

Certified True Copy

By [Signature]  
Virginia Board of Nursing



# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

Department of Health Professions  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

www.dhp.virginia.gov  
TEL (804) 367-4400  
FAX (804) 527-4475

October 13, 2015

Minochy Delanois  
1462 S. Greenmount Drive, Apt. #212  
Alexandria, VA 22311

**CERTIFIED MAIL**  
**DUPLICATE COPY**  
**VIA FIRST CLASS MAIL**  
DATE 10/13/15

RE: License No.: 0001-255805

Dear Ms. Delanois:

Pursuant to Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), you are hereby given notice that your license to practice nursing in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered October 13, 2015. You are hereby advised that, pursuant to Section 54.1-2409.1 of the Code, any person who practices a profession or occupation after having their license or certificate to do so suspended shall be guilty of a felony. Please return your license to Jay P. Douglas, Executive Director of the Virginia Board of Nursing, at the above address, immediately upon receipt of this letter.

Section 54.1-2409 of the Code further provides that you may apply to the Board of Nursing ("Board") for reinstatement of your license, and shall be entitled to a hearing not later than the next regular meeting of the Board after the expiration of sixty days from the receipt of such reinstatement application. You have the following rights, among others: to be represented by legal counsel, to have witnesses subpoenaed on your behalf, to present documentary evidence and to cross-examine adverse witnesses. The reinstatement of your license shall require the affirmative vote of three-fourths of the members present of the Board of Nursing.

Should you wish to petition the Board of Nursing for reinstatement of your license, contact Jay P. Douglas, Executive Director, at the above address or (804) 367-4599.

Sincerely,

[Signature]

David E. Brown, D.C., Director  
Department of Health Professions

RECEIVED

OCT 14 2015

VA BD OF NURSING

Enclosures  
Case # 168760

**VIRGINIA:**

**BEFORE THE DEPARTMENT OF HEALTH PROFESSIONS**

**IN RE: MINOCHY DELANOIS, R.N.**  
**License No.: 0001-255805**

**ORDER**

In accordance with Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), I, David E. Brown, D.C., Director of the Virginia Department of Health Professions, received and acted upon evidence that the license of Minochy Delanois, R.N., to practice nursing in the State of New York was suspended by a Consent Order which was effective on June 16, 2015. A certified copy of the Consent Order is attached to this Order and is marked as Commonwealth's Exhibit No. 1.

WHEREFORE, by the authority vested in the Director of the Department of Health Professions pursuant to Section 54.1-2409 of the Code, it is hereby ORDERED that the license of Minochy Delanois, R.N., to practice nursing in the Commonwealth of Virginia be, and hereby is, SUSPENDED.

Upon entry of this Order, the license of Minochy Delanois, R.N., will be recorded as suspended and no longer current. Should Ms. Delanois seek reinstatement of her license pursuant to Section 54.1-2409 of the Code, she shall be responsible for any fees that may be required for the reinstatement and renewal of her license prior to issuance of her license to resume practice.

Pursuant to Sections 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 a public record and shall be made available for public inspection and copying upon request.



\_\_\_\_\_  
David E. Brown, D.C., Director  
Department of Health Professions

ENTERED: 6/13/15



# COMMONWEALTH of VIRGINIA

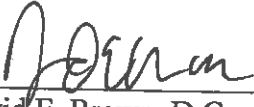
David E. Brown, D.C.  
Director

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## CERTIFICATION OF DUPLICATE RECORDS

I, David E. Brown, D.C., Director of the Department of Health Professions, hereby certify that the attached Consent Order which was effective on June 16, 2015, regarding Minochy Delanois, R.N., is a true copy of the records received from the New York State Board for Nursing.

  
\_\_\_\_\_  
David E. Brown, D.C.

Date: 10/13/15



# The University of the State of New York

IN THE MATTER

OF

**MINOCHY DELANOIS**  
(Registered Professional Nurse)

**ORIGINAL  
VOTE AND ORDER  
NO. 28156**

Upon the application of MINOCHY DELANOIS, under Calendar No. 28156, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

**VOTED (June 16, 2015):** That the application of MINOCHY DELANOIS, respondent, for a consent order be granted; and that the Deputy Commissioner for the Professions be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote;

**and it is**

**ORDERED:** That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and **SO ORDERED**, and it is further

**ORDERED** that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

MINOCHY DELANOIS (28156)

IN WITNESS WHEREOF, I, Douglas E. Lentivech, Deputy Commissioner for the Professions, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand, at the City of Albany, this 16th day of June, 2015.



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DOUGLAS E. LENTIVECH  
DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF PROFESSIONAL DISCIPLINE  
STATE BOARD FOR NURSING

-----X

IN THE MATTER

of the

Disciplinary Proceeding

against

**MINOCHY DELANOIS**

who is currently licensed to practice  
as a(n) registered professional nurse  
in the State of New York.

-----X

APPLICATION FOR  
CONSENT ORDER

CAL. NO. 28156

**MINOCHY DELANOIS** states:

That on or about July 31, 2009, I was licensed to practice as a registered professional nurse in the State of New York, having been issued license number 619011 by the New York State Education Department.

My license to practice as a registered professional nurse in the State of New York is in inactive status. My current address is 7 Wedgewood Avenue, Billerica, Massachusetts 01821.

That I have been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the aforesaid specification of professional misconduct, charging me with committing unprofessional conduct (the grossly negligent failure to comply with a substantial provision of New York State law governing the practice of the

**MINOCHY DELANOIS**

profession of nursing, to wit: accessing a patient's medical record without authorization or lawful professional reason to do so in violation of the patient's right to confidentiality of that record pursuant to section 2803-C(3)(f) of the New York State Public Health Law).

