

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH
HEALTH SERVICES REGULATION
BOARD OF NURSE REGISTRATION AND NURSING EDUCATION
THREE CAPITOL HILL
PROVIDENCE, RI 02908

_____ :
In the Matter of: :

Debra Tomaselli, RN 22447, :

A.H. File No. C12-444

Respondent. :
_____ :

ORDER SUSPENDING LICENSE INDEFINITELY

The above-entitled matter came before the Board of Nurse Registration and Nursing Education ("Board") pursuant to an Administrative Hearing Notice¹ issued on October 18, 2012 by the Board to Debra Tomaselli ("Respondent"). The Respondent holds a license ("License") as a registered nurse in the State of Rhode Island pursuant to R.I. Gen. Laws § 5-34-1 *et seq.* A hearing was scheduled for December 10, 2012 at which time the Respondent did not appear at hearing. Pursuant to Section 5.6 of the *Rules and Regulations of the Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health* ("Hearing Regulation"), service may be made by hand-delivery or first class mail and service is complete upon mailing, even if unclaimed or returned, when sent to the last known address of the party. In this matter, notice was sent to the Respondent's last known address by first class and certified mail.² As the Respondent was adequately

¹ See Department of Health's ("Department") Exhibits One (1) and Two (2) (Administrative Notice of Hearing) and Three (3) (letter of November 15, 2012 scheduling the December 10, 2012 hearing).

² The Notice scheduled a pre-hearing conference for November 15, 2012 at which time the Respondent did not appear. The Notice was sent by first class and regular mail. The letter scheduling the hearing was sent

notified of the time and date of the hearing, the hearing went forward. Additionally, Section 12.9 of the Hearing Regulation provides that a judgment may be entered based on pleadings and/or evidence submitted at hearing by a non-defaulting party. The Board was represented by counsel.

The Board has jurisdiction over this matter pursuant to R.I. Gen. Laws § 5-34-1 *et seq.*, *Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs*, and the Hearing Regulation.

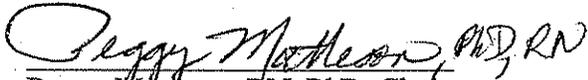
Lori Keough, Director of Nursing for the Board, testified on behalf of the Board. She testified that the Respondent had been licensed in Connecticut as a registered nurse and Connecticut investigated the Respondent for diversion of controlled substances and the Respondent was not willing to enter into a diversion contract with the Connecticut Nursing Board but her Connecticut registered nurse license expired before the Connecticut Nursing Board could take action. See Department's Exhibit Four (4) (Connecticut investigation). She testified that the Board forwarded two (2) letters, one on August 6, 2012 and one on August 21, 2012, to the Respondent asking for a response to the Connecticut investigation but the Respondent did not reply to the Board. See Department's Exhibits Five (5) and Six (6) (Board's August, 2012 letters to Respondent). She testified that the Respondent has an active Rhode Island License and the Respondent's address on record was the one used by the Board. In questioning from the Board, she testified there was no employer address for Respondent on record and that the Respondent had her Rhode Island License at the same time as her Connecticut license.

by first class mail. All were returned to the Department as undeliverable. See Department's Exhibits One (1), Two (2), and Three (3). Lori Keough, Director of Nursing, testified that the address used for all notices was the Respondent's address on record. See below.

After hearing, the Board unanimously made the following order:

The Respondent's License shall be suspended indefinitely.³

By Order of the Board,


Peggy Matteson, RN, PhD, Chair

Entered this 18th day of December, 2012.

