

State of Rhode Island and Providence Plantations

Department of Health  
Center for Professional Boards and Commissions

vs.

Complaint No.: C15-633

Licensee No.: NA16945DIANNE M SHERROD

ALUKO

### CONSENT ORDER

Pursuant to RIGL 23-17.9 and the Rules and Regulations promulgated there under, the Rhode Island Department of Health (hereinafter the "Department"), and the Nursing Assistant Advisory Board (hereinafter the "Board"), has investigated a complaint charging DIANNE M SHERROD ALUKO, NA16945 (hereinafter the "Respondent") with a violation of RIGL 23-17.9.

After review and consideration by the Department and the Board with respect to the allegations of unprofessional conduct of the Respondent, the following are and shall constitute

### FINDINGS OF FACT

1. Respondent is a Nursing Assistant licensed to practice in the State of Rhode Island under Nursing Assistant License Number, NA16945.
2. At all times relevant hereto, Respondent was employed by Adil Business Systems.
3. That on or about June 2, 2015 Respondent stole jewelery from an elderly person.
4. That the conduct described in paragraph three (3) herein constitutes unprofessional conduct pursuant to RIGL23-17.9 and the Rules and Regulations promulgated there under.
5. That the Respondent admits to the jurisdiction of the Department and hereby agrees to remain under the jurisdiction of the Department.
6. That the Respondent has read this Consent Order and understands this Consent Order shall become binding once signed by the Respondent and the Department and/or Board.
7. That the Respondent understands the purpose of this Consent Order is solely to resolve the complaint of unprofessional conduct alleged against the Respondent.
8. That the Respondent hereby acknowledges and waives:

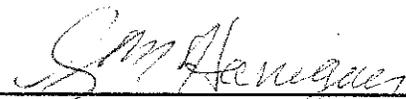
- a. The right to have an Administrative Hearing on this matter;
- b. The right to represent himself/herself or be represented by an Attorney of Respondent's own choosing at said hearing;
- c. The right to present testimony, evidence and witnesses on Respondent's behalf;
- d. The right to cross-examine witnesses presented by the Department;
- e. The right to further procedural steps except for those specifically contained herein;
- f. The right to take an appeal from the terms of this Consent Order.

ACCORDINGLY AND BASED ON THE FOREGOING

The Rhode Island Department of Health and the Respondent hereby agree to the following disposition of this complaint:

1. That Respondent is hereby issued the sanction of a Revocation for Indefinitely.
2. That this Order shall become part of a public record of this proceeding.

  
\_\_\_\_\_  
DIANNE M SHERROD ALUKO  
NA16945

  
\_\_\_\_\_  
Sarah Harrigan, Chief  
Center for Professional Boards and  
Commissions

Date: 4-1-16

Date: 5/9/16



Department of Health  
Three Capitol Hill  
Providence, RI 02908-5097  
TTY: 711  
[www.health.ri.gov](http://www.health.ri.gov)

April 5, 2016

Certified & Regular Mail

DIANNE M SHERROD ALUKO  
14 NEWCOMB STREET  
PROVIDENCE RI 02908

In the Matter of C15-633

Dear DIANNE M SHERROD ALUKO:

The Rhode Island Department of Health (hereinafter the "Department") and the Nursing Assistant Advisory Committee (hereinafter the "Board") has completed a review of allegations of unprofessional conduct asserted against you. The Department is proposing to resolve the complaint against you with a sanction of a Revocation. Enclosed is a Consent Order containing the terms of this proposed resolution. Please read the Consent Order carefully.

If you agree to the Consent Order, please sign it and return the original signed copy to this office no later than April 26, 2016. Upon receipt in this office, the Consent Order will then be signed and entered by the Department and/or Board and will become a final resolution of this complaint. Be advised that until and unless signed by both you and the Department and/or Board, this proposed Consent Order does not constitute a final resolution of the complaint against you.

If you disagree with the proposed Consent Order, be advised that you have a right to an Administrative Hearing. At the hearing you may represent yourself or be represented by an attorney of your own choosing and you may present testimony, witnesses and evidence on your own behalf. If you wish to proceed with a hearing, please submit a written request to this office by April 26, 2016.

You may direct any questions you have in response to this notice to me at (401) 222-7883.

Sincerely,

  
Arlene Hartwell  
Board Manager  
Center for Professional Boards and Commissions

Enclosure