

Missouri



STATE BOARD OF NURSING NEWSLETTER

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May, June, July 2011

Message from the President

Aubrey F. Moncrief, CRNA

Hopefully by the time you are reading this article all signs of winter will be a memory. March was a busy month for the Board of Nursing beginning with the usual three days of hearings. Then I went to Chicago for a leadership program for boards of nursing executive officers and board presidents sponsored by the National Council of State Boards of Nursing (NCSBN).

The same questions from the audience seem to come up at every Board meeting and again I am happy to answer what I can. The most common question is, "What does the Board of Nursing do?"

First, we are mandated by law to protect the public. When complaints come into the office we look at each one to determine if an investigation is warranted. Every complaint is taken seriously. Each case is independently reviewed and considered to determine if it is a violation of the Nurse Practice Act. If a violation has occurred, the Board then determines the appropriate disciplinary action to be taken. The result of our diligence means as a Missourian you can feel safe in the care you receive from a nurse in Missouri.

Secondly, we have a variety of responsibilities ranging from nursing education (surveying and approval of schools

of nursing and tracking pass rates for NCLEX exams), to licensure (new and renewal applications), to monitoring discipline.

We are also often asked about the makeup of the Board of Nursing. Pursuant to Section 335.021 RSMo, "the Missouri State Board of Nursing shall consist of nine members, five of whom must be registered professional nurses. Two members of the board must be licensed practical nurses and one member must be a voting public member. Two of the five registered professional nurses shall hold a graduate degree in nursing, and at least one of the professional nurse members shall represent nursing practice. Membership on the board shall include representatives with expertise in each level of educational programs the graduates of which are eligible to apply for licensure such as practical, diploma, associate degree, and baccalaureate."

The nine members of the Board set policy for the Board and are the only ones allowed to vote in the decisions of the Board. As President of the Board, it is my job to ensure fairness and provide leadership to efficiently and effectively move the Board to its decisions. This cannot be done without the cooperation and support of the Board staff.

Again I want to remind every nurse to be vigilant and stay true to their nursing education. Be careful out there!

Executive Director Report

Authored by Lori Scheidt, Executive Director

Legislative Update

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

Nursing Education Incentive Program

Representative Wayne Wallingford (R-District 158) introduced House Bill 223 and Senator David Pearce (R-District 31) introduced *Senate Bill 191*. Passage of either bill would authorize the Board of Nursing to provide funding for the nursing education incentive program. In our last newsletter we referred to this as the *Caring for Missourians* initiative. A substitute bill was filed that would allow any institution of higher education accredited by the Higher Learning Commission of the North Central

Association that offers a nursing education program to apply for grants. Grant awards would not exceed \$150,000 and no campus could receive more than one grant per year. The Board of Nursing and Department of Higher Education would determine categories and areas of need for designating grants.

The Board of Nursing Fund would support the grant transfer for three years with \$1,000,000 per year. The Board of Nursing, Department of Higher Education, the Governor and General Assembly would review program outcomes to determine if the program should continue. Future transfers would also depend on the Board of Nursing fund balance at or near the end of the three year period. The Board recognizes that the number of applications to enter nursing programs has increased in recent years; however, nursing programs are limited in their capacity due to insufficient numbers of nurse faculty and clinical placements.

The Board of Nursing believes this additional funding would be an investment in the infrastructure of Missouri nursing programs.

Disciplinary and Administrative Procedures for Professions and Businesses

Senator Kevin Engler (R-District 3) filed *Senate Bill 303*. The companion bill was filed by Representative Ellen Brandom (R-District 160) as *House Bill 732*. These bills would modify disciplinary and administrative procedures for professions and businesses licensed under the Division of Professional Registration.

License Verification

Representative Jason Smith (R-District 150) introduced *House Bill 265*, which would require

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The Honorable Jeremiah W. (Jay) Nixon

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any board, commission, committee, council, or office within the Division of Professional Registration to notify a licensee's current employer, if the employer is known, of a change in the licensee's license or disciplinary status. Employers might also provide a list of current licensed employees and make a written request to the appropriate board to be notified when there is a change in the licensing status of any of those employees. This same language can also be found in *Senate Bill 325* filed by Senator Jay Wasson (R-District 20).

MO Healthnet Program

Representative Jeanne Kirkton (D-District 91) filed *House Bill 272*, which would add a licensed nurse to the MO Healthnet Program.

Prompt Credentialing Act

Representative Jeanne Kirkton (D-District 91) filed *House Bill 347*. This bill establishes the Prompt

current resident or

Presort Standard
US Postage
PAID
Permit #14
Princeton, MN
55371

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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 (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

Executive Director Report continued from page 1

Credentialing Act and requires a health carrier to credential a health care professional within 60 days of receiving a completed application. Once credentialed, a health carrier must retroactively compensate a health care professional for services rendered from the date of his or her application.

Your Role in the Legislative Process

We urge you to study all facets of the issues being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint. Every issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, what your area of expertise is, and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

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Number of Nurses Currently Licensed in the State of Missouri

As of April 28, 2011

Profession	Number
Licensed Practical Nurse	23,960
Registered Professional Nurse	90,265
Total	114,225

Schedule of Board Meeting Dates 2011-2012

- June 1-3, 2011
- September 7-9, 2011
- December 7-9, 2011
- March 7-9, 2012
- June 6-8, 2012
- September 5-7, 2012
- December 5-7, 2012

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>



Licensure Corner

Authored by **Angie Morice**
Licensing Administrator

Missouri State Board of Nursing Licensure Committee Members:

- Deborah Wagner, RN, Chairperson
- Adrienne Anderson Fly, Public Member
- Lisa Green, RN
- Rhonda Shimmens, RN
- Roxanne McDaniel, RN

RN Licenses

There are legitimate concerns about nurse imposters and the potential to alter licenses. Therefore, beginning in 2011, you will receive one wallet-sized card that does not contain an expiration date, multistate or single state license status. You need to go to www.nursys.com to verify multistate or single state license status and expiration date. www.nursys.com serves as primary source verification for Missouri.

RN renewals with “yes” answers

RNs who answered “yes” to any questions on the renewal form will need to submit a **notarized** explanation and supporting documents to the Board. If you answered “yes” to any of the questions and have not already submitted the proper paperwork, you will receive a letter in the mail asking for your explanation and supporting documents regarding your answer. It is important that you respond to this letter, failure to do so may result in an investigation and possible discipline against your license.

If you do not receive your new license before the expiration date, do you have to stop working?

To avoid delays, return your renewal notice as soon as it is received. Your license will be renewed upon receipt of the required renewal notice and fee. You do not have to stop working if you can verify that your license has been renewed.

The State Board of Nursing will no longer issue a paper verification to licensees who opt to come to the Board office to renew his/her license. **Renewals in person are NOT quicker.** If you have waited until the last minute to renew your license, you may come to the board of nursing office to renew your license. However, you will **NOT** receive your license or verification that day. The license will be mailed to you. It can take up to five business days to renew a license.

As soon as your license status can be verified online as current, you may begin practicing. Nurses and employers are directed to www.nursys.com to verify multi-state or single state license status, discipline and expiration date. The actual license will not have an expiration date or multi-state or single state license status. Licensure verification is available free 24/7 at www.nursys.com.

RN Lapsed License Renewals

If you let your Registered Nurse license lapse during the last renewal period and wish to renew it now, you will need to complete the RN Petition for License Renewal found on the Board’s website at <http://pr.mo.gov/nursing.asp>. The fee to renew a lapsed RN license is \$40.00 plus a \$50.00 late fee for a total of \$90.00. You will also be required to complete a criminal history background check before your license can be renewed.

If you have been practicing on a lapsed license, you must stop practicing immediately and submit stop-working statements from both yourself and your employer, along with the petition and fees.

The nurse’s **notarized** statement must include the following information:

- How you discovered that your license was not current;
- Date you discovered your license was not current;
- Date you notified your employer that you could not practice nursing;
- Date you ceased nursing practice; and,
- Confirmation that you will not resume employment in a nursing position until your license is renewed.

The statement from the employer must include:

- Date employer received notification that your license was not current;
- Date employer removed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

The license will be renewed after the above information has been received. The information will then be forwarded to the Board Members for deliberation for discipline on the nurse’s license.

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

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

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at <http://pr.mo.gov>. The form may be downloaded from our website and submitted.

Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper

NURSES
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CARE





The Legal Perspective

**Authored by Mikeal R. Louraine, BS, JD
Senior Legal Counsel for the
State Board of Nursing**

A licensee that had received a Settlement Agreement called me and, after asking various other questions, closed with, "is there anyway that you can keep me out of the newsletter?" Much to their chagrin, the answer was, "no".

Many years ago, the Board decided to print a short summary of the facts of every disciplinary action in the newsletter. The purpose was two-fold; first, to give licensees an indication of what kinds of practices could result in discipline; and secondly, to serve as a warning to licensees. "If you're doing what Nurse A was doing, stop now!"

The Board also lists all disciplinary actions on its website. If there is discipline against the license of a nurse, any member of the public with Internet access can view that information.

All final disciplinary actions by the Board; whether settlement agreements, disciplinary orders or probated license orders, are public records. If properly requested, the Board is required by the Sunshine Law to provide a copy of the disciplinary action to the requestor. The Board is also in the process of putting all disciplinary documents on Nursys. As I'm sure you know, Nursys is the license verification web-site run by the National Council of State Boards of Nursing. When you look up a licensee on Nursys, in addition to telling you if the licensee has a valid license in Missouri, there will also be a pdf copy of any disciplinary document available to view and/or print.

I sometimes get asked if the Board is required to put the information in the newsletter or on the website. The answer is "no". The Board is not required to publish the information, but is authorized to and chooses to do so. In addition to the reasons noted above, the Board has chosen to put the information on the website for purposes of license verification. By keeping the information on the

website complete and up to date, potential employers can view the information online without having to call the Board directly. If the information was not available online, employers would have to call the Board offices to verify license status and inquire about past or current discipline. This also provides employers with access 24/7 without having to make extra calls.

Another question along the same vein is where does the information that is listed in the newsletter or on the website come from. Each disciplinary action contains a section entitled 'Statement of Facts'. The short descriptions that are printed in the newsletter and online are abbreviated versions of the Statement of Facts. Therefore, the listed information came from a Settlement Agreement that the licensee agreed to or an Order issued by the Board, the Administrative Hearing Commission or a Circuit Court.

Another related question I get is how long the discipline information will remain on their record. The answer is that the discipline remains a part of their record forever. The Board of Nursing is a creation of statute. The Board has only those powers that are granted it by law. There is no authority in the Board's statutes that allow for the removal or expungement of a disciplinary action. The entry will show the beginning and ending of any disciplinary period. For example, the entry may show that the licensee was on probation from January 1, 2005 to January 1, 2008. Even though the probation has ended, the fact that the licensee was on probation will always be a part of the licensee's record.

In short, if a licensee ends up having their license disciplined, the information will be on the website, will be in the newsletter and will be a public record. The Board has legitimate reasons for doing this. Further, the Board is complying with the Sunshine Law by posting the information. The Board does not publish the information to embarrass any licensee. My suggestion to licensees is to guard your license and don't put yourself in a position to have to fight to stay out of the newsletter.



Practice Corner

**Authored by Debra Funk, RN
Practice Administrator**

Missouri State Board of Nursing Practice Committee Members:

- Aubrey Moncrief, RN, CRNA
- Deborah Wagner, RN
- Rhonda Shimmens, RN-C
- Roxanne McDaniel, RN, PhD
- Robyn Chambers, LPN
- Irene Coco, LPN

To Pounce or Pronounce

A complaint frequently seen by the Board involves nurses in the long-term care environment and their confusion surrounding what they are to do for residents with a designation of DNR (Do Not Resuscitate) or AND (Allow Natural Death). This confusion can be seen in other practice settings as well. These phrases can be interpreted very differently. It is important for you to gain a clear understanding at the time of hire as to the expectations of your facility. A misunderstanding on your part may result in a poor outcome for the resident/patient as well as discipline or termination from your job and/or discipline from the Board of Nursing.

DNR or Do Not Resuscitate may be an order from a physician or the request of the resident/family instructing other healthcare providers in health care institutions not to try to revive a patient whose heart stops beating or who stops breathing. A facility may also use the phrase "No Code". It does not instruct healthcare providers "Not To Treat" the patient for other problems such as, but not limited to, signs of an infection, fever, hypo/hypertension, symptoms of congestive heart failure, a change in mental status or a lack of oral intake due to poor appetite. These examples constitute a change in condition and must be reported to the physician.

AND or Allow Natural Death sounds a little friendlier but the expression is less explicit and more vague than "DNR", thus even more likely to mislead. An "AND" may fall more in line with a "living will". A "living will" may outline general or very specific instructions about

the prolongation of life or the types of treatment that the patient wishes to receive should they become incapacitated. Some facilities in our state are using this terminology instead of DNR while others view it as a "living will". Again, be sure you understand what this means in your facility.

There isn't usually much confusion about what a facility expects when they use the phrase "Full Code". All lifesaving measures available at that facility will be instituted. It is imperative that all staff members know where the emergency equipment is located, that it is in good repair, that once it has been used all disposable things are discarded and replaced and that the equipment is put back in its designated area ready for the next use. Additional assistance from the EMS system will be requested by calling 911. All lifesaving measures will continue until a physician determines that all further efforts are fruitless.

The phrase "presumed dead" is frequently used referring to a policy developed by the medical director and administration of a long-term care facility and would be implemented upon admission of a resident, which describes how an unwitnessed death is determined in their facility. Typically this means that a resident who has an unwitnessed collapse or is found with, but not limited to: pupils fixed and dilated; skin cold and clammy, and unconscious for more than seven (7) minutes, would not benefit from further medical intervention, regardless of code status. The resident and/or their family are informed of and sign this policy as part of the admission process.

There are many ways to keep staff informed of the code status of residents. In a busy environment like a long-term care facility, often this type of recordkeeping is thought of by staff as mundane and insignificant. That couldn't be farther from the truth. It is of utmost importance that this designation is kept current, reflecting any changes that may occur in a resident's status, in order for the staff to be able to respond appropriately in an emergency.

By knowing your facility's policies regarding code status, maintaining emergency equipment and keeping resident code status up to date, you will be better prepared to respond appropriately when you are called upon to pounce or pronounce.



Education Report

*Authored by Bibi Schultz, RN MSN,
Education Administrator*

Missouri State Board of Nursing Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhD(c)
- Ann Shelton, RN, PhD
- Deborah Wagner, RN
- Irene Coco-Bell, LPN

Update on Board Approvals

During the March 2011 board meeting, the Missouri State Board of Nursing reviewed proposals for establishment of two new nursing programs as well as two nursing program expansions. The Board made the decision to grant Initial MSBN Program Approval contingent on a site survey to Brown Mackie College for establishment of a new Associate Degree in Nursing program in Fenton, Missouri. A proposal from ITT Technical Institute for establishment of a new Associate Degree in Nursing program in Springfield, Missouri was denied at that time. Moberly Area Community College received MSBN Approval for expansion of their LPN to Associate Degree in Nursing program at the Kirksville campus. St. Louis Community College received MSBN Approval for expansion of their Associate Degree in Nursing program in partnership with Barnes-Jewish Hospital in St. Louis, Missouri. Both program expansions were granted contingent on site surveys, which will be conducted to verify facilities and resources prior to initiation of instruction.

Revision of Minimum Standards for Nursing Programs

By statute the Missouri State Board of Nursing (MSBN) has authority for regulatory oversight of nursing education programs leading to initial licensure as a nurse. Currently a total of 107 nursing programs are approved by the MSBN. Minimum Standards for Programs of Professional as well as Practical Nursing are stated within the MSBN regulations promulgated pursuant to the Missouri Nursing Practice Act, which are accessible on the MSBN website under rules and statutes.

Every two to three years the MSBN initiates processes designed to keep Minimum Standards current. A Minimum Standards Task Force (Task Force) is formed. The MSBN considers a variety of factors while choosing the Task Force members. Qualifications/credentials, experience/involvement in nursing education, interest in regulatory processes as well as time commitments are considered. The MSBN then issues the charge for review of current Minimum Standards and formulation of recommendations for potential revision.

The current Task Force was formed in the spring of 2010 and is made up of eighteen (18) nurse educators from various regions of the state. All levels of nursing

education are represented. Dr. Teri Murray serves as the current Task Force chair. Board staff works with the Task Force to support processes. The first face-to-face meeting was conducted on August 6th, 2010 at the board office in Jefferson City, Missouri.

The Task Force conducted an intense review of current literature, discussed and considered current affairs, reviewed documents including the recent IOM Future of Nursing Report and initiatives related to BSN in 10, U.S. Department of Education accreditation/approval requirements, rules and statutes related to nursing education in other states/jurisdictions as well as National Council of State Boards of Nursing model rules. Standards set forth by national accrediting agencies for nursing education were considered as well. The Task Force then carefully reviewed the current Minimum Standards section by section and made recommendations for potential revision.

