ARE ALL RNS CREATED EQUAL?

An Investigative Scenario Involving Improper Assignment & Acceptance of Care

Demystifying the LPN Role for Acute Care

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OREGON BOARD OF NURSING

2009 BOARD MEMBERS

James McDonald, RN, FNP, Board President
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: 5/09 - 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 serves in the nurse administrator position on the Board. 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.

Linda Mill, RN
Term: 1/1/09 - 12/31/11 (eligible for reappointment)
Ms. Mill is a staff nurse 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

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<tr>
<th>Date</th>
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<th>Event</th>
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<tr>
<td>Wed. 06/17</td>
<td>9:00 a.m.</td>
<td>OSBN Board Meeting--Day 1</td>
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<tr>
<td>Thurs. 06/18</td>
<td>9:00 a.m.</td>
<td>OSBN Board Meeting--Day 2</td>
</tr>
<tr>
<td>Thurs. 07/16</td>
<td>5:00 p.m.</td>
<td>OSBN Board Meeting, via Teleconference</td>
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<tr>
<td>Thurs. 08/20</td>
<td>5:00 p.m.</td>
<td>OSBN Board Meeting, via Teleconference</td>
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<tr>
<td>Wed. 09/16</td>
<td>9:00 a.m.</td>
<td>OSBN Board Meeting--Day 1</td>
</tr>
<tr>
<td>Thurs. 09/17</td>
<td>9:00 a.m.</td>
<td>OSBN Board Meeting--Day 2</td>
</tr>
<tr>
<td>Thurs. 10/15</td>
<td>5:00 p.m.</td>
<td>OSBN Board Meeting, via Teleconference</td>
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<tr>
<td>Wed. 11/18</td>
<td>9:00 a.m.</td>
<td>OSBN Board Meeting--Day 1</td>
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<tr>
<td>Thurs. 11/19</td>
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All meetings are located at the OSBN Conference Room, 17938 SW Upper Boones Ferry Road, Portland.
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“Cardiovascular nurses have the opportunity to join our winning team and help build a center of excellence”

Yong T. Shin, MD
Chief of Cardiovascular Surgery
Kaiser Permanente Northwest Center for Heart and Vascular Care
The following is a fairly common scenario presented to the Investigations and Compliance Department regarding a question of improper assignment and acceptance of care. Read the scenario and determine for yourself if there is a violation of the Oregon Nurse Practice Act. The nurses’ names are fictitious, but the circumstances are based on commonly reported events.

Nurse Jane has been a RN for 15 years and has specialized in oncology for the past 13 years. She worked very hard to become certified in oncology and felt at ease dealing with dying patients in their terminal stage of illness. Recently, after suffering from a personal financial hardship, she answered an advertisement to begin supplementing her income working with a temporary staffing agency. Based on her expert knowledge and experience, she requested and assumed she would work in various hospitals in their oncology units.

Upon arriving at her first weekend staffing assignment, she presented to the oncology unit for a short orientation prior to beginning her shift. Nurse Jane was greeted by the house supervisor, RN Rita, and was immediately told that the facility had a low census on the oncology unit and Nurse Jane’s services were needed elsewhere in the hospital, specifically in the labor and delivery (L&D) department. Two L&D nurses had called in sick, and there were two mothers in active labor who had medical orders for continuous fetal heart tone monitoring.

Without hesitation, RN Rita explained to Nurse Jane that as a RN, she should be able to handle any type of nursing assignment requested of her. She escorted Nurse Jane to L&D and gave her a short overview of the unit and made nursing assignments. Nurse Jane accepted the assignment and responsibility for two patients in active labor, one of whom was receiving a pitocin infusion with an order for continuous fetal heart tone monitoring.

Take a moment to consider the risk of this scenario for the patients and unborn babies. Although Nurse Jane had been a RN for 15 years, was she competent to assume care of L&D patients? Was RN Rita correct in assuming that a RN should be able to handle any assignment requested of her? Did improper assignment and acceptance of duties occur?

To best answer these questions, let us first consider what the Oregon Nurse Practice Act administrative rules say about assignment. Division 45 (Oregon Administrative Rule 851-045-0030(2)(a)) defines assignment as “the act of directing and distributing, by a licensed nurse, and within a given work period, the work that each staff member is already authorized to perform.” Certainly, it is within the scope of practice for the RN to work in L&D. Then, what is the problem? You will want to read on in Division 45, because the rules also say that the licensed nurse is only to accept assignments for which she/he is educationally prepared and has the current knowledge, skills and ability to safely perform (OAR 851-045-0040(3)(d)). It also says that she/he retains professional accountability when accepting, assigning, or supervising nursing care and interventions (OAR 851-045-0040(h)). So, if a nurse assigns another nurse to perform functions for which the assigned nurse is not prepared or a nurse accepts an assignment without...
current competency, it is considered “conduct derogatory to the standards of nursing.” These standards are also located in Division 45 under OAR 851-045-0070(1)(e)(4)(c).

Another source of help in sorting out this issue is the Board’s policy on scope of practice decision making, found at http://oregon.gov/OSBN/pdfs/policies/scope_decision_tree.pdf.

It explains that we (each nursing licensure category) all have a broad scope which includes all of the activities in which a nurse may engage at her/his level of licensure. Within that broader scope, however, the scope for each individual nurse will vary according to practice experiences and professional development activities. Each nurse may effectively change her/his individual scope through in-service education, continuing education and practice experience.

Considering this information, RN Rita assigned the care of the L&D patients to Nurse Jane. Nurse Jane was not prepared to assume care of these specialized patients and voiced her concerns to RN Rita. RN Rita chose to ignore the fact that Nurse Jane had not worked with laboring patients in more than 13 years and felt uncomfortable reading and interpreting fetal heart tone monitoring strips. In addition, the lack of training and experience in L&D was compounded by the lack of thorough orientation to the unit and its policies and procedures.

Nurse Jane acted irresponsibly in accepting an assignment to care for specialized patients when she had not achieved/maintained competency. Her knowledge and experience for more than a decade had been focused in the care of terminally ill patients, and although she voiced her concerns over her inability to read and interpret fetal heart tone monitoring strips, she accepted the assignment anyway. Prior to a nurse assuming a role or assignment, it is her/his duty and responsibility to ensure she/he is trained and competent to care for her/his patients. According to OAR 851-0070(4) (b), the function of an RN is to practice to the essential standards of acceptable and prevailing nursing practice. Most assuredly, the standards of practice of L&D nurses have changed since Nurse Jane’s last stint in caring for such patients more than a decade earlier.