NOTICE OF APPELLATE RIGHTS

PURSUANT TO R.I. GEN. LAWS § 5-34-28, APPEALS OF DECISIONS ARE GOVERNED BY THE ADMINISTRATIVE PROCEDURES ACT, R.I. GEN. LAWS § 42-35-1 *et seq.* THIS DECISION CONSTITUTES A FINAL ORDER OF THE DEPARTMENT OF HEALTH PURSUANT TO R.I. GEN. LAWS § 42-35-12. PURSUANT TO R.I. GEN. LAWS § 42-35-15, THIS DECISION MAY BE APPEALED TO THE SUPERIOR COURT SITTING IN AND FOR THE COUNTY OF PROVIDENCE WITHIN THIRTY (30) DAYS OF THE MAILING DATE OF THIS DECISION. SUCH APPEAL, IF TAKEN, MUST BE COMPLETED BY FILING A PETITION FOR REVIEW IN SUPERIOR COURT. THE FILING OF THE COMPLAINT DOES NOT ITSELF STAY ENFORCEMENT OF THIS ORDER. THE AGENCY MAY GRANT, OR THE REVIEWING COURT MAY ORDER, A STAY UPON THE APPROPRIATE TERMS.

³ The Board also directed that this Order be sent to a Connecticut address found in the exhibits but never on record with the Department.

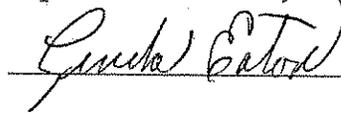
CERTIFICATION

I hereby certify on this 20th day of December, 2012 that a copy of the within Order and Notice of Appellate Rights was sent by first class mail, postage prepaid and registered mail, return receipt requested to –

Ms. Debra Tomaselli
63 Mockingbird Drive
Cranston, RI 02920

Ms. Debra Tomaselli
945 Bridgeport Avenue
Shelton, CT 06484

and by hand-delivery to Jennifer Sternick, Esquire, Department of Health, Three Capitol Hill, Providence, RI 02908.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Department of Administration
 DIVISION OF LEGAL SERVICES
 One Capitol Hill
 Providence, RI 02908 - 5890

CONFIDENTIAL

Ms. Debra Tomaselli
 63 Mockingbird Drive
 Cranston, RI 02920



7011 0470 0002 0485 3013

POSTAGE WILL BE PAID BY ADDRESSEE

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 1. Complete items 1 and/or 2 for additional services.
- 2. Complete items 3 and 4a & b.
- 3. Print your name and address on the reverse of the form so that we can return this card to you.
- 4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
- 5. Write Return Receipt Requested on the mailpiece below the article number.
- 6. Write Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

*Ms. Debra Tomaselli
 63 Mockingbird Drive
 Cranston, RI 02920*

- 1. Also wish to receive the following services (for an extra fee):
 - Addressee's Address
 - Restricted Delivery
 - Return Receipt for Merchandise
 - Restricted Delivery
 - Consult postmaster for fee

4a. Article Number: 7011 0470 0002 0485 3013

4b. Service Type:

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address Only (if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 U.S.G.P.O. 1991 287-008

