



STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158

JOHN ELIAS BALDACCI  
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
 EXECUTIVE DIRECTOR

**IN RE: MICHAEL W. HENDRY, RN & CRNA** ) **CONSENT AGREEMENT**  
 of Hollidaysburg, PA ) **FOR VOLUNTARY**  
 Licenses #R045848 & AA083457 ) **SURRENDER OF LICENSE**

**INTRODUCTION**

This document is a Consent Agreement (“Agreement”) regarding Michael W. Hendry’s license as a registered professional and advanced practice nurse in the State of Maine. The parties to this Agreement are Michael W. Hendry (“Licensee” or “Mr. Hendry”), Maine State Board of Nursing (“Board”) and the Office of the Attorney General, State of Maine. The parties enter into this Agreement pursuant to 32 M.R.S. § 2105-A (1-A) (C), 10 M.R.S. §§ 8003 (A-1) (4), 8003 (5) (B) and 8003 (5) (D). The parties reached this Agreement on the basis of a Board Notice of Complaint dated October 7, 2010 with information from the Commonwealth of Pennsylvania dated August 3, 2010 regarding Police Criminal Complaint BN40231-10C [Exhibit A].

**FACTS**

1. Michael W. Hendry has been licensed as a registered professional nurse and approved to practice as a Certified Registered Nurse Anesthetist (“CRNA”) in the State of Maine since April 10, 2001; “approval” was converted to “license” on September 1, 2008. On April 28, 2008, Mr. Hendry entered into a Consent Agreement with the Board for suspension and probation of license for unprofessional conduct and incompetence [Exhibit B].
2. Michael W. Hendry’s employment as a CRNA at Nason Hospital in Roaring Spring, PA began on September 10, 2008. As a result of Mr. Hendry’s excessive use of narcotics on patients in the Operating Room, he was drug tested on July 13 and 14, 2010. On July 19, 2010, both drug tests were reported as positive for Fentanyl.
3. Michael W. Hendry was terminated on July 26, 2010 after admitting that he diverted Fentanyl from Nason Hospital for his personal use between February 2009 and July 2010. He also admitted falsifying the Anesthesia Record and the Narcotic Charge Sheet to indicate that more Fentanyl was administered to patients than had been administered.
4. Michael W. Hendry, on or about August 2, 2010, knowing that he was not licensed or privileged to do so, entered the Operating Room of Nason Hospital by entering codes on a locked door to gain entry, as captured on closed circuit television.
5. Michael W. Hendry has offered to surrender his registered professional and advanced practice nursing licenses based upon the above-stated facts and thereby waives his right to an adjudicatory hearing.

**AGREEMENT**

6. The Maine State Board of Nursing will accept Michael W. Hendry’s offer to voluntarily surrender his registered professional and advanced practice nursing licenses. Michael W. Hendry understands and agrees that should this matter go to hearing before the Board on the above-stated facts and the underlying information to support those facts, it is more likely than not they would support the Board’s findings in this Agreement. Further, he understands and agrees that this document imposes discipline regarding his nurse practice in the State of Maine. The grounds for discipline are found under Title 32 M.R.S. § 2105-A(2)(A), (2)(B), (2)(E)(1), (2)(F) and (2)(H) and Chapter 4, Sections 1(A)(1), 1(A)(2), 1(A)(6), 1(A)(8) and Chapter 4, Sections 3(F), 3(K), 3(P) and 3(Q) of the Rules and Regulations of the Maine State Board of Nursing. Specifically, the violations are:



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME  
<http://www.maine.gov/boardofnursing/>

PHONE: (207) 287-1133

FAX: (207) 287-1149

Title 32 M.R.S. §§:

