

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

In Re.: :
 :
GLORIA SASU, RN :
 :
License No. RN1005795 :
 :
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

On June 7, 2022, the District of Columbia Department of Health (DC Health) summarily suspended Respondent’s RN license. The Office of Administrative Hearing (OAH) affirmed the summary suspension for 60 days to allow the Board to complete its disciplinary process of Respondent. Based on the ruling from OAH, the Board issued a Notice of Intent to Take Disciplinary Action (NOI) against Respondent’s registered nursing license on July 12, 2022. The NOI charged Respondent with the following:

- I. You are professionally and mentally incompetent to practice nursing, for which the Board may take the proposed action under D.C. Official Code § 3-1205.14(a)(5).**

The NOI was personally served on Respondent at her address: 8204 Gorman Avenue, Apt. 149, Laurel, MD 20707. Section 4105.4 of Title 17 of the District of Columbia Municipal Regulations (DCMR) provides that service by personal delivery shall be deemed to have been served at the time the delivery is made to the party. 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 January 13, 2005 and was licensed during all times relevant.
2. Respondent does not have any other types of health professional licenses in the District.
3. Respondent holds an Associate Degree in nursing from Marymount University obtained May 31, 2004.
4. On or about October 19, 2021, Respondent filed a *pro se* civil complaint in the Superior Court of the District of Columbia against DC Health's Health Licensing and Regulation Administration (HRLA). The complaint was unclear and incoherent and alleged that her information had been disclosed by DC Health without her consent and that HRLA failed to renew her chiropractic license. The complaint was dismissed on January 5, 2022.

5. On or about October 29, 2021, Respondent filed a *pro se* civil complaint in the U.S. District Court for the District of Columbia against the U.S. Office of Personnel Management (OPM), U.S. Department of Defense (DOD), “Pentagon,” and “U.S. VA.” The complaint contained similarly unclear and incoherent allegations. Respondent alleged violation of the 4th, the 13th, and the 27th Amendments of the Constitution. She indicated that the amount in controversy was “more than 3 billion in lost wages & parental assets & death entitlement.” The court dismissed the complaint on November 9, 2021, noting “the complaint does not include a cogent statement of facts.”
6. On or about December 31, 2021, Respondent created 12 license applications in DC Health’s licensing management system – Salesforce. She attempted to apply for licenses to practice medicine, chiropractic, optometry, podiatry, dietetics, advanced practice registered nursing (as a certified nurse midwife), dentistry, physical therapy, pharmacy, psychology, speech-language pathology, and naturopathic medicine. In all the applications, Respondent listed her education as “MD, DO, ND, MSPA” obtained from University of Washington on October 23, 2008. Respondent did not complete these applications or paid the relevant filing fees.
7. Between December 2021 to February 2022, Respondent sent numerous e-mails to DC Health employees in various positions and divisions. The e-mails made demands for the renewal of licenses such as podiatry, medicine, all of which she had never held and for which she did not appear to qualify.
8. On March 18, 2022, the American Osteopathic Information Association (AOIA) informed the DC Board of Medicine (BOM) that, the AOIA became aware that Respondent had created a fraudulent AOA profile and sent it to BOM claiming

graduation from the New York Institute of Technology College of Osteopathic Medicine (NYIT COM). AOIA informed BOM that there had been no record of Respondent's attendance or graduation from NYIT COM. Additionally, AOIA stated that it had become aware that Respondent had unsuccessfully sought physician licensure in multiple states.

9. Due to the clearly erratic nature of Respondent's communications, the Board became concerned and sought to obtain a determination that she possessed sufficient mental capacity to practice registered nursing safely and effectively. To this end, the Board issued, on March 7, 2022, an order requiring Respondent to obtain a fitness-for-practice evaluation. Respondent did not respond to the order and did not provide any assurance of her mental capacity.

Analysis and Conclusions of Law

This case presents an usual circumstance for the Board's attention. Respondent had continuously been licensed as an RN in the District since 2005 and had never been the subject of a complaint or disciplinary action. She came to the Board's attention only when, on or about October 19, 2021, she initiated a civil complaint against HRLA, which implements the Board's licensing and regulation of the professions assigned to its authority under the law. The complaint appeared to assert that HRLA had disclosed her private information. The plain statement of her claim, as written, is as follows:

“DC BON & DC DOH Health Regulation & Licensing Executive Director informed Gloria Sasu per staff & personall [sic] that her supporting documents need to be released into her custody, attorney retention records, federal agencies, national boards and commissions of WREB, NBME, Chiropractic Board, FBSPT, LMCC, [illegible], W ministry, German ministry, French ministry and all other certification such as [illegible].”

Clearly, Respondent's description of the issues of her concern is perplexing. DC Health and the Board are entrusted with the protection and promotion of the District public's health and welfare. While DC Health's responsibility extends to all aspects of public health, such as community health services, registration of birth and death, the Department's responsibility as related to the Board and the Respondent as a licensed registered nurse, is limited to the licensing records such as evidence of qualification, renewal records, and disciplinary history. Respondent's references to German or French ministry were therefore baffling.

