

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

**In Re.:** :  
 :  
**TSEHAY EGEGE, RN** :  
 :  
**License No. RN1011337** :  
 :  
**Respondent** :

**DECISION AND 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.* (2021 Repl.), otherwise known as the Health Occupations Revision Act (HORA). The HORA, at D.C. Official Code § 3-1202.04(b)(1), authorizes the Board to regulate the practice of registered nursing in the District of Columbia. Pursuant to section 408(8), the Board is authorized to conduct hearings necessary to carry out its function. D.C. Official Code § 3-1204.08(8).

**Background**

Respondent was first referred to the Board of Nursing on December 22, 2019 by Sibley Memorial Hospital (Sibley). Sibley reported that Respondent had resigned from her position there during an ongoing investigation for suspected drug diversion. The report includes information of several violations of Sibley’s controlled substance handling policies such as unusual instances of drug wastes, delayed manual recording of drug administration, utilizing a vial of narcotics for multiple administrations, and holding medications. During Sibley’s investigation, Respondent was questioned. She admitted to violating the hospital policies but

denied diversion for her own use. She was required to undergo a drug test on December 17, 2019, but failed to provide sample and submitted her resignation on the same day.

After Sibley, Respondent went to work at MedStar Georgetown University Hospital (MGUH). On January 28, 2021, MGUH notified the Board of Nursing (Board) that she was removed from duty there due to a positive drug test and several instances of suspicious and unsupported withdrawal of Fentanyl. Respondent's drug test showed positive for Fentanyl use.

Upon being informed of the complaints, the Department of Health (DC Health) issued a notice to summarily suspend Respondent's license. The summary suspension notice was served and became effective on July 23, 2021. The license remains suspended to date.

Responding to the complaints, the Board requested that an investigation be conducted into the matter. On June 17, 2022, the Board issued a notice of intent to take disciplinary action (NOI) against Respondent charging her with the following:

- I      You failed to conform to the standards of acceptable conduct and prevailing practice within the nursing profession in violation of D.C. Code § 3-1205.14(a)(26), for which the Board may take disciplinary action under D.C. Code § 3-1205.14(c).**
- II     You are professionally or mentally incompetent or physically incapable to practice a health occupation regulated by the board, in violation of D.C. Code § 3-1205.14(a)(5), for which the Board may take disciplinary action under D.C. Code § 3-1205.14(c).**
- III    You are addicted to, or habitually abuse a narcotic or controlled substance as defined by Unit A of Chapter 9 of Title 48 in violation in violation of D.C. Code § 3-1205.14(a)(6), for which the Board may take disciplinary action under D.C. Code § 3-1205.14(c).**
- IV    You prescribed, dispensed, or administered drugs when not authorized to do so in violation of D.C. Code § 3-1205.14(a)(19), for which the Board may take disciplinary action under D.C. Code § 3-1205.14(c).**
- V     You demonstrated a willful or careless disregard for the health, welfare, and safety of a patient, regardless of whether the patient sustains actual injury as**

**a result, in violation of D.C. Code § 3-1205.14(a)28), for which the Board may take disciplinary action under D.C. Code § 3-1205.14(c).**

**VI You knowingly or intentionally possessed a controlled substance without a prescription or outside the course of professional practice in violation of D.C. Code § 48-904.01(d), D.C. Code § 3-1205.14(a)(25), for which the Board may take disciplinary action under D.C. Code § 3-1205.14(c).**

The NOI was sent by certified mail to Respondent's address of record. Delivery tracking information indicated that the NOI was delivered on June 23, 2022. Section 4102.2(b)(1) of Title 17 of the DCMR provides that Respondent had twenty (20) days following the service of the NOI to request a hearing. 17 DCMR § 4102.2(b)(1). To date the Respondent has not requested a hearing in this matter. Section 4103.1 of the regulation authorizes the Board to take the proposed action if the Respondent does not request the hearing within the allotted time. 17 DCMR § 4103.1.

Accordingly, the Board makes the findings of facts and reaches conclusions of law as stated below.

### **Findings of Fact**

Based on the evidence in its record, the Board enters the following findings of fact:

1. Respondent was initially licensed as a Registered Nurse in the District by endorsement on May 23, 2007.
2. The license was summarily suspended on July 23, 2021 and also expired on June 30, 2022.
3. During the period between November 3, 2019 to November 27, 2019, while employed as a registered nurse at Sibley Memorial Hospital (Sibley), Respondent engaged in many instances of improper handling and documentation of controlled substances. In some instances, Respondent drew medication but did not administer them. In some, Respondent

reported the medication wasted. In others, Respondent drew medication that had not been prescribed for the patients.

4. Sibley conducted an investigation and required Respondent to undergo a drug test. On December 17, 2019, Respondent failed to provide the sample and abruptly resigned.
5. During the period between September 23, 2020 and January 13, 2021, while employed as a registered nurse at Georgetown University Hospital (GUH), Respondent was found to have engaged in many instances of improper handling and documentation of controlled substances. In some, she drew controlled substances purportedly for patients but they were not her assigned patients. In others, she drew medication that was not administered to patients.
6. GUH conducted an investigation and required Respondent to undergo a drug test. On January 22, 2021, Respondent's test was returned positive for Fentanyl.
7. Respondent admitted to having diverted Fentanyl for personal use. She further admitted that she had been experiencing personal and financial difficulties. When she was prescribed Tramadol during a dental appointment, she "felt a lot better, more energetic, not depressed." This began her addiction to controlled substances.
8. Respondent admitted that she had sought care for the addiction and had started taking Suboxone.
9. Respondent did not provide information related to the physician with whom she claimed to have begun the treatment.

