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Message from the President

Roxanne McDaniel, PhD, RN, President

Licensed Practical Nurse (LPN) Licenses Expire May 31, 2014

Nurses are required to renew their professional license every two years. It may surprise you to know that about 15% of nurses don't renew prior to the expiration date of their license. It may be easy to forget but not renewing has serious repercussions.

It is a violation of the Nursing Practice Act to practice nursing or use the title "nurse" without a current license, and practicing nursing on an expired license subjects a nurse to disciplinary action by the board. In addition, the employer and/or nurse cannot submit claims for Medicare/Medicaid reimbursement. Payments made for services provided while a nurse's license was expired will be considered an overpayment and recovery procedures will commence.

Approximately 25,000 renewal postcards were mailed to LPNs in early March. The postcard provides the nurse with online renewal instructions. A LPN must either renew online or with a paper renewal. If you are a LPN and did not receive your postcard or need a paper renewal, obtain renewal instructions at the board's website at www.pr.mo.gov/nursing.

It takes up to five business days to renew a license. Nurses are **not** issued a new wallet-sized card when the license is renewed. To verify your renewal, click on *Search QuickConfirm* at www.nursys.com. Once you find a record in this system, you have the option of downloading a report that you can save or print. This report can be retained in your records and/or given to your employer as evidence of license renewal.

If you are an employer of nurses, the best way to protect yourself from having a nurse practice with an expired license is to enroll your nurses in e-Notify at www.nursys.com. e-Notify provides real-time automatic notification of status and discipline changes delivered directly to you. The information in e-Notify is pulled directly from Nursys, the only national database for licensure verification, discipline and practice privileges for RNs and LPNs. Nursys data is compiled from information inputted directly from boards of nursing and is primary source equivalent. With e-Notify, any institution that employs a nurse can utilize this system to track licensure and discipline information for little or no charge (cost is dependent on the number of nurses uploaded into the system). It is economical and provides vital information saving you money and staff time.

Executive Director's Report

Authored by Lori Scheidt, Executive Director

Legislative Update

Our newsletter articles are due approximately two months before the newsletter is actually published. By the time you receive this newsletter the legislative session will have ended. In order to determine if bills actually passed, you can check the final disposition of bills at *http://moga.mo.gov/*

Social Security Numbers on License Renewals

Senator Wayne Wallingford (R-District 27) filed Senate Bill 528. Passage of this bill would change the Social Security number requirement. Under current law, every application for a renewal of a professional license, certificate, registration, or permit must contain the applicant's Social Security number. This act states that an application for a professional license renewal only has to include a Social Security number in situations where the original application did not contain a Social Security number. After the initial application for license renewal, which includes a Social Security number, an applicant is no longer required to provide a Social Security number in subsequent renewal applications.

Advanced Practice Registered Nurse Practice Bills

Representative Lyle Rowland (R-District 155) filed House Bill 1481 and Senator David Sater (R-District 29) filed Senate Bill 700. Passage of either of these bills would modify the laws relating to advanced practice registered nurses and collaborative practice arrangements. It would remove the geographic proximity requirement and indicate that the collaborating physician and APRN would maintain effective electronic communication. It would indicate that the collaborating physician's review of the APRN's delivery of health care services may be done through review of electronic medical records. Finally, it would eliminate joint rulemaking authority between the board of nursing and board of registration for the healing arts except those related to prescribing controlled substances.

Representative Donna Lichtenneger (R-District 146) filed House Bill 1491 and Senator Wayne Wallingford (R-District 27) filed Senate Bill 659. Passage of either of these bills would modify the laws relating to advanced practice registered nurses and collaborative practice arrangements. It would also grant the board of nursing the authority to license Advanced Practice Registered Nurses (APRNs).

Representative Jeanie Riddle (R-District 49) filed House Bill 1779. Passage of this bill would allow advanced practice registered nurses in collaborative practice arrangements to make certain decisions regarding patient restraints.

Nursing Workforce Analysis

Representative Chris Kelly (D-District 45) filed House Bill 1641. Passage of this bill would allow the board of nursing to contract with a public institution of higher education or nonprofit corporation or association for the purpose of collecting and analyzing workforce data from its licensees. It would also require the contractor to

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of April 24, 2014

Profession	Number
Licensed Practical Nurse	25,314
Registered Professional Nurse	98,329
Total	**123,643**

http://pr.mo.gov

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Welcome to the Board!

Laura Noren, MBA, BSN, RN, NE-BC, is the Service Line Director of Women's and Children's Health at Boone Hospital Center in Columbia, Missouri. She is also the Magnet Program Director for the hospital which is one of only 7% of hospital nationally to earn the American Nurses Credentialing Center's Magnet Recognition for Nursing Excellence.

During her 22 years at Boone Hospital, she has also been responsible for inpatient and outpatient care areas, marketing, staff and organizational development, and human resource functions. Boone Hospital is a member of St Louis based BJC HealthCare and Laura has been active at both the local and system level in all of her roles.

Laura has worked in hospitals in Columbia, Jefferson City, St. Louis, and Kansas City. In addition to maternal health, she is experienced in cardiac care, burn care, critical care and general medical/surgical care. Laura earned a Bachelor of Science degree in nursing from the University of Central Missouri and a MBA from William Woods University. She is a Registered Professional Nurse in Missouri and a Board Certified Nurse Executive by the American Nurses Credentialing Center.

Laura was born and raised in Jefferson City, Missouri as the fifth child of Carl Noren, former Director of the Missouri Department of Conservation, and Ann Noren, former supervisor of Obstetrics and Newborn services at St. Mary's Hospital, Jefferson City. Laura has lived in Columbia, Missouri for the past 22 years. She is married to Scott Wilson and they have four children and two grandchildren.

Aly Speed is an LPN at CoMO Cubs Pediatrics in Columbia. She earned her Practical Nursing Diploma at the Columbia Area Career Center, where she still serves on their Advisory and Admissions Committees. Aly is also a clinical preceptor for current Career Center nursing students. Aly is currently enrolled at Columbia College where she is pursuing her Associate of Science Degree in Nursing. She is very honored and excited to serve on the Missouri State Board of Nursing.

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maintain the confidentiality of the data. Additionally, it would create a fund and allow for a license surcharge of $1 per year.

Assistant Physician Assistants and Collaborative Practice Rules

Representative Keith Frederick (R-District 121) filed House Bill 1842. Passage of this bill would establish provisions for licensing an Assistant Physician. It would also remove the requirement that the board of nursing and board of registration for the healing arts would jointly promulgate collaborative practice rules. The collaborative practice rules would be the same for advanced practice registered nurses, assistant physician assistants, physician assistants and nurses.

Your Role in the Legislative Process

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well- earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://moga.mo.gov/

Licensure Information

Authored by Angie Morice
Licensing Administrator

ATTENTION NURSE EMPLOYERS

There are two tools that employers need to have in their toolbox.

1) Enroll your nursing staff in e-Notify at www.nursys.com. By doing this, you will automatically receive publicly available discipline and license status updates of your nurses. Using this service will save your human resources or credentials staff valuable time.

2) Verify new hires using Quick Confirm at www.nursys.com. Once you locate a record in this system, you have the option of downloading a report that you can save to your system or print. This report can be retained in the nurse's personnel file. Never make or ask for a copy of a nursing license.

Exam Applicants – Apply Based on Primary State of Residence

Our office is very busy in the summer processing exam applicants and then exam results from May and June graduates.

Confusion still exists on where graduates should apply for a license. We have found that some believe they must apply for an initial license in the state of education. This is not true. This flowchart is intended to assist exam applicants in navigating this process. Notice that the deciding factor is the graduate's primary state of residence. ***(See flow chart on page 4)***

Graduate Nurse Practice

State Regulation 20 CSR 2200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit; however, if the individual qualifies s/he may practice as a graduate nurse under 20 CSR 2200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results, provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received. The nurse will also be licensed and the employer can verify that license using QuickConfirm at www.nursys.com.

Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 2200- 4.020 (3).

Proper Supervision

According to 20 CSR 2200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

Amendment to the Compact 30 day rule

Effective August 30, 2013, Missouri changed the licensure rule for nurses changing their primary state. Under the new rule, a nurse has 90 days to become licensed when moving from one compact state to another. The nurse may practice on the former license for up to 90 days. The 90 days starts when the nurse becomes a resident of the new state. Please note, not all compact states have implemented the amended rule at this time.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended for state income tax, you must stop practicing as a nurse immediately and you cannot return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Flow chart continued on page 4

Flow chart continued from page 3

NLC NURSE LICENSURE COMPACT

Navigating the Nurse Licensure Compact: Initial Licensure by Examination for New Graduates

Is your primary/legal state of residence (PSOR) a compact state? (This is the state in which you hold a driver's license, are registered to vote, and/or file federal income tax)

No

Single-state license

Apply for licensure by examination in any one state of choice.

Yes

Multi-state license

Apply for licensure by examination in your primary state of residence (PSOR)

Follow the NCLEX examination steps

Apply for licensure with **one** Board of Nursing (BON)

Register with Pearson VUE (see candidate bulletin)

Receive receipt of registration from Pearson VUE

Receive eligibility from Board of Nursing

Receive an Authorization to Test (ATT) via letter or email from Pearson VUE

Schedule an exam with Pearson VUE via website or telephone

Arrive for exam – present photo ID and ATT (see candidate bulletin)

Receive results from BON

Your new **single-state** license grants privilege to practice in only the state of issuance (other single-state licenses may be acquired via licensure by endorsement)

Your new **multi-state** license grants privilege to practice in all NLC states contingent upon remaining a resident of the issuing state.

Education Report

Authored by Bibi Schultz, RN MSN, CNE
Education Administrator

Missouri State Board of Nursing (MSBN) Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhD(c)
- Mariea Snell, DNP, MSN, RN, FNP-BC

Understanding NCLEX Program Codes and Reports

NCLEX licensure exam pass rate reports are made available through the National Council of State Boards of Nursing (NCSBN) on a quarterly basis. Missouri nursing programs receive the NCLEX Quarterly reports in January, April, July and October of each year. Quarterly reports are provided in electronic format. It is important for nursing programs to carefully review each report and to address potential inconsistencies with program data at the earliest convenience. Questions related to Quarterly reports may be submitted to Mallory Maddox at mallory.maddox@pr.mo.gov. Quarterly reports issued in January of each year are utilized by the Missouri State Board of Nursing (MSBN) to determine official NCLEX program pass rates for the prior year. Quarterly reports capture program graduates that took the NCLEX exam in any location. NCLEX reports indicating overall licensure exam pass rates for all pre- licensure nursing programs are provided on a quarterly basis as well.

It is important to remember that accuracy of NCLEX report data is directly impacted by integrity of information provided by each nursing program. Every approved pre-licensure nursing program has an assigned NCLEX educational program code. Each program code serves as a unique identifier for each pre-licensure nursing program. Newly revised program codes have gone into effect as of April 1st, 2014. Prior 5-digit program codes have been revised and incorporated into new 10-digit program codes. It is of utmost importance for nursing programs to make sure that their graduates are cognizant of their program's individual NCLEX code and that the correct code is consistently utilized to identify communications with Pearson VUE (NCLEX exam provider) and the State Board of Nursing (MSBN). If in doubt about what the correct program code is, NCLEX educational program codes can be accessed at https://www.ncsbn.org/NCLEX_Educational_Program_Codes. NCLEX educational program codes specific to programs approved by the Missouri State Board of Nursing (MSBN) can also be accessed at http://pr.mo.gov/nursing.asp under the Schools of Nursing tab. The first two letters of each program code identify the nursing program as a school of nursing located in the United States of America. The first two (2) numbers indicate the state or territory where the program is located. Programs located in Missouri begin with US17..... It is essential that nursing students enter the correct NCLEX program code on Pearson VUE applications as well as their MSBN application for licensure. This is especially important for schools with more than one campus, since each site may have a program code unique to that campus. Utilization of correct program codes provides the base for NCLEX exam data collection, reporting of program pass rates and development of reports to assist nurse educators to evaluate and improve educational measures. Nursing program administrators are asked to submit a comprehensive list of their graduates' names with each submission of official transcripts to the MSBN office. Indicating the proper NCLEX program code for each respective list of graduates facilitates processing of applications and fosters accuracy of data collection and reports.

In order to better understand the process, it is important to know that once students enter the NCLEX educational program code on their NCLEX applications, Pearson VUE attaches the respective code to exam result data. NCLEX Program Reports specific to NCLEX licensure exam performance of each nursing program are produced through collaboration of the NCSBN with Mountain Measurements, Inc. Current data is analyzed and reports are sorted per program identifier (program code). While utilization of NCLEX Program Reports is in no way mandated, reports are designed to help nurse educators better understand their graduates' performance on NCLEX licensure exams. NCLEX Program Reports provide data specific to each nursing program and are available for programs at all levels of pre-licensure nursing education. Reports are commercially available by subscription and are utilized by nurse educators to evaluate their graduates' readiness to sit for the exam. Many inferences related to curriculum content and clinical learning may be made. These reports may also be used to track program growth and to initiate and evaluate modifications to instructional methods (Bontempo, 2014).

NCLEX Program Reports cover graduate data from April 1, to March 31 of the next year. This becomes especially important when NCLEX Test Plans change, since changes in Test Plans are usually initiated on April 1st for respective years. NCLEX Test Plans usually change every three (3) years. Most recent change to the NCLEX-RN Test Plan was initiated on April 1, 2013. Test plan changes for the NCLEX-PN test plan are anticipated for 2014. While adjustments are made to best reflect current nursing practice, minimal change to the NCLEX-RN Test Plan structure is reported. While some decrease in overall NCLEX-RN pass rates is anticipated, minimal changes in Test Plan categories fosters comparability of current exam data to that of recent years. As indicated earlier, new NCLEX Program Reports are packaged as subscriptions and released each May and November. Report information can be accessed at https://reports.mountainmeasurement.com (Bontempo, 2014).

