

PAUL R. LEPAGE 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

June 3, 2011

Timothy C. Heinzman 1726 E. Sandalwood Road Casa Grande, AZ 85122

RE: NOTICE OF SUMMARY SUSPENSION -LICENSE #R056909

Dear Mr. Heinzman:

During its meeting on June 1, 2011, the Maine State Board of Nursing ("Board") met at the Board's office located at 161 Capitol Street, Augusta, Maine and reviewed: 1) a Board Complaint dated December 6, 2010 with a Provider Report from The Aroostook Medical Center [TAMC] dated November 30, 2010; 2) supplemental information from TAMC via FAX dated December 6, 2010; 3) Board letter dated December 9, 2010 with supplemental information from TAMC dated December 6, 2010; 4) Board Notice of Complaint for Failure to Respond dated February 16, 2011; and 5) your May 4, 2011 e-mail response to the Board Complaint, all of which are attached hereto, incorporated herein and marked as Exhibit A.

FACTS

- 1. You have been licensed in Maine as a registered professional nurse since September 2009.
- 2. On May 6, 2011, Board staff sent a letter to you acknowledging your May 4, 2011 response, indicating it would be brought to the attention of the Board at its meeting on June 1-2, 2011.

A copy of the material reviewed by the Board is enclosed with this notice [Exhibit A]. After review of this information, the Board voted to summarily suspend your license to practice nursing effective June 1, 2011, pursuant to 5 M.R.S. § 10004 (3) because of the immediate jeopardy your continued practice of nursing poses to the health and physical safety of the public. Your license is suspended for thirty (30) days pending an adjudicatory hearing before the Board to be held on <u>Wednesday</u>, <u>July 20, 2011</u> at the Board office. A notice of hearing for that adjudicatory hearing will be sent to you forthwith.

Sincerely, Swedway P	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature
M Y ra A. Broadway, JD, MS, RN Executive Director Enclosures	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B Preceived by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
pc: Christine Quirion, RN/Sr John H. Richards, AAG CERTIFIED MAIL RETURN RECEIF	Timothy C. Heinzman	If YES, enter delivery address below: ☐ No
	Casa Grande, AZ 85122	3. Service Type XLCertified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
PHONE; (207) 287-1133	,1 	4. Restricted Delivery? (Extra Fee) ☐ Yes

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2. Article Number

(Transfer from service label)