COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

Board of Registration in Nursing, Petitioner	)	
v.	)	
	)	Docket Nos. NUR-2019-0172
Caroline A. Orofo	)	NUR-2020-0001
License No. RN231847	)	
License expired: 10/24/20	)	
Respondent	)	
	)	

FINAL DECISION AND ORDER
AFTER FULL ADJUDICATORY HEARING

Pursuant to the above-referenced matter, the Board of Registration in Nursing (the "Board") submits this herein Final Decision and Order after Full Adjudicatory Hearing. In connection with this Final Decision and Order, the Board reasserts the following procedural history. On April 22, 2020, a Summary Suspension Order issued against Respondent, Caroline A. Orofo's ("Respondent"), Registered Nurse ("RN") license, No. RN231947. A Summary Suspension Hearing was held on July 20-21, 2020, continuing the Summary Suspension order as of May 18, 2021. Therefore, since April 22, 2020, Respondent's RN license has remained under the suspension order.

Regarding the underlying complaints, on or about July 27, 2021, the Board issued an *Order to Show Cause* ("OTSC"). The Respondent submitted her *Answer to OTSC and Request for Evidentiary Hearing* on August 17, 2021. A Full Adjudicatory Hearing proceeded on December 5-7, 2022. Prosecuting Counsel, Respondent's Counsel, and Respondent were present. Both parties filed post-hearing briefs.

On December 19, 2024, Administrative Magistrate Martha J. Sesnovich ("AM

Sesnovich") issued a *Tentative Decision After Full Adjudicatory Hearing* ("Tentative Decision"), summarizing the allegations at issue, the positions of the Petitioner and the Respondent, and identifying Findings of Fact. The Tentative Decision also summarized legal determinations, identifying that based on Respondent's conduct and violations of 244 CMR 9.03(5), (9), (15), (36), (43), and (47), the Respondent's license is subject to discipline. Ultimately AM Sesnovich found that the Respondent's conduct undermines the public's confidence in the profession's integrity, has an adverse effect on public health, safety, and welfare, and is subject due to discipline due to the aforementioned regulation violations and pursuant to M.G.L. ch. 112, § 61.

The facts which gave rise to the complaint underlying NUR-2019-0172 ("the 2019 incident") are the following: On or about July 8-9, 2019, Respondent was employed and on duty at the Neuro-Rehabilitation Unit (NRU) at Curahealth Stoughton Hospital. Respondent was the only RN on duty and working in a supervisory role for three (3) Behavioral Health Technician's (BTs) on duty. Respondent was caring for a patient known to the Respondent and who had violent and aggressive tendencies. On three (3) separate occasions during the course of her shift, Respondent was involved in verbal and physical altercations with the patient, including a physical struggle with the patient for several minutes after trying to release the Respondent's shirt from the patient's grasp, and another struggle while trying to retrieve a plastic fork from the patient. The patient sustained injuries and was transported to the hospital.

During each separate incident with the patient, one of the BTs witnessed the altercations but failed to intervene. Despite this failed intervention, Respondent did not seek further assistance, confront the BT, or report the incidents or BT's inaction to Respondent's superior.

Regarding this incident, AM Sesnovich heard testimony from qualified expert, Judith

Baldwin, RN, who testified that Respondent's conduct fell below the accepted standard of care for nursing practice. Although Nurse Baldwin recognized that escalation with this particular type of patient can occur, she stated that it must be avoided where possible. Additionally, she testified that de-escalation through a verbal approach should be the first response, followed by containment if that approach fails, calling for help if alone, or calling 911 as needed. Nurse Baldwin summarized that by failing to confront the BT or notifying a supervisor regarding each incident and the BT's inaction during the incidents, the Respondent violated nursing standards of practice and placed the patient at further risk of harm.

