

JEFFREY S. CHIESA
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Board of Nursing



By: Barbara J.K. Lopez
Deputy Attorney General
(973) 648-7454

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION	:	
OR REVOCATION OF THE LICENSE OF	:	Administrative Action
	:	
ASHLEY BRESTLE, RN	:	
License # 26NR14383200	:	ORDER OF SUSPENSION
	:	OF LICENSE
	:	
TO PRACTICE NURSING IN	:	
THE STATE OF NEW JERSEY	:	

This matter was opened to the New Jersey State Board of Nursing ("Board") upon receipt of information indicating the following:

1. Ashley Brestle ("Respondent") is a Registered Professional Nurse (RN) in the State of New Jersey and has been a licensee at all relevant times. (Exhibit A).
2. Respondent entered into a private letter agreement with the Board on or about December 5, 2011. The agreement required,

in part, that Respondent enroll in the Recovery and Monitoring Program of New Jersey ("RAMP") to undergo evaluation and monitoring, including random urine screens. The agreement, which was to remain private and confidential unless and until the Board received reliable information that Respondent had violated any term, was to have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4. (Exhibit B).

3. By letter dated January 19, 2012, RAMP advised the Board that Respondent was not in compliance with the monitoring agreement she signed with RAMP on November 19, 2011. (Exhibit C).

4. The private letter agreement required Respondent to refrain from the use of potentially addictive substances. Respondent tested positive for morphine, a potentially addictive substance, on December 28, 2011, and no prescription for that substance has been submitted. (Exhibit D).

5. The private letter agreement required Respondent to submit to random urine screens as scheduled by an online monitoring system which requires daily check-ins. Respondent has missed checking in every day from January 9, 2012 through April 10, 2012. (Exhibit D). Respondent also failed to submit

to seven randomly scheduled urine screens during that time frame. (Exhibit D).

6. The letter agreement required Respondent to follow the recommendations by RAMP for further treatment, including inpatient or intensive outpatient treatment. RAMP's agreement required that Respondent continue to participate and comply with the requirements of her treatment program. (Exhibit E).

Respondent failed to follow the recommendations of RAMP when she left her intensive outpatient program against medical advice on January 4, 2012. (Exhibit F). Respondent failed to follow the recommendations of RAMP when she left inpatient treatment against medical advice on January 13, 2012. (Exhibit F).

7. On or about March 16, 2012, a communication was sent to Respondent at her address of record by overnight and regular mail, advising Respondent that the Board had received information indicating that she was not in compliance with the private letter agreement and with her agreement with RAMP. Respondent was further advised to provide the Board with proof of any inaccuracy in that information within two weeks, or by April 2, 2012. (Exhibit G). To date, Respondent has not replied.

8. The private letter agreement signed by Respondent

provided for automatic suspension of Respondent's nursing license upon receipt of reliable information indicating that Respondent had violated any term of the private letter agreement. The agreement states that Respondent may, upon notice to the Board, request a hearing to contest her automatic suspension; however, at any such hearing, the sole issue shall be whether any of the information received regarding Respondent's violation of the agreement was materially false. The Board also reserved the right to bring further disciplinary action. (Exhibit B).

9. Respondent's positive test for a potentially addictive substance, failure to check-in with the laboratory and online monitoring system on repeated occasions, failure to undergo random urine screens, and failure to follow the recommendation by RAMP for further treatment each violates the private letter agreement and constitutes a violation of N.J.A.C. 13:45C-1.4, subjecting Respondent to sanctions pursuant to N.J.S.A. 45:1-21(e), and automatic suspension of her license as provided in the private letter agreement.

ACCORDINGLY, IT IS on this 30th day of May, 2012,
HEREBY ORDERED that:

1. Respondent's license to practice nursing in the State

of New Jersey is hereby suspended for her violation of the terms of the private letter agreement as set forth above, which is a violation of a Board Order within the intendment of N.J.A.C. 13:45C-1.4 and N.J.S.A. 45:1-21(e).

2. Respondent may, under the terms of the private letter agreement, request a hearing, upon notice, on the sole issue of whether information received that Respondent has failed to comply with the terms of the private letter agreement was materially false.

3. In the event that Respondent seeks reinstatement of her New Jersey nursing license at any future time, the Board shall not entertain any application for reinstatement without a demonstration by Respondent that she is in full compliance with the terms and conditions of the Consent Order and with any agreement with RAMP, in addition to a demonstration that she is fit and competent to practice.