As the Task Force continues to meet, each proposed revision is carefully examined, discussed, scrutinized, often restructured/reworded and finally adopted or dismissed by a majority vote of the Task Force. As of February 18th, 2011 the Task Force review of Minimum Standards is almost complete and preliminary recommendations for potential revision have been formed. The Task Force plans to reconvene this spring to complete review and finalize their recommendations. Once finalized, recommendations will be submitted to the MSBN for review/revision and approval. Task Force submission to the MSBN is projected for June 2011. Upon approval by the MSBN the rulemaking process may be initiated at the direction of the MSBN.

The rulemaking process includes multiple steps including a 30-day public comment period during which potential rule revisions are available for public review/response. This public comment period is an important segment of the rule making process. Everyone is encouraged to review recommendations and to submit comments and concerns. Nursing education affects the entire nursing profession. Therefore, it is important to take this opportunity to become involved in regulatory processes and share valuable thoughts related to regulatory updates. At the earliest, enactment of revised Minimum Standards may be expected for June 2012. Watch for periodic updates related to these important processes.

Discipline Corner

Authored by Janet Wolken, MBA, RN
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

- Aubrey Moncrief, RN, Chair
- Adrienne Anderson Fly, JD
- Lisa Green, RN
- Ann Shelton, PhD, RN
- Deborah Wagner, RN

Understanding the Disease of Addiction

The Journal of Nursing Regulation, volume 1, issue 2- July 2010 contained the article Understanding the Disease of Addiction by Kathy Bettinardi-Angres, MS, RN, APN, CADC, and Daniel H. Angres, MD. I found the article to have interesting information and I would like to thank Maryann Alexander, PhD, RN, and Cynthia Saver, RN, MS, for giving me permission to reprint it for you.

Understanding the Disease of Addiction

Kathy Bettinardi-Angres, MS, RN, APN, CADC,
and Daniel H. Angres, MD

The disease of chemical dependency can be traced to neural pathways in the brain predating a diagnosis of addiction. A genetic predisposition alone is not enough to predict addiction. Typically, psychological and social influences drive the person to use the addicting substances, and the combination of genetic predisposition and these influences triggers the disease. Chemically dependent nurses are susceptible to the scrutiny of boards of authority if their addiction affects the workplace. Therefore, those in authority should understand the disease of addiction and use an effective, compassionate approach that will benefit both the addicted nurse and nursing as a whole.

Learning Objectives

- Define addiction, substance abuse, and substance dependence.
- Identify contributing factors for addiction.
- Explain the biological neural pathways that underlie addiction.

The concept of alcoholism and other drug dependency as being a disease first surfaced early in the 19th century. In 1956, the American Medical Association (AMA) declared alcoholism an illness, and in 1987, the AMA and other medical organizations officially termed addiction a disease (Leshner, 1997). The American Nurses Association estimates that 6% to 8% of nurses have alcohol or drug abuse problems serious enough to impair their judgment, meaning that the disease of addiction profoundly affects the nursing profession.

The following description of the disease of addiction has utility when trying to understand the mechanisms responsible for the processes that occur under the direct influence of substances or addicting behaviors and for a period of time afterwards. The phenomenon of craving in some can also be at least partly attributed to these neurophysiologic mechanisms. Under the direct influence of the disease, the addict is in an altered state of consciousness, one that is now measurable with the newer imaging techniques. There are advantages for the nursing and medical community to understand these mechanisms, so the proper specialized approaches to addiction can be implemented. The status of "disease" can also assist with the necessary coverage for treatment, giving addiction its rightful parity with other diseases in psychiatry and medicine.

Not everyone accepts addiction as a disease. Some still view it as a moral failure or lack of will power. Many nurses remain silent about their addiction to mood-altering substances for a number of reasons. The most important reason is denial (Morse & Flavin, 1992). Addicted nurses also experience shame and guilt that drive the addiction underground. They do not intentionally jeopardize the safety and well-being of their patients or themselves; in fact, the workplace is often the last place the signs and symptoms of addiction become obvious. Thus, overt signs and symptoms in the workplace usually mean the disease has already progressed (Angres, Talbott, & Bettinardi-Angres, 2001) (see Table 1).

Understanding the biological mechanisms that underlie

addiction can help others recognize and treat the problem with more empathy, less stigmatization, and more effective outcomes. Alcohol and drug addiction are primary, chronic, progressive, and often fatal health problems for all of society, not just the medical and nursing community.

Table 1
Recognizing Addiction in the Workplace

Typically, the workplace is the last place the signs and symptoms of addiction become obvious. Changes in mood, behavior, and appearance may be gradual or sudden. The signs and symptoms of addiction include:

- frequent tardiness and absenteeism
- poorly explained accidents and injuries
- relationship discord: marital, family, professional
- deterioration in personal appearance
- significant weight loss or gain
- long sleeves and tinted glasses inappropriate for the setting
- overuse of cologne and breath fresheners
- severe mood swings or change in personality
- withdrawal from family, friends, and coworkers—for example, refusing social invitations
- frequent disappearances during work hours
- smell of alcohol on breath during work hours
- too much time spent with opiates, or missing opiates
- dilated or pinpoint pupils
- extra work shifts to obtain substances.

Defining Addiction

Addiction is defined as the ongoing use of mood-altering substances, such as alcohol and drugs, despite adverse consequences. Genetic, psychosocial, and environmental factors influence the development and manifestations of the disease (Morse & Flavin, 1992). Characteristics of alcoholism include continuous or periodic impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences, and distortions in thinking—most notably denial. To the brain, alcoholism and drug addiction are the same.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines substance abuse and dependence as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, although they are manifested differently.

Substance dependence is defined and manifested by three or more of the following occurring at any time in the same 12-month period:

- A need for markedly increased amounts of the substance to achieve intoxication or desired effects
- A markedly diminished effect with continued use of the same amount of the substance
- The characteristic withdrawal syndrome for the substance
- The same substance taken to relieve or avoid withdrawal symptoms
- The substance taken in larger amounts or over a longer period than was intended
- A persistent desire or unsuccessful efforts to cut down or control substance use
- A great deal of time spent in activities needed to obtain the substance, use the substance, or recover from the effects
- Reduction in or absence of important social, occupational, or recreational activities because of substance use
- Continued substance use despite knowledge of a persistent or recurrent physical or psychological problem caused or exacerbated by the substance.

Substance abuse is defined and manifested by one or more of the following in a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
- Recurrent substance use in situations in which it is physically hazardous
- Recurrent substance-related legal problems
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Substance dependence and abuse are differentiated for diagnostic purposes, but often treated similarly by clinicians. Dependence is the more severe diagnosis, but substance abuse can lead to substance dependence.

Causes of Addiction

A percentage of the population has a biogenetic predisposition to chemical or addictive behaviors; however, early-life traumatic experiences, such as isolation or abuse, can contribute to a predisposition to addiction. A predisposition alone is generally not enough to cause the disease. Often, a person is influenced by social factors, such as peers and societal and familial norms, and psychological issues, such as a history of physical or sexual abuse, other trauma, and dual diagnosis.

Dual Diagnosis

A common dual diagnosis for addicts and alcoholics is anxiety disorder. Chemical dependency is a primary disease, however, and is not caused by other diseases. Both diagnoses must be treated fully and equally. The only issue is the use of addicting substances to treat a chemically dependent person, which may fuel the addiction—for example, treating anxiety disorder with benzodiazepines. A person with a dual diagnosis needs continuity of care and caregivers who understand addiction.

Genetics

Familial transmission of alcoholism risk is in part genetically induced. Animal studies show that specific alcohol-related traits, such as sensitivity to intoxication and sedative effects, development of tolerance and withdrawal, and even susceptibility to organ damage, can have genetic origins. Studies of family illnesses, twins, and adoption support a genetic contribution to alcoholism. The Human Genome Project is also contributing to our understanding of the role of genetics in alcoholism. The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Collaborative Study on the Genetics of Alcoholism discovered reduced brain-wave amplitude that reflects an underlying genetic variation in the brain's response to alcohol (NIAAA, 2003).

