

GOVERNOR

STATE OF MAINE BOARD OF NURSING 158 STATE HOUSE STATION AUGUSTA, MAINE

04333-0158

MYRA A. BROADWAY, J.D., M.S., R.N. EXECUTIVE DIRECTOR

IN RE: TOBY M. ANDERSON-McKAY)	CONSENT AGREEMENT
of Waldoboro, Maine)	FOR VOLUNTARY
License # P010406)	SURRENDER OF LICENSE

INTRODUCTION

This document is a Consent Agreement regarding Toby M. Anderson-McKay's licease to practice practical nursing in the State of Maine. The parties enter into this Agreement pursuant to 10 M.R.S.A. § 8003(5)(B) and 32 M.R.S.A. § 2105-A(1-A)(C). The parties to this Consent Agreement are Toby M. Anderson-McKay ("Licensee"), Maine State Board of Nursing ("Board") and the Department of Attorney General, State of Maine. The parties reached this Agreement on the basis of information submitted by Robinson's Health Care and the Licensee's response, all of which is attached hereto and marked as Exhibit A.

FACTS

- 1. Toby M. Anderson-McKay has been a licensed practical nurse licensed to practice in Maine since 1991.
- 2. Toby M. Anderson-McKay was terminated from Robinson's Health Care on June 30, 2004, for substandard job performance and coming to work impaired. Ms. Anderson-McKay denies that she was impaired. Ms. Anderson-McKay's response to the substandard job performance is contained in Exhibit A.
- 3. Toby M. Anderson-McKay has offered to voluntarily surrender her practical nurse license.

AGREEMENT

4. Toby M. Anderson-McKay agrees and understands that her conduct in the abovestated facts constitute grounds for discipline under 32 M.R.S.A. §2105- A(2)(F), § 2105-A(2)(H) and Chapter 4(3)(F) of the Rules and Regulations of the Maine State Board of Nursing.



OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME.

PHONE: (207) 287-1133

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- 5. The Maine State Board of Nursing will accept Toby M. Anderson-McKay's voluntary surrender of her license.
- 6. Toby M. Anderson-McKay may petition the Board for reinstatement of her license, however, Ms. Anderson-McKay agrees and understands that her license will not be reinstated until and unless the Board, upon Ms. Anderson-McKay's written request, votes to reinstate Mr. Anderson-McKay's license.
- 7. Toby M. Anderson-McKay understands that this document imposes discipline regarding her license to practice practical nursing in the State of Maine.
- 8. Toby M. Anderson-McKay understands that she does not have to execute this Consent Agreement and that she has the right to consult with an attorney before entering into this Consent Agreement.
- 9. Toby M. Anderson-McKay affirms that she executes this Consent Agreement of her own free will.
- 10. Modification of this Consent Agreement must be in writing and signed by all parties.
- 11. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
- 12. This Consent Agreement becomes effective upon the date of the last necessary signature below.

I, TOBY M. ANDERSON-MCKAY, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.

DATED: 08/16/05

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FOR THE MAINE STATE BOARD OF NURSING

DATED: 8/18/05

MYRAA. BROADWAY, J.D., M.S., R.N.

Executive Director

FOR THE DEPARTMENT OF

ATTORNEY GENERAL

DATED: <u>8/27/0</u>5

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JOHN HARICHARDS

Assistant Attorney General