NCLEX Program Reports are set up in sections, to include Summary & Overview, NCLEX Test Plan Report, Content Dimension Reports and Test Duration & Performance Reports. All data provided is specific to the respective nursing program, but does not include information specific to performance of individual program graduates. Program data is compared to similar programs in the same licensing jurisdiction, other programs of similar degree type and all similar programs in the U.S. and its territories. The NCLEX Test Plan Report offers data on how well a "typical" program graduate performed on each sub-category of client needs represented on the NCLEX Test Plan. NCLEX test plans can be accessed at https://www.ncsbn.org/1287.htm. Percentile program ranks are determined through utilization of median scores; therefore percentiles ranks ranging between the 40th and 60th percentile are not usual. It is important to note that seemingly small year-to-year changes in percentile ranking may be highly indicative of current program performance (Bontempo, 2014).

The Content Dimension Report section provides data on how well the "typical" program graduate performed on each item within content dimensions represented on the exam. Test Duration & Performance Report sections provide information about graduates' testing experience. Test Duration Reports show average number of questions taken and time spent taking the exam. Data is separated by graduates who passed and failed the exam. Correlation between number of questions taken and position in relation to the passing standard is reflected. Performance Report data indicates how many questions within each category of the NCLEX Test Plan were answered correctly. Data related to each comparison group as well as a graduate performing right at the passing score are included (Mountain Measurement, Inc. 2014).

Statistical data is presented in form of percentages, percentile ranks and averages. Median scores, percentile ranks and averages are only calculated for programs with ten (10) or more valid candidates per reporting period. Therefore report data in this category may be less helpful to very small programs (Bontempo, 2014).

Overall, electronic NCLEX Quarterly and Program Reports offer a wealth of statistical information. If utilized appropriately, program strengths and weaknesses related to the curriculum as well as clinical learning may be identified. Comparisons with similar programs and graduates in Missouri as well as across the country may provide valuable insight. Careful analysis of data may enhance and sustain instructional integrity, provide necessary data to initiate change in theory as well as clinical learning, foster transition to nursing practice and optimize patient safety for citizens in Missouri and across state lines.

References

Bontempo, B. (2014). *The NCLEX Program Reports* (PowerPoint slides). Retrieved from http://webinar.ncsbn.org

Mountain Measurements, Inc. (2014). NCLEX Program Reports -- Mountain Measurement, Inc. Retrieved from https://reports.mountainmeasurement.com

Virtual Nursing Care for School Children with Diabetes

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Gloria Damgaard, MS, RN, FRE, and Linda Young, MS, RN, FRE, BC

Access to safe health care when a nurse is not present is a public protection issue facing many boards of nursing. This is especially true in schools where a nurse is not present to provide care for children with diabetes. This study examined the safety and effectiveness of a model of care that linked trained unlicensed school personnel to registered nurses (RNs) via telehealth technology to delegate and supervise diabetes care tasks, including insulin administration. The study took place from December 2010 to May 2013, and 5,568 doses of insulin were administered safely by unlicensed personnel. Surveys taken before and after implementation measured the perceptions of parents and school personnel regarding the safety and efficacy of the model of care. Statistical results showed large degrees of effectiveness. This study provides preliminary evidence supporting regulatory changes for the delegation of insulin administration and other diabetes care tasks by RNs.

The Virtual Nursing Care for Children with Diabetes in the School Setting project is a model for having a virtual nurse presence in settings where a nurse is not present or needs help to meet the health care needs of the population. The Virtual Nurse project was inspired by three major concerns for the citizens of South Dakota: access to care for individuals with diabetes in settings where a nurse is not always present, legal barriers to the delegation and supervision of insulin administration, and the cost of sustaining the current model of care.

The model was based on the nursing principles of delegation and supervision of trained unlicensed personnel by licensed nurses in South Dakota (South Dakota Legislature, 2013). The literature shows several critical factors that influence the effectiveness of nursing delegation. Boards of nursing (BONs) have jurisdiction over licensed nurses and the nursing care they provide, including the care they delegate (Mueller & Vogelsmeier, 2013). Nurse practice acts (NPAs) define the legal limits of nursing practice and, in most jurisdictions, NPAs or administrative rules refer to delegation, though not all NPAs authorize delegation by registered nurses (RNs) (Corazzini et al., 2011).

The RN's obligation to provide safe, quality care creates distinct challenges when delegating care to unlicensed personnel. These challenges are amplified for school nurses by budgetary constraints, the lack of qualified nurses, and the increased use of unlicensed personnel (Gordon & Barry, 2009). Compounding the issue are federal and state requirements of the Individuals with Disabilities Education Act that mandate school service for complex student health needs as well as state and school administrators' directives requiring school nurses to delegate to unlicensed personnel (Resha, 2010). Thus, delegation to unlicensed personnel in schools has become a necessary and challenging practice, and school nurses struggle to meet the expectations of their role, maintain their standards, and comply with their NPAs and other regulatory statutes.

School Children with Diabetes

South Dakota, like many other states, has been examining the management and treatment of children with diabetes in schools. Numerous concerns regarding less-than-adequate care have been cited by parents of children with diabetes attending schools where a nurse is not present. Parents reported that some school children have been transported to nursing homes for insulin administration during the school day. Other reports indicated that some schools required a parent to come to the school to administer insulin. Given the rural nature of South Dakota, this requirement presented several challenges for parents. In one instance, school officials administered insulin to children, citing their authority as an exemption to the NPA for gratuitous care of family and friends. These concerns as well as proposed legislation allowing unlicensed personnel to administer insulin were the basis for the South Dakota BON to examine the delegation of diabetes care in schools.

In 2008, a state bill (HB 1152) was drafted to provide diabetes management and treatment for school children (South Dakota Legislature, 2008). The bill stated that in the absence of a school nurse, trained diabetes personnel could administer insulin and perform other diabetes care. The School Nurses Association in South Dakota strongly opposed allowing unlicensed personnel to administer insulin, while the South Dakota Diabetes Educators Association strongly supported the proposed legislation and formally requested that the BON support it. The sponsoring legislator did not introduce the bill in committee because of the lack of consensus in the nursing community. The BON agreed the issue would be studied and methods for meeting the needs of children with diabetes in the schools would be examined.

At the same time, assisted living centers and residential care facilities were seeking ways to help those with diabetes receive care when a nurse was not present. Clients who could not administer their own insulin had to be admitted to a skilled nursing facility. One client was taken to the emergency department of a local hospital to receive insulin because a nurse was not present. These methods were neither desirable nor economically sustainable. As a result, the BON was challenged to find ways to overcome barriers to the provision of diabetes care in settings where a nurse is not always present.

In response to these challenges, the BON and the South Dakota Center for Nursing Workforce hosted conversations on diabetes care in two locations. Key stake-holders participating in the conversations were school administrators, policy makers, physicians, diabetes clinical nurse specialists, school nurses, and concerned parents. The overall question was: "What possibilities exist to enhance diabetes management when a nurse is not present?" The findings of these two conversations were used to convene a task force to begin planning a pilot project. What emerged was a model linking trained unlicensed personnel with a virtual RN by means of technology to manage the care of school children with diabetes.

South Dakota Demographics

The geography of South Dakota lends itself to a model of care using virtual RNs. South Dakota is a large state with an estimated population of 833,354 (U.S. Census Bureau, 2012). Of the 38 counties in western South Dakota, 33 are considered frontier (having fewer than 7 people per square mile). South Dakota is one of the least urbanized states with more than 50% of South Dakotans living in rural areas. Only four counties have more than 30,000 people.

Though South Dakota has the highest RN-to-resident ratio in the country, 1,247.7 RNs per 100,000 residents (U.S. Department of Health and Human Services [HHS], 2013b), most of the state's rural and frontier counties are experiencing shortages of nurses and other health care professionals. According to the Health Resources and Services Administration (HRSA), 55 of South Dakota's 66 counties (83%) are listed as primary care health professional shortage areas. Furthermore, 47 entire counties are considered by HRSA to be medically underserved, meaning these areas cannot support sufficient health care services. This represents 71% of the counties (HHS, 2013a). Because of South Dakota's rural nature, nurses cannot be present 24 hours a day in all settings where people with diabetes need assistance.

Testing the Model

The current study was intended to determine whether diabetes care tasks including insulin administration could be safely delegated to trained unlicensed personnel by a virtual RN. The study received approval from the Avera Health Institutional Review Board. RNs certified in diabetes education were linked with unlicensed personnel via telehealth technology to implement the diabetes medical management plan. The virtual RNs could clearly see and speak to the unlicensed personnel and the school children by means of the technology.

The main purpose of the study was to answer the following question: *"To what extent is a model of nursing care utilizing a virtual RN linked to a trained unlicensed provider through telehealth technology safe and effective in the care of school children with diabetes, including insulin administration?"* The study objectives were as follows:

- Implement and test a model of virtual nursing delegation to and supervision of trained unlicensed providers caring for school children with diabetes, including insulin administration.
- Develop evidence-based quality indicators of safety for virtually managed care of school children with diabetes through the evaluation of clinical case management records.
- Measure the difference in perceived levels of satisfaction, timeliness, communication patterns, responsiveness, and use of technology in the care of school children with diabetes before and after model implementation.
- Formulate a resource guide for school nurses, administrators, and unlicensed providers who deliver care to school children with diabetes.
- Discover the implications of virtual nursing care delivery for regulatory infrastructure expansion through analysis of research data.

Method

An exploratory pilot project was performed in which clinical data were collected and a survey was conducted before and after model implementation. The project was implemented from December 1, 2010, through May 31, 2013. The sample population included school administrators, parents or guardians of children with diabetes, virtual RNs, and trained unlicensed personnel. Survey tools were designed to measure multiple variables, including satisfaction, safety, timeliness, communication patterns, responsiveness, and technological proficiency. Clinical diabetes outcome measures were collected by the virtual RNs and analyzed by the primary investigators.

Advisory Council

A core consultant panel, including the principal investigators, a clinical nurse specialist certified diabetes educator, technology experts, school nurses, and a research consultant provided the expertise for project implementation. This panel met monthly. Additionally, an advisory stakeholder council was appointed by the investigators. The advisory council met face-to-face three times during the course of the project: initially, at the midpoint, and at the conclusion. The council consisted of the core consultants of the project; parents or guardians of children with diabetes; primary care providers; school administrators; nursing administrators; and representatives of the South Dakota Diabetes Coalition, South Dakota Certified Diabetes Educators Association, South Dakota School Nurses Association, South Dakota BON, South Dakota Department of Health, and South Dakota Nurses Association. The role of the advisory panel was to guide and assist the investigators in the implementation of the project and to identify and support policy recommendations for regulatory changes to the BON.

Participants

A convenience sample was utilized for the study. In the first year, administrators of public and private schools in the central, northeast, and southeast regions of South Dakota were sent a letter of invitation to participate.

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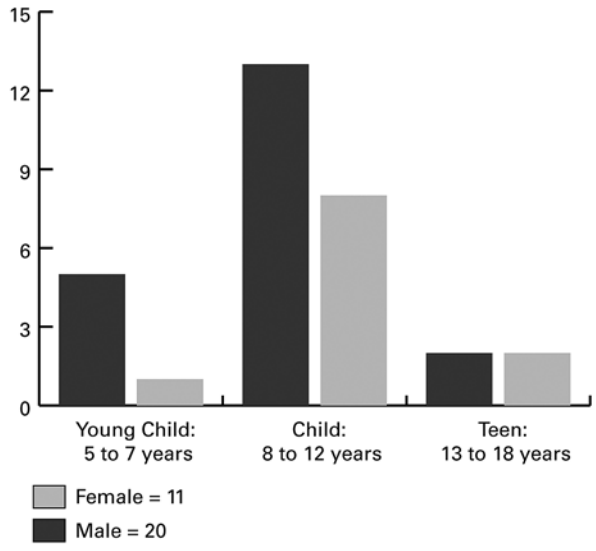
Administrators interested in participating contacted the principal investigators, and face-to-face meetings were conducted.

A second method of recruiting participants was used for the remainder of the study. The certified diabetes educators invited parents of children who were their clients and who met study inclusion criteria to participate.

FIGURE 1

Student Demographics



At the start of the study, the principal investigators were contacted by other parents and school administrators to request participation. In some cases, administrators were willing to participate, and the parents were not interested. In other cases, parents wanted their children to participate, but the schools declined to participate.

A total of 31 students participated: 20 males and 11 females. (See Figure 1.) Six students were ages 5 to 7; 21 were ages 8 to 12; and 4 were ages 13 to 18.

Inclusion Criteria

The following criteria were established for inclusion in the study:

- The school in South Dakota must have students diagnosed with type 1 or type 2 insulin-dependent diabetes.
- The student must require insulin administration by injection or pump on a regularly scheduled or sliding-scale basis during the school day.
- The school must not have a licensed nurse present every day to assist children with diabetes during lunch time.
- The school must have the appropriate technology to connect to the virtual RN.
- The school must be able to identify an unlicensed person who can partner with the virtual RN for the management of students with diabetes during the school day.
- Informed consent must be obtained from the student and his or her parents or guardian before participation in the project.

Parents and guardians of children meeting the inclusion criteria received the consent form, and the children received an age-appropriate assent form. By signing the document, the parents or guardians voluntarily consented to their children's participation.

Measures

The measures used to evaluate the safety and effectiveness of the nursing model of care were insulin administration, blood glucose monitoring, carbohydrate counting, activity monitoring, and the survey before and after implementation. The trained unlicensed personnel documented the care provided in a weekly diabetes care log. The logs were submitted to the virtual RNs at the end of each week and were the basis for clinical data collection for the study.

Virtual RNs calculated the total number of insulin doses administered by unlicensed personnel and the number administered correctly according to the six rights of medication administration (Potter & Perry, 2005).

Unlicensed personnel recorded the dates, times, and results of blood glucose monitoring tests. These records were evaluated by the virtual RNs to determine if the times and results of the routine tests were recorded. The virtual RNs also evaluated the extra blood glucose monitoring tests performed and the actions taken in response to the results.

The documentation of carbohydrate counting by unlicensed personnel was evaluated by the virtual RNs for accuracy. Virtual RNs also determined whether unlicensed personnel performed the task independently or needed assistance from a virtual RN.

Activity monitoring was evaluated based on blood glucose testing before and after physical education classes or other physical activity as directed by the diabetes medical management plan (DMMP).

