



OREGON BOARD OF NURSING
SENTINEL

[VO.28 • NO.3 • SEPT 2009]

**2009 LEGISLATIVE SESSION
BROUGHT CHANGES FOR
NURSING, HEALTH CARE**

What's New in Rule and Policy for RNs and LPNs

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Preceptor, Student, Faculty**

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table of CONTENTS

4 2009 Board Members
 4 2009 Board Meeting Dates
 21 Board Disciplinary Action

2009 Legislative Session Brought Changes for Nursing, Health Care..... **6**
 What's New in Rule and Policy for RNs and LPNs..... **8**
 Partners in Nursing Education: Preceptor, Student, Faculty **10**
 Leaving a Practice or Asking a Patient to Leave a Practice:
 What are the Board's Expectations **14**
 Meet Your Members **15**
 Going "Cardless" for Public Safety **16**
 Your Board in Action..... **16**
 Nursing Assistant Corner **18**

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2009 BOARD MEMBERS

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Terms: 4/12/04 - 12/31/06, 1/1/07- 12/31/09

Mr. McDonald is a Family Nurse Practitioner with the Multnomah County Health Department HIV Health Services Center and the Kaiser Health Plan Emergi-Center. He received his Bachelor of Science degree from the University of Oregon School of Nursing (now OHSU), in Eugene, and his Master of Science degree in Community Health Nursing from Arizona State University in Tempe, Ariz.

JULIA WILLIS, LPN, BOARD SECRETARY

Term: 3/21/07 - 12/31/09 (eligible for reappointment)

Ms. Willis is the Health Services Specialist for Quail Run Assisted Living in Albany, Ore., and is one of two Licensed Practical Nurses on the Board. She received her Practical Nurse certificate from Emily Griffith Opportunity School in Denver, Colo.

KAY CARNEGIE, RN

Term: 1/1/09 - 12/31/11 (eligible for reappointment)

Ms. Carnegie is currently the Associate Dean of Health Sciences at Chemeketa Community College. She received her BSN from Illinois Wesleyan University, in Bloomington, Ill., and her master's degree from the University of Portland in Portland, Ore. She serves in the Nurse Educator position on the Board.

CLAUDIA COON, LPN

Term: 3/21/07 - 12/31/09 (eligible for reappointment)

Ms. Coon is the nurse for a Special Education Life Skills class in the Multnomah Education Service District in Portland, Ore., and is one of two Licensed Practical Nurses on the Board. She received her Practical Nurse diploma from Boise State University in Boise, Idaho.

CHERYL COSGROVE, RN

Terms: 3/16/09 - 12/31/11 (eligible for reappointment)

Ms. Cosgrove is a staff nurse at Grande Ronde Hospital in La Grande and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Evergreen Valley College in San Jose, Calif., and her Bachelor of Science in Nursing and Master of Nursing degrees from OHSU in Portland, Ore. She is one of two direct-patient care RNs on the Board.

PATRICIA MARKESINO, RN

Terms: 1/23/06 - 12/31/08, 1/1/09 - 12/31/11

Ms. Markesino is the Director for Quality Improvement for Willamette Falls Hospital in Oregon City, Ore. She received her Bachelor of Science in Nursing from Wayne State University in Detroit, Mich., and her Master of Business Administration from the University of Portland, Portland, Ore. She serves in the nurse administrator position on the Board.

LINDA MILL, RN

Term: 1/1/09 - 12/31/11 (eligible for reappointment)

Ms. Mill is a staff nurse in at Bay Area Hospital in Coos Bay and has more than 20 years of nursing experience. She received her Associate Degree in Nursing from Southwestern Oregon Community College in Coos Bay, Ore. Ms. Mill is one of two direct-patient care RNs on the Board.

REBECCA UHERBELAU, PUBLIC MEMBER

Term: 1/1/07- 12/31/09 (eligible for reappointment)

Ms. Uherbelau is one of two public members on the Board. Ms. Uherbelau is the Communications Consultant for the Oregon Education Association. She resides in Portland.

AMOY WILLIAMSON, PUBLIC MEMBER

Terms: 1/1/04 - 12/31/06, 1/1/07- 12/31/09

Ms. Williamson is one of two public members on the Board. She received her Associate's degree from New York City Community College in Brooklyn, N.Y. and her Bachelor's degree in Business Administration from Portland State University, Portland, Ore.

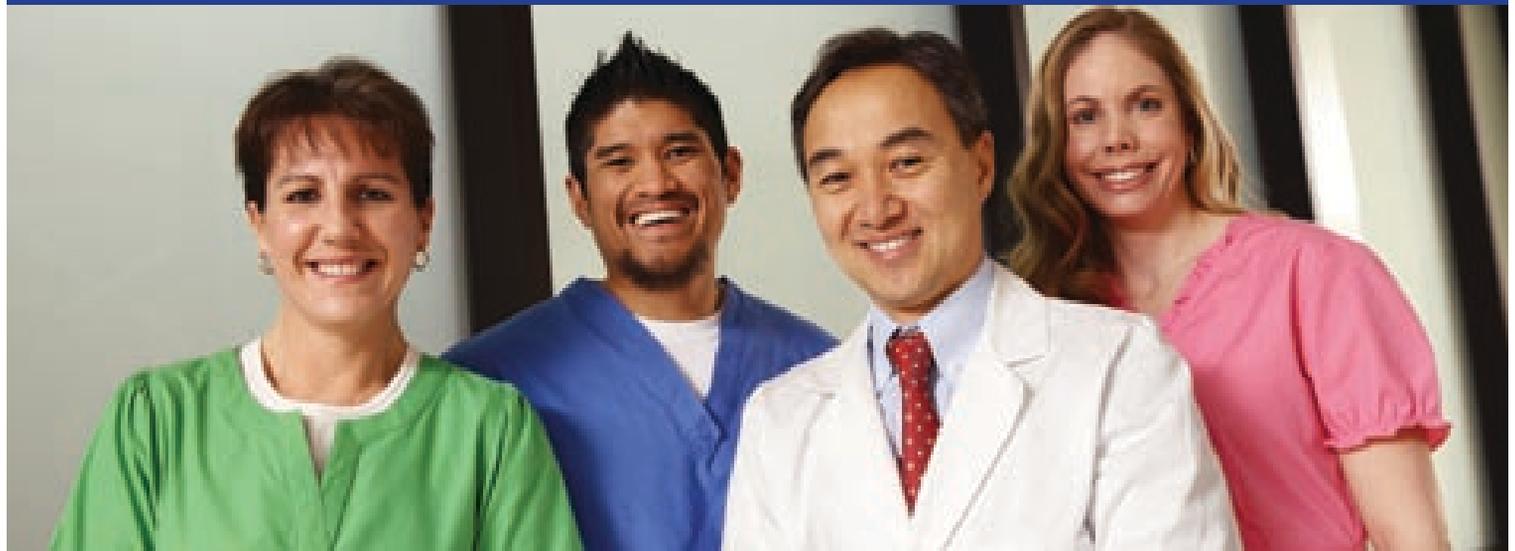
2009 BOARD MEETING DATES

Wednesday	09/16	9:00 a.m.	OSBN Board Meeting--Day 1
Thursday	09/17	9:00 a.m.	OSBN Board Meeting--Day 2
Thursday	10/15	5:00 p.m.	OSBN Board Meeting, via Teleconference
Wednesday	11/18	9:00 a.m.	OSBN Board Meeting--Day 1
Thursday	11/19	9:00 a.m.	OSBN Board Meeting--Day 2

All meetings are located at the OSBN Conference Room, 17938 SW Upper Boones Ferry Road, Portland.

