



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

October 14, 2004


Sherry A. Perry
P.O. Box 2075
Waterville, ME 04903

Dear Ms. Perry:

This is to verify that on October 6, 2004, the Maine State Board of Nursing ("the Board") voted to suspend your registered professional nurse license effective immediately pursuant to 5 M.R.S.A. Section 10004(3) based upon the immediate jeopardy your continued practice of registered professional nursing poses to the health and safety of the public.

The Board is agreeable to your request to delay scheduling the adjudicatory hearing, otherwise required within 30 days, until the criminal case is resolved with the understanding that the license remains suspended during this time.

Please do not hesitate to contact me if you have any questions.

Sincerely,


Myra A. Broadway, J.D., M.S., R.N.
Executive Director

MAB:vl

pc: Penny Horsfall
David M. Lipman, Esq.
John H. Richards, Assistant Attorney General



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME.

TDD: (207) 287-1151

PHONE: (207) 287-1133

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<http://www.maine.gov/boardofnursing/>

G. STEVEN ROWE
ATTORNEY GENERAL



Telephone: (207) 626-8800
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STATE OF MAINE
OFFICE OF THE ATTORNEY GENERAL
6 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0006

June 29, 2005

REGIONAL OFFICES:

84 HARLOW ST., 2ND FLOOR
BANGOR, MAINE 04401
TEL: (207) 941-3070
FAX: (207) 941-3075

44 OAK STREET, 4TH FLOOR
PORTLAND, MAINE 04101-3014
TEL: (207) 822-0260
FAX: (207) 822-0259
TDD: (877) 428-8800

128 SWEDEN ST., STE. 2
CARIBOU, MAINE 04736
TEL: (207) 496-3792
FAX: (207) 496-3291

Richard T. DeRoberto
Office of Inspector General
U.S. Dept. of Health and Human Services
John F. Kennedy Building
P.O. Box 8767
Boston, MA 02114

RE: State v. Sherry Perry

Dear Mr. DeRoberto:

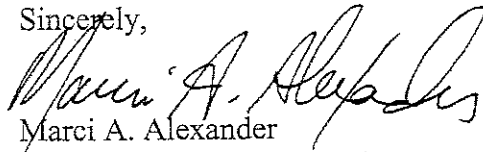
I am enclosing court documents in the above referenced case for your review for federal exclusion. On March 29, 2005, Sherry A. Perry, a Registered Nurse, pled guilty to one count of Aggravated Assault (Class C), one count of Assault (Class C) and one count of Assault (Class D) while employed for Penny Horsfall. These offenses occurred in July 2004 and was investigated by Oxford County Sheriff's Department.

The Oxford County Superior Court imposed a 6 month term of imprisonment, with all but 30 days suspended, 1 year probation. Conditions of Probation Sherry will not practice nursing or give care as a nurse until licensed.

Ms. Perry was paid for the services related to the criminal conviction with Medicaid funds. In fact Ms. Perry had her own Medicaid provider number and was directly billing the program for private duty nursing and personal care services. See enclosure.

I hope you find this information helpful. If you need additional information, please give me a call at (207) 626-8555.

Sincerely,


Marci A. Alexander
Assistant Attorney General
Director, Healthcare Crimes Unit

MAA/rs
Encl.

cc: ✓ Jack Richards, AAG and Legal Counsel for the Maine's Board of Nursing
Marc Fecteau, Maine Department of Human Services, SURS
Lou Dorogi, Maine Dept. of Human Services, Licensing & Certification Files

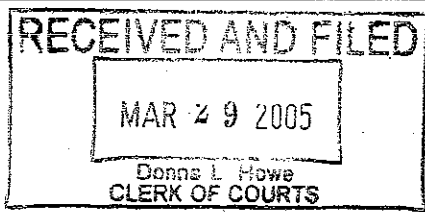
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JUL -1 2005