- a. 2105-A (2) (A). Mr. Hendry engaged in the practice of fraud or deceit in connection with a service rendered within the scope of his license. (See also Chapter 4, Section 1.A.1.)
  - b. 2105-A (2) (B). Habitual substance abuse that has resulted or is foreseeably likely to result in the licensee performing services in a manner that endangers the health or safety of patients. (See also Rule Chapter 4, Section 1.A.2.)
  - c. 2105-A (2) (E). Incompetence. Mr. Hendry engaged in conduct that evidenced a lack of ability and fitness to discharge the duty owed by the licensee to a client or patient for which he is licensed. (See also Chapter 4, Section 1A.5.a.)
  - d. 2105-A (2) (F). Unprofessional Conduct. Mr. Hendry has engaged in unprofessional conduct by violating standards of professional behavior that have been established in the practice for which he is licensed. (See also Rule Chapter 4, Section 1.A.6.)
  - e. 2105-A (2) (H). A violation of this chapter or a rule adopted by the Board. (See also Rule Chapter 4, Section 1.A.8.)
  - f. Chapter 4, Section 3. *Unprofessional Conduct* as defined by the Rules and Regulations of the Maine State Board of Nursing states that *Nursing behavior which fails to conform to legal standards of the nursing profession, and which could reflect adversely on the health and welfare of the public shall constitute unprofessional conduct and shall include, but shall not be limited to, the following:*
    - F. Failure to take appropriate action or follow policies and procedures in the practice situation designed to safeguard the patient.
    - K. Inaccurate recording, falsifying or altering a patient or health care provider record.
    - P. Diverting drugs, supplies or property of patients of health care provider.
    - Q. Possessing, obtaining, furnishing or administering prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.
7. Michael W. Hendry understands and agrees that his licenses will remain on surrender status and subject to the terms of this Agreement indefinitely until and unless the Board, at Mr. Hendry's written request, votes to reinstate his license. Mr. Hendry understands and agrees that if the Board reinstates his license, it may be for a probationary period.
  8. The State of Maine is a "party state" that has adopted the Nurse Licensure Compact ("Compact"), which is set out in Chapter 11 of the Rules and Regulations of the Maine State Board of Nursing. The State of Maine is Mr. Hendry's "home state" of licensure and primary state of residence which means that he has declared the State of Maine as his fixed permanent and principle home for legal purposes; his domicile. Other party states in the Compact are referred to as "remote states," which means party states other than the home state that have adopted the Compact. Mr. Hendry understands this Consent Agreement is subject to the Compact.
  9. Michael W. Hendry understands that he does not have to execute this Agreement and has the right to consult with an attorney before entering into the Consent Agreement.
  10. Michael W. Hendry shall not work or volunteer in any capacity for a health care provider as defined by Title 24 M.R.S. § 2502 (2) or in any position holding himself out as a registered professional or advanced practice nurse or with the designation "RN" or "CRNA" while his nursing licenses are surrendered.
  11. This Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

12. Modification of this Agreement must be in writing and signed by all parties.
13. This Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
14. Michael W. Hendry affirms that he executes this Agreement of his own free will.
15. This Agreement becomes effective upon the date of the last necessary signature below.

**I, MICHAEL W. HENDRY, RN/CRNA, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, KNOWINGLY, AND INTELLIGENTLY AND AGREE TO BE BOUND BY THIS AGREEMENT. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.**

DATED: 12/21/2010

  
MICHAEL W. HENDRY, RN & CRNA

FOR THE MAINE STATE  
BOARD OF NURSING

DATED: Jan 3, 2011

  
MYRA A. BROADWAY, J.D., M.S., R.N.  
Executive Director

FOR THE OFFICE OF THE  
ATTORNEY GENERAL

DATED: 1/4/10  
[2011]  
jo

  
JOHN H. RICHARDS  
Assistant Attorney General

COMMONWEALTH OF PENNSYLVANIA  
 COUNTY OF BLAIR  
 Magisterial District Number: 24-3-04  
 MDJ: Hon. CRAIG ORMSBY  
 Address: 800 EAST MAIN ST.  
 ROARING SPRING, PA 16673  
 Telephone: (814)224-4168



POLICE CRIMINAL CO  
 COMMONWEALTH OF PENN  
 VS.  
 EXHIBIT  
 A

DEFENDANT: (NAME and ADDRESS)  
 MICHAEL WARREN HENDRY  
 First Name Middle Name Last Name Gen.  
 32825 GRACIE LANE  
 PLAQUEMINE LA 70764

NCIC Extradition Code Type

1-Felony Full  4-Felony No Ext.  B-Misdemeanor Limited  E-Misdemeanor Pending  
 2-Felony Ltd.  5-Felony Pend.  C-Misdemeanor Surrounding States  Distance: \_\_\_\_\_  
 3-Felony Surrounding States  A-Misdemeanor Full  D-Misdemeanor No Extradition

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-209-10 Date Filed 8 / 3 / 10 OTN/LiveScan Number S 058083-4 Complaint/Incident Number BN40231-10C SID Request Lab Services?  YES  NO

GENDER  Male  Female  
 DOB 10/06/1972 POB UNK Add'l DOB / / Co-Defendant(s)   
 First Name Middle Name Last Name Gen.

