



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD,
PhD Commissioner

Tel: 617-624-6000
www.mass.gov/dph

October 24, 2023

Via First Class & Certified Mail No. 7020 0090 0000 1273 3459,
Return Receipt Requested

Barbara Avila
346 Fisher Street
Dartmouth, MA 02747-1031

RE: In the Matter of Barbara Avila
License No. LN67146
NUR-2018-0073

FINAL NOTICE: SUSPENSION

Dear Barbara Avila:

On October 20, 2021, you entered into a Consent Agreement for SARP Participation ("Agreement") with the Board of Registration in Nursing ("Board"). A copy of the Agreement is enclosed with this letter for your review.

On September 25, 2023, the Board sent a Notice of Violation and Intent to Suspend ("Notice") to your address of record. A copy of the Notice is enclosed. 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 by suspending your nursing 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 seven (7) days.

On May 17, 2023 a hearing was held on the Notice of Violation and Intent to Suspend Memorandum dated October 6, 2022. Based on a totality of the evidence before them, the Board decided to terminate you from SARP.

Effective October 24, 2023 pursuant to paragraph 12 of the Agreement, the Board **SUSPENDS** your license to practice nursing for a minimum of three (3) years. You

shall not practice as a nurse in Massachusetts until the Board provides you written notice that it has reinstated your license.

This notice constitutes a final agency action. You are hereby notified that you have a right to appeal this *Final Notice: Suspension* within thirty (30) days of your receipt of this notice to the Supreme Judicial Court pursuant to M.G.L. c. 112, §64.

Sincerely,

Patricia McNamara on behalf of:

Heather Cambra, BSN, RN, JD
Acting Executive Director
Board of Registration in Nursing

Date of Issuance: October 24, 2023

Enclosures



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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ROBERT GOLDSTEIN, MD,
PhD Commissioner

Tel: 617-624-8800
www.mass.gov/dph

September 25, 2023

Via First Class & Certified Mail No. 7022 2410 0001 6855 3743,

Return Receipt Requested

Barbara Avila
346 Fisher Street
Dartmouth, MA 02747-1031

RE: In the Matter of Barbara Avila
License No. LN67146
NUR-2018-0073

NOTICE OF VIOLATION AND INTENT TO SUSPEND

Dear Barbara Avila:

On October 20, 2021, you entered into a Consent Agreement for SARP Participation ("Agreement") with the Board of Registration in Nursing ("Board"). A copy of the Agreement is enclosed with this letter for your review.

You are in violation of the Agreement. Under Paragraph 12 of the Agreement, the Board may suspend 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 10 days.

The basis for the contention that you are in violation of the Agreement are as follows:

1. Paragraph 6 requires you to comply with your Individual Rehabilitation Plan (IRP). Your IRP requires you to check in with the Board's Drug Testing Management Center (DTMC).

*There have been five occasions since your admission in which you failed to check in with DTMC:
12/7/2021, 8/20/2022, 9/4/2022, 11/1/2022, 12/16/2022*

2. Paragraph 6 requires you to comply with your Individual Rehabilitation Plan (IRP). Your IRP requires that you abstain from the use of alcohol and all substances of abuse or substances with potential for abuse.



3. Paragraph 6 requires you to comply with your Individual Rehabilitation Plan (IRP). Your IRP requires you to provide a sample for toxicology testing on the day selected to test.

*There have been two occasion since your admission in which you failed to test:
8/31/2022, 9/9/2022*

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:

Judith Bromley, Esq.
Board Counsel
Department of Public Health
Office of General Counsel
250 Washington Street
Boston, MA 02108

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,

Heather Cambra on behalf of:

Heather Cambra, BSN, RN, JD
Acting Executive Director
Board of Registration in Nursing

Enclosures