



# MISSOURI APRN

## State Board of Nursing Newsletter

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 129,000 to all RNs and LPNs



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## Message from the President

### Can They or Won't They?

*Mariea Snell, DNP, MSN, RN, FNP-BC, President*

Some confusion can be found in the prescribing of controlled substances by the APRN. The Board gets complaints from patients about the APRN saying "the Nurse Practitioner won't give me my medicine," "They won't give me what I need." Patients sometimes feel that the provider intentionally withholds care, when this is not the case. I felt this would be a good forum to open this topic and give you the information you need to educate patients and members of the community.

The Missouri State Board of Nursing may grant a certificate of controlled substance prescriptive authority to an APRN who:

- Provides evidence of 1,000 hours of postgraduate APRN experience and 300 hours of precepted prescribing experience;
- Provides evidence of an advanced pharmacology course; and
- Submits a statement of controlled substance delegation with a physician who has an unrestricted federal Drug Enforcement Administration (DEA) number and who is actively engaged in practice comparable in scope, specialty, or expertise as the APRN.

Effective August 28, 2015, House Bill 709 amended Section 334.104.2, RSMo to authorize APRNs with

controlled substance prescriptive authority to have "restricted schedule II authority." This allows them to prescribe hydrocodone-containing medications (except to self or family members) if delegated in the collaborative practice agreement, limited to a 120-hour supply without refills.

Given these restrictions and the need for an agreement with a collaborating physician, an APRN might make the choice not to prescribe these medications or might not be permitted to based on their collaborating arrangement with a physician. A medication as seemingly minimal as Sudafed is considered a controlled substance requiring a prescription in Missouri. Without controlled substance prescription authority, the APRN would not be able to prescribe this medication.

Even if an APRN does have prescriptive privileges for schedule II medications, the APRN can only prescribe a small amount (120-hour supply). This requires the patient to return to the office and see the collaborating physician. Patients and the public may get the impression that providers are intentionally withholding when this is not the case.

The current restrictions impact patients both physically and financially. I urge you all to educate yourselves on these restrictions and share this with the community. Be active in change and impact patient care.

## Executive Director Report

*Lori Scheidt, Executive Director*

### Protect Your License

These practical tips will help you protect your license.

- If you have not already done so, you should enroll yourself in e-Notify by going to [www.nursys.com/e-notify](http://www.nursys.com/e-notify) and select "As a Nurse" to complete the registration process. By enrolling in this free service, you will receive notifications any time your license status changes as well as receive license expiration date reminders. The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather important workforce data and uses the data to enhance Missouri's ability to plan for nurse supply and demand and ultimately, improve healthcare for all. As a reminder, you and your employer can verify your license at any time at [www.nursys.com](http://www.nursys.com) by clicking on Search Quick Confirm and following the instructions.
- Missouri does not issue a license card. Missouri has joined many other states in eliminating the issuance of license cards due to the fact that they can be forged, altered, misappropriated, can contribute to identity theft, and do not reflect recent disciplinary action. Fraud does not just occur by obtaining financial information or a social security number. It can happen with your nursing license record as well. You should search for your record using Licensure QuickConfirm at [www.nursys.com](http://www.nursys.com). After you access your record, you can print a report

that will show your license number, original issue date, expiration date, whether you have a multistate or single state license and discipline status. Please direct current or future employers to [www.nursys.com](http://www.nursys.com) to verify your license.

- RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. When enrolling yourself in e-Notify, opt into the option to receive automated electronic reminders when you have a license that will be expiring within 30 days.
- Keep the board informed of your current name and address. A notification form can be found at [www.pr.mo.gov/nursing](http://www.pr.mo.gov/nursing). There are several reasons for this:
  - o Licenses are suspended by operation of law for not filing or not paying state income taxes. If we do not have your current address, your license could be suspended without you receiving notification.
  - o Failure to inform the board of your current address is cause to discipline your nursing license. You are required to inform the board of a change in your name and/or address within 30 days of the change.
  - o Missouri is a member of the nurse licensure compact (NLC). This is similar to a driver's license where you are licensed in one state and can practice in other states that are members of the compact without having to obtain another

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<http://pr.mo.gov>

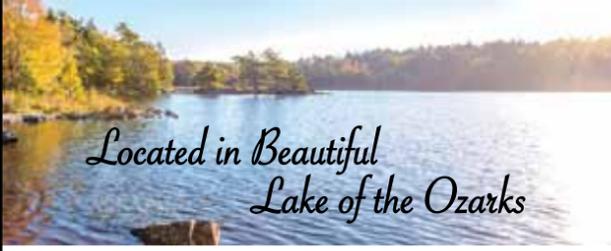
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**The U.S. Department of Labor is recruiting to contract with Registered Nurses, intermittently and part-time in the Kansas City area to coordinate medical management of injured Federal workers.**

Contractual agreement is for two years with the option to renew based on performance. Minimum requirements are: applicable state licensure(s), case management experience in the workers compensation/occupational health field and medical-surgical experience for 1 to 3 years. Applicants must have computer skills and provide their own personal computers, fax and internet connectivity to work on these cases. Due to privacy concerns, use of public access computers or public access internet is not acceptable. The reimbursement rate is \$90.00 per hour for professional time and \$45.00 for administrative/travel time. A certification training session in Kansas City, MO is mandatory. No reimbursement for travel or lodging for certification training is provided. Federal employees and nurses working as contractors for other federal nurse intervention return to work programs are precluded from applying. Please send completed OF 612 and a copy of your resume to OWCP, Attn: Mary Hines, R.N., Staff Nurse Consultant, 2300 Main, Suite 1090, Kansas City, MO 64108.  
(link to OF 612 is <http://www.federaljobs.net/forms.htm#Downloadforms>)

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Contact Mary Hines for questions 816-268-3068.**



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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 3, 2017

Profession	Number
Licensed Practical Nurse	23,755
Registered Professional Nurse	107,484
<b>Total</b>	<b>131,239</b>

## SCHEDULE OF BOARD MEETING DATES THROUGH 2017

May 23-24, 2017

August 8-11, 2017

November 7-9, 2017

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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# Executive Director Report

**Executive Director continued from page 1**

license in that state. You can find an overview of the compact as well as a list of member states at [www.ncsbn.org/compacts](http://www.ncsbn.org/compacts). The compact regulations also require that you keep your address updated. Whether you have a multistate or single state license depends on your primary state of residence.

- Practice is where the patient is at the time nursing care is rendered. Know the state's Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice Act on our web site. You can find links to other state boards of nursing at [www.ncsbn.org](http://www.ncsbn.org)
- We strongly encourage enrollment in Nursys e-Notify for many reasons. This will notify you before your license expires and when it expires. It is also possible that a nurse's license could be suspended for failure to comply with the tax law. The nurse would receive a notification any time any discipline is attached to the license. Keeping on top of your license can help you prevent any fraudulent licenses or certificates being issued in your name. Missouri is a member of the nurse licensure compact. Your multi-state license is tied to your primary state of residence. A change to your primary state of residence could change your multi-state license status. This system will notify you if that status changes. When you apply to renew your license or submit your license renewal online, your license is not automatically renewed. If you enroll in this system, you will be notified when your license is renewed. Those are just a few examples of how enrolling yourself in this system will protect the license you have worked so hard to obtain. This system pushes notification of changes to you rather than you having to continually re-query the system.
- Missouri is a member of the not-for-profit organization the National Council of State Boards of Nursing (NCSBN). [Nursys.com](http://Nursys.com) and the Nursys e-Notify service are maintained by NCSBN with the participation of boards of nursing in order to support the mission and work of those individual boards of nursing. Please be assured that, per the Nursys e-Notify terms of use, the National Council of State Boards of Nursing (NCSBN) does not sell information. Workforce related information provided in the registration is used for the purposes of nursing workforce research.

**2017 Rule Review**

Pursuant to Executive Order 17-03 and § 536.175, RSMo, the Board will be conducting a review of all of its rules between now and August 2017. The Board will be taking public comments on any of its rules during its March 22, 2017 and May 23, 2017 meetings. Public comments can also be submitted online. The link to the online submission form can be found at <http://pr.mo.gov/nursing-rules-statutes.asp>. The board will take specific comments on the rules identified on the Board's open public board meeting agenda and according to the table shown in the next column.

Board Meeting	Rule Chapter
March 23, 2017	<ul style="list-style-type: none"> <li>Chapter 2 – Minimum Standards for Approved Programs of Professional Nursing</li> <li>Chapter 3 – Minimum Standards for Approved Programs of Practical Nursing</li> <li>Chapter 7 – Nursing Education Incentive Program</li> <li>Chapter 8 – Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing</li> </ul>
May 2017	<ul style="list-style-type: none"> <li>Chapter 5 – Definitions</li> <li>Chapter 6 – Intravenous Infusion Treatment Administration</li> </ul>
August 8, 2017	<ul style="list-style-type: none"> <li>Chapter 4 – General Rules</li> </ul> <p>This will include licensure rules, APRN regulations, mandatory reporting rule and impaired nurse program.</p>

**Legislative Session**

The 2017 legislative session started January 4, 2017 and will go through May 12, 2017.

You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>.

Below are highlights of bill your board of nursing is following.

**Bills to Change the Composition of the Board of Nursing**

- House Bill 1220 Representative Nate Walker (R-District 003)
- House Bill 1192 Representative Tila Hubrecht (R-District 151)
- Senate Bill 536 Wayne Wallingford (R-District 27)

Passage of any of these bills would change the composition of the members of the Missouri State Board of Nursing. Section 335.021.1., RSMo, requires that there be two licensed practical nurses on the board. This would change one of the licensed practical nurse positions to an Advanced Practice Registered Nurse (APRN). This change was requested because one of the licensed practical nurse positions has been vacant for nearly three years now. Since 1953 there have been 22 gaps in LPN representation on the board, spanning from 10 days to over 4 years. The board has only had a full complement of 2 LPN board members 5 times in the past 60 years.

A change in the law should allow for more flexibility in making appointments to the board and additionally will be more representative of all licensees regulated by the Board.

**Bill to Change the Composition of the Board of Nursing and Accept Out-of-State IV Therapy Education**  
**House Bill 1089 – Representative Dean Plocher (R-District 089)**

This bill requires that one of the nine members of the Missouri State Board of Nursing be an advanced practice registered nurse, as filed in House Bill 1220, House Bill 1192 and Senate Bill 536. The bill has another component regarding

IV certification for licensed practical nurses. This bill would also allow the board to accept IV certification evidence from a) another state, or b) when completed within the practical nurse education program.

This would be a cost savings to LPNs that endorse into Missouri and eliminate redundant education.

**CDC Guideline for Prescribing Opioids**  
**SB 72 – Senator Rob Schaaf (R – District 34)**

Provides that certain health care providers may have their professional licenses disciplined for failure to follow the CDC Guideline for Prescribing Opioids.

**Rx Care for Missouri Program**  
**SB 139 – Senator David Sater (R- District 29)**

This act creates the Rx Cares for Missouri Program to be administered by the Board of Pharmacy in consultation with the Department of Health and Senior Services. The goals of the program are to promote medication safety and prevent prescription drug abuse. The Board may expend funds appropriated to the Board to private and public entities for the development of programs and education in order to meet these goals. Funds shall not be used for any state prescription drug monitoring program.

**Regulation of Controlled Substances**  
**House Bill 103 – Representative Kathryn Swan (R-147)**

This bill creates a Controlled Substance Abuse Prevention Fund within the state treasury that is funded using fees collected by the Department of Health and Senior Services when issuing registrations to manufacture, distribute, or dispense controlled substances. Any money appropriated, gifted, granted, donated, bequeathed, or contributed for the purpose of funding the Bureau of Narcotics and Dangerous Drugs within the department must be deposited in the fund. The bureau is required to employ no less than one investigator for every 2,500 controlled substance registrants.

