

STATE OF NORTH CAROLINA

BEFORE THE NORTH CAROLINA
RESPIRATORY CARE BOARD

IN THE MATTER OF:

Karen L. Bresee, RCP
License Number – 6812

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CONSENT ORDER

I. Jurisdiction

The North Carolina Respiratory Care Board (the Board) is an occupational licensing board of the State of North Carolina, organized under N.C. Gen. Stat. § 90-646, et seq. The Board has jurisdiction over this matter under N.C. Gen. Stat. § 90-652 and 21 N.C. Administrative. Code 61 .0307 in the Board’s rules.

II. Identification of Licensee

The Respiratory Care Practitioner whose license is the subject of this matter is Karen L. Bresee (the “RCP”). Her mailing address is 206 Letcher Lane, Lillington, NC 27546. The RCP holds North Carolina Respiratory Care License number 6812 (the “License”), first issued on February 2, 2012, with a current expiration date of February 28, 2021.

III. Waiver of Rights

I, Karen L. Bresee, the RCP, hereby confirm that I understand that I have each of the following rights, and as noted by my initials below, I hereby freely and knowingly waive each of these rights without further process and agree to the terms of this Consent Order regarding my License:

(Initials)

- KB The right to a hearing before the Board;
- KB The right to present evidence to disprove all or some of the charges against me;
- KB The right to present evidence to limit or reduce any sanction that could be imposed for a violation;
- KB The right to confront and cross-examine witnesses and to challenge evidence presented by the Board against me;
- KB The right to present legal arguments to the Board;
- KB The right to appeal from any final decision adverse to my license to practice respiratory care; and
- KB The right to appeal from the entry of this Consent Order.

IV. Stipulation to Facts

The RCP and the Board stipulate to the following facts:

A) The RCP was employed and engaged in the practice of respiratory care in North Carolina during the time period when the events described in this Consent Order occurred.

B) On September 30, 2016, the Board received a complaint regarding the conduct of the licensee while employed at UNC-Hospital in Chapel Hill, NC. The complaint alleged that she was tested due to questionable behaviors on the night of September 5, 2016. A "Fit for Duty" urine test performed revealed a much higher than normal level of Ethanol in the sample. She was sent home on administrative leave and during her leave time, she resigned her Respiratory Therapist position at UNC Medical Center on September 11, 2016 and before the test results were made available by the lab.

C) On November 8, 2016, the Board Investigator interviewed the Director of the Respiratory Care Department at UNC Medical Center. She stated Karen had questionable behaviors on the evening of September 5, 2016 according to the Director. Earlier in the shift, Karen had been observed nodding off while charting and not acting appropriately. She just "wasn't acting right", seemed sluggish and was unsteady on her feet. Later when Karen was helping transport a patient from ICU to get a CT scan, she fell to the floor. Karen stated that she had tripped over something but the witnesses said she just fell over her own feet and had to be picked up off the floor. She did not lose consciousness or hit her head but seemed to be a bit dazed. A "fit for duty" urine drug screen was performed and Karen was sent home on administrative leave. Prior incidents began in December of 2015, her behavior changed and work quality and timeliness declined. The manager indicated that the RCP started feeling overwhelmed, forgetful, came in late and acted as she just did not care about her responsibilities at work any longer. The RCP was offered to enter the Hospital Employee Assistance Program (EAP), but declined.

D) On November 9, 2016, the Board Investigator interviewed the RCP. The RCP stated that she was never given the results of the "fit for duty" drug screen performed at work. She stated that she went to a Labor Day barbecue that Monday and had several glasses of wine. She denied drinking while at work and was not impaired the night of the incident. She also stated that she resigned due to changes going on at work that were becoming too stressful for her. When transporting a patient to get a CT scan, there was a brake sticking out from a stretcher and she tripped on it and fell. Afterwards, she felt like she was under a lot of scrutiny from the staff.

E) On March 7, 2016, the RCP appeared for an interview before the Board's Investigation and Informal Settlement Committee; and she did not admit to any drug or alcohol use but admitted having several drinks the night before going on shift. She denies chronic alcohol use but accepts responsibility for testing positive and was surprised at the level of blood alcohol would be so high after that number hours.

