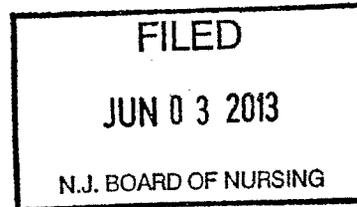


JEFFREY S. CHIESA
ATTORNEY GENERAL OF NEW JERSEY
Division of Law 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Board of Nursing



By: DAG Susan Carboni
Tel. (973) 648-2894

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

IN THE MATTER OF THE SUSPENSION :	Administrative Action
OR REVOCATION OF THE LICENSE OF :	
:	
ELIZABETH GARRO, L.P.N. :	ORDER OF SUSPENSION
LICENSE # NP 05708800 :	OF LICENSE
:	
:	
TO PRACTICE AS A :	
REGISTERED NURSE (R.N.) IN THE :	
STATE OF NEW JERSEY :	

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

1. Respondent, Elizabeth Garro, is the holder of License No. NP 05708800 and is a licensed practical nurse in the State of New Jersey.

2. Respondent entered into a private letter agreement with the Board, which she signed on or about January 13, 2013.

(Exhibit A) The agreement required respondent to enroll in the Recovery and Monitoring Program of New Jersey (RAMP), undergo evaluation and monitoring, agree to follow recommendations by RAMP for further treatment, and to refrain from the use of any and all potentially addictive substances. (Exhibit A, ¶¶2, 6, and 10.) The agreement was to have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4. In the event that the Board received reliable information that respondent had acted in violation of the RAMP contract and/or the agreement, the agreement was no longer to remain confidential.

3. In a communication dated April 4, 2013, RAMP's Interim Director advised the Board that respondent had not enrolled in RAMP as required by the private letter agreement. (Exhibit B)

4. On or about May 20, 2013, a letter issued by overnight and regular mail to respondent at her address of record, advising respondent that the Board had received credible information indicating that she was not in compliance with the private letter agreement, and advising her to forward within five days any proof that she was currently in compliance with RAMP. The overnight mailing was delivered on May 21, 2013. The regular mailing was not returned. No response has been received to date. (Exhibit C)

5. The private letter agreement signed by respondent

provided for automatic suspension of respondent's nursing license upon receipt of reliable information indicating that respondent has violated any term of the private letter agreement. (Exhibit A, ¶13)

6. A certification from RAMP's Director dated May 28, 2013 indicates that respondent did not return paperwork that was sent to her for RAMP enrollment, and has not enrolled in or participated in the RAMP program. This conduct constitutes a violation of the private letter agreement signed by respondent.

IT IS on this *3d* day of *June*, 2013

HEREBY ORDERED that:

1. Respondent's license to practice nursing in the State of New Jersey shall be and hereby is suspended for her violation of the private letter agreement, which is deemed 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, upon notice, request a hearing on the sole issue of whether respondent has failed to comply with the terms of the private letter agreement.

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 respondent's demonstrating that she is in full compliance with

the terms and conditions of the private letter agreement and with any agreement with RAMP.

NEW JERSEY STATE BOARD OF NURSING

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

EXHIBIT

A



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



JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

Mailing Address:
P.O. Box 45010
Newark, NJ 07101
(973) 504-6430

January 11, 2013

Regular Mail

Ms. Elizabeth Garro 26NP05708800
4901 A Albridge Way
Mount Laurel, New Jersey 08054

**NOT FOR
PUBLIC DISCLOSURE**

Re: Private letter agreement

Dear Ms. Garro:

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 the Board was advised on 12/07/12 by the Housing Authority of the City of Camden that you were involved in a medication incident (narcotics were missing and were unaccounted while you were on duty and refused to answer questions relating to the missing medication). However, you did ultimately provide a urine drug screen which was positive for narcotics. 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 90

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 may not modify the conditions of this agreement without submitting a written petition to the Board providing a detailed explanation of the basis for your modification request, and then entering into a new, modified agreement with the Board which may not necessarily be confidential.

13. Agree that any deviation from the terms of this private letter agreement without the prior written consent of the Board shall constitute a failure to comply with the terms of this agreement. Upon receipt of any reliable information indicating that you have violated any term of this agreement, your nursing license may be automatically suspended by the Board. You may, upon notice, request a hearing to contest the entry of such an order. At any such hearing the sole issue shall be whether any of the information received regarding your violation of the agreement was materially false. In addition, the Board reserves the right to bring further disciplinary action.

Upon your forwarding this signed agreement, of which you should retain a copy, to my attention, you should immediately contact Wendy Summers, at (609)883-5335, Extension 23, leaving a message with a telephone number where you may be contacted. In the event that there is no response within 48 hours, you may contact Jamie Smith, RAMP's Interim Director, at (609)883-5335, Extension 20, and leave a message with a contact number. Be prepared to forward a copy of this letter to RAMP. You will be promptly contacted and advised as to how to proceed in order to enroll in RAMP, and to obtain the written evaluation. This agreement and any resulting evaluation shall remain confidential unless you fail to abide by its terms. This agreement shall have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4.

Very truly yours,

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

I have read the above agreement
and agree to be bound by its terms.

Elizabeth Garro
Elizabeth Garro

1-23-13
Date

B

April 4, 2013

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

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

RE: Elizabeth Garro RAMP#3360 License # 26NP05708800

Dear Mr. Hebert,

This letter is to notify you that Elizabeth Garro RAMP participant #3360 has been non-compliant with RAMP. Ms. Garro has failed to return her PLA, the RAMP enrollment paperwork or to enroll in RAMP monitoring.