MAINE STATE
BOARD OF NURSING

STATE OF MAINE SUPERIOR COURT DISTRICT COURT JUDGMENT AND COMMITMENT

Docket No. CR 04-320	County/Location Oxford/S. Paris	Date: 3/29/05	DOB 3-1-55
State of Maine v. Defendant's Name Sherry A. Perry		Residence East Vassalboro,	
Offense(s) charged: C1. Aggravated Assault, Class B C2. Assault, Class C 17-A-MRSA-§-208 and 207		Charged by: <input checked="" type="checkbox"/> indictment <input checked="" type="checkbox"/> information <input type="checkbox"/> complaint	
Plea(s): <input type="checkbox"/> Guilty <input type="checkbox"/> Nolo <input checked="" type="checkbox"/> Not Guilty		Date of Violation(s): 7-28-04	
Offense(s) convicted: <i>C3 Assault Class D</i>		Convicted on: <input checked="" type="checkbox"/> plea <input type="checkbox"/> jury verdict <input type="checkbox"/> court finding	



IT IS ADJUDGED THAT THE DEFENDANT IS GUILTY OF THE OFFENSES AS SHOWN ABOVE AND CONVICTED.

IT IS ADJUDGED THAT THE DEFENDANT BE HEREBY COMMITTED TO THE SHERIFF OF THE WITHIN NAMED COUNTY OR HIS AUTHORIZED REPRESENTATIVE WHO SHALL WITHOUT NEEDLESS DELAY REMOVE THE DEFENDANT TO:

The custody of the Commissioner of the Department of Corrections, at a facility designated by the Commissioner, to be punished by imprisonment for a term of _____

The County jail to be punished by imprisonment for a term of (SIX) 6 Months

This sentence to be served (consecutively to) (concurrently with) _____

Execution stayed to on or before 4/2/05 at 9:00 (a.m.) (p.m.)

IT IS ORDERED THAT ALL (BUT) 30 days OF THE SENTENCE (AS IT RELATES TO CONFINEMENT) (AS IT RELATES TO THE _____) BE SUSPENDED AND THE DEFENDANT BE PLACED ON A PERIOD OF PROBATION ADMINISTRATIVE RELEASE FOR A TERM OF _____ (YEARS) (MONTHS) UPON CONDITIONS ATTACHED HERETO AND INCORPORATED BY REFERENCE HEREIN. SAID PROBATION TO COMMENCE (_____) (UPON COMPLETION OF THE UNSUSPENDED TERM OF IMPRISONMENT). SAID ADMINISTRATIVE RELEASE TO COMMENCE IMMEDIATELY. THE DEFENDANT SHALL SERVE THE INITIAL PORTION OF THE FOREGOING SENTENCE AT _____

IT IS ORDERED THAT THE DEFENDANT, HAVING BEEN CONVICTED OF A SEX OFFENSE OR A SEXUALLY VIOLENT OFFENSE, SATISFY ALL REQUIREMENTS IN THE SEX OFFENDER REGISTRATION & NOTIFICATION ACT. (34-A MRSA Ch. 15) THE DEFENDANT MUST SUBMIT TO THE TAKING OF FINGERPRINTS AND A PHOTOGRAPH AS SPECIFIED IN THE NOTICE OF DUTY TO REGISTER.

IT IS ORDERED THAT THE DEFENDANT FORFEIT AND PAY THE SUM OF \$ _____ AS A FINE TO THE CLERK OF THE COURT, PLUS APPLICABLE SURCHARGES AND ASSESSMENTS OF:

10% 12% (Eff. 7/4/96) 14% (Eff. 9/18/99) 15% SURCHARGE (Eff. 08/01/02) 20% (Eff. 07/30/04)

\$30.00 \$125.00 SURCHARGE (29-A M.R.S.A. §2411) \$10. (7 M.R.S.A.) 10% (17 M.R.S.A.)

\$10 ASSESSMENT(S) plus \$25 ASSESSMENT(S) totalling \$ 18 (5 M.R.S.A. § 3360-I)

All but \$ _____ suspended.

Execution/payment stayed to pay in full by _____ or warrant to issue.

To pay \$ _____ per week / month beginning _____ or warrant to issue.