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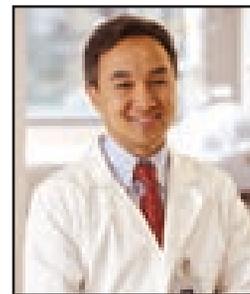
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2009 Legislative Session Brought Changes for Nursing, Health Care

The 2009 legislature ended June 29, one day earlier than expected. The Governor has signed into law several bills that affect nursing, other healthcare providers and health regulatory boards. Board of Nursing staff is working on rule changes that may be required, in preparation for the September and November board meetings. Below is a recap of the more significant bills that affect Board of Nursing licensees, the board itself, or health care in general. You may learn more about these bills by visiting the legislature's Web site (www.leg.state.or.us/bills_laws) or by contacting your district legislators.

HOUSE BILLS

HB 2058—The bill had a significant effect on the composition of the Board of Nursing by deleting one LPN member and adding one CNA member. Beginning in Jan. 2010, the board will consist of four RNs, one nurse practitioner, one LPN, one CNA and two public members. The governor's office will begin accepting applications for the new CNA member position soon.

As a result of this legislation, Board of Nursing members now serve at the pleasure of the governor. Previously, board members could be removed before the end of their term only "for cause." In addition, it removed the two-term cap for board members; now, there is no limit to how many terms a member may serve.

HB 2059 — Requires licensees of a health regulatory board to report prohibited or unprofessional conduct of other types of health professionals to the appropriate board. For instance, if a nurse witnesses unprofessional behavior by a physician, the nurse is required to report that physician to the Oregon Medical Board. In addition, a licensee who is convicted of a misdemeanor or felony, or who is arrested for a felony crime, is required to report the conviction or arrest to the licensee's regulatory board within 10 days after the conviction or arrest.

HB 2118 — This bill had several provisions that affected all health regulatory boards. It permits boards to conduct fingerprint-based criminal background checks of board employees. It also requires that executive directors serve at the pleasure of the governor, and that executive directors need to submit periodic management reports to the governor's office.

HB 2345 — This bill also had a broad effect over all health regulatory boards that have, or are contemplating, an impaired-professional program. The Department of Human Services was designated to establish uniform standards for the monitoring of impaired professionals for all health regulatory boards and is planning to contract with an outside entity to handle the monitoring function. Any board that wishes to offer their licensees an alternative-to-discipline program is required to use this outside contractor. Although the details have not been settled yet, generally this means that the board will transfer oversight for the Nurse Monitoring Program participants to the outside contractor by July 2010. OSBN Executive Director Holly Mercer is participating in the committee working on details for the transition.

HB 2610 — Prohibits all health professionals from using the term "doctor" un-

less they have: 1) earned a doctoral degree in the field of practice, and 2) procured and maintained a license from the board that regulates the profession in which the degree was earned. The measure also broadens the use of the term to professions that have adopted the doctoral degree as the standard of practice.

HB 2693 — Currently, Oregon ranks a dismal 49th place in the nation for its student-to-school nurse ratio. This bill incrementally increases the number of school nurses during the next 10 years. Ultimately, by July 1, 2020, school districts will be encouraged to provide one RN or school nurse for every 750 students.

HB 3022 — Allows health care practitioners to prescribe antibiotics to partners of patients with gonorrhea or Chlamydia (called Expedited Partner Therapy).

SENATE BILLS

SB 139 — Sponsored by the Oregon Board of Nursing, this bill deleted the requirement for the Board to issue wallet-sized cards as evidence of current licensure. Beginning Jan. 2, 2010, the Board will no longer issue license cards. To verify a nursing license, employers and others must use the board's online verification system. (See article on page 16)

SB 158 — Requires Nurse Midwife Nurse Practitioners (and other health practitioners) to disclose any financial interest they or a family member may have in particular facility (hospital, ambulatory surgical center or freestanding birthing center), if the NMNP refers a patient to that facility for treatment. In addition, in obtaining informed consent for treatment that will take place at a facility, the practitioner must disclose the manner in

which care will be provided, in the event that complications occur that require health services beyond what the facility has the capability to provide.

SB 355 — Sponsored by the Board of Pharmacy, this bill created an electronic prescription monitoring program, which affects physicians, dentists, naturopathic examiners, optometrists, pharmacists, and Nurse Practitioners and Clinical Nurse Specialists. To fund the program, the bill imposed a \$25 fee per year on each person licensed by the board who is “authorized to prescribe or dispense controlled substances.” The Department of Human Services will maintain the program, in consultation with the new Prescription Monitoring Program Advisory Commission. The 11-member Commission will include a nurse authorized to prescribe controlled substances.

SB 605 — Removes the requirement for nurse practitioners or clinical nurse specialists with dispensing authority to give medications personally to patients.



ADDRESS CHANGE

Please notify the Board of your address change by completing the form below and submit it to the Board office. You may either mail the form to the Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224, or fax it to 971-673-0684.

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What's New in **RULE** and **POLICY** for RNs & LPNs

Keep Your Employer of Record on File with the Board

Did you know that the Board of Nursing recently adopted administrative rules that require licensed nurses to report the names and addresses of their current nursing employers to the Board? The reason is that the Board is trying to improve information in its database so that more accurate nursing employment data is available for audits and measurement of the nursing workforce. Here is the specific rule language, found in Division 31 of the Nurse Practice Act:

Employer of Record:

Any licensed nurse actively practicing nursing shall report his/her current nursing employer(s) and employer's mailing address(es) to the Board. All employers, where the licensed nurse is working within his/her given scope of practice, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.

So, be sure to let us know when you change jobs or take another nursing position!

Board Policy on **Complementary and Alternative Modalities and Nursing Practice**

For a number of years, licensed nurses have engaged in practices that fall into the categories of complementary or alternative modalities. The Board has briefly addressed the issue of complementary therapies in the policy entitled *Practice Requirement for Licensed Practical Nurses and Registered Nurses*, but this policy addresses the issue in detail. This policy says

it is within the scope of practice for the nurse practitioner, clinical nurse specialist, registered nurse or licensed practical nurse (who is under the direction of the RN or other licensed health care provider who has authority to make changes in the plan of care) to provide complementary and alternative modalities for a client, provided certain conditions are met.

The conditions that are common to all levels of practice include: functioning within the proper scope of practice; performing an assessment; supporting the client to become an informed consumer; obtaining the client's permission; having documented knowledge, judgment, skill, and competency in the application of the modality; obtaining any additional needed licenses or certificates; and, adhering to other statutes and rules pertaining to the modality when it is regulated by any other Oregon health-related agency, board or commission.