RACE  White  Asian  Black  Native American  Unknown

ETHNICITY  Hispanic  Non-Hispanic  Unknown

HAIR COLOR  GRY (Gray)  RED (Red/Aubn.)  SDY (Sandy)  BLU (Blue)  PLE (Purple)  BRO (Brown)  
 BLK (Black)  ONG (Orange)  WHI (White)  XXX (Unk./Bald)  GRN (Green)  PNK (Pink)  
 BLN (Blonde / Strawberry)

EYE COLOR  BLK (Black)  BLU (Blue)  BRO (Brown)  GRN (Green)  GRY (Gray)  
 HAZ (Hazel)  MAR (Maroon)  PNK (Pink)  MUL (Multicolored)  XXX (Unknown)

Driver License State PA License Number Expires: 10/07/2011 WEIGHT (lbs.)

DNA  YES  NO DNA Location 180

FBI Number MNU Number Ft. HEIGHT in. 5 10

Defendant Fingerprinted  YES  NO

Fingerprint Classification:

DEFENDANT VEHICLE INFORMATION

Plate # State Hazmat  Registration Sticker (MM/YY) / Comm'l Veh. Ind.  School Veh.  Oth. NCIC Veh. Code Reg. same as Def.   
 VIN Year Make Model Style Color

Office of the attorney for the Commonwealth  Approved  Disapproved because:

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

(Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, SHERRI L. CRAMER (Name of the Affiant) PA OAG/BNI 404 (PSP/MPPOETC -Assigned Affiant ID Number & Badge #)  
 of THE PA OFFICE OF ATTORNEY GENERAL (Identify Department or Agency Represented and Political Subdivision) PA0141300 (Police Agency ORI Number)  
 do hereby state: (check appropriate box)  
 1.  I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe  
 with violating the penal laws of the Commonwealth of Pennsylvania at [406] 105 NASON DRIVE, ROARING SPRING, PA 16673 (Subdivision Code) (Place-Political Subdivision)  
 in BLAIR County [07] on or about BETWEEN FEBRUARY 2009 AND JULY 2010 (County Code)  
 RECEIVED AUG - 3 2010



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-209-10	Date Filed: 8 / 3 / 10	OTN/LiveScan Number S 058083-4	Complaint/Incident Number BN40231-10C
Defendant Name	First: MICHAEL	Middle: WARREN	Last: HENDRY

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 – 213.7.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	1	780-113	A 16	of the	TITLE 35	1	UNG M	3530	1100
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	-----------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance): Prohibited acts: Knowingly or intentionally possessing a Controlled Substance by a person not registered or licensed under this act.

Acts of the accused associated with this Offense:

Between February 2009 and July 2010, the defendant illegally possessed Fentanyl, a Schedule II Controlled Substance, by retaining the medication for himself and not administering it to his patients as indicated in his documentation.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
---	--	---	---

<input type="checkbox"/>	2	780-113	A 28	of the	TITLE 35	1	UNG M	3530	1100
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	-----------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance): Prohibited acts: The furnishing of false or fraudulent material information in, or omission of any material information from any application, report, or other document required to be kept or filed under this act.

Acts of the accused associated with this Offense:

Between February 2009 and July 2010, the defendant being licensed by law to dispense Controlled Substances, furnished false or fraudulent material information in, or omission of any material information in regards to his dispensing of Fentanyl, a Schedule II Controlled Substance, on documents or records required to be kept under this act.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
---	--	---	---

<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	-----------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance):

Acts of the accused associated with this Offense:



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-209-10	Date Filed: 8 / 3 / 10	OTN/LiveScan Number S 058083-4	Complaint/Incident Number BN40231-10C
Defendant Name:	First: MICHAEL	Middle: WARREN	Last: HENDRY

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page(s) numbered 1 through 4.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.  
**(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)**

\_\_\_\_\_ 8/3/10 \_\_\_\_\_ *Shu L. Crum*  
 (Date) (Signature of Affiant)

AND NOW, on this date 8/3/10 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

24-3-04 \_\_\_\_\_ *Craig D. Misk* \_\_\_\_\_  
 (Magisterial District Court Number) (Issuing Authority)

SEAL



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-109-10	Date Filed: 8 / 3 / 10	OTN/LiveScan Number S 058083-4	Complaint/Incident Number BN40231-10C
Defendant Name:	First: MICHEAL	Middle: WARREN	Last: HENDRY

## AFFIDAVIT of PROBABLE CAUSE

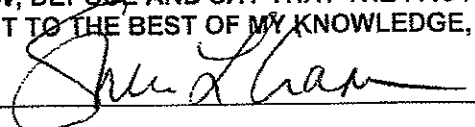
Your affiant is Sherri L. Cramer, Narcotics Agent, employed by the Commonwealth of Pennsylvania, Office of Attorney General, Bureau of Narcotics Investigation and Drug Control. Your affiant has been specifically assigned to the Drug Diversion Unit, a specialty unit involved in the investigation of the abuse and diversion of prescription drugs.