The survey tool measured participants' perceptions about safety, satisfaction, timeliness, communication patterns, responsiveness, and the use of technology for the virtual care of school children with diabetes before and after implementation. The surveys were developed by the research consultant, and the content was validated by the diabetes clinical nurse specialist consultant. Each parent was asked to rate the school's level of ability to care for his or her child with diabetes; school administrators were asked to rate the school's ability; and unlicensed school personnel were asked to rate their own ability to provide care to the children. Respondents rated their ability according to a five-point Likert scale with 1 as "not at all" and 5 as "very well" in seven categories:

- Provide safe, quality care.
- Obtain immediate assistance if a child experiences complications or conditions calling for instant decisions.
- Communicate with an RN who will supervise medication administration.
- Respond appropriately to questions about diabetes care.
- Make sound evidence-based decisions in a timely fashion within policies, procedures, and standards.
- Use technology to assist with the care of children with diabetes.
- Experience a level of satisfaction that the best care is provided to children with diabetes.

Additionally, respondents were asked to identify personal goals for the Virtual Nursing Care project.

Procedure

Essential components of the study included the technology, the virtual RNs, diabetes education for unlicensed personnel, clinical interventions, and the survey.

Technology

Each school that met the inclusion criteria was evaluated by technology consultants for sufficient network access and equipment. It was anticipated that most schools would meet the technology demands because a statewide project in the 1990s provided Internet access and computer capability to all public school districts. Unfortunately, almost all the schools were at capacity with network utilization, and broadband width was not available for the required clarity of the virtual RN connections. Therefore, separate Internet connections were installed. The technology consultants ordered and installed identical hardware and software for the schools and virtual RNs. The technology included desktop video units, laptop computers, Logitech Quickcam Pro 9000, Polycom PVX v8.0 Conferencing Application, Cisco VPN, and VPN Appliance.

The software ensured a secure internet connection to the virtual RN at the hub site. The hardware and software were designated for exclusive use with this study, and computers were locked, so no other access was allowed. Training on the use of the hardware and software was provided to the virtual RNs and unlicensed personnel by the technology consultants. Mock calls were conducted between the virtual RNs and the schools to test the technology and network connections. Backup protocols were established in case the technology did not work as intended. A help desk was available for troubleshooting technology-related issues. The virtual RNs could clearly see and speak to the unlicensed personnel and the children by means of the technology.

Virtual RNs

The project had six virtual RNs. All six were certified as diabetes educators. Four held a bachelor of nursing degree, and two were licensed as clinical nurse specialists and held a master of nursing degree. All six were employed in two hospitals that served as the virtual RN hub sites. During the project, the virtual RNs were contracted and paid to provide a total of 2,636 hours for their services. Services included training and competency evaluation, delegation and supervision of diabetes care tasks including insulin administration, assisting with the development of the DMMPs for all 31 students, and evaluation of clinical outcomes on a weekly basis. Virtual RNs were available to unlicensed personnel by telephone and in weekly telehealth consultations.

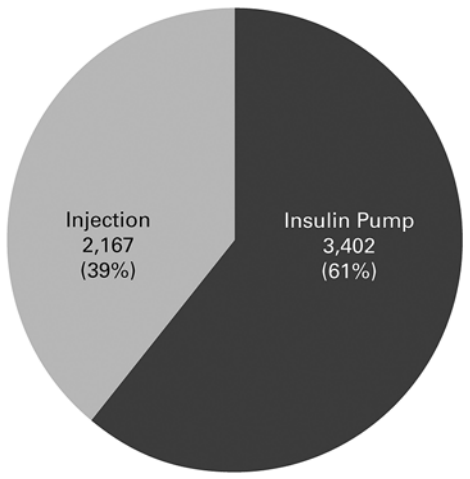
Diabetes Education for Unlicensed Personnel

Each school in the project selected one or more unlicensed persons to participate. Personnel included teachers, school administrators, and administrative assistants who agreed to be responsible for assisting with the management of children with diabetes. The American Diabetes Association's (ADA) standardized curriculum in *Diabetes Care Tasks at School: What Key Personnel Need to Know* (ADA, 2008) provided the basis for the education of the unlicensed personnel. The curriculum was developed and reviewed by a team of ADA expert volunteers and staff.

The didactic portion was 10 hours and taught by the clinical nurse specialist, certified diabetes educator who served as the clinical expert for the project. The entire 10-hour program was video and audio recorded, and unlicensed personnel received a DVD copy and a training manual. Additionally, each unlicensed person received a kit of diabetes supplies to use in developing competence in carbohydrate counting and insulin administration by vial and syringe and by insulin pen. Before implementation, one-to-one competency evaluations and return demonstrations were conducted with each unlicensed person on carbohydrate counting, preparing and injecting insulin via syringes, dialing and injecting insulin via an insulin pen, and assisting with entering data and delivering insulin via an insulin pump. Virtual RNs conducted the competence evaluations either in person or through the virtual technology units. In addition, each unlicensed person received a resource manual entitled *Helping the Student with Diabetes Succeed: A Guide for School Personnel* produced by the National Diabetes Education Program (2011).

FIGURE 2

Number of Insulin Doses Administered by Injection and Pump

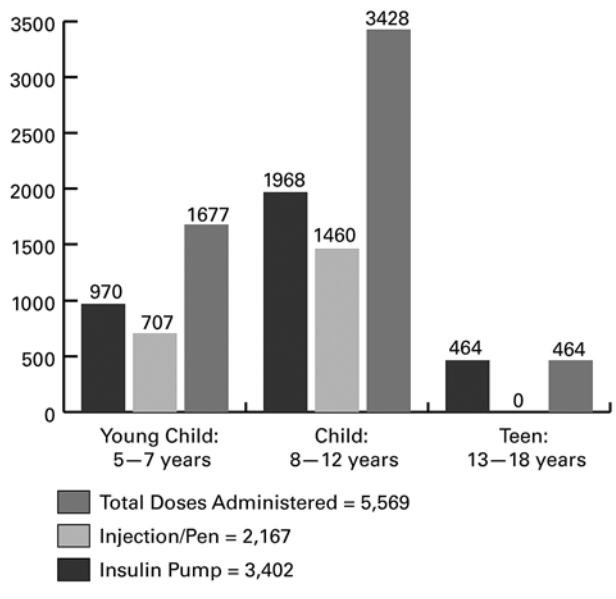


Clinical Interventions

A DMMP was completed for each student participating in the project. The DMMP detailed the specific needs of the child and formed an agreement among the student's health care team, parent or guardian, and school personnel to meet the child's needs. All schools that received federal funds were required to have a written plan for children with special health needs according to Section 504 of the Rehabilitation Act of 1973 (ADA, 2003). The DMMP form for this project was similar to the example provided by the ADA. The unlicensed personnel were responsible for implementing diabetes care tasks based on the DMMP in consultation with the virtual RN. Virtual consultation dates and times were arranged by the virtual RNs and the unlicensed personnel, and consultations took place once a week or more frequently if necessary. The

FIGURE 3

Number of Insulin Doses Administered: 5,569



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amount of consultation and supervision needed for each unlicensed person was determined by the virtual RN. The virtual RN determined the amount of supervision based on an assessment of the child's health status, diabetes management needs, and the unlicensed person's level of comfort and proficiency in providing care. The virtual RN was available during the school day by phone and virtual meeting if an unanticipated consultation was needed. Calls made to the virtual RNs outside the routine consultations were recorded in the clinical care record, which was submitted to the virtual RNs weekly. The trained unlicensed personnel also recorded the number of calls made to parents. These calls were made in compliance with elements of the DMMP.

Diabetes care tasks implemented and recorded by the unlicensed personnel included insulin administration, blood glucose monitoring, carbohydrate counting, activity monitoring, hypoglycemic recognition and treatment, emergency glucagon administration, and hyperglycemic recognition. The unlicensed personnel documented each of the clinical elements and provided the information to the virtual RNs weekly. Data were analyzed to determine the safety and efficacy of the care provided. Of particular concern to the primary investigators was the safety of delegating insulin administration to unlicensed personnel.

Survey of Parents and School Personnel

Parents were mailed a survey and consent form before their children participated in the project. When the project was completed or a child withdrew from the study, parents received a second survey. Nonresponding parents received a second mailing.

School personnel received the survey before the study at their school addresses. Because the investigators then obtained the e-mail addresses of school personnel, the survey following the study was e-mailed. A second request was e-mailed to nonresponders.

Clinical Data Results

Clinical data and the survey were analyzed to evaluate the effectiveness of the model. The clinical data included insulin administration, blood glucose monitoring, carbohydrate counting, and activity monitoring.

Insulin Administration

Over the course of the project, 5,569 doses of insulin were administered subcutaneously by trained unlicensed personnel to children enrolled in the project. (See Figures 2 and 3.) The insulin was administered by pen, syringe and vial, or pump and was based on the child's DMMP. The unlicensed personnel entered the grams of carbohydrates consumed into the pumps, and the pumps calculated and administered the programmed doses of insulin. Unlicensed personnel also administered insulin by dialing the dose on an insulin pen and by drawing up insulin from vials into syringes. The virtual RNs reported the vast majority of students used either an insulin pump or insulin pen, not the syringe and vial method.

Of the 5,569 insulin doses administered, 3,428 (61.6%) were administered to children ages 8 to 12 (Figure 3). Of these 3,428 doses, 1,968 (57.4%) were administered by insulin pump, and 1,460 (42.6%) were administered by insulin pen. Children ages 5 to 7 received 1,677 (30.1%) of the total doses in the study. Of these doses, 970 (58%) were administered by insulin pump, and 707 (42.2%) were administered by insulin pen or syringe. Only 464 (8.3%) of the total doses were administered to children ages 13 to 18. All were administered by insulin pump.

Only one administration error (wrong dose) was reported; it resulted from the wrong number of carbohydrates being programmed into an insulin pump. This error was discovered by the unlicensed person who then called the virtual RN. Appropriate actions were taken, and the error did not cause a negative outcome.

During the course of the project, emergency glucagon was not administered, and no calls were made to emergency medical services. The records indicated that 59 calls were made to parents during the project. A total of 265 calls were made to the virtual RNs outside of the prearranged consultations.

Blood Glucose Monitoring

Blood glucose monitoring was performed according to the DMMP, and the weekly records submitted to the virtual RNs indicated that monitoring was completed accurately 92.5% of the time. Records showed that 7.5% of the time the unlicensed personnel did not record blood glucose monitoring accurately or documentation was missing. The weekly logs also tracked the number of blood glucose monitoring tests beyond those required by the DMMP. An additional 1,737 tests were recorded.

Episodes of hypoglycemia and hyperglycemia were also recorded. Each child's primary care provider identified specific indications of a hypoglycemic or hyperglycemic episode for the child on the DMMP. The provider also listed appropriate actions to take in response to the episodes. The unlicensed personnel recorded 708 episodes of hypoglycemia. Of those episodes, 703 (99%) were treated accurately based on the DMMP. In less than 1% of the cases, either the episode was not treated according to the DMMP, or the unlicensed person did not enter the data in the weekly log. Unlicensed personnel recorded 415 episodes of hyperglycemia. Nearly all (99.8%) were recorded as accurately treated according to the DMMP.

Carbohydrate Counting

The virtual RNs reported that 81% of the time unlicensed personnel performed carbohydrate counting accurately, and 19% of the time they did not. Of the unlicensed personnel, 70% indicated that carbohydrate counting was completed independently, and 30% indicated that they needed assistance from the virtual RN.

Activity Monitoring

The child's blood glucose level was monitored before and after physical education, sports, and other times as specified on the child's DMMP. The virtual RNs reported that blood glucose monitoring was performed by the unlicensed personnel 75% of the time. The investigators believe that activity monitoring was not completed and recorded 100% of the time because it was not required for all children in their DMMPs.

Overview of Clinical Data Results

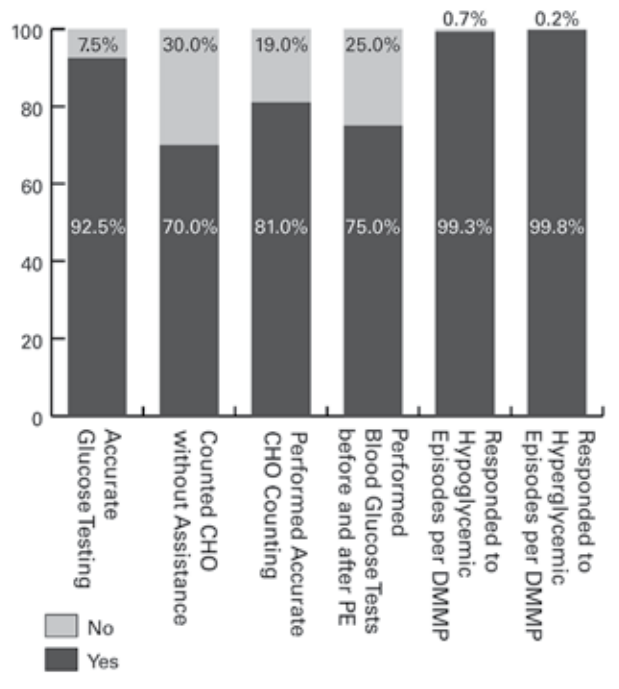
Figure 4 represents the results of the clinical findings with the exception of insulin administration.

Findings from the clinical measures revealed 5,568 doses of insulin over a 21/2 year period were administered safely by unlicensed personnel. Of these doses, 61% were administered by insulin pump. Administration by pen or syringe and vial accounted for 39% of the doses. Only 69 doses were administered by the syringe and vial method.

The performance on carbohydrate counting by unlicensed personnel was of more concern to the investigators than the delegation of insulin administration. Carbohydrate counting is a complex task and is closely connected to insulin administration because the grams of carbohydrates consumed often determine the amount of insulin administered. It is clear from the clinical outcome measures that trained unlicensed personnel had the most difficulty with carbohydrate counting, which is a diabetes care task that nurses may delegate in South Dakota.

FIGURE 4

Performance of Delegated Tasks by Unlicensed Personnel



In the opinion of the investigators, trained unlicensed personnel should have access to an RN for assistance with all aspects of diabetes care. Such access may require new models of care to enhance the presence of the nurse in settings where a nurse is not routinely present. Overall, the clinical data results suggest that RNs can safely delegate and supervise insulin administration after unlicensed personnel complete diabetes education training and competency validation.