*Executive Director continued on page 4*



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# Executive Director Report

## Executive Director continued from page 3

### Prescription Drug Monitoring or Narcotic Control Act

**SB 74 – Senator Rob Schaaf (R – District 34)**

**SB 314 – Senator Dave Schatz (R-District 26)**

**SB 340 – Representative Jill Schupp (D-District 24)**

**HB 68 – Representative Fred Wessler (D-District 081)**

**HB 90 – Representative Holly Rehder (R-District 148)**

A number of bills have been filed that would create a prescription drug monitoring program (PDMP). A PDMP collects, monitors, and analyzes electronically transmitted prescribing and dispensing data. There are differences in the bills. Some would allow the health care professional to see detailed information about prescriptions while others limit what the health care professional can see in real time.

### Prescription Abuse Registry

**HB 716 Representative Jay Barnes (R-District 060)**

This bill establishes a prescription abuse registry.

### Prescription Writers Monitoring Program

**HB 1023 – Representative Justin Hill (R-108)**

Requires health care providers to report all controlled substance prescriptions and the number of patients seen annually. In reporting the information, any information regarding the prescription that could be used to identify the patient who received the prescription shall be removed. Provides authority for the bureau of narcotics and dangerous drugs and board of registration for the healing arts to conduct investigations.

### Advanced Practice Registered Nurse (APRN) Bills

**HB 165 – Tila Hubrecht (R-151)**

**SB 42 – Wayne Wallingford (R-27)**

The provisions/revisions of HB 165 are as follows:

- Removes many of the defined requirements of CPA's. The bill would only require names, addresses, zip codes, telephone numbers, and license numbers of physicians and APRN's.
- Specifies that the rules jointly promulgated by the board of healing arts and the board of nursing are limited only to prescriptive authority on controlled substances. It further nullifies any previously existing rules jointly promulgated (excepting prescription of controlled substances).
- Requires the board of healing arts to make public the names of the physician's CPA designees.
- Removes the requirement limiting physicians to collaborating with only three APRNs.
- Removes the requirement for physicians to practice with a "continuous presence" when a physician is new to a patient population.
- Removes the provision limiting the physician's delegated authority over protocols or standing orders.
- Defines the role of advanced practice registered nurses to include certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, and certified registered nurse anesthetists.
- Defines population focus areas.
- Defines the scope of advanced practice nursing.
- Requires APRN's to wear identification identifying the nurse as an APRN when providing direct patient care.

- Defines the APRN's prescriptive authority.
- Removes the 300 & 1,000 hour requirements for preceptorial experience relating to prescriptive authority.
- Permits the board of nursing to grant a certificate to prescribe controlled substances with a CPA except for schedule 2 through 5.
- Defines application criteria for APRN's seeking APRN licensure.
- Alters intersectional references accordingly.

*SB 42 filed by Sen. Wallingford. SB 42 language is nearly identical, with the only exception being the revision to Chapter 338 authorizing pharmacists to fill APRN's prescriptions without a CPA.*

### **HB 244 – Representative Lyle Rowland (R-District 155)**

Keeps collaborative practice agreements but allows for geographic proximity to be waived as long as the collaborative practice arrangement includes alternative plans for coverage during absence, infirmity, or emergency by the collaborating physician. Would change the number of APRNs a physician can enter into an agreement with from 3 to 5.

### **HB 823 – Representative Nick Schroer (R-District 107)**

Allows APRNs with a certificate of controlled substance prescriptive authority to prescribe two additional schedule II's: amphetamine or methylphenidate.

### **HB 939 – Representative Kathryn Swan (R-147)**

Establishes a legislative task force on advanced practice nursing whose mission will be to improve the health of patients by providing optimal methods of care for all Missourians at a reasonable cost. It would be a 22 member task force: CRNA and anesthesiologist, neonatal APRN and neonatologist, APRN specializing in women's health and an obstetrician or gynecologist, APRN specializing in psychiatric or mental health and a psychiatrist, FNP and family practice physician, APRN specializing in gerontology and gerontologist, APRN specializing in pediatrics and pediatrician, acute care APRN and acute care physician, a member of the board of nursing, a member of the healing arts board, a member from an organization representing federally qualified health centers and a member representing hospitals. The members will be appointed by the president pro tempore of the senate and the speaker of the house. The chair will be selected by the task force members. They will be reimbursed for expenses. The task force is to investigate: prescriptive authority, use of telehealth, geographic proximity requirements, collaborative requirements and restrictions on the number of collaborative practice arrangements allowed per physician. A report is due by December 31, 2018.

### Military

**HB318 – Representative Jim Neely (R-District 008)**

Spouses of the armed forces will be given first priority in the processing of all professional licensure applications.

**HCR20 – Representative Bill Kidd (R-District 020)**

House Concurrent Resolution that urges Governor Greitens to require professional registration and certification entities to review and revise policies and procedures to streamline the

certification and licensing process to take into account relevant military education, skills training, and military service when determining equivalence for purposes of issuing certifications and licenses throughout the State of Missouri.

### Professional Registration (PR)

**HB480 – Representative Robert Ross (R-142)**

**HB 413 – Representative Bill White (R-District 161)**

**HB 272 – Representative Chrissy Sommer (R-District 106)**

This bill establishes guidelines for the regulation of occupations and professions not currently regulated by the Division of Professional Registration. The bill specifies that the state may not impose a substantial burden on an individual's pursuit of his or her occupation or profession unless there is an important governmental interest for the state to protect the general welfare.

If an interest exists, the regulation adopted by the state must be substantially related to the public interest to be protected. All bills introduced in the General Assembly to regulate an occupation or profession for the first time must be reviewed according to specified criteria (Section 324.001, RSMo).

For any new board or commission charged with regulating or licensing an occupation or profession, the bill specifies that those practitioners actively engaged in a newly regulated occupation or profession for at least one year prior to the effective date of the regulatory statute must have a property right in his or her continued legal ability to engage in his or her occupation or profession and specified due process rights. Any refusal of licensure by the board shall be in writing and any practitioner denied licensure shall then have the right to appeal the decision (Section 621.280).

**HB609 Representative Elijah Haahr (R-District 134)**

**SB 429 and SB 447 – Senator Caleb Rowden (R-District 19)**

Similar to HB 480. This bill establishes guidelines for the regulation of occupations and professions not currently regulated by the Division of Professional Registration. The bill specifies that the state may not impose a substantial burden on an individual's pursuit of his or her occupation or profession unless there is an important governmental interest for the state to protect the general welfare. If an interest exists, the regulation adopted by the state must be substantially related to the public interest to be protected. All bills introduced in the General Assembly to regulate an occupation or profession for the first time must be reviewed according to specified criteria.

**HB715 Representative Justin Hill (R-District 108)**

Establishes the Red Tape Reduction Act. The governor would appoint a Chief Regulatory Management Officer who will head the Office of Regulatory Management. The office will establish a baseline measurement of regulatory requirements through a review of all agency regulations currently in place. The review would be conducted by requesting a copy of all current regulatory requirements, gathering all governing regulations, legislation or other rulemaking documents and noting all existing sunset clauses already established. A cap on the total number of regulatory requirements would be set ensuring a zero net increase in regulatory requirements beginning 6 months

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# Executive Director Report

after the enactment of the act. A red tape reduction target of 35% will be set for existing requirements. A web site will be established under the Secretary of State to keep the public informed. A Red Tape Reduction Commission shall be established that will include the Chief Operating Officer, who will serve as the chair, the Governor or designee, the Lieutenant Governor or designee, the Speaker of the House or designee, the President Pro Tempore of the Senate or designee, three volunteers members from private sector selected by the Speaker of the House, three volunteer private sector members selected by the Senate Pro Tempore, and two volunteer members from private sector selected by the Chief Regulatory Management Officer. The red tape reduction commission shall meet as often as necessary to fulfill its duties as outlined in this act. The main focus of the commission shall be preparing suggestions for the general assembly regarding current regulatory requirements that could be sunset.

**HB 770 – Representative Joe Don McCaugh (R-District 039)**

This bill requires state agencies to annually submit regulations that are revenue producing for the state to the General Assembly for review. The submission is made after November 01, 2017. The General Assembly will ensure that all revenue producing regulations are sunset and it may reauthorize those regulations recommended and submitted by state agencies within 60 days of receiving notice by joint resolution.

The bill defines revenue producing as regulations that require fees, surcharges, or expense reimbursement to government officials for their regulatory activities. It will also allow the committee to audit the agencies to ensure compliance. The committee is the committee on administrative rules.

**SB125 – Senator Jay Wasson (R-District 20)**

Makes changes to PR’s statute (324.005) so business with the PR boards can be transacted online.

**HB815 – Representative Chuck Basye (R-District 047)**

**HB 904 – Representative Chrissy Sommer (R-District 106)**

Makes changes to PR’s statute (324.005) so business with the PR boards can be transacted online.

**HB816 – Representative Nick Marshall (R-District 013)**

Allows individuals to practice certain professions without a license as long as the person does not represent himself or herself as licensed. The professions include: geologist, contestant, massage therapist, interior designer, private investigator, private fire investigator, landscape architect, barber, barber establishment, cosmetologist, embalmer, and athlete agent.

**SB372 – Senator Don Hegeman (R-District 12)**

This act repeals or modifies the duties of a number of administrative boards, commissions, and committees.

The following administrative entities are repealed along with any duties associated with such entity: the Linked Deposits Review Committee (Section 30.763), the State Board of Senior Services (192.2030), the Joint Committee on Medicaid Transformation (208.993), the Missouri Task Force on Prematurity and Infant Mortality (210.105), the Missouri State Penitentiary Redevelopment Commission (217.900 to 217.910), the Missouri Electronic Prior Authorization Committee (338.320), the Entrepreneurial Development Council (620.050), and the Small Business Technical Assistance Program (643.173).

The Unmarked Human Burial Consultation Committee is repealed and the duties of the Committee are transferred to the State Historic Preservation Officer.

The Well Installation Board is repealed and the duties of the Board are transferred to the Clean Water Commission.

A volunteer board that approved grants under the “Missouri Pet Spay/Neuter Fund” is repealed and the duties of the board are transferred to the Director of the Department of Agriculture.

The Board of Therapeutic Massage is repealed and the duties of the Board are transferred to the State Board of Chiropractic Examiners.

The Interior Design Council is repealed and the duties of the Council are transferred to the Division of Professional Registration.

The Missouri Acupuncture Advisory Committee is repealed and the Committee’s duties are transferred to the State Board of Chiropractic Examiners.

The State Committee for Marital and Family Therapists is repealed and the duties of the Committee are transferred to the Committee for Professional Counselors.

**Speak Up**

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. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

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# What Will the Enhanced NLC (eNLC) Mean for Nurses?

## What does the eNLC mean for nurses in the current NLC?

- If your state enacts the eNLC, you will be grandfathered and no further action is needed, unless you move to another state. Then you will be required to meet all the uniform licensure requirements to receive a multistate license from that state.
- The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states. You will need a single state license issued by every other state in which you plan to practice to continue to deliver care in each of those states.

## What does the eNLC mean for employers?

- Your nurses will now be able to practice (in person or by telehealth) in other eNLC states with just one license obtained in their state of residence.
- Faculty and military spouses will just need one license to teach or practice across states in the eNLC.

- The eNLC is only for registered nurses (RNs) or licensed practical/vocational nurses (LPNs/VNs), not for advanced practice registered nurses (APRNs). APRNs have another compact that states are considering.