A RN should be mindful that in accordance with the Nurse Practice Act, negligently or willfully acting in a manner inconsistent with the health and safety of patients under the licensee’s care, including but not limited to, inappropriately assigning or accepting a patient assignment and assuming duties and responsibilities in the practice of nursing when competency has not been maintained may compromise the health and safety of patients and are grounds for disciplinary action against the nurse’s license.

What should a nurse do when asked to assume an assignment in an area which she/he has not maintained competency? If she/he refuses, the nurse may be fearful of losing her/his job based on the employer’s expectations. After all, employers do expect nurses to work and take care of patients and as a result

The bottom line is that professional nurses are ultimately accountable for maintaining their competence to care for their patients prior to accepting a patient assignment.

Based on an article by Ann Ricks, RN, BSN, Mississippi Board of Nursing
According to information from the Oregon State Board of Nursing database (June 30, 2008), 29 percent of Oregon LPNs work in licensed nursing facilities, whereas only 17 percent work in hospitals.

So, what’s going on here? Somewhere along the way, the LPN role has been forgotten in Oregon. There have certainly been market forces impacting this and changes in the way we deliver care. However, it has also become clear that part of the problem is that registered nurses, particularly those working in acute care, often don’t understand the role of the LPN very well and have determined that it is just easier to have other individuals such as certified nursing assistants or unlicensed staff help with the nursing work.

In order to understand the role of the LPN better, it’s important to start with Board rules and policies. In June 2008, new administrative rules (http://oregon.gov/OSBN/adminrules.shtml) and several new Board policies (http://oregon.gov/OSBN/Position_Papers.shtml) were adopted to update and clarify the RN and LPN scopes and standards of practice. The table below summarizes some of the basic differences in RN and LPN scopes of practice.

<table>
<thead>
<tr>
<th>REGISTERED NURSE (RN)</th>
<th>LICENSED PRACTICAL NURSE (LPN)</th>
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<tbody>
<tr>
<td>Conduct and document comprehensive and focused nursing assessments.</td>
<td>Conduct and document initial and ongoing focused nursing assessments.</td>
</tr>
<tr>
<td>Analyze and synthesize data.</td>
<td>Distinguish abnormal from normal data.</td>
</tr>
<tr>
<td>Establish and document nursing diagnoses as a basis for the plan of care.</td>
<td>Select nursing diagnostic statements and make reasoned conclusions.</td>
</tr>
<tr>
<td>Develop and coordinate a comprehensive or focused plan of care.</td>
<td>Contribute to the development of the comprehensive plan of care.</td>
</tr>
<tr>
<td>Develop focused plans of care.</td>
<td></td>
</tr>
<tr>
<td>Implement the plan of care and document interventions and client responses.</td>
<td>Implement the plan of care and document interventions and client responses.</td>
</tr>
<tr>
<td>Evaluate client responses to interventions using outcome data.</td>
<td>Evaluate client responses to interventions using outcome data.</td>
</tr>
<tr>
<td>Collaborate with the interdisciplinary team.</td>
<td>Collaborate with the interdisciplinary team.</td>
</tr>
<tr>
<td>Makes referrals, as needed, and follows-up on referrals.</td>
<td>Makes referrals, as needed.</td>
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According to information from the Oregon State Board of Nursing database (June 30, 2008), 29 percent of Oregon LPNs work in licensed nursing facilities, whereas only 17 percent work in hospitals.

Did you know that in 1970, Licensed Practical Nurses made up about 25 percent of the total Oregon nursing population and that in 2009, that number has dropped to 8 percent? Although the number of LPNs nationally is unclear, data taken from the 2000 Census and reflected in a 2004 report from the Health Resources and Services Administration (HRSA) showed that Oregon had the lowest per capita number of LPNs of anywhere in the country.

Frequently, it’s also difficult to figure out what the LPN may do regarding intravenous therapy. You will want to refer to the Board’s policy on Infusion Therapy (www.oregon.gov/OSBN/pdfs/policies/infusion2.pdf), as it includes information on core competencies for both RNs and LPNs, listings for additional competencies and limitations for LPN practice related to infusion therapy.
Even though rules and policies are important, it also helps to understand practical applications. The following scenarios will help you to understand roles that are appropriate for the LPN in acute care and may provide food for thought when making staffing decisions in the future.

You are working on a unit staffed with both RNs and LPNs. The following patients are examples of the types of patients on the unit. How can the care of these patients be assigned?

1. MJ is a 43-year-old woman who returned to the floor two hours ago following an open choleystectomy. She has a T-tube to gravity drainage, a PCA pump for pain management and is receiving IV fluids at the rate of 125 ml/hr. She has no other complicating medical conditions.

2. BN is an 82-year-old woman admitted on a previous shift from an assisted living facility with a probable UTI. She has an indwelling catheter and is receiving IV antibiotics every six hours in addition to her multiple oral medications for hypertension, heart failure and Type 2 diabetes. Her oral medications are currently controlling these diseases, except her blood sugars are slightly higher than normal.

3. RH is a 62-year-old man and a new admission (within the past 10 minutes) from the ED. Although a stroke has not been confirmed, he has significant right-sided weakness and expressive aphasia. He has known cardiovascular and peripheral vascular disease and hypertension.

While the RN has the ultimate responsibility and accountability for managing the nursing care of each client, the LPN may be assigned to care for any one of these clients. The LPN’s practice is a clinically directed one, which means the RN must provide supervision including care planning, consultation and supervisory assistance. This doesn’t mean that the RN needs to be physically present for all care or “sign-off” on the care provided by the LPN. There must, however, be ongoing communication so that the LPN is able to easily report results of focused assessments (noting changes in condition or variations from what would normally be expected), or recommendations for a care plan change based on a focused assessment (focused plan of care).

The complexity and stability of the patient also drives how much of the care is provided by whom. MJ, in the first...
scenario, is a relatively young, otherwise healthy individual. BN, in the second scenario, certainly has more complex needs but is in mostly stable condition. With documented knowledge and competency, the LPN can manage the IVs and medications for these patients as well. RH, in the third scenario, would be arguably as complex but is clearly less stable than the other two patients. He would undoubtedly require a comprehensive nursing assessment within a short time of his admission, a nursing activity that is appropriate for the RN to perform. He would also require care plan development, which can be accomplished with LPN assistance. So, while the RN would need to be more closely involved in the management of RH’s care, including supervision of the LPN providing care, the LPN could still be assigned to the care of RH.

