

IN THE MATTER OF

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BEFORE THE MARYLAND

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GLENN J. HOGAN

*

BOARD OF NURSING

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License No.: R213659

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OAG CASE No. 22-BP-050

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**ORDER FOR SUMMARY SUSPENSION OF REGISTERED NURSE LICENSE
PURSUANT TO SECTION 10-226(c)(2) OF THE ADMINISTRATIVE PROCEDURE
ACT**

The Maryland Board of Nursing (the “Board”) hereby orders the **SUMMARY SUSPENSION** of the license of **GLENN J. HOGAN** (the “Respondent”), License Number **R213659** to practice registered nursing in the State of Maryland. The Board takes this action pursuant to the authority of Maryland Code Ann., State Gov’t Article § 10-226(c)(2) (2021 Repl. Vol.), which provides:

- (2) A unit may order summarily the suspension of a license if the unit:
 - (i) finds that the public, health, safety, or welfare imperatively requires emergency action; and
 - (ii) promptly gives the licensee:
 - 1. Written notice of the suspension, the finding and the reasons that support the finding; and
 - 2. An opportunity to be heard.

On December 14, 2022, a pre-deprivation show cause hearing was held before the Board to give the Respondent an opportunity to present oral argument as to why the Board should not summarily suspend the Respondent’s license. The Respondent failed to appear at the Show Cause Hearing. The Administrative Prosecutor was present at the Show Cause hearing on behalf of the State.

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**INVESTIGATIVE FINDINGS AND REASONS IN SUPPORT
OF SUMMARY SUSPENSION**

Based on investigatory information obtained by, received by and made known to and available to the Board, the Board has reason to believe that the following facts are true:¹

1. On or about October 15, 2014, the Respondent was issued a license to practice as a registered nurse (“RN”) in the State of Maryland, license number R213659. The Respondent’s RN license is currently non-renewed and expired on September 28, 2020.

COMPLAINT

2. On or about June 18, 2019, the Board received a complaint (“Complaint”) from an assisted living facility (the “ALF”)² regarding the Respondent’s nursing practice. According to the Complaint, on June 4, 2019, when the Respondent arrived at the ALF to work the 3 p.m. to 11 p.m. shift, he was slurring his words, rambling in his conversation, staggering, and had an unsteady gait. The Respondent admitted to the Director of Nursing and the Human Resources staff that he had been drinking alcohol before he came to work that day.

SAFE PRACTICE PROGRAM/REHABILITATION PROGRAM

3. On or about July 31, 2019, the Respondent underwent an initial evaluation at a treatment provider (“Treatment Provider”). Treatment Provider diagnosed Respondent with an alcohol use disorder and recommended a 26-week adult outpatient program for substance use disorders.

4. On or about July 15, 2019, the Respondent completed an Application to the Board’s Safe Practice Program (“Application”). On his Application, the Respondent indicated that he drank alcohol “daily” and had previously been in treatment for alcohol use disorder in 2004.

¹The allegations set forth in this document are intended to provide the Respondent with reasonable notice of the Board’s action. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

² For purposes of ensuring confidentiality, proper names have been omitted and replaced with generic placeholders. Upon written request, the Administrative Prosecutor will provide the information to the Respondent.

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5. The Respondent had an initial meeting with the Committee on August 8, 2019. At this meeting, the Respondent reported he had partied too much at a pool party and was called into work at the ALF. He stated that he had previously been to “rehab” in 2004, but had relapsed. The Committee recommended a five-year Agreement to the Respondent.

6. On August 8, 2019, the Respondent entered into an Agreement with the Program. The Agreement was to remain in effect for five years, after which time the Respondent could petition for removal of the conditions, provided that the Respondent had been compliant with the terms of the Agreement and safely employed in nursing for at least 9 months immediately preceding the petition.

7. As part of the Agreement, the Respondent agreed to comply with the following conditions, *inter alia*:

.....

8. [The Respondent] will continue treatment with the treatment plan developed by [his] treatment provider.
9. Within two weeks of signing this agreement, the treatment program/treatment provider shall submit in writing to the Committee verification that they have reviewed this agreement. [The Respondent] is responsible for returning the verification to the Committee;
10. [The Respondent] shall comply with all terms of the agreement with the treatment program/treatment provider;
11. [The Respondent] shall continue in treatment until [he] is formally discharged from the treatment program. A discharge summary is to be submitted to the Committee within two weeks of discharge from the program;
12. In the event [the Respondent] is terminate[d] from treatment prior to discharge, or [he is] discharged prior to successful completion of the program, in the event [he has] a missed or positive toxicology screen and/or breathalyzer, or unsatisfactory progress in treatment, the treatment program/treatment provider shall immediately notify the Committee;