Conditions that are specific according to the level of practice include assessment and management of non-prescriptive remedies (such as vitamins, minerals, homeopathic, herbal, compound medications, or over-the-counter drugs). While the RN/LPN performs a nursing assessment, NPs and CNSs perform an assessment consistent with an existing or new diagnosis, and document a treatment plan. RNs and LPNs may provide information regarding non-prescriptive remedies, provided the client is appropriately supported as an informed consumer. If the NP or CNS has prescriptive authority, practice consistent with the Board of Nursing policy entitled *Nurse Practitioners and Clinical*

Nurse Specialists with Prescriptive Authority and Non-Prescriptive Remedies must be followed.

Expectations for knowledge, skills and competency to perform complementary modalities also are outlined by the policy, as are the concepts for how to support a client so they become an informed consumer. If you want to know more or plan to work in this field, please review the specific Board policy: www.oregon.gov/OSBN/pdfs/policies/complementary-alternative_modalities.pdf



Board Policy on Respirator Medical Evaluations and Fit Testing

If you are a nurse who works in occupational health, you may find it helpful to review the new policy entitled *Administration of the Oregon OSHA Respirator Medical Evaluation Questionnaire and Clearance for Respirator Fit Testing*. The intent is to provide clear guidance for nurses who engage in administration of the *Oregon Occupational Safety and Health Administration (Oregon OSHA) Respirator Medical Evaluation Questionnaire* and who may provide clearance for respirator fit testing.

This policy says that NPs, CNSs, and RNs may clear workers for respirator fit testing if there are no positive responses on the questionnaire. The policy also allows the NP or CNS with an appropriate knowledge base, congruent with his/her individual scope and specialty, to clear workers for respirator fit testing if there are positive responses on the questionnaire. RNs may clear workers who have positive responses to questions one through eight on the questionnaire for **filtering face piece respirators (such as the N-95) only**, when there is sufficient information to reach a reasonable and prudent nursing judgment related to the worker's ability to safely use a respirator without health limitations. If there isn't sufficient information to reach the necessary judgment of the worker's ability to use a respirator safely without limitations, the worker must be referred to a licensed independent practitioner such as a physician or NP for further evaluation. The RN may not delegate questionnaire evaluation to unlicensed assistive personnel. It's not within the LPN scope of practice to evaluate *Oregon OSHA's Respirator Medical Evaluation Questionnaire* or to clear workers for respirator fit testing.

This policy also speaks to the knowledge and education base required to administer the questionnaire and clear workers. If you are going to do this type of work, you are expected to have current knowledge in physiological and psychological systems as they relate to the workers' ability to wear a respirator safely. You must also have knowledge of respirator types and the effects of wearing them. And, you are expected to know Oregon OSHA regulations and safety standards applicable to respirator use. If you want to see the entire policy, you can find it at: www.oregon.gov/OSBN/pdfs/policies/respirator_fit.pdf.

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By OSBN Education Consultant *Joy Ingwerson, RN, MSN*

Partners in Nursing Education: PRECEPTOR, STUDENT, FACULTY

Returning to school is a common theme in the Fall, even though many nursing programs offer classes year round. As the Fall term sits on the horizon, many nurses in the state will likely be involved with serving as a preceptor or Clinical Teaching Associate (CTA) for nursing students. This role is most successful when the CTA works in partnership with the student and the faculty member. The information provided here is intended to assist in strengthening that partnership and providing some clarification on issues related to precepted experiences.

ROLE TERMINOLOGY

First, it may be helpful to sort out the terminology now used in Division 21 of the Nurse Practice Act (Standards for the Approval of Educational Programs in Nursing Preparing Candidates for

licensure as practical or registered nurses). During rule revision work completed in 2008, there seemed to be confusion with the use of the title “preceptor” as some healthcare facilities use this term specifically to designate

those trained to precept newly hired staff. A distinction is now made in the title for a nurse who works with nursing students which is Clinical Teaching Associate (CTA). The definition in administrative rule is: “a nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The clinical teaching associate functions under the direction of the nurse educator or nurse educator associate.” The nurse educator and nurse educator associate are members of the faculty from the school or college

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of nursing. It is the responsibility of the school to assign a nurse educator to the student/clinical site.

KEY TO SUCCESS

Often, the nurses who are trained as preceptors to work with newly hired staff also serve as CTAs for student nurses. Many of the same skills in coaching and guiding would be applicable. But, when working with students, an important triad is key to the success of the learning experience for the student. The CTA, faculty member, and student must all work together to ensure that the clinical experience is a success. Before a student starts a precepted clinical assignment, the CTA should have some level of training related to their responsibilities. This may be printed materials, an actual class, or web-based training. At the very least, the CTA needs to know the expectations for the role of CTA and the objectives for the clinical experience. In many cases there are objectives for the course and the student is expected to define some of their own objectives. The CTA can be much more effective in making client assignments when the assignment fits with a stated objective. The information on the course and objectives is to be provided by the school.

The instructor/faculty member is a key member of the partnership in precepted clinical experiences. Both the student and the CTA need to have information readily available on how to reach the assigned instructor or clinical coordinator. It is ideal to have set meeting times with all the partners (student, CTA, instructor) early in the experience and periodically throughout the clinical rotation. Preceptors need to be ready to share their observations with the student and the instructor as this input is invaluable to the evaluation process. The direct feedback from the CTA to the student on a daily

basis will be a great help to the student as they formulate new objectives and build on their learning.

CTA IS RESPONSIBLE

A common question that comes up in a precepted experience relates to liability of the CTA for the actions of the student, such as, “Is the student practicing under my license?” There isn’t a simple answer to this question, but it is correct to say that no one practices under your license except you. As a licensed nurse, you do continue to hold the responsibility to assign and supervise care appropriately whether that be with students, CNAs, or other assistive staff. In the role of CTA, the nurse needs to have knowledge about the level of competence of the student and again, match assignments to the learning objectives for the course and the student’s level of ability. Above all, the nurse retains the responsibility for the care provided to the client even when a student in a precepted experience might be completing much of the care for that client or group of clients. The nurse needs to assign appropriately, provide supervision and follow up to see that assignments are completed.

SPECIAL CIRCUMSTANCES

A special circumstance sometimes arises where a precepted experience is requested for a student who is enrolled in a nursing program in another state. This is commonly seen with a student who is originally from Oregon and wants to complete a final practicum course in their home state. If a question about this comes directly to a CTA, it is good to be aware that there are specific rules related to this type of experience. First, the student should not be attempting to set up this clinical rotation on their own. The school needs to contact the State Board of Nursing and provide specific documentation about the program related to the standards for

nursing education programs. An approval process is required and the out-of-state school cannot place students in Oregon until this approval is complete. In the past, Oregon has hosted students from nursing programs in Ohio, Nebraska, Maryland and Wisconsin, to name a few.