F) On April 13, 2017, the Board considered this matter and determined to place the RCP on probation for 24 months with the following stipulations to include quarterly supervisory reports, counseling evaluation and follow plan of care, quarterly counseling reports, and random drug screens.

G) On July 26, 2018, the manager of Respiratory Care/Cardiac Diagnostics of Cape Fear Valley Medical Center filed a complaint against terminated Karen Bresee. Due to lack of performing duties in the appropriate time frame, lack of real-time documentation, working off the clock, concerns of co-workers that she was impaired while on duty; and staff seeing empty alcoholic beverage containers in her bag that was left partially open in the department.

H) On September 4, 2018, the Licensee attended the Board Investigative Committee meeting since the complaint was a potential violation of her consent order. She provided testimony and documentation that she had been very sick, so she was offered an Inactive License to stop the proceedings. She agreed and she was converted to Inactive status with the understanding that she needed to come before the committee and the Board prior to reactivating her license. Since she was under a 2017 Consent Order for a prior incident, she was bound to meet the order requirements upon her return.

I) On December 20, 2019, the Licensee requested in an email to the Executive Director to be placed on the Board Agenda for January 9, 2020 in order for her to reactivate her license.

J) On January 9, 2020, the Board decided to invite the Licensee to the March 3, 2020 Investigative Committee meeting and provide documentation of her fitness to return to work.

K) On March 3, 2020, the Licensee attended the Investigative Committee meeting. She denied any substance use since the events occurred due to her condition. She feels she is well enough to return to practice in a less stressful environment. She does not feel she is suitable for acute care. She provided a negative drug screen and a letter from her doctor stating she was physically well enough to work.

V. Stipulated Order

During an Executive Session at its regular quarterly meeting on May 7, 2020, the Board considered this matter and determined to approve her active license and offer a Consent Order to the RCP, on the terms set out in this document; and in an email with the Executive Director on May 7, 2020 the RCP accepted each of the provisions of this Consent Order.

A. Stipulation to Sections of Law Violated:

I, Karen L. Bresee, the RCP, admit that testing positive for alcohol while on shift would violate N.C. Gen. Stat. § 90-659 (a) (1) (d) and the Board Rule set forth in 21 N.C. Admin. Code 61.0307 (10) and (14), and would provide a sufficient basis for the Board to revoke my License. Therefore, in consideration of the Board allowing me to keep my License, I freely and voluntarily agree to the following:

B. RCP's Stipulation to Sanctions:

Under N.C. Gen. Stat. § 90-652, in lieu of proceeding to hearing, the RCP and the Board hereby enter into this consent order and agree to the following terms, and the RCP understands that each and every one of these terms is an essential provision of this Consent Order, to which she agrees:

1. The RCP agrees to accept a license to practice respiratory care on Probationary Status for a period of not less than 12 months from the date of her execution of this order; and as a specific condition of that Probationary Status, the RCP agrees to all of the following additional terms and limitations.

2. During the entire time that the RCP holds the License on Probationary Status, the RCP agrees to permit the Board to conduct Random Drug testing of the RCP, and further agrees that the entire costs of all drug testing will be paid by the RCP. The Board will determine the laboratory where the testing would be performed and the manner in which the sample will be collected, and will instruct the RCP regarding these and any other details of how any drug test should occur. The Board may, but is not required to, accept drug screens performed by other state or federal agencies or employers as proof of RCP's ongoing compliance.

3. The RCP agrees to pay the costs of any drug screens, or treatment, or testing required under this Consent Order and agrees to assume financial responsibility for any other costs associated with fulfilling the terms of this Consent Order.

4. During the entire time that the RCP holds the License on Probationary Status, and if employed as a Respiratory Care Practitioner or in any other health care occupation the RCP shall cause her immediate supervisor to submit written quarterly reports to the Board.. Each such written report shall be submitted in a format defined by the Board and shall document the RCP's performance in the delivery of Respiratory Care or other professional duties, and detail any concerns of the supervisor about the RCP's Practice of Respiratory Care or other professional service on a form supplied by the Board.