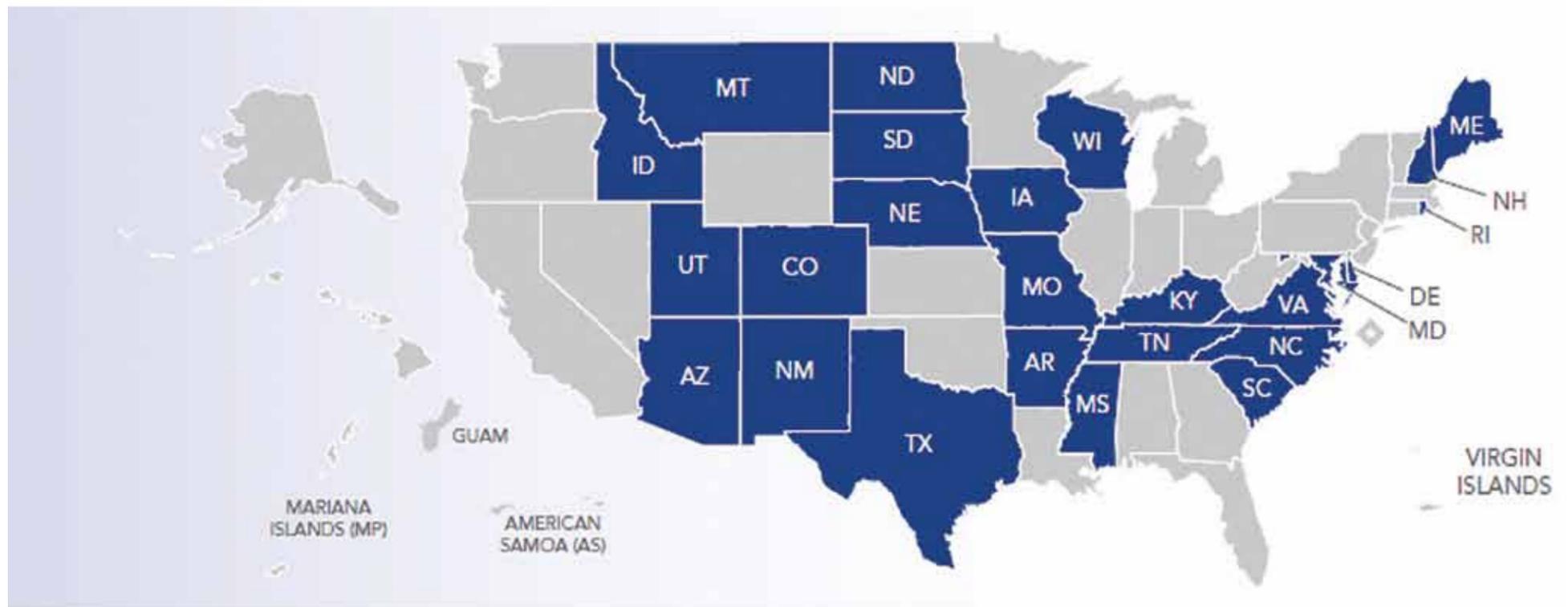
## What are the Uniform Licensure Requirements for an eNLC multistate license?

*An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:*

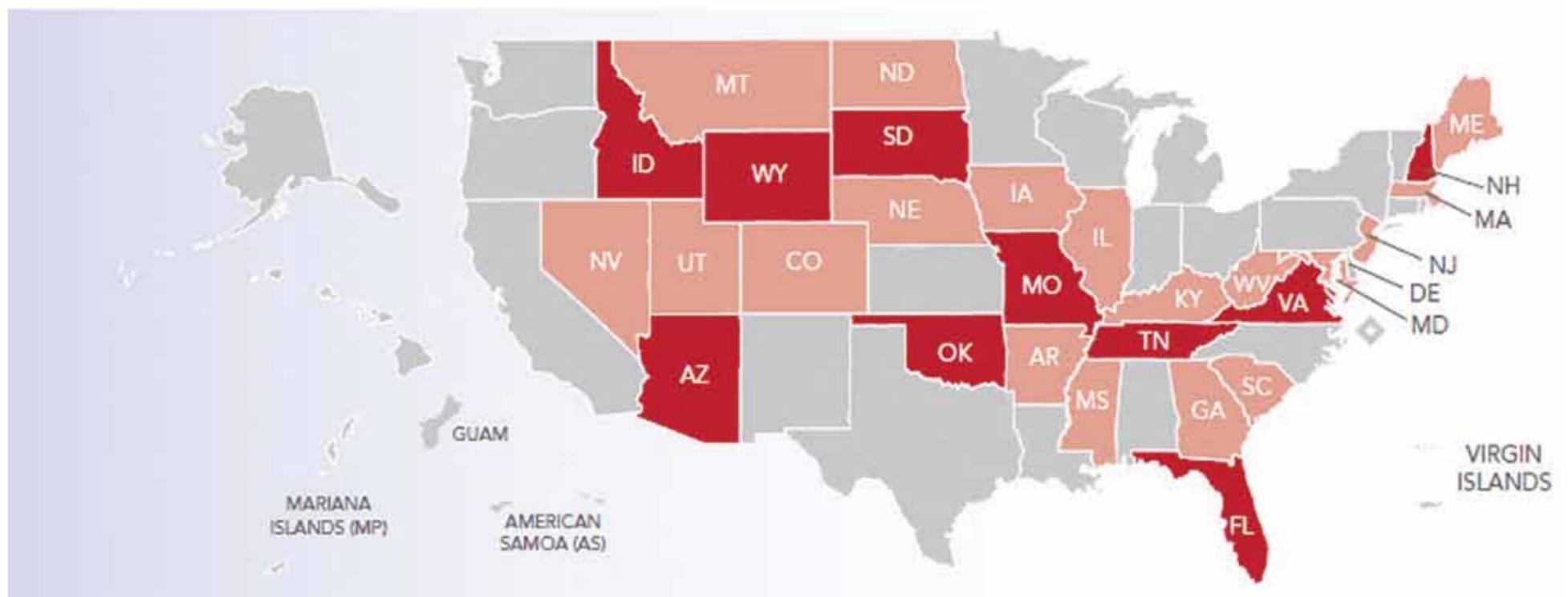
1. Has met the requirements for licensure in the home state (state of residency);
2. a. Has graduated from a board of nursing-approved education program; or  
b. Has graduated from a foreign education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);

3. Has passed an English proficiency examination (applies to graduates of a foreign education program not taught in English or if English is not the individual's native language);
4. Has passed the NCLEX-RN or PN Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

MAP 1:  States in NLC



MAP 2:  States that have enacted the eNLC  States that have filed for eNLC (as of 3/8/2017)



**Some of the Organizations Supporting the NLC include:**

- Air & Surface Transport Nurses Association
- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Neuroscience Nurses
- American Association of Occupational Health Nurses (AAOHN)
- American Association of Poison Control Centers
- American Nephrology Nurses Association
- American Organization of Nurse Executives (AONE)
- American Telemedicine Association (ATA)
- Association of Camp Nurses
- Association for Vascular Access
- Case Management Society of America (CMSA)
- Center for Telehealth and E-Health Law
- CGFNS International, Inc.
- Citizen Advocacy Center (CAC)
- Commission for Case Manager Certification
- Emergency Nurses Association (ENA)
- Health IT Now
- National Governors Association Center for Best Practices
- National League for Nursing
- National Military Family Association
- National Organization for Associate Degree Nursing (OADN)
- National Patient Safety Foundation
- Oncology Nursing Society
- Optum
- Population Health Alliance
- Telehealth Leadership Council
- U.S. Department of Commerce

# TWO COMPACTS COMPARED

## A Driver's License Compact vs. a Nurse License Compact



- Issued in your primary state of residence.
- When driving in other states, you must know and obey that state's laws (rules of the road).
- While driving in other states, if you violate the state's law, the state can remove your driving privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state's driver's license. You can drive on your former license for a certain number of days (depending on the state). The former license then becomes invalid.
- While driving in other states, if you violate the state's laws and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.



- Issued in your primary state of residence.
- When practicing in other states, you must know and obey that state's laws (Nurse Practice Act).
- While practicing in other states, if you violate the state's laws, the state can remove your practice privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state's nursing license. The former license then becomes invalid.
- While practicing in other states, if you violate the state's laws, and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.

Adrian Manor Health & Rehabilitation Center, a skilled long term care facility, is currently hiring for these positions:

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Pacific Care Center is looking for an RN for our day shift (12-hour shifts).

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# Moments with Marcus

## Cut Out For This

Marcus Engel



Marcus Engel

It's nearing the end of the school year in many locations. I want to give a sincere shout out to all you nursing preceptors and nursing mentors! Teaching and training isn't a skill everyone has, so if you do, and you volunteer your guidance, **Thanks!** That helps get new nurses confident and comfortable in this sacred profession. Great nurses help create great nurses!

But we know all human interactions aren't great. Recently, a friend who is a new nurse posted this:

*"I recently became a RN and have only been a nurse for 13 weeks. I thought I was doing well until report this morning. I did not know a few things and the oncoming nurse made me feel worthless and stupid. I am just feeling so defeated. I just don't know if I am cut out for this."*

When taking care of ill and injured patients, to doubt is normal. To wonder if you're "cut out for this work" also seems like a normal concern, especially after a few months on the job. The responsibility of having another's life in one's hands can be overwhelming... and scary!

Yet, I'm sure what jumped out to you wasn't the normal doubts and fears about the work; it's the way this new nurse feels due to a co-worker. No one wants to be made to feel stupid. No one wants to feel worthless. No one should

feel defeated because of another's words. I mean, these are the types of emotions that are associated with people contemplating suicide. They should NEVER be how nurses see themselves.

I get the honor of visiting many nursing schools around the country and I always leave with a smile. Student nurses, I've found, are excited and enthusiastic to begin this incredible work. Yet? A single statement, eye roll or snide comment can not only knock the wind out of the sails of a new nurse, but can cut down the mast with a chainsaw.

A few years back, the Journal of Nursing Management did a study that showed 75% of nurses had been verbally bullied by another nurse. That's 75%, people! Chances are, that means you have witnessed it, experienced it... or maybe caused it.

Many experts say that a hefty portion of the nursing shortage is the fault of bullying. Martha Griffin, the director of nursing education and research at Boston Medical Center found that bullying is responsible for 60% of new nurses leaving their first job within six months. She also found that bullying is responsible for 20% of new nurses leaving the profession entirely in their first three years. Retention is always going to be a problem, but when nurses cause nurses to stop nursing? Something's just not right.

Another study showed that when nurses confronted their bully, 75% of the bullies were shocked that their victims felt they had been bullied. If this study bears out, then there might even be someone out there who feels they were bullied by you... even if you would never intend such a thing.

This time of year you are likely to have an influx of new nurses. By the very nature of the process – there will be much to teach them – skills, procedures, where the supplies are stored. Lets not forget they are also learning how to treat one another.

Our words matter. Our tone matters. Our facial expressions matter. In this sacred field of nursing, let's all be intentional about extending grace and compassion not to just patients and families, but also to fellow nurses.

## 3rd Annual – Innovative Best Practice (IBP) in Nursing Education Conference – 2017



The Innovative Best Practice (IBP) in Nursing Education Conference has quickly become a progressive opportunity for nurse educators to explore new ways to teach and to share their expertise. In 2015, the Missouri State Board of Nursing cosponsored the first IBP conference in partnership with State Fair Community College. Conference planning is centered on sharing innovative teaching strategies that are used by nurse educators across the state to enhance theory and clinical educational experiences, foster their students' ability to critically think and to ease the transition to nursing practice. Each year IBP presenters graciously share their expertise free of charge so nurse educators can attend without impact on often limited nursing program budgets.