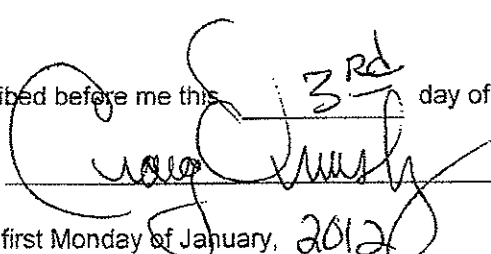
The defendant is licensed by the Pennsylvania Department of State as a Registered Nurse. His license number is RN 349505L. He was employed as a Certified Registered Nurse Anesthetist (CRNA) by Nason Hospital, 105 Nason Drive, Roaring Spring, PA, Blair County from September 2008 to July 2010.

On July 20, 2010, the affiant spoke with Larry Snowberger, Nason Hospital Director of Pharmacy and Registered Pharmacist (R.Ph.) and Lorie Smith, Nason Hospital Director of Human Resources regarding the defendant diverting Fentanyl, a Schedule II Controlled Substance, from the hospital. As a result of the defendant's excessive use of narcotics on patients in the Operating Room, the defendant was drug tested on July 13, 2010 and on July 14, 2010. On July 19, 2010, both drug test results were reported to Lorie Smith to be positive for Fentanyl.

On July 26, 2010, the defendant admitted taking Fentanyl from Nason Hospital for his personal use between February 2009 and July 2010. Hendry also admitted falsifying the Anesthesia record and the Narcotic charge sheet to indicate that more Fentanyl was administered to patients than had been administered. Hendry inflated the amount of Fentanyl he documented in the records and kept what he didn't administer to the patients for his personal use. The Anesthesia record is used to document the amount of drugs given to a patient during a procedure in the Operating Room and is included in the patient's medical record. The Narcotic charge sheet is a record which is kept in the Anesthesia box to document what was used from that box. Each CRNA is assigned an Anesthesia box to use during their shift.

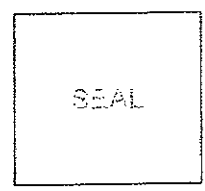
I, SHERRI L. CRAMER, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

  
 \_\_\_\_\_  
 (Signature of Affiant)

Sworn to me and subscribed before me this 3<sup>rd</sup> day of August, 2010  
8/3/10 Date 

August, 2010  
 \_\_\_\_\_  
 Magisterial District Judge

My commission expires first Monday of January, 2012



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF **BLAIR**



**POLICE CRIMINAL COMPLAINT**  
COMMONWEALTH OF PENNSYLVANIA  
VS.

*ex 12*

Magisterial District Number: **24-3-04**  
MDJ: Hon. **CRAIG ORMSBY**  
Address: **800 E. MAIN ST**  
**ROARING SPRING, PA 16673**  
Telephone: **814-224-4168**

DEFENDANT: (NAME and ADDRESS)  
**MICHAEL WARREN HENDRY**  
*First Name Middle Name Last Name Gen.*  
**1214 SCOTCH VALLEY RD.**  
**HOLLIDAYSBURG, PA 16648**

**NCIC Extradition Code Type**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 1-Felony Full               | <input type="checkbox"/> 4-Felony No Ext.   | <input type="checkbox"/> B-Misdemeanor Limited            | <input type="checkbox"/> E-Misdemeanor Pending |
| <input type="checkbox"/> 2-Felony Ltd.               | <input type="checkbox"/> 5-Felony Pend.     | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____       |
| <input type="checkbox"/> 3-Felony Surrounding States | <input type="checkbox"/> A-Misdemeanor Full | <input type="checkbox"/> D-Misdemeanor No Extradition     |  |

**DEFENDANT IDENTIFICATION INFORMATION**

Docket Number **CR-210-10** Date Filed **8-3-10** OTN/LiveScan Number **S 058084-5** Complaint/Incident Number **20100803M0835** SID: \_\_\_\_\_ Request Lab Service?  YES  NO

GENDER  Male  Female DOB **10/06/1972** POB \_\_\_\_\_ Add'l. DOB / / \_\_\_\_\_ Co-Defendant(s)?   
AKA First Name Middle Name Last Name Gen.

