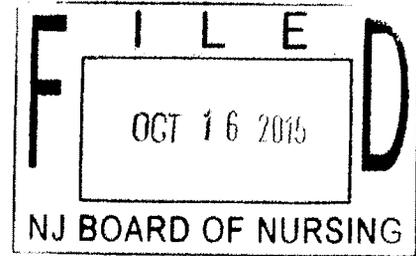


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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF NURSING

IN THE MATTER OF THE LICENSE OF : Administrative Action
:

TINA M. HILL, C.H.H.A. : CONSENT ORDER
License # 26NH06686000 :
:
TO PRACTICE AS A HOMEMAKER-HOME :
HEALTH AIDE IN THE :
STATE OF NEW JERSEY :

This matter was opened to the New Jersey State Board of Nursing ("Board") upon receipt of information that Tina M. Hill (Respondent) was arrested on September 7, 2013 by the Gloucester Township Police Department in New Jersey, and charged with violating N.J.S.A. 2C:35-10b (Use/or Being Under the Influence of Controlled Substance). Respondent failed to respond to a letter of inquiry about the arrest sent by the Board, resulting in the filing of a Provisional Order of Discipline on July 23,

2014. Respondent subsequently sent two letters to the Board in which she supplied the necessary information. In the first letter, dated August 1, 2014, Respondent admitted that due to menstrual cramps, she had taken a narcotic for pain prior to driving. Respondent included copies of the automated court disposition which showed that the charge of driving under the influence was dismissed and that she had pled guilty to reckless driving and as a result her driver's license was suspended for ninety days. In the second letter, dated December 8, 2014, Respondent stated that she had taken pain medication for a sprained ankle and menstrual cramps. Respondent included a copy of the police report in which the arresting officer stated that when he approached her vehicle at the time of arrest, Respondent appeared incoherent with slurred speech and was observed to fall asleep mid-sentence. Respondent also included a copy of the results of a urine drug screen taken by the police which showed a positive result for Methadone and Oxycodone.

The Board finds that Respondent's drug-related arrest, coupled with her admission that she drove while impaired, and her positive urine screen, warrants a public order for testing, monitoring, evaluation, and treatment, if recommended by the evaluator, as a condition for continued licensure. Respondent

will be evaluated as to whether Respondent's continued practice as a homemaker-home health aide may jeopardize the safety and welfare of the public pursuant to N.J.S.A. 45:1-21(i) and whether treatment may be necessary to properly discharge the functions of a licensee.

It appearing that Respondent desires to resolve this matter without recourse to formal proceedings and, the Board finding that the public health, safety and welfare will be adequately protected;

IT IS on this 10th day of October, 2015 HEREBY ORDERED AND AGREED THAT RESPONDENT SHALL:

1. Within three months of the filing of this Consent Order, provide the Board with an in-depth, current evaluation from a licensed clinical alcohol and drug counselor or psychiatrist or psychologist knowledgeable in addiction therapy who is aware of the circumstances of Respondent's arrest, admissions and this Consent Order and who has been pre-approved by the Board.

2. Provide the Board with documentation that Respondent has complied with all recommendations of the approved evaluator, including any recommendation for treatment or that Respondent refrain from practicing as a homemaker-home health

aide. This is to include but not be limited to complete treatment records of all diagnostic and rehabilitative therapy. In addition, Respondent shall provide reports from each and every mental health professional (including, but not limited to: psychologists, psychiatrists, counselors, and therapists) who have participated in Respondent's care and/or treatment in this matter.

3. Provide the Board with evidence that she is capable of discharging the functions of a certificate holder in a manner consistent with the public's health, safety and welfare and that she is not suffering from any impairment or limitation resulting from the use of any addictive substance which could affect her practice, via the recommendation of the evaluator in paragraph 2 above.

4. By signing this Order, Respondent expressly waives any claim of privilege or confidentiality that she may have concerning her evaluation, reports and disclosures by any evaluator or treatment professional, and use by the Board of that information in any proceedings.

5. All costs associated with the evaluation, monitoring, and/or treatment outlined above shall be the responsibility of, and paid directly by, Respondent.

Respondent's failure to comply with the terms of this Order will result in the automatic suspension of her registration, until full compliance with this Order.

The Board reserves the right to require Respondent to appear before the Board to discuss her ability to continue working as a certified homemaker-home health aide.

The Board reserves the right to take action based upon the results of the comprehensive mental health and substance abuse evaluation or upon any new information received.

NEW JERSEY STATE BOARD OF NURSING

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

I have read the within Order and understand it. I agree to be bound by its terms and hereby consent to it being filed by the New Jersey Board of Nursing

[Signature]
Hill, C.H.H.A.

Dated: 9/8/15

I have read and agree to the reporting requirements in this

A. MRS. S. Dickstein

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