Over 300 nurse educators have attended since the inception of the IBP conference in 2015. The 3rd Annual IBP Conference was conducted on April 7th, 2017. This year 128 nurse educators participated in the conference. The conference theme reiterated the strong connection of nursing education to patient safety. Dr. Anne Heyen, Vice-President of the Missouri State Board of Nursing (Board) kicked off the conference with a welcome from the Board and Dr. Janice Hoffman, Associate Dean of the Sinclair School of Nursing at the University of Missouri – Columbia delivered the keynote address. A highly engaging presentation about practices in the areas of education law, school litigation and labor and employment law followed. Nurse educators from across the state filled the afternoon with innovative ways to structure clinical learning, strategies to map simulation to the nursing curriculum, expertise in nursing exam item writing as well as alternative ways to design and conduct clinical preceptor models. Presentation of a highly successful model to foster student success through utilization of robust student support services and advising completed this full day of tremendous sharing. The full 2017 IBP conference agenda can be accessed at the Missouri State Board of Nursing website at <http://pr.mo.gov/nursing-education-best-practice.asp>

Plans for next year's 4th Annual IBP Conference are well on their way! At request of the Missouri State Board of Nursing, the National Council of State Boards of Nursing (NCSBN) plans to provide Missouri nurse educators with a Regional NCLEX® Workshop. The 4th Annual IBP Conference – featuring the Regional NCLEX® Workshop – is planned for April 6th, 2018. Continued sponsorship of the conference by State Fair Community College and the Missouri State Board of Nursing will allow nurse educators to attend this Regional NCLEX® Workshop free of charge. Nursing education programs can expect to receive registration information for the conference from the Missouri State Board of Nursing in January 2018.

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# Education Report

## The State of Pre-Licensure Nursing Education in Missouri – 2015

**Ryan House, RN, MSN, CNE –  
Education Compliance Officer**

Missouri State Board of Nursing Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Marica Snell, DNP, MSN, BSN, RN, FNP-BC
- Anne Heyen, DNP, RN, CNE

The State Board of Nursing uses the annual reporting process to maintain a current view of the progress pre-licensure nursing education is making in Missouri. Annual reporting is the process where a school of nursing provides vital information regarding their students, faculty, clinical, and many other facets of their program(s) which can be utilized to evaluate the direction pre-licensure nursing education is going. This information can be compared with prior years to see trends in admission, graduation, retention, and also in faculty usage and need.

For the reporting year of 2015, 42 practical nursing programs, 36 associate degree programs, 1 diploma program and 24 bachelor's degree programs reported this indispensable information. That is 103 nursing programs providing data about Missouri nursing education.

Admissions for Missouri nursing programs are down for 2015 from 2014 numbers. There is a 2% drop in total admissions for nursing programs in general, although, practical nursing actually saw an increase in admissions over 2014 numbers. There were 1,550 practical nursing students admitted this past year, an increase of 1.5% from 2014. The associate degree programs accepted 1,947 students. This is a decrease of 3.2% from 2014. The diploma degree program accepted 100 students, which is down from 102 the previous year. The bachelor's degree in nursing programs accepted 2,816 students, a 4% drop from 2014. Looking at the numbers, although there are more students being admitted into RN programs, there is a slightly higher proportion of students beginning their education as a practical nurse, than in previous years. This data is vital to nurse educators and college recruiters. As the necessary education for a nurse continues to grow, each nurse must be valued at their education level, but also supported in their pathway to expand their knowledge and grow into models of lifelong learning.

Despite admissions for the nursing programs being down, there were still a considerable number of qualified applicants not accepted. 2,511 students were not accepted; 1,124 qualified applicants were turned away from bachelor's programs, 26 from the diploma program, 966 from the associate degree programs and 395 from practical nursing programs. This total number is down from 2014, which may indicate that overall applicant pool numbers have decreased since 2013. Information for 2016, which will be reported to the State Board in June 2017, will help to determine if this is a trend to watch.

In 2015, there were 5,368 graduates from the four levels of pre-licensure nursing programs. Practical nursing programs saw 1,259 students successfully

complete their nursing certificate. Practical nursing programs reported an average retention rate of 81.18%. Associate degree nursing programs graduated 1,677 students, reporting an average retention rate of 77.6%. The diploma program graduated 98 students for a retention rate of 90%. The bachelor's RN saw 2,432 graduates complete their degree in 2015. This is a reported average retention rate of 87.45%. Retention continues to be a struggle for some nursing schools. There is a wide range of retention values for each of the levels of nursing program. It is common to hear that students are coming to college less prepared than in previous years, but also are carrying more issues, especially among the non-traditional students who may have families, or need to work while in school. Much like an individualized patient care plan, education for nursing students is becoming increasingly individualized to help assure student success. Educators are facing the need to be more dynamic in their daily interactions with students and the education process to help promote student success. Many nurse educators are already exemplifying this difficult role.

Clinical is a vital component of the educational process in pre-licensure nursing education. With the new technology becoming available, including high-fidelity simulation, alternatives for clinical experiences are becoming more common. According to the National Council of State Boards of Nursing, an in-depth study was completed and found that up to 50% of high-quality, evidence-based simulation could be utilized as clinical time for pre-licensure nursing programs. Although the range of simulation usage is wide, up to 50%, the average amount of simulation utilized for clinical is still rather low. The proportion of clinical simulation is highest in the associate degree nursing programs; of those programs that use simulation, it amounted to 13.7% of clinical time. Practical nursing programs that utilize simulation reserve an average of 11.76% of their clinical hours for simulation. Bachelor's degree programs follow-up closely, with 11.62% of clinical being simulation. It is important to note that clock hours of simulation may actually be higher in the various degree levels due to varying methods of calculating simulation time.

Observation hours are decreasing from 2014 for bachelor's and practical nursing levels of education, but there is an increase in percentage of clinical hours for associate degree nursing programs. Overall, less than 10% of clinical time is observation. Observation is a hands-off experience. The student is not allowed to perform any skills on a patient. Because direct patient care is so important for the skill-attainment and critical thinking processes, observation is limited to no more than 20% of clinical hours. Nurses at clinical sites can be trained as preceptors to help impart knowledge and monitor students to allow a hands-on experience in the absence of clinical instructors. If you are not a preceptor, you may consider this; it is an excellent opportunity to share your knowledge and help grow the profession of nursing.

One of the major constraints to clinical education, and to the schools of nursing, is adequate clinical sites.

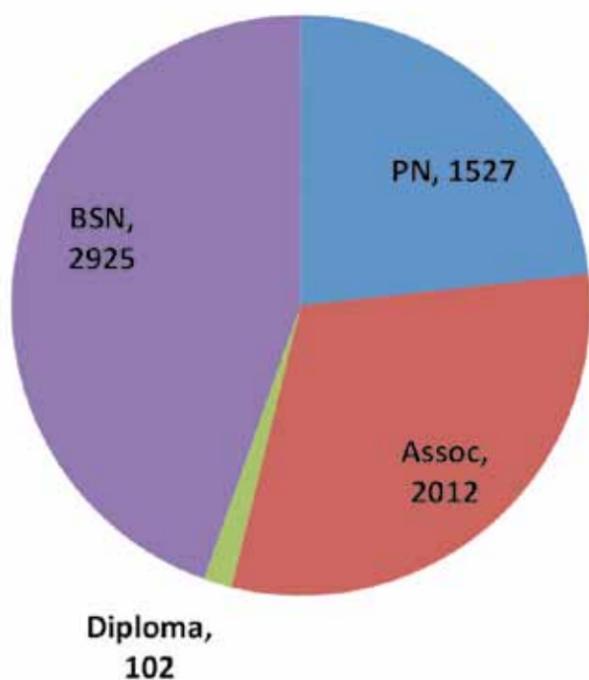
It is increasingly difficult to find sufficient numbers of clinical sites and preceptors at those clinical sites. Those nurses who are filling the need for preceptors are doing a great service to advance nursing in Missouri. In the meantime though, some clinical sites are still difficult to obtain. There has been little variance from the 2014 reports on the most difficult to obtain clinical sites. Practical nursing programs report that Maternal-Newborn and Care of Children clinical sites are the most elusive clinical specialty, as reported by 88% of those programs. 78% of associate degree programs and 61% of bachelor's degree programs report the same. Mental health nursing follows that trend with 27% of bachelor's degree programs experiencing this shortage. Nursing programs are turning to very creative substitution methods, including higher level simulations, to relieve the burden the lack of clinical sites present.

As there is a need for more clinical sites, so is the need for more faculty. Reported data indicate that there are 963 full-time positions, with 33 of them unfilled. There are an additional 835 part-time and clinical adjunct faculty, totaling 1,765 filled positions. Of the full-time positions, 155 are expected to retire within the next five years. It is estimated by the schools of nursing that an additional 164 faculty would be needed to accept all qualified applicants – if other constraints, such as clinical or program resources, were not also an issue.

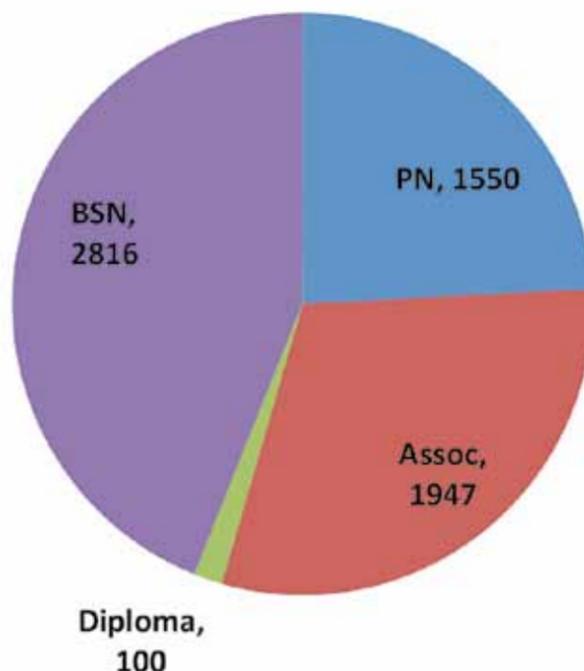
As of 2015, the majority of nurse educators are master's prepared. The largest proportion of bachelor's degree prepared nurse educators are seen at the practical nursing level, although, approximately 25% of associate degree educators are also bachelor's prepared. The vast majority of doctorally prepared nurses are seen in the bachelor's degree level.

This is a very critical time in nursing education; there is constant push for advancing the education and elevating the licensure of nurses that are needed at the bedside. One must not forget the vast array of positions a nurse can find themselves employed in—from hospital bedside to clinic to nurse educator and so many in between. All levels of nurse education can be a pathway to nursing for students, and each level can be a first step on the path of lifelong learning and professional growth. It is especially important to remember that any area where nursing care is provided can be a wealth of knowledge as a potential clinical site. And the nurse working in that area is also a vital source to present information and knowledge to a student nurse. Now is an important time to think about the additional progress to nursing education you can provide. Be considerate of your talents and how to share them with new nurses and students. Your consideration to become a preceptor will help grow the volume of care that can be provided by generations of nurses.

