

State of Rhode Island
Department of Health
Nursing Assistant Advisory Board



IN THE MATTER OF:
NAPOLEAO PINA VIEIRA
License NA 42743
Complaint 20-0992

COMPLIANCE ORDER
SUMMARY SUSPENSION OF NURSING ASSISTANT LICENSE

NAPOLEAO PINA VIEIRA (“Respondent”), was licensed as a nursing assistant in Rhode Island on or about June 27, 2011, 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 NA42746.
2. At all times relevant hereto, Respondent was employed by Hopkins Manor, a health care facility in North Providence, Rhode Island.
3. On or about July 13, 2020, a nurse at Hopkins Manor stated that s/he witnessed the Respondent’s penis in the mouth of a resident in the resident’s room.
4. On or about July 13, 2020, a nursing assistant at Hopkins Manor stated that s/he witnessed the Respondent and the same resident referenced in paragraph 3 above engaged in mouth to mouth kissing.
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 16 day of July 2020

Ana Novais

Ana Novais
Deputy 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:

Napoleao Pina Vieira
1049 Main Street
Pawtucket RI 02860

Napoleao P. Vieira

Service Date: 7/16/2020

Signature

Steven R. Sullivan

Steven R SULLIVAN Chief of Investigations
Rhode Island Department of Health

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

Service Date: _____

Signature