Survey Results

Before the study, 31 surveys were sent to the parent group, and all were returned. Completion of this survey was required to enroll a child in the study. After the study, surveys were distributed to parents with two follow-up

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TABLE 1

Results of Paired-Samples t-test: Survey Responses of Parents and School Personnel Before and After the Study

	Before	After			
	Parents				
Item	***M (SD)***	***M (SD)***	***t(df)***	***p***	***Cohen's d***
Provide safe, quality care.	3.56 (1.13)	4.56 (.73)	2.68 (8)	.028	1.05
Obtain immediate assistance if a child experiences complications or fast-paced conditions calling for instant decisions.	3.67 (1.22)	4.44 (.73)	1.79 (8)	.111	.77
Communicate with registered nurse (RN) to supervise medication administration.	2.70 (1.83)	4.30 (1.25)	2.85 (9)	.019	1.02
Respond appropriately to parent's or teacher's questions about diabetes care.	3.30 (1.70)	4.60 (.70)	2.51 (9)	.033	1.00
Make sound evidence-based decisions in a timely fashion within policies, procedures, and standards.	3.30 (1.64)	4.60 (.70)	2.62 (9)	.028	1.03
Use technology to assist with the care of children with diabetes.	3.33 (1.50)	4.56 (.73)	2.05 (8)	.074	1.04
Experience a level of satisfaction that I am doing my best in caring for children with diabetes.	3.70 (1.16)	4.60 (.70)	2.38 (9)	.041	.94
Rate the extent to which this project met your expectations.	--	4.71 (.49)			
	School Personnel				
Provide safe, quality care.	3.61 (1.13)	4.54 (.58)	3.55 (27)	.002	1.04
Obtain immediate assistance if a child experiences complications or fast-paced conditions calling for instant decisions.	3.78 (1.25)	4.52 (.80)	2.39 (26)	.024	.71
Communicate with RN to supervise medication administration.	3.36 (1.47)	4.50 (.92)	3.32 (27)	.003	.93
Respond appropriately to parent's or teacher's questions about diabetes care.	3.32 (1.28)	4.39 (.63)	3.81 (27)	.001	1.06
Make sound evidence-based decisions in a timely fashion within policies, procedures, and standards.	3.50 (1.14)	4.25 (.75)	2.63 (27)	.014	.78
Use technology to assist with the care of children with diabetes.	3.00 (1.41)	4.18 (.90)	3.45 (27)	.002	1.00
Experience a level of satisfaction that I am doing my best in caring for children with diabetes.	3.50 (1.20)	4.64 (.68)	3.83 (27)	.001	1.17
Rate the extent to which this project met your expectations.	--	4.21 (.92)			

requests; the response rate was 32.3% (N = 10). Before the study, 50 surveys were sent to the school personnel group, which included administrators and trained unlicensed providers. Completion of this survey was required for inclusion in the study. After the study, 28 surveys were returned for a 56% response rate. Parents were asked to rate their perceived level of ability to trust the school with care of their children with diabetes before and after the study. School personnel were asked to rate their perceived level of ability to provide safe care of a child with diabetes in the school. The questions on the surveys were identical for both groups.

A series of paired-samples t-tests were conducted to examine differences in responses before and after the study. Only participants who completed both surveys were included in the analyses. Effect sizes indicated large differences in responses before and after the study. (See Table 1.)

Despite a small sample size, results of the before and after surveys completed by parents indicated statistically significant differences for all items except the *ability to use technology,* $t(8) = 2.05$, $p = .074$; and the *ability to obtain immediate assistance if a child experiences complications,* $t\ (8) = 1.79$, $p = .111$. However, these items had large ($d = 1.04$) and medium ($d = .77$) effect sizes. Regarding the technology item, the unlicensed personnel and virtual RNs were the primary users of the technology. Regarding the immediate assistance item, the absence of a significant difference in parent responses before and after the study should be explored further, though it must be noted that no emergency situations arose during the study.

Results of the before and after surveys completed by school personnel indicated statistically significant differences for all survey items. Effect sizes were large (d >.80) for most survey items. Every measure for the parent group indicated a large effect size with the exception of *make sound evidence-based decisions in a timely fashion,* which had a medium effect size ($d = .78$). For the school personnel, *obtaining immediate assistance if a child experiences complications* also had a medium effect size ($d = .71$).

Overall, survey results showed large changes in parents' perceptions of the school's ability to provide safe care for their children and in unlicensed personnel's perception of their ability to provide safe care for children with diabetes. The survey findings complement the clinical outcome data and lend support to the safety and efficacy of RNs delegating and supervising diabetes clinical care tasks, including insulin administration, to trained unlicensed personnel using the Virtual Nursing Care for Children with Diabetes in the School Setting model of care.

Limitations of the Study

One of the limitations of this study was the small sample size of students with diabetes. The investigators intended the sample size to be between 30 and 32 students to make the project feasible given the human and financial resources available. Safety was also a consideration in keeping the sample size small. A second limitation was the lack of survey data from the virtual RNs. Despite the limitations, the investigators believe that valuable information was obtained for evidence-based decision making by nursing regulators.

Implications for Nursing Regulation

The clinical outcome data and survey results support the Virtual RN model as safe and effective. The study also provides preliminary evidence for BONs to support policy changes regarding the delegation of insulin administration and diabetes care tasks in the school setting.

Additional investigation in the area of handling complications and conditions that call for immediate assistance is needed based on the responses of parents and school personnel. Carbohydrate counting also needs more study because it required more-than-anticipated assistance from the virtual RN. Diabetes training programs may need to ensure unlicensed personnel are competent in this task.

Access to care in the safest manner possible is a public protection issue for BONs. In this study, virtual nursing practice, including coordination of care, education and training, delegation and supervision, and evaluation of outcomes was safely and successfully implemented. The investigators believe RN involvement is necessary to assure the public that safe diabetes care is being provided. Nursing regulators need to be open to the exploration of new models of care that maximize the knowledge, skills, and abilities of RNs and reduce the legal barriers to the delegation and supervision of nursing tasks.

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A video demonstration of a virtual RN consultation is available on the South Dakota Board of Nursing's website www.nursing.sd.gov.

Gloria Damgaard, MS, RN, FRE, is the Executive Director of the South Dakota Board of Nursing. **Linda Young, MS, RN, FRE, BC,** is the Nursing Practice Specialist for the South Dakota Board of Nursing. The authors wish to recognize the following individuals for their participation and assistance with this study: **Rhonda Jensen, CNS, MS, RN, CDE; Mary Lobb Oyos, CNS, MS, RN, CDE; Gayle Bates, RN; Sheila Freed, RN; Molly Satter, RN; Marge Hegge, EdD, RN; Casey Bialas; Marilyn Penticoff; Dee Schlotterbach; DanVanroekel;** and **Erin Matthies.**

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Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Gibson, Shelly L.
Cosby, MO
Registered Nurse 150942
On September 11, 2013, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Alprazolam. Respondent did not have a current, valid prescription for Alprazolam. Respondent admitted taking a Xanax from an old prescription she had received in December 2009.
Censure 01/14/2014 to 01/15/2014

Mathes, Stacy Nicole
Pittsburg, KS
Registered Nurse 2010014774
Respondent failed to call in to NTS on nine (9) different days. In addition, on September 24, 2013, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 24, 2013.
Censure 01/08/2014 to 01/09/2014

Knupp, Patricia Jean
Tamms, IL
Licensed Practical Nurse 2006028259
The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 3, 2013. The Board received a statement of unemployment on June 13, 2013. The Board also did not receive an employer evaluation or statement of unemployment by the documentation due date of September 2, 2013. The Board received the statement of unemployment on September 18, 2013. The Board did not receive proof of completion for the continuing education hours by the documentation due date of May 30, 2013.
Censure 01/08/2014 to 01/09/2014

Evans, Marci Elizabeth
Carl Junction, MO
Registered Nurse 2012039675
Respondent was required to contract with the Board approved third party administrator and participate in random drug and alcohol screenings. From the beginning of Respondent's probation through October 31, 2013, Respondent has failed to call in to NTS on fifteen (15)

CENSURE Continued....

different days. In addition, on four separate occasions, Respondent reported to the lab and submitted the required urine sample which showed a low creatinine reading.
Censure 12/20/2013 to 12/21/2013

Kromat, Janet Gail
Springfield, MO
Registered Nurse 2008036280
Failure to start IV drip in dehydrated ER patient.
On April 11, 2011, Licensee had a patient that was her responsibility and was admitted to the hospital through the emergency room at 1200 with the diagnosis of dehydration, nausea, and vomiting ("Patient X"). The physician ordered for Patient X to receive intravenous fluids. Licensee concluded her shift at 8 p.m. and during that eight hour shift, never administered the intravenous fluids to Patient X that had been ordered at 1200.

Failure to isolate patient with C. diff.
During her shift on April 11, 2011, Licensee was assigned to care for "Patient Y" who had clostridium difficile ("C. diff"). Licensee knew the patient had C. diff, but took no steps to ensure isolation of the patient to protect from infection other hospital employees, other patients, or visitors to the hospital. The "hand-off" ticket given to licensee in reference to patient Y when she was assigned to care for the patient clearly showed the patient should be isolated.

Improper administration of bicarbonate.
On November 25, 2010, Licensee had a patient for whom she was responsible with the diagnosis of metabolic acidosis ("Patient Z"). Patient Z's lab work showed a pH of 7.29 to 7.32. The physician ordered Patient Z to receive bicarbonate to treat the acidosis. The physician ordered Patient Z to receive "D5 w/ half an amp of HCO3 (bicarb) @ 100 per hour."
The physician also ordered Patient Z to receive Flagyl, Cefepim, Vancomycin, and Calcium Gluconate IV. The HCO3 fluid is not compatible with many other substances and so must be administered by a separate intravenous line. Patient Z had only one intravenous line, and licensee never started a second one. The Calcium Gluconate IV was "piggy backed" into the HCO3 line by licensee, and the HCO3 and the Calcium Gluconate IV are incompatible. Licensee did not run the HCO3 with the other medications in the IV, but rather Patient Z received no HCO3 while the other medications were being administered via the one intravenous line. The HCO3 was "turned off" insofar as being administered to the patient at some point during licensee's shift. Licensee did not know how long the HCO3 medication was turned off on her shift. The other nurse informed licensee that the HCO3 medication had been turned off for approximately 5 hours. Licensee took no steps to make the physician aware that the HCO3 was off for five hours to accommodate the secondary medications administered by the single intravenous line, nor could licensee adequately inform the next incoming nurse on the subsequent shift as to what patient Z's status actually was in terms of how long the HCO3 had been turned off or even why patient Z was receiving bicarbonate at all.

Failure to start IV's.
On September 13, 2010, Licensee was assigned to care for two direct admit patients at approximately 1230. Both patients had physician orders for intravenous administrations. Licensee did not start either intravenous administrations

CENSURE Continued....

during her shift. Licensee passed the task off to the night shift, thus delaying treatment for both patients.
Censure 02/06/2014 to 02/07/2014

Wilson-Pate, Courtney Jane
Gladstone, MO
Licensed Practical Nurse 2005024730
On February 19, 2013, a resident in Licensee's care fell to the ground. Licensee did not take any vitals or perform any assessment for the resident at the scene of the fall and failed to document the resident's fall.
Censure 01/29/2014 to 01/30/2014

Chambliss, Katrina Jay
Malden, MO
Licensed Practical Nurse 2004021977
The Missouri State Board of Nursing received information from the Alabama State Board of Nursing that the nursing license of Respondent was disciplined in the State of Alabama due to Respondent pleading guilty to driving while intoxicated and to the class A misdemeanor of possession of a controlled substance.
Censure 01/14/2014 to 01/15/2014

Bryan, Paul O.
New Baden, IL
Licensed Practical Nurse 2001007320
On July 28, 2012, Licensee improperly transferred patient JV from a wheelchair to a bed by using an "under-the-arms" lift that he was previously told not to use. As part of this same interaction, licensee also forgot to disconnect the patient's tube feedings and JV's gastric tube was pulled out. Although licensee reinserted the tube, the patient's mother asked licensee never to return as a result of this interaction. On August 1, 2012, a worker for a separate agency reported to NTG that she had observed licensee to be asleep on three different occasions at three different patient's homes, and supplied a picture of one incident showing licensee asleep on a couch. Licensee was confronted by NTG officials on that same date and when questioned in relation to the picture, stated that he had been "resting his eyes." Licensee's actions violated the policies of NTG. Licensee was terminated by NTG as a result of his actions above.
Censure 12/27/2013 to 12/28/2013

Bereniski, Norma Jean
Sainte Genevieve, MO
Registered Nurse 147098
On several occasions, Licensee was observed to be sleeping while on duty.
Censure 02/26/2014 to 02/27/2014

Davis, Jessica Beth
Independence, MO
Licensed Practical Nurse 2006015837
Licensee practiced nursing in Missouri without a license from June 1, 2012, through July 29, 2013.
Censure 12/25/2013 to 12/26/2013

Hopkins, Nicole Rene
Raymore, MO
Licensed Practical Nurse 2007023964

CENSURE continued on page 11

CENSURE continued from page 10

Licensee practiced nursing in Missouri without a current, valid license from June 1, 2012, through July 30, 2013.
Censure 12/27/2013 to 12/28/2013

Gresham, Shelly Yvonne
Poplar Bluff, MO
Registered Nurse 126637
On October 22, 2012, Licensee entered a guilty plea to one felony count of health care fraud as a result of billing errors. Licensee was placed on the Department of Health and Human Services, Office of the Inspector General's, employee disqualification list.
Censure 12/17/2013 to 12/18/2013