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13. [The Respondent] shall attend a minimum of two support group meetings (such as AA, NA, Celebrate Recovery) weekly and secure a sponsor within 1 month of signing this agreement. [The Respondent] will submit signed attendance sheets to the committee monthly;
14. [The Respondent] shall not consume poppy seeds, tonic water, quinine water, hemp tea, cough syrups or other products containing substances that trigger positive drug screen;
15. [The Respondent] shall arrange for **random monthly toxicology screens** through any entity selected by the Safe Practice Committee (**FIRSTSOURCE SOLUTIONS**)³. [The Respondent] understands that he is required to register with the identified provider **within 7 days** from the date of this agreement. These screens shall be not less than twice monthly, and can be up to **36-40 times per year**. My employer, treatment program/treatment provider or the Committee may request a random drug screen at any time. I understand the screening results/reports from employers and treatment providers will not replace or substitute my required tests for the Board of Nursing. Any positive drug screens/breathalyzer shall be reported to the Committee and will be considered a violation of this agreement. **I understand that drug screens must continue until I am formally discharged from the Committee, in writing;**
16. It is [the Respondent's] responsibility to instruct the laboratory and treatment program to send a copy of all toxicology screens to the Committee, and to notify the Committee of a positive or missed toxicology screen or unsatisfactory work/treatment reports. A missed toxicology screen will be considered a positive toxicology screen;
17. [The Respondent] shall provide the Committee with **written quarterly progress reports** evaluating [the Respondent's] progress towards rehabilitation and elaborating on [the Respondent's] recovery program. *These reports are to be required to be submitted even though [the Respondent] may not be working/working in the nursing field;*
18. [The Respondent] understands that [his] **employer** and **treatment provider**, including all prescribing physicians, will also be asked to provide **(quarterly) progress reports** regarding [the Respondent's] compliance and progress toward rehabilitation. It is [the Respondent's] responsibility to notify all employers and providers when these reports are due. These reports must reflect [the Respondent's] compliance, progress toward rehabilitation and work performance. The reports are to be submitted even though [the Respondent] may not be working in the field of nursing;

³ First Source Solutions is now named Vault Health Workforce Screening.

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19. Should [the Respondent] be prescribed any medication, [the Respondent] will notify the Committee **immediately**, in writing, and send a copy of the prescription or the pharmacy report to the Committee within 48 hours of the prescribed date. [The Respondent] agree[s] to show [the Respondent's] Safe Practice Agreement to any health care provider who prescribes for [the Respondent] including, but not limited to, pain management clinicians, dentists, emergency and urgent care providers. If [the Respondent] is prescribed any controlled dangerous substances or mood altering medications, [he] will, in addition to notifying the Committee, obtain a copy of the medical record pertaining to the condition which necessitated the prescription. [The Respondent] agree[s] not to take any mood altering drugs unless it has been approved by [his] program/treatment provider;

....

22. [The Respondent] shall not engage in the conduct that let to my requesting admission to the Safe Practice Program and shall remain drug and alcohol free;

....

24. [The Respondent] understand[s] that non-compliance with this agreement shall be grounds for program expulsion and may result in immediate suspension of [his] license to practice nursing. Should expulsion from the program occur, [the Respondent] understand[s] that a formal investigative report, along with all Safe Practice Program records, will be forwarded to the Board of Nursing for consideration and decision for additional disciplinary action.

25. This agreement as written will remain in effect for 5 years..[.]

20. On August 8, 2019, the Respondent signed an Affidavit and Acknowledgement of Safe Practice Agreement and acknowledged that he had reviewed the Agreement, understood the terms, which were reviewed with him by a Committee member, and that work-site and self-reports had been fully explained to him.

21. On August 8, 2019, the Respondent was also advised in writing that his first quarterly report was due on September 1, 2019, and subsequent reports were due every three months thereafter (December, March, etc.). The Respondent was also advised that his third quarterly report was to be a visit in person with the Committee or a representative of the Committee. The

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Respondent was informed that he must contact the Committee for an appointment at least one month prior to the due date of the third report.

Self-Reports

22. The Respondent submitted self-reports dated August 31, 2019; December 1, 2019; May 1, 2020 (late); and, March 30, 2021 (late).⁴

Support Group Meetings

23. The Respondent failed to attend two meetings per week during the first three weeks in November 2019 and during the first week in December 2019. The Respondent failed to attend any meetings during all four weeks in February 2020, March 2020, April 2020, May 2020, June 2020, July 2020, and August 2020. The Respondent attended only 2 meetings during the entire month of September 2020; only 4 meetings during the month of October 2020; and only 3 meetings during November 2020. The Respondent attended only four meetings during the entire months of December 2020, January 2021, February 2021, and March 2021. The Respondent failed to attend any meetings during the months of April 2021 through August 2021.

Employment/Work-Site Reports

24. Beginning in his September 2019 self-report (dated August 31, 2019), the Respondent indicated that he was “unemployed” and maintained that he was unemployed in all his subsequent correspondence and meetings with the Committee.

Toxicology Screens

25. Between August 8, 2019 and August 19, 2021, the Respondent:

- i. Failed to call into First Source Solutions on 114 occasions.
- ii. Failed to submit to (11) toxicology screens on the dates he was selected—August

⁴ The Respondent met with the Committee on November 5, 2020 and August 19, 2021 in lieu of a quarterly report. The Respondent failed to submit quarterly self-reports in March 2020 and September 2020.