The facts which gave rise to the complaint underlying NUR-2020-0001 ("the 2020 incident") are the following: On or about January 1, 2020, Respondent was employed and on duty as an RN at St. Joseph's Manor in Brockton, MA. The Respondent was assigned to work the 3:00 p.m. to 11:00 p.m. shift alone in the Applewood Unit, a long-term care unit with twenty-eight (28) beds. Upon reporting to her shift, one of the unit managers and another nurse observed Respondent to be impaired with slurred speech, unsteady feet, an inability stand without leaning against a medication cart, taking longer to complete simple tasks, and an inability to keep her eyes open or her head up. She also smelled of alcohol. After dropping the Respondent off at her home and [redacted]

Although Respondent testified as to the event described above and denied an inability to conduct tasks at work, AM Sesnovich did not find Respondent's testimony credible based on [redacted]at that time and the passage of time. While there was no expert testimony regarding this event, AM Sesnovich felt that where the conduct so

obviously fell below accepted standards of nursing practice, expert testimony was not necessary.[1] The Board likewise believes that there was ample witness corroboration regarding Respondent's behavior during the 2020 incident.

The Board identifies mitigating factors, including an investigative report by the Department of Mental Health ("DMH") regarding the 2019 incident, which did not reveal evidence to support that Respondent assaulted the patient. An additional mitigating factor is the lack of evidence to support any substance abuse history by Respondent, but, by her own declaration at the adjudicatory hearing, Respondent no longer consumes alcohol.

Despite these mitigating factors, the expert and layman testimony as well as AM Sesnovich's findings, support that Respondent's care fell below the accepted standards for nursing practice. Respondent placed a vulnerable patient in harm's way during the 2019 incident, and threatened the health, safety, and welfare of other patients in her care during both incidents. Her actions were wrongful, neglectful, and absolutely undermined the integrity of nursing practice, requiring disciplinary action. However, based upon the fact that her license has been summarily suspended since April of 2020, the Board feels that Respondent has had significant time out of practice to remediate and accept accountability for her actions.

The Board has carefully considered the Tentative Decision and hereby adopts the Tentative Decision, including all findings of fact and conclusions of law. The Tentative Decision is attached hereto and incorporated herein by reference.

Based on the findings by the Administrative Magistrate, the Board has determined that the evidence warrants **REVOCATION of the Respondent's RN license for an indefinite period, with standard reinstatement requirements.** As basis for this finding, the Board is

[1] *See* Kirabati Seafood Co. LLC, v. Dechert LLP, 478 Mass. 111, 117 (2017); Pongonis v. Saab, 396 Mass.1005, 1005 (1985) (rescript).

charged with protecting the public health, safety, and welfare. *See* Kvitka v. Board of Registration in Medicine, 407 Mass. 140, 143 (190), *citing* Levy v. Board of Registration & Discipline in Medicine, 378 Mass. 519, 524 (1979). The Board has broad authority to regulate the conduct of nursing professionals including the ability to sanction professionals for conduct that undermines public confidence in the integrity of the profession. *See* Kvitka, 407 Mass. at 143; *see also* Raymond v. Board of Registration in Medicine, 387 Mass. 708, 713 (1982).

The evidence supports that Respondent has been out of nursing practice since the Summary Suspension order was entered on April 22, 2020, nearly five (5) years ago. The Board believes the Summary Suspension period has provided ample time for Respondent to contemplate her actions, and by virtue of the Summary Suspension, she has endured an extended surrender period. The Board is affording Respondent the opportunity to return to nursing practice and provide the necessary documentation to prove her competency in RN nursing practice.

For the reasons stated above, the Board finds that Respondent's actions constitute conduct which deviated from acceptable, standard nursing practice, having an adverse effect on the health, safety, or welfare of the public, pursuant to 244 CMR 9.03(5), (7), (9), (26), (35), (37), (47). The Board believes that the **indefinite revocation** equates to time-served on a significant license surrender period for egregious conduct, and Respondent is now afforded the opportunity to reinstate her RN nursing license and to demonstrate overall competency in the practice through the reinstatement process, before the Board.