Cleveland, Vicky C.
Joplin, MO
Licensed Practical Nurse 057929
On March 5, 2013, patient KB was scheduled per a physician's order for an ultrasound. The physician changed the order to a CT and notified licensee to change the appointment. Licensee did not change the appointment, resulting in KB having an ultrasound, a useless procedure. On March 4, 2013, patient MW's guardian called licensee and requested if it was possible to get an antibiotic prescription updated without bringing the child in. Licensee sent a message to MW's physician, but did not attempt to follow up with him until March 8, 2013; and the physician did not see the message until March 11, 2013, a week later. When licensee finally responded to them, patient MW's guardian had already taken MW to another doctor because they never got a response. Another of licensee's responsibilities was to check various nursing stations for outdated materials including samples from drug representatives and vaccines to insure nothing has expired. On March 14, 2013, a supervisor discovered that lipids which had expired on January 31, 2013 were still in nursing stations. Licensee had signed off as part of her responsibilities on a nursing station inspection sheet on February 28, 2013 that stated in pertinent part that "Expired medications are not present."
Censure 12/25/2013 to 12/26/2013

Hinten, Marilyn M.
Centralia, MO
Licensed Practical Nurse 043537
The AHC found that Respondent is subject to discipline against her license for incompetency, and for violation of professional trust or confidence.
Censure 01/08/2014 to 01/09/2014

Shafer, Lisa A.
Kansas City, KS
Registered Nurse 134809
On January 27, 2013, Licensee was working in the Med/Surg Unit at the hospital as a charge nurse. Licensee assumed the care of patient LS who was in declining health. Licensee disconnected LS's oxygen without a physician's order allowing her to do so. Licensee disconnected LS's feeding tube without a physician's order allowing her to do so. When licensee informed a house supervisor of what she had done, licensee was told to call a physician for the proper orders. When licensee contacted a physician, the physician ordered the oxygen not be removed but the feeding tube could be removed. LS expired a few minutes after licensee received the physician's latest orders. Licensee's conduct violated hospital policies. Licensee had been previously counseled for violating physicians' orders. Licensee's employment was terminated for her conduct. Licensee has admitted to the Board's investigator that she made a "mistake" by disconnecting the oxygen and the feeding tube and understands now she should have called a doctor when LS's family agreed to have the oxygen and feeding tube shut off.
Censure 01/07/2014 to 01/08/2014

Smithee, Cicily Renea
West Plains, MO
Registered Nurse 2009024678
From May 20, 2011, Respondent has failed to call in to NTS on thirteen (13) different days. Respondent admitted that she had missed the phone calls to NTS. Respondent stated that she had been working the night shift which had messed up her sleeping patterns and led to the missed calls. Respondent offered a test result showing she gave a hair sample to NTS with negative drug test results and a letter from her employer indicating Respondent is being transferred from night shift to day shift.
Censure 01/08/2014 to 01/09/2014

PROBATION

Macormic, Brittany Lynne
Jefferson City, MO
Registered Nurse 2012003670
Licensee worked in the Progressive Care Unit (PCU). On February 6, 2013, patient BC filed a complaint alleging that Licensee had accessed BC's medical file without permission. The Clinical Information Services Manager, investigated the complaint and discovered that Licensee had accessed patient BC's medical record on January 4, 2012, on January 9, 2012, and on March 8, 2012. Patient BC's medical records were accessed using Licensee's sign on and using computers in the PCU. Patient BC was not a patient in the PCU and Licensee had no medical reason for accessing BC's medical records.
Probation 02/13/2014 to 02/13/2015

Claxton, Kelly Ann
Kansas City, KS
Registered Nurse 2008004706
On October 23, 2012, licensee documented administering 5 mg of Haldol through an IV to patient DM at 0330, but the dose was not scanned through the hospital's computer system as required by policy. There were also no records of the Haldol being pulled from the Accudose machine by licensee or any other person. Licensee stated at the time that she must have made a mistake as to the time it was administered. Licensee's "scan" rate for the month of September, 2012 was only 58% for medicine scanning and 88% for patient scanning. On October 23, 2012, the same patient DM had a dose of Meropenem, an intravenous antibiotic, due at 0500, but licensee entered a "hold" acknowledgement in the hospital's system for the patient at 0547, and did not administer the Meropenem until 0740, nearly three hours late. On October 23, 2012 for patient ES whom licensee was also responsible for, licensee did not use the oral care kits specifically timed for the patient. The patient was ventilated and licensee used older "day shift" kits on the patient, resulting in a violation of hospital policy and an inaccurate count of when the specifically timed kits were used. The reason for the policy and why it is important to use the timed kits is because it is a part of policy and protocol to help prevent hospital-acquired infections in ventilated patients, which if not followed, could result in a higher incidence of ventilated patients acquiring such infections. Patient ES was also on an insulin drip and required bedside glucose checks to be performed every two hours. Hospital records showed 3 hour intervals between licensee's glucose checks.

PROBATION continued on page 12

PROBATION continued from page 11

The hospital's Meditech system showed licensee recorded 3 glucose checks for her entire shift, but a check of the ICU's meters/glucometers (another monitoring system) showed that the 2200 and 0200 glucose checks that licensee documented were not actually performed. Licensee stated at the time that she did not know how to properly document the glucose checks in the Meditech. Licensee also did not calculate ES's inputs and outputs hourly as required by hospital policy. Licensee also did not do a pain reassessment on ES as required by hospital policy after pain medications were given to ES. In regard to her overall documentation of ES on this shift, licensee did not document turning ES every two hours per hospital policy, did not document ES's weight daily per hospital policy, did not document a bath given on the shift which is required per hospital policy, and in fact had no patient notes on ES for the entire night of October 23, 2012. Licensee also placed patient DM in a "four-point" restraint during this shift when the physician's orders only allowed restraint of the upper extremity. When confronted about this restraint issue, licensee stated that DM was only tied for a short time and then she untied him. Licensee falsely made this statement as nurse D actually untied patient DM at approximately 0550 the morning of October 24, 2012. Licensee also failed to transcribe any admittance notes or patient notes on patient DM throughout the entirety of her shift in violation of hospital policy.
Probation 12/26/2013 to 12/26/2015

Whiting, Shamine Antoinette
Saint Louis, MO
Licensed Practical Nurse 2007036457
Licensee pled guilty to the class A misdemeanor of endangering the welfare of a child, second degree, on December 21, 2011. On June 23, 2010, Licensee left her three year old child in a car while she went into a store. The temperature was 91 degrees with a heat index of 99 degrees. The child was found by a police officer to be crying and sweating heavily.
Probation 02/14/2014 to 02/14/2016

The Board of Nursing is requesting contact from the following individuals:

Mary Gibson–PN2004025092
Tonya Hancock–PN2008005839
Sherri Pelecanos–RN069541
Nicolette Ramos–RN2010036091
Keisha Stone–RN2004006343
Candie Wilkins–PN2004026358

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

PROBATION Continued....

Harry, Scott Matthew
O'Fallon, MO
Registered Nurse 136791
On December 28, 2012, Licensee, while on duty as a nurse in the cardiac catheterization lab, failed to verify a medication order and dosage of Neosynephrine to patient KH. Licensee administered the wrong concentration of Neosynephrine to KH. Licensee's error caused KH to have the adverse reactions of an increase in blood pressure, an increase in heart rate, and a headache.
Probation 12/26/2013 to 02/11/2014

Parks, Melissa Dawn
Rolla, MO
Licensed Practical Nurse 2006031460
On June 27, 2011, Respondent pled guilty to three (3) counts of the class B felony of distribution/deliver/manufacture/ production or attempt to possess with intent to distribute/ deliver, manufacture/produce a controlled substance. The Indictment to which she pled guilty to charged that she sold five (5) heroin "buttons" to an undercover officer on May 12, 2009 in count I; sold nine (9) heroin "buttons" to an undercover officer on May 15, 2009 in count II; and, sold twenty (20) morphine pills to an undercover officer on June 4, 2009 in count III. Respondent additionally pled guilty to stealing motor fuel, a class A misdemeanor. Respondent admitted that she had become addicted to heroin and to Percocet in 2009.

Respondent sold morphine that she had obtained by prescription in order to buy heroin in the past. Respondent violated her criminal probation in July of 2012 by using marijuana and alcohol at a party, and was sent to a 120-day treatment program in the Missouri Department of Corrections.
Probation 01/13/2014 to 01/13/2019

Clark, Nikki Lyn
Eldon, MO
Registered Nurse 2003017640
On the morning of August 27, 2010, Respondent left home to drive to work. She did this even though previously that morning she had taken Soma and hydrocodone. Trooper gave several field sobriety tests to Respondent, which she failed. Trooper found two purses on the passenger seat of Respondent's car. One purse contained her driver's license and other common items, while the other purse contained ten syringes, three needles, nine vials labeled as containing morphine, three vials labeled as containing fentanyl, one vial labeled as containing lorazepam, one vial labeled as containing diazepam, one bottle labeled as containing morphine sulfate, and one saline flush. On August 30, 2010, hospital officials met with Respondent regarding discrepancies in her narcotic reports over the prior two months. On September 9, 2010, an assistant prosecuting attorney filed a complaint against Respondent, charging her with possession of a controlled substance. On November 16, 2010, the Highway Patrol's crime lab issued a report, showing that Respondent's urine had tested positive for carisoprodol, meprobamate, hydrocodone, and dihydrocodeine. On November 23, 2010, the prosecuting attorney of Butler County filed an information against Respondent, charging her with possession of a controlled substance, further alleging that on August 27, 2010, Respondent possessed morphine, knowing of its presence and nature. On an unknown date, a company issued a report of its findings of substances found in Respondent's urine sample that she gave on August 30, 2010. That page reported that Respondent's urine had tested positive for Oxazepam (which was identified as a benzodiazepine) and Propoxyphene. On December 7, 2010, Respondent pled guilty to the charge of possession of a controlled substance.
Probation 01/15/2014 to 01/15/2019

Oliver, Kimberly Sue
Kansas City, MO
Licensed Practical Nurse 2000168572
On March 17, 2010, Licensee pled guilty to the class A misdemeanor of passing a bad check. Licensee failed to disclose that she had pled guilty to passing a bad check when she submitted her license renewal to the Board that was received by the Board on July 9, 2012. Licensee additionally failed to disclose her guilty plea on her license renewal that she signed and dated September 26, 2012. On May 19, 2011, Licensee entered into a diversion agreement with the Kansas Board of Nursing as a result of her guilty plea to passing a bad check in Boone County, Missouri. On December 3, 2012, Kansas Board of Nursing revoked Licensee's nursing licensee in a default order because she failed to respond to the Kansas Board of Nursing or to complete the requirements of her diversion agreement. On February 11, 2013, Licensee submitted to a urine drug screening test as part of the pre-employment hiring. The urine drug screen tested positive for marijuana.
Probation 02/18/2014 to 02/18/2019

McClure, Scott Davis
Lees Summit, MO
Registered Nurse 2002012042
On August 2, 2012, Licensee was observed and reported for suspicious behavior. He was observed to be unsteady when walking; swaying when standing; and, having bloodshot eyes. Licensee was sent for a "for cause" drug and alcohol urinalysis test on August 2, 2012. The test was positive for Benzodiazepines, specifically, midazolam (brand name Versed). Licensee admitted he had taken Versed and Fentanyl and had been diverting Versed and Fentanyl from his employer.
Probation 02/18/2014 to 08/18/2017

Mcgeorge, Donata D.
Pleasant Valley, MO
Registered Nurse 104428
In October 2012, Licensee was part of a routine monthly audit which reviewed use and documentation of narcotics. As a result of the audit, it was discovered that Licensee had withdrawn doses of Ambien from the Pyxis, but had not documented the medication as given to patients, wasted, or returned to the Pyxis. A further audit was performed of Licensees medication charting, finding further errors. On May 13, 2012 at 2136, Licensee withdrew 10 mg of Zolpidem for patient 410894661. Licensee failed to document the administration, waste, or return of the Zolpidem. On May 13, 2012 at 2232, Licensee withdrew 5 mg of Zolpidem for patient 411012990. Licensee documented that she administered the medication at 2215. On September 24, 2012 at 2053, Licensee withdrew 5 mg of Zolpidem for patient 411809064. Licensee failed to document the administration, waste, or return of the Zolpidem. On October 6, 2012 at 2120, Licensee withdrew 5 mg of Zolpidem for patient 411885247. It is noted on patient's chart that the medicine was administered at 2115, and there are no nurse's initials to indicate who administered the medication. On October 7, 2012 at 2103, Licensee withdrew 5 mg of Zolpidem for patient 411885247. It is noted on patient's chart that Licensee administered the medication at 2100. On October 8, 2012 at 1221, Licensee withdrew 5 mg of Zolpidem for patient 411892235. Licensee failed to document the administration, waste, or return of the Zolpidem. On October 10, 2012, Licensee withdrew 10 mg of Zolpidem for patient 411915333. Licensee failed to document the administration, waste, or return of the Zolpidem. On October 27, 2012 at 2031, Licensee withdrew 10 mg Zolpidem for patient 411993157. Licensee failed to document the administration, waste, or return of the Zolpidem.
Probation 01/02/2014 to 01/02/2017

Cockrum, Jo E.
Kansas City, MO
Licensed Practical Nurse 055701
At approximately 10:30 a.m., licensee was attending to a patient who was desaturating by suctioning the patient's tracheostomy. The licensee left the patient while suctioning and left the in-line suction catheter partially in the patient's tracheostomy, resulting in further desaturation of the patient and essentially cut off the patient's airway, requiring that the patient be placed back on a ventilator. Two respiratory therapists were nearby and heard the patient's alarms going off and saw the patient in distress. When they confronted licensee about the inappropriate care given to the patient, licensee responded inappropriately by using profanity. On another occasion at the Facility, on October 13, 2012, licensee received a written warning when licensee administered the incorrect medication to a patient by not following the physician's order as written. Licensee withdrew and administered to a patient 10 mg of Oxycodone instead of the required 10 mg. of Oxycontin
Probation 01/07/2014 to 01/07/2016

Scurlock, Gaynell J.
Berkeley, MO
Registered Nurse 090240
On January 18, 2010, licensee was assigned to care for patient S. Patient S had both a Fentanyl IV drip infusing at 14 ML per hour; and a Vancomycin drip infusing at 125 ML per hour. Licensee, when replacing the Fentanyl IV drip for another bag, incorrectly caused the Fentanyl IV drip to infuse at the rate of the Vancomycin drip, and then went to lunch. Patient S was put in grave danger from this error, and had to be administered reversal agents in order to correct the