NEW JERSEY STATE BOARD OF NURSING

By: Patricia Murphy PhD APN
Patricia Murphy, PhD, APN
Board President

Exhibit

A

Ashley B Brestle

Date of birth: [REDACTED]

Date of death:

License No.: **26NR14383200**

Profession: Nursing

License type: Registered Prof. Nurse

License status: **Inactive**

Last renewal date: 04/21/2011

Date this status: 12/05/2011

Expiration date: 05/31/2013

Issue date: 08/11/2009

Address of Record

1113 Lavender Lane

Absecon, NJ 08201

Education

Not provided

Prerequisite License(s)

None

Report generated on 3/16/12 1:05:07 PM

Exhibit

B

604 383 1544



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, Newark NJ 07102
www.njconsumeraffairs.gov/medical/nursing.htm



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45010
Newark, NJ 07101
(973) 504-8430

November 3, 2011

Regular Mail

Ms. Ashley Brestle 26NR14383200
401 N. Main Street
Williamstown, New Jersey 08094

**NOT FOR
PUBLIC DISCLOSURE**

Re: Private letter agreement

Dear Ms. Brestle:

The New Jersey Board of Nursing and/or RAMP has reviewed information which reveals that you may have problems related to mental health and/or substance abuse that could have affected and/or might subsequently affect your nursing activities. The Board has therefore authorized me to propose to resolve this matter by private letter agreement. However, if this agreement is not returned signed within fifteen (15) days, this offer may be withdrawn. Moreover this offer of private resolution is premised on the information of which the Board and/or RAMP is currently aware, i.e., that RAMP was advised by Atlantic City Medical Center that while on duty you went into the bathroom on unit. When staff noticed you were gone too long staff personally went to the bathroom after asking your permission to enter the bathroom. You were found "acting strangely and incoherent". When confronted, you admitted you had been keeping "wasted vials of Morphine and doing heroin", (a baggie was found in the toilet bowl) and you had taken a used insulin syringe to inject the drugs; you also admitted having more in your locker, which resulted in staff finding another baggie with a white substance (which was sent to the lab for ID purposes), another syringe and vials of Morphine, that was the "waste" from patients who had leftover meds in vial. In the event that information emerges indicating that the dimensions of the problem are greater than indicated above, or that your conduct results in a criminal conviction, the Board reserves the right, in light of its responsibilities, to take public disciplinary action. Except as indicated above, or if the Board receives reliable information indicating that you have violated this agreement, the Board will shall maintain the confidentiality of this letter agreement.

In order to determine how to finally resolve this matter, the Board requests that you sign this document in order to indicate that you:

1. Agree to undergo a comprehensive mental health and substance abuse evaluation to be conducted by a qualified mental health evaluator as recommended by the Recovery and Monitoring Program of New Jersey (RAMP) within 30 days hereof, if required by RAMP. Agree that the evaluator shall prepare a report which shall include an evaluation of your mental health condition and substance use history (if any), whether you are able to safely and competently practice nursing, and said report shall include recommendations for further treatment and

monitoring, if applicable, including the need for continued random urine screens, or limitations of practice.

