



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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June 17, 2025

Via First Class and Certified Mail No. : 7022 2410 0001 6852 5733
Return Receipt Requested
And via Email

Kerri M. Morey, Esq.
Morey Law Group, PC
859 Willard Street, Suite 400
Quincy, MA 02169
kmorey@moreylg.com

Re: In the Matter of Georges Charles
Docket No. NUR-2020-0064
License No. RN2307168

Dear Attorney Morey:

Enclosed please find the Final Decision and Order after Full Adjudicatory Hearing issued by the Board of Registration in Nursing on June 17, 2025 and **effective June 27, 2025**. Effective June 27, 2025, Mr. Charles' license will be **Reprimanded**. This constitutes full and final disposition of the above-referenced Complaint, as well as the final agency action of the Board. Mr. Charles' appeal rights are noted on page 5.

You may contact Meghan Bresnahan, Board Counsel at Meghan.bresnahan@mass.gov with any questions regarding this matter.

Sincerely,

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

Encl.

cc: Beverly Kogut, Esq. Administrative Magistrate
Allison Callahan, Esq., Prosecuting Counsel

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

Board of Registration in Nursing,)
Petitioner)

v.)

GEORGES CHARLES)
License No. RN2307168)
License Expires 09/17/2026)
Respondent)
_____)

Docket No. NUR-2020-0064

FINAL DECISION AND ORDER AFTER FULL ADJUDICATORY HEARING

PROCEDURAL HISTORY

On January 28, 2021, the Board of Registration in Nursing (“the Board”) issued and duly served on Georges Charles (“Respondent”) an *Order to Show Cause* (“OTSC”) related to a complaint filed against Respondent’s license, as referenced above.

Respondent filed an Answer and an Amended Answer to the OTSC and requested a hearing. Administrative Magistrate Beverly Kogut presided over a full adjudicatory hearing on February 9, 10 and 16, 2022 (“Hearing”), where Prosecuting Counsel, Respondent’s Counsel, and Respondent were all present. On July 18, 2022, both Prosecuting Counsel and Respondent’s Counsel filed a Post-Hearing Brief.

On February 10, 2025, Administrative Magistrate Kogut issued a *Tentative Decision After Full Adjudicatory Hearing* (“*Tentative Decision*”). The Board has carefully considered the *Tentative Decision* and hereby adopts the *Tentative Decision*, including all findings of fact, conclusions of law and credibility determinations. The *Tentative Decision* is attached hereto and incorporated herein by reference.

DISCUSSION

The Board is charged with protecting the public health, safety, and welfare and, to this end, 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 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).

Based on the Findings of Fact contained in the *Tentative Decision*, the following allegations contained in the OTSC were proven at hearing:

1. Respondent did not read the Inotropic Medication Policy (“Policy”) for the use of Patient A’s infusion pump prior to the homecare visit.
2. Respondent was informed prior to the homecare visit by the home health agency’s Branch Manager (“Veno”) to not touch the infusion pump.
3. Respondent suggested to Patient A that he disconnect the line from the Lumen to allow the untangling of the lines, Respondent began to attempt to disconnect the line from the Lumen, and Patient A objected.
4. Respondent was preparing to disconnect the infusion pump from the Hickman line without first washing or sanitizing his hand.
5. Respondent suggested to flush the line, Patient A telephoned NELC and confirmed it was not appropriate to flush the line, and Respondent said he was referring to flushing a secondary line, when there was no second line, and Patient A asked Respondent to leave his home.
6. Respondent told Veno after the visit that he thought that Milrinone is an antibiotic¹.
7. Flushing the line providing Milrinone to Patient A would have caused a great risk to Patient A’s health.
8. Respondent presented at Patient A’s home without having adequately familiarized himself with Patient A’s treatment needs, history, medications and their intended effects.

¹ Milrinone is an inotropic medication, not an antibiotic.

