

IN THE MATTER OF
FAITH SHANAE GRAY

*** BEFORE THE MARYLAND**
*** BOARD OF NURSING**

CERTIFICATE No. A00180169

*** * * * ***

CONSENT ORDER OF REPRIMAND AND MONETARY PENALTY
OF
CERTIFIED NURSING ASSISTANT/GERIATRIC NURSING ASSISTANT
CERTIFICATE

On December 8, 2020, the Maryland Board of Nursing (the “Board”) received a complaint from a geriatric care facility located in Baltimore County, Maryland, which alleged that **FAITH SHANAE GRAY** (the “Respondent”) allowed a resident to remain saturated with urine and departed work early without notifying the charge nurse. The Board investigated the matter, and on October 6, 2021, issued a “Notice of Agency Action- Charges Under the Maryland Nurse Practice Act” (“Charges”) against the Respondent’s Certified Nursing Assistant (“CNA”)/Geriatric Nursing Assistant (“GNA”) certificate, certificate number **A00180169**. The Charges allege that the Respondent violated the Maryland Nurse Practice Act (“the Act”), specifically Md. Code Ann., Health Occupations Article (“Health Occ.”) § 8-6A-10(a)(13), (14), and (29), with underlying grounds of Maryland Code of Regulations (“COMAR”) 10.39.07.02B(1).

On April 12, 2022, the Respondent attended a Case Resolution Conference (“CRC”), in an effort to resolve the Charges in lieu of an evidentiary hearing before the Board. The Assistant Attorney General—Administrative Prosecutor also attended the CRC on behalf of the State. At the CRC, the Respondent and the State agreed to, and the Board hereby accepts, the following Findings of Fact, Conclusions of Law, and Order.

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I. FINDINGS OF FACT

The Board finds that:

1. On January 23, 2019, the Respondent was issued a CNA certificate in the State of Maryland, as well as a designation as a GNA. The Respondent's CNA certificate and GNA designation are active and are due to expire on May 28, 2023.

COMPLAINT

2. On or about December 8, 2020, the Board received a complaint from a geriatric care facility ("Facility")¹ located in Baltimore County, Maryland. The complaint alleged that on December 5, 2020 and December 6, 2020:

"GNA Faith Gray allowed a resident to remain saturated with urine and did not change her. GNA Faith Gray woke the same resident up after only 4 1/2 hrs [*sic*] of sleep[.] GNA Faith Gray departed work without notifying the charge nurse."

Facility – Patient Records:

3. The Facility completed a Comprehensive & Extended Care Facilities Self-Report Form on December 11, 2020. Next to "Type of Report," two "X" marks appear in the box for "Neglect." The Form also stated:

- i. "On 12/05/2020, GNA Faith Gray was on duty and working a double shift . . . (3pm – 11pm and the 11pm – 7:30 am shifts). One of the Residents under her care was [Patient A]. At approximately 11pm, [Patient A] was found by the Charge Nurse . . . to be saturated with urine. [The Charge Nurse] changed the clothes of [Patient A] and put skin lotion on her. [Patient A] was placed into bed for a restful sleep at around 12 midnight.

Surprisingly, [Patient A] was awakened by GNA Faith Gray at 4:30 am on 12/06/2020, GNA Faith Gray then called the staffing coordinator and informed her she had an emergency and needed to depart immediately. When asked if she notified the charge nurse . . . of her departure, GNA Faith Gray said no, and she then departed the job without proper notification to the nurse. Note: It should be

¹ In order to maintain confidentiality, facility, patient, and employee names will not be used in this document but will be provided to the Respondent upon request.

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known that GNA Faith Gray had already turned in her two-week resignation, and this was the next to last shift she was scheduled to work.”

