

**VIRGINIA:**

**BEFORE THE BOARD OF NURSING**

**IN RE: DELLA GUTHRIE, C.N.A.**  
**Certificate No.: 1401-130142**

**CONSENT ORDER**

The Virginia Board of Nursing ("Board") and Della Guthrie, C.N.A., as evidenced by her signature hereto, enter into the following Consent Order affecting Ms. Guthrie's certificate to practice as a nurse aide in Virginia.

The Board adopts the following Findings of Fact and Conclusions of Law.

**FINDINGS OF FACT**

1. Della Guthrie, C.N.A., was issued Certificate No. 1401-130142 to practice as a nurse aide by the Virginia Board of Nursing on May 27, 2009. Said certificate expired is set to expire on May 31, 2016.
2. On October 10, 2014, during the course of her employment with Envoy at the Village, Fork Union, Virginia, Ms. Guthrie unintentionally slapped a resident, in self-defense, after the resident punched her in the chin. Ms. Guthrie was attempting to redirect the resident, when he became combative with another staff member.
3. Ms. Guthrie self-reported the incident to the charge nurse immediately after it happened and expressed deep regret over the incident. The resident was not harmed as a result of being slapped in the face.
4. On October 17, 2014, Ms. Guthrie's employment with Envoy at the Village was terminated.
5. Ms. Guthrie had 30 years of nurse aide experience with no previous disciplinary action.
6. On her application for employment with CareMed Home Health, Jetersville, Virginia, dated October 17, 2014, Ms. Guthrie stated that her reason for leaving Envoy at the Village was because they did not have enough help and that she had resigned, when, in fact, her employment was terminated for the incident described in Finding of Fact No. 2.

### CONCLUSIONS OF LAW

Finding of Fact No. 6 constitutes a violation of § 54.1-3007(2) and (5) of the Code of Virginia (1950), as amended (“Code”), and 18 VAC 90-25-100(2)(d) of the Regulations Governing Certified Nurse Aides.

### CONSENT

Della Guthrie, C.N.A., by affixing her signature hereon, agrees to the following:

1. She has been advised to seek advice of counsel prior to signing this document;
2. She acknowledges that without her consent, no legal action can be taken against her except pursuant to the Virginia Administrative Process Act, § 2.2-4000(A) *et seq.* of the Code;
3. She acknowledges that she has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses against her;
4. She waives all such right to an informal conference;
5. She admits to the Findings of Fact and Conclusions of Law contained herein and waives her right to contest such Findings of Fact and Conclusions of Law in any subsequent proceeding before the Board;
6. She consents to the entry of the following Order affecting her right to practice as a certified nurse aide in Virginia.

### ORDER

WHEREFORE, on the basis of the foregoing, the Virginia Board of Nursing, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Della Guthrie, C.N.A., is hereby REPRIMANDED.

2. Ms. Guthrie shall maintain a course of conduct in her capacity as a certified nurse aide commensurate with the requirements of § 54.1-3000 *et seq.* of the Code and the Board of Nursing Regulations.

Pursuant to §§ 2.2-4023 and 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

FOR THE BOARD

*[Signature]*  
so Jay P. Douglas, M.S.M., R.N., C.S.A.C., F.R.E.  
Executive Director, Virginia Board of Nursing

ENTERED: August 20, 2015

SEEN AND AGREED TO:

*[Signature]*  
Della Guthrie, C.N.A.

COMMONWEALTH OF VIRGINIA,  
COUNTY/CITY OF Cumberland, TO WIT:

Subscribed and sworn to before me, Kelly Grubbs, a Notary Public, this 17<sup>th</sup> day of August, 2015.

My commission expires 8-31-15

Registration Number 7545445

*[Signature]*  
NOTARY PUBLIC



Certified True Copy

By [Signature]  
Virginia Board Of Nursing