Based on the Legal Determinations contained in the *Tentative Decision*, the conduct described above was found to be violation of 244 CMR 9.03(5), (9), (14), and (47) and warrants discipline under G.L. c. 112 § 61 and Board Regulations 244 CMR 7.03.

The Board's primary responsibility is to protect public health, safety, and welfare, ensuring that licensed nurses adhere to the highest standards of professional conduct. In this case, Respondent's failure to adequately prepare for and safely conduct a homecare visit is a significant deviation from these standards. These failures placed the patient at risk for serious harm and were inconsistent with accepted standards of nursing practice.

While the violations are serious and reflect significant lapses in clinical judgment and accountability, the Board also finds mitigating factors that justify the imposition of a reprimand rather than a more severe sanction:

1. No actual harm occurred to the patient as a result of Respondent's conduct.
2. Respondent has no prior history of discipline with the Board or subsequent complaints against his nursing license.
3. Respondent was relatively new in the role at the time of the conduct and had otherwise received satisfactory evaluations.
4. Following the incident, Respondent voluntarily completed additional continuing education in communication, infection control, and professional accountability/ethics.
5. Respondent submitted strong letters of reference from supervisors attesting to his professionalism, ethics, and commitment to quality patient care.
6. Respondent has demonstrated a commitment to professional growth, including pursuit of an advanced nursing degree.

In view of these circumstances, the Board concludes that a reprimand adequately addresses the violations, serves to protect the public, and underscores the importance of preparation, infection control, and sound clinical judgment in nursing practice. This disciplinary measure signals to both the public and the profession that the conduct fell short of professional standards.

The Board voted to adopt the within **Final Decision** at its meeting held on June 11, 2025, by the following vote:

In favor: *A. Alley, MSN, RN, K.A. Barnes, JD, RPh, K. Crowley, DNP, RN, A. Joseph, MD, L. Kelly, DNP, RN, CNP, D. Nikitas, BSN, RN, K. Pelletier, ASN, RN, R. Reynolds, PhD, MSN, RN, K. Sanclemente, BSN, RN, H. Underwood, LPN*

Opposed: *None*

Abstained: *None*

Recused: *None*

Absent: *S. Abshir, LPN, L. Keough, PhD, RN, CNP, R. Sesay, ASN, RN*

ORDER

The Board has reviewed and carefully considered the *Tentative Decision*. Based on the rationale of the Final Decision outlined above, the Board hereby imposes a **REPRIMAND** on Respondent's nursing license, RN2307168.

The Board voted to adopt the within **Final Order** at its meeting held on June 11, 2025, by the following vote:

In favor: *A. Alley, MSN, RN, K.A. Barnes, JD, RPh, K. Crowley, DNP, RN, A. Joseph, MD, L. Kelly, DNP, RN, CNP, D. Nikitas, BSN, RN, K. Pelletier, ASN, RN, R. Reynolds, PhD, MSN, RN, K. Sanclemente, BSN, RN, H. Underwood, LPN*

Opposed: *None*

Abstained: *None*

Recused: *None*

Absent: *S. Abshir, LPN, L. Keough, PhD, RN, CNP, R. Sesay, ASN, RN*

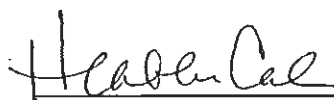
EFFECTIVE DATE OF ORDER

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 Superior Court for Suffolk County or the county where Respondent resides pursuant to M.G.L. c. 30A, § 14, within thirty (30) days of receipt of notice of this Final Decision and Order.

Board of Registration in Nursing,

The image shows a handwritten signature in black ink that reads "Heather Cambra". To the right of the signature, the text "BSN, RN, JD" is printed.

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

Date Issued: June 17, 2025

Notified:

By first-class and certified mail no. : 7022 2410 0001 6852 5733

Return receipt requested and via email;

Kerri Morey, Esq.
Morey Law Group, PC
859 Williard Street, Suite 400
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By inter-office mail

Allison Callahan, Esq.
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Beverly Kogut, Esq.
Administrative Magistrate
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