

PROTHONOTARY
Commonwealth of Pennsylvania

2007 MAY 17 AM 7:39

Department of State

Date: May 16, 2007

Subject: Receipt of Citation
File No. 0751-04729
MORGAN, BETHANN

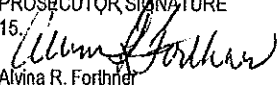
To: Deanna S. Walton
Prothonotary

From: Dianna McCommons *DM*
Professional Compliance Office

Please be advised that the Office of Chief Counsel has transmitted to this office a citation, which has resulted in the opening of the above file. A copy of that citation (No. 54729) is attached for your records. Should the Respondent request a hearing, one has been preliminarily scheduled for August 14, 2007.

This office will notify you of the receipt of any plea or request for a hearing by Respondent.

Attachment

| | | | | | |
|---|---|--|---------------------------------|---|--|
| Commonwealth of Pennsylvania DEPARTMENT OF STATE HARRISBURG, PA 17105 | | CITATION | | CITATION NO. 54729 | |
| RESPONDENT 1. Bethann Morgan | | | FILE NO. 2. 07-51-04729 | NOTICE OF RIGHTS AND OBLIGATIONS The original of this citation will be filed with the Professional Compliance Office of the Bureau of Professional and Occupational Affairs at the address listed herein. You should receive this citation by certified mail and by first class mail. Please respond only once. | |
| SEX 3. | D.O.B 4. | AGE 5. | LICENSE NO. 6. RN290438L | | |
| RECORD ADDRESS 7. 2057 Willow Lane | | CITY Furlong | STATE PA | ZIP CODE 18925 | |
| CHARGE 8. Practicing professional nursing on a lapsed license for 12 months. | | | | | |
| STATUTE OR REGULATION 9. 63 P.S. | | FACILITY ADDRESS 10. 2057 Willow Lane Furlong, PA 18925 | | | |
| SECTION NO. #1. 225.4 | FINE \$1000.00 | | | | |
| SECTION NO. #2. | FINE \$ | | | | |
| SECTION NO. #3. | FINE \$ | | | | |
| 11. TOTAL DUE | \$1000.00 | | | | |
| 12. SEND PAYMENT TO: | PA. DEPARTMENT OF STATE ATTN: PROFESSIONAL COMPLIANCE OFFICE – CITATIONS PO BOX 2649 HARRISBURG PA 17105 | | | | |
| RECEIPT OF CITATION ACKNOWLEDGED – SIGNATURE 13. | | | DATE ISSUED 14. May 15, 2007 | | |
| I Verify That The Facts Set Forth In This Citation Are True And Correct To The Best Of My Knowledge Or Information And Belief. This Verification Is Made Subject To The Penalties Of Section 4804 Of The Crimes Code (18 Pa.C.S. §4804) Relating To Unsworn Falsification To Authorities. | | | | | |
| PROSECUTOR SIGNATURE 15.  Alvina R. Forthner | | ID NO. 16. 202791 | REGION 17. Harrisburg | CODE 18. | |
| REMARKS 19. Respondent practiced professional nursing on a lapsed license from April 30, 2006 until 5/7/2007, per Respondent's admission on Respondent's renewal/reactivation application. | | | | | |
| READ THE NOTICE OF RIGHTS AND OBLIGATIONS ON THIS CITATION FOR AN EXPLANATION OF YOUR RIGHTS AND OBLIGATIONS FOR SETTLEMENT OF THIS MATTER. YOU MUST ELECT ONE OF THE PLEA OPTIONS AND FOLLOW THE APPROPRIATE DIRECTIONS WITHIN 10 DAYS TO AVOID FURTHER LEGAL ACTION AGAINST YOUR LICENSE. | | | | | |
| SHOULD YOU ELECT TO DEMAND A HEARING ON THIS MATTER, FOLLOW THESE INSTRUCTIONS CAREFULLY. YOUR HEARING DATE WILL BE ON August 14, 2007 AT 9:00 A.M. ALL HEARINGS ARE HELD IN HARRISBURG IN THE OFFICE OF HEARING EXAMINERS, 2601 NORTH THIRD STREET, HARRISBURG, PA 17110 | | | | | |
| PLEASE PLACE THE CITATION NUMBER(S) ON YOUR CERTIFIED OR CASHIER'S CHECK OR MONEY ORDER | | | | | |
| LEGAL OFFICE COPY | | | | | |
| <p>WITHIN TEN (10) DAYS OF THE RECEIPT OF THIS CITATION, YOU MUST:</p> <p>--ADMIT TO THE VIOLATION(S) by signing the appropriate plea below and mailing the entire RESPONDENT'S RETURN copy of this Citation along with an amount equal to the Total Due as specified in Box 11 to the Professional Compliance Office at the address listed in Box 12.</p> <p>--DENY THE VIOLATION(S) by signing the appropriate plea below and mailing the entire RESPONDENT'S RETURN copy of this Citation to the Professional Compliance Office at the address in Box 12. If you deny the violation(s), a formal hearing will be scheduled in Harrisburg at which you may present evidence on your behalf. Failure to appear at the formal hearing will result in the entry of a default judgment against you for the full amount of the Civil Penalty ("Total Due") as specified in Box 11 of this Citation.</p> <p>All payments must be made by certified or cashier's check or money order and made payable to the "Commonwealth of Pennsylvania," and mailed to the address on the reverse side. Please place the Citation Number on your certified or cashier's check or money order. <u>Personal Checks will not be accepted.</u></p> <p>Failure to respond within the time specified above will result in the entry of a default judgment against you for the full amount of the Civil Penalty ("Total Due") as specified on this Citation. Failure to pay a civil penalty could result in additional fines and the revocation, suspension or other disciplinary action against any license which you may hold.</p> <p style="text-align: center;">PLEA</p> <p>Place the RESPONDENT'S RETURN copy of the Citation and your certified or cashier's check or money order in an envelope and mail to the address listed in Box 12.</p> <p>I understand this notice of my rights and obligations. Further, I represent that I make this plea knowingly, voluntarily and intelligently. I understand that false statements herein are made subject to the Criminal Penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities. Failure to indicate a plea when forwarding an amount equal to the Total Due as specified on this Citation will result in a plea admitting to all violations being recorded.</p> <p>1. I ADMIT to the violation(s) on this Citation</p> <p>_____ Signature Date</p> <p>2. I DENY the violation(s) on this Citation</p> <p>_____ Signature Date</p> <p>3. I ADMIT to violation(s) _____, have enclosed the amount for these violations and DENY the remaining violation(s) on this Citation .</p> <p>_____ Signature Date</p> | | | | | |

