

VOLUNTARY SURRENDER
OBIAGERIAKU IHEANACHO, A00189097

Gary N. Hicks, MS, RN, CEN, CNE
President, Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254

**RE: Surrender of Certificate to Practice as a Certified Nursing Assistant
Certificate Number A00189097
Surrender of Certificate to Practice as a Certified Nursing Assistant – Geriatric
Nursing Assistant
Certificate Number A00189097**

Dear Mr. Hicks:

I agree to voluntarily surrender my certificate to practice as a certified nursing assistant (“CNA”) and certified nursing assistant – geriatric nursing assistant (“CNA/GNA”) in the State of Maryland, certificate number A00189097, to the Maryland Board of Nursing (the “Board”). I understand that, as of the effective date of this Voluntary Surrender, I may not practice as a CNA or CNA/GNA, with or without compensation, as it is defined in the Maryland Nurse Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 8-101 *et seq.*, and the Board’s regulations, COMAR 10.27.01 *et seq.* In other words, I understand that, as of the effective date of this Voluntary Surrender, I am in the same position as an uncertified individual.

I understand that this Voluntary Surrender shall become a **PUBLIC** record and shall become effective on the date of the Board’s acceptance of it. I understand and agree that this letter may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (Repl. Vol. 2019). I expressly consent to the publication of this Voluntary Surrender, including any and all information that may be protected from disclosure under federal and state law.

On or about May 15, 2022, I engaged in an altercation with a patient at the long-term care facility at which I was working. As a result of the altercation, the patient fell and sustained significant injuries, including a fractured hip. The patient perished in September, 2022.

I understand that if an evidentiary hearing were to be held, the Board would have sufficient evidence to find that I violated Health Occ. § 8-6A-10(a)(13) (“Has acted in a manner inconsistent with the health or safety of individual under the applicant or certificate holder’s care”), § 8-6A-10(a)(14) (“Has practiced as a nursing assistant, dialysis technician, or medication technician in a manner which fails to meet generally accepted standards for the practice of a nursing assistant, dialysis technician, or medication technician”), § 8-6A-10(a)(15) (“Has physically, verbally, or

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psychologically abused, neglected, or otherwise harmed an individual under the applicant or certificate holder's care"), and § 8-6A-10(a)(29) ("Engages in conduct that violates the code of ethics"), *to wit*, COMAR 10.39.07.02C(2) ("A certificate holder may not engage in the following behaviors that dishonor the practice, whether or not acting in the capacity or identity of a certificate holder, including, but not limited to: [...] Physically abusing, threatening, or intimidating a coworker, employer, Board staff member, client, or client's family member") and COMAR 10.39.07.02C(12) ("A certificate holder may not engage in the following behaviors that dishonor the practice, whether or not acting in the capacity or identity of a certificate holder, including, but not limited to: [...] Engaging in unprofessional or immoral conduct"). I further understand that the Board would have sufficient evidence to conclude as a matter of law that I violated the Act and to sanction my certificate accordingly pursuant to § 8-316. Thus, it is my wish to surrender my Maryland CNA/GNA certificate at this time.

In executing this agreement to surrender my CNA/GNA certificate to the Board, I agree that I will not apply for reinstatement of my certificate for a period of at least **ONE (1) YEAR** following the date of the Board's acceptance of this Voluntary Surrender. I also agree that if, after a period of **ONE (1) YEAR**, I decide to apply for reinstatement of my certificate, I will approach the Board in the same posture as an unlicensed individual whose certificate has been revoked. I also understand that, in considering any future application for reinstatement of my certificate, the Board may review my entire Board file, including any information the Board receives after execution of this Voluntary Surrender, and require me to undergo medical, psychological, and/or psychiatric evaluations, and/or drug and alcohol testing, to determine my fitness to have my certificate reinstated. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all the Board's requirements for reinstatement of my certificate at the time I submit a reinstatement application.

I further understand that my certificate will remain surrendered unless and until the Board grants reinstatement. I understand that the Board is not required to grant reinstatement. I understand that, if the Board reinstates my certificate, it will be reinstated through the Board's disciplinary process, that my certificate will only be reinstated by the Board's issuance of a public order of reinstatement, and that the Board may, in its discretion, place my reinstated certificate on probation, subject to terms and conditions.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Voluntary Surrender. I understand that, by executing this Voluntary Surrender, I am waiving the right, now and in the future, to any evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that I may not rescind this Voluntary Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Voluntary Surrender fully. Finally, I wish to make clear that I have had an opportunity to discuss this matter with legal counsel and that I willingly, knowingly, and voluntarily sign this Voluntary Surrender.

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Sincerely,

Obiageriaku Iheanacho

Obiageriaku Iheanacho, A00189097

1/23/23

Date

NOTARIZATION

CITY/COUNTY:

Prince Georges

STATE:

Maryland

I HEREBY CERTIFY that on this *23rd* day of *January, 2023*, before me, Notary Public of the State and City/County aforesaid, **Obiageriaku Iheanacho** personally appeared and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **Obiageriaku Iheanacho**.

AS WITNESSETH my hand and notarial seal.

SEAL

Carlisa St. John Brooks
Notary Public

My Commission Expires:

6/3/2023

Carlisa St. John Brooks
NOTARY PUBLIC
Prince George's County, Maryland
My Commission Expires June 3, 2023

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this **22nd** day of **February, 2023**, I accept **Obiageriaku Iheanachoe**'s public Voluntary Surrender of his or her license/certificate to practice as a certified nursing assistant – geriatric nursing assistant in the State of Maryland, license number A00189097.

February 22, 2023
Date

Karen E.B. Evans, MSN, RN-BC
The Executive Director's Signature
Appears on the Original Document