The findings regarding alcoholism have generally held true for substance abuse and addicting behaviors. For example, people with an exaggerated response to alcohol (van den Wildenberg et al., 2007) and opiates may have low beta-endorphin levels. The stronger urge to drink in the alcoholic may be related to the G allele that predisposes people to drug use in general (Gianoulakis, Krishnan, & Thavundayil, 1996). In his 2003 editorial in *The American Journal of Psychiatry*, "A Predisposition to Addiction: Pharmacokinetics, Pharmacodynamics, and Brain Circuitry," Dr. Peter Kalivas (2003) states, "There is little doubt that the development of addiction to drugs of abuse is in part a function of predisposing factors in an individual's genome as well as factors associated with childhood and adolescent development" (p. 160). Research points to the commonality of all addictive processes, whether the addiction is to a substance or a behavior.

The Addictive Personality: Does it Exist?

Despite many discussions regarding an addictive personality, research indicates that the personalities of alcoholics are heterogeneous. Certain personality problems, such as impulsivity and poor coping skills, can result from early developmental problems, but these personality deficits can also result from addiction. That is, addiction can interfere with the way people see themselves, cope with stress, and interact with others. Sometimes, determining whether personality problems are primary or secondary to addiction must wait until the addict is sober for an extended period.

From a psychological perspective, Khantzian and Mack have described "the heavy reliance on chemical substances to relieve pain, provide pleasure, regulate emotions, and create personality cohesion." They have described this process as self-governance, and although no specific addictive personality may be identifiable, the maladaptive personality functioning in addiction creates a need for a cohesive sense of self and strategies to enhance self-governance capabilities. (Khantzian and Mack, 1983)

Deficits in the neurochemistry and reward circuitry in addiction, such as dopamine synthesis, likely influence personality in addicted patients. Some speculate that these circuits evolved in the brain for purposes of social attachment and are activated in addiction. It seems logical that the strong connection that can occur among sober addicts plays a pivotal role in addiction recovery. Conversely, disorders that disrupt these attachment and affiliative systems, such as borderline personality disorder, can pose significant challenges to the treatment of addiction.

In all probability, adaptive styles occur at different times in the addictive process. Before the addiction, a deficit

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in reward capacity could create a feeling of deprivation, leading to craving states and mood instability. During active substance use, previous temperament styles are exaggerated, and because of ongoing addiction, character development is arrested.

Nurses at Risk

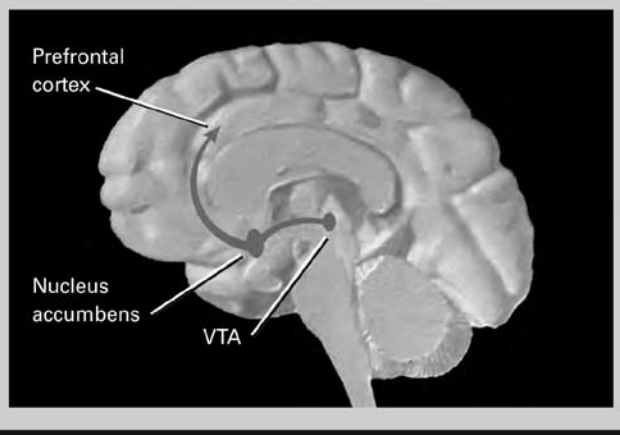
The risk to nurses is the same as it is for the general population, except for one thing: Nurses have better access to opiates. This accessibility, coupled with the culture of relieving pain with mood-altering substances, can create an ideal environment for a person who is genetically predisposed to addiction. Thus, nurses with a significant family history of addiction should either abstain from working with opiates or have an awareness of the potential for danger and incorporate stress-reducing behaviors into their lifestyle as a prevention. Currently, no one can predict if a person will become addicted in his or her lifetime.

Reward Circuitry of the Brain

The mesolimbic pathways connect the brainstem and peripheral nervous system responsible for automatic body functions, and the limbic areas of the brain responsible for emotions to the prefrontal cortex, where thinking and decision making take place. Intellectually, people know that happiness does not come in a bottle, pill, or morsel. Unfortunately, the brain's reward circuitry does not know it. In fact, what underlies addiction is reward (see Figure 1).

FIGURE 1
Reward Circuitry of the Brain

The reward circuitry of the brain involves the mesolimbic dopamine system, including the prefrontal cortex, the nucleus accumbens, and the ventral tegmental areas (VTAs).

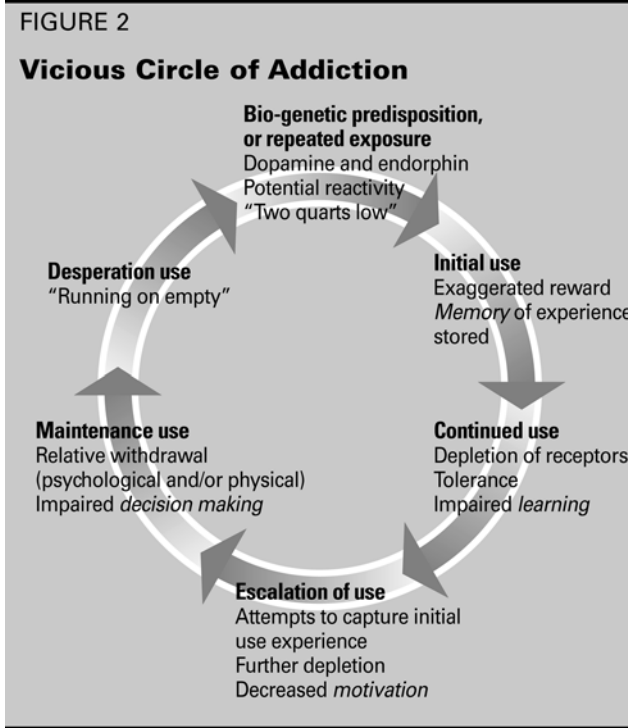


Reward is the term neuroscience uses to describe experiences that bear repeating, such as pleasure or relief from some discomfort. Neuroscience has come a long way in identifying the areas of the brain involved in reward and the neurochemistry of our feel-good chemicals that create reward responses. Neurotransmitters, such as dopamine and beta-endorphins, facilitate communication to the reward center. In the addict, the pathway involved in essential behaviors, such as eating, sleeping, and sex, is hijacked. The addict's initial motivation is to feel pleasure. Eventually, the reward pathway shifts its sensitivities to the substance or behavior instead of the neurotransmitters. In other words, the brain begins to depend on outside chemicals for reward.

Magical Connection

The predisposed brain of the addict is like a lock, and the addicting substance or behavior is the key. When the key opens the lock the first time, the experience is extremely powerful, even magical. In the mid-1990s, positron emission tomography (PET) scans showed that the brain's reward circuitry in people with a previous or family history of addiction lit up in a way the reward circuitry of those in control groups did not. These studies and others demonstrate that addicts experience their substances more intensely than nonaddicts. Other studies suggest that addicts run "two quarts low in feel-good chemistry" and then experience an exaggerated response when they find their drug—a phenomenon called "the magical connection." Now, advanced techniques, such as PET scans and magnetic resonance imaging (MRI), can scientifically demonstrate this phenomenon.

Many addicts describe this initial experience as finally feeling normal. Sometimes, a paradoxical response occurs. For example, an opiate that typically causes sedation instead produces stimulation and increased energy. This response helps explain why many health-care professionals addicted to oral analgesics describe a feeling of being more alert. Consequently, they feel they can work more hours and even be more effective at what they do, thus feeding their denial. This initial connection is relatively short-lived. Invariably, a vicious circle takes over. In the



pursuit of reward, the receptors that naturally mediate reward become desensitized, which creates the need for more substances, contributing to tolerance and withdrawal. The more addicts use, the more they need, creating the progressive, vicious circle that is the hallmark of all addictions (see Figure 2).

Learning and Memory

Hyman (2005) discusses the role of addictive behaviors in usurping the neural mechanisms of learning and memory that normally shape survival behaviors related to rewards and predictive cues. If survival is too intimately associated in the addict's mind with securing the addictive substance, rewards and predictive cues develop around the substance. Chronic substance use results in impaired reward-related learning (Koob & Kreek, 2007). Addicts may believe that the hedonic properties of the substance far exceed other goals and devote their lives to attaining the substance.

Dopamine, a powerful neurotransmitter, can shape stimulus-reward learning, or the behavioral response to reward-related stimuli. Cueing involves significant associational memories, and connectionist brain theory suggests that these associations are wired into the brain. For example, a patient placed in an environment where he or she previously used a substance may be vulnerable to an emerging pattern of brain stimuli and connections that can motivate the patient to use again.