**2014 Admissions**



**2015 Admissions**



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# Disciplinary Actions\*\*

of Nursing, that her nursing license in the State of Kansas was subject to discipline. In the Order, the Kansas Board found the following: The respondent was employed as a nurse at a nursing home. On October 9, 2013 a patient was admitted post kidney transplant to the nursing home, where he came under the care of the respondent. This patient had been prescribed anti-rejections [sic] drugs. The evidence indicates either that respondent failed to administer these medications, or that respondent did administer the medications but failed to properly document their administration.  
Censure 12/28/2016

**Culp, Linda M**  
Joplin, MO

**Registered Nurse 127180**

Respondent failed to call in to NTS on forty-six days. On June 6, 2013, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 16.2. A creatinine reading below 20.0 is suspicious for a diluted sample.  
Censure 12/28/2016

**Woods, Whitney Kaye**

Branson, MO

**Registered Nurse 2015007244**

On or about November 27, 2015, Licensee's co-worker reported to supervisors that Licensee had left her purse open on the floor with three syringes clearly visible inside. When questioned, Licensee stated she was taking the syringes home to her boyfriend, who was in nursing school, to practice with. Licensee was terminated on December 1, 2015, due to theft of hospital supplies.  
Censure 12/23/2016

**Brown, Jaundainne Rochelle**

Raymore, MO

**Registered Nurse 2009005406**

From April 26, 2016 through October 16, 2016, Respondent failed to call in to NTS on ten (10) days. Further, on September 6, 2016, and September 12, 2016, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to provide the requested sample. In addition, on May 13, 2016 and June 2, 2016, Respondent reported to the lab and submitted the sample, which showed a low creatinine reading. The Board did not receive an employer evaluation or statement of unemployment by the due dates of June 22, 2016, or September 22, 2016.  
Censure 12/28/2016

**Owens, Courtney Diane**

Burlington Junction, MO

**Registered Nurse 2004011095**

Respondent failed to call in to NTS on seven days. In addition, on May 27, 2016, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On May 27, 2016, the low creatinine reading was 12.7. A creatinine reading below 20.0 is suspicious for a diluted sample. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 6, 2016 and October 6, 2016.  
Censure 12/28/2016

**DeSpain, Darla Kay**

Jefferson City, MO

**Registered Nurse 128890**

On February 28, 2001, Licensee pled guilty to the class A misdemeanor of Resisting/Interfering with Arrest, Detention or Stop. On October 26, 2015, Licensee pled guilty to the class D Felony of Violation of an Order of Protection. Licensee failed to disclose her guilty pleas to the Board on each of the renewal applications.  
Censure 01/25/2017

**Floretta, Kande Lynn**

Ballwin, MO

**Licensed Practical Nurse 2015039407**

Respondent failed to call in to NTS on twenty-three (23) days. On September 13, 2016, Respondent called NTS and was advised that she had been selected to provide a sample for screening. Respondent failed to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of February 3, 2016, May 3, 2016, and August 3, 2016.  
Censure 12/28/2016

**Huffman, Cassandra A**

Saint Louis, MO

**Licensed Practical Nurse 053564**

On September 14, 2015, Respondent pled guilty to the class 4 felony of Aggravated Unlawful Use of Weapons in violation of 720 ILCS 5/24-1.6(a)(1)(3)(c) in the Circuit Court of Madison County, Illinois, in case number 14-CF-311.  
Censure 12/28/2016

**Veatch, Mackenzie Lyn**

Foristell, MO

**Licensed Practical Nurse 2012027364**

Licensee was responsible for the care of patient T.A. Patient T.A. inappropriately touched or attempted to kiss Licensee. Licensee notified the agency that she was leaving and was instructed not to leave until she had notified the patient's father. Licensee knocked on

the patient's father's door, heard the television, and said she was leaving; she did not verify that the patient's father heard her say that she was leaving the patient's home. Licensee left patient T.A. unattended and left the home without ensuring that the patient's father was notified that patient T.A. was unattended. The patient's father reported to agency administrators and to the Board's investigator that he did not hear Licensee knock nor did he hear Licensee say she was leaving.  
Censure 12/31/2016

**Bulger Miramonti, Cheri**

Belleville, IL

**Registered Nurse 120207**

On August 6, 2013, licensee documented the administration of Phenytoin and Heparin to a patient, but the medications in question were later found in a patient bin by the next shift and were never actually administered. On July 19, 2013, licensee documented applying a topical cream to a patient, but it was later discovered that the cream container itself that was referenced had never been opened and thus never applied to the patient. On August 12, 2013, licensee was counseled by a nursing supervisor for licensee's actions in doing wound care on a patient without wearing gloves. Based on concerns about her medication dispensing activities, an investigation ensued by hospital officials into licensee's activities that began on August 7, 2013. Licensee was later confronted by hospital officials who noted that licensee on multiple occasions was using a paper with patient labels on it to "scan her patients", rather than complying with hospital policy of scanning the patient's armbands themselves when administering their medications. Licensee admitted to pulling all the patients' medications and placing them in each patient's medication drawers and then going from room to room giving the medications. Licensee was also confronted by hospital officials who noted that rather than bringing the medication cart into patients'

*Censure continued on page 12*

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# Disciplinary Actions\*\*

## Censure continued from page 11

rooms when administering medications, licensee left the cart in the hallway. This by necessity meant that the patient's armbands were not being scanned because the scanning equipment was connected to the cart. When confronted by hospital officials about her above practices, licensee stated she "just messed up."  
Censure 02/14/2017

### Smith, Randi Nicole

Waynesville, MO

Licensed Practical Nurse 2010029947

On March 29, 2016, Licensee pled guilty to the class B misdemeanor of DWI; the class A misdemeanor of Possession of up to 35 Grams of Marijuana; and, the class A misdemeanor of Unlawful Use of Drug Paraphernalia.

Censure 01/05/2017

## PROBATION

### Dollmann, Karla Elaine

Kansas City, KS

Licensed Practical Nurse 2001009673

On October 12, 2006, Licensee pled guilty to the offense of DWI - Drug Intoxication in violation of 577.010 RSMo in the Circuit Court of Jackson County, Missouri, in case number 041095920. Licensee received two (2) years of probation. Licensee applied for licensure in the State of Kansas and failed to disclose her previous guilty plea to possession of methamphetamine from 1998 that occurred in the State of Kansas and her guilty plea to driving while intoxicated as referenced in paragraph 6. On November 2, 2015, Licensee entered the Kansas Nurse Assistance Program (KNAP) for at least three (3) years. The Kansas Board of Nursing granted Licensee a Kansas nursing license, as long as Licensee remains compliant with KNAP through November 2, 2018. Licensee states she attends AA/NA meetings and submits regular drug screens. Licensee states her sobriety date is July 2015. Licensee underwent a chemical dependency evaluation for the State of Kansas Board of Nursing/KNAP on or about October 2, 2015. Licensee reported using methamphetamines "a few times," had experimented with hallucinogens and cocaine, and drank alcohol daily from 1990 through 1993. The evaluator noted that Licensee was "less than candid during the assessment." The evaluator recommended that Licensee be monitored by KNAP for at least three (3) years and attend 12-Step meetings to maintain abstinence.

Probation 12/09/2016 to 12/09/2021

### Cook, Teresa A

Buckner, MO

Licensed Practical Nurse 044027

Licensee was working as the charge nurse at the facility on June 6, 2016. At about 5:20 am on June 6, 2016, Licensee received a call from her supervisor stating that transportation was there to take one of her patients to dialysis treatment. Licensee went to the patient's room and discovered the patient to be unresponsive. The unresponsive patient was a full code patient, meaning all life saving measures should be taken if the patient

is found unresponsive. Licensee called the supervisor back and reported that the patient was gone. The supervisor looked for the patient for five minutes and called Licensee again and asked where the patient was. Licensee then reported that the patient was deceased. The supervisor then called a code blue and rushed to the patient's room to provide assistance. Licensee failed to call a code blue on the patient, and did not report that the patient was unresponsive until approximately five minutes after the patient was found unresponsive.  
Probation 01/25/2017 to 01/25/2018

### Stark, Debra A

De Soto, MO

Registered Nurse 2005008383

On January 29, 2015, an anesthesiologist reported to the Director of Surgical Services that Respondent had been observed in the anesthesia cart top drawer, where the narcotics are kept, on several occasions when Respondent was not supposed to be in the anesthesia cart. At the February 4, 2015 meeting, Respondent admitted that she had switched two filled fentanyl syringes with syringes filled with saline, but labeled as fentanyl. Respondent stated she removed the fentanyl syringes from the hospital to give them to someone she knows. Respondent later admitted to the Board's Investigator that on two occasions she took a fentanyl syringe, replaced it with saline, and diverted the fentanyl. Respondent told the Investigator that she was diverting the fentanyl for someone else.

Probation 12/08/2016 to 12/08/2021

### Pasley, Lisa Marie

O Fallon, MO

Registered Nurse 2002025791

The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 22, 2016. However, the Board did receive an employer evaluation via fax on September 6, 2016. In accordance with the terms of the Agreement, Respondent was required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board within eight (8) weeks of the effective date of the Agreement, which was July 15, 2016. Respondent contacted the Board on July 11, 2016, stating that she had an appointment for the evaluation scheduled for August 1, 2016. The Board has not received a thorough mental health evaluation submitted on Respondent's behalf.

Probation 12/28/2016 to 12/28/2019

### Cox, Denise L

Buffalo, MO

Licensed Practical Nurse 042450

The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of April 14, 2016, or July 14, 2016. As of the filing of the Complaint on August 2, 2016, the Board had not received proof of any completed hours.

Probation 12/28/2016 to 12/28/2019

### Hornback, Tena M

Sarcoxie, MO

Registered Nurse 120822

On January 7, 2016, coworkers noticed Licensee was exhibiting signs of impairment while at work.

Coworkers noted Licensee seemed to be in a daze and falling asleep while working. When Licensee was leaving the facility, she was asked to empty her pockets and it was discovered that Licensee had three (3) pills in her pocket. On January 8, 2016, Licensee was called in to the hospital for a meeting with the facility Administrator and was asked to submit a sample for a for-cause drug screen. Licensee's sample returned positive for Fentanyl.

Probation 01/03/2017 to 01/03/2022

### Menschik, Mary S

Saint Joseph, MO

Registered Nurse 2000163955

Respondent was working in the State of Arkansas utilizing her privilege to practice off her Missouri nursing license. The Missouri State Board of Nursing received information from the Arkansas Board of Nursing via the NURSUS website that Respondent was ordered to cease and desist practicing nursing in the state of Arkansas in a Cease and Desist Order dated July 11, 2016. In the Cease and Desist Order, the Arkansas Board found that Respondent had violated Arkansas' Nurse Practice Act by engaging in the practice of nursing without a valid license and engaging in unprofessional conduct. In the Order, the Arkansas Board made the following Findings of Fact: a. Respondent was terminated for failure to comply with BRMC Substance Abuse Free Workplace Policy.

i. Respondent submitted to a post-accident urine drug screen (UDS) on 12/31/2015.

ii. Respondent's UDS returned as positive on 01/08/2016 for morphine at 6,618 ng/ml.

iii. Respondent did not hold a valid prescription for morphine. b. Respondent was working in Arkansas on a Missouri license which expired on 04/30/2015. c. Respondent indicated she obtained substance abuse/addiction treatment at Lukens Institute in Florida following her termination from BRMC. i. Respondent states she is attending a 12 step program in St. Joseph, Missouri.