Another special circumstance that involves precepted clinical experiences is the clinical rotation for a registered nurse student in a re-entry program. While the CTA working with the RN re-entry student will certainly use many of the same guidelines and skills, it should be recognized that the RN re-entry student is functioning under a limited license and may or may not be associated with any formal educational program. The limited license only allows the student to complete their clinical practice requirement which is a minimum of 160 hours. A CTA working with a re-entry nurse must complete an application form which includes an attestation of some import: “I agree to directly supervise and evaluate a re-entry nurse and to make a recommendation at the end of re-entry nurse’s experience, whether the re-entry nurse should be licensed.” Since the competence demonstrated in clinical practice is essential to protect public safety, it is important that the re-entry clinical experience be the focus of the determination of whether to grant a license. Remember, the clinical practice requirement is a *minimum* of 160 hours so it might be appropriate in some cases to extend the clinical experience to allow the re-entry nurse to gain the skills needed to obtain full licensure.

Precepted clinical experiences are commonly used as a powerful learning tool for many types of students. Through partnerships between the student, CTA, and faculty a successful experience can be the perfect lead-in to successful nursing practice.

Shared Governance at Salem Hospital

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RN voices grow stronger for continual improvement



“Being ‘ready’ means that, as clinicians, we own our practice and are accountable for making it better—every day.”

When patient care improves at Salem Hospital, chances are it starts with a nurse at the bedside who ponders ...
“There must be a better way.”

- We need a computer near every bed—and IV pumps and Dynamaps in every room.
- How can we expedite admissions?
- Shouldn’t assignments to patients be based on acuity, not geography?
- Can nurse servers be supplied from the outside?
- We shouldn’t scramble so much to gather pre-surgical screening data.
- Involve us in how the WHO Surgical Checklist is done here!
- Moms and newborns need more “skin-to-skin time” during the hour after birth.
- We should systematically call patients shortly after discharge to track progress and reward staff for excellent work.
- Let’s set up a parent council in Pediatrics!

These are just a few in the explosion of at least 34 best-practice and research projects underway (or done) at Salem Hospital, thanks to a jump-start in shared decision making two years ago.

The heart of this model? Working in interdisciplinary teams with the Chief Nurse’s support, clinicians know they can make a difference.



Above: The Salem Hospital Practice Council gives a collective “clap” at the moment they voted to apply to become a “Magnet Designated” hospital.

Top left: Cheryl Nester Wolfe, Salem Hospital Chief Nursing Officer and Senior Vice President/Operations.

Percolating SPTs

If ideas are evidence-based, they percolate in Specialty Practice Teams (unit based staff nurse teams), then continue to the Practice Council (composed of SPT chairs). This council meets monthly to serve as a hub of review, research—and even breaking barriers—so that ideas land back at the bedside as a best practice shared with all staff.

Research shows that when front-line staff have a voice in shaping their work, patient care improves, which improves job satisfaction ... which then leads to even better patient care. What a wonderful “vicious cycle!”

This cycle has been turning faster at Salem Hospital, thanks to the core of SPTs that started in 2004 and grew to 24 under the leadership of Chief Nursing Officer and Senior Vice President Cheryl Nester Wolfe, who joined the hospital in 2007. SPTs have been formed for most hospital units, from pediatrics and home care, to ICU, surgery and rehabilitation. Five more are in the works.

Research, training grows

Under Wolfe, research and professional development also gained a stronger foothold, along with shared decision making. For example:

- The hospital’s first nursing research director, Margo Halm, RN, PhD., CNS-BC, joined staff in August from St. Paul, Minn.
- Clinical Excellence Grand Grounds began this summer—for all staff—to share topics such as nursing ethics and cultural effectiveness.
- A special *SHINE Times* newsletter began to feature best practices, research and professional development.
- Several departments have begun Journal Clubs to promote discussion and adoption of best practices.
- Professional Practice Day – 34 posters.

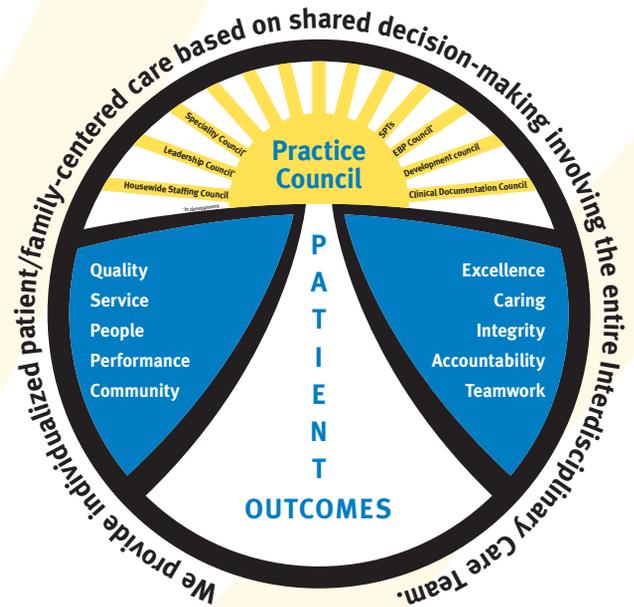
“One of our biggest accomplishments last year was to restructure our shared decision-making model,” Wolfe says, noting “interdisciplinary” joined the phrase “nursing excellence” in the model. (*See Professional Practice Model, upper right.*)

Recognizing SPTs as fertile ground for engagement, Wolfe and her admin team began a series of day-long TCAB (Transforming Care at the Bedside) retreats—in their homes—in 2008. By 2010, all 24 SPTs will have participated in TCAB retreats.

Evidence of success

Real evidence comes from improved patient care, job satisfaction—and ultimately to “Magnet Designation.” Salem Hospital is on this path, with these key examples:

- Continual improvements in the ICU resulted in earning the prestigious Beacon Award—*twice*. The ICU earned the American Association of Critical Care Nurses Beacon Award for 2008-09, and in 2006-07. The ICU is one of 22 in the nation and the *only ICU in Oregon* to earn this award twice.



• EMPOWERMENT •

- Patient satisfaction scores continue to rise and are tracked through the hospital’s Service Excellence Team.
- This year’s annual NDNQI nursing satisfaction survey was taken by 80 percent of RN staff, with results not only exceeding the national hospital mean in satisfaction, but the Magnet hospital mean. “We noted a 13-point jump in nurses feeling more engaged in decision-making over last year,” Wolfe says.

Applying for Magnet

Lastly, the crown jewel in any hospital’s drive toward continued improvement: Becoming a Magnet Designated Hospital. Following months of soul-searching, tracking continued improvements in patient care, shared decision-making and job satisfaction improvements, the Practice Council voted unanimously on Aug. 25 to apply.

“Our decision to apply for Magnet signifies that we are ready,” Wolfe says. “Being ‘ready’ means that, as clinicians, we own our practice and are accountable for making it better—every day.”

All of the hard work is taking hold, Wolfe says. “Do we still have work to do? Of course we do! We’ve just begun.”

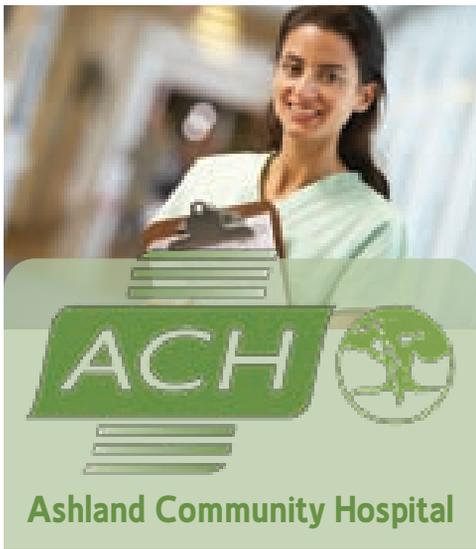


* S.H.I.N.E. stands for *Salem Hospital is interdisciplinary and nursing excellence*

To learn more about Salem Hospital, visit us online at salemhospital.org.