This research suggests a circular pattern of reinforcement with diminished capacity for the addict to incorporate new learning strategies. Addicts are trapped in a system of drug acquisition and the consistent reward pattern of ingestion. Awareness of other rewarding stimuli or the need to invest energy in other rewarding activities decreases. More often, addicts maintain a limited consciousness of the destructive and alienating cycles of addiction and only enter treatment because of a consequence of their use, such as a spouse's threat to leave, a job intervention, licensing problems, or legal difficulties. Addicts rarely seek treatment because of insights into their behavior and addiction.

A person with an addictive disease who has engaged in chronic substance use maintains a series of intact or collaboratively fragmented memories of the addictive behaviors and likely recalls these memories with ease during periods of craving. In early recovery, memories of successful sobriety and newly learned behaviors do not have the same level of intensity; thus, they are vulnerable to being overridden. Also, addicts experience a period called post-acute withdrawal in early sobriety. The most common symptoms are lack of concentration, irritability, and insomnia.

Motivation

Motivation is another factor with biological components, and pursuit of goals that produce desired outcomes is an integral aspect of addiction and recovery. Kalivas and Volkow (2005) support the theory that addiction involves a dysregulation in the motive circuitry, and the repetitive use of addictive drugs reorganizes brain circuitry to establish behaviors characteristic of addiction. MRI studies on cue-induced craving demonstrate increased reaction between the amygdala, the fear-based part of the brain, and the prefrontal cortex when people are actively reminded of their addicting agent. The prefrontal cortex, responsible for decision making, gets activated with the amygdala, creating a connection for craving. This activates a neurotransmitter called glutamate, which creates an unpleasant feeling associated with craving that can cause the addict to try to reduce this discomfort through drug use.

Besides the legal, financial, and psychosocial consequences of addictive behavior, the addict also risks neuronal recircuiting that results in physiologic cycles of addictive behaviors. These circuits are increasingly difficult to break.

Decision Making

Addictive behaviors negatively affect decision making, as well. Noel, van der Linden, and Bechara (2006) suggest that addiction is an imbalance between the neural system that is reactive for signaling pain or pleasure and another neural system that is reflective and controls the reactive system. When the ventro-medial prefrontal cortex (VMPC) is injured in nonaddicts, they make detrimental decisions and fail to learn from their mistakes, contrary to their pre-injury personality. The authors make striking comparisons between patients with VMPC injuries and addicts. Both deny they have a problem and appear to ignore the consequences of their actions. In addiction, the neural mechanisms that enable people to reflect and choose wisely appear to be weakened, and addicts move from self-directed behavior to automatic sensory-driven behavior. The study's authors hypothesize that some people have a weak decision-making mechanism in the brain and that the weakness makes them vulnerable to addiction. The source of the weakness can be genetic or environmentally induced.

Recent MRI studies demonstrate a split between the ability to make appropriate decisions as the compulsive drive for the chemical or addiction progresses. Goldstein and Volkow (2002) demonstrated that as addiction progresses, one's ability to make appropriate choices diminishes. Increased impulsivity is accompanied by memories of when the addiction worked as well as negating options other than engaging in the addiction. Not only are some people predisposed to a sluggish reward circuitry before ever using a substance, they also appear to have some degree of difficulty in decision making. Deficits in these areas constitute the vicious circle of addiction.

Denial, the close companion of addiction, feeds off the progressive deterioration of the ability to freely choose. Denial is reinforced by the powerful reward of the addiction and the deficits in learning, motivation, memory, and decision making.

Conclusion

Addiction is a biopsychosocial disease process, not a choice. Martha Morrison, MD, in her book *White Rabbit*, stated that she grew up wanting to be a physician, not a drug addict. Alcoholic and addicted nurses unanimously report the same sentiments.

If appropriately treated, addiction can remain in remission, and nurses who have peer support and monitoring have a greater chance of long-term sobriety than the general population. The recovering addict must begin an exploration into self, cultivate a program of well-being, and maintain a long-term goal of sobriety.

The bodies of authority in the nursing profession must understand the disease of addiction and its treatment. This understanding may lead to more options for addicted nurses, greater opportunities for them to heal and return to the profession, and a compassionate approach to peers that is congruent with the values of the nursing profession.

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Kathy Bettinardi-Angres, MS, RN, APN, CADC, and **Daniel H. Angres, MD,** are clinicians in the field of addiction with a focus on health-care professionals.

5. **The risk for addiction in nurses:**
 - a. is lower than that for the general population.
 - b. is higher than that for the general population.
 - c. is the same as the general population.
 - d. depends on the nurse's specialty.
6. **Which statement about the reward circuitry of the brain is correct?**
 - a. Neurotransmitters facilitate communication to the reward center.
 - b. Neurotransmitters inhibit communication to the reward center.
 - c. The reward circuitry of the brain includes the prone tegmental areas.
 - d. The reward circuitry of the brain involves the limbic epinephrine system.
7. **Which statement about the mesolimbic pathway is correct?**
 - a. It connects the brainstem and peripheral nervous system responsible for automatic functions, and the limbic areas of the brain responsible for emotions to the frontal cortex.
 - b. It connects the brainstem and peripheral nervous system responsible for automatic functions, and the limbic areas of the brain responsible for emotions to the prefrontal cortex.
 - c. It connects the peripheral nervous system responsible for automatic functions and the limbic areas of the brain responsible for emotions to the prefrontal cortex.
 - d. It connects the brainstem responsible for automatic functions, and the limbic areas of the brain responsible for emotions to the frontal cortex.
8. **Which neurotransmitter can shape stimulus-reward learning?**
 - a. Alpha-endorphin
 - b. Norepinephrine
 - c. Epinephrine
 - d. Dopamine
9. **Which statement about addicts and treatment is correct?**
 - a. Addicts usually do not enter treatment because of a consequence of the substance use.

- b. Addicts rarely seek treatment because of insights into their behavior and addiction.
 - c. Abstinence from the substance is usually sufficient treatment for an addict.
 - d. Isolation from other recovering addicts is a helpful treatment strategy.
10. **Which neurotransmitter causes the unpleasant feeling associated with craving?**
 - a. Norepinephrine
 - b. Epinephrine
 - c. Glutamate
 - d. Dopamine
 11. **Which of the following is NOT a common symptom of post-acute withdrawal in early sobriety?**
 - a. Sleepiness
 - b. Lack of concentration
 - c. Irritability
 - d. Insomnia
 12. **Magnetic resonance imaging studies show that cue-induced craving in addicts is associated with increased reaction between the:**
 - a. posterior cortex and ventral tegmental area.
 - b. prefrontal cortex and nucleus accumbens.
 - c. amygdala and posterior cortex.
 - d. amygdala and prefrontal cortex.
 13. **Injury to which area in a nonaddicted person results in decision making similar to that of the addicted person?**
 - a. Ventromedial prefrontal cortex
 - b. Ventromedial posterior cortex
 - c. Lateral prefrontal cortex
 - d. Lateral posterior cortex
 14. **Continued use of an addicting substance causes:**
 - a. depletion of receptors.
 - b. improved learning.
 - c. decreased tolerance.
 - d. enhanced decision making.
 15. **Escalation of use occurs in an effort to:**
 - a. increase motivation.
 - b. reduce rewards.
 - c. capture the first-use experience.
 - d. enhance neurotransmitters.

Understanding the Disease of Addiction

Learning Objectives

- Define addiction, substance abuse, and substance dependence.
- Identify contributing factors for addiction.
- Explain the biological neural pathways that underlie addiction.

CE Post test

Understanding the Disease of Addiction

If you reside in the United States and wish to obtain 1.6 contact hours of continuing education (CE) credit, please review these instructions.

Instructions

Go online to take the posttest and earn continuing education (CE) credit:

Members—www.ncsbninteractive.org (no charge)

Nonmembers—www.learningext.com (\$15 processing fee)

If you cannot take the post test online, complete the print form and mail it to the address (nonmembers **must** include a check for \$15, payable to NCSBN) included at bottom of form.

Provider accreditation

The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.6

Post test passing score is 75%.

Expiration: July 2013

Post test

Please circle the correct answer.

