

STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH



**DIVISION OF HEALTHCARE QUALITY AND SAFETY
CENTER FOR PROFESSIONAL BOARDS AND LICENSING
NURSING ASSISTANT AND MEDICATION AIDE ADVISORY BOARD
IN THE MATTER OF BRITTANY P. TAVARES**

CONSENT ORDER

Pursuant to R.I. Gen. Laws § 23-17.9-1 *et seq.* and the Rules and Regulations promulgated thereunder, the Rhode Island Department of Health (RIDOH) and (Applicant) enter into this Consent Order.

FINDINGS OF FACT

1. On or about February 24, 2023, Applicant applied to RIDOH to be licensed as a nursing assistant.
2. RIDOH and Applicant agree to the following condition regarding the issuance of Applicant's nursing assistant license.
3. Applicant admits to the jurisdiction of RIDOH.
4. Applicant has read this Consent Order and understands that this Consent Order shall become binding once signed by the Applicant and RIDOH.

ACCORDINGLY, AND BASED UPON THE FOREGOING

RIDOH and the Applicant hereby agree as follows:

1. Upon signature and ratification of this Consent Order, RIDOH will issue a nursing assistant license to Respondent.

2. Commencing with the Effective Date:
 - a) Applicant's Nursing Assistant license will be subject to a one (1) year period of probation and Applicant's license shall reflect the status "Active Probation."
 - b) Applicant must be employed at a hospital or nursing facility and will be required to work under the direct supervision of a licensed nurse. Applicant may not work under indirect supervision in a private home during the probationary period.
 - c) The probationary period will abate for the duration of any period in which Applicant ceases to be employed as a Nursing Assistant.
 - d) Applicant will notify RIDOH of any lapse in employment and the probation period will be extended until the required employment as a Nursing Assistant is completed.
 - e) Applicant must provide RIDOH with the name and address of the new employer(s) and the reason for said change.
 - f) Applicant shall provide her employer with a copy of this Consent Order and a quarterly performance report form provided to her by RIDOH.
 - g) Applicant's employer shall complete four (4) quarterly performance reports. Applicant's employer shall submit evidence to RIDOH via DOH.PRCCompliance@health.ri.gov on a quarterly basis that performance reports have been completed.
3. Failure to comply with the requirements of paragraph 2 may result in additional disciplinary action.

This Consent Order is an agreement between Respondent and RIDOH and shall become a public record.

Signed this 4 day of 26 2023


BRITTANY P TAVARES

Ratified by the RI Department of Health, Chief of Professional Boards and Licensing, on the
27th day of April 2023.



BRUCE D. TODESCO
Chief of Professional Boards and Licensing