PROBATION continued on page 13

PROBATION continued from page 12

mistake. When initially told of this error in regard to Patient S by another staff member, licensee initially did not respond to attempt to remedy the situation, but continued with her lunch break. On November 7, 2011, licensee was assigned to care for patient P. Patient P had a physician order for Hydroxyzine to be given orally. Licensee administered the Hydroxyzine to patient P through an IV in violation of the physician's order. This route of medication administration could have put patient P in grave danger of vascular necrosis.
Probation 02/26/2014 to 03/12/2014

Wiseman, Rhonda K.
Fulton, MO
Licensed Practical Nurse 052194
On February 14, 2013, the evening charge nurse noted that the medication count for Hydrocodone was not correct. Licensee, who had been the charge nurse for the day shift, was asked to provide an explanation for the incorrect count and related that she had given the last two hydrocodone that day to patient DG and had removed the Hydrocodone drug card from the medication cart. Upon further review it was discovered that Hydrocodone had been ordered for patient DG 5 times in the last 5 weeks for 60 pills each, but patient DG had only received Hydrocodone 4 times during this period. Licensee submitted a sample for drug screening which returned positive for amphetamines. Licensee did not have a prescription for either hydrocodone or amphetamine.
Probation 12/26/2013 to 12/26/2018

Bird, Suzan I.
Hopkins, MO
Registered Nurse 155868
On December 12, 2011, Licensee received an Employee Counseling for being discovered going through a coworker's locker and purse without permission. Licensee admitted to going through the coworker's locker and purse, but stated she was only looking for a pen. On October 15, 2012, Licensee received an Employee Counseling for leaving work early when she still had patients to care for. On December 5, 2012, Licensee was working, as a health nurse. Licensee was observed accessing envelopes on a desk in the Human Resources office. It was later discovered that one hundred and thirty (130) dollars was missing from the envelopes. When Licensee was confronted about this incident by her supervisor, Licensee admitted to taking twenty dollars from the envelopes.
Probation 12/06/2013 to 12/06/2015

Adams, Krystal Renee
Odessa, MO
Licensed Practical Nurse 2001027608
On February 3, 2010, Respondent pled guilty to the class B misdemeanor of driving while intoxicated (DWI), combined alcohol/drug intoxication.
Probation 01/21/2014 to 01/21/2019

Wyatt, Vernalisa Marie
Kansas City, MO
Licensed Practical Nurse 2003022288
A.I.
On December 6-7 2007, Respondent was working the 11 pm to 7 am shift at the Facility. One of the residents whose care Respondent was responsible for on that shift was A.I. A.I. had had symptoms of vomiting and nausea for several days prior to December 6, 2007. His doctor had ordered anti-nausea medication and insulin for his diabetes. During the early morning hours of December 7, 2007, A.I.'s condition deteriorated. A.I's roommate, P.K., and a CNA on duty with Respondent were concerned with A.I's condition and asked Respondent to check on him several times. Respondent waited more than two hours before checking on A.I. She did not check on him regularly, and she failed to assess his deteriorating health condition. She did not give A.I. any of the medications ordered by the doctor, and she did not notify the doctor or send A.I. to a hospital for evaluation. Respondent made only one entry on A.I's chart at 2 am on December 7, 2007 that he was complaining of an upset stomach. Shortly after 7 am on December 7, 2007 A.I. was found in his room by the morning charge nurse. A.I. had fallen over on his bed and was unresponsive. A.I. died a short time later, before emergency personnel arrived and before he could be transported to a hospital.

Other Residents
At least 15 residents of the Facility reported that Respondent used abusive language toward them and refused to meet their needs in a timely manner, including administering their medications.

Investigation and Discipline by the Facility and DHSS
On January 4, 2008, Respondent was placed on immediate suspension from the Facility for at least five days pending the outcome of an investigation. The investigation was initiated in response to a report by a Missouri Department of Health and Senior Services ('DHSS') survey team that happened to

PROBATION Continued....

be in the Facility conducting an audit, who were told about incidents involving Respondent by residents of the Facility. On January 8, 2008, Respondent's employment at the Facility was terminated after the investigation substantiated allegations of neglect and abuse. On March 25, 2009, Respondent was placed on the EDL for a period of three (3) years after the investigation conducted by DHSS.
Probation 01/15/2014 to 01/15/2016

Steffen-Hobbs, Melissa Kay
Keokuk, IA
Registered Nurse 2014001285
Licensee and the Iowa State Board of Nursing entered into a "Notice of Hearing, Statement of Charges, Settlement Agreement and Final Order (Combined)" (hereinafter Order) on August 20, 2013, wherein Licensee stipulated that she submitted to a pre-employment drug screen on April 11, 2013, that was positive for marijuana.
Probation 01/15/2014 to 02/10/2014

Riden, Vickie Rose
Lebanon, MO
Licensed Practical Nurse 2002022822
DL was not licensee's patient and licensee had no legal reason to access or possess DL's protected health information. An investigation revealed that licensee had accessed DL's protected health information inappropriately on July 18, 2012; August 6, 2012; and August 13, 2012. Licensee's actions violated policies and the federal Health Insurance Portability Accountability Act (HIPAA).
Probation 01/22/2014 to 01/22/2015

McCallister, Jessica Raye
Houston, MO
Licensed Practical Nurse 2013044682
Applicant pled guilty to the class C felony of Possession of a Controlled Substance.
Probation 12/17/2013 to 12/17/2018

Jett, Tammy Michele
Saint Louis, MO
Registered Nurse 2001021703
Licensee documented six visits to client SH. It was reported to NFN that Licensee only made one visit. Licensee documented nine visits to client PW. It was reported to NFN that Licensee only made three visits. Licensee documented nine visits to client AM. It was reported to NFN that Licensee only made three or four visits. Licensee documented two visits to client NB. It was reported to NFN that Licensee only made one visit. Licensee documented three visits to client JS. It was reported to NFN that Licensee only made one visit. Licensee documented sixteen visits to client TG. It was reported to NFN that Licensee only made five visits. Licensee documented nine visits to client AG. It was reported to NFN that Licensee only made three visits.
Probation 12/25/2013 to 12/25/2015

Cockrell, Hazel M.
O Fallon, MO
Registered Nurse 061422
On August 15, 2013, Licensee pled guilty to the misdemeanor of theft/embezzlement of U.S. property. Licensee was ordered to pay restitution in the amount of $44,395.40 and was placed on five (5) years of supervised probation.
Probation 02/25/2014 to 02/25/2019

Walker, Alvin T.
St Peters, MO
Licensed Practical Nurse 044721
On February 5, 2012, Respondent reported to his place of employment as an LPN while under the influence of alcohol. Respondent was late for his shift and behaving oddly. Respondent smelled of alcohol and appeared to be intoxicated at approximately 2030. After being observed by officials and staff, respondent was then requested to submit to an alcohol and drug screen by officials and was relieved from duty by officials at that time. Respondent became upset and left the building without submitting to the request for the drug and alcohol screen. Respondent then went to his car in the parking lot and started the engine. Respondent was subsequently arrested by the local police department while still in the parking lot for suspicion of driving while intoxicated and was asked to submit to a chemical test of his breath by the police, which he also refused.
Probation 01/14/2014 to 01/14/2019

Joseph, Nahdeen J.
Independence, MO
Licensed Practical Nurse 2005035418
On June 7, 2011, Respondent submitted to a urine drug screening test as part of the pre-employment hiring process. The urine sample provided by Respondent on June 7, 2011 tested positive for cocaine metabolites when tested.
Probation 01/13/2014 to 01/13/2019

PROBATION Continued....

Mason, James L.
Billings, MO
Registered Nurse 134605
In 1979, Respondent entered a guilty plea to DUI, misdemeanor first offense. On or about June 8, 2011, Respondent entered a plea of guilty to the Class D felony of driving while intoxicated, a persistent offender.
Probation 01/14/2014 to 01/14/2016

Smith, Candice A.
Sedalia, MO
Registered Nurse 149483
On multiple occasions between March 12, 2012 and April 5, 2012, while on duty, Licensee administered Fentanyl, Dilaudid and Ativan. On several of such occasions, Licensee failed to properly document the physician's verbal orders. On several of such occasions, Licensee failed to properly document waste of the medication at the time of the pull. On the night shift from April 13th to 14th, 2013, Licensee slept while on duty as an infirmary nurse. Licensee documented in medical records that she had done her "rounds" at 4 am on April 14th, 2013. However, these rounds were done by another Licensee. This Licensee did not document the identity of the person who made the rounds, falsely implying that she had made the rounds herself. Licensee admitted that she was sleeping while on duty.
Probation 02/07/2014 to 02/07/2019

Thompson, Rebecca Ann
Mount Vernon, MO
Registered Nurse 2009006183
On May 14, 2013, Licensee pled guilty to the Class C felony of stealing. When asked by the Board's Licensing Administrator why she was required to complete a substance abuse evaluation, Licensee stated that she smoked K2, a synthetic form of marijuana, shortly before the offense.
Probation 01/15/2014 to 01/15/2019

Gibson, Amber Dawn
Columbia, MO
Registered Nurse 2008022179
The Pyxis report revealed that on September 2, 2012, Patient "A" had no orders and nothing documented in patient's chart for controlled substance, yet Licensee removed twenty-six total pills. The Pyxis report revealed that on September 15, 2012, Patient "M" had no orders and nothing documented in the patient's chart for controlled substance, but Licensee removed forty-two pills. The Pyxis report revealed that on September 28, 2012, Patient "J" had no orders and nothing documented in the patient's chart for controlled substances, yet Licensee removed twenty-one pills. Upon questioning Licensee about the pills, Licensee confessed to taking the pills, but denied intentions of harming herself. A search of Licensee's personal belongings revealed two Oxycodone pills (one 20 mg and one 40 mg). Licensee did not have a prescription for Oxycodone.
Probation 12/05/2013 to 12/05/2018

PROBATION continued on page 14

PROBATION continued from page 13

Hendricks, Apryl L.
Kansas City, MO
Registered Nurse 114744
R.S. had a physician's order for 2.5 Zyprexa to be administered by injection as needed. On July 14, 2010, Respondent crushed a Zyprexa 2.5 mg tablet and dissolved it in normal saline, and then injected it intramuscular (IM), into the patient's right gluteal. Respondent pulled from the MedDispense a Zyprexa tablet instead of the injection form. Respondent could not find sterile water and so substituted it for normal saline. Respondent did not document in the Medical Administration Records that she administered Zyprexa to the patient in the manner she administered the medication, an error in documentation.
Probation 01/08/2014 to 01/08/2015

Baker, Lisa A.
Raymore, MO
Registered Nurse 132565
On March 20, 2013, at 0605 Licensee received a verbal order to administer 5 mg of vitamin K by mouth. Licensee documented this order on the physician order sheet. At 0615 Licensee changed the order to administer 5 mg of vitamin K by IV. Licensee did not speak to the doctor prior to changing the order. Licensee did administer the 5 mg of vitamin K to the patient by IV.
Probation 12/25/2013 to 12/25/2014

Putman, Elisabeth Ann
Platte City, MO
Registered Nurse 2008005331
Respondent testified that she went to a bar with a girlfriend in October, 2010 and "did cocaine." Respondent testified: "I don't remember doing that, but I did do it and several days later I tested positive. My UA was positive for cocaine for a pre-employment drug screen. Respondent further testified: "I was so inebriated I just don't-I don't remember very much of that night at all. I don't remember a lot of it."
Probation 01/13/2014 to 01/13/2019

Chilton, Kristen Rachelle
Van Buren, MO
Registered Nurse 2005021021
On April 7, 2013, Licensee reported she had snorted a line of meth the previous night. Licensee was seven (7) months pregnant at the time. On June 1, 2013, Licensee's baby was born and the baby's meconium was collected and tested. The test results were positive for methamphetamine.
Probation 01/23/2014 to 01/23/2019

Combs, Lisa G.
Troy, MO
Licensed Practical Nurse 056703
On January 25, 2013, licensee was observed leaving the Facility with two large bags containing various medications. This incident was reported to Facility officials on February 5, 2013. Facility officials immediately contacted licensee and confronted her about the bags. Licensee initially denied removing any medications from the facility, but then admitted that she had taken the medications from the Facility with the intention of taking them home and destroying them. Licensee then verbally offered her resignation to the Facility officials, then went home and returned with two large bags full of medications. The bags were examined, and found to contain approximately 100 medication cards, including the controlled substance of Oxycodone. The bags were also found to contain a large quantity of non-controlled substances, including but not limited to, unlabeled bottles of Milk of Magnesia, Suppositories and Tylenol. Licensee was then escorted from the building and the facility changed her status from resignation to termination on February 7, 2013. Licensee did not have a prescription for Oxycodone. Licensee violated the Facility's policies by her conduct.
Probation 01/07/2014 to 01/07/2016

PROBATION Continued....

Michael, Sarah Jayne
Kansas City, MO
Licensed Practical Nurse 2014001333
On June 15, 2012, Licensee signed a "Notice of Hearing, Statement of Charges, Settlement and Final Order (Combined)" (Order) stipulating that her Iowa nursing license was subject to discipline based upon the following:
a. The Respondent was employed at retirement facility from September 29, 2005, until her termination on February 8. 2012.
b. On February 8, 2012, the Respondent exhibited behaviors consistent with impairment and was requested to submit to a reasonable suspicion drug screen, and she refused.
c. The Respondent admitted to using methamphetamine for approximately six months prior to her termination.