### **Analysis and Conclusions of Law**

D.C. Official Code § 3-1205.14(a)(26) authorizes the Board to take disciplinary action against a licensee who failed to conform to the standards of acceptable conduct and prevailing practice within the nursing profession. The article, “Components of Nurse Substance Use Disorder Monitoring Programs, published in *Journal of Nursing Regulation*, the official peer-reviewed journal of the National Council of State Boards of Nursing (NCSBN), notes that nurses “with substance use disorder (SUD) pose a unique challenge to the nursing profession. The behavior resulting from this disease has far-reaching and negative effects, not only for the nurses themselves, but also for the patients who depend on the nurse for safe, competent care.”<sup>1</sup> In this case, Respondent admitted to diverting Fentanyl for personal use. Some of the medication she had taken was intended for the patients and by such diversion she was depriving the patients of the needed treatment and care. Accordingly, the Board finds that she is liable for disciplinary action as to Charge I.

While the Board does not have a professional assessment confirming SUD or addition to controlled substances, the Board finds that the uncontested evidence points to her addiction to Fentanyl. Accordingly, the Board finds that she is liable for disciplinary action as to Charge III.

Further, the available evidence supports the finding that she is liable for disciplinary action as to Charges IV, V, and VI.

Respondent is also charged with being professionally or mentally incompetent or physically incapable of safe practice. Since SUD is clearly treatable but there is insufficient evidence as to the Respondent’s treatment, the Board is unable to reach a determination as to Charge II.

Respondent’s behavior and failure to submit to mental evaluation is affirmative evidence in showing that Respondent presents an imminent danger to the health and safety of the public.

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<sup>1</sup> “Components of Nurse Substance Use Disorder Monitoring Programs,” *Journal of Nursing Regulation*, Volume 11, Issue 2, July 2020, p. 1.

The Board's mandate is to protect the public. *Davidson v. District of Columbia Bd. of Medicine*, 562 A.2d 109, 112 (D.C.1989), *quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985). It would be a violation of that mandate if the Board were to allow a nurse whose behavior presents an imminent danger to the health and safety of the public to retain an active nursing license in light of the facts of this matter.

D.C. Official Code § 3-1205.14(c) provides, in pertinent part:

Upon determination by the board that an applicant, Respondent, or person permitted by this subchapter to practice in the District has committed any of the acts described in subsection (a) of this section, the board may:

- (1) Deny a license to any applicant;
- (2) Revoke or suspend the license of any Respondent;
- (3) Revoke or suspend the privilege to practice in the District of any person permitted by this subchapter to practice in the District;
- (4) Reprimand any Respondent or person permitted by this subchapter to practice in the District;
- (5) Impose a civil fine not to exceed \$5,000 for each violation by any applicant, Respondent, or person permitted by this subchapter to practice in the District;
- (6) Require a course of remediation, approved by the board, which may include:
  - (A) Therapy or treatment;
  - (B) Retraining; and
  - (C) Reexamination, in the discretion of and in the manner prescribed by the board, after the completion of the course of remediation;
- (7) Require a period of probation; or
- (8) Issue a cease and desist order pursuant to § 3-1205.16.

Accordingly, the Board, by a unanimous vote, issues the order below.

### **ORDER**

Based upon the aforementioned it is hereby

**ORDERED** that the registered nursing license, **RN1011337, of TSEHAY EGEGE** shall be **REVOKED**,<sup>2</sup> subject to the following terms:

1) The revocation shall be **STAYED, with the license being suspended, until January 31, 2023;**

2) The suspension and the revocation of the license shall be lifted if the Respondent enters into full participation with the Committee on Impaired Nurses (COIN) **no later than January 31, 2023;**

3) Should the Respondent comply with Paragraph 2 above, the status of her license shall be based on the recommendation of COIN or the terms of her participation agreement with COIN; and

4) Should the Respondent fail to comply with Paragraph 2 or 3 above, the revocation shall become effective on January 31, 2023.

10/27/2022

Date



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Meedie Bardonille, RN  
Chairperson  
Board of Nursing

**Judicial and Administrative Review**  
**of Actions of Board**

Pursuant to D.C. Official Code § 3-1205.20 (2016 Repl.):

Any person aggrieved by a final decision of a board or the Mayor may appeal the decision to the **District of Columbia Court of Appeals** pursuant to D.C. Official Code § 2-510 (2012 Repl.).

<sup>2</sup> Pursuant to D.C. Official Code § 3-1201.01(12A), “revocation” means termination of the right to practice a health profession and loss of licensure for five (5) years or more.

Pursuant to D.C. Court of Appeals Rule 15(a):

Review of orders and decision of an agency shall be obtained by filing with the clerk of this court a petition for review within thirty (30) days after the notice is given.

**This Order is the Final Order of the Board in this disciplinary matter and 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 disciplinary action shall be reported to the U.S. Department of Health and Human Services.**

Copies to:

Tsehay Egege

[REDACTED]  
[REDACTED]

Kevin Lutes

Assistant Attorney General  
Office of the Attorney General  
Civil Enforcement Section

[REDACTED]  
[REDACTED]