RACE  White  Asian  Black  Native American  Unknown

ETHNICITY  Hispanic  Non-Hispanic  Unknown

HAIR COLOR  GRY (Gray)  RED (Red/Aubn)  SDY (Sandy)  BLU (Blue)  PLE (Purple)  BRO (Brown)  
 BLK (Black)  ONG (Orange)  WHI (White)  XXX (Unk./Bald)  GRN (Green)  PNK (Pink)  
 BLN (Blonde / Strawberry)

EYE COLOR  BLK (Black)  BLU (Blue)  BRO (Brown)  GRN (Green)  GRY (Gray)  
 HAZ (Hazel)  MAR (Maroon)  PNK (Pink)  MUL (Multicolored)  XXX-(Unknown)

Driver License State \_\_\_\_\_ License Number \_\_\_\_\_ Expires / / \_\_\_\_\_ WEIGHT (lbs.)

DNA  YES  NO DNA Location \_\_\_\_\_ 180

FBI Number \_\_\_\_\_ MNU Number \_\_\_\_\_ FL HEIGHT In.

Defendant Fingerprinted  YES  NO 0 0

Fingerprint Classification \_\_\_\_\_

**DEFENDANT VEHICLE INFORMATION**

Plate # _____	State _____	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) _____	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code _____	Reg. same as Def. <input type="checkbox"/>
VIN _____	Year <b>0</b>	Make _____	Model _____	Style _____	Color _____		

Office of the attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

(The attorney for the Commonwealth may require the complaint, arrest warrant affidavit, or both, be approved by the attorney for the Commonwealth prior to filing. See PA.R.Crim.P 507).

(Name of the attorney for the Commonwealth-Please Print or Type) \_\_\_\_\_ (Signature of the attorney for the Commonwealth) \_\_\_\_\_ (Date) **//**

I, **CHIEF MILTON FIELDS** **M016545A, 861**  
(Name of the Affiant) PSP/MPDET -Assigned Affiant ID Number & Badge #  
of **ROARING SPRING BOROUGH POLICE DEPT.** **0070600**  
(Identify Department or Agency Represented and Political Subdivision) (Police Agency ORI Number)

do hereby state:  
1.  I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation are unknown to me and whom I have therefore designated as John Doe or Jane Doe  
with violating the penal laws of the Commonwealth of Pennsylvania at [ ] **ROARING SPRING**  
**105 NASON DRIVE DR ROARING SPRING NASON HOSPITAL** (Subdivision Code) (Place-Political Subdivision)

in **BLAIR** County [ **07** ] on or about **Monday August 02, 2010 at 0023 hrs.**  
(County Code)





# POLICE CRIMINAL COMPLAINT

Docket Number: CR-210-10	Date Filed: 8-3-10	OTN/LiveScan Number S 058084-5	Complaint/Incident Number 20100803M0835
Defendant Name	First: MICHAEL	Middle: WARREN	Last: HENDRY

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

*(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g., PINs) should not be listed. If the identity of an account must be established, list only the last four digits 204 PA §§ 213.1 - 213.7.)*

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
<input checked="" type="checkbox"/> Lead?	1	3503	A1	of the	18	1	F3		260/90Z
	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number			<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone			

Statute Description (Include the name of statute or ordinance):

**CRIMINAL TRESPASS**

Acts of the accused associated with this Offense:

CRIMINAL TRESPASS The Actor, Michael W. Hendry, on or about, Monday, August 2, 2010, in the County of Blair, knowing that he was not licensed or privileged to do so, entered into a building or occupied structure or separately secured or occupied portion thereof, namely, Nason Hospital, in violation of Section 3503(a)(1)(ii) of the Pennsylvania Crimes Code, Act of December 6, 1972, as amended, 18 Pa. C.S. 3503(a)(1)(ii) Felony 3rd Degree.

To Wit: On August 3rd, 2010 the affiant was contacted by Mr. Craig Hattler, Director of Maintenance and Security of Nason Hospital. Mr. Hattler informed me that the Defendant, Mr. Michael Hendry, had been an employee of Nason Hospital as a Certified Nurse Anesthetist and had been terminated by the Hospital on July 26, 2010. During the termination process the Defendant was advised not to return to the hospital. On August 3rd, 2010 it came to the attention of Mr. Hattler from employees that Mr. Hendry had been seen arriving at the hospital at approximately 11:59 PM on August 2nd, 2010. Mr. Hendry was observed entering the operating room of the hospital by entering codes on ~~the~~ A locked door to gain entry into the operating room area. He was then observed leaving the hospital at approximately 12:13 AM on August 3rd, 2010. Mr. Hendry's movements were captured on closed circuit television systems and by actual employees.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-210-10	Date Filed: 8-3-10	OTN/LiveScan Number S 058-84-5	Complaint/Incident Number 20100803M0835
Defendant Name	First: MICHAEL	Middle: WARREN	Last: HENDRY

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA C.C. 4904) relating to unsworn falsification to authorities.
- This complaint is comprised of the preceding page(s) numbered 1 through 2.

