

IN THE MATTER OF

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BEFORE THE MARYLAND

LISA DOUGLAS

BOARD OF NURSING

License Number: R163034

OAG CASE No. 23-BP-003

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**ORDER FOR SUMMARY SUSPENSION OF REGISTERED NURSE LICENSE
PURSUANT TO SECTION 10-226(c)(2) OF THE ADMINISTRATIVE PROCEDURE
ACT**

The Maryland Board of Nursing (the “Board”) hereby orders the **SUMMARY SUSPENSION** of the license of **LISA DOUGLAS**, (the “Respondent”), License Number **R163034** to practice registered nursing in the State of Maryland. The Board takes this action pursuant to the authority of Maryland Code Ann., State Gov’t Article § 10-226(c)(2) (2021 Repl. Vol.), which provides:

- (2) A unit may order summarily the suspension of a license if the unit:
 - (i) finds that the public, health, safety, or welfare imperatively requires emergency action; and
 - (ii) promptly gives the licensee:
 - 1. Written notice of the suspension, the finding and the reasons that support the finding; and
 - 2. An opportunity to be heard.

On February 22, 2023, a pre-deprivation show cause hearing was held before the Board to give the Respondent an opportunity to present oral argument as to why the Board should not summarily suspend the Respondent’s license. The Respondent was present at the Show Cause Hearing. The Assistant Attorney General – Administrative Prosecutor, was present at the Show Cause hearing on behalf of the State.

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**INVESTIGATIVE FINDINGS AND REASONS IN SUPPORT
OF SUMMARY SUSPENSION**

Based on investigatory information obtained by, received by and made known to and available to the Board, the Board has reason to believe that the following facts are true:¹

1. On November 5, 2003, the Respondent was issued a license to practice as a registered nurse (“RN”) in the State of Maryland, license number R163034. The Respondent's license is currently active and is scheduled to expire on June 28, 2024. The Compact² status of the Respondent’s Maryland RN license is “Multistate.” According to the Maryland Board’s MyLicense Office (“MYLO”) database, the Respondent’s current address is in the State of Maryland.

COMPLAINT

2. On or about February 13, 2020, the Board received a complaint with allegations that the Respondent reported to work under the influence of alcohol.

REHABILITATION PROGRAM

3. On or about May 29, 2020, the Respondent completed an Application to the Board’s Safe Practice Program (“Application”). On her Application, under the question asking the “nature of problem,” the Respondent checked “alcohol.”

4. In her first meeting with the Board’s Safe Practice Program Committee (“Committee”) on June 4, 2020, the Respondent admitted that during a meeting at work, her supervisor smelled

¹ The allegations set forth in this document are intended to provide the Respondent with reasonable notice of the Board’s action. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

² The Nurse Licensure Compact (NLC) is an agreement between Boards of Nursing of party states that allows nurses to have one Multistate nursing license with the ability to practice nursing in both their home state and other party states. In accordance with the Nurse Licensure Compact, Md. Code Ann., Health Occ. § 8-7A-01.3(h) and § 8-7A-01.3(m) respectively, “Home state” means the party state that is the nurse’s primary state of residence and, “Party state” means any state that has adopted this Compact.

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alcohol on her breath and she admitted to her supervisor that she had been drinking all weekend and was an alcoholic.

5. On June 11, 2020, the Respondent entered into an Agreement with the Program. The Agreement was to remain in effect for five years, after which time the Respondent could petition for removal of the conditions, provided that the Respondent had been compliant with the terms of the Agreement and safely employed in nursing for at least nine months preceding the petition.

6. As part of the Agreement, the Respondent agreed to, *inter alia*:

1. It is [the Respondent's] responsibility to notify any nursing employer of [her] relationship with the Committee and to show [her] nursing employer this agreement;

....

3. If [the Respondent] change[s] positions or seek new employment, [the Responsibility] must obtain approval from the Committee prior to accepting the position;

4. [The Respondent] may not work in a setting or role in which [she has] access to, by any means, automated or key, controlled dangerous substances, including any mood-altering drugs;

5. [The Respondent] may not work in a setting or role in which [the Respondent is] dispensing, accessing, or administering controlled dangerous substances, including mood-altering drugs;

6. [The Respondent] may not work in an emergency room, critical care unit, intensive care unit, operating room, recovery room, delivery room, school, for a temporary agency, home health care settings, hospice, or any settings where there is not a supervising RN immediately available in the clinical setting;

....