During the proceeding before the Superior Court, Respondent claimed "I the Petitioner, Gloria Sasu, paid for the renewal of my Chiropractic License in July 2017 and was not granted by Chiropractic License, other associated and supporting documents that came with such license." However, Respondent has never had, in the District, a chiropractic license or any other health professional license than registered nursing. Similarly, Respondent asserted, "Exhibit C receipts that came back successful to petitioner Gloria Sasu at renewal as additional licensure under these doctoral sub-specialties identified below . . . : Optometrist; Medicine/Dentistry; Social Worker (Masters); Cosmetology (Bachelor Awarded); Engineering/Architect; Higher Education Educator – Vocational High School; Advance Practice PA – NP/Masters Physical Therapist (Rehabilitation)." Respondent seems to believe that she had held license to practice medicine, dentistry, social work, physical therapy, cosmetology, engineering, and architecture. While the Board is not aware of her qualifications for or possession of license to practice cosmetology, engineering, or architecture, the Board knows that Respondent has held no other health professional license than registered nursing.

Further, Respondent alleges that DC DOH engaged in persistent actions that affected "[Respondent's] working relationship as a specified sports medicine physician and local BC Canadian relations destroyed". Respondent further alleged "Executive Director Nesbitt et al rage &

misplaced jealousy on my PA Phillies and Greek Islands Employment Contracts which US Treasury conducted modified transcripts and financial statements due to fraud reports in DOD/VA/USDHS police investigation that shows tampered with data as DC DOH et al.” These are clearly unfounded in facts or reality.

Respondent’s October 29, 2021 complaint before the U.S. District Court for the District of Columbia provided additional cause for concern to the Board by its grandiosity – based on the alleged violation of her several constitutional rights and the demand for more than \$3 billion in lost wages. The District Court’s dismissal of the complaint based on the lack of a cogent statement of facts confirmed the Board’s fear that Respondent’s mental capacity might have suffered some diminishment.

Respondent’s subsequent actions included her attempts, on or about December 31, 2021, to seek licenses to practice medicine, chiropractic, optometry, podiatry, dietetics, advanced practice registered nursing (as a certified nurse midwife), dentistry, physical therapy, pharmacy, psychology, speech-language pathology, and naturopathic medicine. In all the application profiles, Respondent listed the same educational qualification – MD, DO, ND, MSPA – obtained on October 23, 2008 from the University of Washington. The applications were never completed or paid for and no licenses were issued. Between December 2021 through February 2022, Respondent bombarded DC Health’s employees with numerous demands for licenses and other communications that had no factual or realistic basis.

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)*. Accordingly, it could not ignore the mounting evidence of Respondent’s potentially impaired mental capacity. As a licensed registered

nurse, Respondent could be providing healthcare services to ill or vulnerable residents. Yet her erratic behaviors point to a possible impairment of her mental capacity. 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.

D.C. Official Code § 3-1205.14(b)(1) provides in pertinent part:

“A board may require a health professional to submit to a mental or physical examination whenever it has probable cause to believe the health professional is impaired due to the reasons specified in subsection (a)(5), (6), or (7) of this section. The examination shall be conducted by 1 or more health professionals designated by the board, and he, she, or they shall report their findings concerning the nature and extent of the impairment, if any, to the board and to the health professional who was examined.”

In this case, Respondent has demonstrated behavior that brings into question her fitness to practice nursing. Based on the events that occurred, the Board of Nursing had probable cause to believe Respondent was impaired mentally or professionally. Therefore, the Board ordered her to obtain a fitness-for practice evaluation to be assured of her competency and mental capacity. However, Respondent did not comply or provide any assurance of her professional competency or fitness for practice.

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

“Willful failure or refusal to submit to an examination requested by a board shall be considered as affirmative evidence that the health professional is in violation of subsection (a)(5), (6), or (7) of this section, and the health professional shall not then be entitled to submit the findings of another examination in disciplinary or adjudicatory proceedings related to the violation.”

Accordingly, the Board is now compelled to find that Respondent lacks the professional and mental capacity to be allowed to practice registered nursing as charged by the NOI.

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.

Based on the affirmative evidence of Respondent's professional and mental incompetence to practice nursing, combined with Respondent's erratic behavior, including multiple incoherent communications to DC Health employees, baseless civil lawsuits, and numerous applications to practice in areas in which Respondent is not qualified, Respondent's professional and mental incompetence to practice nursing warrants disciplinary action against her license.

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, **RN1005795**, of **GLORIA SASU** shall be **REVOKED**,¹ 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 cooperates with the Committee on Impaired Nurses (COIN) to complete a full psychological and psychiatric diagnostic assessment to determine her fitness for safe professional practice 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 fitness-for-practice recommendation; and
- 4) Should the Respondent fail to comply with Paragraph 2 above, the revocation shall become effective on January 31, 2023.

October 27, 2022

Date



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.).


¹ 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:

Gloria Sasu


Collin Cenci, Esquire
Alycia Hogenmiller, Esquire²
Assistant Attorneys General
Office of the Attorney General
Civil Enforcement Section


² Admitted to practice only in Virginia. Practicing in the District under the direct supervision of Kimberly M. Johnson, a member of the D.C. Bar, under the D.C. Court of Appeals Rule 49(c)(4).