By Advanced Practice Consultant Tracy Klein, RN, FNP-BC, FAANP

Leaving a Practice or Asking a Patient to Leave a Practice: WHAT ARE THE BOARD'S EXPECTATIONS?



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Oregon advanced practice nurses (Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and all Nurse Practitioner Specialties) can function independently and own their own practice in this state. Along with this privilege, however, comes responsibility. The Oregon State Board of Nursing receives many questions regarding practice closures and patient discharge from care. These responsibilities are spelled out in both law and policy. The following information will help you understand the Board's expectations and provide resources for clarification of changes in your practice setting.

ASKING A PATIENT TO LEAVE A PRACTICE

All practice settings need clear policies regarding transfer of care which are developed in consultation with an attorney, and communicated to patients directly. These policies should include discharging a patient from your care entirely. Criteria may be written into initial consent forms, pain management contracts and other documents such as clinic Web site materials. Specific insurance providers may also have requirements for transfer of care, particularly if you are the patients' Primary Care Provider (PCP) and the patient is therefore required to select a new provider in order to continue treatment. Any policies and documents regarding transfer of care should be in writing and shared with the patient and with their insurance plan at the time of discharge so that there are no questions regarding your obligations.

The law regarding transfer of care is found in various sections of Divisions 45, 50, 54 and 56 of the Oregon Nurse Practice Act. Oregon Administrative Rule 851-045-0070(10) specifically addresses the need for an advanced practice nurse to release medical records in a timely manner, not to exceed 60 days from receipt of written notification from the patient that they are requested. It is not ethical or legal to

hold records for non-payment or other non-HIPAA specific reasons.

The Board's policy on patient abandonment (www.oregon.gov/OSBN/pdfs/policies/abandon.pdf) specifically states that it is not patient abandonment to legitimately discharge a patient from care, if the steps of the policy are followed. These steps include giving patients written notice that clearly states the date of termination of services; information regarding how a patient may access their records of care; information regarding referral options for continuing care for the condition treated; and, the provision of currently authorized medications that are prescribed by the advanced practice nurse for a limited refill period specified in the notice of termination.

LEAVING OR CLOSING A PRACTICE

The primary issues to consider regarding practice closure are how patient records will be maintained and released upon request. Oregon law regarding retention of medical records varies from seven through 10 years depending upon practice setting. HIPAA regulations govern how much of a record may be released and with which type of consent. Due to the complexities of federal and state law, the Board recommends that careful consideration be given to how

the record will be evaluated for release, and who will be responsible for any redactions or requests for corrections. The Board expects that any nurse in private practice will have systems in place to anticipate and respond to such requests, including in the event of his or her extended illness or death. An attorney can advise you further regarding transactions such as sale of a practice that may involve transfer of patient records.

Nurses must notify the Board within 30 days, in writing, of any change of practice setting, whether by relocation, retirement, or initiation or termination of practice. The Drug Enforcement Administration (DEA) has online capability for address changes and updates to your DEA number and may be contacted at www.dea.gov.

The Board would appreciate a courtesy copy of your letter of closure and an address where patients can access their records. The Board office has received many calls from patients who have alleged that they were not notified when a practice closed. The presence of this letter in Board files can assist us in determining whether or not further investigation is warranted.

Meet Your MEMBERS

The Oregon State Board of Nursing welcomed one new member, as of March 16, 2009, to a three-year term on the Board.



Cheryl Cosgrove, RN, replaced Beverly Shields, RN, in one of the two direct-patient care RN positions on the Board. Ms. Cosgrove is a staff nurse at Grande Ronde Hospital in La Grande and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Evergreen Valley College in San Jose, Calif., and her Bachelor of Science in Nursing and Master of Nursing degrees from OHSU in Portland, Ore. She resides in LaGrande, Ore.

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Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and **start as low as \$820 per person** (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, **BUT please ask us about our Cruise LayAway Plan.**

What a week! We depart from Los Angeles. Your first stop is Puerto Vallarta, Mexico. Our next stop is Mazatlan, then Cabo San Lucas before cruising back to L.A.

Sunday, Apr 18 – Los Angeles (Long Beach), CA
Monday, Apr 19 – Fun Day At Sea
Tuesday, Apr 20 – Fun Day At Sea
Wednesday, Apr 21 – Puerto Vallarta, Mexico
Thursday, Apr 22 – Mazatlan, Mexico
Friday, Apr 23 – Cabo San Lucas, Mexico
Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

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For more information about the cruise and the curriculum, please log on to our website at www.thinkaboutitnursing.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

POE TRAVEL

GOING “CARDLESS” FOR PUBLIC SAFETY

Senate Bill 139, sponsored by the Board of Nursing, removed the requirement for the board to issue wallet-sized license cards. As of Jan. 1, 2010, employers will need to verify a nurse or nursing assistant’s license status through the board’s online or telephone verification system or the National Council for State Boards of Nursing Web site (<https://www.nursys.com>).

Although license cards have historically been perceived as “proof” of a licensee’s eligibility to practice nursing or perform nursing assistant duties, the fact is that wallet cards are subject to fraud, loss and theft. Additionally, there is an assumption that the card carrier’s license status is current as it reads on the card. In fact, the information could be up to two years

old. This puts the public at risk and puts employers at risk for civil penalties and other sanctions (if they employ someone without a current Oregon license). Oregon will join several other states that have already eliminated license cards.

This Fall, the board will conduct a pilot project of a new auto-verification service as part of its newly enhanced online ser-

vices system. The board will work with three major nursing employers to test an electronic system that will provide daily, weekly or monthly notifications of the current license status for all the nurses and nursing assistants for a particular employer. The goal is to provide an easy to use service that automatically notifies an employer when a change occurs to one of their employees’ license status, including any current discipline and when they are due to renew.

More information on the new auto-verification service will be available in coming months.

YOUR BOARD IN ACTION

*Highlights from the
June 2009 Board Meeting*

RULES ADOPTED

The Board adopted temporary administrative rules (OAR 851-002) to increase certain RN, LPN and CNA fees in accordance with House Bill 5031, which took effect July 1, 2009. A hearing to make the temporary rules permanent is scheduled for the Sept. 17, board meeting.

The Board also adopted amendments to OAR 851-031-0090 and 851-062-0120 to require nurses and nursing assistants to provide employer information to the Board within 30 days of being hired.

POLICIES ADOPTED

The Board adopted two nursing practice policies, entitled, “Administration of the Oregon OSHA Respirator Medical Evaluation Questionnaire and Clearance

for Respirator Fit Testing,” and “Complementary Alternative Modalities and Nursing Practice.” Board policies are located online at www.oregon.gov/OSBN/Position_Papers.shtml.