2. Agree to enroll in RAMP (The Recovery and Monitoring Program) for a minimum of 5 years during which time you shall be required to undergo random observe 1 urine screens panel or hair screens, submit monthly self-evaluation reports, and attend regular Peer Support Meetings. Your failure to submit to or provide a urine or hair sample when requested, failure to supply reports on a timely basis, and failure to attend peer support meetings shall be deemed to be a violation of the terms of this agreement, as shall other violations of your RAMP contract.
3. Agree to arrange for the aforementioned comprehensive mental health and substance abuse evaluation report to be forwarded to the Board and to RAMP within 30 days hereof.
4. Agree that RAMP shall notify the Board immediately if you become noncompliant with the program requirements and provide the Board with a copy of all documents relating thereto.
5. Agree to submit complete copies of the RAMP Initial Application form and RAMP Agreement form to the Board within 30 days hereof.
6. Agree to follow the recommendations (if any) by RAMP and/or the evaluator for further treatment, which may include inpatient or intensive outpatient treatment, and/or more lengthy enrollment in RAMP, and to limit your nursing practice if recommended by RAMP. This may include your placing your nursing license into inactive status.
7. Agree to be responsible for all costs of the comprehensive mental health and substance abuse evaluation, urine screens, the enrollment participation fees associated with RAMP and/or further treatment and monitoring, if applicable.
8. Agree that until successful completion of RAMP you will notify RAMP in writing of any change of employment within 10 days of being terminated, resigning or taking a leave of absence from any place of nursing employment. Also you will notify the Board in writing of any change in name or official address of record within ten days thereof.
9. Agree to notify the Board in writing if you are arrested, indicted or convicted of any crime or offense within 10 days thereof.
10. Agree to refrain from the use of any and all potentially addictive substances except as prescribed by an authorized health care practitioner. You shall report any such use to RAMP in writing within five days of receiving such a prescription together with the name of the prescribing health care practitioner, the name of the drug, the quantity, frequency, length and reason for its use.
11. Agree that your signature on this agreement shall specifically constitute a waiver of confidentiality of documents and information forwarded by the Board to RAMP and by RAMP to the Board, and received pursuant to this agreement, so as to permit their use, and use of this private letter agreement, in any proceeding regarding your license in the event you violate any provision of this agreement.
12. Agree that you shall remain in RAMP until successful completion of or release from the program. Agree that unless you have successfully completed RAMP, and received written notification from the Board that you are relieved of the requirements of this letter agreement, you

Exhibit
C

Patricia A. Barnett, RN, JD
Chief Executive Officer
Jamie Smith, MSN, RN, CCRN
Interim RAMP Director

January 19, 2012
Mr. George Hebert, RN, MA
Executive Director
New Jersey Board of Nursing
124 Halsey Street 6th Floor
Newark, NJ 07102

RE: Ms. Ashley Brestle RN# 26NR1438200
Non-Compliance with RAMP

Dear Mr. Hebert,

I am writing to inform you that Ms. Ashley Brestle, RAMP participant #3145 has failed to remain compliant to her RAMP monitoring agreement signed on November 19, 2011 and signed a Private Letter Agreement on December 5, 2011. She signed a letter voluntarily inactivating her license on November 17, 2011.

October 31, 2011 Ms. Brestle was referred to RAMP by her employer after being found at work impaired and admitted to using heroin and morphine. November 3, 2011 Ms. Brestle entered detox and then left treatment on November 16, 2011. December 16, 2011 Ms. Brestle entered an intensive outpatient program and tested positive for heroin on January 3, 2012 at the treatment center. Ms. Brestle entered inpatient treatment on January 9, 2012 and left against medical advice on January 13, 2012.

December 28, 2011, Ms. Brestle tested positive for morphine and has failed to continue daily check ins since leaving treatment January 13, 2012. (Compliance report attached). She also failed to submit to drug screenings on January 16 and January 20, 2012.

RAMP cannot assure the BON or the public that she is safe to practice at this time. Please feel free to contact me with any questions or need clarification.

Sincerely,



Jamie Smith MSN, RN, CCRN

Interim RAMP Director

**Cc: Deborah Zuccarelli RN, NJ BON
Nicole Peteet-Davis**

Exhibit

D



RAMP Compliance Report

Participant: Brestle, Ashley Report Date: 4/20/2012
Address: 401 N. Main Street Apt #120C,
Williamstown, New Jersey 08094
Period From: 11/1/2011 To: 4/20/2012

Check-In

Date	Event	Status
1/9/2012	Missed Check-In	Active
1/10/2012	Missed Check-In	Active
1/11/2012	Missed Check-In	Active
1/12/2012	Missed Check-In	Active
1/13/2012	Missed Check-In	Active
1/14/2012	Missed Check-In	Active
1/15/2012	Missed Check-In	Active
1/16/2012	Missed Check-In and Test	Active
1/17/2012	Missed Check-In	Active
1/18/2012	Missed Check-In	Active
1/19/2012	Missed Check-In	Active
1/20/2012	Missed Check-In and Test	Active
1/21/2012	Missed Check-In	Active
1/22/2012	Missed Check-In	Active
1/23/2012	Missed Check-In	Active
1/24/2012	Missed Check-In	Active
1/31/2012	Missed Check-In	Active
2/1/2012	Missed Check-In	Active
2/2/2012	Missed Check-In and Test	Active
2/3/2012	Missed Check-In	Active
2/4/2012	Missed Check-In	Active
2/5/2012	Missed Check-In	Active
2/6/2012	Missed Check-In	Active
2/7/2012	Missed Check-In and Test	Active
2/8/2012	Missed Check-In	Active
2/9/2012	Missed Check-In	Active
2/10/2012	Missed Check-In	Active
2/11/2012	Missed Check-In	Active
2/12/2012	Missed Check-In	Active
2/13/2012	Missed Check-In	Active
2/14/2012	Missed Check-In	Active
2/15/2012	Missed Check-In	Active
2/16/2012	Missed Check-In	Active
2/17/2012	Missed Check-In	Active
2/18/2012	Missed Check-In	Active
2/19/2012	Missed Check-In	Active
2/20/2012	Missed Check-In	Active
2/21/2012	Missed Check-In	Active

Date	Event	Status
2/22/2012	Missed Check-In	Active
2/23/2012	Missed Check-In	Active
2/24/2012	Missed Check-In	Active
2/25/2012	Missed Check-In	Active
2/26/2012	Missed Check-In	Active
2/27/2012	Missed Check-In and Test	Active
2/28/2012	Missed Check-In	Active
2/29/2012	Missed Check-In	Active
3/1/2012	Missed Check-In	Active
3/2/2012	Missed Check-In	Active
3/3/2012	Missed Check-In	Active
3/4/2012	Missed Check-In	Active
3/5/2012	Missed Check-In	Active
3/6/2012	Missed Check-In	Active
3/7/2012	Missed Check-In	Active
3/8/2012	Missed Check-In	Active
3/9/2012	Missed Check-In	Active
3/10/2012	Missed Check-In	Active
3/11/2012	Missed Check-In	Active
3/12/2012	Missed Check-In	Active
3/13/2012	Missed Check-In	Active
3/14/2012	Missed Check-In	Active
3/15/2012	Missed Check-In and Test	Active
3/16/2012	Missed Check-In	Active
3/17/2012	Missed Check-In	Active
3/18/2012	Missed Check-In	Active
3/19/2012	Missed Check-In	Active
3/20/2012	Missed Check-In	Active
3/21/2012	Missed Check-In	Active
3/22/2012	Missed Check-In	Active
3/23/2012	Missed Check-In	Active
3/24/2012	Missed Check-In	Active
3/25/2012	Missed Check-In	Active
3/26/2012	Missed Check-In	Active
3/27/2012	Missed Check-In	Active
3/28/2012	Missed Check-In and Test	Active
3/29/2012	Missed Check-In	Active
3/30/2012	Missed Check-In	Active
3/31/2012	Missed Check-In	Active
4/1/2012	Missed Check-In	Active
4/2/2012	Missed Check-In	Active
4/3/2012	Missed Check-In	Active
4/4/2012	Missed Check-In	Active
4/5/2012	Missed Check-In	Active
4/6/2012	Missed Check-In	Active
4/7/2012	Missed Check-In	Active
4/8/2012	Missed Check-In	Active
4/9/2012	Missed Check-In	Active
4/10/2012	Missed Check-In	Active

Selection

Date	Status
12/23/2011	Resulted
12/28/2011	Resulted
1/16/2012	No Show
1/20/2012	No Show
2/2/2012	No Show
2/7/2012	No Show
2/27/2012	No Show
3/15/2012	No Show
3/28/2012	No Show

Drug Tests

Date	Panel	COC#	Result	Drug
12/23/2011	Option 3 (Option 3 - Medpro B)	8247649	Negative	
12/28/2011	Option 3 (Option 3 - Medpro B)	6996545	Positive	CREATININE (17.5), OPIATES MORPHINE, SPECIFIC GRAVITY (1.0013)

Reports

No Records Found

Exhibit

E



609-883-5335 | Fax 609-883-1544
Peer Assistance Hotline: 800-662-0108
www.NJSNA.org

Patricia A. Barnett, RN, JD
Chief Executive Officer
Jamie Smith, MSN, RN CCRN
Interim RAMP Director

Recovery & Monitoring Agreement

Name: Asmiej Brestie Participant #: 3145

PRACTICE:

- I understand that I cannot work as a nurse while taking any controlled substances and/or other substances similar to controlled substances.
- I will refrain from practicing until the RAMP modifies this agreement to allow me to practice.
- If I receive a letter from the BON and the Department of Law & Public Safety requesting that I inactivate my license, I will sign and return to the BON and RAMP. This means I cannot work as a nurse until RAMP and the BON agrees that I am safe to practice.
- Prior to my return to practice, I will complete the Return-to-Work Checklist with input from my Peer group and signed by my Peer facilitator.
- I understand I cannot accept a Nursing position unless first approved by RAMP.
- I will provide a copy of my RAMP agreement and all Board of Nursing documents to my employer.
- I will not work more than forty (40) hours per week or for more than one employer.