Hopefully, by having a better understanding of the LPN role, RNs will feel more comfortable working with the LPN in acute care and will be able to make appropriate patient assignments.

Thanks to Joy Ingwerson, RN, MSN, Apollo College Practical Nursing Program for assistance with this article.
YOUR BOARD IN ACTION
Highlights from the April 2009 Board Meeting

RULES ADOPTED
The Board adopted administrative rules (OAR 851-061-0090) that changed the student-to-instructor ratio for nursing assistant and medication aide training programs. The change will mandate a ratio of 20-to-1 for NA level-1 and medication aide classroom instruction; a 32-to-1 ratio for NA level-2 classroom instruction; a 10-to-1 ratio for NA level-2 lab instruction; and a ratio of 8-to-1 for NA level-2 clinical experience.

The Board also adopted a change in OAR 851-063-0035 to coordinate the language between the CNA 2 curriculum policy and the authorized duties for CNA 2s in Acute Care.

RULEMAKING—FIRST READINGS
The Board accepted proposed rule language to OAR 851-031-0090 and 851-62-0120 that will require nurses and nursing assistants to provide employer information to the Board within 30 days of being hired.

NURSING EDUCATION
The Board approved the NCLEX pass-rate program improvement reports from Clatsop Community College in Astoria, the OHSU direct-entry masters program in Portland, Treasure Valley Community College in Ontario, and Umpqua Community College in Roseburg.

The Board approved Valley Medical College’s practical nursing program for two years and granted Sumner College initial approval for a practical nursing program.

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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WHICH WORK HOURS COUNT FOR CERTIFIED NURSING ASSISTANT (CNA) OR MEDICATION AIDE (CMA) RENEWAL?

One of the most persistent questions received at the Board of Nursing office is from CNAs who are having trouble calculating their work hours for renewal.

According to Oregon Statute, ORS 678.440(4), a “nursing assistant” means a person who assists licensed nursing personnel in the provision of nursing care. In Oregon Administrative Rule 851-062-0010(6), a certified nursing assistant 1 (CNA 1) is defined as a person who holds a current Oregon CNA 1 certificate and who assists licensed nursing personnel in the provision of nursing care.

CNA 2s and certified medication aides (CMA) are CNA 1s with additional training. Both CNA 2s and CMAs have to maintain a current, unencumbered CNA 1 certificate in addition to their CNA 2 and/or CMA.

A CNA or CMA’s certificate expires biennially the midnight before the individual’s birthdate (just like a nursing license). To be eligible to renew, the CNA or CMA has to have at least 400 hours of paid employment as a CNA within the CNA or CMA authorized duties, under supervision or monitoring by a nurse, in the two years immediately preceding the certificate expiration date. A CNA who has been certified less than two years does not need to meet this employment requirement on their first renewal.

PAID EMPLOYMENT

When the individual works for an employer like a hospital or nursing home, it is easy to show that it is paid employment. Sometimes it is not that simple. A CNA caring for their own parent often has questions about whether this counts as paid employment towards their renewal. If the parent qualifies for Medicaid and the state is paying the CNA under a program like Client-Employed Provider Program (CEP), it may count. However, if the CNA is just doing what they would do as a child of their parent and is not getting routine reimbursement from the parent or state, it probably will not count. Volunteer time does not count for CNA/CMA renewal.

NURSE SUPERVISION OR MONITORING

There is also the relationship with the nurse that needs to be considered in determining if the CNA/CMA’s hours count towards renewal. A CNA does not function independently of the licensed nurse. Working under nurse supervision means that the licensed nurse is physically present and accessible in the immediate client care area, is available to intervene if necessary, and periodically observes and evaluates the skills and abilities of the CNA/CMA. CNAs (both 1 and 2) and CMAs who work in settings such as hospitals and nursing homes must have the registered nurse (RN) or licensed practical nurse (LPN) occasionally watch them perform the authorized duties and then evaluate whether the CNA is capable of performing that task safety.

In settings other than community-based care like hospitals and nursing homes, RNs may delegate to CNAs or CMAs tasks of nursing that may not be within the CNA/CMA’s normal
duties but always fall within the Board-approved CNA/CMA’s authorized duties. CNA authorized duties can be found on the Board of Nursing’s Web site at www.oregon.gov/OSBN/pdfs/npa/ Div63.pdf. However, some employers are asking CNAs to do tasks outside of their authorized duties. A CNA performing tasks outside of the authorized duties cannot represent him/herself as a CNA. To obtain more information on the role of the nurse in delegating to and supervising CNAs in settings other than community-based care, please refer to the Board’s policies found at www.oregon.gov/OSBN/pdfs/policies/NurseDelegation.pdf and www.oregon.gov/OSBN/pdfs/policies/LNsupervision.pdf.

A CNA/CMA may also work in a community-based care setting where there is no regularly scheduled presence of a RN; instead, a RN monitors the CNA. “Monitoring” means that a RN assesses and plans for the care of the client, assigns duties to the nursing assistant according to the nursing care plan, and evaluates client outcomes as an indicator of the CNA/CMA’s competency.

Some types of community-based settings where a CNA/CMA may count their hours for employment towards certificate renewal include:

- Assisted living facilities.
- Correctional facilities.
- Foster homes.
- Private homes.
- Public schools.
- Residential care facilities.
- Other settings where the RN is not regularly scheduled for supervision but does monitor the CNA’s performance of authorized duties or delegated tasks.

A CNA in these settings can count all hours spent performing authorized duties and duties delegated by the RN in accordance with Division 47 of the Nurse Practice Act, as long as their performance is “monitored” by the RN.

CNAs are responsible

Not all CNAs working in community-based care recognize their relationship with the RN. Frequently, the CNA does not know if the RN planned the care of the client and assigned the duties to them. Time spent performing duties assigned by plans written by non-nurses do not count towards the CNA’s renewal. It is the CNA’s responsibility to make sure that their work setting meets the requirements for their work hours to count for their renewal.

Certified Medication Aide (CMA) Continuing Education

CMAs are required to participate in at least eight hours of medication-related continuing education in the 24 months immediately prior to the expiration of their CMA certificate. For the CMA who has been certified less than two years, the continuing education requirement is prorated depending on how long they have had their CMA certificate.

