



SHANNON M JONES

License Number: CNA220440

Data As Of 7/7/2025

Profession	Certified Nursing Assistant
License	CNA220440
License Status	Volun Withdraw/
License Expiration Date	5/31/2026
License Original Issue Date	07/16/2010
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 8/7/2024 4:33:21 PM Emergency Restriction Order filed 08/07/2024.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
JONES, SHANNON	220440	CERTIFIED NURSING ASSISTANT	PORT RICHEY	PASCO	FL	202425044	ERO ISSUED	08/07/2024

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
JONES, SHANNON M	220440	CERTIFIED NURSI	PORT RICHEY	FL	202224081	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
JONES, SHANNON M	220440	CERTIFIED NURSING ASSISTANT	PORT RICHEY	FL	202224081	AC FILED
JONES, SHANNON M	220440	CERTIFIED NURSING ASSISTANT	PORT RICHEY	FL	202425044	AC FILED
JONES, SHANNON M	220440	CERTIFIED NURSING ASSISTANT	PORT RICHEY	FL	202425044	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance

Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.
