

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION  
BOARD OF NURSING**

**IN RE:** :  
 :  
**HANNAH CARLSON, RN** :  
 :  
**License No. RN1023907** :  
 :  
**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.* (2016 Repl.), otherwise known as the Health Occupations Revision Act (HORA). Section 204(b)(1) of the HORA authorizes the Board to regulate the practice of registered nursing. D.C. Official Code § 3-1202.04(b)(1). 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**

On or about March 8, 2018, the Board received a complaint filed by Ellen M. Leone, Vice President of Clinical Services for MedStar National Rehabilitation Hospital (NRH), alleging that Respondent had been investigated and admitted to diverting multiple doses of Oxycodone IR over a period of approximately eight (8) months. Respondent admitted to NRH that she took Oxycodone to her abusive boyfriend. She and NRH agreed that she would enter a

domestic violence counseling program and would resign after she completed it. Respondent complied with the agreement and did resign from NRH.

Following the receipt of the complaint, the Board initiated an investigation and, based on the result of the investigation, issued a Notice of Intent to Take Disciplinary Action (NOI) against Respondent's registered nursing license on July 30, 2021. The NOI charged Respondent with the following:

- I You willfully made or filed a false report or record in the practice of nursing in violation of D.C. Official Code § 3-1205.14(a)(8), for which the Board may take disciplinary action under D.C. Official Code § 3-1205.14(c).**
- II You failed to conform to the standards of acceptable conduct and prevailing practice within the nursing profession in violation of D.C. Official Code § 3-1205.14(a)(26), for which the Board may take disciplinary action under D.C. Official Code § 3-1205.14(c).**

The NOI was sent by certified mail to Respondent's last known address in the Board's record and was delivered on August 2, 2021. 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 on January 20, 2012. The license expired on June 30, 2018 and has not been renewed.
2. Respondent was employed as a registered by MedStar National Rehabilitation Hospital (NRH) in Washington, DC from 2011 until 2018.
3. During the period between July 2017 and January 2018, Respondent diverted oxycodone from NRH by withdrawing more of the medication than prescribed for patients and would enter false information into the system to conceal the diversion. Respondent obtained the drug to give to her boyfriend and father of her children who had been abusive to her for a long period of time. She believed that by giving him the drug as he demanded, he would be less likely to hurt her.
4. NRH was alerted to the diversion and conducted an internal investigation, which confirmed it. NRH attempted to help her by placing her in a domestic violence treatment program, based on her agreement that she would resign after completing the program. It reported the information to the Board as required by law.
5. NRH also conducted a fitness for duty examination including a drug screening. Respondent's drug screening result was negative.
6. Respondent resigned from NRH on May 29, 2018 after completing the domestic violence treatment program.
7. In responding to the investigation conducted by the Department of Health, Respondent attempted to present the information that there were two different men who had been in her life and had been abusive to her. The investigation did not reveal the presence of two men.

### Analysis and Conclusions of Law

The facts of this case raise multiple concerns for the Board. It is undisputed that Respondent has been a victim of domestic violence and that the abuse had either wholly or partially led her to divert drug. NRH tested Respondent in January 2018 to determine whether she might have had an addiction. The test result was negative and it appears that during that time Respondent was not using any controlled substance. Respondent herself insisted that she was not addicted to controlled substance. In fact, she indicated to the investigator that she had allergic reaction to both oxycodone and tramadol. Accordingly, all available evidence points to her drug diversion as a means to protect herself from domestic violence.

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 who is likely to divert controlled substances to have access to them. Accordingly, while the Board is cognizant of the fact that Respondent was forced to divert drug simply to protect herself from abuses, it cannot allow that sympathy to impair its responsibility to protect the public.

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

Upon determination by the board that an applicant, licensee, 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 licensee;
- (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 licensee 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, licensee, 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 majority vote, issues the order below.

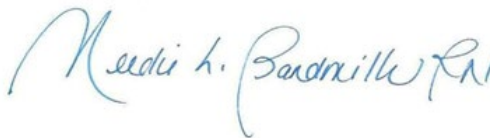
**ORDER**

Based upon the aforementioned it is hereby

**ORDERED** that **HANNAH CARLSON** registered nursing license, **RN1023907**, be and is hereby **REVOKED**,<sup>1</sup> effective as of the date of service.

November 23, 2021

Date



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Meedie Bardonille, RN  
Acting Chairperson  
Board of Nursing

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

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

<sup>1</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.

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.).

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:

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