

State of Rhode Island and Providence Plantations

Department of Health :
Office of Health Professions Regulation :

Vs. : Complaint No.: C13-644
MAD No: MAD00718
:
YOLANDA ROSARIO :

CONSENT ORDER

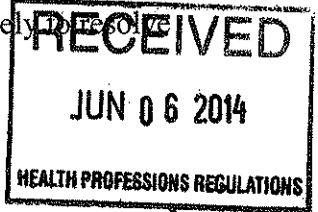
Pursuant to R.I.G.L. 23-17.9-8 and the Rules and Regulations promulgated there under, the Rhode Island Department of Health (hereinafter the "Department"), and the Advisory Board for Nursing Assistants (hereinafter the "Board"), has investigated a complaint charging YOLANDA ROSARIO, MAD00718 (hereinafter the "Respondent") with a violation of RIGL 23-17.9-8.

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 Medication Aide licensed to practice in the State of Rhode Island under Medication Aide License Number, MAD00718.
2. At all times relevant hereto, Respondent was employed by Charlesgate Senior Living, Providence, RI.
3. That on or about August 14, 2013, Respondent advised Department staff during on-site survey that she crossed out the name of the patient prior to discarding the patient's blister pack in the dumpster. The blister pack, which was later found by the Respondent's Supervisor, contained a label with the patient's name and was missing medication.
4. That the conduct described in paragraph three (3) herein constitutes unprofessional conduct pursuant to Section 23-17.9-8 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.

7. That the Respondent understands the purpose of this Consent Order is solely to resolve the complaint of unprofessional conduct alleged against the Respondent.

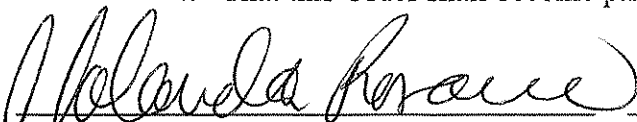


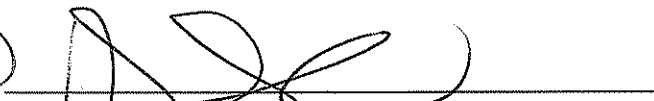
8. That the Respondent hereby acknowledges and waives:
- a. The right to have an Administrative Hearing on this matter;
 - b. The right to represent himself/herself or be represented by an Attorney of Respondent's own choosing at said hearing;
 - c. The right to present testimony, evidence and witnesses 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 suspension, 2 years, to commence on the date this Order is signed by the Department.
- 2. At the time Respondent seeks reinstatement of the Medication Aide license, Respondent shall submit documentation to the Board evidencing that Respondent is capable and competent to engage in the practice as a Medication Aide.
- 3. Respondent must first meet all education requirements for licensure in effect if and when Respondent reapplies for licensure.
- 4. That this Order shall become part of a public record of this proceeding.


YOLANDA ROSARIO
MAD00718


Donna J. Costantino, MBA
Chief of Health Professions Regulation

Date: 6/6/14

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