

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF NURSING**

**IN THE MATTER OF** :  
 :  
**SHEILA MORRISON, RN** :  
 :  
**License No. RN1046160** :  
 :  
**Respondent** :

**CONSENT ORDER**

**Jurisdiction**

This matter comes before the District of Columbia Board of Nursing (“Board”) pursuant to D.C. Official Code § 3-1201.01 *et seq.*, otherwise known as the Health Occupations Revision Act (the “HORA”). Section 204(b)(1) of the HORA authorizes the Board to regulate the practice of registered nursing in the District. D.C. Official Code § 3-1202.04(b)(1).

**Background**

Respondent has been licensed to practice as a registered nurse in the District since October 16, 2017. In 2018, Respondent was terminated from her employment at George Washington University Hospital in 2018 due to suspected diversion of drugs. She voluntarily entered into participation in the Committee on Impaired Nurses (COIN) program [REDACTED]. In March 2020, Respondent experienced relapse and failed to comply with the terms of her COIN agreement. This resulted in the initiation of a disciplinary action by the Board. A hearing on the matter was conducted by a panel of the Board on July 22, 2021. The panel issued a recommended decision on August 17, 2021 that her license

be suspended conditioned upon continued and successful participation in COIN and that the license be revoked if she failed to enter into a participation agreement with COIN or failed to comply with any of its terms during the duration of her participation in COIN. The Board adopted the panel's recommended decision on September 1, 2021, rendering it a final decision of the Board.

According to report to the Board from COIN, Respondent did enter into an agreement with COIN in August 2021 and has complied with the terms of the agreement without reservation or excuse to date. COIN now recommends to the Board that Respondent may be permitted to resume the practice of nursing safely and that her license may be restored conditioned on her continued participation in COIN for the duration of the agreement as well as any extension thereof. In accordance with COIN's recommendation, Respondent has submitted an application to reinstate her registered nursing license.

Accordingly, upon consideration of all facts and circumstances, particularly the protection of the District public, the Board and the Respondent have elected to resolve this matter via a consent order in lieu of a formal action. Further, the parties have agreed that this consent order shall be deemed a disciplinary matter and a public record that shall be reported to the National Practitioner Data Bank as required by law.

### **ORDER**

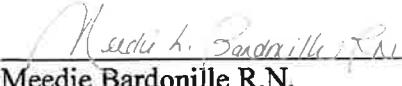
Accordingly, it is hereby:

**ORDERED** that the suspension currently placed on the registered nursing of **SHEILA MORRISON, RN1046160**, be and is hereby lifted; and it is further

**ORDERED** that the Respondent's application to reinstate her registered nursing license be and is hereby approved and that she be granted the license, which shall be eligible for renewal if she meets all the applicable requirements for the renewal of the license, based on the following terms:

- 1) Respondent shall continue to comply with all the terms of her agreement(s) with COIN;
- 2) Respondent shall agree to any extension or modification of her participation agreement(s) as COIN deems appropriate and necessary;
- 3) Respondent agrees that her license shall be immediately suspended based on the following:
  - a. She is expelled from the COIN program; or
  - b. She fails to comply with any of the terms of the participation agreement(s) or fails to agree to an extension of the participation agreement and has received two (2) email notices from COIN or its staff regarding such failure and fails to correct the deficiencies;
- 4) This Consent Order shall remain valid and active for the duration of Respondent's participation agreement with COIN, including any extension thereof, and shall be lifted only when COIN has discharged her from the program.

January 17, 2023  
Date

  
\_\_\_\_\_  
Meedie Bardonille R.N.  
Chairperson  
Board of Nursing

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**CONSENT OF RESPONDENT**

- My signature on the foregoing Consent Order signifies my acceptance of the terms and conditions of the Consent Order and my agreement to be bound by its provisions.

SB (initial)

- I acknowledge the validity of this Consent Order, as if made after a hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural due process protections provided by the laws of the District of Columbia and the United States of

America. SB (initial)

- I also recognize that I am waiving my right to appeal any adverse ruling of the Board had this matter gone to a hearing. SB (initial)

- I expressly acknowledge that by signing this Consent Order, I am voluntarily waiving my right to require the Board to charge me through a notice of intent to take disciplinary action with a violation of this agreement and to require the government to prove such violation by a preponderance of the evidence before suspending my license based upon the failure to satisfactorily fulfill the terms of the Consent Order. SB (initial)

- I also expressly acknowledge by signing this Consent Order, I am waiving my right to confront witnesses, give testimony, to call witnesses on my behalf, and to other substantive and procedural due process protections provided by the laws of the District of Columbia and the United States of America. SB (initial)

- I further expressly acknowledge that by signing this Consent Order, I am waiving my right to appeal this Consent Order, as well as waiving any and all rights, whatsoever, I

would have to challenge or appeal that Board's decision to suspend my license based on the failure to satisfactorily fulfill the terms of the Consent Order. SB (initial)

- I acknowledge that in the event that the Board suspends my license based on the failure to satisfactorily fulfill the terms of the Consent Order, my sole remedy and recourse will be to respond within the time period set forth in this Consent Order with proof of my compliance and that if I fail to do so, my sole remedy and recourse will be to comply with the terms of this Consent Order to the satisfaction of the Board. SB (initial)
- I have had an opportunity to review this document and to consult with my own legal counsel. I choose willingly to sign this Consent Order, and I understand its meaning and effect. SB (initial)

1/17/23  
Date

Sheila Morrison  
Sheila Morrison, RN1046160



Sworn to and subscribed before me this 17 day of January 2023.

[Signature]  
Notary Public #7951260  
My com exp 4/30/2025

**This Consent Agreement is the final order of the Board in this disciplinary matter and is a public record and, as mandated by federal law, 42 USC § 11101 and 45 CFR § 60, "the National Practitioner Data Bank – Health Integrity and Protection Data Bank," this Consent Agreement shall be reported to the U.S. Department of Health and Human Services.**