

Investigation Committee Notice of Section 52 Decision

TO: Tessymol Joshy

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Council of CRNMPEI

TAKE NOTICE THAT an Investigation Committee of the College of Registered Nurses and Midwives of Prince Edward Island ("CRNMPEI") has considered the complaint dated January 23, 2025 made by ██████████ against Tessymol Joshy, RN, registration number 006825, the response from Tessymol Joshy, dated March 9, 2025, and the investigation report, prepared by Melissa Roberts, dated January 16, 2026, as required by section 52 of the *Regulated Health Professions Act* ("RHPA").

Section 52 requires the Investigation Committee to consider the investigation report and to choose one of four options:

- (a) dismiss the complaint, if in the opinion of the investigation committee
 - (i) the allegations are frivolous, vexatious or without merit, or
 - (ii) there is insufficient evidence to support the allegations;
- (a.1) refer the complaint to a mediator for mediation if,
 - (i) the investigation committee is satisfied that the referral is appropriate in the circumstances and not contrary to the public interest, and
 - (ii) the complainant and the respondent agree to participate in mediation
- (b) make any order that the hearing committee is authorized to make under subsection 58(2), if the respondent consents to the order; or
- (c) request that the person or persons who appointed the investigation committee appoint a hearing committee and refer the complaint to the hearing committee.

Members of the Committee were: Sidnie Williams RN, MN (Chair), Pamela Condon RN (Member), and Robert Clow (Public Representative).

The complaint submitted by ██████████ described two incidents involving Ms. Joshy which the complainant says occurred at Beach Grove Home, Charlottetown, PE, on September 20th, 2024, as follows:

1. It is alleged that Tessymol Joshy failed to administer the correct medication to [REDACTED] at Beach Grove Home, [REDACTED], and instead attempted to provide medication prescribed for another resident.
2. It is alleged that Tessymol Joshy misrepresented or was not truthful about the identity and nature of the medication administered, thereby failing to maintain honesty and integrity in the course of her professional duties.

The Investigation Committee referred the complaint to a regulatory investigator designated by CRNMPEI on June 4, 2025, in accordance with section 43(d) of the RHPA. The Investigation Committee received the Investigation Report on January 20, 2026, and convened on February 20, 2026, to render its decision.

The Investigation Committee was satisfied that no further investigation under section 51(2.1) of the RHPA is required.

With respect to the allegations that Ms. Joshy administered the wrong medications prescribed for [REDACTED] and that Ms. Joshy misrepresented or was not truthful about the medication administered, the Investigation Committee found no evidence to support those allegations. The medication administration record (MAR) for [REDACTED] was signed by Ms. Joshy to indicate that her medications were administered to her, and the MAR for [REDACTED] was likewise signed by Ms. Joshy to indicate that her medications were administered to her. There were no witnesses who observed any wrong medications being administered. As such, the evidence consists solely of conflicting accounts between the complainant and Ms. Joshy.

However, pursuant to section 47(1)(d) of the RHPA, the Investigation Committee may investigate any matter arising in the course of the investigation that may constitute professional misconduct or incompetence.

The Investigation Committee is of the view that there is evidence in the investigation report which could result in findings of professional misconduct by Ms. Joshy. Therefore, the Investigation Committee requests that the allegations concerning the conduct of Ms. Joshy as outlined below be referred to a Hearing Committee for a hearing, under section 52(1)(c) of the RHPA. A hearing will allow the testimony of witnesses to be heard and considered by an independent panel.

Section 52(4)(a) of the RHPA requires the Committee to provide written notice and reasons for its referral. The Investigation Committee's reasons are as follows:

1. There is evidence that Ms. Joshy failed to follow CRNMPEI's Practice Directive for Medication Management. The evidence shows that she administered the incorrect dose of Tylenol to [REDACTED]. [REDACTED] had a prescription for Tylenol 650 mg PO PRN Q4HRS; however, Ms. Joshy stated she administered Tylenol 325 mg, which is confirmed by her signature on the MAR. Administering 325 mg instead of the prescribed 650 mg constitutes a medication error. It is also outside Ms. Joshy's scope of practice to independently adjust medication dosages.
2. In addition, the Investigation Committee found concerns with Ms. Joshy's medication documentation practices. The MAR entries were signed as though medications were administered at the preprinted order times, whereas the narcotic count sheet reflects the actual administration times. This practice is inconsistent with the Practice Directive for Medication Management, which requires nurses to document the actual time a medication is administered. The actual time can be recorded in the box above the signature on the MAR.
3. The Investigation Committee also noted that Ms. Joshy signed the Narcotic Count Sheet for [REDACTED] at 16:25 hours without indicating which narcotic, if any, was signed out. As a result, if a narcotic medication was administered, it is not accurately accounted for within the medication counts.