There are several ways to obtain the required continuing education. CMAs may ask their employer to provide in-service training by a licensed nurse on topics relevant to the CMA role and responsibilities. CMAs also may take classes from one of the Board-approved medication aide training programs. Other options include completing non-injectable medication-related continuing education in recognized nursing journals or attending classes geared for medication aides taught by a pharmacist or a representative of a pharmaceutical company.

CMAs can now record their continuing education with the Board of Nursing as they obtain it, instead of providing it all at the time of their certificate renewal. Start by logging on to www.oregon.gov/OSBN. Under Online Services, click on “Renewals for Licenses and Certification.” Certificate holders will need to register as a new user the first time that they log onto the system.

Tip for Nursing Assistant and Medication Aide Instructors

Nursing assistant and medication aide instructors need to download the most current copy of the Oregon Nursing Assistant Candidate Handbook before they start each cohort of students. This is the best way to ensure that the students are getting the most up-to-date information on the state competency testing. These handbooks are found at http://www.hdmaster.com/, under the pertinent column (Nurse Aide or Medication Aide), click on Oregon. The handbook is located under the candidate column.
It has always been about serving the poor and vulnerable. The Mission begun by Emilie Gamelin, a young widow in Quebec 166 years ago, is today lived out by thousands of people, including more than 16,000 Providence Health & Services employees in Oregon.

It was the same Mission that Mother Joseph and the Sisters of Providence brought to the Pacific Northwest’s pioneers, orphans and Native Americans in 1856. The same Mission that two years later led them to build the region’s first permanent hospital, St. Joseph Hospital, in Vancouver, Wash. The same Mission that inspired Mother Joseph, a master architect and builder, to build St. Vincent, Oregon’s first hospital, in 1875.

It is the same heritage that is embraced today by the people of Providence – nurses, physicians, therapists, technicians, housekeepers, researchers, support staff, and all who teach, heal, strengthen and comfort those who are poor, vulnerable, sick, injured and alone.

“As a Sister of Providence, I see the Mission come to life when we transform hurt into hope,” says Sister Karin Dufault, S.P., Ph.D., R.N., executive director, Supportive Care Coalition: Pursuing Excellence in Palliative Care.
for Excellence in Nursing Services, the American Nurses Credentialing Center recognizes facilities that provide the very best nursing care and encourages an environment where nurses do the highest quality work. In May 2009, Providence St. Vincent earned redesignation for the third time, a feat achieved by only 2 percent of hospitals nationwide.

- Thomson Reuters 100 Top Hospitals: Providence St. Vincent is the only hospital in Oregon to make the 2009 list – as it has done nine times before. Known formerly as Solucient 100 Top Hospitals, the study evaluates hospital performance in: mortality, medical complications, patient safety, average length of stay, expenses, profitability, cash-to-debt ratio, patient satisfaction, and adherence to clinical standards of care.

- Top 10 Most Integrated: For the ninth consecutive year, Providence Health & Services – Oregon Region has attained a national “top 10” ranking on SDI’s list of 100 most highly integrated health care networks. Providence ranks seventh in the nation, fourth in the West and first in Oregon, according to the national research firm.

- Gold LEED Certification: Newly built Providence Newberg Medical Center became the nation’s “greenest” hospital in 2006 when it earned Gold LEED (Leadership in Energy and Environmental Design) certification. As the nation’s first hospital to accomplish this, Providence Newberg is a leader in creating a healthy hospital environment through design, construction and material selection.

A timeless commitment
The vision and commitment exhibited by those early Sisters of Providence continues today:

- iMRI technology: In 2009, Providence Brain Institute at Providence St. Vincent Medical Center will open a new neurosurgical suite unlike any on the West Coast. It will house the most advanced interoperative magnetic resonance imaging system, one of only 16 such iMRI suites in the world.

- More care at the coast: Oregon’s coastal residents will gain state-of-the-art surgical care when Providence Seaside Hospital completes a major expansion in the fall of 2009. The new construction will include three surgical suites, a post-anesthesia care unit and post-operative recovery rooms.

- Growing to serve: Providence Hood River Memorial Hospital celebrated a 36,000-square-foot expansion in March 2009. The hospital offers a new family birth center, expanded surgery center, diagnostic imaging center and infusion services.

- The Center of Hope: In 2008, the 11-story Providence Cancer Center opened at Providence Portland Medical Center. At the most technologically advanced, compassionately designed cancer center on the West Coast, people with cancer meet with internationally renowned researchers, physicians and specialists, all under the same roof. They can receive state-of-the-art treatment, talk to a counselor, learn about clinical trials, and get a healing massage, all in the same afternoon. The Sisters of Providence are now turning to lay leaders to continue the Mission of service to the poor and vulnerable. Lay nurse leaders from across the five-state Providence network recently met and crafted this nursing vision for Providence Health & Services:

“Providence nurses embrace their heritage of compassion, courage and leading-edge care as a steadfast, sacred presence in protecting and easing the way for those in need.”

To become part of this heritage through a career within Providence Health & Services, please call toll-free 1-877-JOIN-PHS or 503-215-5770 in Portland, or visit www.providenceiscalling.org.
Directory of OSBN APPROVED NURSING SCHOOLS

ASSOCIATE DEGREE PROGRAMS

Blue Mountain Community College
Web site: www.bluecc.edu
2411 N.W. Cardin
P.O. Box 100
Pendleton, OR 97801
(541) 278-5881
FAX: (541) 276-6119

Central Oregon Community College
Web site: www.cocc.edu
2600 N.W. College Way
Bend, OR 97701
(541) 383-7540
FAX: (541) 317-3064

Chemeketa Community College
Web site: www.chemek.cc.or.us
4000 Lancaster Drive N.E.
P.O. Box 14007
Salem, OR 97309
(503) 399-5058
FAX: (503) 365-4658

Clackamas Community College
Web site: www.clackamas.edu
19600 S. Molalla Ave.
Oregon City, OR 97045
(503) 657-6958, Ext. 2855
FAX: (503) 655-5153
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Clatsop Community College
Web site: www.clatsopcc.edu
1653 Jerome
Astoria, OR 97103
(503) 338-2436
FAX: (503) 325-5738

Columbia Gorge Community College
Web site: www.cgcc.cc.or.us
400 East Scenic Dr.
The Dalles, OR 97058
541-506-6140
FAX: 541-506-2226

Lane Community College
Web site: www.lanecc.edu/nursing
4000 E. 30th Avenue
Eugene, OR 97405
(541) 463-5518
FAX: (541) 463-4151
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Linn-Benton Community College
Web site: www.linnbenton.edu
6500 S.W. Pacific Blvd.
Albany, OR 97321
(541) 917-4514 or (541) 917-4511
FAX: (541) 917-4527