- ii. “We immediately placed GNA Faith Gray on administrative leave (suspension) even though she was scheduled for two more shifts prior to her official day of resignation.”
 - iii. “We were able to interview GNA Faith Gray . . . unfortunately, GNA Faith Gray was unable to offer any compelling reason as to why she failed to check on and/or change soiled [Patient A] or why she got this [patient] up from bed after she only experienced 4 ½ hours of sleep. . . . GNA Faith Gray’s excuse for not caring for [Patient A] properly and walking off the job 2 hours early (plus failing to notify the nurse she was departing) was as she said her ‘boyfriend’s job called her as he was rushed to the hospital’ (GNA Faith Gray was unable to produce any proof of this hospital emergency) and she said may have made a poor judgement call to leave early because she was ‘sleep deprived.’ Based upon the above, we terminated the employment of GNA Faith Gray. [Patient A] is being cared for properly and there were no lasting negative effects of Faith Gray’s neglectful care.”
4. Patient A’s Admission Record indicates that she is 97 years old. Under “Diagnosis Information,” the record indicates that Patient A has “Repeated Falls.” Patient A’s “Diagnosis Information” also includes “Unspecified Dementia Without Behavioral Disturbance.”
 5. Patient A’s Physician completed a review of her Care Plan on December 30, 2020. The Care Plan indicates that Patient A is an “elopement risk/wanderer,” that she has “impaired cognitive function [related to] [d]ementia,” bladder incontinence, and that she is at “risk for falls” due to “[g]ait/balance problems [with] muscle weakness and pain, frequent bladder incontinence.”
 6. In the section on “bladder incontinence,” Patient A’s Care Plan states that:

“[Patient A] no longer alerts staff of her need for assistance with toileting. Staff anticipates her toileting needs and provides incontinent care, routinely . . . and as needed.”

The Care Plan Goal for [Patient A]’s bladder incontinence states that she “will remain free from skin breakdown due to incontinence[.]”

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Facility – Personnel Records:

7. The Respondent began working at the Facility as a GNA in a part-time position on or around March 12, 2020. On June 29, 2020, the Respondent became a full-time GNA at the Facility. On November 23, 2020, the Respondent submitted a letter of resignation to the Facility. In the letter, the Respondent stated that her last day in the full-time position would be in two weeks. On or around December 6, 2020, the Facility terminated the Respondent's employment due to "the incident of neglect/job abandonment."
8. The Respondent's Time Card Report indicates that she was scheduled to work from 3:00 PM on Saturday, December 5, 2020 to 7:30 AM on Sunday, December 6, 2020. The Time Card Report shows that the Respondent clocked in at 2:59 PM; clocked out at 8:33 PM; clocked in at 9:04 PM; and clocked out at 5:25 AM.
9. A typed note on the Time Card Report for Saturday, December 5, 2020 states: "Left Early* Texted Scheduler at 5:23 am that she was leaving due to." The Report shows that the Respondent incurred "0.5 Points" for "Left Early – Unexcused."
10. The Facility's Daily Staffing Schedule for Saturday, December 5, 2020 shows that the Respondent was scheduled to work in the location of the Facility where Patient A resides during the evening shift from 3:00 – 11:00 and during the night shift from 11:00 – 7:30. The December 5, 2020 Daily Staffing Schedule shows that the Charge Nurse during the evening shift from 3:00 – 11:00 was a Registered Nurse (the "RN"), and the Charge Nurse during the night shift from 11:00 – 7:30 was a Licensed Practical Nurse (the "LPN").
11. On the December 5, 2020 Daily Staffing Schedule, a hand-drawn arrow next to the Respondent's name under the list of staff for the 11:00 – 7:30 night shift points to a hand-written note that states, "Walked off job 530A – never told anyone but a text to me."