ALL ASPECTS OF RETURN TO WORK MUST BE DISCUSSED AND APPROVED BY THE PARTICIPANT, YOUR RAMP CASE MANAGER, YOUR PEER SUPPORT LEADER AND THERAPIST (IF YOU ARE IN THERAPY AT THE TIME).



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Peer Assistance Hotline: 800-662-0108
www.NJSNA.org

Patricia A. Barnett, RN, JD
Chief Executive Office
Jamie Smith, MSN, RN, CGRN
Interim RAMP Director

Recovery & Monitoring Agreement

Name: Ashley Brestie Participant # 345

SELF HELP GROUPS:

- I will attend 90 meetings in 90 days, then at least 3 AA/NA meetings (or other appropriate 12 Step Meeting) per week. If original 90/90 completed, please give dates: _____
- I will obtain a 12 Step sponsor immediately.
- I will get my Attendance Logs for 12 Step meetings signed.
- I will attend weekly Peer Support Group meetings; please select and identify a home group Maryville. (Meeting list is on the Web site at www.njsna.org under Institute for Nursing and Peer Support.) Thursdays bpm
- I understand that I must contact my Peer Facilitator prior to attending my first meeting.

MEDICATIONS & TREATMENTS:

- I will notify all of my healthcare providers of my participation in a monitoring program.
- I will notify RAMP of all prescriptions and provide a copy of each prescription for my RAMP file. (This does not mean they are approved.)
- I will have drug screens done through Affinity Online Solutions (AOS). The application for AOS is on the Web site under RAMP at www.njsna.org.
- All prescriptions will come through my Primary Care Physician.
- I am under contract with a Pain Management Specialist:

Name: _____ Phone #: _____

OUTPATIENT SERVICES:

- I will continue to participate in or with Maryville TOP (fill in appropriate program).
- I will continue to comply with requirements of my program or therapist.



609-383-5335 | Fax 609-883-1544
Peer Assistance Hotline: 800-662-0108
www.NJSNA.org

Patricia A. Barnett, RN JD
Chief Executive Office
Jamie Smith, MSN, RN, CCRN
Interim RAMP Director

Recovery & Monitoring Agreement

Name: Asmley Brestle Participant # 3145

REPORTS: (Available on the Web site at www.njsna.org under RAMP)

- I will submit monthly Self-Reports via AOS.
- My Work Site Monitor will provide monthly reports (when working at any time in a health care facility, or under your nursing license.)
- My Peer Group Leader will provide monthly reports.
- My Treatment Program or Therapist will provide monthly reports. If treatment or therapies completed please send discharge summary and discharge recommendations.
- My Primary Care Provider will submit a report regarding my general well-being on a PRN basis.

EVALUATION:

- If requested, I agree to an evaluation by a Board of Nursing/RAMP approved Evaluator. RAMP will provide all Board of Nursing/RAMP documentation to the Evaluator prior to the evaluation.
- I will receive a Private Letter Agreement or Consent Order from the Board of Nursing. I will sign and return it to the Board and send a signed copy to RAMP within 10 days.

All reports are due by the 5th of the month for the preceding month.

Please fax reports to 609-883-1544

COMMUNICATION: RAMP will communicate with you via telephone, email & regular mail. Please assure that RAMP and the Board of Nursing have current contact information (telephone number, mailing address and email address). You are required to have and provide an email address that you check at least weekly. All personal information and Peer Group information must be current. Please use the Change Form on the Web site (www.njsna.org) to make updates.

MEETINGS WITH RAMP: I will meet with the representative of RAMP upon request to review my compliance with the terms of this agreement.



609-883-5335 | Fax 609-883-1544
Peer Assistance Hotline: 800-662-0108
www.NJSNA.org

Patricia A. Barnett, R.N., JD
Chief Executive Officer
Jamie Smith, MSN, F.N., CCRN
Interim RAMP Director

Recovery & Monitoring Agreement

Name: Ashley Brestle Participant # 3145

EVALUATION FOR TREATMENT: If requested, I agree to submit to an independent psychiatric/clinical dependency/physical evaluation and engage in additional monitoring and/or treatment as determined by the Evaluator and/or RAMIP.