Probation 12/08/2016 to 12/08/2021

### Marsh, Melissa Dawn

West Plains, MO

Registered Nurse 2012017773

Respondent was working in the State of Arkansas utilizing her privilege to practice off her Missouri nursing license. The Missouri State Board of Nursing received information from the Arkansas Board of Nursing via the NURSUS website that Respondent was ordered to cease and desist practicing nursing in the state of Arkansas in a Cease and Desist Order dated August 12, 2016. In the Cease and Desist Order, the Arkansas Board found that Respondent had violated Arkansas' Nurse Practice Act by engaging in unprofessional conduct. In the Order, the Arkansas Board made the following Findings of Fact: Respondent was terminated from a facility in Arkansas on 07/23/2015 due to giving a narcotic without a physician's order, for failure to follow protocol for documentation of administering medication, and failure to complete a mandatory drug test. i. Respondent failed to sign out an Ativan 2mg/ml syringe on the controlled substance record, however, the respondent changed the balance from 1ml to 0ml

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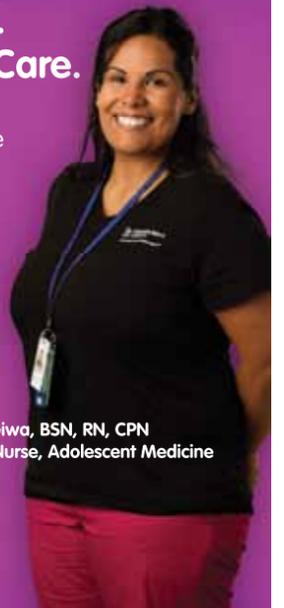


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# Disciplinary Actions\*\*

on the last entry made by a nurse on 06/26/2015. ii. Respondent failed to write a verbal order for tramadol 50 mg tablet. Respondent removed one tramadol ER 100mg tablet and one tramadol 50mg tablet for this patient. Respondent failed to document the administration of either medication on the Medication Administration Record.

iii. Respondent was asked to come in for a mandatory drug screen on 07/22/2015 after the discovery of missing Ativan 3mg topical cream. Respondent failed to come in as requested. iv. Three medical records were reviewed at this facility and a total of 200 mg tramadol and five (5) mg of lorazepam was unaccounted for. Respondent was terminated from a second facility on 03/17/2014 for violation of company rule or policy.

Respondent was Found Guilty upon a plea of guilty for Possession of Drug Paraphernalia, a Misdemeanor Class A on 06/22/2016 in the 37th Judicial Circuit Court, Howell County, Missouri. Respondent was placed on probation for a period of 2 years.

Respondent admitted to use of amphetamine (February, 2015) and cannabis (a month ago) during a Psychological/Addictive evaluation performed on December 8, 2015.

Probation 12/08/2016 to 12/08/2019

**March, Erin Kaye**

Luray, MO

**Registered Nurse 2013035973**

On March 19, 2016, Licensee shared private health information with a friend ("LB") of a patient she assessed in the emergency room. Licensee contacted LB via "Facebook" and messaged him during the duration of time that the patient was cared for at the hospital. Licensee told LB confidential medical information regarding the patient. Licensee acknowledged to LB that the patient "never formally gave me permission to speak to you" and she further confided that "I could lose my job and nursing license as well as face jail" for disseminating the patient's confidential medical information to LB. Licensee was terminated from the hospital on April 5, 2016 for violating the Health Insurance Portability and Accountability Act.

Probation 01/25/2017 to 01/25/2020

**Rico-Delfin, Brandie Jean**

Independence, MO

**Licensed Practical Nurse 2014033851**

On or about July 10, 2016, Licensee contacted her patient's mother to inform her that Licensee would not be coming in to work her shift that night. On July 18, 2016, Licensee submitted a timesheet indicating that she had worked on July 10, 2016. Licensee also submitted a patient assessment sheet indicating that

she had seen the patient on July 10, 2016. Licensee further submitted hour by hour nursing notes, from July 10, 2016 at 10:00 p.m. until July 11, 2016 at 12:00 p.m. indicating that she had seen the patient on July 10, 2016 and provided care for the patient. Licensee did not perform nursing duties for the patient on the night of July 10, 2016 through the morning of July 11, 2016. Licensee falsely documented her assessment and care for the patient.

Probation 02/07/2017 to 02/07/2019

**Farr, Adriane Maire**

Stewartsville, MO

**Registered Nurse 2006031272**

Count I On April 1, 2011 Licensee withdrew one vial of Hydromorphone 1 mg/ml at 23:20 for patient B.P. Licensee did not document the administration, return or waste of the Hydromorphone. On April 2, 2011, patient F.A. had a one-time order for Hydromorphone at 00:28. Nurse TG withdrew the medication and documented the administration at 00:33. Licensee later withdrew one vial of Hydromorphone 1 mg/ml at 00:45 for patient F.A. Licensee did not document the administration, return or waste of the Hydromorphone which she had withdrawn. On April 2, 2011, patient F.A. had a one-time order for Hydromorphone at 00:28. Nurse TG withdrew the medication and documented the administration at 00:33. Licensee later withdrew one vial of Hydromorphone 1 mg/ml at 00:49 for patient F.A. Licensee did not document the administration, return or waste of the Hydromorphone which she had withdrawn. On April 2, 2011, patient F.A. had a one-time order for Hydromorphone at 00:28. Nurse TG withdrew the medication and documented the administration at 00:33. Licensee later withdrew one vial of Hydromorphone 1 mg/ml at 01:11 for patient F.A. Licensee documented the administration of 0.5 mg of Hydromorphone at 01:13 and documented the wasting of the remaining 0.5 mg. The patient did not have a new order for the Hydromorphone after the one-time dose ordered at 00:28. On April 3, 2011 Licensee withdrew one vial of Hydromorphone 1 mg/ml at 21:09 for patient C.G. Licensee did not document the administration, return or waste of the Hydromorphone.

Count II On April 16, 2013, Licensee withdrew one syringe of meperidine for patient CS at 17:12. Licensee entered that the expected count in the drawer was 16, the actual count was 15 and the end count was 14. On April 16, 2013, Licensee withdrew one syringe of meperidine for patient RH at 19:13. Licensee entered that the expected count in the drawer was 14, the actual count was 15, and the end count was 14. Licensee documented incorrect information regarding the amount of meperidine available for patient use. On May 2, 2013, Licensee withdrew one syringe of lorazepam 2 mg/ml for patient CF at 19:34. Licensee

entered that the expected count in the drawer was 11, the actual count was 10 and the end count was 9. On May 2, 2013, Licensee opened the medication drawer containing lorazepam 2 mg/ml for patient VA at 22:11. Licensee entered that the expected count was 9 and the end count was 9. Licensee did not withdraw any lorazepam for patient VA. On May 2, 2013, Licensee charted the administration of lorazepam to patient VA at 22:10, 22:23, and 23:00. Licensee documented incorrect information regarding the withdrawal and administration of lorazepam.

Count III Licensee was working the overnight shift at the hospital on September 4 and 5, 2014. Licensee was still in her orientation period and was assigned to patients on the third floor with her preceptor, nurse OB. During her shift, Licensee was observed on the second floor several times passing narcotic medications to patients she was not assigned to. Licensee did not inform her preceptor that she was going to a different floor for the purpose of passing medications to patients. Additionally, Licensee was not consulting with the nurses assigned to the patients on the second floor prior to her administering narcotic medications to the patients.

Count IV Licensee filed an endorsement application to practice nursing in Kansas on or about December 22, 2014. On September 3, 2015 the Kansas State Board of Nursing issued its Proposed Default Order to Deny License to Licensee. In the Order, Kansas found that Licensee's actions amounted to unprofessional conduct and abuse of drugs. The petition Kansas had filed showed that Licensee had previously applied for licensure with Kansas in 2012. At that time, Licensee had been issued a temporary permit in Kansas. Kansas received information that Licensee tested positive for marijuana on a drug screen conducted on November 7, 2012 and that on November 15, 2012, Licensee left her assigned patient and had multiple medication discrepancies while working as a nurse on the temporary permit.

Probation 02/14/2017 to 02/14/2020

**Orton, Sean Paul**

Joplin, MO

**Licensed Practical Nurse**

On February 10, 2007, Applicant pled guilty to the class B misdemeanor of Excessive BAC. Applicant was ordered to complete SATOP and pay associated fines. On October 7, 2015, Applicant pled guilty to Reckless Driving. Applicant was ordered to complete eleven months of probation, multiple offender DUI school, and an alcohol evaluation. On November 4, 2015, Applicant pled guilty to the class B misdemeanor of DWI. Applicant was given a suspended execution of sentence

*Probation continued on page 14*



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# Disciplinary Actions\*\*

## Probation continued from page 13

with two years of probation, SATOP, a Victims Impact Panel, and fines. In his Application packet to the Board, Applicant states his sobriety date is March 20, 2015. He states that he regularly attends Alcoholics Anonymous meetings and has a sponsor.  
Probation 12/19/2016 to 12/19/2021

**Smith, Keanan Sean**  
Saint Charles, MO

**Licensed Practical Nurse 2004034001**

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of June 13, 2016 and September 12, 2016. The Board did not receive proof of completion for the continuing education hours by the documentation due date of September 11, 2016.  
Probation 12/08/2016 to 12/08/2018

**Moore, Ericka Renee**  
Saint Louis, MO

**Licensed Practical Nurse 2010024993**

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of October 12, 2015, or January 11, 2016. The Board did not receive proof of any completed continuing education hours by the October 8, 2015 due date.  
Probation 12/08/2016 to 12/08/2017

**Vandivert, Elizabeth Elaine**  
Springfield, MO

**Registered Nurse 2008019472**

On April 14, 2016, Licensee documented in the EPIC system the administration of the measles, mumps, and rubella ("MMR") vaccination at 4:08 p.m. to patient A.K. Patient A.K. was discharged at 4:30 p.m. The Omnicell report showed the MMR vial was removed by Licensee at 4:53 p.m. The MMR vial was not scanned into the medication administration record either, which was the hospital's practice for documentation of the administration of medications and vaccines. Licensee falsely documented the administration of the MMR vaccine to patient A.K.  
Probation 01/27/2017 to 01/27/2019

**Smith, Deshawna R**  
Overland Park, KS

**Registered Nurse 2016043350**

On May 31, 2005, Licensee signed a Diversion Agreement acknowledging her guilt of the crimes of

burglary in the District Court of Wyandotte County, Kansas, in case number 05CR188. Licensee was granted twelve months of probation and was released from probation on September 12, 2006 and the charges were dismissed upon successful completion of the diversion program. On December 2, 2015, Licensee pled guilty to the class A misdemeanor of Unlawfully Obtaining a Prescription Only Drug in the District Court of Wyandotte County, Kansas, in case number 15CR421. Licensee was sentenced to six (6) months of probation and was released from probation on June 30, 2016. Licensee admitted to diverting narcotics from her employer for another individual in 2013, which resulted in the criminal case referenced in paragraph 6. Licensee further disclosed that she entered into the Kansas Nurses Assistance Program on March 11, 2014, for a period of at least three years.  
Probation 12/13/2016 to 12/13/2019

**Browning, Ann Carolyn**  
Lees Summit, MO

**Licensed Practical Nurse 2001008899**

Licensee practiced nursing in Missouri without a license from June 1, 2012, through July 26, 2016.  
Probation 12/13/2016 to 12/13/2018

**Whitcraft, Anna Elizabeth**  
La Cygne, KS

**Registered Nurse 2011021817**

On or about June 12, 2014, a coworker reported to hospital administration concerns that Licensee was documenting patient assessments that she had not performed. It was reported that Licensee was observed visually looking at a patient, but then did not evaluate and assess the patient. However, Licensee's documentation stated that a full patient evaluation and assessment had been performed. Hospital administration conducted an investigation and found that Licensee falsified documentation on multiple occasions. It was reported on or about June 12, 2014, that Licensee had been observed not listening to the lungs, heart, or abdomen and not checking pulses of patients. However, Licensee documented that that these assessments had been performed. On or about June 13, 2014, Licensee documented that she changed the surgery dressing on patient MF. However, nurse LF assessed patient MF and noted that the surgery dressing was still in place. Patient MF confirmed that their dressing had not been changed until nurse LF changed the dressing. On or about June 16, 2014, it was reported that Licensee had documented that she listened to the heart, lungs, and bowel, checked radial or pedal pulses, and performed neuro checks.