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Board's Investigation:

12. In an interview with the Board's investigator on March 30, 2021, the LPN who was the Charge Nurse during the night shift from 11:00 PM on Saturday, December 5, 2020, to 7:30 AM on Sunday, December 6, 2020, stated:
- a. The Respondent worked the evening shift at the Facility on Saturday, December 5, 2020, from 3:00 PM to 11:00 PM. The Respondent was responsible for taking care of Patient A during that evening shift.
 - b. On Saturday, December 5, 2020, the Respondent was also working the night shift from 11:00 PM to 7:30 AM the next morning.
 - c. When the LPN arrived for her night shift as Charge Nurse at 11:00 PM on Saturday, December 5, 2020, she learned during report that Patient A was refusing to go to bed and was still up in the chair in her room.
 - d. The LPN went to Patient A's room after report, around 12:15 or 12:30 AM. The LPN talked to Patient A and Patient A "didn't hesitate" to let the LPN put her to bed.
 - e. While putting Patient A to bed, the LPN observed that Patient A "was really, really wet," and "really saturated." The LPN changed Patient A's diaper.
 - f. The next morning on Sunday, December 6, 2020, the LPN went to Patient A's room at 5:00 AM and observed that Patient A was already awake, out of bed, and dressed, sitting in her chair.
 - g. The LPN asked the Respondent why she got Patient A up so early, especially since Patient A was the last patient to go to bed. The Respondent "was upset" and started "talking loud" to the LPN.

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- h. The LPN went back to Patient A's room and put her to bed because Patient A was "really tired."
 - i. Around 5:00 or 5:30 AM, the Facility Security Guard called the LPN and told her that the Respondent left the Facility to go home.
 - j. The Respondent did not notify the LPN that she was leaving early.
 - k. The Respondent's shift was scheduled to end at 7:30 AM.
13. In an interview with the Board's investigator on May 18, 2021, the Respondent stated:
- a. The Respondent was employed at the Facility as a GNA for approximately seven months.
 - b. On the day in question, the Respondent went to Patient A's room around 9:00 or 9:30 PM in the evening to clean Patient A, but Patient A refused.
 - c. The Respondent informed the evening shift Charge Nurse—the RN—that the Respondent needed help with Patient A because she was refusing. The RN advised the Respondent to give Patient A time and then go back and try again.
 - d. The Respondent returned to Patient A before she finished charting and Patient A still "did not want any bother." Patient A refused to go with other GNAs and refused her medication from the RN.
 - e. The RN, who was the Charge Nurse during the evening shift, "could do not do anything with [Patient A]," so the RN and the Respondent decided to inform the staff coming in for the night shift that Patient A refused to be changed and was combative. The Respondent was working the night shift, as well, so she was there to inform them.

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- f. The Respondent stated, “There was no way I could change her. She was fighting, trying to scratch me, or different things like that. And the policy is [at the Facility] that I’m not allowed to, you know, rough handle them or force them to do anything. So, that’s what that was.”
- g. Patient A was left saturated after she refused the Respondent’s care.
- h. The Charge Nurse for the night shift—the LPN—was able to put Patient A to bed.
- i. When asked why Patient A was awake and dressed at 5:00 AM the next morning, the Respondent said she found Patient A swinging her legs out of the bed at 4:30 AM and asking to be placed in her recliner chair, so the Respondent did as the patient asked.
- j. When asked if she prompted Patient A to stay in bed because it was so early, the Respondent said Patient A “is very adamant” and “knows exactly what she wants.”
- k. The Respondent did not directly tell the LPN that she was leaving before her shift ended that day because the Respondent “wasn’t focused,” and “wasn’t thinking.”
- l. When asked if she admits to “leaving [Patient A] saturated and leaving before [her] shift ended,” the Respondent answered, “Yes.”

THE RESPONDENT’S WRITTEN RESPONSE TO THE COMPLAINT

14. The Respondent submitted a Complaint Response Form, in which she stated, in part:

“On the day in question I am accused of purposely leaving a patient soiled which is false. Here I was advised by [a Supervisor at the Facility] to not force any resident to change neither am I Allowed to forcefully change my resident. During my last round check on the floor [Patient A] was Combative and Adamant of not being changed or going to bed in which case I notified my Charge nurse Others attempted to assist me but were unsuccessful. The shift ended 11-7 shift charge nurse and Staff were aware of said issues for patient. To [Facility] I humbly and respectfully Apologize on the day in question I was finishing a double I was a bit sleep deprived because of that I May have left my floor without

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informing anyone and for my behavior, I apologize and assure the board This will never happen again.”

II. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated the Act as follows:

Health Occ. § 8-6A-10(a)

- (13) Has acted in a manner inconsistent with the health or safety of an individual under the . . . certificate holder’s care;
- (14) Has practiced as a nursing assistant . . . in a manner which fails to meet generally accepted standards for the practice of a nursing assistant . . .;
- (29) Engages in conduct that violates the code of ethics; *to wit*,
Code of Maryland Regulations (“COMAR”) 10.39.07.02B.
 - B. A certificate holder may not, when acting in the capacity or identity of a certificate holder:
 - (1) Abandon a client or assignment after assuming care for the client or accepting the assignment[.]

III. ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is hereby:

ORDERED that the Certified Nursing Assistant/Geriatric Nursing Assistant certificate, certificate number A00180169, of **FAITH SHANAE GRAY**, to practice in the State of Maryland, is hereby **REPRIMANDED**; and it is further

ORDERED that, within **SIXTY (60) DAYS** of the effective date of this Consent Order, the Respondent shall pay to the Board a monetary penalty of **ONE HUNDRED DOLLARS**

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(\$100.00) in full, by money order or cashier's check payable to the Board and delivered in person or by certified mail; and it is further

ORDERED that the Respondent shall successfully complete a course for Certified Nurse Assistants in Communication with Cognitively Impaired Residents/Patients, approved by the Board, and submit documentary proof of successful completion of this course within **SIXTY (60) DAYS** of the effective date of this Consent Order; and it is further

ORDERED that the Respondent is responsible for paying all costs incurred to comply with all of the terms and conditions of this Consent Order; and it is further

ORDERED that failure to comply with any of the terms and conditions in this Consent Order shall constitute a violation of the Order; and it is further


ORDERED that, if the Respondent violates any of the terms and conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing, may impose, by further public Order of the Board, any sanction(s) authorized by Health Occ. § 8-6A-10 and COMAR 10.27.26, including reprimand, probation, suspension, revocation, and/or a monetary penalty;

ORDERED that the Respondent shall comply with the Maryland Nurse Practice Act, Md. Code Ann., Health Occ. §§ 8-101 *et seq.* (2021 Repl. Vol.), Md. Code. Regs. 10.39 *et seq.*, and all federal and State laws and regulations governing the practice of nursing in Maryland; and it is further

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ORDERED that this Order is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen.
Prov. §§ 4-101 *et seq.* (2019 Repl. Vol.).

6/1/2022
Date


Gary N. Hicks, MS, RN, CEN, CNE
The Board President's Signature
Appears on the Original Document

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CONSENT

By this Consent, I acknowledge that I have read this Consent Order in its entirety and I hereby admit the truth of the Findings of Fact and accept and submit to the foregoing Consent Order and its conditions. I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to legal counsel authorized to practice law in Maryland, to confront witnesses, to give testimony, to request subpoenas for witnesses, to call witnesses on my own behalf, to introduce testimony and evidence on my own behalf, and to all other substantive and procedural protections provided by law. I waive these rights, as well as any appeal rights under Md. Code Ann., State Government Article § 10-222.

I sign this Consent Order voluntarily and without reservation, after having an opportunity to consult with an attorney, and I fully understand and comprehend the language, meaning, terms, and effect of this Consent Order.



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NOTARIZATION

STATE: Maryland

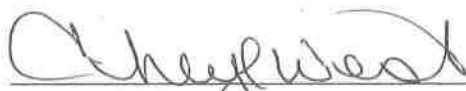
COUNTY: Baltimore City

I HEREBY CERTIFY that on this 26 day of April, 2022, before me, Notary Public of the State and City/County aforesaid, **FAITH SHANAE GRAY**, personally appeared, and declared and affirmed under penalties of perjury that signing the foregoing

Consent Order was her voluntary act and deed,
I WITNESSETH my hand and notarial seal.



My Commission Expires: 5/2/25



Notary Public