8. [The Respondent] will continue with the treatment plan developed by [her] treatment provider;

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9. Within two weeks of signing this agreement, the treatment program/treatment provider shall submit in writing to the Committee verification that they have reviewed this agreement. [The Respondent] [is] responsible for returning the verification to the Committee;
10. [The Respondent] shall comply with all terms of the agreement with the treatment program/treatment provider;
11. [C]ontinue in treatment until [the Respondent is] formally discharged from the treatment program. A discharge summary is to be submitted to the Committee within two weeks of discharge from the program;^[3]
12. If [the Respondent is] terminated from treatment prior to discharge, or [the Respondent is] discharged prior to successful completion of the program, or if [the Respondent] miss[es] or test[s] positive for a toxicology screen and/or breathalyzer, or unsatisfactory progress in treatment, the treatment program/treatment provider shall immediately notify the Committee;
13. [A]ttend a minimum of two support group meetings (such as AA, NA, Celebrate Recovery) weekly and secure a sponsor within 1 month of signing this agreement. [The Respondent] will submit signed attendance sheets to the Committee monthly;
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15. [A]rrange for **random monthly toxicology screens**, at any time, of urine, breathe, hair, nail, or blood, through any entity selected by the Safe Practice Committee (**currently FSSOLUTIONS**). [The Respondent] shall register with the identified provider **within 7 days** from the date of this agreement. These screens shall not be less than twice monthly, and can be up to **36-40 times per year**. [The Respondent's] employer, treatment program/treatment provider or the Committee may request a random toxicology screen at any time. [The Respondent] understand[s] that any screening results/reports from employers and/or treatment providers do not replace or substitute [her] required tests for

³ The Respondent did not sign a release of information for a treatment program/provider pursuant to 42 C.F.R. Part 2; therefore, whether the Respondent complied with the conditions of her Agreement related to a treatment program/provider is not discussed herein.

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the Board of Nursing. Any positive drug screens/breathalyzer shall be reported to the Committee and will be considered a violation of the agreement. **[The Respondent] understand[s] that toxicology screens must continue until [the Respondent is] formally discharged from the Program, in writing;**

16. It is [the Respondent's] responsibility to instruct the laboratory and treatment program to send a copy of all toxicology screens to the Committee, and to notify the Committee of a positive or missed toxicology screen or unsatisfactory work/treatment reports. **A missed toxicology screen will be considered a positive toxicology screen;**
17. [P]rovide the Committee with **written (quarterly) progress reports** evaluating [the Respondent's] progress towards rehabilitation and elaborating on [the Respondent's] recovery program. *These reports are to be required to be submitted even though [the Respondent] may not be working/working in the nursing field;*
18. [The Respondent] shall arrange for [her] **employer and treatment provider**, including all prescribing physicians, to provide **written (quarterly) progress reports** regarding [the Respondent's] compliance and progress towards rehabilitation. It is [the Respondent's] responsibility to notify all employers and providers when these reports are due. These reports must reflect [the Respondent's] compliance, progress toward rehabilitation, and work performance. The reports are to be submitted even though [the Respondent] may not be working in the field of nursing;
19. Should [the Respondent] be prescribed any medication, [the Respondent] will notify the Committee **immediately**, in writing, and send a copy of the prescription or the pharmacy report to the Committee within 48 hours of the prescribed date. [The Respondent] agree[s] to show [the Respondent's] Participation Agreement to any health care provider who prescribes for [the Respondent] including, but not limited to, pain management clinicians, dentists, emergency and urgent care providers. If [the Respondent is] prescribed any controlled dangerous substances or mood altering medications, [the Respondent] will, in addition to notifying the Committee, obtain a copy of the medical record pertaining to the condition which necessitated the prescription and submit it to the Committee. [The Respondent] agree[s] not

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to take any mood altering drugs unless it has been approved by [the Respondent's] program/treatment provider.

....

22. [The Respondent] shall not engage in the conduct that led to [her] request[ing] admission to the Program and shall remain drug and alcohol free;

7. On June 24, 2020, the Respondent signed an Affidavit and Acknowledgement of Safe Practice Agreement and acknowledged that she had reviewed the Agreement, understood the terms, which were reviewed with her by a Committee member and that work-site and self reports had been fully explained to her.

8. The Respondent was also advised in writing that her first quarterly report was due July 1, 2020, and subsequent reports were due every three months thereafter (October, January, April, etc.). The Respondent was also advised that her third quarterly report (every 9 months) was to be a visit in person with the Committee or a representative of the Committee. The Respondent was informed that she must contact the Committee for an appointment at least one month prior to the due date of the third report.

Self Reports

9. From July 2020 to October 18, 2022, the Respondent was required to submit 10 quarterly self-reports. The Respondent failed to submit 3 out of the 10 quarterly self-reports: due July 1, 2020; October 1, 2021; and October 1, 2022. All 7 of the self-reports the Respondent submitted were submitted late.⁴

⁴ The Committee received the following 7 self-reports from the Respondent: received with the date October 5, 2020 (due October 1, 2020), received with the date January 5, 2021 (due January 1, 2021), received with the date April 5, 2021 (due April 1, 2021), received with the date July 12, 2021 (due July 1, 2021), received with the date January 29, 2022 (due January 1, 2022), received with the date April 5, 2022 (due April 1, 2022), and received with the date September 4, 2022 (due July 1, 2022).