5. The RCP agrees to report any change of employment as a Respiratory Care Practitioner and any change of address in writing to the Board within five business days after any such change;

6. The RCP agrees to attend one or more interviews with the Investigation and Informal Settlement Committee of the Board, the exact dates to be determined by the Board in its discretion in the future, to assess her compliance with this Consent Order.

7. The RCP acknowledges and agrees that this Consent Order and the materials compiled by the Board are matters of public record under the North Carolina Public Records Law, N.C. Gen. Stat. § 132-1 et seq.; and that the contents of this Consent Order will be reported to the appropriate entities as outlined in Board policy and as 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) maintained by the U.S. Department of Health and Human Services.

8. The RCP agrees that if circumstances arise which affect the RCP's ability to remain in compliance with any of the terms of this Consent Order, or to make continued progress on completing the requirements, the RCP shall immediately notify the Board in writing, fully describing the situation and providing a specific request to modify the terms of this Consent Order for the Board's consideration. However, the RCP acknowledges that unless and until the Board confirms such a modification IN WRITING to the RCP, no modification of this Consent Order shall be in effect.

9. The RCP acknowledges and agrees that if she fails to comply with the terms of this Consent Order, either by completely failing to carry out one of her obligations, or failing to complete an obligation within a time specified, that will constitute a violation of 21 N.C. Admin. Code 61 .0307(3), and that as a result, the Board may suspend or revoke the License, or impose additional disciplinary sanctions or performance obligations on the RCP.

VI. Effective Date

All provisions of this Consent Order are effective upon the date that the Executive Director of the Board signs it, and it shall remain in effect for the period or periods specified, or until amended in writing by the Board.

The terms of this Consent Order shall remain in effect until the RCP completes each of the requirements listed above, and receives written confirmation of completion from the Board. However, the RCP must continue to comply with the Respiratory Care Practice Act and the Board's Rules; and the RCP acknowledges that if other evidence of the RCP's non-compliance with the Act or the Rules that is not presented in the Stipulated Facts above should arise, then the Board may invoke other disciplinary measures against the RCP, based on that other evidence; and that in determining the appropriate action to take in response to other evidence of the Licensee's non-compliance with the Act or the Rules, the Board also may consider the conduct of the RCP which is presented in the Stipulated Facts in this Consent Order.

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CONSENT TO THE ENTRY OF CONSENT ORDER BY RESPIRATORY CARE PRACTITIONER

I, Karen L. Bresee, state that I have read the foregoing Consent Order; that I know and fully understand its contents; that after having an opportunity to consult with and obtain advice of counsel if I wanted to do so, I freely and without threat or coercion of any kind, consent to the entry of this Consent Order and agree to comply with the terms and conditions stated in it.




Karen L. Bresee

STATE OF NORTH CAROLINA
COUNTY OF Wake

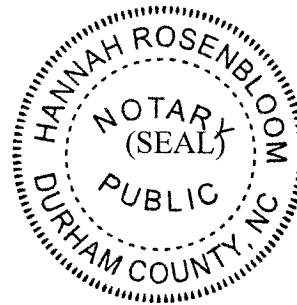
There personally appeared before me, a Notary Public in and for the County of Wake, State of North Carolina, Karen Bresee, who, after having presented documentation of her identity that was satisfactory to me, did acknowledge that she executed the foregoing Consent Order as her free and voluntary act.

This 11 day of May, 2020.



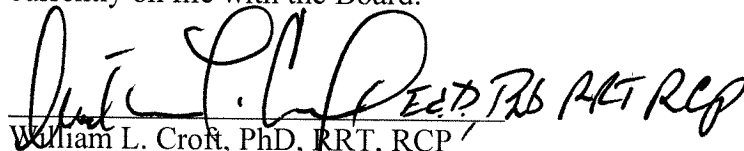
Notary Public

My Commission Expires: 3/15/25



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

The foregoing Consent Order is entered at Cary, North Carolina, this 11 day of May, 2020, and a copy of the signed Consent Order was mailed to the RCP's Address of Record currently on file with the Board.



William L. Croft, PhD, RRT, RCP
Executive Director
North Carolina Respiratory Care Board