

State of Rhode Island  
Department of Health  
Nursing Assistant Advisory Board



**IN THE MATTER OF:**  
DIAMOND DESHIELDS  
License NA 50450  
Complaint 20-1336

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

("Respondent"), was licensed as a nursing assistant in Rhode Island on or about August 3, 2016, 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 NA50450.
2. At all times relevant hereto, Respondent was employed by Home Care Network.
3. On or about September 6, 2020, Respondent was providing in-home care to a developmentally disabled, non-verbal child.
4. On or about September 6, 2020, the mother of the disabled child reviewed video taken by a camera in the child's bedroom. The video showed Respondent hitting the child with a strap or cord and placing her hand on the back of the child's neck and pushing her onto a bed.
5. The conduct described in paragraph four constitutes unprofessional conduct subject to disciplinary proceedings pursuant to R. I. Gen. Laws §23-17.9-8 and the Rules and Regulations promulgated thereunder.
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 (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 15<sup>th</sup> day of September 2020



---

Nicole Alexander-Scott, MD, MPH  
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:

Diamond DeShields  
133 Suffolk Avenue, Apartment 2  
Pawtucket, RI 02861

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

Signature

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Signature

\_\_\_\_\_