TOTAL DUE: \$ _____ (To be filed in by cashier).

OXFORD COUNTY SUPERIOR COURT
 CLERK OF COURTS
 A TRUE ATTEST
Donna L. Howe

IT IS ORDERED THAT THE DEFENDANT FORFEIT AND PAY THE SUM OF \$ _____ AS RESTITUTION, THROUGH THE (DEPARTMENT OF CORRECTIONS) (DISTRICT ATTORNEY'S OFFICE) FOR THE BENEFIT OF _____ (17-A M.R.S.A. § 1152-2-A)
 Execution/payment stayed to pay in full by _____ or warrant to issue.

IT IS ORDERED PURSUANT TO APPLICABLE STATUTES, THAT THE DEFENDANT'S MOTOR VEHICLE OPERATOR'S LICENSE OR PERMIT TO OPERATE, RIGHT TO OPERATE A MOTOR VEHICLE AND RIGHT TO APPLY FOR AND OBTAIN A LICENSE AND/OR THE DEFENDANT'S RIGHT TO REGISTER A MOTOR VEHICLE IS SUSPENDED IN ACCORDANCE WITH NOTICE OF SUSPENSION INCORPORATED HEREIN.

IT IS ORDERED THAT THE DEFENDANT PERFORM _____ HOURS OF COMMUNITY SERVICE WORK WITHIN _____ (WEEKS) (MONTHS) FOR THE BENEFIT OF _____

IT IS ORDERED THAT THE DEFENDANT PAY \$ _____ FOR EACH DAY SERVED IN THE COUNTY JAIL, TO THE TREASURER OF THE ABOVE NAMED COUNTY. (UP TO \$80./DAY) (17-A M.R.S.A. § 1341)
 Execution/payment stayed to pay in full by _____ or warrant to issue.

IT IS ORDERED THAT THE DEFENDANT SHALL PARTICIPATE IN ALCOHOL AND OTHER DRUG EDUCATION, EVALUATION AND TREATMENT PROGRAMS FOR MULTIPLE OFFENDERS ADMINISTERED BY THE OFFICE OF SUBSTANCE ABUSE. (29 M.R.S.A. § 1312-B (2)(D-1), 29-A M.R.S.A. § 2411 (5)(F))

IT IS ORDERED THAT THE DEFENDANT FORFEIT TO THE STATE THE FIREARM USED BY THE DEFENDANT DURING THE COMMISSION OF THE OFFENSE(S) SHOWN ABOVE. (17-A M.R.S.A. § 1158)

IT IS ORDERED THAT THE DEFENDANT BE UNCONDITIONALLY DISCHARGED. (17-A M.R.S.A. § 1201)

If the defendant has been convicted of an applicable offense listed in 25 MRSA § 1574, then the defendant shall submit to having a DNA sample drawn. The DNA sample may be drawn at any time following the commencement of the straight term or initial unsuspended portion of the term of imprisonment. If there is a period of probation but no immediate imprisonment, the DNA sample may be drawn at any time following commencement of the probation period as directed by the probation officer.

IT IS FURTHER ORDERED THAT THE CLERK DELIVER A CERTIFIED COPY OF THIS JUDGMENT AND COMMITMENT TO THE SHERIFF OF THE ABOVE NAMED COUNTY OR HIS AUTHORIZED REPRESENTATIVE AND THAT THE COPY SERVE AS THE COMMITMENT OF THE DEFENDANT. REASONS FOR IMPOSING CONSECUTIVE SENTENCES ARE CONTAINED IN THE COURT RECORD OR IN ATTACHMENTS HERETO.

A TRUE COPY, ATTEST: _____ Clerk _____ Judge / Justice

I understand the sentence imposed herein and acknowledge receipt of a copy of this JUDGMENT AND COMMITMENT. I hereby acknowledge that the disclosure of my Social Security number on this form is mandatory under 36 M.R.S.A. § 5276-A. My Social Security number will be used to facilitate the collection of any fine that has been imposed upon me in this action if that fine remains unpaid as of the time I am due a State of Maine income tax refund. My Social Security number also may be used to facilitate the collection of money I may owe the State of Maine as a result of having had an attorney appointed to represent me. Collection of any fine or reimbursement of money which I owe to the State of Maine will be accomplished by offsetting money I owe to the State against my State of Maine income tax refund.