COSTS: I will be solely responsible for payment of all costs incurred in complying with the terms of this agreement. (See Financial Form attached.)

DOCUMENTATION: For the length of this agreement, I will submit complete copies of ALL board correspondence for any past, present, or future Board action. I will also IMMEDIATELY SUBMIT NOTICES OF ANY Board hearings.

MODIFICATIONS: I understand and agree that RAMIP may, at its discretion, periodically modify the terms of this agreement as necessary to protect the public health, safety, and welfare or to facilitate my progression in recovery. All modifications will be reflected in an addendum to this agreement. My failure to comply with modifications as determined by RAMIP may be considered a breach of this agreement.

LENGTH OF AGREEMENT: I understand that my agreement will be valid for five (5) years from date the agreement is received by RAMIP. Non-compliance or relapse may be reported to the Board of Nursing and may result in an extension of the agreement for an additional 5 years.

TRANSFER TO ANOTHER PROGRAM: I understand that I may transfer to a program in another state with permission of both the sending and receiving states. All transfers will be considered and processed on an individual basis.

I understand that if I satisfactorily participate in and complete the RAMIP agreement; my participation is non-public unless I have prior disciplinary action by the Board of Nursing.

Ashley Brestle
Participant's Signature

11/19/11
Date

If this agreement is not returned within 10 days, RAMIP may report you to the Board of Nursing as non-compliant without further notice.

Exhibit

F

JEFFREY S. CHIESA
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101

By: Barbara J.K. Lopez
Deputy Attorney General
(973) 648-7454

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION :
OR REVOCATION OF THE LICENSE OF : Administrative Action
:
ASHLEY BRESTLE, RN :
License # 26NR14383200 : CERTIFICATION OF
:
TO PRACTICE NURSING IN THE :
STATE OF NEW JERSEY :
:
:

I, Jamie Smith, MSN, RN, CCRN, of full age, certify as follows:

1. I am a registered nurse in the State of New Jersey.
2. I am employed as the Interim Director of the Recovery and Monitoring Program (RAMP), with offices at the Institute of Nursing, 1479 Pennington Road, Trenton, New Jersey 08618. In the course of my employment, I perform the task of informing the Board of Nursing when a RAMP participant is non-compliant and may not be safe to practice. In the course of my employment, I am a custodian of RAMP's records kept in the ordinary course of business.

I searched RAMP's records pertaining to Ashley Brestle, RN and I make this certification based upon the results of my search.

3. On or about November 17, 2011, Ms. Brestle enrolled in RAMP and signed a recovery and monitoring agreement with RAMP. (Exhibit E). The agreement required Ms. Brestle to check-in on a daily basis with an online monitoring system which schedules random urine screens. RAMP's records pertaining to the intake interview indicate that Ms. Brestle informed RAMP that she had been in an inpatient treatment program and left against medical advice on November 16, 2011.

4. On December 28, 2011, Ms. Brestle underwent a urine screen which was positive for morphine. (Exhibit D). Morphine is a potentially addictive substance. RAMP's records do not indicate that Ms. Brestle reported or submitted a prescription for morphine from an authorized health care practitioner who is familiar with her substance abuse history and no reason for its use or a statement of its medical necessity was provided to RAMP.

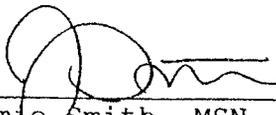
5. RAMP's records indicate that Ms. Brestle entered an intensive outpatient program on December 19, 2011, pursuant to RAMP's recommendation. On January 4, 2012 Ms. Brestle left the program against medical advice. RAMP recommended that Ms.

Brestle continue with the program and advised that she not leave against medical advice.

6. RAMP's records indicate that Ms. Brestle entered inpatient treatment on January 9, 2012, pursuant to RAMP's recommendation, but left against medical advice on January 13, 2012. RAMP recommended that Ms. Brestle continue treatment and advised that she not leave against medical advice.

7. From January 9, 2012 through April 10, 2012, Ms. Brestle failed to check-in with the online monitoring system. (RAMP Compliance Report for online monitoring system attached as Exhibit D). The agreement required Ms. Brestle to undergo random urine screens. From January 9, 2012 through April 10, 2012, Ms. Brestle failed to undergo seven (7) randomly scheduled urine screens. (Exhibit D). RAMP's records indicate multiple attempts to contact Ms. Brestle via telephone to discuss the missed check-ins and tests. RAMP's calls went unanswered.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.