The Iowa Board of Nursing indefinitely suspended Licensee's license "pending completion of treatment as recommended on February 20, 2012, completion of all additional treatment recommendations, and twelve (12) continuous months of sobriety." The Order further stated that Licensee's license "will be placed on probation for a period of twelve (12) months upon fulfillment of the provisions stated above."
Probation 01/15/2014 to 01/15/2019

REVOKED

Smith, Angelina Jeanette
Arlington, TX
Licensed Practical Nurse 2009030587
Respondent was working in the State of Texas under the privilege to practice on her Missouri Nursing license. On August 14, 2012, the Texas State Board of Nursing and Respondent entered into an Agreed Order which suspended Respondent's privilege to practice in the State of Texas. On October 27, 2010, while utilizing Respondent's multistate licensure compact privilege associated with her license to practice practical nursing in the State of Missouri, assigned in Texas, Respondent removed Morphine 10mg from the medication dispensing system for Patient Medical Record Number 1800000868, and inaccurately documented the administration in the patient's medication administration record (MAR). On October 27, 2010, while utilizing Respondent's multistate licensure compact privilege associated with her license to practice practical nursing in the State of Missouri, in Texas, Respondent administered morphine to Patient Medical Record Number 1800000868 in excess frequency and/or dosage of the physician's order. Respondent's conduct was likely to injure the patient in that the administration of Morphine in excess frequency and/or dosage of the physician's order could result in the patient suffering from adverse reactions.
Revoked 01/09/2014

Bryant, Julie Elizabeth
Springfield, MO
Registered Nurse 1999137293
On March 26, 2012, Respondent pled guilty to the class A misdemeanor of hindering prosecution.
Revoked 01/09/2014

Brooks, Sarah Darlene
Kahoka, MO
Registered Nurse 2007025716
From June 5, 2013 through October 4, 2013, Respondent failed to call in to NTS on one (1) day. In addition, on three separate occasions, Respondent reported to lab and submitted the required sample which showed a low creatinine readings. On August 15, 2013, Respondent reported to a collection site to provide a blood sample for testing using the PEth Blood Spot test, and the sample returned a positive result for PEth, a metabolite of alcohol.
Revoked 01/09/2014

Toosley, Michael Scott
Fulton, MO
Licensed Practical Nurse 2007005336
On September 20, 2012, Respondent's Arizona nursing license LP045056 was revoked by the Arizona State Board of Nursing, and that Board barred him from reapplying for reinstatement of that license for a period of five years. The Arizona final Order also revoked Respondent's Arizona licensed practical nurse (LPN) license.
Revoked 01/08/2014

Coleman, Brenda K.
Oak Grove, MO
Licensed Practical Nurse 047183
Respondent did not complete the contract process with NTS by July 23, 2013. Respondent did not attend the meeting or contact the Board to reschedule the meeting. The Board did not receive a chemical dependency evaluation by the due date of August 5, 2013. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 14, 2013.
Revoked 01/08/2014

Besand, Dawn M.
Hillsboro, MO
Registered Nurse 2000148452
Repondent did not complete the contract process with NTS by the required due date of October 22, 2013, and as of the filing of this probation violation complaint Respondent has not completed the contract process with NTSRespondent allowed her license to lapse. Respondent admitted that she had not contracted with NTS and had not renewed her nursing license.
Revoked 01/08/2014

REVOKED continued on page 15

REVOKED continued from page 14

Logston, Hadin Reed
Independence, MO
Licensed Practical Nurse 2009006611
From August 24, 2013, Respondent has failed to call in to NTS on twenty-five (25) different days. In addition, on October 14, 2013, October 28, 2013, and November 5, 2013, Respondent failed to call NTS; however, those were also days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on three (3) different days. Respondent failed to submit an employer evaluation or statement of unemployment by the quarterly due date of October 28, 2013. Respondent failed to submit an update of quarterly attendance at support group meetings by the quarterly due date of October 28, 2013.
Revoked 01/08/2014

Oswalt, Joanna Shea
Kennett, MO
Licensed Practical Nurse 2008028844
On October 18, 2011, Respondent pled guilty to the Class A misdemeanor of passing a bad check. On March 12, 2012, Respondent pled guilty to the Class A misdemeanor of passing a bad check. On October 22, 2012, Respondent pled guilty to the Class A misdemeanor of passing a bad check. In October 2011, Respondent was working at a center. The Center started a new policy in early October 2011 that stated two nurses must sign off on the delivery of narcotics from the pharmacy. On October 15, 2011, Respondent signed off on the delivery of narcotics from the pharmacy without a second nurse, when the policy requiring two nurses to sign for the delivery was in effect. When Respondent signed for the medication, a second nurse was present and able to sign for the delivery. On October 12, 2011, Respondent charted the administration of hydrocodone to patient BT at 1230. Respondent did not start working till 1500. On October 12, 2011, Respondent charted the administration of hydrocodone to patient BT at 1630. This is just four hours after the last charted dose and the medication is ordered for one tab every six hours. On October 12, 2011, Respondent charted the administration of hydrocodone to patient AW at 1245. Respondent did not start working until 1500. On October 12, 2011, Respondent charted the administration of hydrocodone to patient AW at 1700. This is four hours and fifteen minutes after the last charted dose and the medication is ordered for one tab every six hours. On October 12, 2011, Respondent charted the administration of hydrocodone to patient CS at 1600. On October 12, 2011, Respondent charted the administration of hydrocodone to patient CS at 1800. This is two hours after the last charted dose and the medication is ordered for one tab every four hours. In March of 2011, Respondent was employed at a facility. On March 18, 2011, Respondent forged a Certified Medical Technician's signature to place an order for hydrocodone for a patient.
Revoked 12/20/2013

Thompson, Karen F.
Kansas City, MO
Licensed Practical Nurse 031248
When Respondent filled out her application for renewal of her Missouri licensed practical nursing license in 1998, after letting her license lapse in 1993, she did not disclose that her Nevada nursing license had been revoked or that she had ever been convicted of a crime. Respondent's licensed practical nursing license was renewed by the Board at that time based on the fraudulent answers and misrepresentations contained within her 1998 renewal application. On February 3, 2011, the Board received a complaint via NURSYS from the Nevada Board of Nursing, indicating that Respondent's license was revoked on or about October 10, 1996, for her conviction of possession of a controlled substance with the intent to sell, and for carrying a concealed weapon in the state of Nevada.
Revoked 12/20/2013

Miller, Ronda Gay
Butler, MO
Registered Nurse 2000163232
While working in her capacity as a registered nurse from November 2011 through January, 2012, Respondent pulled medication including controlled substances more often than prescribed; pulled medication on a patient that had been discharged and did not document administration or waste of medication accurately. From January 15, 2012 to January 18, 2012 a total of 32 doses of Oxycodone were removed from the Pyxis by Respondent with Respondent's fingerprints being submitted as her identification, and the Oxycodone was not documented as administered, returned or wasted.
Revoked 01/08/2014

Drew, Candace N.
Moberly, MO
Licensed Practical Nurse 021174
On August 14, 2012, while on duty, Respondent was asked to empty her pockets and for consent to search her purse after two other employees observed respondent to be pocketing medications from the controlled substances drawer. Respondent was found with two different types of Vicodin pills in her possession. Respondent was also found with Tylenol #3 in her possession. Respondent stated she had a prescription for Vicodin, but further investigation revealed that respondent's pharmacy did not dispense both types of Vicodin found in her possession. On August 14, 2012, Respondent tested positive for Opiates, Diphenhydramine, Caffeine and Hydrocodone. Respondent admitted that she took the Vicodin that was intended for patients there, and used it for her personal consumption. Respondent also admitted that she had taken the Tylenol #3 and it had been previously prescribed to her husband. Respondent was placed on the Missouri Department of Health and Senior Services' Employee Disqualification List as a result of her conduct, on May 20, 2013 for a period of 3 years.
Revoked 01/08/2014

Hudson, Sara B.
Moberly, MO
Registered Nurse 2001001750
On January 31, 2011, Respondent went to the F. Clinic, her treating doctor's office, to reschedule a doctor appointment. At that time, Respondent also requested that she be able to pick up her prescriptions for Percocet, Valium, and Oxycontin before they were due to be refilled. Respondent's physician, agreed to write Respondent the prescriptions but Dr. D.F. post-dated the prescriptions for February 10, 2011 because Respondent had enough medications prescribed to last her until that date. Dr. D.F. also wrote "cannot refill until February 10, 2011" on the actual prescription before giving it to Respondent. Respondent, with a pen, changed the date on the prescriptions from February 10, 2011 to January 31, 2011 and took them to the pharmacy to be filled and presented them to a pharmacist to be filled.
Revoked 01/08/2014

Rayford, Sharon D.
Saint Louis, MO
Registered Nurse 128211
From July 27, 2013, until the filing of this probation violation Complaint, Respondent has failed to call in to NTS on two (2) different days. In addition, on those two same days of September 30, 2013 and October 10, 2013, both of those dates were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 30, 2013 and October 10, 2013. On September 9, 2013, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Calvin Channell of NTS in reference to this sample that she had consumed cough and cold medicines for several weeks.
Revoked 01/08/2014

Lathon-Crawford, Michelle Elain
Saint Louis, MO
Licensed Practical Nurse 2011005382
On October 26, 2012, Respondent pled guilty to the class A misdemeanor of stealing for appropriating a check from a resident with the purpose to deprive him of that property.
Revoked 01/08/2014

Adams, Jamie Lynn
Belton, MO
Licensed Practical Nurse 2011006799
On June 15, 2011, while Respondent was at work, her pupils were dilated, her speech was slurred, her gait was unsteady, and she was unable to complete sentences. Respondent submitted to a drug test. She tested positive for THC, a marijuana metabolite. Respondent admitted to smoking marijuana. On September 16, 2011, in an interview with the Board's investigator, Respondent admitted that she had smoked marijuana several times a week, and continued to do so after her employment was terminated.
Revoked 01/08/2014

Schimmer, Mary Ashley
Grain Valley, MO
Registered Nurse 2009003868
Respondent was required to submit a chemical dependency evaluation to the Board by November 7, 2013. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the November 7, 2013 due date. Respondent was required to submit a neuropsychological evaluation to the Board within six (6) weeks by November 7, 2013. The Board did not receive a thorough neuropsychological evaluation submitted on Respondent's behalf by the November 7, 2013 due date. Respondent was required to contract with the Board approved third party administrator and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. From August 7, 2013 through November 12, 2013, Respondent failed to call in to NTS on five (5) different days. In addition, on September 20, 2013, October 14, 2013, October 17, 2013, and November 6, 2013, Respondent contacted NTS and was informed she was scheduled to test on those days, but Respondent failed to provide a sample for testing.
Revoked 12/20/2013

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Schedule of Board Meeting Dates through 2015

June 10-13, 2014
September 3-5, 2014
November 19-21, 2014
March 4-6, 2015
June 3-5, 2015
September 2-4, 2015
December 2-4, 2015

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

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Erickson, Wendi Michelle
Columbia, MO
Licensed Practical Nurse 2003022564
Respondent has failed to call in to NTS on seven (7) days. In addition, on September 19, 2013, Respondent reported to lab and submitted the required sample which showed a low creatinine reading of 16.7. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 30, 2013. Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf, by the August 9, 2013, documentation due date. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by September 28, 2013. The Board did not receive proof of completion of the continuing education hours by the September 28, 2013, documentation due date.
Revoked 01/08/2014

Lawless, Shelly R.
Glencoe, MO
Licensed Practical Nurse 048130
From the start of Respondent's probation, through October 31, 2013, Respondent failed to call in to NTS on one hundred and seventy (170) days. Respondent has not called NTS to determine if she was required to submit to a test since May 15, 2013. On May 3, 2013, Respondent called NTS and was notified that she had been selected for testing that day. She reported to a collection site; however, she left the site prior to providing a urine sample for testing. Further, on May 14, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on May 29, 2013; June 11, 2013; July 1, 2013; July 17, 2013; July 30, 2013; August 12, 2013; August 29, 2013; September 9, 2013; September 20, 2013; October 3, 2013; and October 22, 2013, Respondent failed to call NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on all of those dates referenced above. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 24, 2013 or October 24, 2013. Respondent was required to submit evidence of regular attendance at Alcoholics Anonymous, Narcotics Anonymous or other support group meetings to the Board at such times as required by the Board, but not less than quarterly. The Board did not receive evidence of any support group attendance by the July 24, 2013 or the October 24, 2013, documentation due dates.
Revoked 01/08/2014

Churchill, Danella J.
Jefferson City, MO
Licensed Practical Nurse 057096
Respondent was the home care nurse assigned for patient M.H. Patient M.H. has cerebral palsy and other coexisting conditions. He lives at home with his mother. Patient M.H. required much care as he needed a wheelchair for mobility and had very limited ability to communicate. Respondent had worked on numerous occasions for M.H. and was knowledgeable as to the level of care M.H. required and his daily medication schedule. Respondent was also aware that M.H. had attempted to leave his home on several occasions and this required that all external doors to the house be locked at all times. Respondent was working a shift on November 23, 2010, as M.H.'s nurse from 7:30 a.m. to 3:30 p.m. On November 23, 2010, M.H.'s mother noticed between 1:30 p.m. and 2:00 p.m. that the house became very quiet. She then noticed M.H. continue to drive his wheelchair back and forth in front of her office door and he did this for about 30 minutes, which was unusual. When M.H.'s mother was done with her shift at 3:00 p.m., she came out to check on M.H. and found him alone and Respondent sleeping in M.H.'s bedroom. M.H.'s mother stated that Respondent did not awake when her name was called, and M.H's mother had to physically shake Respondent to wake her up. M.H.'s mother discovered that the back door was unlocked while Respondent was sleeping. When Respondent was questioned by a Board investigator, she admitted that there were a number of times she did not document when she gave medication to patient M.H. on the day it was given. Respondent said she would remember to document the next time she worked with M.H. Respondent further stated she was careless with documentation and knew it was a "big no-no" because documentation is very important. Respondent entered a plea of guilty to driving while intoxicated.
Revoked 12/20/2013

Brown, Whitney Lynn
Florissant, MO
Licensed Practical Nurse 2010006003
A family member of a deceased resident of a facility contacted the administrator of the facility on February 4, 2011. The family member informed the administrator that Respondent opened a cell phone account in the name of the deceased resident. To open the cell phone account Respondent had to use the social security number of the deceased resident. Respondent admitted to taking social security numbers and identification information from a total of three residents from the facility. Respondent had opened an account under the name of another resident of the facility, who is now deceased. On July 11, 2012, Respondent pled guilty to the class C felony of Identity Theft for using the name and social security number of the resident that resulted in the theft of credit in excess of five hundred ($500.00) dollars.
Revoked 01/08/2014