Social Security Number _____
Date: 03-29-2005
Defendant Shirley A. Perry
Address _____

RETURN
By virtue of the within JUDGMENT AND COMMITMENT I have this day delivered the within-named Defendant to the _____
Date: _____ Deputy _____

By virtue of this warrant, the within-named Defendant has been removed to and received at the _____ on this day.
Date: _____
Authorized Officer/Supt., M.C.C./Warden M.S.P.

CLERK OF COURTS
SUPERIOR COURT
ATTN: CLERK
COPY

STATE OF MAINE

CONDITIONS OF PROBATION

COURT: Oxford County, (Superior) (District) Docket No. CR 04-320
DEFENDANT Sherry A. Perry D.O.B. 3-1-55 SSN

You have been convicted of Assault which (is a) (are) Class D crime(s). You are placed on probation and committed to supervision by the Department of Corrections for the term of (months) (years) subject to the conditions listed below.

THE CONDITIONS OF YOUR PROBATION ARE AS FOLLOWS: YOU SHALL

- 1. refrain from all criminal conduct and violation of federal, state and local laws.
2. report to the probation officer immediately and thereafter as directed and within 48 hours of your release from jail.
3. answer all questions by your probation officer and permit the officer to visit you at your home or elsewhere.
4. obtain permission from your probation officer before changing your address or employment.
5. not leave the State of Maine without written permission of your probation officer.
6. maintain employment and devote yourself to an approved employment or education program.
7. not possess or use any unlawful drugs and not possess or use alcohol (excessively).
8. identify yourself as a probationer to any law enforcement officer if you are arrested, detained or questioned for any reason and notify your probation officer of that contact within 24 hours.
9. waive extradition back to the State of Maine from any other place.
10. not own, possess or use any firearm or dangerous weapon if you have ever been convicted of a crime in any jurisdiction with a potential penalty of one year or more or any crime involving domestic violence or the use of a firearm or dangerous weapon.
11. pay to the Department of Corrections a supervision fee of \$10 per month.
12a. provide a DNA sample as required. 12b. Fully comply with the Sex Offender Registration and Notification Act.
13. pay to the Department of Corrections an (electronic monitoring fee) (substance testing fee) of \$
14. not own, possess or use any firearm or dangerous weapons.
15. submit to random search and testing for (alcohol) (drugs) (firearms) (dangerous weapons) (sexually oriented material) at the direction of a probation or law enforcement officer.
16. complete (evaluation and) counselling and treatment as an (out-patient / in-patient) (at or a similar facility) as directed by your probation officer for (substance abuse) (sexual offender) (psychological) (domestic abuse) (certified batterer's intervention) (anger management) (medical) issues and sign any releases requested by your probation officer.
17. pay restitution in the [maximum] amount of \$ through the (Department of Corrections) (Office of District Attorney) by on a schedule set by the court or your probation officer for the benefit of (joint and several with).
18. pay all fines, fees, surcharges and assessments in full (and counsel fees as ordered) to the clerk of this court not later than (date), on a schedule set by the court or your probation officer.
19. not operate or attempt to operate any motor vehicle (including ATV, snowmobile, motorboat, powerboat or aircraft) (until properly licensed by the Secretary of State).
20. not associate with any other person who is on probation or parole without written permission of your probation officer.
21. have no contact with (male) (female) children under the age of. Have no direct or indirect contact or enter the residence, place of work, or educational location of (and their family) except with the written permission of your probation officer and pursuant to a court order.
22. not be present in an establishment that serves liquor for on-premises consumption (after AM / PM).
23. support your dependents and meet family responsibilities.
24. not view or possess any sexually oriented material or utilize access to the internet.
25. not have any possessory interest in any bank account except as authorized in writing by your probation officer.
26. appear for periodic judicial review as directed by the court or your probation officer.
27. perform hours of public service work within months as directed by your probation officer.
28. Other:

Handwritten notes: NOT PRACTICE NURSING OR YOGA / NEE CASE UNTIL LICENSED

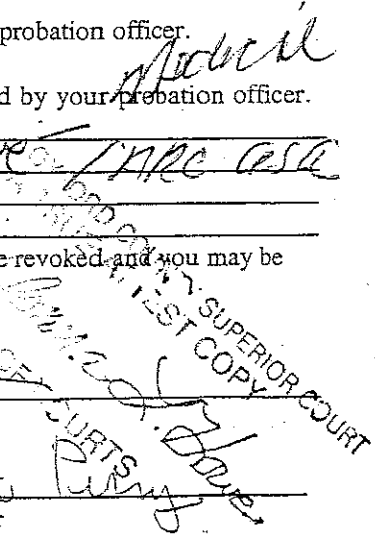
if you violate or fail to fulfill any of the above conditions you may be arrested, your probation may be revoked and you may be required to serve the rest of your sentence in jail or prison.

ORDERED: All conditions of probation are incorporated into the judgment and docket by reference.

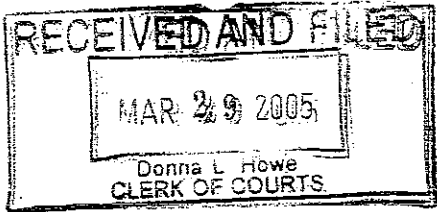
Date: 3/29/05 Justice / Judge [Signature]

I acknowledge receipt of these conditions and accept them as written.

Witness: [Signature] Probationer: Sherry A. Perry



STATE OF MAINE
OXFORD, ss



SUPERIOR COURT
DOCKET #: CR-04-320

STATE OF MAINE

v.

INFORMATION
(Inc: 004-06990)

SHERRY A. PERRY

DOB: 03/01/55

SIN:

393 Taber Hill Road

East Vasselboro, ME 04986

Ht:5'3" Wt:145 H:Gray

E:Brown R:White Gender: Female

COUNT 3: ASSAULT

THE ATTORNEY FOR THE STATE CHARGES:

COUNT 3:

17-A M.R.S.A. §207(1)(A)
ASSAULT
CLASS D
ATNCTN: 359120A/001

On or about July 8, 2004, in Buckfield, Oxford County, Maine, SHERRY A. PERRY did recklessly cause offensive physical contact to Alexis Ayres.

DATED: March 29, 2005

ATTORNEY FOR THE STATE

STATE OF MAINE
OXFORD, ss

The above-named Attorney for the State personally appeared before me and made oath that the above information signed by him/her is true to the best of his/her information and belief.

DATED: March 29, 2005

Notary Public / Attorney

OFFICER: Chancey Libby Dep
DEPT: Oxford Sheriff's Dept

Class D & E Crimes

Leave of Court for prosecution by information is granted.

DATE: March 29, 2005

Judge/Justice

OXFORD COUNTY SUPERIOR COURT
A TRUE ATTEST COPY
Clerk of Courts

- MMDSS IS NOT OPERATING PROPERLY
 - RN Lic # R047085 - SUSPENDED

Search Criteria
 ID: [REDACTED] Name: SHERRY PERRY
 NABP ***** Header

Provider Information
 Provider ID: [REDACTED] Medicare ID:
 Provider Name: SHERRY PERRY
 Address Header
 Street: PO BOX 2075
 City: WATERVILLE
 State: ME Zip: 04903
 Phone: [REDACTED]
 Provider Type: PRIVATE DUTY NURSING
 Primary Specialty:

Enrollment History

Status	Start Date	End Date
1 LICENSE EXPIRED	03/01/2005	12/31/9999
2 ACTIVE	06/01/2004	03/01/2005
3		
4		
5		
6		
7		
8		

CLIA

CLIA Number
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Category of Service

Category of Service Code	Category of Service Description
1 58	Private Duty Nursing
2 59	Personal Care Services
3	
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