Mt. Hood Community College
Web site: www.mhcc.cc.or.us
26000 S.E. Stark
Gresham, OR 97030
(503) 491-6701
FAX: (503) 492-6047
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Oregon Coast Community College
Web site: www.occc.cc.or.us/programs/nursing/index.html
332 S.W. Coast Highway
Newport, OR 97365-4928
(541) 574-7124
FAX: (541) 265-3820

Portland Community College
Web site: www.pcc.edu
12000 S.W. 49th or P.O. Box 19000
Portland, OR 97280
(503) 977-4205
FAX: (503) 977-8860

Rogue Community College
Web site: www2.roguecc.edu/AlliedHealth/Nursing/home.htm
3345 Redwood Highway
Grants Pass, OR 97527
(541) 956-7308
FAX: (541) 471-3566
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Southwestern Oregon Community College
Web site: www.socc.edu
1988 Newmark Ave.
Coos Bay, OR 97420
(541) 463-5518
FAX: (541) 463-4151
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Treasure Valley Community College
Web site: www.tvcc.cc/Nursing/index.htm
650 College Blvd.
Ontario, OR 97914
(541) 881-8822, Ext. 345
FAX: (541) 881-2768

Umpqua Community College
Web site: www.umpqua.edu
1140 College Rd., or P.O. Box 967
Roseburg, OR 97470
(541) 440-4613
FAX: (541) 677-3298
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

BACCALAUREATE DEGREE PROGRAMS

Concordia University
Web site: www.cu-portland.edu/som/nursing/
2811 N.E. Holman Street
Portland, OR 97211-6099
(503) 288-9371

George Fox University
414 N. Meridian Street, #6238
Newberg, OR 97132-2697
(503) 554-2951
FAX: (503) 554-1300
Also offers an online RN-to-BSN program.

Linfield-Good Samaritan School of Nursing
Web site: www.linfield.edu/portland
2255 N.W. Northrup, Room 304
Portland, OR 97210-2952
(503) 413-8480
FAX: (503) 413-6846
Also offers an online RN-to-BSN program.

Oregon Health & Science University (OHSU) School of Nursing--Portland
Web site: www.ohsu.edu/son
3455 S.W. U.S. Veterans Hospital Rd. (SN-5S)
Portland, OR 97239-2941
Program information: (503) 494-7725, or E-mail: proginfo@ohsu.edu
(503) 494-7444
FAX: (503) 494-4350
Also offers RN-to-BSN program.

OHSU School of Nursing at Eastern Oregon University
Web site: www.eou.edu/ohsu
1 University Blvd.
LaGrande, OR 97850
Program information: (503) 494-7725 or E-mail: proginfo@ohsu.edu
(503) 962-3383
FAX: (503) 962-3737

Oregon Health & Science University (OHSU) School of Nursing--Portland
Web site: www.ohsu.edu/son
3455 S.W. U.S. Veterans Hospital Rd. (SN-5S)
Portland, OR 97239-2941
Program information: (503) 494-7725, or E-mail: proginfo@ohsu.edu
(503) 494-7444
FAX: (503) 494-4350
Also offers RN-to-BSN program.
<table>
<thead>
<tr>
<th>Nursing School</th>
<th>Address</th>
<th>Program Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue Mountain Community College</strong></td>
<td>2411 NW Cardin P.O. Box 100 Pendleton, OR 97801</td>
<td>(541) 278-5877 FAX: (541) 278-3754 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.</td>
</tr>
<tr>
<td><strong>Central Oregon Community College</strong></td>
<td>2600 N.W. College Way Bend, OR 97701</td>
<td>(541) 383-7540 FAX: (541) 317-3064 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.</td>
</tr>
<tr>
<td><strong>Cheyenne Community College</strong></td>
<td>4000 Lancaster Drive NE or P.O. Box 14007 Salem, OR 97309</td>
<td>(503) 399-5058 FAX: (503) 365-4658 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.</td>
</tr>
<tr>
<td><strong>Clatsop Community College</strong></td>
<td>1653 Jerome Astoria, OR 97103</td>
<td>(503) 338-2436 FAX: (503) 325-5738 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.</td>
</tr>
<tr>
<td><strong>Columbia Gorge Community College</strong></td>
<td>400 East Scenic Dr. The Dalles, OR 97058</td>
<td>541-506-6140 FAX: 541-506-2226 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.</td>
</tr>
<tr>
<td><strong>Concorde Career Institute</strong></td>
<td>1425 NE Irving St., Building 300 Portland, OR 97232</td>
<td>(503) 281-4181 FAX: (503) 281-6739</td>
</tr>
</tbody>
</table>

**University of Portland School of Nursing**
Web site: www.nursing.up.edu
5000 N. Willamette Blvd.
Portland, OR 97203
(503) 943-7211
FAX: (503) 943-7729

**Walla Walla College School of Nursing**
Website: www.wallawalla.edu/nursing
10345 S.E. Market St.
Portland, OR 97216
(503) 251-6115
FAX: (503) 251-6249
Also offers RN-to-BSN program.

**Apollo College**
Web site: www.apollo.edu
2004 Lloyd Center, 3rd Floor
Portland, OR 97232
(503) 761-6100
FAX: (503) 761-3351

**Converse Career Institute**
Web site: www.concorde.edu/programs/practical-nursing.asp
1425 NE Irving St., Building 300
Portland, OR 97232
(503) 281-4181
FAX: (503) 281-6739

**Mt. Hood Community College**
Web site: www.mhcc.cc.or.us
26000 S.E. Stark St.
Gresham, OR 97030
(503) 491-6727
FAX: (503) 491-6710

**Oregon Coast Community College**
Web site: www.occc.cc.or.us/programs/nursing/index.html
332 S.W. Coast Highway
Newport, OR 97365-4928
(541) 574-7124
FAX: (541) 265-3820
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

**Pioneer Pacific College, Springfield**
3800 Sports Way
Springfield, OR 97477

**Pioneer Pacific College, Wilsonville**
Web site: www.pioneerpacific.edu/Nursing.htm
27375 S.W. Parkway Ave.
Wilsonville, OR 97070
(503) 682-1862
FAX: (503) 682-6801

**Rogue Community College**
Web site: www.roguecc.edu/Al liedHealth/Practical_Nursing/
202 S. Riverside
Medford, OR 97501
(541) 245-7504
FAX: (541) 774-4203

**Treasure Valley Community College**
Web site: www.tvcc.cc/Nursing/index.htm
650 College Blvd.
Ontario, OR 97914
(541) 881-8822, Ext. 345
FAX: (541) 881-2768
Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

**Valley Medical College**
Web site: www.valleymedicalcollege.com
4707 Silverton Rd. N.E.
Salem, OR 97305
(503) 393-9001
FAX: (503) 363-6483
Currently granted “Initial Approval.”
As of this writing, the 2009 Legislative Session is winding down. The Session is scheduled to adjourn June 30, although it may be extended if work on the state budget is not completed. A number of bills that will affect nursing and other healthcare providers are still active. You may learn more about these bills by visiting the Legislature’s website (www.leg.state.or.us/bills_laws) or by contacting your district legislators.

