

State of Rhode Island and Providence Plantations Department of Health
Nursing Assistant Advisory Board



IN THE MATTER OF:
CAROLYN GAMBLE-RIVERS
License Number NA22666

COMPLIANCE ORDER
SUMMARY SUSPENSION OF NURSING ASSISTANT LICENSE

Carolyn Gamble-Rivers ("Respondent"), was licensed as a nursing assistant in Rhode Island on or about December 17, 2001, pursuant to R.I. Gen. Laws § 23-17.9-1 *et seq.* This Order is issued pursuant to R.I. Gen. Laws § 42-35-14 and 23-1-20.

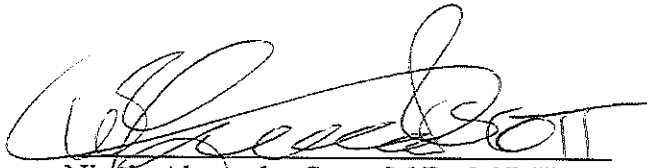
FINDINGS OF FACT

1. Respondent is a Nursing Assistant licensed to practice in Rhode Island under Nursing Assistant License NA22666.
2. At all times relevant hereto, Respondent was employed by Bayada Home Health Care as a nursing assistant assigned to the home of V.W.
3. On or about, October 24, 2019, Respondent was arrested and charged with larceny by the Barrington Rhode Island Police Department. Video surveillance captured Respondent taking cash from the wallet of V.W., a disabled woman for whom Respondent was caring for at her home in Barrington.
4. Respondent was released from employment by Bayada Home Health Care.
5. After considering the above facts, the Director of Health finds that public health, safety, or welfare imperatively requires emergency action.

ORDER

1. Pursuant to R.I. Gen. Laws § 42-35-14, Respondent's nursing assistant license is **SUSPENDED** until further order of the department.
2. A written request for a hearing may be filed with the Director within ten (10) days after service of this notice. If no written request for a hearing is made to the Director within ten (10) days of the service of this notice, the notice shall automatically become a compliance order. Questions may be directed to Linda Esposito at 401-222-4998.

Ordered this 20th day of October 2019



Nicole Alexander-Scott, M.D., M.P.H.
Director
Rhode Island Department of Health
Three Capitol Hill Room 401
Providence RI 02908

PROOF OF SERVICE

I hereby certify that on the date below I served copy of this Compliance Order/Summary Suspension personally upon on:

Carolyn Gamble-Rivers
47 Concannon Street
Providence, RI 02904

I hereby certify that I was unable to make service after the following reasonable attempts:

Service Date: 10/29/19

Signature

Robert J. Williams #6211