I hereby agree to the penalty that my license to practice as a registered professional nurse in the State of New York be suspended for a period of two (2) years; that execution of the last eighteen (18) months of said suspension be stayed; and that I be placed on probation for the aforesaid period of two (2) years under the terms set forth in the exhibit annexed hereto, made a part hereof, and marked as Exhibit "B".

I hereby make this application to the Board of Regents and request that it be granted.

I understand that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me. Such application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

MINOCHY DELANOIS

I agree that in the event the Board of Regents grants my application, as set forth herein, an Order may be issued in accordance with the same. I understand that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to me. I am making this application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

  
Respondent

EXHIBIT "A"

MINOCHY DELANOIS

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with committing unprofessional conduct within the purview and meaning of New York Education Law section 6509(9), in specific violation of 8 NYCRR 29.1(b)(1), in that:

On or about December 30, 2013, while employed as a registered professional nurse at NYU Langone Medical Center, New York, New York, Respondent, using a hospital medical computer, accessed the medical records of patient K.C., without legitimate professional reason and for her own personal purposes, in the grossly negligent violation of New York State Public Health Law section 2803-C(3)(f), a substantial provision of New York State law governing the practice of the profession of nursing.

EXHIBIT "B"

TERMS OF PROBATION

**MINOCHY DELANOIS**

CALENDAR NO. 28156

1. That Respondent, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing Respondent's profession;
2. That Respondent shall submit written notification to the New York State Education Department, addressed to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway - Tenth Floor New York, New York 10018-3496, of any employment and/or practice, Respondent's residence, telephone number, or mailing address, and of any change in Respondent's employment, practice, residence, telephone number, or mailing address within or without the State of New York;
3. That during the first six (6) months of the period of suspension and the first six (6) months of probation, Respondent shall not practice, offer to practice, or hold herself out as being able to practice as a registered professional nurse in the State of New York;
4. That Respondent may resume the practice of her aforementioned profession immediately following execution of the first six (6) months of the two (2) year period of suspension;
5. That Respondent shall, within the first six (6) months of the probationary period, at Respondent's expense, submit and successfully complete a plan of continuing education, consisting of coursework in nursing ethics, to update the knowledge and skills of Respondent, said plan to have the prior written approval of the New York State Education Department; and shall submit written proof of such successful completion within 30 days after the completion of the plan to the New York State Education Department, addressed to the Director, Office of Professional Discipline, as aforesaid;
6. That Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from

**MINOCHY DELANOIS**  
CALENDAR NO. 28156

DPLS to be submitted by Respondent to the NYSED, addressed to the Director, Office of Professional Discipline, as aforesaid, no later than the first three months of the period of probation;

7. That Respondent shall submit written proof to the NYSED, addressed to the Director, Office of Professional Discipline, as aforesaid, that 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board of Regents, said proof of the above to be submitted no later than the first two months of the period of probation;
8. That Respondent shall make quarterly visits to an employee of the Office of Professional Discipline, New York State Education Department, unless otherwise agreed to by said employee, for the purpose of said employee monitoring Respondent's terms of probation to assure compliance therewith, and Respondent shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;
9. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the New York State Education Department may initiate a violation of probation proceeding and/or such other proceedings pursuant to the Education Law and/or Rules of the Board of Regents.

NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF PROFESSIONAL DISCIPLINE  
STATE BOARD FOR NURSING

-----X

IN THE MATTER  
of the  
Disciplinary Proceeding  
against  
**MINOCHY DELANOIS**

**APPLICATION FOR  
CONSENT ORDER**

CAL. NO. 28156

who is currently licensed to practice  
as a(n) registered professional nurse  
in the State of New York.

-----X

The undersigned agree to the above statement and to the  
proposed penalty based on the terms and conditions thereof.

Dated: January 17<sup>th</sup>, 2015

*Minochy Delanois*

Respondent  
**ATTORNEY SIGNATURE NOT REQUIRED;  
RESPONDENT APPEARED PRO SE.**

Dated: . 2015

Attorney for Respondent

Dated: Jan 29 , 2015

*Barbara Samisquit, R.D. MSN*

Member of the State Board  
for Nursing

Dated: 2/5 . 2015

*Karin J. Catone*  
Director

Office of Professional Discipline

The undersigned, a member of the Board of Regents who has  
been designated by the Chairman of the Regents Committee on  
Professional Practice to review this Application for a Consent  
Order, has reviewed said Application and recommends to the Board  
of Regents that the Application be granted.

Dated: 2/20 , 2015

*[Signature]*  
Member, Board of Regents

/jh



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**OFFICIAL USE**

Postage	\$ 142	Postmark Here
Certified Fee	345	
Return Receipt Fee (Endorsement Required)	280	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 767</b>	
Sent To	Minochy Delanois Registered Professional Nurse 28156	
Street & Apt. No., or PO Box No.	7 Wedgewood Avenue BillERICA, MA 01821	
City, State, ZIP+4		

PS Form 3800, July 2014 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Minochy Delanois  
 Registered Professional Nurse  
 28156  
 7 Wedgewood Avenue  
 BillERICA, MA 01821

2. Article Number  
 (Transfer from service label) **7014 2870 0001 7787 6351**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Louise Delanois*

B. Received by (Printed Name)  Agent  Addressee  
 Louise Delanois

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**OFFICIAL USE**  
 JUN 25 2015  
 POST OFFICE  
 BILLERICA, MA 01821

3. Service type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes