an agreement with the DTMC and to comply with all of the conditions and requirements of the agreement with the DTMC and any related policies, including without limitation, any requirements related to supervision of urine collection and/or temperature checks.

V. No vacations from calling to test or from testing shall be approved. This does not mean that a nurse cannot take a vacation while participating in random urine screens; arrangements can be made thorough the DTMC to have urine screens done at approved laboratories throughout the continental U.S.

VI. Failure to call the DTMC or failure to test when selected shall be considered non-compliance with the nurse's Board agreement or Order. Calls to the DTMC must be made between the hours of 5:00 a.m. and 1:00 p.m.

VII. Failure to test when selected, and/or a positive drug screen that is confirmed by the Medical Review Officer (MRO) and that is not supported by appropriate documentation of medical necessity and a valid prescription shall be considered as a relapse in the nurse's abstinence. All prescriptions for any medication (including renewal prescriptions) must be submitted to the DTMC within five (5) days.

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[8] The current DTMC is First Lab. To contact First Lab call (800) 732-3784.

VIII. Urine drug screen reports that show a low creatinine (<20 mg/dl) may be an indication of an adulterated or diluted specimen; further testing may be required.

IX. Nurses who do not have a current MA nursing license and who are enrolled in urine drug screening with the DTMC for the purpose of documenting to the Board that they are in stable and sustained recovery from substance abuse, must provide written authorization to the DTMC to release to the Board a complete record of their participation in the drug screening program, including documentation of missed calls, no shows, test results and a full history report at the completion of their DTMC participation. During their DTMC participation, nurses who do not have a current MA nursing license for whatever reason (surrender, suspension, lapse, revocation) are expected to designate a monitor of their choosing (e.g. friend, family member, health care provider, AA sponsor) who will be authorized to receive test results from the DTMC. The Board does not monitor the testing of unlicensed individuals and will evaluate a nurse's participation in the DTMC only when the DTMC testing is completed and the nurse applies for license reinstatement. Unlicensed nurses should identify themselves as such to the DTMC and sign an individual agreement with the DTMC.

X. Random supervised urine tests are done in panels which shall include, but are not limited to, each of the following substances:

Ethanol and all ethanol products
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cannabinoids
Cocaine (metabolite)
Opiates:
Codeine
Morphine
Hydromorphone
Hydrocodone
Oxycodone
Phencyclidine
Methadone
Propoxyphene
Meperidine
Tramadol
Suboxone

ATTACHMENT B 1

Minimum requirements for medical evaluations to be submitted to the Board

Medical evaluation

A medical evaluation of the Licensee conducted by a licensed, board certified physician or certified nurse practitioner written on the provider's letterhead, sent directly to the Board by the provider and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the provider has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

a. Record Review. A review of the Licensee's written or electronic medical and mental health records (for at least the preceding two years);

b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating primary care physicians or advanced practice registered nurses and any mental health providers;

c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

d. In-Person Interview(s). Medical (and mental health if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;

e. Detailed Statement of History. A detailed statement of the Licensee's medical (and mental health if pertinent) history including diagnoses, treatments and prognoses;

f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing medical conditions with the corresponding status, treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

g. Any Existing Limitations. A detailed description of any and all corresponding existing or continuing limitations of any kind;

h. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;

i. Evaluating Provider's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and

j. Provider's C.V. A copy of the provider's curriculum vitae should be attached.

ATTACHMENT B 2

Minimum requirements for mental health evaluations to be submitted to the Board

Mental Health evaluation

A comprehensive mental health evaluation of the Licensee conducted by a licensed clinical psychologist (Ph.D or Psy.D or Ed.D), Psychiatric Clinical Nurse Specialist, board certified Psychiatric Certified Nurse Practitioner, or a licensed, board certified psychiatrist written on said provider's letterhead, sent directly to the Board by the provider and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the provider has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

a. Record Review. A review of the Licensee's written or electronic mental health records (for at least the preceding two years) (and medical records from the same time frame if pertinent);

b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating mental health providers (and primary care physicians or advanced practice registered nurses, as relevant);

c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

d. In-Person Interview(s). Mental health (and medical if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;

e. Detailed Statement of History. A detailed statement of the Licensee's mental health (and medical if pertinent) history including diagnoses, treatments and prognoses;

f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing mental health conditions with the corresponding status,

treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

g. Specific Assessments. Assessments of the Licensee in each of the following areas:

i. Cognition status - orientation to time, place and person; ability to recognize and organize responsibilities accurately and to make accurate, appropriate decisions; critical thinking ability sufficient for appropriate clinical judgment; and ability to collect and analyze data to problem solve efficiently and accurately, and to identify cause and effect relationships accurately.

ii. Affective status- interpersonal skills sufficient to interact appropriately and honestly with individuals, families and groups; and ability to recognize and conform to lawful standards of social conduct.

iii. Ability to recognize the limits of professional boundaries, including an assessment of risk that the Licensee will violate professional boundaries with patients.

iv. Ability to control her/his impulses; and the likelihood that she/he will repeat any of the conduct that gave rise to the Board's review of his/her safety and competency in nursing practice.

h. Summary of Progress and/or Limitations. A summary of the progress Licensee has made in treatment and detailed description of any and all corresponding existing or continuing limitations of any kind;

i. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;

j. Evaluating Provider's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and

k. Provider's C.V. A copy of the provider's curriculum vitae should be attached.