NURSING EDUCATION

The Board approved major curriculum changes for Blue Mountain Community College and Portland Community College. Both schools plan to implement the Oregon Consortium for Nursing Education (OCNE) competency-based curriculum.

The Board also approved Mt. Hood Community College’s request to offer its current OCNE curriculum on a schedule to allow students to complete courses part-time and on an alternate schedule.

ADMINISTRATION

The Board adopted guidelines for Chemical, Mental Health, and Dual Diagnosis Assessments and Criminal Background Check decisions and reaffirmed its decision to delegate the authority to issue a notice to suspend for failure to cooperate to the executive director, or her designee.

The Board also adopted a policy entitled, “Referral of Disciplinary Cases to Law Enforcement,” that formalizes the Board’s practice of referring cases that indicate possible criminal behavior to law enforcement.

In addition, the Board decided to delegate authority to grant extensions of due dates for Board reports to the executive director.

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Soon, we'll establish Oregon's first *new medical school* in more than a century. The state-of-the-art health sciences campus, a unique partnership with Western University of Health Sciences and others, will address critical shortages of health professionals in our area.

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Our doors are open to each and every member of the community who needs medical care, regardless of financial status. From the babies delivered at our hospitals, to cancer patients and our own employees, we believe that people come first.

Commitment to innovation

Medicine and our organization can't be at its best without a commitment to advanced technology and research. Investments in cutting-edge equipment and a commitment to innovative software and electronic systems are priorities. And with our Center for Health Research & Quality, we're making great progress with clinical trials, grants and overall advances in medical care.

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By Nursing Assistant Program Consultant Debra Buck, RN, MS, BC

NURSING ASSISTANT CORNER

WANTED: CERTIFIED NURSING ASSISTANTS (CNAS)

The Board of Nursing is looking for CNAs who are interested in providing input and feedback on the development of rules and policies related to CNA issues. If you are a CNA and would like to volunteer for this effort, please e-mail debra.buck@state.or.us and ask to be placed on the CNA stakeholder e-mail list. You will then receive e-mail notices of meetings being held by the Board to discuss topics of interest to CNAs and will receive draft rule and policy language for review and comment.

SCOPE-OF-PRACTICE VERSUS AUTHORIZED DUTIES

Oregon CNAs do not have a licensed scope-of-practice. "Scope-of-practice" implies that the licensed individual has a broader range of responsibility for client care. CNAs have a limited and defined list of tasks or duties. Thus, CNAs have a list of authorized duties versus a scope-of-practice.

The authorized duties for an Oregon CNA can be found at www.oregon.gov/OSBN/pdfs/npa/Div63.pdf. It is important for CNAs to know what authorized duties they can legally perform. CNAs are sometimes asked to do tasks that are not part of their authorized duties. Accepting an assignment of a task that is outside of the CNA authorized duties can result in discipline against the CNA.

FACTS ABOUT PATIENT ABANDONMENT

It is not unusual to receive a call from a CNA stating that his/her employer has threatened him/her with a report of patient abandonment to the Board if they refuse to work a double shift. Since patient abandonment is not consistently defined and is sometimes used inappropriately to ensure staffing ratios

are maintained, the Board addressed this issue in a policy.

According to the board's policy on patient abandonment, patient abandonment occurs when a CNA, having accepted an assignment to care for a patient or group of patients for a previously agreed upon work time period, voluntarily removes himself/herself from the setting where care is being delivered without reporting off to a qualified individual who will assume responsibility for the patient care. When a CNA accepts an assignment of patient care for a specific length of time, the Board believes that the CNA should provide care until the CNA can transfer responsibility for the care to another qualified caregiver. However, choosing not to work beyond a scheduled work shift does not constitute patient abandonment.

When a CNA does agree to work extra hours, they are held accountable for his/her ability to be able to competently perform his/her duties during those extra hours. Sometimes CNAs agree to work more hours than he/she can safely and find his/herself before the Department of Human Services CNA Review Panel and/or answering to the Board for

conduct unbecoming a nursing assistant. Thus, it is important for the CNA to only accept extra work hours when they know he/she can competently perform the duties of a nursing assistant.

For further clarification on this topic, please refer to the Board's policy on patient abandonment found at <http://www.oregon.gov/OSBN/pdfs/policies/abandon.pdf>.

PROPOSED CHANGES TO TRAINING CURRICULUMS

During the last year, a large CNA stakeholder group has met via video-conference to review and recommend changes to the NA Level 1, CNA 2 Acute Care, CNA 2 Restorative Care, and CNA 2 Dementia Care training program curriculums. Their proposed changes will be presented to the Board on Nov. 19, 2009.

The stakeholder proposal includes clarifying and elaborating on some content and moving some content and tasks from the CNA 2 level to the NA Level 1 training. Some proposed enhancements to content areas include communication and interpersonal skills and client rights. Proposed additions of skills to the Level 1 training include:

Turning oxygen on and off, or transferring between wall and tank at pre-established flow rate for stable clients.

- Basic Life Support for Health Care Providers or CPR/AED for the Professional Rescuer.
- Applying non-prescription pediculi-cides.
- Applying topical, non-prescription barrier creams and ointments for

prophylactic skin care.

- Cleaning ostomy site and empty ostomy bag or change ostomy bag which does not adhere to the skin.
- Collecting clean catch urine specimen.
- Taking and recording orthostatic blood pressure readings.
- Assisting with coughing and deep breathing.

Another notable recommendation from the stakeholder group is the creation of a CNA 2 Core Curriculum. This CNA 2 Core Curriculum would be the foundation of every CNA 2 nursing assistant training program. The core curriculum would be supplemented by additional curriculum content in one or more of the Board approved categories, e.g., Acute Care, Restorative Care, or Dementia Care.

NEW REPORT AVAILABLE FOR NURSING ASSISTANT TRAINING PROGRAM DIRECTORS

Program directors of nursing assistant training programs now have a new tool available to help them diagnose weaknesses in their curriculums. Through Headmaster's online WebETest, under "On-line Training Program Reports," there is a new Skill Exam Details Report option. To access this report, select the option "Skill Exam Details," enter a date range for the report and the program identification number and pin and click on "Login." This report gives the program director a composite look at how his/her program's candidates are performing on each step of the skills exam. *Although this report is confidential and cannot be distributed, it will be valuable in providing feedback to program directors.*

THREE TIPS FOR NURSING ASSISTANT AND MEDICATION AIDE INSTRUCTORS

1. Instructors can assist CNA and CMA exam candidates prepare for the state certification exam by giving the candidates the Headmaster CNA or CMA exam Candidate Handbook. The vocabulary list in the back of both of these publications comes directly from the Oregon CNA and CMA Exam Test Banks. If students are knowledgeable on these terms, they will be better prepared for these exams.
2. CNA exam candidates frequently fail the fluid intake skill on the state certification exam because they make an addition error, or they record what is left in the glasses versus what was consumed. Candidates benefit from practicing this skill several times in
continued on the next page

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CERTIFIED NURSING ASSISTANTS

the lab and clinical setting. You can facilitate these practice sessions by setting up multiple glasses of different sizes with different amounts of liquid. Let the students know how much the containers hold if "rim" full. Then have the students estimate the total amount consumed. By asking them to record their math calculations, instructors will be able to easily identify if that is where the students are making their errors.

