

IN THE MATTER OF:)

)

CONSENT ORDER

Detra M. Dennis, RCP)

License Number – 6069)

1. 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 pursuant to N.C. Gen. Stat. § 90-652 and 21 N.C. Admin. Code § 61.0307.

2. Identification of Licensee

The Respiratory Care Practitioner is Detra M. Dennis (the "Licensee"). Her mailing address is 991 Sanchez Drive, Fayetteville, NC 28314. The Respiratory Care Practitioner holds North Carolina Respiratory Care License number 6069 (the "License"), first issued on August 5, 2009, with an expiration date of August 31, 2012.

3. Waiver of Rights

I, Detra M. Dennis, the Respiratory Care Practitioner, understand that I have each of the following rights:

(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 Respiratory Care Practitioner and the Board stipulate to the following facts:

A. The Respiratory Care Practitioner 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 Robert Williams, RCP of Cape Fear Valley Hospital, Fayetteville, NC; informing the Board that the Licensee was suspended from her position at Cape Fear Valley Hospital for having an expired BLS certification. The BLS expired on 6/20/11.

C. A review of the NCRCB database showed the licensee had renewed her license on 09/02/11 and stated her BLS expiration date was 06/29/2012.

D. The Licensee admitted during an interview with the Board's Investigation and Informal Settlement Committee that she had entered the false date into the online renewal application database.

5. Stipulated Order

A. Stipulation to Sections of Law Violated:

I, Detra M. Dennis, the Respiratory Care Practitioner, admit that the allegations against me, if proven true, would constitute violations of N.C. Gen. Stat. § 90-659 (a)(4) and the regulations set forth in 21 N.C. Admin. Code § 61 .0307 (23).

B. Stipulation to 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. The issuance of a Board Reprimand.
2. The Respiratory Care Practitioner is assessed a civil penalty of two hundred and fifty dollars (\$250.00) pursuant to N.C. Gen. Stat. § 90-666 and 21 N.C. Admin. Code § 61.0309. The RCP shall remit this sum to the Board no later than ninety (90) days after execution of this order.

3. 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 two hundred and fifty dollars (\$250.00) in costs pursuant to N.C. Gen. Stat. § 90-666(d). The RCP shall remit this sum to the Board no later than ninety (90) days after execution of this order.

9. Effective Date

All provisions of this Consent Order are effective upon the date that the Executive Director of the Board signs this Order.

10. Noncompliance with Consent Order

Failure by the Respiratory Care Practitioner 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 Consent Order, the Board staff receives evidence that the Respiratory Care Practitioner 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 Respiratory Care Practitioner is compliant with the terms of this Order. Therefore, any period of noncompliance or inactive practice will not accrue towards fulfillment of those terms.

CONSENT TO ISSUANCE OF ORDER BY RESPIRATORY CARE PRACTITIONER

I, Detra M. Dennis, 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 as a condition of maintaining my license from the North Carolina Respiratory Care Board.

Detra M. Dennis
Detra M. Dennis

STATE OF NORTH CAROLINA
COUNTY OF _____

**WITH THE UNITED STATES ARMED FORCES
AT FORT BRAGG, NORTH CAROLINA**

There personally appeared before me, a Notary Public in and for the County of _____, State of North Carolina, _____, 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 28 day of Oct, 2011.

Alexis E. Johnson
Notary Public

**ALEXIS E. JOHNSON
SPECIALIST, US ARMY
PARALEGAL SPECIALIST
PURSUANT TO 10 USC 1044e
COMMISSION INDEFINITE**



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 2nd day of November, 2011.

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