1. **Which of the following is defined as the ongoing use of mood-altering substances or behaviors despite adverse consequences?**
 - a. Dual diagnosis
 - b. Substance dependence
 - c. Substance abused
 - d. Addiction
2. **Which of the following is a criterion of substance abuse according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*?**
 - a. Characteristic withdrawal syndrome for the substance
 - b. Markedly diminished effect with continued use of the same amount of the substance
 - c. Recurrent substance use in situations in which it is physically hazardous
 - d. The same substance is taken to relieve or avoid withdrawal symptoms
3. **Which statement about predisposition to addiction is correct?**
 - a. A percentage of the population has a biogenetic predisposition to chemical or addictive behaviors.
 - b. A predisposition is usually enough to cause the disease.
 - c. Early childhood experiences have little influence on the manifestation of addiction.
 - d. Studies of family illnesses, twins, and adoption do not support a genetic contribution to opioid abuse.
4. **The stronger urge to drink in the alcoholic may be related to:**
 - a. the C allele.
 - b. the G allele.
 - c. high beta-endorphin levels.
 - d. high alpha-endorphin levels.

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).

- Define addiction, substance abuse, and substance dependence.

1 2 3 4 5

- Identify contributing factors for addiction.

1 2 3 4 5

- Explain the biological neural pathways that underlie addiction.

1 2 3 4 5

Rate each of the following items from 5 (very effective) to 1 (ineffective):

- 2. Was the author knowledgeable about the subject?

1 2 3 4 5

- 3. Were the methods of presentation (text, tables, figures, etc.) effective?

1 2 3 4 5

- 4. Was the content relevant to the objectives?

1 2 3 4 5

- 5. Was the article useful to you in your work?

1 2 3 4 5

- 6. Was there enough time allotted for this activity?

1 2 3 4 5

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Frequently Asked Questions About Federal Health Care Reform



Federal health care reform became law in March 2010 and will expand coverage to an estimated 32 million Americans, including more than 400,000 Missourians. Many parts of the law will take effect over the next five years. This brochure is intended to answer some frequently asked questions about this law.

What does health care reform mean for me and my family?

If you currently get your insurance through a large employer, your coverage only changes if your employer chooses to change it. You can keep the coverage you have and still see the same doctor. If you work for a small employer, this law offers opportunities to access higher quality and more affordable coverage.

For most of those without insurance, coverage will now be easier to get. Currently, many people work in places that do not offer health insurance, others cannot afford the health insurance offered by their employer, or they have medical conditions that make them “uninsurable.”

The passage of health care reform provides individuals and families with more options for getting health insurance. First, coverage can no longer be denied to people with pre-existing conditions and premium rates cannot be based on gender or occupation. Second, the cost of insurance should become more affordable for low- and middle-income families. They will be eligible for subsidies to help pay for the cost of insurance premiums.

Will I have to buy health insurance?

Beginning in 2014, most people will be expected to carry insurance or pay a fine (with exceptions for those with financial hardship and certain religious beliefs). Individuals and families will be able to choose from a variety of basic plans offered in a newly established Exchange or health insurance marketplace. All of the plans will cover preventive care without co-pays and will not have set limits on lifetime or annual spending. Low- and middle-income individuals who are not offered insurance through their work can receive subsidies to help pay for insurance premiums.

What does health care reform mean for businesses?

Health care reform is intended to make it easier and more affordable for businesses to offer insurance to employees. Currently, small businesses pay 18% more for their insurance than large businesses. Through health insurance Exchanges, businesses with fewer than 100 employees will be able to comparison shop for a private insurance plan that offers quality and affordable coverage. Tax credits will be offered to businesses with fewer than 25 employees to help with the cost of purchasing insurance for employees. In Missouri, nearly 136,000 small businesses could be eligible for these credits.

How will more Missourians get health insurance coverage?

More Missourians will get coverage because common barriers to getting insurance are addressed in the new law. It is estimated that over the past 3 years, 12.6 million adults were denied coverage due to pre-existing conditions. Coverage denials for pre-existing conditions will not be allowed for children in 2010 and for adults in 2014. Beginning in 2010, there will be a coverage pool for adults with pre-existing conditions to access until Exchanges open in 2014. Also in 2010, young adults will be able to stay on their parents’ insurance until age 26. Finally, the law expands existing programs, such as Medicaid, to cover more low-income individuals who have the hardest time getting and paying for coverage.

How will health care reform affect rural communities?

In rural communities, the lack of access to health care providers is a significant barrier to receiving care. Health care reform addresses access problems by creating programs to increase the number of health professionals practicing in these underserved areas. In the short-term, rural doctors, pharmacies, and hospitals will see their Medicare payments increase by up to 10%. Increasing Medicare payment rates should attract more providers to the areas where they are most needed. In the long-term, the law creates a program to help rural health care workers repay their student loans which creates an incentive to work in rural settings.

How will health care reform affect the cost of my health insurance?

The most significant way the cost of insurance is addressed in the law is through the creation of a Missouri health insurance Exchange. An Exchange is a marketplace where individuals and small businesses will be able to compare insurance plans and purchase affordable coverage that meets a basic standard. An Exchange should be open in Missouri by 2014. More than 150,000 small businesses in Missouri may be eligible to take advantage of the cost savings resulting from competition between insurance plans.

Another approach to controlling the costs of health insurance includes new regulations on the health insurance industry. Insurance companies will be required to use 85% of premiums on health care services or give consumers a rebate.

What is my employer’s responsibility?

Employer responsibilities will vary based on the size of the business. Large businesses with over 200 employees will be expected to automatically enroll employees if they offer health insurance. Businesses with more than 50 employees will be expected to offer coverage or possibly face fines. Businesses with fewer than 50 employees will not be held to these requirements, and those with fewer than 25 employees may receive tax credits if they choose to offer coverage.

How will health care reform affect older adults?

Older adults will be helped by expanded Medicare benefits. All preventive care costs, like mammograms and check-ups, will be covered at no cost to participants. Also, Medicare prescription drug benefits will be changed to cover more of the cost of medications, which means lower out-of-pocket costs for Medicare participants. Retired employees over 55, who do not yet qualify for Medicare, may be eligible for a program that allows their employer to continue offering insurance to them until Exchanges open in 2014. This means people may be able to retire early without worrying about losing health insurance.

How will health care reform affect the federal deficit?

The non-partisan Congressional Budget Office (CBO) estimates the \$940 billion direct costs of health care reform will not only be covered by the money created from the law, but will also reduce the federal deficit by \$124 billion in the first 10 years. Also, investment in preventive care and management of chronic conditions is projected to create more savings through 2020 and beyond. This means the cost of health care reform that is written in the law is estimated to pay for itself and lower the national debt. However, the rules created for how the law is put into action could raise or lower the cost.

2010

- People can no longer be dropped from insurance if they become sick.
- Children cannot be denied coverage because of a pre-existing condition.
- There will no longer be lifetime caps on coverage (a maximum amount that can be spent on an individual).
- New plans must cover preventive services with no co-pays.
- Small businesses that provide insurance to employees may be eligible for tax credits.
- Young adults may remain on their parents’ insurance up to age 26.
- A temporary insurance pool will open for uninsured individuals with pre-existing conditions.

2011

- Insurance companies must provide a rebate to enrollees if they spend less than 85% of premiums on health services.
- Rural doctors, pharmacies, and hospitals will see Medicare payments increase by up to 10%.

2014

- Insurance Exchanges open and subsidies for buying coverage will be available based on income.
- Most Americans will be required to have health insurance or pay a penalty of \$95 per individual or \$285 per family (this penalty increases over time).
- Businesses with more than 50 employees would pay a fine if workers receive subsidized coverage through an Exchange.

Health Reform Timeline

As federal health care reform is implemented, it is important for Missourians to understand what to expect. You can stay informed about what the health care law means



for affordable and quality coverage in Missouri by visiting covermissouri.org, where you can find fact sheets and sign up to receive bulletins with the latest health coverage news.

Cover Missouri is a project of the Missouri Foundation for Health to promote quality, affordable health coverage for every Missourian.

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Investigations Corner

**Authored by Quinn Lewis
Investigations Administrator**

This case was referred to the board by the parent of a severely disabled child with a medical diagnosis of severe Cerebral Palsy, Lissencephaly-Intractable Epilepsy/Mixed Type and Cortical Vision Impairment. The patient who will be referred to in this report as JD is totally at the mercy of his caregivers.

He cannot walk, talk, or defend himself nor can he tell you when someone has caused him harm. JD attended a facility for children with severe disabilities. After several months of suspected abuse and neglect by the facility staff, JD's mom hid a tape recorder under his wheelchair.

The tape recorder captured a nurse who will be referred to as RN AP in this report, being abusive to JD. The RN knew that JD's seizures could be triggered by certain sounds. RN AP can be heard on the tape telling other staff, "watch me send him into a seizure" and she proceeded to ring a bell 30 times or more in JD's presence. The other staff could be heard in the background laughing at RN AP's actions. When questioned about her actions at a hearing, RN AP admitted to ringing the bell and making the aforementioned statement.