3. Also, it has been noted that a large number of CNA candidates ask the actor to put their arms around the candidate's shoulders during the transfer skill. Please help to discourage this bad habit by reinforcing the proper placement of the client's arms during transfers in both the lab and clinical setting. The more comfortable the students are with doing this skill correctly, the less likely they will be to stray from the proper procedure.



2009 NP Advocate of the Year

OSBN Advanced Practice Consultant Tracy Klein, RN, FNP, received in February the 2009 American

Academy of Nurse Practitioners' NP Advocate of the Year for the State of Oregon award. Pictured above (left to right) are Roger Fogg, RN, FNP, who was the 2006 recipient of the award, Klein, and OSBN Board President James McDonald, RN, FNP. The award recognizes those who have made a significant contribution toward the awareness and acceptance of the nurse practitioner.

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DISCIPLINARY ACTIONS

Name	License Number	Discipline	Effective Date	Violations
Chelsie A. Allen	200810883CNA	Application Denied	7-16-09	Convictions, Attempting to Elude a Police Officer and Criminal Driving While Suspended.
Frances J. Alvarez	CNA Applicant	Probation	7-16-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Rose A. Anderson	000027518CNA	Voluntary Surrender	7-16-09	Client abuse.
Starr D. Anderson	200011070CNA	Revocation	6-17-09	Using a controlled substance to the extent she was unable to perform CNA duties safely, inaccurate record-keeping, falsifying agency records, and client neglect.
Diane E. Bailey	200830104LPN	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Antonio H. Bermudez	CNA Applicant	Application Denied	7-16-09	Conviction, Assault, and failure to cooperate during an investigation.
Chrystal M. Blankenship	200411735CNA	Probation	6-17-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Ladena F. Bochsler	000010313CNA	Voluntary Surrender	6-17-09	Violating the terms and conditions of a Board Order.
Ruthann M. Brown	200710327CNA	Voluntary Suspension	6-17-09	Violating the terms and conditions of a Board Order.
Douglas Bunselmeyer	200730154LPN	Revocation	6-17-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Sharon L. Carter	087000125RN	Suspension	6-17-09	120-day suspension with conditions. Implementing standards of nursing practice which jeopardized patient safety, inaccurate recordkeeping, falsifying a client record, and failing to communicate information regarding client status to other individuals.
John I. Castro	200812404CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Sherie N. Clifton	200710460CNA	Revocation	7-16-09	Conviction, Endangering the Welfare of a Minor, and failure to answer questions truthfully.
Melissa E. Coe	096007197RN	Voluntary Surrender	6-17-09	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Katherine A. Coleman	093000544RN	Voluntary Withdrawal	7-16-09	Misrepresentation during the licensure process, using intoxicants to the extent she was unable to practice nursing safely.
Jean A. Connaughty	000036224CNA	Voluntary Surrender	7-16-09	Conviction, Unlawful Manufacture of Marijuana.
Kelly J. Crace	200313226CNA	Reprimand	6-17-09	Reprimand with conditions. Performing acts beyond her authorized duties.
Morgen B. Crumpacker	200730056LPN	Reprimand	7-16-09	Falsifying an agency record, assuming duties without documented preparation for the duties and when competency has not been established, and failure to conform to the essential standards of acceptable nursing practice.
Cheryl L. Cruz	200541673RN	Suspension	6-17-09	14-day suspension. Violating the terms and conditions of a Board Order.
Sam R. Daoang	200910067CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Ann Marie L. DeLint	200642257RN	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Riley K. Doughan	200510360CNA	Voluntary Surrender	6-17-09	Violating the terms and conditions of a Board Order.
Dusty L. Eagles	200612311CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Patricia A. Eaton	090000272RN	Reprimand	6-17-09	Reprimand with conditions. Failing to respect client dignity and failing to conform to the essential standards of acceptable nursing practice.
Valorie A. Elwood	097007076RN	Voluntary Surrender	6-17-09	Unauthorized removal of narcotics from the workplace, inaccurate recordkeeping, and practicing nursing while impaired.
Sheri Engler	Nurse Imposter	Civil Penalty	6-17-09	\$1,000 civil penalty.
Rachel L. Everhart	200112108CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Susan R. Fahey	097000522RN	Voluntary Surrender	6-17-09	Violating the terms and conditions of a Board Order.
Monica Ferguson	200650008NP	Reprimand	6-17-09	Reprimand with conditions. Improperly delegating tasks of nursing care.
George R. Fleming	200712620CNA	Revocation	7-16-09	Client neglect, engaging in sexual misconduct, failure to respect client rights and engaging in other unacceptable behavior.
Sharon A. Fontenot	200742950RN	Revocation	6-17-09	Failing to cooperate with the Board during an investigation.
Lee A. French	200041087RN	Reprimand	6-17-09	Falsifying a client record and failing to conform to the essential standards of acceptable nursing practice.
Paul N. Gioia	200530339LPN	Voluntary Surrender	7-16-09	Using intoxicants to the extent he was unable to practice nursing safely.
Sara E. Greenfield	000010942CNA	Suspension	7-16-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Brandy J. Haga	200810191CNA	Voluntary Surrender	6-17-09	Violating the terms and conditions of a Board Order.
Christine L. Haley	200341786RN	Revocation	6-17-09	Using intoxicants to the extent she was unable to practice nursing safely.
Lisa Holladay	084056631RN	Voluntary Surrender	6-17-09	Unauthorized removal of narcotics from the workplace and practicing nursing while impaired.
Cathy M. Howard	081001331RN	Suspension	6-17-09	Three-year suspension. Mental condition that prevents her from practicing nursing safely.
Robert L. Janes	LPN Applicant	Application Denied	7-16-09	Previous discipline in New York.
D'Nise R. Keller	000043446RN	Revocation	7-16-09	Violating the terms and conditions of a Board Order.
Sasha Kelsay	CNA Applicant	Reprimand	6-17-09	Failing to answer questions truthfully during the certification process.
Nichol A. King	200241568RN	Reprimand	6-17-09	Reprimand with conditions. Implementing standards of nursing care which jeopardize patient safety.
Christine E. Klecker	000028245RN	Probation	6-17-09	Two-year probation. Implementing standards of practice which jeopardize patient safety, inaccurate recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Mali J. Knapp	200040480RN	Voluntary Surrender	6-17-09	Violating the terms and conditions of a Board Order.
Mary T. Leath	200542091RN	Reprimand	6-17-09	Reprimand with conditions. Failing to implement the plan of care and failing to dispense medications.
Ruth A. Lincoln	200542164RN	Voluntary Surrender	6-17-09	Implementing standards of nursing practice which jeopardize patient safety, incomplete recordkeeping and failing to conform to the essential standards of acceptable nursing care.
Duane R. Little	CNA Applicant	Voluntary Withdrawal	6-17-09	Misrepresentation during the certification process, using an intoxicant to the extent he was unable to perform CNA duties safely, and failure to answer questions truthfully.