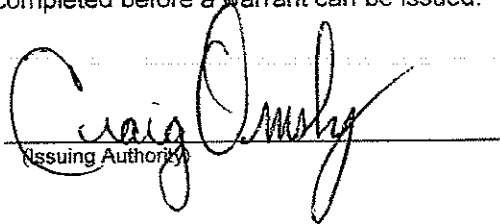
The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of Assembly, or in violation of the statutes cited. (Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

August 3<sup>RD</sup>, 2010  
(Date)

  
(Signature of Affiant)

AND NOW, on this date \_\_\_\_\_ I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed before a warrant can be issued.

24-3-04  
(Magisterial District Court Number)

  
(Issuing Authority)



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-210-10	Date Filed: 8-3-10	OTN/LiveScan S 058084-5	Complaint/Incident Number 20100803M0835
Defendant Name	First: MICHAEL	Middle: WARREN	Last: HENDRY

## AFFIDAVIT of PROBABLE CAUSE

) (ii) Felony 3rd Degree.

To Wit: On August 3rd, 2010 the affiant was contacted by Mr. Craig Hattler, Director of Maintenance and Security of Nason Hospital. Mr. Hattler informed me that the Defendant, Mr. Michael Hendry, had been an employee of Nason Hospital as a Certified Nurse Anesthetist and had been terminated by the Hospital on July 26, 2010. During the termination process the Defendant was advised not to return to the hospital. On August 3rd, 2010 it came to the attention of Mr. Hattler from employees that Mr. Hendry had been seen arriving at the hospital at approximately 11:59 PM on August 2nd, 2010. Mr. Hendry was observed entering the operating room of the hospital by entering codes on two locked doors to gain entry into the operating room area. He was then observed leaving the hospital at approximately 12:13 AM on August 3rd, 2010. Mr. Hendry's movements were captured on closed circuit television systems and by actual employees.

I, CHIEF MILTON FIELDS (861), BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FORGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

*Milton R. Fields*  
(Signature of Affiant)

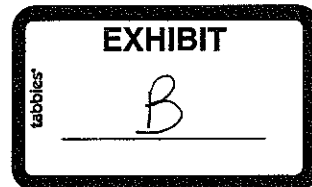
Sworn to me and subscribed before me this 3<sup>rd</sup> day of August, 2010  
8/3/10 Date *Craig Hattler* Magisterial District Judge

My commission expires first Monday of January, 2012





STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158



JOHN ELIAS BALDACCI  
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
 EXECUTIVE DIRECTOR

**IN RE: MICHAEL W. HENDRY, R.N., C.R.N.A ) CONSENT AGREEMENT  
 Formerly of Whiting, Maine ) FOR SUSPENSION AND  
 License No. R045848 ) PROBATION OF LICENSE**

**INTRODUCTION**

This document is a Consent Agreement regarding Michael W. Hendry's license to practice registered professional nursing and his approval to practice as a Certified Registered Nurse Anesthetist ("C.R.N.A.") in the State of Maine. The parties enter into this Agreement pursuant to 32 M.R.S.A. § 2105-A (1-A) (B) and 10 M.R.S.A. § 8003(5) (B). An Informal Conference was held on April 1, 2008. The parties to this Consent Agreement are Michael W. Hendry ("Mr. Hendry"), Maine State Board of Nursing ("Board") and the Office of the Attorney General, State of Maine. The parties reached this Agreement on the basis of three complaints with additional supportive information and Mr. Hendry's response filed with the Board, to wit: 1) Complaint dated January 28, 2008, from William Wink, B.S.N., M.S.H., C.R.N.A., marked as Exhibit 1; 2) Complaint dated February 5, 2008, from Sandra Richard, C.R.N.A., M.S.N.A., Marked as Exhibit 2; 3) Complaint dated February 11, 2008, from Diane Raymond, B.S.N, M.H.A., C.C.R.N., CNO/VP of Patient Care Service at Down East Community Hospital ("Down East"), marked as Exhibit 3; 4) Mr. Hendry's responses dated February 18, 2008 and March 5, 2008, marked as Exhibit 4; and, additional information from Marti W. Lew, R.N. dated March 31, 2008, marked as Exhibit 5.

**FACTS**

1. Michael W. Hendry was initially licensed by the Board as a registered professional nurse to practice in the State of Maine on April 10, 2001. Mr. Hendry was approved by the Board to practice as a C.R.N.A. in Maine on April 10, 2001.
2. Michael W. Hendry was employed at Down East as a staff C.R.N.A. from October 1, 2006 until his resignation on February 4, 2008. At the time of his resignation, Down East was conducting an investigation on Mr. Hendry's anesthesia administration practices and an alleged breach of infection control policies.
3. Michael W. Hendry admits that he used the same syringe on two different patients in the administration of Propofol on January 4, 2008 [Exhibit 1].
4. On January 31, 2008, it was reported that Mr. Hendry administered an expired syringe of Propofol to a patient [Exhibit 2].



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME  
<http://www.maine.gov/boardofnursing/>

PHONE: (207) 287-1133

FAX: (207) 287-1149

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5. Michael W. Hendry performed an Interscalene block on a patient without adequate patient monitoring [Exhibit 2].
6. Michael W. Hendry admits that he drew teardrops on a patient's face with a marker while the patient was sedated with a subarachnoid block in place. The patient later complained that he suffered a reaction from the marker used to draw the teardrops on his face. Mr. Hendry was disciplined by Down East with a suspension for eight days and placed on probation for a period of ninety (90) days [Exhibits 2 and 5].

### AGREEMENT

7. Michael W. Hendry understands that based upon the above-stated facts this document imposes discipline regarding his license to practice professional nursing and his practice as a C.R.N.A. in the State of Maine. The grounds for discipline for violations under 32 M.R.S.A. § 2105-A(2)(F), A(E)(2), (A)(2)(H) and Chapter 4, sections 1(A)(5)(b), 1(A)(6), 1(A)(8), Chapter 4, sections 3(K) and Chapter 8, section 1(3)(C)(1) of the Rules and Regulations of the Maine State Board of Nursing. Specifically, the violations are:
  - a. F. Unprofessional Conduct. Mr. Hendry engaged in unprofessional conduct which violated a standard of professional behavior that has been established in the practice for which he is licensed. See also Chapter 4, Section 1.A.6.
  - b. E. Incompetence. Mr. Hendry engaged in conduct that evidenced a lack of knowledge or inability to apply principles or skills to carry out the practice for which he is licensed. See also Chapter 4, Section 1A.5.b
  - c. H. Mr. Hendry violated Title 32, Chapter 3, statutes regulating nursing and rules adopted by the Board. See also Chapter 4, Section 1.A.6.
  - d. Chapter 4, Section 3 of the Rules and Regulations of the Maine State Board of Nursing. Unprofessional Conduct. Mr. Hendry's nursing behavior failed to conform to legal standards of the nursing profession which could reflect adversely on the health and welfare of the public. His unprofessional conduct includes the following:

## Consent Agreement for Suspension and Probation of License

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F. Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient.

K. Inaccurate recording, falsifying or altering a patient or health care provider record.

Chapter 8, section 1, (3)(C)(1) of the Rules and Regulations of the Maine State Board of Nursing. Mr. Hendry failed to practice within the limits of his education, training and experience.

8. Michael W. Hendry also understands and agrees that should this matter go to hearing before the Board on the above-stated facts and the underlying information to support those facts, that it is more likely than not that the facts would support the Board's findings in this Consent Agreement.
9. Michael W. Hendry understands that his license as a registered professional nurse and his approval to practice as a C.R.N.A. will be suspended for a period of two hundred-seventy (270) days. One-half of this suspension will be stayed and the remaining one hundred-thirty-five (135) days will be served. Upon successful completion of the 135-day suspension period, Mr. Hendry's license as a registered professional nurse and his approval to practice as a C.R.N.A. will be reinstated, and his license as a registered professional nurse and his approval to practice as a C.R.N.A. will be placed on probation for a period of two years.
10. Michael W. Hendry understands and agrees that the period of probation will commence on his return to nursing practice, either through employment and/or pursuant to an educational program. The period of probation for two years, will be effective only while he is employed in nursing practice and/or enrolled in a nursing education program. For purposes of this Agreement, nursing employment is any employment during which Mr. Hendry performs nursing services.
11. Michael W. Hendry's probationary license as a registered professional nurse and his approval to practice as a C.R.N.A. will be subject to the following conditions:
  - a. Michael W. Hendry will immediately notify the Board in writing should he return to employment and/or an educational program in the field of nursing. Notice under this section shall include the place and position of employment or the educational program and any subsequent change in employment or educational programs.
  - b. Michael W. Hendry will notify any and all of his nursing employers and faculty involved in any clinical studies of the terms of this Consent Agreement and shall provide them with a copy of it.