PROTHONOTARY
Commonwealth of Pennsylvania

2007 MAY 30 AM 7:36

Date: May 29, 2007

Subject: Closure of Citation File
File No. 0751-04729
Citation No. 54729
MORGAN, BETHANN

To: Deanna S. Walton
Prothonotary

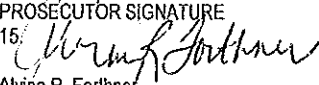
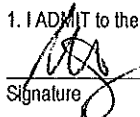
From: Dianna McCommons *DM*
Professional Compliance Office

Department of State

Please be advised that this office is in receipt of a plea statement from the Respondent in the above matter. A copy is attached for your records. The Respondent has admitted to all charges and has tendered the appropriate form and amount of payment of the civil penalty. Consequently, this matter is considered closed and a hearing will not be necessary.

Please feel free to contact this office if you have any questions.

Attachment

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| Commonwealth of Pennsylvania DEPARTMENT OF STATE HARRISBURG, PA 17105 | | <h1 style="margin:0;">CITATION</h1> | | <h2 style="margin:0;">CITATION NO.</h2> <h3 style="margin:0;">54729</h3> | |
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| 1. I ADMIT to the violation(s) on this Citation | | | | | |
|  Signature | | | 05/25/07 Date | | |
| 2. I DENY the violation(s) on this Citation | | | | | |
| _____ Signature | | | _____ Date | | |
| 3. I ADMIT to violation(s) _____, have enclosed the amount for these violations and DENY the remaining violation(s) on this Citation. | | | | | |
| _____ Signature | | | _____ Date | | |
| RESPONDENT COPY FIRST CLASS | | | | | |