Name	License Number	Discipline	Effective Date	Violations
Becky A. Lusk	097003277RN	Voluntary Surrender	6-17-09	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Jacqueline A. Mahan	085075806RN	Voluntary Surrender	7-16-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Tiffany L. Matheney	200911686CNA	Reprimand	6-17-09	Failing to answer questions truthfully during the certification process.
Alonzo Mattison	Nurse Imposter	Civil Penalty	7-16-09	\$5,000 civil penalty.
Rebecca M. Maxwell	097000638RN	Suspension	6-17-09	60-day suspension with conditions. Falsifying records.
Terry R. McBride	000006268LPN	Voluntary Surrender	7-16-09	Physical condition that renders him unable to practice nursing safely.
Stephanie McCumber	200512129CNA/	Application Denied	7-16-09	Use of a controlled substance to the extent she is unable to perform CNA or CMA duties safely.
Deena M. Moore	099000702RN	Revocation	7-16-09	Violating the terms of a Board Order.
Gary G. Nimnicht	RN Applicant	Application Denied	6-17-09	Criminal conviction.
Eunide M. Noel	200611873CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Valerie D. Olson	091003397RN	Reprimand	6-17-09	Inaccurate recordkeeping, modifying standards of practice which jeopardize patient safety, and failing to conform to the essential standards of acceptable nursing practice.
Heather K. Owen	200610956CNA	Revocation	7-16-09	Violating the terms and conditions of a Board Order.
Ryan T. Pagano	000032471CNA	Voluntary Withdrawal	7-16-09	Using intoxicants to the extent he was unable to perform CNA duties safely.
Maryssa Pansevicius	200712291CNA	Probation	6-17-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Evan R. Penfield	200541062RN	Reprimand	6-17-09	Failing to answer questions truthfully during the licensure process.
Kurt W. Peterson	RN Applicant	Application Denied	7-16-09	Misrepresentation during the licensure process and failure to answer questions truthfully.
Mary E. Pierce	087006927RN	Reprimand	6-17-09	Improperly delegating tasks of nursing care to unlicensed persons, failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice.
Kari B. Purchase	200612524CNA	Reprimand	6-17-09	Performing acts beyond her authorized scope of duties.
Toni C. Ray	000038257CNA	Revocation	7-16-09	Conviction, Assault, and fraud during the licensure process and failure to answer questions truthfully.
Mitzi J. Resue	200911900CNA	Probation	7-16-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Julie A. Reyes	200341625RN	Reprimand	6-17-09	Reprimand with conditions. Leaving a nursing assignment without notifying appropriate personnel, incomplete recordkeeping and failing to communicate client status information to members of the health care team.
Margaret T. Reyes	200212709CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Jannette L. Rickard	096000140RN	Suspension	6-17-09	Minimum 90-day suspension, to be followed by probation for two years. Aiding an individual to violate any law, rule or regulation intended to guide the conduct of nurses or other health care providers, failing to conform to the essential standards of acceptable nursing practice, and violating the terms and conditions of a Board Order.
Lynette E. Rodd	089007266RN	Emergency Suspension	6-17-09	Practicing nursing while impaired, failure to provide requested documents to the Board, and failure to cooperate with the Board during an investigation.
Gary A. Rogers	000028920CNA	Probation	6-17-09	Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Kelly M. Rudisill	200420092CMA	Voluntary Surrender	6-17-09	Inaccurate and incomplete recordkeeping, failing to administer medications as ordered and altering the medication administration record.
Jennifer A. St. John	CNA Applicant	Application Denied	7-16-09	Assault and Criminal Mistreatment convictions.
Linda Schwanke	200130431LPN	Revocation	7-16-09	Violating the terms and conditions of a Board Order.
Kimberly A. Schweikert	200110686CNA	Suspension	7-16-09	90-day suspension. Misrepresentation during the licensure process and failure to answer questions truthfully.
Christine A. Shelamer	RN Applicant	Application Denied	7-16-09	Physical condition that makes the licensee unable to practice nursing safely.
Valarie R. Silva-Horta	200712371CNA	Suspension	6-17-09	60-day suspension with conditions. Failing to respect client dignity and client neglect.
Chad J. Skinner	200911685CNA	Reprimand	6-17-09	Failing to answer questions truthfully.
Katherine C. Smith	200341328RN	Suspension	7-16-09	60-day suspension. Leaving a nursing assignment without notifying appropriate personnel and failure to conform to the essential standards of acceptable nursing practice.
Jimmy R. Solano	200412396CNA	Application Denied	7-16-09	Using intoxicants to the extent he is unable to perform CNA duties safely, and failure to cooperate during an investigation.
Deirdre Solyst-Matthies	200512625CNA	Revocation	6-17-09	Using the client relationship to exploit the client for personal gain.
Katharine M. Sperlich	000036142CNA	Probation	7-16-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Monika R. Stanko	200630307LPN	Suspension	7-16-09	30-day suspension, with conditions. Inaccurate and incomplete recordkeeping, falsifying records and failure to conform to the essential standards of acceptable nursing practice.
Kimberly A Suarez	200213178CNA	Revocation	6-17-09	Client exploitation, removing property from the workplace without authorization and failure to cooperate during an investigation.
Skyler M. Swan	200612388CNA	Probation	6-17-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Camille L K. Thompson	200612019CNA	Revocation	7-16-09	Violating the terms of a Board Order.
Leslie J. Todd	200611911CNA	Probation	6-17-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Roberta Vandyke	000022302RN/	Voluntary Surrender	6-17-09	Incomplete recordkeeping and prescribing in an unsafe manner according to acceptable and prevailing standards.
Lyn M. Walters	095007055RN	Suspension	6-17-09	30-day suspension, to be followed by two-year probation. Failing to respect client rights, inaccurate recordkeeping, falsifying a client record, and failing to answer questions truthfully.
Laurie S. Waltosz	081046938RN	Suspension	7-16-09	90-day suspension, with conditions. Inaccurate recordkeeping, assuming duties when competency has not been established, and failing to conform to the essential standards of acceptable nursing practice.
Susan A. Wisniewski	200810771CNA	Suspension	6-17-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Cindy L. Yakes	200720123CMA	Voluntary Surrender	6-17-09	Inaccurate and incomplete recordkeeping, failing to administer medications as ordered and altering the medication administration record.
Paul W. Young	000026871CNA	Probation	6-17-09	Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Michelle L. Zobrist	094003115RN	Suspension	6-17-09	Indefinite suspension. Failure to comply with the terms and conditions of a Board Order.

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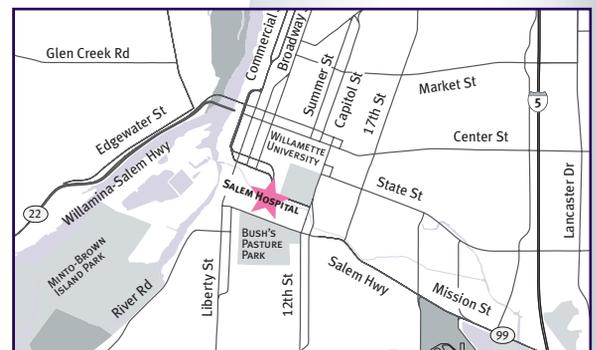
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