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May 30, 2025

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RE: In the Matter of Maria P. Kontis Docket No. NUR-2020-0011
License No. RN253941 (active)

Dear Attorney Haley:

Enclosed, please find a Final Decision and Order After Full Adjudicatory Hearing ("Order") issued by the Board of Registration in Nursing on May 29, 2025 and effective June 8, 2025. This constitutes full and final disposition of the above-referenced Complaint, as well as the final agency actions of the Board. Should Ms. Kontis wish to appeal the enclosed decision, her appeal rights are noted within the Order.

Please note that as of the effective date, Ms. Kontis license statuses will change to REVOKED. Per the terms of the Order, Ms. Kontis's license will be revoked for an indefinite period, if and until she seeks to reinstate her license.

If you have any questions regarding this matter or the Order, please contact Rebecca Barros, Board Counsel at rebecca.barros@mass.gov.

Sincerely,
Patricia McNamee on behalf of

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

Enclosures

Cc (via email only): Karen Gray Carruthers, Administrative Magistrate
Patricia Blackburn, Prosecuting Counsel

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

Board of Registration in Nursing, Petitioner v. **Maria Kontis** License No. RN253941 License Expires: 10/23/2026 Respondent	Docket No. NUR-2020-0011

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 January 25, 2021, the Board issued an *Order to Show Cause* ("OTSC") to the Respondent. On February 17, 2021, The Respondent, through her attorney, submitted her *Answer to the OTSC and Request for Hearing*. Stipulations were filed on January 21, 2022. On February 1-2, 2022, a Full Adjudicatory Hearing proceeded. Prosecuting Counsel, Respondent's Counsel, and Respondent were present at the hearing, along with several witnesses. Both parties filed post-hearing briefs on October 13, 2022.

On February 26, 2025, Administrative Magistrate Karen Gray Carruthers ("AM Gray Carruthers") 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 summarized grounds for disciplinary action against the licensee, including 244 CMR 9.03(47) and M.G.L. c. 112, § 61, on

the basis that Respondent violated accepted standards of practice as she was not fit to practice on December 31, 2019, the date in question in the underlying complaint. Ultimately AM Gray Carruthers' findings support that the Respondent's conduct in the underlying complaint undermines public confidence in the profession's integrity and adversely affects public health, safety, and welfare.

More specifically, AM Gray Carruthers summarized the following facts: On or about December 31, 2019, Respondent was employed by Recovery Centers of America ("RCA") where she treated individuals recovering from substance use disorders. As a condition of her employment, Respondent underwent training which included RCA's Drug Free Policy and expectations for compliance. On December 31, 2019, Respondent arrived late for her 7:00 a.m. to 3:30 p.m. shift at RCA. Respondent was assigned to perform the medication count with another nurse, Nurse Anne Obika, RN ("Nurse Obika") who was coming off of her shift. Respondent and Nurse Obika performed the medication count in the Med Room, which was a small, locked room, approximately four feet by seven feet. The two remained in the room for approximately twenty (20) minutes together. Nurse Obika testified that she smelled a strong odor of alcohol coming from Respondent during that time, and that Respondent repeatedly made mistakes during the count. After finishing the count, Nurse Obika reported her observations to the Charge Nurse. The Charge Nurse went to the Med Room where she noticed the strong odor of alcohol. The Charge Nurse testified, "Respondent did not seem to be 100% there." A secondary counselor was asked to confirm the smell, and they too confirmed the smell of alcohol in the Med Room. Their observations were reported to the Director of Nursing, Janine Gilchrist, RN ("DON Gilchrist").

On the same date, DON Gilchrist brought the employee complaints to Human

Resources. At that point, the Respondent consented to and was administered a Breathalyzer Test, [redacted] AM Gray Carruthers did not find her testimony to be credible. Likewise, though Respondent argued that [redacted] a phrase in reference to operating a motor vehicle under Massachusetts law, AM Gray Carruthers found that there was no OUI, nor pending criminal matter at issue, and the facility's Drug Free Policy ensured that an alcohol-free workplace was to be maintained at all times. Based on the reports by other RCA employees, [redacted] DON Gilchrist and Human Resources deemed Respondent unfit for duty on December 31, 2019. Subsequently, Respondent was terminated from RCA on or about January 6, 2020, after a suspension period.

The Board identifies mitigating factors, including Respondent's longstanding history as a licensed nurse for twenty (20) years in various nursing practice settings. Respondent also submitted letters of support from a previous supervisor and unit manager attesting to Respondent's dedication, knowledge, and care afforded to her patients.

Despite the mitigating factors above, the witness testimony by RCA employees and AM Gray Carruther's findings, including a lack of credible testimony by Respondent, support that Respondent violated accepted standards of nursing practice under 244 CMR 9.03(47). There is no basis for the Board to disturb or question the findings by AM Gray Carruthers, who has the utmost discretion as the fact finder and in making credibility determinations. *See* Vinal v. Contributory Ret. Appeal Bd., 13 Mass. App. Ct. 85, 100-101 (1982). Respondent's conduct not only violated the drug and alcohol policy at her place of employment, but threatened the health,

safety, and welfare of vulnerable patients in her care, particularly those battling addiction and substance use disorders. Her actions were wrongful, neglectful, and absolutely undermined the integrity of nursing practice, warranting disciplinary action.

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 AM Gray Carruthers, the Board has determined that the evidence warrants **REVOCATION of the Respondent's RN license for an indefinite period, with either/or substance use requirements, and standard reinstatement requirements.** As basis for this finding, the Board is 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 violated accepted standards of nursing practice and reported to work at RCA on December 31, 2019, while being unfit for duty. Respondent's conduct demonstrated a clear violation of the Drug Free Policy at her place of employment, and she demonstrated a poor inability to participate in the medication count on the date in question. The Board finds that Respondent's conduct deviated from accepted, standard nursing practice, and adversely affected the health, safety, or welfare of the public, pursuant to 244 CMR 9.03(47).

The Board voted to adopt the within **Final Decision** at its meeting held on May 14, 2025, by the following vote:

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

ORDER

Based on its Final Decision, the Board imposes an **INDEFINITE REVOCATION** on Respondent's nursing license, RN253941. The Board acknowledges and adopts AM Gray Carruther's finding regarding conduct which violated accepted, standard nursing practice under 244 CMR 9.03(47), warranting discipline pursuant to M.G.L. c. 112, § 61. The Board believes this sanction will sufficiently serve to notify and protect the public and will allow for necessary documentation prior to Respondent's re-entry into the nursing profession. The **Indefinite Revocation** is subject to the following Agreement:

1. The Respondent acknowledges that a complaint has been filed with the Board against their Massachusetts Registered Nurse (RN) license (license[1]) related to the conduct set forth in paragraph 2, identified as Docket No. NUR-2020-0011 (the Complaint).

2. 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).

3. 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

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

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[2]

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 B 1**;

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[3]. 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.

4. In addition to the items identified in paragraph 3, the Licensee shall submit ***either*** a substance abuse (addictionologists) evaluation, prepared within thirty (30) days of the petition date and sent directly to the Board, which meets the requirements set forth in **Attachment B 3**, and verifies that the Licensee does not have and has never had any type of substance abuse, dependency, or addiction problem ***or*** the following documentation of the Licensee's stable and fully sustained recovery from substance abuse, dependency and/or addiction for three (3) years immediately prior to the petition date, all to the Board's satisfaction:

[2] 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.

[3] 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.

a. The results of random observed urine tests for substances of abuse sent directly to the Board and collected from the Licensee according to the conditions and procedures outlined in **Attachment A**, no less than fifteen (15) times per year during the two (2) years immediately preceding the petition date. All such results are required to be negative.

b. Documentation that the Licensee 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 the petition date. This documentation must include a letter of support from the Licensee's sponsor and signatures verifying the required attendance.

c. Documentation prepared within thirty (30) days of the petition date and sent directly to the Board from a licensed mental health provider verifying that the Licensee has regularly attended group or individual counseling or therapy, or both, conducted by the mental health provider. Such documentation shall specify the frequency and length of the therapy and/or counseling and shall include a summary of the Licensee's progress in therapy and specific treatment recommendations for the Licensee's sustained recovery from substance abuse, dependency and addiction.

5. 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.

6. 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[4].

7. 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 Complaint and this Agreement.

8. 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.

[4] 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 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.

9. 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 May 14, 2025, by the following vote:

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

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

Date Issued: May 29, 2025

Notified:

By first-class, certified mail, and electronic mail : 95890710 5270 1211 6832 87
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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.

ATTACHMENT B3

Minimum Requirements for Substance Abuse Evaluations to be Submitted to the Board

Substance Abuse (addiction provider) evaluation

A comprehensive, clinically based, written evaluation of the Licensee by a:

- Licensed, board certified psychiatrist who is certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Addiction Provider); or
- Psychiatric Clinical Nurse Specialist with an additional certification credential from Addictions Nursing Certification Board or the American Academy of Health Care Providers in the Addictive Disorders; or
- Board certified Psychiatric Certified Nurse Practitioner with an additional certification credential from Addictions Nursing Certification Board or the American Academy of Health Care Providers in the Addictive Disorders; or
- Licensed Physician, licensed Physician's Assistant, licensed Medical Nurse Practitioner or licensed Psychiatric Mental Health Nurse Practitioner (CNP) with experience, as evidenced by submission of a current curriculum vitae (section j below), in the performance of evaluations of substance use disorders and corresponding clinical findings.