Fortner, Amanda Rae
Dexter, MO
Registered Nurse 2007009501
On July 11, 2013; August 13, 2013; August 29, 2013; October 3, 2013; October 22, 2013; and, November 6, 2013, Respondent reported to a lab and submitted the required samples which showed a low creatinine readings. Respondent was required to abstain completely from the use or consumption of alcohol in any form, including over-the-counter products. On November 7, 2013, Respondent submitted to a Blood Spot Test for random drug screening. That sample tested positive for the presence of phosphatidyl ethanol (PEth), which is a metabolite of alcohol. Additionally, Respondent failed to call NTS on November 10, 2013. On

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July 1, 2013, Respondent submitted a sample for screening, which revealed the presence of Tramadol. Respondent had a prescription for Tramadol, so the test was deemed negative; however, Respondent was required by the terms of the Agreement to have submitted a Prescription Identification Form to the Board the same day that the prescription was prescribed. The Board did not receive a prescription identification form submitted on Respondent's behalf.
Revoked 01/08/2014

Cunningham, Marsha A.
Shawnee Mission, KS
Licensed Practical Nurse 2002014638
During 2011, the facility did a routine license check of all nurses employed there and discovered that Respondent's license was expired and that she had been practicing without a current and valid license from January 20, 2009 through November 2, 2011, and so notified Respondent. In response, Respondent submitted a "copy" of a "license" purportedly from the Missouri State Board of Nursing with an expiration date of May 31, 2012. It would not be possible to have a Missouri State Board of Nursing license with an expiration date of May 31, 2012 because the Board stopped putting expiration dates on licenses effective January 1, 2010. The license Respondent produced also bore the name of "David Broeker" as Director of the Division of Professional Registration, who left the Division on January 9, 2009. All licenses issued after February 4, 2009 would have contained the name of "Jane Rackers" who was appointed to the Director's position on January 20, 2009.
Revoked 01/13/2014

McIntosh, Faith Mack
Springfield, MO
Licensed Practical Nurse 033421
Respondent failed to call in to NTS on fourteen (14) days. Further, on October 17, 2013 and on October 30, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on both days. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date.
Revoked 01/08/2014

Saada, Lisa Dawn
Warrensburg, MO
Licensed Practical Nurse 2010039631
On October 31, 2011 License's Florida nursing license PN5150900 was revoked by the Florida Board of Nursing after she did not respond to the administrative complaint against her nursing license. The conduct was conduct that Respondent would be disciplined for in Missouri. Respondent testified that since she was not planning to move back to Florida, she did not attend the Florida Board of Nursing hearing on her case. Respondent stated she believed that the Missouri Board of Nursing would reinvestigate the issues.
Revoked 01/06/2014

Lebeouf, Cindy Lynne
Houma, LA
Licensed Practical Nurse 2012011841
On May 14, 2010, the Texas Board provided Respondent with a proposed Agreed Order that contained a sanction of warning.

REVOKED Continued....

On June 25, 2010, Respondent submitted a notarized statement to the Texas Board in which she voluntarily surrendered the right to practice vocational nursing in the state of Texas. The Texas Board accepted the voluntary surrender of Respondent's vocational nursing license. On March 29, 2012, Respondent applied for a practical nursing ("LPN") license in Missouri. In Section III, "Licensure History," Respondent reported that she held an active LPN license in Louisiana against which no disciplinary action had been taken. She did not mention that she had been licensed in Texas.
Revoked 01/13/2014

Remington, Kim L.
Hillsboro, MO
Registered Nurse 123952
From June 4, 2012, Respondent has failed to call in to NTS on one (1) day, May 19, 2013. On September 16, 2013, while on duty as a nurse in her position of 'MDS' Coordinator, Respondent took into her possession a 'Sharps' container. This Sharps container held controlled substances, used needles, various medications, and other items. Such possession is a violation of Order 2 in that Order 2 specifically states that 'Licensee shall not...possess...or otherwise have access to controlled substances.' The MDS coordinator had no responsibility to empty or move Sharps boxes. The Sharps box that Respondent moved contained a fentanyl patch.
Revoked 01/13/2014

Harrington, Carolyn E.
Saint Louis, MO
Registered Nurse 2000164704
From June 14, 2012 through November 6, 2013, Respondent failed to call in to NTS on two (2) days, April 20, 2013 and September 1, 2013. Further, on September 10, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. As part of the terms of her disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form. On September 10, 2013, Respondent called NTS and explained that she had been selected for drug testing that day. Respondent stated to NTS that she had drank alcohol over the previous weekend.
Revoked 01/13/2014

Sprouse, James K.
Kansas City, MO
Licensed Practical Nurse 051090
The Arizona State Board of Nursing entered an Order on November 29, 2010, revoking Respondent's Arizona practical nursing license based on the following substantiated allegations.

a. On November 15, 2006, Licensee pled guilty to Class 2 misdemeanor of Criminal Damage in the Oracle Justice Court, Arizona.
b. On April 21, 2009, Licensee while on duty, verbally abused, used foul language towards, and threw a sheet over the face of a resident who refused to allow him to flush her gastrostomy tube.

Revoked 01/13/2014

Kendrick, Alycia M.
Salisbury, MO
Licensed Practical Nurse 046658
On October 27, 2008, Respondent pled guilty to the class C felony of possession of a controlled substance. Respondent subsequently violated her probation and on June 10, 2010, her probation was revoked and her probation was continued with the additional condition that she be supervised for ninety (90) days via TAD or SCRAM.
Revoked 01/13/2014

Gonczar, Nicole Noel
Kansas City, MO
Licensed Practical Nurse 2004028333
On January 29, 2010, an automatic notice of discrepancy printed indicating a Xanax count discrepancy. The discrepancy was logged in under Respondent's name.

The Xanax count was four less than the machine's log. The only person that had accessed the drawer with the Xanax that day was Respondent. The Xanax was logged for patient D.H., but D.H. denied feeling anxious that morning and denied receiving Xanax. Respondent admitted to consuming Xanax that day; however, had a prescription for Xanax. On January 8, 2010, Respondent removed Oxycontin 20 mg at 1050 for patient GP. Respondent documented administration of the Oxycontin at 1000. On January 8, 2010, Respondent removed 2 tablets of Oxycodone at 1050 for patient GP. Respondent documented the administration of the Oxycodone at 1000. On January 8, 2010, Respondent removed 2 tablets of Oxycodone at 1431 for patient GP. The Oxycodone was not documented as administered or wasted. On January 6, 2010, Respondent removed Oxycodone at 0823, 1125, and 1621 for patient SN. The Oxycodone was ordered to be given every six hours. Respondent did not document the administration or waste of the Oxycodone. On January 6, 2010, Respondent removed Ativan at 1339 for patient SN. Respondent documented the administration of the Ativan at 1200. Respondent documented that she administered the 1800 dose, however the dose was not removed. On January 7, 2010, Respondent removed Oxycodone at 1004 for patient SN. Respondent charted the administration of the Oxycodone at 1200. On January 28, 2010, Respondent removed Hydromorphone at 0823 and at 1341 for a patient SN. SN that was not on her floor and she was not assigned

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to care for SN. On January 8, 2010, Respondent removed Hydrocodone at 1430 for patient MF. Respondent did not document the administration or waste of the Hydrocodone. On January 6, 2010, Respondent removed Hydrocodone for patient MF at 0820, 1125, 1620, and 1758. Respondent documented administration of the Hydrocodone at 1600. Respondent did not document the administration or waste of three doses of the medication. On January 6, 2010, Respondent removed Ativan for patient MF at 1400 and 1821. Respondent documented the administration of the Ativan at 1600. Respondent did not document the administration or waste of one of the doses of Ativan.

On January 7, 2010, Respondent removed Hydrocodone at 1731 for patient MF. Respondent did not document the administration or waste of the Hydrocodone. Respondent was not assigned to the patient on January 7, 2010.

On January 26, 2010, Respondent removed Hydromorphone on patient OT at 1033 and 1620. Respondent did not document the administration or waste of the Hydromorphone. On January 26, 2010, Respondent removed three tablets of Oxycodone on patient OT at 1010 and two tablets at 1647. Respondent did not document the administration or waste. On January 28, 2010, Respondent removed Hydromorphone at 0741, 1340, and 1722 on patient OT. Respondent did not document the administration or waste. On January 28, 2010, Respondent removed 3 Oxycodone at 1000 for patient OT. Respondent did not document the administration or waste. On January 25, 2010, Respondent removed Hydromorphone at 0855 for OT. Respondent did not document the administration or waste. On January 28, 2010, Respondent removed Hydrocodone at 1004 on patient MH. Respondent did not document the administration or waste of the Hydrocodone. Respondent was not assigned to care for MH on that day. On January 28, 2010, Respondent removed Oxycodone at 1413 and 1726 on patient OT. Respondent did not document the administration or waste of the Oxycodone.
Revoked 12/20/2013

VOLUNTARY SURRENDER

Traylor, Evyian Lynnessa
High Ridge, MO
Licensed Practical Nurse 2008029591
Licensee consented to a search of her vehicle and during the search, the police officer found a clear bag with colored pills. The pills in the bag were Ecstasy, a controlled substance pursuant to Chapter 195, RSMo. On April 4, 2010, Licensee pled guilty to two counts of the class C felony of Possession of Controlled Substance Except 35 Grams or Less in the Circuit Court of St. Louis County, Missouri.
Voluntary Surrender 02/26/2014

Smith, Bridget Susan
Independence, MO
Registered Nurse 2011005705
On 02-13-2014 Licensee Voluntarily Surrendered her Missouri Nursing License.
Voluntary Surrender 02/13/2014

Steffen-Hobbs, Melissa Kay
Keokuk, IA
Registered Nurse 2014001285
Licensee voluntarily surrendered her Missouri nursing license on February 11, 2014.
Voluntary Surrender 02/11/2014

Burnett, Ginger M.
Springfield, MO
Registered Nurse 2009021980
Licensee Voluntarily surrendered her license on January 21, 2014.
Voluntary Surrender 01/21/2014

May, Jill A.
Mexico, MO
Registered Nurse 2009001533
Licensee pled guilty to the class A misdemeanor of Unlawful Use of Unloaded Firearm/Projectile Weapon by Intoxicated Person on November 7, 2011. On October 15, 2012, Licensee pled guilty to the class B misdemeanor of Peace Disturbance, First Offense. On October 15, 2012, Licensee pled guilty to the class B misdemeanor of driving while intoxicated - drug intoxication. On October 15, 2012, Licensee pled guilty to the class A misdemeanor operating a motor vehicle in a careless and imprudent manner, involving an accident. On October 15, 2012, Licensee pled guilty to the class B misdemeanor of property damage in the second degree.
Voluntary Surrender 12/10/2013

Royer, Denise J.
Lathrop, MO
Licensed Practical Nurse 043115
On July 5, 2012, the nurse practitioner on call received a telephone call from a pharmacist stating that Licensee had called in a prescription earlier on the same day for phentermine for her daughter. The pharmacist called the Clinic requesting the physician's DEA number. The prescription was for phentermine for Licensee's daughter. The chart was reviewed and the physician was contacted by phone to see if he had given authorization for the medication. It was found to be an unauthorized prescription called in by Licensee. The pharmacist informed staff at the Clinic that prior prescriptions for phentermine had been called in by Licensee for licensee's daughter on May 3, 2012, with an additional refill. Licensee also called in a prescription for Tramadol on June 12, 2012, for Licensee's daughter with an additional refill. On June 12, 2012, Licensee also called in a prescription for Amoxicillin for her daughter. All of these prescriptions were found to be unauthorized. It was discovered that approximately seventy (70) prescriptions from August 2007 to July 2012, were found to be unauthorized with the exception of four prescription fills. Licensee admitted that she consumed the medications that she called in under her daughter's name. Licensee admitted that the prescriptions that she called in were not authorized.
Voluntary Surrender 01/01/2014

VOLUNTARY SURRENDER Continued....

Shewmake, Angela ReNae
Godfrey, IL
Registered Nurse 2010042906
On April 8, 2013, licensee, while at work, was unable to be found by her peers. Licensee was eventually found in the ICU bathroom, locked inside. Licensee had been unconscious in the bathroom and two syringes were later found that had fallen out of licensee's pocket. Licensee was, as a result of her condition, asked to submit to a "for-cause" drug test. Licensee later admitted to taking both Midazolam and Fentanyl, which she tested positive for on the for-cause drug test. Licensee also admitted to officials that she had diverted Fentanyl from the facility "heavily" in the past few weeks and had done it over the course of the last year, infrequently. Licensee admitted to the Board's investigator that she had in the past worked as a nurse while under the influence of Fentanyl. Licensee did not have a prescription for Midazolam or Fentanyl.
Voluntary Surrender 12/27/2013

Scholtz, Jennifer L.
Chesterfield, MO
Registered Nurse 137057
On January 8, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 01/08/2014

Ferguson, Rene' L.
Sugar Creek, MO
Registered Nurse 122832
On May 29, 2013, Licensee tested positive for marijuana as part of a pre-employment hiring process.
Voluntary Surrender 12/27/2013

Stack, Deborah J.
Granite City, IL
Registered Nurse 128298
On August 15, 2012, Licensee submitted to a urine drug screening test as part of the pre-employment hiring process. The urine drug screen tested positive for marijuana, benzodiazipines, oxazepam, and nordiazepam. Licensee did not have a prescription for marijuana, oxazepam or nordiaxepam. Respondent admitted to self-medicating with Valium and THC (a metabolite of marijuana) for three (3) days.
Voluntary Surrender 12/05/2013

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME ☐ ADDRESS ☐ PHONE ☐ ALTERNATE PHONE ☐ EMail

☐ RN ☐ APRN ☐ LPN

Missouri License Number Social Security Number

NAME AS CURRENTLY IN OUR SYSTEM

Last Name (Printed) First Name (Printed)

NEW INFORMATION

Last Name First Name Middle Name

(_____) (_____)

Daytime Telephone Number Alternate Phone Number E-mail Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

Physical address required, **PO boxes are not acceptable**

CITY STATE ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY STATE ZIP

☐ I declare _____ as my primary state of residence effective _____.
(primary state of residence) (effective date)

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.htm
In accordance with the Nurse Licensure Compact **"Primary State of Residence"** is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→ _____ _____
Signature ***(This form must be signed)*** Date

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745 or Scan and Email to nursing@pr.mo.gov