The following is a brief description of several bills that affect licensees, the Board itself, or health care in general:

**HOUSE BILLS**

*HB 2058A* — The bill would change the composition of the Board of Nursing, by deleting one LPN member and adding one CNA member. In addition, it increases the number of public members on health regulatory boards to two. Since the Board of Nursing already has two public members, it wouldn’t be affected. It also specified that Board of Nursing members shall serve at the pleasure of the Governor. At present, Board members may be removed only “for cause.”

*HB 2059A* — Creates requirement that licensees of a health regulatory board report prohibited or unprofessional conduct of other types of health professionals to the appropriate board. For instance, if a nurse witnessed unprofessional behavior by a physician, the nurse would be required to report that physician to the Oregon Medical Board.

*HB 2118A* — This bill has a number of provisions that effect all health regulatory boards. It has been through several sets of amendments, but its basic elements have remained. It would permit 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 2345B* — Establishes uniform standards for the monitoring of impaired professionals for all health regulatory boards, and requires all boards to contract with an independent entity for monitoring services. The Board participated in the development of amendments to this bill.

*HB 2693A* — Incrementally increases the number of school nurses during the next 10 years.

*HB 3022A* — 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 will delete the requirement for the Board to issue wallet-sized cards as evidence of current licensure.

*SB 605* — Removes the requirement for Nurse Practitioners or Clinical Nurse Specialists with dispensing authority to give medications personally to patients.

**BOARD OF NURSING LEGISLATIVE BILLS AIM TO IMPROVE PUBLIC SAFETY**

The Board of Nursing has two bills this session: Senate Bill 139 has been signed by the Governor and House Bill 5031 is on the way to his desk.

*SB 139* — This bill removes the requirement for the Board to issue wallet-sized license cards. The change will increase public safety by compelling healthcare employers to verify current license status using the Board’s on-line or telephone verification system. 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 three other states, Maryland, New Hampshire and North Carolina, which have already
Nursing Opportunities


The Yakima Valley Farm Workers Clinic is the largest community health center network in the Pacific Northwest. We provide comprehensive medical, dental and social services in over 17 communities. We value nurses as a critical part of our health care team. We also recognize the importance of providing a caring environment for our patients and employees.

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- Clinic Nurses
- Public Health Nurses

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A Culture of Caring

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CONTACT
Victor Horne
at 800.561.4686
OR EMAIL
vhorne@pcipublishing.com
eliminated license cards. Other states are considering the change.

The Board plans to implement this change on January 1, 2010. Communication will be sent to all licensees who are renewing before that date to advise them of the change. After January 1, employers will need to verify a licensee’s license status through the Board’s online or telephone verification system, or the National Council for State Boards of Nursing website (https://www.nursys.com).

HB 5031 — This bill appropriates the Board of Nursing’s budget for the 2009–2011 biennium. The Board is an Other Funded agency; that is, it is funded through license fees, not the state’s General Fund. (All Oregon health regulatory boards are Other Funded agencies.) Although the Board does not receive funds from the Legislature, it does need Legislative authority on how to spend its funds.

The Board was granted six additional staff positions. “The agency has been understaffed for some time, especially compared with other healthcare regulatory boards,” explains Executive Director Holly Mercer, RN, JD. “We needed more people to provide the type and quality of services our licensees and the public expect.” Only two of the positions would be completely new, a CNA program compliance monitor and a computer systems analyst. The other four (an investigator, a fiscal analyst, a licensing support specialist and a probation compliance monitor) are currently working in the Board office as limited-duration positions. The investigator position, probation compliance monitor and CNA program compliance monitor were approved by the Legislature as permanent positions, and the fiscal analyst, licensing support specialist and computer systems analyst will be limited-duration positions.

The Board also received authority to spend funds for phase 2 of its e-commerce system. Phase 1 is the successful online renewal system; phase 2 will add the ability to accept new licensure applications through the same electronic process, and enhance public safety by providing disaster recovery/business continuity capabilities.

To pay for these improvements and stabilize the operating budget, the Board was granted authority for a $40 fee increase for RN license renewals, and a $10 increase in CNA renewals. The fee increase will take effect in July 2008. The Board discussed the need for this increase with the Oregon Nurses Association, Oregon Healthcare Association, the Department of Human Services, the Oregon Alliance of Seniors and Health Services and during several of its own 2008 public Board Meetings.

Although is it difficult to consider raising fees in the current economy, in order to protect the public and meet the demands of the healthcare workforce, it is essential that the Board build upon and strengthen its systems and processes. With these increases, the Board is committed to no further fee increases until at least the 2013–2015 biennium.