## Consent Agreement for Suspension and Probation of License

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- c. Michael W. Hendry will arrange for and ensure the submission to the Board of quarterly reports from his nursing employer and/or clinical faculty regarding his nursing practice. If during the period of probation, Mr. Hendry's employment as a registered professional nurse or C.R.N.A. terminates or should his educational program in the field of nursing terminate, he shall notify the Board of this change to ensure that he remains in compliance with his employment and/or educational quarterly reports.
- d. Michael W. Hendry shall not engage in locum tenens employment while his license as a registered professional nurse and his approval to practice as a C.R.N.A. is on probation.
12. Michael W. Hendry understands and agrees that his license will remain on probationary status and subject to the terms of this Agreement indefinitely beyond the two-year probationary period, until and unless the Board, at Mr. Hendry's written request, votes to terminate Mr. Hendry's probation. When considering whether to terminate the probation, the Board will consider the extent to which Mr. Hendry has complied with the provisions of this Agreement.
13. Michael W. Hendry agrees to a fine in the amount of four thousand five hundred dollars (\$4,500.00); however the Board will suspend all but two thousand two hundred and fifty dollars (\$2,250.00). The fine shall be paid on or before the last day of the suspension period. The payment shall be by certified check or money order, made payable to the "Treasurer of the State of Maine." Payment shall be submitted to the Maine State Board of Nursing, #158 State House Station, 161 Capitol Street, Augusta, Maine. Mr. Hendry further understands that his license as a registered professional nurse and his approval to practice as a C.R.N.A. will not be reinstated until the fine is paid in full.
14. Michael W. Hendry understands and agrees that if he fails to meet any of the obligations of this Consent Agreement, the Board will give written notice to Mr. Hendry regarding his failure to comply. Notice will be sent by certified mail, return receipt requested, to the last known address of Mr. Hendry that is on file with the Board. Mr. Hendry has thirty (30) days from receipt of this notification to respond to the Board, in writing, regarding the alleged failure to comply. The Board will review Mr. Hendry's timely response to determine what action, if any, the Board determines to take. If Mr. Hendry fails to timely respond to the Board's notification regarding his failure to comply, his license will be immediately suspended pending a hearing at the next regularly scheduled Board meeting. If after a hearing, the Board finds that Mr. Hendry has failed to meet the obligations of this Consent Agreement, the Board may take any disciplinary action which it deems appropriate and impose any of the sanctions including, but not limited to, that found in Title 10 M.R.S.A. § 8003 and Title 32 M.R.S.A. § 2105-A.

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**Michael W. Hendry**

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15. The State of Maine is a "party state" that has adopted the Nurse Licensure Compact ("Compact"), which is set out in Chapter 11 of the Rules and Regulations of the Maine State Board of Nursing. Mr. Hendry understands that this document is a Consent Agreement that is subject to the Compact.
16. Michael W. Hendry understands that he does not have to execute this Consent Agreement and that he has the right to consult with an attorney before entering the Consent Agreement.
17. Michael W. Hendry shall not work or volunteer in any capacity for a health care provider as defined by Title 24 M.R.S.A. § 2502 (2) or in any position holding himself out as a registered professional nurse or with the designation "R.N." or a "C.R.N.A." while his license as a registered professional nurse and his approval to practice as a C.R.N.A. license is suspended.
18. This Consent Agreement is a public record within the meaning of 1 M.R.S.A. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S.A. § 408.
19. Modification of this Consent Agreement must be in writing and signed by all parties.
20. Michael W. Hendry understands and agrees that this Consent Agreement is not subject to review or appeal by Mr. Hendry, but may be enforced by an action in the Superior Court.
21. Michael W. Hendry affirms that he executes this Consent Agreement of his own free will.
22. This Consent Agreement becomes effective upon the date of the last necessary signature below.

**I, MICHAEL W. HENDRY, R.N., C.R.N.A., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.**

DATED: 04/22/2008

  
MICHAEL W. HENDRY, R.N., C.R.N.A.



FOR THE MAINE STATE BOARD OF NURSING

DATED: April 23, 2008 Myra Broadway  
MYRA A. BROADWAY, J.D., M.S., R.N.  
Executive Director

FOR THE OFFICE OF THE ATTORNEY GENERAL

DATED: 4/28/08 John H. Richards  
JOHN H. RICHARDS  
Assistant Attorney General