

**STATE OF RHODE ISLAND DEPARTMENT OF HEALTH
BOARD OF NURSE REGISTRATION AND NURSING EDUCATION**

**RE: Emelle Peloquin
RN22221
C18-0872**

CONSENT ORDER WITH PROBATION

Pursuant to Section § 5-34.25 of the General Laws of the State of Rhode Island, as Amended, a complaint was filed with the Board of Nurse Registration and Nursing Education (hereinafter "Board") charging, **Emelle Peloquin, RN22221** (hereinafter "Respondent"), with the violation of Chapter 5-34 of the General Laws of the State of Rhode Island, as Amended.

The Board of Nurse Registration and Nursing Education ("Board") and Emelle Peloquin ("Respondent") do hereby agree and stipulate as follows:

FINDINGS OF FACT:

Respondent is a nurse licensed and doing business under and by the Laws of the State of Rhode Island, registered nurse license number **RN22221**;

The Complaint alleges that, on July 6, 2018, Respondent failed to visit the home care patient; however, Respondent documented that she in fact visited said home care patient.

Respondent admits that she did not visit the home care patient on July 6, 2018.

The parties agree as follows:

Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Board.

Commencing with the date this Consent Order is signed and accepted by the Board ("effective date"), this Consent Order shall be enforceable as an Order of the Board.

6. Respondent agrees to provide a copy of this Consent Order and copies of any future modifications of the Consent Order to all current and future employers. Respondent hereby permits Respondent's therapist(s) and the Board Director to communicate with Respondent's employer(s) or potential employers.
7. Respondent agrees to identify a work site supervisor who will be responsible for communicating with the Board on a regular basis and who will be responsible for advising the Board of employment-related issues such as job performance and termination.
8. Respondent agrees to ensure that Respondent's employer forwards progress reports of Respondent's job performance to the Board utilizing the standardized Board form at the specified times that she is scheduled for monitoring. A copy of the standardized form is attached as Exhibit A. The due dates of Respondent's quarterly reports are as follows:
 - 1st Quarter Report (January - March) due by April 15th each year
 - 2nd Quarter Report (April - June) due by July 15th each year
 - 3rd Quarter Report (July - September) due by October 15th each year
 - 4th Quarter Report (October - December) due by January 15th each year
9. Respondent agrees to notify the Director of the Board in writing of any change in her employment or employment status, including the name and address of any new employer and the reason for change of employment.

Upon completion of the Respondent's one (1) year probationary period, the Respondent shall provide evidence that she is capable of discharging the functions of a registered nurse in a manner consistent with the public's health, safety and welfare.

Respondent hereby acknowledges and waives:

- (1) The right to appear personally or by counsel or both before the Board;
- (2) The right to produce witnesses and evidence in his behalf at a hearing;
- (3) The right to cross-examine witnesses;
- (4) The right to have subpoenas issued by the Board;
- (5) The right to further procedural steps except for those specifically contained herein;
- (6) Any and all rights of appeal of this Consent Order.

Commencing with the Effective Date, Respondent's registered nurse license shall be under a one (1) year period of **PROBATION**, subject to the terms and conditions set forth herein:

Any period in which Respondent is not employed as a registered nurse shall serve to **TOLL** (this is, to stop) the running of the probationary period.

During the period of probation:

1. Respondent will continue in individual mental health treatment.
2. Respondent is required to submit quarterly detailed treatment reports (this is, reports in three-month intervals) from her individual mental health care treatment provider to the Board. Respondent agrees to ensure that her mental health care treatment providers promptly forward the records for evaluation to the Board by postal mail to RI Department of Health, Board of Nursing, 3 Capitol Hill, Rm 404, Providence, RI 02908; or fax to (401)-222-1797 or by secure email to DOH.nurse.rehab@health.ri.gov.
3. Respondent agrees to give her personal healthcare provider(s) permission to release information to the Board and allows the Board to contact the aforementioned personal healthcare provider(s) as deemed necessary.
4. Respondent agrees to the following conditions being imposed on Respondent's nursing license as a prerequisite for continuing to practice as a nurse:
 - Respondent agrees that she may work up to a 40-hour week¹
 - Respondent agrees that she may work day/evening shifts but that she is prohibited from working the night shift.
 - Respondent agrees that she must not work any double shifts.
 - Respondent agrees that she must avoid working in any high stress, high access area, such as the Intensive Care Unit, Coronary Unit, Operating Room, Recovery Room or Emergency Room.
5. Respondent understands that any nursing position she takes must meet the practice stipulations set forth by the Board. Respondent agrees to advise the Director of Nursing, or other appropriate person(s) at the Institution(s) at which she plans to practice, of this Consent Order and the restrictions it imposes on Respondent's practice. Respondent agrees that this notification will occur prior to signing an employment contract or working a shift.

¹ NOTE: The restriction against working overtime does not prohibit Respondent from taking time at the conclusion of Respondent's shift to document care given or from staying until the oncoming nurse relieves Respondent from Respondent's normal shift. Under no circumstances may Respondent work an entire shift beyond a regular 40-hour week.

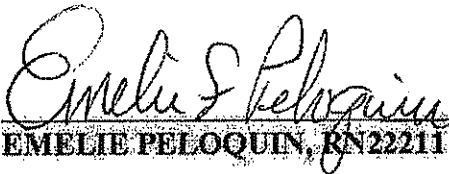
(7) Any objection to the fact that this Consent Order will be presented to the Board for consideration and review.

(8) Any objection to the fact that it will be necessary for the Board to become acquainted with all evidence pertaining to this matter in order to review adequately this Consent Order.

(9) Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order. The signing of this Consent Order is for settlement purposes only.

This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties and accepted by the Board and Respondent's license shall reflect that the status is

PROBATIONARY.


EMELIE PELOQUIN, RN22211

10/16/19
DATE

Director
Board of Nurse Registration and Nursing Education

DATE

Ratified as an order of the Board of Nurse Registration and Nursing Education at a meeting held on this 21st day of October 2019.



President, Board of Nurse Registration and Nursing Education