

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



**IN THE MATTER OF:**  
**DEBRA GOOD**  
**License Number NA 28896**

**COMPLIANCE ORDER**  
**SUMMARY SUSPENSION OF NURSING ASSISTANT LICENSE**

Debra Good ("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**

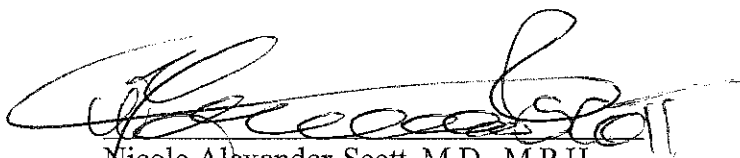
1. Respondent is a Nursing Assistant licensed to practice in Rhode Island under Nursing Assistant License NA 28896.
2. At all times relevant hereto, Respondent was employed by Lifetime Medical Support Services as a nursing assistant assigned to the home of S.K.
3. On or about October 14, 2018, Respondent was arrested and charged with two counts of felony sexual assault and one count of misdemeanor simple assault or battery by the Pawtucket, Rhode Island Police Department upon S.K.
4. Respondent was released from employment by Lifetime Medical Support Services.
5. On or about January 2, 2019, the Rhode Island Department of Health received a complaint from the Pretrial Services Unit of the State of Rhode Island Sixth Division District Court alleging that on January 2, 2019, Respondent stated to court personnel that she had been on a job interview earlier in the day.
6. 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 days after

service of this notice. If no written request for a hearing is made to the Director within ten 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 30<sup>th</sup> day of January 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:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Service Date: \_\_\_\_\_

Signature

\_\_\_\_\_