Nurse MW had been shadowing Licensee and did not see these evaluations take place over a period of five (5) days. On or about June 16, 2014, it was reported that Licensee would access IV lines without scrubbing the port with alcohol before and after the port was accessed. On or about June 17, 2014, Licensee documented that she assessed patients post-surgery. Nurse LF and nurse VT, the manager for the orthopedic/rehabilitation unit at the hospital, spoke with the families and they reported that they had not observed Licensee using a stethoscope to listen to lung, chest, or bowel sounds. Licensee admitted to hospital administrators that she falsified patient assessments and evaluations. Licensee indicated that her stethoscope had been broken for approximately three (3) months and she did not have the money to purchase a new one. Stethoscopes were readily available at the hospital for Licensee to use.  
Probation 02/14/2017 to 02/14/2019

**Isidro, Benedict Santos**  
Merriam, KS

**Registered Nurse 2007018050**

On August 6, 2016, Licensee self-reported to the Board that he has an addiction to methamphetamine. Licensee informed the Board's investigator that he had been using methamphetamine since 2010. Licensee said that he had entered treatment in May 2014 for his addiction, but that he had relapsed a couple of times since then. Licensee states that he has not used methamphetamine since April 16, 2016. Licensee entered treatment on April 23, 2016. Licensee was successfully discharged on May 23, 2016. Licensee voluntarily enrolled in an Intensive Outpatient Behavioral Facility. Licensee was discharged on August 1, 2016.  
Probation 02/07/2017 to 02/07/2022

**Diaz, Tiffany Ann**  
Saint Joseph, MO

**Licensed Practical Nurse 2006007429**

On October 8, 2015, Licensee injured her back while assisting a patient out of a wheelchair. Licensee was asked to submit to a post-accident drug and alcohol screen. On October 14, 2015, the results of the drug screen were positive for amphetamine and methamphetamine.  
Probation 01/25/2017 to 01/25/2022

**Fedl, Michelle C**  
Columbia, MO

**Registered Nurse 147416**

On April 7, 2014, Licensee was called in for a drug test and admitted she had smoked marijuana. A drug test on April 28, 2014 confirmed the existence of marijuana metabolites in her system.  
Probation 02/01/2017 to 02/01/2021

**Haney, Melissa Renee**  
Moscow Mills, MO

**Registered Nurse 2017001531**

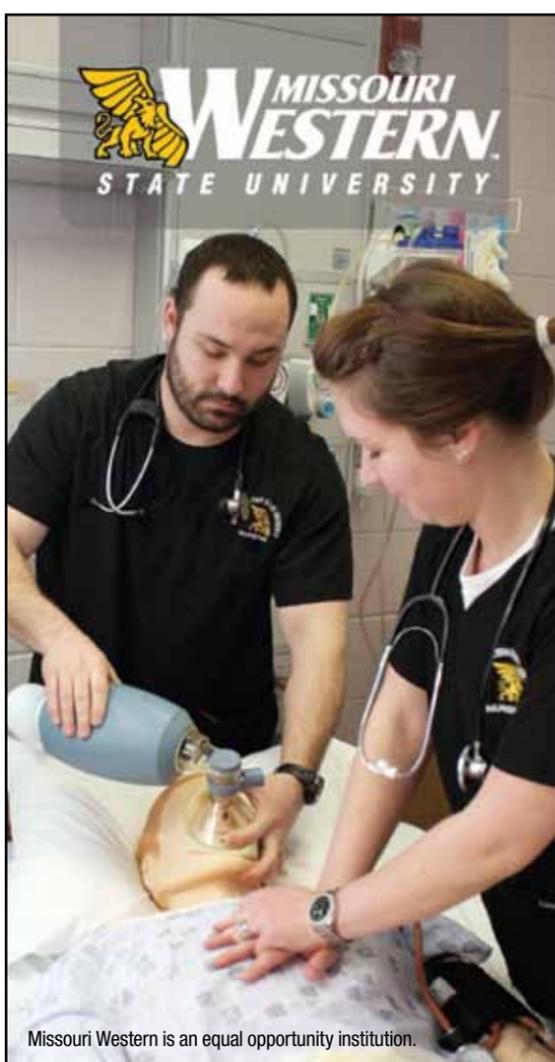
On or about March 5, 2004, Applicant pled guilty to driving while intoxicated, first offense. On or about June 7, 2010, Applicant was found guilty of driving while intoxicated. On or about September 4, 2013, Applicant pled guilty to the offense of operating while intoxicated.

On or about June 24, 2014, Applicant entered into the Kentucky Board of Nursing's Kentucky Alternative Recovery Program (KARE) for nurses for a term of not less than five (5) years. Applicant completed outpatient substance abuse treatment on August 3, 2015. Applicant has been diagnosed with alcohol dependence, now in remission. Applicant states her sobriety date is December 31, 2013. She regularly attends AA and has a sponsor. Applicant is compliant with the KARE program.  
Probation 01/19/2017 to 01/19/2020

**Lewis, Kathleen S**  
Saint James, MO

**Licensed Practical Nurse 057654**

On May 14, 2015, Licensee documented administering Hydrocodone to resident LW; however, she did not document the administration of the Hydrocodone in the Medication Administration Record or in the E-kit record, where Licensee would have retrieved the Hydrocodone. Licensee did not document personally administering hydrocodone to resident L.W. It was



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Probation continued on page 16



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# Disciplinary Actions\*\*

## Probation continued from page 14

determined that the Hydrocodone was not administered to resident LW until a CMT gave the medication to resident LW approximately three hours later. On May 22, 2015, Licensee documented two different readings for resident BC's blood sugar. Licensee further documented in the nurses notes that resident BC was administered eight units of insulin, and then documented in the Treatment Administration Record that a different amount of insulin, ten units, was administered. Licensee correctly administered insulin per resident B.C.'s physician order. Licensee could not confirm whether she had performed CPR on an unresponsive resident DD on May 22, 2015. Probation 01/05/2017 to 01/05/2018

**Tierney, Jane Ann**  
Saint Louis, MO

### Registered Nurse 2014006646

From September 29, 2014, the date the previous probation violation complaint was filed, until her license was revoked on December 16, 2014, and then after the issuance of the stay on January 7, 2015, until the filing of the complaint on August 4, 2016, Respondent failed to call in to NTS on fourteen (14) days. In addition, on three separate occasions, June 10, 2015, September 2, 2015 and May 23, 2016, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On June 10, 2015, the low creatinine reading was 3.4. On September 2, 2015, the low creatinine reading was 4.4. On May 23, 2016, the low creatinine reading was 14.6. A creatinine reading below 20.0 is suspicious for a diluted sample, which is deemed a failed sample. On April 25, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol. The Board received a chemical dependency evaluation twenty (20) days late, which stated that Respondent should continue to see the counselor. The Board did not receive proof of compliance that Respondent was following the recommendations of the evaluator by the quarterly due date of March 3, 2016; however, the Board received a letter from a counselor dated April 26, 2016, stating that Respondent attended her first session of counseling. Probation 12/08/2016 to 12/08/2021

**Barnhart, Stacy Lynn**  
Jefferson City, MO

### Licensed Practical Nurse 2006005957

On October 28, 2015, and August 3, 2016, 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 occasions. In addition, on August 22, 2016, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 19.6 for the August 22, 2016, sample. A creatinine reading below 20.0 is suspicious for a diluted sample. Probation 12/08/2016 to 12/08/2021

**Walker, Sarah Mae**  
Eldon, MO

### Licensed Practical Nurse 2004024525

From the date that she contracted with NTS on July 6, 2015, until the filing of the Complaint on October 19, 2016, Respondent failed to call in to NTS on twenty-four (24) days. Further, on February 12, 2016; March 10, 2016; April 6, 2016; June 24, 2016; August 1, 2016; August 24, 2016; and, September 27, 2016, 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 17, 2016; July 20, 2016; August 18, 2016; September 16, 2016; and October 13, 2016, Respondent failed to call NTS; however, those were all dates 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 May 17, 2016; July 20, 2016; August 18, 2016; September 16, 2016; and, October 13, 2016. In addition, on one occasion, January 13, 2016, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On January 13, 2016, the low creatinine reading was 19.9. A creatinine reading below 20.0 is suspicious for a diluted sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of June 1, 2016,

and September 13, 2016. The Board did not receive chemical dependency updates submitted on Respondent's behalf by the quarterly due dates of June 1, 2016, and September 13, 2016.

Probation 12/08/2016 to 12/08/2021

**Ross, Jessica Leigh**  
Jefferson City, MO

### Licensed Practical Nurse 2004027864

On June 13, 2014, Licensee contacted a pharmacy to request an order for Oxycodone for patient BS. Patient BS did not have an order for Oxycodone. On June 14, 2014, Licensee contacted the pharmacy to request an order of Oxycodone for patient BS. While nursing home administrators were reviewing activity on the computer related to Licensee's actions, Licensee changed the order from Oxycodone to Tylenol with Codeine. The pharmacy contacted the nursing home regarding Licensee's recent request for an order for Oxycodone for patient BS. On June 14, 2014, the nursing home contacted a second pharmacy to obtain hard prescriptions and a pharmacy manifest of filled narcotic medications. The second pharmacy reported that Licensee had been coming to the pharmacy weekly to pick up controlled substances, which was not standard procedure for obtaining medications at the nursing home. The nursing home reviewed the hard prescriptions supplied by the second pharmacy and discovered that approximately 780 tablets of Oxycodone and 2 bottles of Oxycodone concentrate 60 mls had been obtained by Licensee. Licensee had signed for the deliveries; however, there was no record of these prescriptions at the nursing home. On or about June 14, 2014, Licensee admitted to a police officer that she had stolen Oxycodone tablets from the nursing home for personal use. On or about December 17, 2014, Licensee pled not guilty to the class C felony Theft/Stealing Any Controlled Substance As Defined by §195.010, and was referred to an alternative court program.

Probation 12/07/2016 to 12/07/2021

**Patten, Mary Jo**  
Carthage, MO

### Registered Nurse 2016043208

Applicant received treatment at UnityPoint Health from September 5-24, 2013. She was diagnosed with alcohol dependence and depression. It was noted "the fact that her drinking took over so much of [her] life is not favorable for [her] recovery" and that she will "probably need mental health therapy, as well as 12-Step support to maintain her recovery." Applicant also received treatment at The Abbey Addiction Treatment Center from September 27, 2013 through October 3, 2013; however, applicant left treatment against medical advice. Applicant reported that she left due to issues getting the proper medication and food for a medical condition. Applicant admitted that she had alcohol dependence. Applicant receives aftercare through 12-Step meetings and working the steps with her sponsor. Applicant admitted the day she last drank alcohol was September 5, 2013. Applicant submitted a chemical dependency evaluation dated May 9, 2016, which reflects that Applicant is at low risk for relapse based upon her prior treatment, continued aftercare and length of sobriety. It was also recommended that she maintain involvement with a 12-Step group.

Probation 12/09/2016 to 12/09/2018

**Grayson, Daryl Lynn**  
Kansas City, MO

### Registered Nurse 153782

On or about January 9, 2015, Licensee was asked by administration to submit to a urine drug screen as part of an investigation into missing medication. Licensee's urine sample tested positive for Tramadol. When questioned by administration, Licensee was unable to provide a current prescription for Tramadol.

