

IN THE MATTER OF
MAUREEN ROECKER
License No.: R137697

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BEFORE THE MARYLAND
BOARD OF NURSING
OAG CASE No. 22-BP-056

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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 **MAUREEN ROECKER** (the “Respondent”), License Number **R137697** 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 was present 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 February 11, 1998, the Respondent was issued a license to practice as a registered nurse (“RN”) in the State of Maryland, license number R137697. The Respondent’s RN license is currently active and due to expire on July 28, 2023. The Compact² status of the Respondent’s RN license is “Multi-State.” According to the Maryland Board’s MyLicense (“MYLO”) database, the Respondent’s current address is in the State of Maryland.³

COMPLAINT

2. On or about February 22, 2019, the Board received a complaint (“Self Report- Complaint”) from the Respondent indicating that on or about January 30, 2019, she had been using alcohol “inappropriately” to “deal with depression and pain” and went to work as a registered nurse at a Maryland hospital (“Hospital”)⁴ “while still impaired.” The Respondent wrote in the Self-Report Complaint that she had enrolled in a treatment program (“Treatment Provider A”).

3. On or about May 17, 2019, the Board received a complaint (“Hospital Complaint”) from

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 The Nurse Licensure Compact (NLC) is an agreement between Boards of Nursing of party states that allows nurses to have one Multi-State nursing license with the ability to practice nursing in both their home state and other party states. In accordance with the Multistate Licensure Compact, Md. Code Ann., Health Occ. § 8-7A-01.3(h) and § 8-7A-01.3(m) respectively, “Home state” means the party state that is the nurse’s primary state of residence; and, “Party state” means any state that has adopted this Compact.

³ The information cited in paragraph 1 in this document regarding the Respondent’s current address, active/renewal status, and Compact Status of her Maryland nursing license was obtained on November 17, 2022 from the Maryland Board’s website, the Maryland Board’s MyLicense Office (“MYLO”) database, and the NURSUS database. NURSUS is a national database for verification of nurse licensure, discipline and practice privileges for participating jurisdictions, including all states in the Nurse Licensure Compact in conjunction with the National Council of State Boards of Nursing (NCSBN).

⁴ 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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the Hospital regarding the same January 30, 2019 incident. The complainant wrote,

Ms. Roecker was suspected of being under the influence during her shift on January 30, 2019. She was escorted to occupational health for a fit of [*sic*] duty evaluation. The drug screen came back positive for alcohol. She was in an intensive outpatient program.

SAFE PRACTICE PROGRAM/REHABILITATION PROGRAM

4. On or about April 19, 2019, the Respondent completed an Application to the Board's Safe Practice Program ("Application"). On her Application, the Respondent wrote,

Since 2014 I have increased my intake of alcohol to deal with depression and neuropathic pain from a spinal compression injury...I inappropriately used alcohol to numb the pain in my feet. After my step-son's death from a heroin overdose in 1/2018 I found myself drinking more to deal with grief, especially around the one year anniversary.

5. The Respondent had an initial meeting with the Committee on May 9, 2019. At this meeting, the Respondent admitted she was using alcohol excessively and began treatment in an intensive outpatient program (IOP) with Treatment Provider A in February 2019.

6. On May 9, 2019, the Respondent entered into an Agreement with the Program.⁵ 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*:

3. In the event that I change positions or seek new employment, I understand that I must obtain approval from the Committee prior to accepting the position;

.....

⁵ The Respondent signed an "Authorization for Release of Information- Safe Practice Program" on May 9, 2019.

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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 [she] 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 [she is] discharged prior to successful completion of the program, in the event [she 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;
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**)^[6]. [The Respondent] understand[s] that [she] 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;**

⁶ First Source Solutions is now named Vault Health Workforce Screening.