OSBN FAST FACTS

- Nine Board members; five RNs, two LPNs and two public members.
- The Board employs a staff of 45.
- Ratio of licensees to staff—approximately 1,600 to 1.
- Board staff gave 72 presentations to schools of nursing and employers regarding various points of the Nurse Practice Act and the National Licensure Exam in 2008.
- Board staff surveyed 63 nursing assistant, medication aide and/or nursing education programs in Fiscal Year 2008.
- As of May 31, 2009, there were 44,323 Registered Nurses; 3,987 Licensed Practical Nurses; 2,289 Nurse Practitioners; 173 Clinical Nurse Specialists; 478 Certified Registered Nurse Anesthetists; 18,099 Certified Nursing Assistants; and 1,282 Certified Medication Aides currently licensed in Oregon.
- Board Compliance staff investigated 2,157 complaints in Fiscal Year 2008.
- In Fiscal Year 2008, Board Licensing staff issued 6,636 new licenses and 30,420 renewals/reactivations.
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Discipline</th>
<th>Effective Date</th>
<th>Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristin N. Abbott</td>
<td>200812117CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Kimberly D. Acord</td>
<td>200612530CNA/</td>
<td>Probation</td>
<td>5-14-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Pamela M. Alcorn</td>
<td>200610370CNA</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>30-day suspension with conditions. Client neglect and failure to competently perform CNA duties.</td>
</tr>
<tr>
<td>Alice A. Andersen</td>
<td>200911059CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Jane B. Atkin</td>
<td>087006576RN</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Inaccurate recordkeeping and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Kristen N. Awbrey</td>
<td>CNA Applicant</td>
<td>Probation</td>
<td>5-14-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Morgan C. Bach</td>
<td>200611099CNA</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>30-day suspension with conditions. Client neglect and failure to competently perform CNA duties.</td>
</tr>
<tr>
<td>Patricia J. Barrios</td>
<td>098006303RN</td>
<td>Suspension</td>
<td>5-14-09</td>
<td>Failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Kathleen K. Bell</td>
<td>200643070RN</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Failure to take action to preserve client safety, client neglect inaccurate recordkeeping, and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Brandi L. Born</td>
<td>099000386RN</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>Linda S. Bowers</td>
<td>200511266CNA</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Client neglect, and a physical condition that prevents her from performing CNA duties safely.</td>
</tr>
<tr>
<td>Bruce E. Boyd</td>
<td>200203040LPN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to follow through with the plan of care, client neglect and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Barbara M. Brown</td>
<td>08800311001</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Prescribing drugs without adequate instructions to the client.</td>
</tr>
<tr>
<td>Douglas W. Bunselmeier</td>
<td>200730154LPN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Eugene W. Bush</td>
<td>089003303RN</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Failure to communicate information regarding client status to members of the health care team.</td>
</tr>
<tr>
<td>Nicole A. Busse</td>
<td>200310764CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year suspension. Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Jean M. Cannon</td>
<td>089007353RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Tina R. Carbaugh</td>
<td>200610613RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>30-day suspension with conditions. Altering a client record and performing acts beyond her authorized duties.</td>
</tr>
<tr>
<td>Lorri E. Castle</td>
<td>097000338RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>Abby L. Collier</td>
<td>095005008LPN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>Theresa Cunningham</td>
<td>200310154CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Judith A. Davis</td>
<td>200242598RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>Incomplete recordkeeping. Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Kayla M. Deichler</td>
<td>200810534RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Genevieve D. Dilkes</td>
<td>200440340RN</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Practicing nursing when unable to perform procedures due to psychological impairment as evidenced by documented deterioration of functioning.</td>
</tr>
<tr>
<td>Janice K. Dougherty</td>
<td>000034606CNA</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Performing acts beyond her authorized duties.</td>
</tr>
<tr>
<td>Cheenice L. Easter</td>
<td>099000330RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>30-day suspension with conditions. Improperly delegating tasks of nursing care, inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Fayelene D. Elson</td>
<td>200812210CNA</td>
<td>Probation</td>
<td>5-14-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Dianne L. Etten</td>
<td>090006811RN</td>
<td>Probation</td>
<td>5-14-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Jessica J. Farler</td>
<td>200711231CNA</td>
<td>Reprimand</td>
<td>5-14-09</td>
<td>Reprimand with conditions. Assuming duties when competency has not been established or maintained.</td>
</tr>
<tr>
<td>Jonly M. Fenwick</td>
<td>000039135CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Carla L. Fies</td>
<td>099000628RN</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Practicing while impaired and using intoxicants to the extent she was unable to practice nursing safely.</td>
</tr>
<tr>
<td>Deborah A. Fontaine</td>
<td>039000633RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Unauthorized removal of narcotics from the workplace and incomplete recordkeeping.</td>
</tr>
<tr>
<td>Rhonda K. Frakes</td>
<td>084053555RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>Alan L. Freytag</td>
<td>094000387RN</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Landon R. Georgianna</td>
<td>200810896CNA</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Using an intoxicant to the extent he is unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Patricia M. Halfacre</td>
<td>091000140RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>Indefinite suspension. Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>William F. Hampton</td>
<td>079042565RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Practicing nursing while impaired, and inaccurate and incomplete recordkeeping.</td>
</tr>
<tr>
<td>George J. Hieter</td>
<td>200811165CNA</td>
<td>Revocation</td>
<td>5-14-09</td>
<td>Using intoxicants to the extent he was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Denise Howser</td>
<td>200330189LPN</td>
<td>Reprimand</td>
<td>5-14-09</td>
<td>Reprimand with conditions. Falsifying a client record and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Deborah L. James</td>
<td>200341292RN</td>
<td>Revocation</td>
<td>5-14-09</td>
<td>Unauthorized removal of narcotics from the workplace, inaccurate recordkeeping and failure to cooperate during an investigation.</td>
</tr>
<tr>
<td>Margaret R. Jelley</td>
<td>200310701CNA</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Kimberly T. D. Joers</td>
<td>200641699RN</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Wendi S. Johnson</td>
<td>000089000CNA</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Suzann J. Jones</td>
<td>200712031CNA</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Toni N. Justice</td>
<td>200811807CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Exploiting the client relationship for personal gain.</td>
</tr>
<tr>
<td>Krystle M. Kalbasky</td>
<td>200710652CNA</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to respect client rights and dignity.</td>
</tr>
<tr>
<td>John L. Kennedy</td>
<td>000019765CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Engaging in sexual misconduct with a client and client abuse.</td>
</tr>
<tr>
<td>Adam J. King</td>
<td>CNA Applicant</td>
<td>Probation</td>
<td>5-14-09</td>
<td>Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Sheree V. Kumm</td>