Probation 12/23/2016 to 12/23/2018

**Urban, Randi Michelle**  
Knob Noster, MO

### Registered Nurse 2008016911

Suspended 7/19/16-1/19/17; Probated 1/20/17-1/20/22

Respondent was employed by a hospital from April 1, 2013, until her termination on January 10, 2014. On December 10, 2013, Respondent was assisting nurse A.R. with an intubation in one of the trauma rooms. This trauma room had a Rapid Sequence Intubation kit ("kit") in it, which contained Propofol, Rocuronium, Succinylcholine and Etomidate that were packaged and ready to be used. Nurse A.R. and Respondent administered the Succinylcholine and Etomidate to the patient and wasted the remaining medication that was not administered. The patient was receiving a Propofol drip and was sedated; thus, the vials of Propofol and Rocuronium contained in the kit were not administered to the patient. Respondent left the trauma room with the unused and uncapped vials of Propofol and Rocuronium. Upon leaving the patient's room, Respondent told M.M., the

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# Disciplinary Actions\*\*

charge nurse, that she really needed to use the restroom. Respondent was in the restroom approximately twenty (20) minutes and another nurse reported to nurse M.M. that she believed Respondent may have passed out. Nurse M.M. took Respondent's blood pressure which was adequate and informed Respondent that she needed to call the house supervisor and inform her of the episode. Respondent reported that she had a vasovagal episode in the restroom. Respondent was later observed to have blood running down her arm while sitting at the ER desk. The blood was pointed out to Respondent, she then was observed to get up and walk towards a bathroom, which was located a distance away instead of raising her sleeve to look at her arm or using the restroom located nearby. Later, while seated at the ER desk, Respondent started to exhibit seizure like activity and lowered herself to the floor. Respondent's arms and legs were observed to be contracting up and she was unable to respond. After approximately 2-3 minutes, Respondent was able to respond verbally and stated that she could hear everything the entire time she was seizing, which is inconsistent with someone having a seizure. Respondent was taken to an ER room and a hospital gown was put on her. Nurse M.B. noticed that Respondent would not straighten her left arm. Respondent informed M.B. that she could not straighten her arm. When Respondent's arm was eventually straightened, nurse M.B. observed that Respondent had bruising in the AC area and a mark that looked like a puncture wound. Blood and urine were taken from Respondent at that time and submitted for testing. Respondent tested positive for Fentanyl and Propofol. Respondent admitted to the Board investigator that she had injected herself with Propofol in the bathroom. Probation 01/20/2017 to 01/20/2022

## REVOKED

**Testerman, Mark E**

Kansas City, MO  
Registered Nurse 153471

From June 15, 2016 through October 10, 2016, Respondent failed to call in to NTS on eighteen (18) days. Further, on July 19, 2016; August 11, 2016; August 29, 2016; and September 13, 2016, Respondent called NTS and was advised that he 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 September 28, 2016, 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 28, 2016. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 12, 2016. Revoked 12/08/2016

**Pendergast, Lana J**

Clay Center, KS  
Registered Nurse 119233

On September 13, 2016, Respondent pled guilty to the class E felony of Acquiring and Obtaining Possession of a Controlled Substance by Fraud or Deception. Revoked 12/08/2016

**Hiser, Marissa Kay**

Springfield, MO  
Licensed Practical Nurse 2004007932

Respondent never completed the contract process with NTS. The Board did not receive a thorough chemical

dependency evaluation submitted on Respondent's behalf by the documentation due date of September 12, 2016. Respondent was advised by certified mail to attend a meeting with the Board's representative on August 2, 2016. Respondent contacted the Board's representative to reschedule the meeting. The meeting was rescheduled for August 16, 2016. Respondent did not attend the meeting or contact the Board to reschedule that meeting. Revoked 12/08/2016

**Gleason, Gillian**

Kansas City, MO  
Registered Nurse 2005024351

From May 5, 2016, until the filing of the Amended Complaint, Respondent failed to call in to NTS on three (3) days. Further, on June 21, 2016, 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 June 23, 2016, 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 June 23, 2016. On July 27, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate, a metabolite of alcohol. Respondent failed to return multiple telephone calls to Dr. Greg Elam, Medical Review Officer for NTS. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of July 12, 2016. The Board did not receive a chemical dependency evaluation by June 7, 2016. Revoked 12/08/2016

**Tate, Keith N**

West Branch, IA  
Registered Nurse 148724

On February 20, 2015, Respondent signed a Consent Order voluntarily surrendering his Iowa nursing license. Revoked 12/08/2016

**Bowman, Dwight Christopher**

Jackson, MO  
Licensed Practical Nurse 2011041271

On or about October 16, 2014, Respondent was asked to submit to a for-cause drug screen. Respondent submitted a sample for drug testing and he confessed that he believed he would test positive for hydrocodone due to consuming his wife's prescription for hydrocodone. Respondent did not have his own prescription for hydrocodone. On or about October 20, 2014, the test was confirmed positive for hydrocodone. Revoked 12/08/2016

**Glaser, Richard B**

Nixa, MO  
Registered Nurse 104675

On or about January 31, 2017, the Board received certified records from the State of Ohio Board of Nursing (Ohio Board) indicating that the Ohio Board issued an Order revoking the nursing license of Respondent on January 26, 2017. Revoked 02/24/2017

**McCarron, Susan R**

Farmington, MO  
Licensed Practical Nurse 038921

Respondent failed to call in to NTS on six (6) days. Further, on August 30, 2016, and September 30, 2016, 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. Respondent failed to provide her employer with the Order until October 3, 2016. Revoked 12/08/2016

**Pipes, Kayla Diann**

Sparta, MO  
Licensed Practical Nurse 2015004231

From January 29, 2016, until the filing of the Complaint on August 1, 2016, Respondent failed to call in to NTS on thirty-five (35) days. Respondent ceased calling NTS on July 2, 2016. Further, on February 19, 2016; April 6, 2016; May 3, 2016; May 10, 2016; and June 16, 2016, 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 May 25, 2016, June 30, 2016, and July 21, 2016, Respondent failed to call NTS; however, those 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 May 25, 2016; June 30, 2016; and July 21, 2016. In addition, on March 9, 2016, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. Respondent's creatinine reading was 17.9 for the March 9, 2016, sample. A creatinine reading below 20.0 is suspicious for a diluted sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of May 10, 2016. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the quarterly due date of May 10, 2016. The Board did not receive evidence of support group attendance by the quarterly due date of May 10, 2016. Revoked 12/08/2016

**Dutcher, Melissa Renee**

Saint Peters, MO  
Licensed Practical Nurse 2009008891

From October 20, 2015, until the filing of the Complaint on October 18, 2016, Respondent failed to call in to NTS on thirty (30) days. Further, on April 27, 2016, 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 October 22, 2015, and August 31, 2016, Respondent failed to call NTS; however, both 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 October 22, 2015, and August 31, 2016. Revoked 12/09/2016

*Revoked continued on page 18*

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## Disciplinary Actions\*\*

Revoked continued from page 17

**Flynn, Terri L**  
Kansas City, MO  
**Registered Nurse 143606**

Respondent never completed the contract process with NTS. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the quarterly due date of September 12, 2016. Respondent did not attend the meeting with the Board's representative on August 2, 2016. She also failed to contact the Board to reschedule the meeting.

Revoked 12/08/2016

**McKay, Stephanie Lynn**  
Holden, MO  
**Licensed Practical Nurse 2010023173**

From May 10, 2016 through August 1, 2016, Respondent failed to call in to NTS on sixty-eight (68) days. Further, on June 7, 2016; June 17, 2016; July 5, 2016; and July 22, 2016, 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 four days. On May 19, 2016, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Tramadol, Hydrocodone, and marijuana. Respondent does not have a prescription for, or a lawful reason to possess, Tramadol, Hydrocodone, and marijuana. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of July 5, 2016.

Revoked 12/08/2016



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## SUSPENSION

**Smith, Christy L**  
Franklin, MO  
**Registered Nurse 139191**

During a pharmacy audit of Licensee's medication administration from January 26, 2016 through March 3, 2016, discrepancies were found. During that time, Licensee removed a total of twenty-seven oxycodone-APAP 5-325 mg tablets, and Licensee did not document the administration, waste, or return of the narcotics. Licensee removed six mg morphine and did not document the administration, waste, or return of the morphine. Licensee removed a hydromorphone 1 mg carpujet and failed to document the administration, waste, or return on the narcotic. On three occasions, Licensee failed to document a pain score for patients prior to administering narcotics. On March 16, 2016, Licensee's drug screen returned positive for amphetamines, marijuana, and methamphetamine.

Suspension 02/01/2017 to 08/01/2017; Probated 8/2/17-8/2/22

## VOLUNTARY SURRENDER

**Hawkins, Kathryn Ann**  
Columbia, MO  
**Licensed Practical Nurse 2008025626**

On or about August 21, 2015, it was reported to agency administrators by client's daughter, C.O., that Licensee had stolen client E.C.'s pain medication. C.O. reported that Licensee was still in the home and that the police had been called. The police searched Licensee's purse at the home and found several pills which matched E.C.'s morphine pills. Licensee was arrested by the Police Department for possession of a controlled substance. Licensee admitted to the Board's investigator that she took E.C.'s morphine pills and that she had a substance abuse problem.

Voluntary Surrender 12/13/2016

**Lanemann, Shirley A**  
Florissant, MO  
**Registered Nurse 124021**

Licensee voluntarily surrendered her Missouri nursing license, effective January 11, 2017.

Voluntary Surrender 01/11/2017

## NURSE IMPOSTER ALERT

The Missouri Board of Nursing recently received a complaint concerning a nurse imposter using the name of Haley Rogers. This individual represented herself as a graduate nurse and submitted a fraudulent document to an employer indicating she had graduated from a nursing school when she had not done so. She additionally provided a nursing license number of another nurse when asked for her license number by this same employer. Haley Rogers is not licensed as a nurse by the Missouri State Board of Nursing, but it has been reported that she is representing herself as being a licensed registered professional nurse.

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Information on the Nurse Licensure Compact can be found at [www.ncsbn.org/nlc.htm](http://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:

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- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
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*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.*

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# Missouri State Board of Nursing

## Continued Recognition by the U.S. Department of Education for Full Four Years

While not required, the Missouri State Board of Nursing (Board) has maintained recognition by the U.S. Department of Education (Department) as an approval agency for nurse education since 1970. This recognition by the Department is voluntary; currently only five (5) state boards of nursing have attained and continue this distinguished designation. Recognition by the Department is based on rather extensive review and requires detailed petition processes explaining the Board's approval policies, standards and actions. The Board's extraordinary commitment to regulatory responsiveness, vigilant monitoring of ethical standards and processes, and the drive to safeguard standards and outcomes for students and graduates continue to provide necessary evidence to uphold the Department's recognition of this Board. On February 22nd, 2017 the Department granted continued recognition of this Board for the full 4 years.

The Missouri State Board of Nursing (Board) has statutory authority to approve practical nursing, associate degree, diploma, baccalaureate, and entry-level master's degree nursing programs with physical presence in the State of Missouri that prepare individuals for initial licensure as a practical or professional nurse. Currently forty-two (42) practical, thirty-two (32) associate degree, one (1) diploma, and twenty-five (25) baccalaureate degree nursing programs are approved by the Board. A pre-licensure option to obtain a master's degree in nursing within a currently approved baccalaureate nursing program has been in place since 2010. Although the Board is responsible for all Missouri-based pre-licensure nursing programs, it is to be noted that oversight authorized by the U. S. Department of Education applies only to the professional nursing programs of which there currently are a total of fifty-eight (58).



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