Summary of Investigation:

Interview with JD's Mother:

Mom stated that JD has suffered from severe Cerebral Palsy and Lissencephaly-Schissencephaly-Interatable Epilepsy/mixed Type and Cortical Vision Impairment. She said that JD started experiencing seizures shortly after he was born. Mom stated that JD's seizures can be noise- or visually-induced. At times his seizures can be so severe that he requires hospitalization. Mom said that JD started attending this facility for the severely handicapped in 2005.

Mom stated that for a long time she was concerned about how the staff at the facility were responding to JD's seizures. Mom said that one day she received a call at work from an aide at the facility who was directed to do so by RN AP. Mom said that the aide stated to her "we

almost lost him." Mom stated that she responded to the facility and there were no paramedics present and no one had called 911. Mom then walked into JD's room and she could see that JD was in a "post-seizure state." Mom stated that this raised her suspicions that JD was not receiving appropriate care.

Mom stated that she first became suspicious that JD was being abused when it was reported to her by staff at the facility that no one works with JD and he just sits in his wheelchair all day. Mom said that is when she decided to conceal a tape recorder under JD's wheel chair. Mom stated that the tape recorder was placed in the wheelchair for four days. She said on one of the four days the tape recorder captured the school nurse being abusive to JD.

Mom stated that one day she heard the voice of RN AP, JD's nurse, ringing a bell and the tape indicated that RN AP was getting closer to JD because the sound was getting louder. RN AP could be heard on the tape saying to other staff, "watch me send him into a seizure." Mom said that the tape also indicated that after RN AP made the comment she continued to ring the bell more than 30 times. Mom stated that she requested a due process hearing for JD, and during the hearing RN AP admitted under oath to making the aforementioned statements and ringing the bell near JD putting him at risk for a seizure. RN AP acknowledged the fact that she knew certain things could trigger JD into a seizure. Also during the hearing RN AP was asked if it was her responsibility to know the special health care needs of the children in the facility, to which she answered, "yes." Mom stated that RN AP had been the nurse at this facility for 16 years and had worked with JD for 3 years. JD's health issues never changed during this time and RN AP could not recite his diagnosis. RN AP stated that JD had heart problems along with his other diagnosis, but according to his mom this was not correct. JD has never had heart problems.

Mom also stated that JD could be heard on the tape moaning for at least six minutes and no one attended to him. JD cannot speak therefore moaning is his only form of communication to indicate he is in pain. Mom concluded by saying that RN, AP at no time showed any remorse for her actions.

Interview with Staff #1:

Facility Staff #1 was asked about the care JD received after he had a seizure. Staff #1 stated that JD had a cluster of seizures and he had difficulty breathing. She said JD was placed in different positions trying to help him to catch his breath and he was closely observed during this time. She explained that when mom arrived JD was coming out of the seizure and he was feeling much better. Staff #1 stated that mom was upset and confused about what occurred because no one called 911.

Staff #1 was asked "whose responsibility is it to call 911?" Staff #1 advised that it was the responsibility of the administrator or the nurse to call 911. Staff #1 said that she does not know why RN AP did not call 911. She stated that she assumed that RN AP did not think JD was bad enough to call. Staff #1 was asked what should have been done. Staff #1 stated that in her opinion after JD seized for over five minutes, 911 should have been called and he should have been transported to the hospital. Staff #1 advised she

was not involved in the situation where RN AP rang a bell near JD.

Interview with Staff #2

The investigator attempted to interview Staff #2 regarding the care of JD by RN AP, Staff #2 denied having any knowledge of the allegations cited by JD's mom against RN AP, Staff #2 stated she was not present at any such incident and she could not recall anything that was allegedly done to JD by RN AP. Although Staff #2's voice was identified by JD's mom as being present when RN AP rang the bell and made her comments. Staff #2 denied any knowledge of this incident.

Staff #2 was asked to comment on RN AP's nursing abilities. Staff #2 stated that RN AP is very knowledgeable and intelligent, but she was at a point to where she was ready to retire. Staff #2 said that she believed that RN AP cared about the children but became lax at her job. Staff #2 was asked to explain how RN AP had become lax and she said she could not give specifics other than her documentation was incomplete. Staff #2 was asked if RN AP ever abused any of the children. Staff #2 stated that she never witnessed RN AP be abusive and she believes that RN AP provided for all the children's needs.

Attempted interview with RN AP:

Under the advice of her attorney, RN AP declined to be interviewed by the Board's investigator. RN AP did submit a written statement pertaining to the allegations made against her by JD's mom.

In her written statement RN AP admitted that she rang a bell close to JD, but it was to get his attention not to cause a seizure. She stated that she was not aware that loud noises made JD susceptible to seizures. In fact RN AP stated that JD enjoyed the bell. RN AP said that she only rang the bell three times not thirty. RN AP stated that she refutes all charges against her, because she did not ring the bell to cause harm. RN AP stated that the only thing she was guilty of is poor judgment.

Contents of the audio and video tapes

The audio tapes submitted by JD's mom tell a different story than RN AP's concerning her conduct in this matter. RN AP can be clearly heard ringing the bell close to JD numerous times and stating "watch me send him into a seizure." Then RN AP along with other staff can be heard laughing in the background.

RN AP while under oath admitted that she knew certain noises could cause JD to have a seizure. And while ringing the bell she admitted laughing after she said "watch me send him into a seizure."

Conclusion:

There is audio and video evidence that show this nurse acted improperly while performing her duties. The patient in this case was severely handicapped and vulnerable. This nurse violated a simple trust that every parent puts into a caregiver which is to insure their most precious commodity is protected and cared for. This nurse not only failed this child, she also failed the profession. Needless to say this nurse no longer has a license to practice in the state of Missouri.

Lana Martin, CAE

Lana Martin has been the Executive Director of the Missouri League for Nursing (MLN) since 1983. Ms. Martin recently retired from her position at MLN and was recognized at the Board of Nursing's March 2011 meeting for her years of service and for being an integral partner with the Board. Lana's leadership has had a direct impact on patient safety and the quality of the nursing profession in this state. The Board wishes her well as she takes time to do some of the things she enjoys. Happy Retirement Lana!



Happy Retirement Lana!



Board President, Aubrey Moncrief, CRNA presents Lana Martin, CAE with a plaque of appreciation at the March 2011 meeting.



Disciplinary Actions**

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

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

CENSURE

Henry, Cammie Lewis
Saint Louis, MO

Registered Nurse 2004022521

Respondent was required to complete continuing education hours. The Board never received proof of completion of any hours by the documentation due date.

Censure 12/13/2010 to 12/14/2010

Jones, Julie Lynn
Fulton, MO

Licensed Practical Nurse 2005037586

Licensee attempted to refill a prescription. She was advised that the prescription did not have any available refills. Licensee called in to the pharmacy and, using the name of an employee at the doctor's office, attempted to authorize additional refills.

Censure 12/22/2010 to 12/23/2010

Toepfer, Linda S.
Fort Scott, KS

Registered Nurse 2000161612

Licensee wrote an order for and administered 4 mg of Morphine IV to a patient without receiving an order from a physician.

Censure 12/22/2010 to 12/23/2010

Smith, Mark Lynley
Divide, CO

Registered Nurse 2001016245

On May 21, 2008, Mark Smith submitted to a urine drug screening. The urine sample submitted tested positive for marijuana. Licensee successfully completed an outpatient substance abuse treatment program. Licensee renewed his registered professional nursing license and failed to report his marijuana use and substance abuse treatment on his renewal form.

Censure 12/29/2010 to 12/30/2010

CENSURE Continued...

Elder, Laura A.
Saint Louis, MO

Registered Nurse 143785

On December 17, 2009, Licensee entered a plea of guilty to the offense of 'False Statements in Determining Rights to Receive Benefits or Payments under a Federal Health Care Program' in the United States District Court for the Eastern District of Missouri.

Censure 1/18/2011 to 1/19/2011

Groshong, Charles Joseph
Cape Girardeau, MO

Registered Nurse 2005021954

Licensee left work for 25 minutes without advising a supervisor or another nurse.

Censure 12/9/2010 to 12/10/2010

Dominguez, Martin Caleb
Hendersonville, TN

Registered Nurse 2009006911

A volunteer for the Emergency Department informed the charge nurse that Licensee was passing her notes of a sexual nature that made her uncomfortable. Two more female coworkers provided notes that Licensee had written to them that were of a similar nature. Licensee admitted to writing the notes and chose to resign in lieu of termination from his position.

