

Nursing-board closure, assessment and agency referral

Selected original nursing-board packet pages 1, 3 and 8, in that order. The assessment checks No Violation, Insufficient, Get DSHS Report and later Remain Closed. *The second assessment date has been corrected editorially from the source's printed March 17, 2226 to March 17, 2026. The retained closure email independently bears March 17, 2026. The original remains unchanged. Closure was without investigation, below threshold, with no nursing violation identified; it is not a fabrication finding or full factual exoneration. The November 5, 2025 referral establishes agency provenance, not initiating-complainant identity. Nonpermitted names and private email remain masked. Complaint description and confidentiality warning remain. Omitted packet pages and referral attachment are not reproduced.

Owner-requested publication copy prepared October 13, 2026. Black masks protect the specified fields. Source pages are flattened at 200 DPI. This cover and the marked year correction are editorial; source originals are preserved unchanged.

CMT Assessment Worksheet

Multi-State? ☐ Yes ☒ No

Case: 2025-17807RN Augusto, Annie

MSL state:

CMT Date: November 18, 2025

Panel Members:

Staff Members:

☒ No Violation

☒ Insufficient

☐ No Jurisdiction

☐ Unsubstantiated

☒ Get DSHS Report

☐ Occurred out/state

☐ Employer/Employee

☐ Anonymous Complainant

☐ Resp/not a nurse

☐ Facility issue/ Not nursing

☐ Lack of Complaint Credibility

☐ Other:

Below Threshold (BT) – Little or no harm/risk of harm

☐ Corrective action by facility/employer or discipline authority (BT-issue otherwise resolved)

☐ Verbal/communication/personality conflict (BT-comm./personality issues)

☐ Isolated incident (BT-risk minimal/unlikely to reoccur *(add comment "isolated")*)

☐ Unlikely to reoccur/risk minimal (BT-risk minimal/unlikely to reoccur)

☐ Expired license < 6 months, practiced on (BT-practice within time accepted)

☐ Profession specific: aged/dated, other: _____ (BT-profession specific *(add comment)*)

☐ Confidentiality/HIPAA *(add comment "refer to US Office on Civil Rights - <https://www.hhs.gov/hipaa/index.html> (206) 615-2290")* (BT-Prof. spec. Violating confidentiality)

☐ Billing/fee disputes (BT-billing/fee disputes)

☐ WHPS returnee: Remain in WHPS *(add comment "WHPS")* (BT-otherwise resolved WHPS)

☐ Referral to another program/agency (BT-refer to other program/agency) Program name: _____

☐ Reconsideration Request

☒ Additional Information DSHS Report

CMT Date: March 17, 2026*

Panel Members:

Staff Members:

☒ Remain Closed ☐ Open to investigation see selection below

Investigation Authorized

Above Threshold (AT)– harm or risk of harm – refer to A06.07 guidelines- pattern of 3 or more like instances in last 12 months

☐ Priority A *(immediate danger)*

☐ Refer to Early Remediation Program

☐ Priority B *(serious risk)*

☐ Statement only, back to CMT for Disposition

☐ Priority C *(moderate risk)*

☐ Get continuing competency

Notes:

☐ Sexual misconduct *(follow HSQA Proc: 1-2-11)*

☐ No clinical issues-refer to secretary

From: noreply-tiva2@dshs.wa.gov (DSHS/FTAA/DIT)
To: [DOH WABON Complaint Intake](#)
Subject: [Secure] ALTA Investigation Request
Date: Wednesday, November 5, 2025 10:16:55 AM
Attachments: [RCS_InvestigationRequest.pdf](#)

From: [DOH WABON Complaint Intake](#)
To: [REDACTED]
Subject: Complaint Closure
Date: Tuesday, March 17, 2026 11:49:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Board of Nursing
111 Israel RD SE
Olympia, Washington 98504-7864

Case Number: 2025-17807RN

Dear Ms. Augusto

The Washington State Board of Nursing received a complaint against your nursing license. The allegation was exploiting a patient for financial gain. WABON closed the complaint without investigation because the allegation is found to be below threshold according to WABON procedure as a nursing violation was not identified. [Complaint Process | Washington State Board of Nursing](#)

To request any publicly disclosable information contained in the file, please use our public disclosure unit portal at: <https://washingtondoh.govqa.us/WEBAPP/rs/SupportHome.aspx>, or send a written request to: Department of Health, Public Disclosure Unit, PO Box 47865, Olympia, WA 98504-7864. Please note the Whistleblower law (RCW 43.70.075) may not allow us to release the name of the person who filed the complaint or provide any information specifically identifying the individual if they meet specific requirements.

Sincerely,



[REDACTED]
Complaint Intake Officer
[Home | Washington State Board of Nursing](#)
nursingcomplaints@doh.wa.gov