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Employment Restrictions and Work-Site Reports

10. From July 2020 to October 18, 2022, the Committee only received 1 work-site report from any employers for the Respondent despite information the Board received that the Respondent had been employed by five (5) different employers during this time period.

11. The only work-site report the Board received was from Employer #1⁵ and was dated December 29, 2020. However, according to the Self-Reports the Respondent submitted to the Board from October 5, 2020 to July 12, 2021, the Respondent indicated that she was employed⁶ at Employer #1 between September 28, 2020 to May 14, 2021, which would have required Employer #1 to also submit work-site reports in October 2020 and April 2021.

12. On or about July 2, 2020, the Committee received a Notification of Existing Board of Nursing Order reporting that the Respondent was employed at Employer #2 and the employer had been informed of the Respondent's Agreement. The Committee never received any work-site reports from Employer #2. It is unknown how long the Respondent was employed for Employer #2, or whether the Respondent remains employed for Employer #2.

13. The Board received a Notification of Existing Board of Nursing Order dated September 1, 2021, reporting that the Respondent was employed at Employer #3 and the employer had been informed of the Respondent's Agreement. The Committee never received any work-site reports from Employer #3. It is unknown how long the Respondent was employed for Employer #3, or whether the Respondent remains employed for Employer #3.

14. In emails dated January 31, 2022 and April 12, 2022, the Respondent requested that the Committee lift her medication passing restriction. By letter dated May 9, 2022, the Committee

⁵ For purposes of ensuring confidentiality, proper names have been omitted and replaced with generic placeholders. Upon written request, the Administrative Prosecutor will provide the information to the Respondent.

⁶ In the Respondent's January 2022, April 2022, and July 2022, the Respondent reported she was unemployed.

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denied her request to carry the narcotic keys, access and administer CDS including mood-altering drugs. Then, by letter dated June 14, 2022, the Committee approved her request to carry the narcotic keys, access and administer CDS including mood-altering drugs. Subsequently, by letter dated September 2, 2022, the Committee notified the Respondent that the Committee decided to rescind her request to carry the narcotic keys, access and administer CDS including mood-altering drugs “because of [her] non-compliance with the program.”

15. By letter dated August 11, 2022, the Committee notified the Respondent that the Committee denied her request to accept employment with Employer #4 as an Assistant Director of Nursing. A review of personnel records subpoenaed from Employer #4, however, revealed that the Respondent had already accepted a position and was hired as the Assistant Director of Nursing at Employer #4 on July 29, 2022. Then, just five days after being notified that her request had been denied, on August 16, 2022, the Respondent was terminated by Employer #4 due to her behavior. The Committee never received any work-site reports from Employer #4.

16. The Respondent also worked at Employer #5 without permission of the Committee. According to an Employment Verification Form received from Employer #5, the Respondent began employment on April 30, 2021 and was still employed as of September 29, 2022. Correspondence with the Director of Human Resources and the Respondent’s direct supervisor revealed that the Respondent had not notified them that the Respondent was under an Agreement with the Board. The Committee never received any work-site reports from Employer #5.

Toxicology Screens

17. Between June 23, 2020 and December 5, 2022, the Respondent:⁷

- i. Failed to call in on 52 occasions.

⁷ Effective March 29, 2022, First Source Solutions was renamed Vault Health Workforce Screening

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- ii. Failed to submit to 9 toxicology screens on the dates she was selected.⁸
- iii. Submitted to 47 toxicology screens, the results of 2 were positive.⁹
- iv. Of the 47 toxicology screens, 9 were “abnormal.”¹⁰

Support Group Verification

18. The Respondent failed to submit attendance sheets establishing that she attended at least two support group meetings per week each month. As discussed more fully below, from July 1, 2020 until the Respondent was expelled from the Program on October 18, 2022, the Respondent submitted attendance sheets establishing that she attended at least two support group meetings per week for 41 out of the required 120 weeks, which represents a 34% compliance rate.

19. The Respondent was required to submit verification for 27 weeks in 2020. Out of the 27 weeks, the Respondent attended the required number of meetings for 11 weeks; attended no meetings for 7 weeks; and attended only one meeting a week for 9 weeks.

20. The Respondent was required to submit verification for 52 weeks in 2021. Out of the 52 weeks, the Respondent attended the required number of meetings for 18 weeks; attended no meetings for 28 weeks; and attended only one meeting a week for 6 weeks.

21. For the year of 2022, up until the Respondent was expelled from the Program on October 18, 2022, the Respondent was required to submit verification for 41 weeks. Out of the 41 weeks, the Respondent attended the required number of meetings for 12 weeks and attended no meetings for 29 weeks.

⁸ There may be some overlap between dates the Respondent failed to call and failed to submit to a toxicology screen.

⁹ The Respondent submitted a positive toxicology screen on January 13, 2022 for phosphatidyl ethanol; and June 21, 2022 for ethyl glucuronide/ethyl sulfate.

¹⁰ The 9 toxicology screens results that were deemed “abnormal” on the following dates included the creatinine levels and specific gravity values: July 20, 2020; August 11, 2020; November 9, 2020; March 29, 2021; August 27, 2021; February 24, 2022; April 19, 2022; May 9, 2022; and August 31, 2022.

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Committee Meetings and Correspondence from Respondent

22. In an email dated January 31, 2022, sent to the Committee's Monitoring Coordinator, the Respondent admitted she "relapse[d] in May 2021."

23. The Respondent met with the Committee on September 1, 2022, at which time the Respondent admitted "she was aware that she needed to [check with] Committee before accepting a job."¹¹

24. The Respondent met with the Committee on October 13, 2022. During this meeting the Respondent admitted that she took a job at after permission was denied; at Employer #4 "she took trazadone [and] Benadryl;" and she believed she had a drink "about a month ago."

Expulsion from the Program

25. By letter dated October 18, 2022, the Respondent was notified that she was expelled from the Program for non-compliance with the Agreement. The Respondent was further informed that the Committee could no longer monitor her or consider her safe in her practice as a registered nurse.

Summary

26. The Board received a complaint that the Respondent reported to work under the influence of alcohol. The Respondent requested admission to the Program and since signing her Agreement in June 2020, the Respondent has been non-compliant with the conditions of her Agreement as evidenced by: only submitted 7 out of 10 self-reports, all of which were submitted late; falsely reported in 3 of her self-reports that she was unemployed; only 1 work-site report was received by the Committee despite being employed by 5 different employers; the Respondent accepted

¹¹ Notably, this was after the Respondent accepted employment with two different employers without obtaining permission from the Committee (Employer #4 and Employer #5).

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employment with two different employers without approval from the Committee; the Respondent failed to notify Employer #5 of the Program Agreement she was under with the Committee; failed to submit to 9 toxicology screens on the dates she was selected; submitted 2 positive toxicology screens and 9 “abnormal” toxicology screens; only submitted documentation establishing that she attended at least two support group meetings per week for 34% of the required weeks; and failed to remain free of drugs and alcohol. The Respondent’s RN license is currently active and there are no barriers to prevent her from practicing as a RN. The Respondent’s non-compliance with her Agreement makes her practice as a registered nurse a danger to all patients under her care. The Committee determined that they could no longer monitor the Respondent and consider her safe to practice therefore; the Respondent’s unmonitored practice poses a serious risk and danger to the public health, safety and welfare.

CONCLUSION OF LAW

Based on the foregoing investigative findings and reasons, the Board finds that the public health, safety or welfare imperatively requires emergency action in this case pursuant to Md. Code Ann., State Govt. § 10-226(c)(2) (2021 Repl. Vol.).

ORDER

It is hereby:

ORDERED that pursuant to the authority vested in the Board of Nursing by Md. Code Ann., State Gov’t § 10-226(c)(2) (2021 Repl. Vol.) the license of **LISA DOUGLAS** to practice as a registered nurse, (**License No. R163034**), in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that if the Respondent’s license is suspended following a Show Cause Hearing, the Respondent has the right to an evidentiary hearing before the Board on the merits of

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the summary suspension and an evidentiary hearing will be scheduled before the Board, if the Respondent submits a written request for an evidentiary hearing to the Board **NO LATER THAN THIRTY (30) DAYS from the date of this Order for Summary Suspension**; and be it further

ORDERED that if the Respondent does not submit a timely written request to the Board for an evidentiary hearing within 30 days of the date of this Order, the Respondent shall have waived all rights now and in the future to any hearing on the merits of the summary suspension of the Respondent's license and the factual allegations contained in the Order for Summary Suspension; and it is further

ORDERED that this Order for Summary Suspension shall remain in effect and the summary suspension of the Respondent's license shall continue until further Order of the Board; and it is further

ORDERED that this, "Order for Summary Suspension of Registered Nurse License" is a **PUBLIC RECORD** pursuant to Md. Code Ann., Gen. Prov. § 4-101 *et seq.* & § 4-333 (2019).

February 22, 2023
Date

Karen E.B. Evans, MSN, RN-BC
The Executive Director's Signature
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Appears on the Original Document