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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 [her] **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;
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, [she] 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 [her] program/treatment provider;
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21. [The Respondent] understand[s] that this agreement shall be applicable to [her] multi-state privilege to practice as a nurse and for the duration of the agreement, [she] may not work outside the State of Maryland pursuant to [her] multistate privilege or pursuant to a license issued by a non-compact party state without written permission of the Maryland Board of Nursing and the Board of Nursing in the state where [she] wish[es] to work. [The Respondent] understand[s] that [her] licensure status will remain as "MARYLAND ONLY" for single state practice in the State of Maryland;

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22. [The Respondent] shall not engage in the conduct that let to [her] requesting admission to the Safe Practice Program and shall remain drug and alcohol free;
 23. [The Respondent] shall obey all State and Federal laws and, be it further agreed that, after (5) years of safe nursing [the Respondent] may petition for removal of all conditions;
 24. [The Respondent] understand[s] that non-compliance with this agreement shall be grounds for program expulsion and may result in immediate suspension of [her] 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 May 9, 2019, the Respondent signed an Affidavit and Acknowledgement of Safe Practice Agreement and acknowledged that she had reviewed the Agreement, understood the terms, which were reviewed with her by a Committee member, and that work-site and self-reports had been fully explained to her.
21. On May 9, 2019, the Respondent was also advised in writing that her first quarterly report was due on June 1, 2019, and subsequent reports were due every three months thereafter (September, December, etc.). The Respondent was also advised that her third quarterly report (every 9 months) was to be a visit in person with the Committee or a representative of the Committee. The Respondent was informed that she 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 a Self-Report dated June 7, 2019 in which she stated she was “unemployed” and had been terminated from her employment at the Hospital on May 22, 2019. The Respondent provided a letter from the Hospital with her June 7, 2019 Self Report in which her employer wrote that as a result of her January 31, 2019 fitness for duty evaluation, the

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Respondent was required to comply with the recommendations of the Employee Assistance Program, to enroll and participate in a drug treatment program. The Respondent was terminated based on the Respondent's "non-compliance with the treatment program."

23. The Respondent provided a late Self-Report on or about November 14, 2019 indicating that she was employed as an RN at a Maryland university (the "University") and had been since 2015.⁷

24. The Respondent failed to submit Self-Reports in September 2019, December 2019, March 2020, June 2020, September 2020, December 2020, March 2021, June 2021, and September 2021.⁸

Support Group Meetings

25. The Respondent failed to attend two meetings per week during the first week in July 2019; the first week in August 2019; three weeks in September 2019; three weeks in November 2019; one week in December 2019; two weeks in January 2020; and the second week in April 2020⁹. After April 2020, the Respondent failed to attend any meetings during the months of May 2020 through October 2021.

Treatment Program Provider/Treatment Progress Reports

26. At the time the Respondent entered her Agreement with the Board, she was enrolled in an IOP with Treatment Provider A. The Board received only one Treatment Progress Report from Treatment Provider A on June 12, 2019 indicating that the Respondent had attended 48 sessions between February 25, 2019 to June 12, 2019. The Committee received no Treatment Progress Notes from Treatment Provider A after June 12, 2019. The Respondent failed to provide a discharge summary from Treatment Provider A and it is unclear when or why the Respondent was

⁷ This statement is inconsistent with her June 7, 2019 Self-Report indicating that she was "unemployed."

⁸ According to the Committee Meeting Notes, the Respondent's meeting with the Committee on October 7, 2021 was her "in-person third quarter report."

⁹ The Respondent only attended one meeting during the week of April 9, 2020.

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discharged from treatment from Treatment Provider A.

27. The Committee received a Treatment Plan dated October 3, 2019 from a different treatment provider (“Treatment Provider B”) indicating that the Respondent had begun IOP with Treatment Provider B on July 8, 2019. Treatment Provider B recommended that the Respondent abstain from all substance use; attend IOP group 3 times weekly and individual CM once weekly; attend 2 AA meetings per week; comply with the Board’s urinalysis testing and in-person third quarter meetings; attend psychiatric appointments with her nurse practitioner; and, engage in individual weekly therapy with her licensed professional counselor.¹⁰ The Committee received no Treatment Progress Notes from Treatment Provider B between July 8, 2019 through October 7, 2021. The Respondent failed to provide a discharge summary from Treatment Provider B and it is unclear when or if the Respondent was discharged from treatment with Treatment Provider B.

Employment/Work-Site Reports

28. The Committee received an Employment Verification Form from the University dated July 29, 2019, indicating that the Respondent was employed part-time as an adjunct faculty for nursing classes and supervised students in skills labs. The Respondent failed to obtain approval from the Committee prior to accepting a position at the University. The Respondent failed to provide the Committee any quarterly Work-Site reports from the University.

Toxicology Screens

29. Between May 16, 2019 and October 20, 2021, the Respondent:
- i. Failed to call into First Source Solutions on 52 occasions.
 - ii. Failed to submit to 3 toxicology screens in which she called in on: March 18, 2020;

¹⁰ The Committee received a second Treatment Plan dated October 28, 2019 from Treatment Provider B recommending that the Respondent abstain from all substance use; attend IOP group 3 times weekly and individual CM once weekly; attend 2 AA meetings per week; comply with the Board’s urinalysis testing and in-person third quarter meetings; attend psychiatric appointments with her nurse practitioner; and, engage in individual weekly therapy with her licensed professional counselor.

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May 1, 2020; and, October 23, 2020. Failed to submit to 7 toxicology screens on days she failed to call in.

- iii. Submitted to 50 toxicology screens. The results of all 50 screens were negative.

Correspondence with the Committee and Meetings

30. By letter dated July 3, 2019, the Committee requested to meet with the Respondent on July 11, 2019. On July 11, 2019, the Respondent met with the Committee at the Committee's request due to the Respondent's termination from her employment at the Hospital. According to the Committee Meeting notes, the Respondent indicated that she had changed health insurance and was starting a new treatment program with Treatment Provider B.

31. The Committee met with the Respondent on August 1, 2019 at the Committee's request. According to the Committee Meeting Notes, the Committee notified the Respondent that she had been non-compliant with her Agreement "early on." The Respondent informed the Committee that she was having problems with her health insurance and she thought Alcoholics Anonymous was "too religious." The Committee recommended agnostic meetings at different location.

32. By letter dated August 16, 2019, the Board notified the Respondent that she was to meet with the Committee on November 7, 2019 at the Committee's request. According to Committee Meeting notes, the Respondent met with the Committee on November 14, 2019. The Respondent told the Committee members that she was employed at the University and worked part-time. The Respondent also stated that she had stopped attending meetings because "it was too much for her" and "took up too much time", but that she has been seeing a counselor. The Committee members notified the Respondent that she had failed to provide the Committee Work-Site reports and missed 9 call-ins in October.

33. By letter dated March 10, 2020, the Board notified the Respondent that she was scheduled to meet with the Committee on April 2, 2020. According to the Committee's meeting notes, they

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met with the Respondent on April 23, 2020¹¹ and notified the Respondent that Self-Reports were missing and she has been non-compliant with her Agreement. The Respondent stated that she had faxed and emailed her Self-Reports. The Committee documented that the Respondent was still employed at the University.

34. By letter dated September 9, 2021, the Committee notified the Respondent that she was scheduled to meet with the Committee via conference call on October 7, 2021 for her in-person quarterly report. The Respondent met with the Committee on October 7, 2021 and told them that she was “between jobs.” The Committee documented in its meeting notes that the Respondent was “very poor on call-ins.”

Obedience of State Laws/Failure to Remain Drug and Alcohol Free

35. On or about June 8, 2021, in the District Court of Maryland for Baltimore County, Case Number KL40348, the Respondent pled Not Guilty- Agreed Statement of Facts to Driving, Attempting to Drive Vehicle While Under the Influence of Alcohol Per Se. The Court imposed a disposition of 1 year of supervised Probation Before Judgement in which the conditions of probation included: total abstinence from alcohol, illegal substances and abusive use of any prescription drug; attendance at a victim impact panel for MADD; enrollment and successful completion of treatment at a state certified treatment program; and, compliance with all recommendations for treatment and aftercare.

Expulsion from the Program

36. On or about October 7, 2021, the Respondent was expelled from the Program for non-compliance with the Agreement.

CONCLUSION OF LAW

¹¹ It is unclear why the date of the meeting with the Committee was changed.

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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 **MAUREEN ROECKER** to practice as a **REGISTERED NURSE, R137697**, 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