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

Sincerely,



Jamie Smith MSN, RN, CCRN
Interim RAMP Director

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

EXHIBIT

C



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

May 20, 2013

By regular and overnight mail

Ms. Elizabeth Garro
4901 A Albridge Way
Mount Laurel, NJ 08054

Re: Noncompliance with private letter agreement

Dear Ms. Garro:

The New Jersey State Board of Nursing is in receipt of credible information advising that you are not in compliance with the private letter agreement that you signed on or about January 23, 2013.

The Recovery and Monitoring Program of New Jersey (RAMP) has notified the Board that you failed to return RAMP enrollment paperwork, or to enroll in RAMP monitoring.

The private letter agreement that you signed provides for automatic suspension of your nursing license for noncompliance. If the information the Board has received is not accurate, you are advised to forward proofs that you are in compliance with the private letter agreement to my attention within five (5) business days. You may send it to:

D.A.G. Susan Carboni
Division of Law
P.O. Box 45029
124 Halsey Street, 5th Floor
Newark, NJ 07101



May 20, 2013

Page 2

You may also fax me at (973)648-3879. You should telephone to verify receipt. Your failure to demonstrate that you are in compliance with the private letter agreement may result in the suspension of your nursing license.

Thank you for your attention.

Sincerely yours,

JEFFREY S. CHIESA
ATTORNEY GENERAL OF NEW JERSEY

By: *Susan Carboni*
Susan Carboni
Deputy Attorney General

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UPS Worldwide Express®
Shipping Document

Instructions on back. Visit UPS.com® or call 1-800-PICK-UPS® (800-742-5877) for additional information and UPS Tariff/Terms and Conditions.

TRACKING NUMBER 1Z F04 61E 22 1040 5517

SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO. **F0461E**

REFERENCE NUMBER

SHIPPER'S NAME **JUSAN CARBONI, DRG** TELEPHONE **973 648-2779**

COMPANY **VISION OF LAW**

STREET ADDRESS **14 HALSEY STREET 5TH FLOOR**

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

EXEMPT URGENT DELIVERY TO

RECIPIENT'S NAME **Ms. Elizabeth Carro** TELEPHONE

RECIPIENT'S ADDRESS **901 A Albridge Way** DEPT., FLR. **Residential Delivery**

CITY AND STATE **Mount Laurel NJ** ZIP CODE **08054**

3	WEIGHT	LTR <input checked="" type="checkbox"/>	PAK <input type="checkbox"/>	WEIGHT	DIMENSIONAL WEIGHT If Applicable	LARGE PACKAGE <input type="checkbox"/>	4 SHIPPER-RELEASE <input type="checkbox"/>
	5	TYPE OF SERVICE		CHARGES			
6	OPTIONAL SERVICES	<input type="checkbox"/> NEXT DAY AIR		<input type="checkbox"/> EXPRESS (INT'L)			
		FOR INTERNATIONAL SHIPMENTS		<input type="checkbox"/> DOCUMENTS ONLY			
7	ADDITIONAL HANDLING CHARGE	FOR INTERNATIONAL SHIPMENTS		CUSTOMS VALUE			
		<input type="checkbox"/> SATURDAY PICKUP See instructions.	<input type="checkbox"/> SATURDAY DELIVERY See instructions.				
8	METHOD OF PAYMENT	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE For declared value over \$100, see instructions.		AMOUNT			
		<input type="checkbox"/> C.O.D. If C.O.D., enter amount to be collected and attach completed UPS C.O.D. tag to package.	AMOUNT				
9	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.	<input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.					
		TOTAL CHARGES					
10	SHIPPER'S SIGNATURE	<input checked="" type="checkbox"/> BILL SHIPPER'S ACCOUNT NUMBER IN SECTION 1	<input type="checkbox"/> BILL RECEIVER DOMESTIC ONLY	<input type="checkbox"/> BILL THIRD PARTY	<input type="checkbox"/> CREDIT CARD American Express Diner's Club MasterCard Visa	<input type="checkbox"/> CHECK	
		THIRD PARTY'S COMPANY NAME		STREET ADDRESS		CITY AND STATE	
DATE OF SHIPMENT		EXPIRATION DATE		ZIP CODE			

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

SHIPPER'S SIGNATURE *[Signature]*
DATE OF SHIPMENT

All shipments subject to the terms contained in the UPS Tariff/Terms and Conditions.



Proof of Delivery

[Close Window](#)

Dear Customer,

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

Tracking Number: 1ZF0461E2210405517
Service: UPS NEXT DAY AIR
Delivered On: 05/21/2013 9:17 A.M.
Delivered To: MOUNT LAUREL, NJ, US
Left At: Front Door

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 05/23/2013 10:35 A.M. ET

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EXHIBIT

D

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

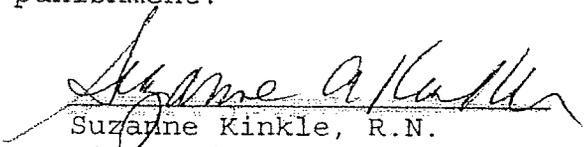
CERTIFICATION
OF SUZANNE KINKLE

I, Suzanne Kinkle, of full age, certify:

1. I am a registered nurse in the State of New Jersey, and employed as the Director and custodian of the records of the Recovery and Monitoring Program of New Jersey (RAMP), with offices at the New Jersey State Nursing Association, 1479 Pennington Road, Trenton, New Jersey 08618. I have been employed in that capacity since May 6, 2013.

2. I have consulted the records used by RAMP in the ordinary course of business and have ascertained that Elizabeth Garro, L.P.N., failed to return the paperwork that was sent to her for RAMP enrollment, and to date she has not enrolled in or participated in monitoring through RAMP.

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


Suzanne Kinkle, R.N.
Director
Recovery and Monitoring Program

Dated: 5/28/2013