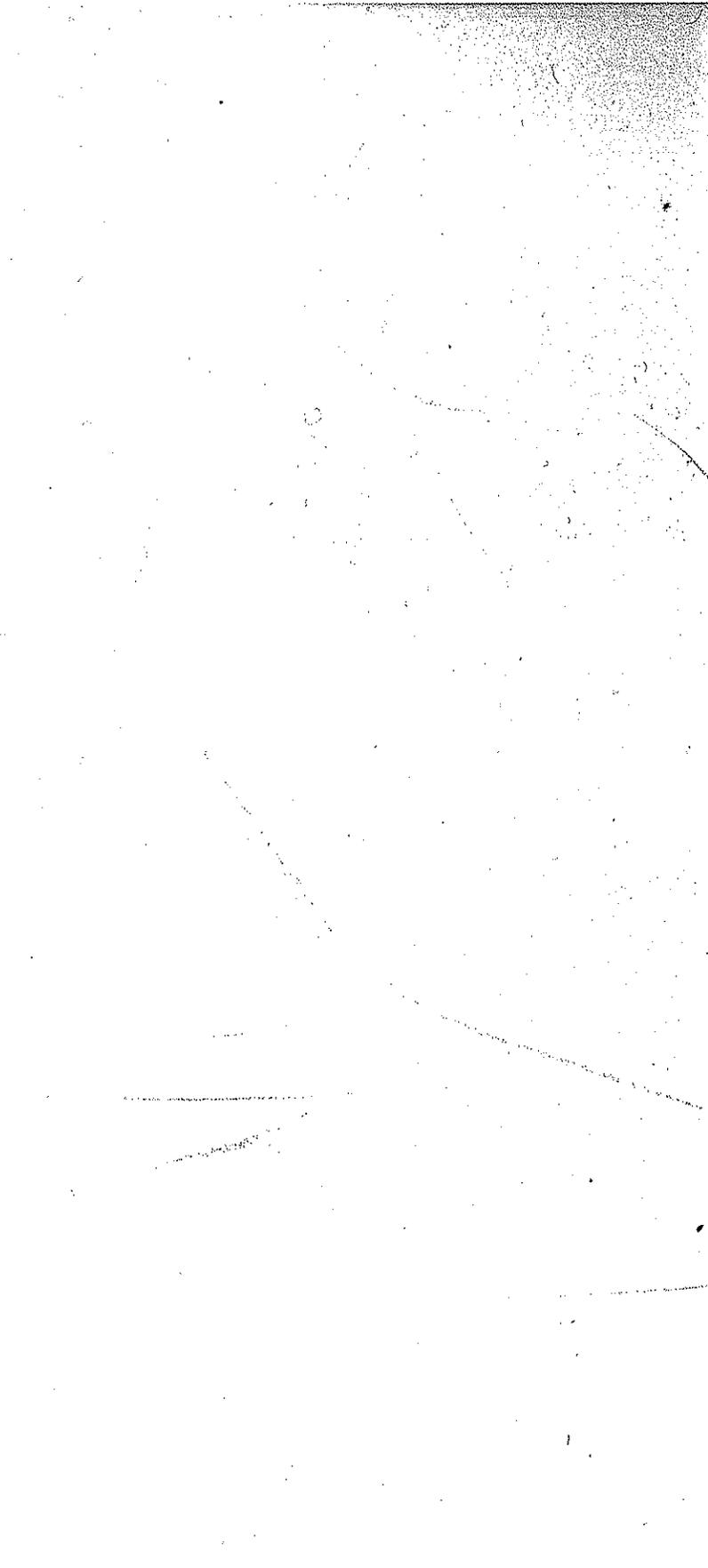
DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt service.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
DIVISION OF LEGAL SERVICES
One Capitol Hill
Providence, RI 02908 - 5890

CONFIDENTIAL

Ms. Debra Tomaselli
63 Mockingbird Drive
Cranston, RI 02920



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Department of Administration
 DIVISION OF LEGAL SERVICES
 One Capitol Hill
 Providence, RI 02908 - 5890



7011 0470 0002 0485 2993

Ms. Debra Tomaselli
 945 Bridgeport Avenue
 Shelton, CT 06484

CONFIDENTIAL

THIS RECEIPT IS THE PROPERTY OF THE U.S. POSTAL SERVICE. IT IS TO BE RETURNED TO THE POST OFFICE AT THE ADDRESS SHOWN ON THE RECEIPT.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3 and 4a, b, c
- Print your name and address on the reverse of this form so that we can return this card to you
- Attach this form to the front of the mailpiece or on the back if space does not permit
- Write Return Receipt Requested on the mailpiece below the article number
- The Return Receipt fee will provide you the signature of the person delivered to and the date of delivery

3 Article Addressed to:

Ms. Debra Tomaselli
 945 Bridgeport Avenue
 Shelton, CT 06484

4a Article Number: 7011 0470 0002 0485 2993

Also wish to receive the following services (for an extra fee)

- Addressee's Address
- Restricted Delivery
- Consult Postmaster for fee

- 4b Service type:
 - Registered
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise
- 7 Date of Delivery
- 8 Addressee's Address (Only if requested and fee is paid)

5 Signature (Addressee)

6 Signature (Agent)

PS Form 3811, November 1990 U.S. GPO: 1991-287-208

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
DIVISION OF LEGAL SERVICES
One Capitol Hill
Providence, RI 02908 - 5890

CONFIDENTIAL

Ms. Debra Tomaselli
945 Bridgeport Avenue
Shelton, CT 06484