The Board voted to adopt the within **Final Decision** at its meeting held on February 12, 2025, by the following vote:

In favor: *A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood*

Opposed: *None*

Abstained: *None*

Recused: *None*

Absent: *K. Crowley*

ORDER

Based on its Final Decision, the Board imposes an **INDEFINITE REVOCATION** on Respondent's nursing license, RN231847. The Board acknowledges and adopts AM Sesnovich's findings regarding gross misconduct, violations of nursing practice standards, a lack of responsibility and accountability for Respondent's own judgments, competencies, and actions, mistreatment and neglect of a patient, impaired nursing practice, threatening or engaging in actual violence, endangering patient health, safety, and welfare, and undermining public confident in the profession's integrity. However, the Board feels that by virtue of having a surrendered license for nearly five (5) years through the present date, Respondent has had considerable time to remediate her nursing practice and to be held accountable for her wrongful conduct. The Board believes that continuing the surrender period if and until Respondent moves to reinstate her license is the best course of action to ensure significant time out of practice, and a safe, informed return to nursing practice as the Board deems fit.

The **Indefinite Revocation** is subject to the following Agreement:

1. The Respondent acknowledges that complaints have been filed with the Board against their Massachusetts Registered Nurse (RN) license (license[2]) related to the conduct set forth in paragraph 2, identified as Docket Nos. NUR-2019-0172 and NUR-2020-0001 (the Complaints).

[2] The term "license" applies to both a current license and the right to renew an expired license.

2. The Respondent and the Board agree to resolve the Complaints without making any admissions or findings and without proceeding to a formal adjudicatory hearing. The Complaints allege the following:

    a. On July 8-9, 2019, Respondent was employed and on duty at the Neuro-Rehabilitation Unit (NRU) at Curahealth Stoughton Hospital. Respondent was the only RN on duty and working in a supervisory role for three (3) Behavioral Health Technician's (BTs) on duty. Respondent was caring for a patient known to the Respondent and who had violent and aggressive tendencies. On three (3) separate occasions during the course of this shift, Respondent was involved in verbal and physical altercations with the patient, including a physical struggle with the patient for several minutes after trying to release the Respondent's shirt from the patient's grasp, and a struggle while trying to retrieve a plastic fork from the patient. The patient sustained injuries and was transported to the hospital. During each separate incident with the patient, one of the BTs witnessed the altercations but failed to intervene. Despite this failed intervention, Respondent did not seek further assistance, confront the BT, or report the BT to their superior.

    b. On or about January 1, 2020, Respondent was employed and on duty as an RN at St. Joseph's Manor in Brockton, MA. The Respondent was assigned to work the 3:00 p.m. to 11:00 p.m. shift alone in the Applewood Unit, a long-term care unit with twenty-eight (28) beds. Upon reporting to her shift, one of the unit managers and another nurse observed Respondent to be impaired with slurred speech, unsteady feet, being unable to stand without leaning against a medication cart, taking longer to complete simple tasks, and being unable to keep her eyes open or head up. She also smelled of alcohol. After dropping the Respondent off at her home and [redacted]

3. The Respondent and the Board acknowledge and agree that the conduct described in paragraph 2 constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03(5), (9), (15), (36), (43), and (47), and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112, section 61, and Board regulations at 244 CMR 7.04, Disciplinary Actions.

4. The Respondent agrees that their nursing license and right to renew said license is subject to **REVOCATION** for an **indefinite period,** commencing with the Effective Date of the herein Order (Date Issued).