These issues represent violations of the **Code of Ethics**, specifically:

- **3.12** – Engage in safe medication practices, including having the authorization and requisite knowledge, skill, and judgment.
 - **3.13** – Maintain clear, complete, accurate, and timely documentation; nurses must not document false or misleading information.
4. The Investigation Committee found evidence that Ms. Joshy handled another resident's medication while administering medication to [REDACTED]. The evidence shows that Ms. Joshy held medication intended for Resident [REDACTED] in her hand while administering medication prescribed for [REDACTED]. This practice places the resident at risk for a medication error and does not comply with the Practice Directive for Medication Management, specifically the requirement to ensure the Right Patient. Ms. Joshy acknowledged during the investigation that she should not have been holding [REDACTED] medication while administering medication to another resident.

This conduct also violates the following:

- **Code of Ethics 3.6** – Use clinical reasoning and judgment when providing nursing care.
 - **Standards of Practice 3.5** – Exercise reasonable judgment in decision-making.
5. The Investigation Committee also found that Ms. Joshy breached the privacy and confidentiality of Resident [REDACTED]. Although Ms. Joshy denies showing [REDACTED] MAR, both Pauline Hood and [REDACTED] stated during their interviews that this occurred. The investigation report also notes that the progress note documents that Ms. Joshy showed [REDACTED] MAR to [REDACTED]. Even though Ms. Joshy now denies showing the MAR, she did confirm that she showed [REDACTED] a medication syringe labeled with [REDACTED] name. This constitutes a breach of privacy and confidentiality.

This conduct violates the following provisions of the **Code of Ethics**:

- **5.2** – Protect the privacy and confidentiality of clients' personal health information as outlined in legislation and regulatory documents.
 - **5.3** – Only share clients' personal health information for therapeutic reasons and only in compliance with laws and standards of practice governing privacy and confidentiality.
6. The Investigation Committee determined that Ms. Joshy did not demonstrate accountability for her medication errors. Given the medication-related mistakes identified in the investigation report, the Investigation Committee found that Ms. Joshy did not adhere to:
- **Code of Ethics 6.3** – Take accountability for one's errors and learn from them.
 - **Standards of Practice 3.4** – Be responsible and accountable for one's actions and decisions at all times.

The above violations of the Code of Ethics and Standards of Practice could constitute professional misconduct pursuant to section 57(1)(a) of the RHPA. Further, this conduct may also constitute professional misconduct in accordance with section 57(1)(a.1), as it is harmful the best interest of the residents under the member's care and also the integrity of the nursing profession.

57. Professional misconduct
- (1) The conduct of a respondent may be found to constitute professional misconduct if
- (a) the respondent contravenes this Act, the regulations, the bylaws, standards of practice, code of ethics or practice

directions in a manner that, in the opinion of the investigation committee or the hearing committee, relates to the respondent's suitability to practise a regulated health profession.

- (a.1) in the opinion of the investigation committee or the hearing committee, the conduct is harmful to the best interests of a client or other person, or to the integrity of the profession.

Option – RHPA Section 52(1)(b)

Although the Investigation Committee has decided to refer the complaint to a hearing, there is an option available to Ms. Joshy. Pursuant to section 52(1)(b) of the RHPA, the Committee may make an order that the hearing committee is authorized to make under subsection 52(2), if the respondent (Ms. Joshy) consents to the order.

Ms. Joshy may consider some willingness to resolve the allegations without a hearing. The Committee has decided upon orders which are appropriate in the circumstances of this case and leaves it to Ms. Joshy to decide whether she consents to the proposed resolution. If she decides to consent to the orders, she must confirm in writing (see below), and upon receipt by the Committee, the complaint will be concluded, except for the requirements of the orders which Ms. Joshy will be required to complete. If she does not consent, as is her right, the complaint will proceed to a hearing automatically, after the expiration of the time indicated below.

The Investigation Committee will make the following order, **IF AND ONLY IF TESSYMOL JOSHY SIGNS THE BOTTOM OF THIS DOCUMENT ON OR BEFORE THE DATE INDICATED BELOW TO INDICATE CONSENT TO, AND AGREEMENT WITH, THE FOLLOWING:**

1. Ms. Joshy shall successfully complete a medication-related course focused on best-practice standards within six (6) months of her consent to this order. The course must be approved in advance by the CRNMPEI. Upon completion, she must submit official certification of completion to the CRNMPEI to satisfy this requirement.
2. Ms. Joshy shall submit a 500-word reflective essay on the importance of the Code of Ethics and how she incorporates it into her nursing practice. The essay must be her own original work and must be reviewed and accepted by the CRNMPEI to meet this requirement.

The Investigation Committee retains jurisdiction over the complaint if Tessymol Joshy consents to the order but fails to comply with the terms set out above, in which case the matter will be returned to the Committee for further decision.

The member shall have 14 days to consent to this order by signing her name and dating the bottom of a copy of this document and returning it to the CRNMPEI office, to the attention of the Chair named below. Failure to do this will mean that the complaint will be referred by the Committee to a hearing.

Dated this 2nd day of March, 2026, at Charlottetown, PEI

[Redacted signature area]

Sidnie Williams RN MN BScN, Chair of the Investigation Committee

I, Tessymol Joshy, consent to the order described above.

[Redacted signature]

[Redacted date]

Tessymol Joshy, Respondent

Date