STATE OF NORTH CAROLINA

BEFORE THE NORTH CAROLINA
RESPIRATORY CARE BOARD

IN THE MATTER OF:

CONSENT ORDER

Craig A. Hawkins, RCP
License Number – 3292

1. Jurisdiction


2. Identification of Licensee

The Respiratory Care Practitioner is Craig A. Hawkins (the “Licensee”). His mailing address is 6409 Wedron Court, Charlotte, NC 28216. The Licensee holds North Carolina Respiratory Care License number 3292 (the “License”), first issued on April 14, 2003, with an expiration date of April 14, 2009.

3. Waiver of Rights

I, Craig A. Hawkins, the Licensee, understand that I have each of the following rights: (Note waiver of each right with Initials)

\[\text{Initials}\]

The right to a hearing before the Board;

The right to present evidence to disprove all or some of the charges against me;

The right to present evidence to limit or reduce any sanction that could be imposed for a violation;

The right to confront and cross-examine witnesses and to challenge evidence presented by the Board against me;

The right to present legal arguments in a brief; and

The right to appeal from any final decision adverse to my license to practice respiratory care.

As noted by my initials above, I hereby freely and knowingly waive these rights without further process and agree to the terms of this Consent Order regarding my license. In order to resolve this matter by a Consent Order, I also agree that the Board staff and counsel may discuss this Consent Order with the Board ex parte whether or not the Board accepts this Order as written.
4. **Stipulation to Facts**

The Licensee and the Board stipulate to the following facts:

A. The Licensee was engaged in the practice of respiratory care in North Carolina when the events occurred that led to the initiation of this complaint.

B. The Board received a complaint from Heather Neal, RCP at Presbyterian Hospital in Charlotte, NC, that the Licensee had been terminated from the Hospital as a result of an investigation into whether he had diverted narcotics from the Hospital’s Pyxis system, which is the system used by clinical staff to obtain access to certain pharmaceutical supplies, including narcotics, that are dispensed or administered to patients.

C. On July 9, 2008, the Licensee appeared for an interview before the Board’s Investigation and Informal Settlement Committee.

D. During his interview with the Committee, the Licensee stated that he had diverted narcotics, specifically Demerol, from the Pyxis system at Presbyterian Hospital in Charlotte, NC, and that he had replaced the narcotics with sterile saline or sterile water. During his interview, the Licensee also stated that he had injected himself with the Demerol that he had stolen while on duty at the Hospital.

E. During his interview with the Committee, the Licensee also stated that he had obtained a nurse’s name and identification number, without the nurse’s knowledge, and then had used that name and identification number to obtain a phony password to access narcotics in the Pyxis system.

F. The Licensee also stated during the interview with the Board’s Investigation and Informal Settlement Committee that he was attending counseling with an Impaired Professionals Group and with an AA Program at his church, and that he was not employed as a respiratory care practitioner.

G. On October 8, 2009, the Licensee attended a second interview before the Board’s Investigation and Informal Settlement Committee.

H. During his second interview with the Committee, the Licensee stated that he has been clean for 6 months, is not working, and discussed his community service plan.

5. **Stipulated Order**

A. **Stipulation to Sections of Law Violated:**

I, Craig A. Hawkins, the RCP, admit that if the conduct described above was proven at a hearing, that would constitute violations of N.C. Gen. Stat. § 90-659 (a)(1)(d) and the regulations set forth in 21 N.C. Admin. Code § 61.0307 (10) and .0307 (14), and would provide a sufficient basis for the Board to permanently revoke my License.
B. Stipulation to Interim Sanction:

Under N.C. Gen. Stat. § 90-652, in lieu of proceeding to hearing, the Respiratory Care Practitioner and the Board hereby enter into this consent order whereby the Respiratory Care Practitioner and the Board agree to the following terms:

1. Being licensed to practice respiratory care on Probationary Status for a period of 24 months from the date of signature of this Consent Order.

2. Cause his immediate Respiratory Care supervisor to submit written quarterly reports to the Board, which shall be submitted by the 15th day of January 2009, April 2009, July 2009, October 2009, January 2010, April 2010, July 2010 and October 2010. Each such written report shall document the Licensee’s performance in the delivery of Respiratory Care, and detail any concerns of the supervisor about the Licensee’s practice of Respiratory Care.

3. Sign a release of information form with his Substance Abuse Counselor allowing him/her to provide written reports to the Board of all visits with his Substance Abuse Counselor during the 24 month probationary period. The Licensee shall agree to follow any Plan of Treatment suggested by the Substance Abuse Counselor.

4. Permit the Board to conduct random drug testing of the Licensee during the time the Licensee is on Probationary Status. The costs of all drug testing will be paid by the Licensee. The Board will determine the laboratory where the testing would be performed and the manner in which the sample would be collected, and will instruct the Licensee regarding the details of how any drug test should occur.

5. Complete the Community Service Plan that the Licensee presented to the Board’s Investigation and Informal Settlement Committee and provide documentation to the Board of the completion of the Plan no later than October 1, 2009.

6. The Respiratory Care Practitioner is assessed a civil penalty of five hundred dollars ($500.00) pursuant to N.C. Gen. Stat. § 90-666 and 21 N.C. Admin. Code § 61.0309. The Respiratory Care Practitioner shall remit this sum to the Board before the end of his probationary period.

7. To continue to comply with the Respiratory Care Practice Act, the Board’s Rules, and the Board’s published interpretation of those rules.

6. Public Record

The parties agree that this Consent Order is public record, as required by N.C. Gen. Stat. § 132-1. Documents that are part of the investigative file are not public record.
7. Reporting

This disciplinary action will be reported to the appropriate entities as outlined in Board policy and required by state and/or federal law or guidelines. Those entities include, but are not limited to, the National Databank maintained by the National Board for Respiratory Care and the Healthcare Integrity and Protection Data Bank (HIPDB).

8. Costs

The Respiratory Care Practitioner assumes financial responsibility for any costs associated with fulfilling the terms of this Consent Order.

The Respiratory Care Practitioner is assessed one thousand dollars ($1000.00) in costs pursuant to N.C. Gen. Stat. § 90-666(d) and shall remit this sum to the Board before the end of his probationary period.

9. Noncompliance with Interim Consent Order

Failure by the RCP to comply with the terms of this Order, either in substance or in timing, is a violation of 21 N.C. Admin. Code § 61 .0307(3). If, during the term of this Interim Consent Order, the Board staff receives evidence that the RCP has violated any of the above conditions, the Board may schedule a show cause hearing for a determination of the violations. If the Board determines that such violations have occurred, then the Board may suspend or revoke the license, revoke any stay, or may impose additional disciplinary action.

All provisions of this Order are effective upon this Order’s effective date. Fulfillment of time-specific elements intended to coincide with active practice (such as, but not limited to; probation, supervision or therapy) will only accrue during periods of active practice in which the RCP is compliant with the terms of this Order. Therefore, any period of noncompliance or inactive practice will not accrue towards fulfillment of those terms.

Should circumstances arise that affect the RCP’s ability to remain in compliance, the RCP shall immediately notify the Board in writing by return receipt mail, fully describing the situation along with any attendant request for Board consideration.

10. Effective Date/Modification

All provisions of this Consent Order are effective upon the date that the Executive Director of the Board signs this Order. Any modification of this Consent Order must be approved in writing by the Board before it becomes effective.

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CONSENT TO ISSUANCE OF CONSENT ORDER BY RESPIRATORY CARE PRACTITIONER

I, Craig A. Hawkins, state that I have read the foregoing Consent Order; that I know and fully understand its contents; that I agree freely and without threat or coercion of any kind to comply with the terms and conditions stated herein; and that I consent to the entry of this Consent Order.

Craig A. Hawkins

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG.

There personally appeared before me, a Notary Public in and for the County of Mecklenburg, State of North Carolina, Craig A. Hawkins, who, after having presented documentation of his identity that was satisfactory to me, did acknowledge that he executed the foregoing Interim Consent Order as his free and voluntary act.

This 24th day of Oct., 2008.

Notary Public

My Commission Expires:

ENTRY OF CONSENT ORDER ON BEHALF OF THE NORTH CAROLINA RESPIRATORY CARE BOARD

The foregoing Consent Order is entered at Raleigh, North Carolina, this 25th day of Oct., 2008.

Floyd E. Boyer, RRT, RCP
Executive Director, North Carolina Respiratory Care Board