5. After the Surrender Period when the Respondent can complete to the satisfaction of the Board all the requirements set forth in this paragraph the Respondent may petition the Board for reinstatement of their license. The petition must be in writing and must include the following documentation of the Respondent's ability to practice nursing in a safe and competent manner, all to the Board's satisfaction:

a. Evidence of completion of all continuing education required by Board regulations for the two (2) renewal cycles immediately preceding the date on which the Respondent submits their petition ("petition date");

b. A performance evaluation sent directly to the Board from each of the Respondent's employers, prepared on official letterhead that reviews the Respondent's attendance, general reliability, and specific job performance during the year immediately prior to the petition date[3].

c. Written verification sent directly to the Board from each of the Respondent's medical care providers, which meets the requirements set forth in **Attachment B1**;

d. Authorization for the Board to obtain a Criminal Offender Record Information (CORI) report of the Respondent conducted by the Department of Criminal Justice Information Services (DCJIS).

e. Documentation that the Respondent has completed, at least one (1) year prior to the petition date, all requirements imposed upon them in connection with all criminal and/or administrative matter(s) arising from, or related to, the conduct identified in paragraph 2[4]. Such documentation shall be certified and sent directly to the Board by the appropriate court or administrative body and shall include a description of the requirements and the disposition of each matter.

f. 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 Respondent's license status and discipline history, and verifying that Respondent's nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.

6. The Board may choose to reinstate the Respondent's license if the Board determines that reinstatement is in the best interests of the public at large. Any reinstatement of the Respondent's license may be conditioned upon the Respondent entering into a consent agreement for the PROBATION of their license including other requirements that the Board determines at the time of re-licensure to be reasonably necessary and in the best interests of the public health, safety and welfare.

7. The Respondent agrees that they will not practice as a Registered Nurse in Massachusetts from the Effective Date unless and until the Board reinstates their license[5].

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[3] If the Respondent has not been employed during the year immediately prior to the petition date, they shall submit an affidavit to the Board so attesting.

[4] If there have been no criminal or administrative matters against the Respondent arising from or in any way related to the conduct identified in paragraph 2, the Respondent shall submit an affidavit so attesting.

[5] The Licensee understands that practice as a Registered Nurse includes, but is not limited to, seeking and/or accepting a paid or voluntary position as a Registered Nurse, or a paid or voluntary position requiring that the applicant hold a current Registered Nurse license. The Licensee further understands that if they accept a voluntary or paid position as a Registered Nurse, or engages in any practice of nursing after the Effective Date and before the Board formally reinstates their license, evidence of such practice

8. The Board agrees that in return for the Respondent's execution of this Agreement, it will not prosecute the Complaints.

9. The Respondent understands that they have a right to formal adjudicatory hearing concerning the allegations against them and that during said adjudication they would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on their 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 Respondent further understands that by executing this Agreement they are knowingly and voluntarily waiving their right to a formal adjudication of the Complaints.

10. The Respondent acknowledges that they have been at all times represented by legal counsel or otherwise free to seek and use legal counsel in connection with the Complaints and this Agreement.

11. The Respondent acknowledges that after the Effective Date, 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.

12. The Respondent certifies that they have read this Agreement. The Respondent understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal, or judicial review.

The Board voted to adopt the within **Final Order** at its meeting held on February 12, 2025, by the following vote:

In favor:	*A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood*
Opposed:	*None*
Abstained:	*None*
Recused:	*None*
Absent:	*K. Crowley*

shall be grounds for the Board's referral of any such unlicensed practice to the appropriate law enforcement authorities for prosecution, as set forth in G. L. c. 112, ss. 65 and 80.

EFFECTIVE DATE OF ORDER

This Final Decision and Order becomes effective upon the tenth (10th) day from the date 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 pursuant to M.G.L. c. 112, § 64. Respondent must file any appeal within thirty (30) days of receipt of this notice of Final Decision and Order.

Board of Registration in Nursing,

Patricia McNamee

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

Date Issued: February 19, 2025

Notified:

By first-class, Cert. Mail and Electronic mail: **9589 0710 5270 0961 7617 19**

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Martha J. Sesnovich
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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.