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27, 2019; September 16, 2019; September 30, 2019; October 8, 2019; May 12, 2021; May 21, 2021; June 7, 2021; June 14, 2021; July 2, 2021; July 8, 2021; and August 5, 2021.

- iii. Submitted to 41 toxicology screens. The results of all but 2 of the screens were negative. On December 6, 2019 the Respondent was positive for ethanol, urine 0.149%; and, on December 28, 2020 the Respondent was positive for ethyl sulfate 136 ng/ml.

Treatment Program/Provider

26. In accordance with this biopsychosocial assessment, the Respondent's treatment provider recommended the Respondent attend a 26-week outpatient treatment program for substance use disorder. The Board received a Verification of Enrollment form dated July 31, 2019 from Respondent's Treatment Provider. The Respondent failed to provide the Committee any quarterly treatment reports from the Treatment Provider from July 31, 2019 through August 19, 2021.

Correspondence with the Committee and Meetings

27. On December 16, 2019, the Respondent notified the Board via email that he had a "confirmed positive" drug test result for December 6, 2019 that he believed was "due to the use of Equate: Sleep Aid" which contained diphenhydramine 25 mg.⁵ The Respondent stated that he took the medication for 3 days "only as directed" after having 8 dental extractions on December 2, 2019.

28. On February 6, 2020, the Respondent met with the Committee at the Committee's request due to the Respondent's positive drug screen in December 2019. According to the Committee Meeting notes, the Respondent stated that he did not receive any pain medications when he had the 8 teeth extracted, but he did take some Nyquil that was in his home. The Committee recommended "No more Nyquil."

⁵ Under number 14 of his Agreement, the Respondent shall not consume cough syrups or other products containing substances that trigger a positive screen.

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29. By letter dated October 13, 2020, the Board notified the Respondent that he was to meet with the Committee on November 5, 2020 via conference call for his third quarter report. The Respondent met with the Committee on November 5, 2020 for his quarterly report.⁶ According to the Committee Meeting Notes, the Committee had not received a self-report from the Respondent since December of 2019. The Committee also notified the Respondent that he had missed 2 call-ins in July, 1 in August, 1 in September, and 4 in October 2020 for First Lab. The Committee told the Respondent that he was to provide them all the missing reports.

30. The Committee notified the Respondent that he was scheduled to meet with the Committee on July 1, 2021. The Respondent failed to appear at the meeting. According to the Committee Meeting notes, the Respondent had failed to submit self-reports, had missed call-ins for several months; and, had failed to submit to drug screening in May 2021 and June 2021.

31. The Respondent met with the Committee on August 19, 2021 for his quarterly in-person report. The Committee documented that the Respondent had missed 31 call-ins in July and 18 call-ins in August. They also had received no reports from the Respondent and had no contact from the Respondent in months. The Respondent claimed that the COVID-19 vaccine he received had disabled him and that he was “considering retirement.”

Expulsion from the Program

32. By letter dated August 19, 2021, the Respondent was notified that he was expelled from the Program for non-compliance with the Agreement, specifically “mandatory daily call-ins and urine drug screening through First Source.” The Respondent was further informed that the Committee could no longer monitor him or consider him safe in the practice of registered nursing.

⁶ According to the letter the Respondent received on August 8, 2019, his quarterly self-reports were due beginning in September 1, 2019 and every three months thereafter on December 1, March 1, and June 1st and every third quarter meeting would be held in-person with the Committee.

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CONCLUSION OF LAW

Based on the foregoing investigative findings and reasons, the Board finds that the public health, safety or welfare imperatively requires emergency action in this case pursuant to Md. Code Ann., State Govt. § 10-226(c)(2) (2021 Repl. Vol.).

ORDER

It is hereby:

ORDERED that pursuant to the authority vested in the Board of Nursing by Maryland Code Ann., State Govt. § 10-226(c)(2) (2021 Repl. Vol.) the license of **GLENN J. HOGAN** to practice as a **REGISTERED NURSE, R213659**, in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that if the Respondent's license is suspended following a Show Cause Hearing, the Respondent has the right to an evidentiary hearing before the Board on the merits of the summary suspension and an evidentiary hearing will be scheduled before the Board, if the Respondent submits a written request for an evidentiary hearing to the Board **NO LATER THAN THIRTY (30) DAYS from the date of this Order for Summary Suspension**; and be it further

ORDERED that if the Respondent does not submit a timely written request to the Board for an evidentiary hearing within 30 days of the date of this Order, the Respondent shall have waived all rights now and in the future to any hearing on the merits of the summary suspension of the Respondent's license and the factual allegations contained in the Order for Summary Suspension; and it is further

ORDERED that this Order for Summary Suspension shall remain in effect and the summary suspension of the Respondent's license shall continue until further Order of the Board; and it is further

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ORDERED that this, “Order for Summary Suspension of Registered Nurse License” is a **PUBLIC RECORD** pursuant to Md. Code Ann., General Provisions § 4-101 *et seq.* & § 4-333 (2019).

December 14, 2022
Date

Gary Hicks
The Board President’s Signature
Appears on the Original Document

Maryland Board of Nursing