Jamie Smith, MSN, RN, CCRN
Interim RAMP Director

Date: 5/18/12.

Exhibit

G



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
PO Box 45029
Newark, NJ 07101

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JEFFREY S. CHIESA
Attorney General

CHRISTOPHER S. PORRINO
Director

March 16, 2012

via regular and overnight mail

Ashley Brestle
1113 Lavender Lane
Absecon, New Jersey 08201

Re: Noncompliance with private letter agreement

Dear Ms. Brestle:

The New Jersey State Board of Nursing received credible information indicating that you are not in compliance with the private letter agreement you signed on December 5, 2011. According to the Recovery And Monitoring Program (RAMP) of New Jersey, you tested positive for a potentially addictive substance, missed several check-ins with the monitoring system which schedules random urine screens, missed urine screens, and left inpatient treatment against medical advice and against the recommendations of RAMP for further treatment.

The private letter agreement with the Board provides for automatic suspension of your New Jersey nursing license for noncompliance. If the information the Board received is not accurate, please forward proofs that you are in compliance with the agreement to my attention within two weeks, or by April 2, 2012. Your failure to demonstrate that you are in compliance with the private letter agreement may result in the filing of a public Order of Suspension of your nursing license in New Jersey.

You may, of course, consult with an attorney of your choosing.

Sincerely yours,

JEFFREY S. CHIESA
ATTORNEY GENERAL OF NEW JERSEY

By: Barbara J.K. Lopez
Barbara J.K. Lopez
Deputy Attorney General





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UPS Worldwide Express®**

Shipping Document

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TRACKING NUMBER 1Z F04 61E 22 1037 9985

SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO.

F0461E

REFERENCE NUMBER

NAME *Barbara J. K. Lopez* TELEPHONE *973-648-3245*

COMPANY **DIVISION OF LAW**

STREET ADDRESS **124 HALSEY STREET 5TH FLOOR**

CITY AND STATE **NEWARK NJ** ZIP CODE **07102**

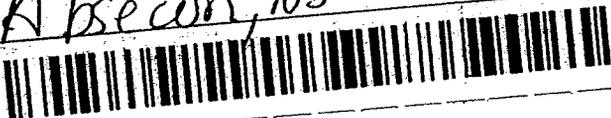
EXTREMELY URGENT DELIVERY TO

NAME *Ashley Brestle* TELEPHONE

COMPANY

STREET ADDRESS *1113 Lavender Lane*

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL) *Absecon, NJ* ZIP CODE *08201*



3 WEIGHT	LTR	PAK	WEIGHT	DIMENSIONAL WEIGHT If Applicable	LARGE PACKAGE	4 SHIPPER RELEASE
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
5 TYPE OF SERVICE	<input checked="" type="checkbox"/> NEXT DAY AIR		<input type="checkbox"/> EXPRESS (INT'L)		CHARGES	
	FOR INTERNATIONAL SHIPMENTS		CUSTOMS VALUE		DOCUMENTS ONLY	
6 OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY PICKUP	<input type="checkbox"/> SATURDAY DELIVERY	DECLARED VALUE FOR CARRIAGE		AMOUNT	
	<input type="checkbox"/> C.O.D.		AMOUNT		AMOUNT	
	<input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.					
	TOTAL CHARGES					
8 METHOD OF PAYMENT	<input checked="" type="checkbox"/> BILL SHIPPER'S ACCOUNT NUMBER	<input type="checkbox"/> BILL RECEIVER	<input type="checkbox"/> BILL THIRD PARTY DOMESTIC ONLY	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	
	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.		EXPIRATION DATE			

THIRD PARTY'S COMPANY NAME _____

STREET ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

SHIPPER'S SIGNATURE *X/G Bensa*

DATE OF SHIPMENT *3/16/12*

0101911202609 1/10 S

This form not needed with UPS Internet Shipping at UPS.com

19845000

148 of 400



Proof of Delivery

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Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number: 1ZF0461E2210379985
Service: UPS Next Day Air®
Shipped/Billed On: 03/16/2012
Delivered On: 03/17/2012 9:34 A.M.
Delivered To: ABSECON, NJ, US
Left At: Front Door

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 04/20/2012 3:36 P.M. ET

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