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of)	
Elizabeth O'Brien)	Docket No. NUR-2013-0177
RN License No. 178778)	
License Expired 11/11/12)	

ORDER TO SHOW CAUSE

Elizabeth O'Brien, 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 (RN) in the Commonwealth of Massachusetts, License No. 178778, or your right to renew such license, pursuant to Massachusetts General Laws (G.L.) chapter 112, § 61 and Board regulation 244 CMR 9.03, based upon the following facts and allegations:

Factual Allegations

1. On or about October 1, 1986, the Board issued to you a license to engage in the practice of nursing as an RN in the Commonwealth of Massachusetts, License No. 178778. Your license expired on November 11, 2012 and has not been renewed to date.

2. On or about January 2, 2001, you entered into an agreement (CSA) with the Board for the surrender of your license, contingent on your failure to successfully complete the Board's Substance Abuse Rehabilitation Program (SARP).

3. On or about January 10, 2007, your license was surrendered pursuant to Paragraph 3 of the CSA, after it was discovered that you had failed to comply with the requirements of your participation in the SARP, specifically by testing positive for morphine, a Schedule II Controlled Substance, for which you admitted you did not have a prescription.

4. On or about February 16, 2012, your license was reinstated subject to your agreement to have your license placed on probation for a period of two (2) years (Probation Agreement).

5. On or about August 15 and 16, 2012, while you were employed as an RN at Walden Behavioral Care in Waltham, Massachusetts (Walden), and while your license was on probation as described in Paragraph 4 above, the charge nurse on the unit where you worked found discrepancies between the amounts of Vistaril, a non-scheduled controlled substance, reflected in the PYXIS inventory data and the amount of Vistaril actually present in the corresponding PYXIS drawer.

6. You were the only nurse to have worked at Walden on both days on which discrepancies were found as described in the preceding paragraph.

7. On or about August 22, 2012, when Walden's Director of Nursing (DON) presented the findings described in Paragraphs 5 and 6 above to you, you admitted having taken the Vistaril for your own use, whereupon your employment at Walden was terminated and the DON reported your conduct as alleged in Paragraphs 5 and 6 above to the Board.

8. You did not report your termination referenced in the preceding paragraph to the Board, as required by Paragraph 4(f) of the Probation Agreement.

9. Walden's DON reported your termination, as described in Paragraph 7 above, to the Board on or about September 17, 2012.

10. On or about October 17, 2012, the Board notified you in writing that you were in violation of the Probation Agreement, whereupon your license was suspended, and remains suspended to date.

11. The suspension of your license as described in the preceding paragraph was based on:

    a. your failure to comply with the protocol for random, supervised urine tests as required by Paragraph 4(g) of the Probation Agreement, specifically, your failure to call the Board's designated drug testing management company on April 13, 2012, and July 18, 2012;
    b. your failure to comply with the laws and regulations governing the practice of nursing, specifically by engaging in the conduct described in paragraphs 5 through 7 above; and
    c. your failure to report your termination from your nursing employment at Walden, as required by Paragraph 4(f) of the Probation agreement, all as set forth in Paragraphs 7 and 8 above.

<u>Legal Basis for Discipline</u>

A. 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, § 61 for being guilty of deceit, malpractice, gross misconduct in the practice of the profession, or of any offense against the laws of the Commonwealth relating thereto.

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 for violation of Standards of Conduct for Nurses, namely:

1. Your conduct as alleged violates 244 CMR 9.03(5) for failing to engage in the practice of nursing in accordance with accepted standards of practice.

2. Your conduct as alleged violates 244 CMR 9.03(35) for failing to maintain the security of controlled substances that were under your responsibility and control.

3. Your conduct as alleged violates 244 CMR 9.03(37) for unlawfully obtaining or possessing controlled substances.

4. Your conduct as alleged violates 244 CMR 9.03(39) for failing to document the handling, administration, and destruction of controlled substances in accordance with all federal and state laws and regulations and in a manner consistent with accepted standards of nursing practice.

5. Your conduct as alleged violates 244 CMR 9.03(42) for failing to comply with all provisions contained in any agreement you have entered into with the Board.

6. Your conduct as alleged violates 244 CMR 9.03(47) for 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.

C. Your conduct as alleged also constitutes unprofessional conduct and conduct which undermines 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 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 other 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 ordered by the Presiding Officer." Those terms may include a requirement that any copy of the transcript produced must be sent immediately 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 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 herein and on any Board disciplinary action. 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 captioned matter.

Notwithstanding the earlier filing of an Answer and/or request for a hearing, your failure to respond to notices or correspondence, your failure to appear for any scheduled status conference, pre-hearing conference or hearing dates, or your 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 nursing 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 Eugene Langner, Prosecuting Counsel, at the following address:

Eugene Langner, Esq.
Prosecuting Counsel
Department of Public Health
Office of the General Counsel, 5th Floor
239 Causeway Street
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 Prosecuting Counsel. If you elect to undertake such an examination, then please contact Prosecuting Counsel in advance at (617) 973-0838 to schedule a time that is mutually convenient.

BOARD OF REGISTRATION IN NURSING

By: _____
Eugene Langner, Esq.
Prosecuting Counsel
Department of Public Health

Date: July 16, 2015

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Order to Show Cause was served upon the Respondent:

Elizabeth O'Brien
redact

by first class mail, postage prepaid, and by Certified Mail No. 7014 2120 0002 1353 5183

This 16th day of July, 2015.

Eugene Langner
Prosecuting Counsel