<td>000009933CNA</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to answer questions truthfully during the licensure process.</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Discipline</td>
<td>Effective Date</td>
<td>Violations</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ron Lapp</td>
<td>082011874RN</td>
<td>Suspension/Probation</td>
<td>4-22-09</td>
<td>30-day suspension, followed by two years probation. Engaging in unacceptable behavior in the presence of a client, failure to respect client rights, and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Mark S. Logue</td>
<td>097000439RN</td>
<td>Reprimand</td>
<td>5-14-09</td>
<td>Reprimand with conditions. Violating the rights of privacy and confidentiality, and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Ruth E. Lyons</td>
<td>077037900RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Disciplinary in North Carolina.</td>
</tr>
<tr>
<td>Rachael F. Maddox</td>
<td>200911063CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Mental condition that impairs her ability to perform nursing assistant duties safely.</td>
</tr>
<tr>
<td>Brandi K. Marshall</td>
<td>200710822CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Misrepresentation during the licensure process, and failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Angelina M. Anderson</td>
<td>200710547CNA</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>30-day suspension. Client neglect and leaving a CNA assignment without properly notifying appropriate supervisory personnel.</td>
</tr>
<tr>
<td>Stephen A. Aldrich</td>
<td>000012345RN</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Terry R. McBride</td>
<td>000006268LPN</td>
<td>Suspension</td>
<td>5-14-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation, and violation of a Board Order.</td>
</tr>
<tr>
<td>Shannon M. Meeker</td>
<td>CNA Applicant</td>
<td>Application Denied</td>
<td>4-22-09</td>
<td>Criminal Mistreatment conviction.</td>
</tr>
<tr>
<td>Charles B. Miller</td>
<td>097000302RN</td>
<td>Revocation</td>
<td>5-14-09</td>
<td>Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>Debbie M. Miller</td>
<td>200010397CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Patricia A. Moon</td>
<td>CNA Applicant</td>
<td>Application Denied</td>
<td>4-22-09</td>
<td>Theft and Forgery convictions, and misrepresentation during the licensure process.</td>
</tr>
<tr>
<td>Heather D. Nevin</td>
<td>200011090CNA/</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Inaccurate and incomplete recordkeeping and failure to administer medications as ordered.</td>
</tr>
<tr>
<td>Diane M. Anderson</td>
<td>000003408CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Exploiting the client relationship for personal gain, failure to cooperate with the Board during an investigation, and violation of a Board Order.</td>
</tr>
<tr>
<td>Tammy L. Paige</td>
<td>096000390RN</td>
<td>Revocation</td>
<td>5-14-09</td>
<td>Practicing nursing when unable to perform due to a mental impairment.</td>
</tr>
<tr>
<td>Michelle L. Peters</td>
<td>000027990CNA</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Michael Pickersgill</td>
<td>000024226CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Bonnie M. Plummer</td>
<td>CNA Applicant</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation, once certified. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Krickett J. Porter</td>
<td>20081053CNA</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Tina Pryor</td>
<td>CNA Applicant</td>
<td>Application Denied</td>
<td>5-14-09</td>
<td>Misrepresentation during the certification process and failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Carolyn C. Reuteler</td>
<td>090003013RN</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Amanda Rice</td>
<td>000044665CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Client abuse and failure to respect client rights.</td>
</tr>
<tr>
<td>Valerie D. Robles</td>
<td>000045141CNA</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Gloria D. Rodli</td>
<td>079003405LPN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to take action to promote patient safety, and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Jennifer M. Sanchez</td>
<td>200112836CNA</td>
<td>Suspension</td>
<td>5-14-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Debra L. Schwartzkopf</td>
<td>094006250RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Mental condition that prevents her from practicing safely.</td>
</tr>
<tr>
<td>Dee A. Scates</td>
<td>087000313RN</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>60-day suspension. Engaging in sexual contact with a client and violating the rights of privacy, confidentiality or knowledge concerning the client.</td>
</tr>
<tr>
<td>Nakeia L. Scott</td>
<td>200911051CNA</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Diana L. Sz grounding</td>
<td>20011058LPLN</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Misrepresentation during the licensure process and failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Pamela D. Sidor</td>
<td>077038984RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Physiological condition that prevents her from practicing safely.</td>
</tr>
<tr>
<td>Janet Simons</td>
<td>091000101RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Practicing while impaired and using intoxicants to the extent she was unable to practice safely.</td>
</tr>
<tr>
<td>Andrew B. Smith</td>
<td>200630269LPN</td>
<td>Reprimand</td>
<td>5-14-09</td>
<td>Reprimand with conditions. Client neglect, failure to act to preserve client safety and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Katherine C. Smith</td>
<td>200343128RN</td>
<td>Suspension</td>
<td>5-14-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Kathryn M. Sotile</td>
<td>200611683CNA/</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Client abuse, failing to administer ordered medications, and falsifying the medication administration record.</td>
</tr>
<tr>
<td>Michelle A. Steward</td>
<td>200911060CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Ann M. Stopper</td>
<td>200411017CNA</td>
<td>Suspension</td>
<td>5-14-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Kimberly A. Suarez</td>
<td>20021378CNA</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>Indefinite suspension. Failure to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Leslie A. Tolinson</td>
<td>200612094CNA</td>
<td>Voluntary Surrender</td>
<td>5-14-09</td>
<td>Mental condition that prevents her from performing CNA duties safely.</td>
</tr>
<tr>
<td>Rosangela Troche</td>
<td>200542582RN</td>
<td>Suspension</td>
<td>5-14-09</td>
<td>60-day suspension with conditions. Decept in the practice of nursing, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Jennifer M. Troutman</td>
<td>000038361CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
<tr>
<td>Ryan P. Ulbricht</td>
<td>200712511CNA</td>
<td>Reprimand/Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely, and failure to answer questions truthfully.</td>
</tr>
<tr>
<td>Jennifer L. Villanueva</td>
<td>096000465RN</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Inaccurate and incomplete recordkeeping, performing acts beyond authorized scope, and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Carole K. Wallace</td>
<td>080045950RN</td>
<td>Reprimand</td>
<td>4-22-09</td>
<td>Incomplete recordkeeping and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Melissa R. Waller</td>
<td>200740830RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Failure to comply with the terms and conditions of the Nurse Monitoring Program.</td>
</tr>
<tr>
<td>Jennifer L. Walsh</td>
<td>09706877RN</td>
<td>Revocation</td>
<td>4-22-09</td>
<td>Practicing nursing while impaired, use of intoxicants to the extent she was unable to practice safely and failure to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Kira L. Whiteley</td>
<td>200610910CNA</td>
<td>Suspension</td>
<td>4-22-09</td>
<td>30-day suspension. Client abuse and neglect.</td>
</tr>
<tr>
<td>Coleen F. Wilson</td>
<td>200840393RN</td>
<td>Voluntary Surrender</td>
<td>4-22-09</td>
<td>Falsifying an agency record and unauthorized removal of narcotics from the workplace.</td>
</tr>
<tr>
<td>Nicole M. Zsarko</td>
<td>200312368CNA</td>
<td>Probation</td>
<td>4-22-09</td>
<td>Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.</td>
</tr>
</tbody>
</table>
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