The evaluation shall be written on said provider's letterhead, sent directly to the Board and completed immediately before Licensee petitions the Board 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.

Depending on what information the Board requires of this Licensee at the time of the evaluation (which it is the Licensee's responsibility to understand and submit to the Provider), the evaluation shall verify that the Licensee has been in stable and full, sustained recovery from all substance abuse, dependency and addiction for the three (3) **(or more)** years immediately preceding any request for reinstatement or other submission to the Board and that the Licensee is able to practice nursing in a safe and competent manner **or** has never had and does not now have a substance abuse problem. 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 and medical records (if applicable) for at least the preceding two years;

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

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

d. In –Person Interview & Assessment(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 Summary of History of Substance Abuse and Treatment. A detailed summary of Licensee's history of substance abuse, dependency and addiction problem(s) including all corresponding treatment received and the Licensee's current recovery program;

g. Assessment of Sustained Recovery. An assessment of the Licensee's sustained recovery and remission from all substance abuse, dependency and addiction for the three (3) year period immediately preceding submission of any petition for reinstatement by the Licensee including a detailed description of all relapses during this time period;

h. Prognosis and Ongoing Treatment Plan. The provider's prognosis and specific treatment recommendations for the Licensee's stable and full, sustained recovery from all substance abuse, dependence and addiction;

i. Evaluating Provider's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is or is not presently able to practice nursing in a safe and competent manner (utilizing all of the above information).If the provider cannot make such a determination the provider must document, in writing to the Board, the rationale for the inability to assess the Licensee's competency as it relates to their ability to practice safely; and

j. Provider's C.V. A copy of the provider's curriculum vitae will be attached to the evaluation report.

MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

ATTACHMENT A

Guidelines for Licensee's Participation in Random Toxicology Drug Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

I. Licensees who are required by a Board Agreement or Order to have random, observed toxicology drug screens are expected to remain abstinent from all substances of abuse, including alcohol and other substances, including but not limited to over-the counter (OTC) medication, supplements, products, and food items which metabolize as substances listed in Section XI[1].

II. Unless otherwise stated in a Licensee's Board Agreement or Order, all Licensees shall comply with random, observed toxicology screens a minimum of fifteen (15) times per year. The Licensee will comply with additional random toxicology screening, including but not limited to testing of urine, blood and hair as determined necessary by Board staff.

III. The Board designates one Drug Testing Management Company (DTMC).[2] The Board will accept only the results of toxicology drug screens that are performed under the auspices of the DTMC and reported directly to the Board.

IV. All costs related to a Licensee's participation in the DTMC toxicology drug screening program are the responsibility of the participating licensee.

V. A Licensee 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 observation of urine collection and/or temperature checks.

VI. Arrangements can be made through the DTMC to have toxicology screens done at approved laboratories throughout the continental U.S.

VII. Failure to call the DTMC or failure to test when selected shall be considered non-compliance with the Licensee's Board Agreement or Order. Calls to the DTMC must be made during hours set by the DTMC.

VIII. A positive drug screen that is not supported by appropriate documentation of medical necessity and a valid prescription shall be considered non-compliance with the Licensee's Board agreement or Order.

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[1] This includes but is not limited to, OTC cold medications, hand sanitizers, oils, poppy seeds, fermented teas, and vanilla extract.

[2] The current DTMC is Affinity eHealth. To contact Affinity eHealth call 1-877-267-4304.

IX. 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.

X. 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. 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.

XI. Random observed toxicology screening shall test for the following substances:

Ethanol and all ethanol products
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cocaine (metabolite)
Carisoprodol
Diphenhydramine
Gabapentin
Opiates
Fentanyl
Codeine
Morphine
Hydromorphone
Hydrocodone
Oxycodone
Phencyclidine
Methadone
Propoxyphene
Meperidine
Pseudoephedrine
THC
Tramadol
Sedative-Hypnotics (e.g., zolpidem, eszopiclone, zalepon)
Sedative-Antidepressants (e.g., trazadone, mirtazapine, amitryiptyline)
Substances identified by the National Institute of Drug Abuse (NIDA) as a substance of abuse or misuse [https://www.drugabuse.gov/drugs-abuse]

Substances identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a substance of abuse or misuse [https://www.samhsa.gov/atod]