



STATE OF MAINE
 BOARD OF NURSING
 158 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0158

JOHN ELIAS BALDACCI
 GOVERNOR

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

September 29, 2006

Judith L. Newman
 415 Patterson Mill Road
 Warren, ME 04864

NOTICE OF HEARING

Dear Ms. Newman:

This is to notify you that on September 27, 2006, the Maine State Board of Nursing ("the Board") voted to suspend your registered professional nurse license effective immediately pursuant to 5 M.R.S.A. Section 10004(3) based upon the immediate jeopardy your continued practice of registered professional nursing poses to your health and safety and the health and safety of the public.

This will further serve to notify you that the Board will conduct a hearing under the authority of 32 M.R.S.A. Section 2105-A(1-A)(D) and 10 M.R.S.A. Section 8003(5) to determine whether grounds exist for the Board to take disciplinary action against your license to practice registered professional nursing. The hearing is scheduled for Friday, October 13, 2006 at 9:00 a.m. at the Board office at 161 Capitol Street, in Augusta, Maine in the conference room.

The hearing will concern whether you have violated 32 M.R.S.A. Section 2105-A(2)(A),(2)(B), (2)(E), (2)(F) and (2)(H), and the Rules and Regulations of the Maine State Board of Nursing, Chapter 4 Disciplinary Action and Violations of Law, Section 1. A.(1), (2), (3), (5) and (6) and Section 3. (F), (K), (N), (O), (P) and (Q). A copy of Chapter 4 was provided to you on January 4, 2005 and June 28, 2006. The specific issues to be decided are (1) whether you engaged in fraud or deceit in connection with services rendered within the scope of the license issued; (2) whether there is habitual substance abuse that has resulted or is foreseeably likely to result in your performing services in a manner that endangers the health and safety of your patients; (3) whether you are incompetent in the practice for which you are licensed; (4) whether you have violated a standard of professional behavior that has been established in the practice for which you are licensed; and (5) whether these actions, if substantiated, constitute fraud or deceit, habitual substance abuse, incompetence and/or unprofessional conduct. The factual allegations are contained in the information previously sent to you:

1. Information submitted by St. Andrews Hospital through letter dated December 28, 2004 and September 21, 2006.
2. Letter of response received from you February 3, 2005.
3. Information submitted by Knox Center for Long Term Care through letters dated May 15, 2006, May 22, 2006, May 31, 2006, September 1, 2006 and September 26, 2006.
4. Letters of response received from you July 25, 2006 and September 13, 2006.
5. Information submitted by Rockland Police Department through fax dated August 8, 2006.



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
<http://www.maine.gov/boardofnursing/>

PHONE: (207) 287-1133

FAX: (207) 287-1149

The hearing will be held in accordance with applicable provisions of the Maine Administrative Procedure Act, 5 M.R.S.A. Section 9051 and 9064. You have the right to be represented by an attorney. You may present evidence, call witnesses and present oral or written testimony and arguments to the Board. Applications for intervention pursuant to 5 M.R.S.A. Section 9054 will be accepted until the commencement of the hearing.

Failure to appear at the scheduled hearing may result in a disposition by default. Any such default may be set aside for good cause shown and information obtained during the hearing may be used in subsequent legal proceedings. Violations of the above cited statutory and regulatory provisions may result in sanctions ranging from a letter of guidance or concern to suspension or revocation of your license. A fine of up to \$1,500 for each violation may be imposed. Also, please be advised that pursuant to 10 M.R.S.A. Section 8003-D, if there is a finding of violation, the Board may assess actual expenses of investigation and hearing in addition to other penalties provided by law. Such expenses include, but are not limited to, travel expenses and the proportionate part of the salaries and other expenses of investigators or inspectors; hourly costs of hearing officers, costs associated with record retrieval and the costs of transcribing or reproducing the administrative record.

If you have any questions concerning the conduct of the hearing, please do not hesitate to contact me.

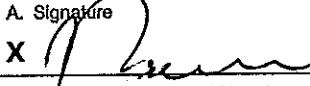
Sincerely,

Myra A. Broadway, J.D., M.S., R.N.
Executive Director

MAB:vls

Enclosures

pc: Carmen Christensen, R.N.
Don Gross, Administrator, Knox Center for Long Term Care
Mary DiMascio, R.N.
Michael Lee, Human Resources, St. Andrews Hospital
Susan A. Sparaco, Presiding Officer and Counsel for the Board
John H. Richards, Assistant Attorney General

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	9313
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete 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. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Judith L. Newman</p> <p>C. Date of Delivery 11/30/06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Judith L. Newman 415 Patterson Mill Rd Wooden, Me. 04864</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7004 2890 0001 1608 9313</p>	