Censure 1/5/2011 to 1/6/2011

CENSURE Continued...

Price, Nancy J.
Miami, OK

Registered Nurse 070733

Licensee practiced as an APRN without the appropriate recognition by the Board from December 1, 2007 until August 30, 2010.

Censure 12/8/2010 to 12/9/2010

Schartz, Tracy Dawn
Cameron, MO

Licensed Practical Nurse 2010030917

In accordance with the Order, Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Order and have the results sent to the Board within ten working days after its completion. The Board never received a thorough chemical dependency evaluation submitted on Respondent's behalf.

Censure 12/13/2010 to 12/14/2010

Weiss, Kelley Michelle
Godfrey, IL

Registered Nurse 2002000258

Licensee failed to document removal of Lidocaine from the hospital's automated dispensing cabinet. Licensee left Lidocaine unattended at a patient's bedside. Licensee failed to administer a

Censure continued on page 12

Censure continued from page 11

dose of Prograf to her patient but documented that she had.
Censure 1/5/2011 to 1/6/2011

McGeorge, Monica Ruth
Columbia, MO

Licensed Practical Nurse 2006018960

Respondent was required to contract NTS to participate in random screenings. Respondent was to call a toll free number to determine if she was to submit for testing that day. Respondent failed to call NTS on 16 days. On four dates, Respondent called NTS and was advised that she had been selected. Respondent failed to report to a laboratory. Respondent was required to abstain completely from the use or possession of any controlled substance. Respondent submitted a sample for screening. That sample tested positive for marijuana.
Censure 12/13/2010 to 12/14/2010

Everett, Sharolyn
Saint Louis, MO

Licensed Practical Nurse 051758

Licensee was employed as a licensed practical nurse at a nursing home. A resident was found on the floor of her room and was unresponsive. The resident was designated as a full code. Licensee did not start CPR despite her being a full code patient. Licensee took no steps or measures to attempt to revive the resident.
Censure 12/22/2010 to 12/23/2010

Pressley, Gary D.
Florissant, MO

Licensed Practical Nurse 052984

A medication cart was vandalized. The vandal placed band-aids across various compartments of the cart and over the counter medications were mixed together. The vandal opened packs of accu-check strips and mixed the strips together. Bubble packs of medication were shuffled. Medications that were separated for administration to a specific patient were smeared with red and white liquid. The administration reviewed the security tape and the tape clearly showed that Licensee was the individual who vandalized the med cart.
Censure 1/5/2011 to 1/6/2011

Haley, Jane F.
Chesterfield, MO

Registered Nurse 061833

Licensee practiced nursing without a license from May 1, 2009 through July 30, 2010.
Censure 1/7/2011 to 1/8/2011

Brown, Emily Suzanne
East Prairie, MO

Licensed Practical Nurse 2010031173

In accordance with the Order, Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Order and have the results sent to the Board within ten working days after its completion. The Board has never received a thorough chemical dependency evaluation submitted on behalf of Respondent.
Censure 12/13/2010 to 12/14/2010

Eckert, Lora Jean
Imperial, MO

Registered Nurse 2007019995

Licensee was caring for an agitated psychiatric patient. Licensee called patient's physician who gave an order for an antipsychotic medication. Patient refused the antipsychotic medication and indicated he would take Ativan. Licensee administered Ativan without a physician's order.
Censure 1/5/2011 to 1/6/2011

Boekesch, Dana B.
Defiance, MO

Registered Nurse 138188

Licensee and another nurse were working with an agitated psychiatric patient. The patient's doctor was called and gave an order for Zyprexa. The patient refused to take the Zyprexa and his agitation continued. The patient told the two nurses that he would take Ativan. The patient did not have an order for Ativan. Licensee and the other nurse decided to administer the Ativan and then contact the physician for an order to cover the administration. Ativan was administered to the patient without an appropriate order.
Censure 12/29/2010 to 12/30/2010

Ernst, Margaret Katherine
Kirksville, MO

Registered Nurse 2009004407

Respondent was required to contract with NTS and participate in random screenings. Respondent did not complete the contract process with NTS by the due date.
Censure 12/13/2010 to 12/14/2010

Reily, Charris Jonea
Springfield, MO

Licensed Practical Nurse 2005008915

Respondent was required to submit evaluations from each and every employer. The Board did not receive an employer evaluation by the due date. Respondent was required to complete continuing education hours. The Board did not receive proof of any continuing education hours.
Censure 12/8/2010 to 12/9/2010

PROBATION

Betts, Dawn K.
Mexico, MO

Licensed Practical Nurse 057205

On February 8, 2010, Licensee pled guilty to the Class A Misdemeanor of 'Possession of Up To 35 Grams of Marijuana'. The Court suspended imposition of sentence and place Licensee on two (2) Years of unsupervised probation.
Probation 1/25/2011 to 1/25/2012

Slaten, Joseph Bradley
Charleston, MO

Registered Nurse 2004019257

On March 4, 2009, Licensee was in the Emergency Department of the hospital, dressed in scrubs, despite the fact that he was not scheduled to work that day. According to pyxis records, between 10:13 a.m. and 11:01 a.m., Licensee removed four 100mg/1ml Demerol and four 50 mg/1ml Demerol. Licensee removed the Demerol under the names of patients that he was not providing care for and who did not have orders for Demerol. Licensee diverted the Demerol for his own personal consumption.
Probation 2/5/2011 to 2/5/2014

Williams, Crystal R.
Saint Louis, MO

Licensed Practical Nurse 2000144144

On October 31, 2008, Licensee pled guilty in the United States District Court for the Eastern District of Missouri to one count of 'Conspiracy to Possess with Intent to Distribute Methylenedioxymethamphetamine (MDMA)'.
Probation 2/2/2011 to 2/2/2014

Setzer, Rachel Marie
Steelville, MO

Licensed Practical Nurse 2007029545

Licensee was administered a drug screen when she was admitted to the emergency room on May 9, 2009. The screen was positive for marijuana. When interviewed by an investigator for the Board, Licensee admitted smoking marijuana at a party approximately one month prior to the screen.
Probation 2/11/2011 to 2/11/2013

Swovelan, Robert L.
Kansas City, MO

Registered Nurse 076557

Between January 2008 and May 2008, a review of Pyxis records and patient records revealed that large amounts of Hydromorphone were missing. Licensee diverted hydromorphone from his employer for his own personal consumption. On December 3, 2008, during an interview with an investigator for the Board, Licensee admitted to diverting drugs for approximately the past eighteen (18) months.
Probation 12/21/2010 to 12/21/2013

Gunn, Shannon Marie
Belton, MO

Registered Nurse 2001033427

On September 21, 2008, licensee began taking a larger dose of medication, per her doctor's orders. The increased dosage caused Licensee to become drowsy. Licensee left the floor, took an extended break and went to sleep. Licensee slept for approximately three hours. While licensee was sleeping, a patient assigned to Licensee used the 'call light' to get help in going to the bathroom. When no one answered the light, the patient attempted to get out of bed and go to the bathroom by herself. The patient fell. During an overnight shift on November 17 and 18, 2009, Licensee was assigned to care for a critically ill patient who required one to one care. During the shift, the patient underwent changes in his condition which should have been brought to his doctor's attention. The patient was experiencing respiratory distress. After a period of time, Licensee placed the patient on a re-breather mask. Licensee contacted the patient's physician four times during her shift, but never advised the physician that the patient was having respiratory distress. She also did not advise the physician when she placed the patient on an oxygen mask. Licensee also restrained the patient without obtaining an order from the physician.
Probation 12/1/2010 to 12/1/2013

Hines, Deidrah Lynn
Saint Louis, MO

Licensed Practical Nurse 2001007326

On July 29, 2010, Licensee was providing care to a resident that had physician's orders for Roxanol, 10 mg every two hours as needed for pain. During her shift on July 29, 2010, Licensee administered Roxanol every hour between 6:30 p.m. and 8:30 p.m. When confronted by the administration Licensee admitted that she administered the medications in excess of the doctor's orders. Licensee stated that she was verbally advised that the doctor's orders had changed, but admitted that she failed to confirm that information.
Probation 2/5/2011 to 2/5/2013

Wright, Rachel Danielle
Jefferson City, MO

Licensed Practical Nurse 2011002702

On or about September 20, 2000, Licensee pled guilty to Possession of a Controlled Substance Except 35 grams or Less of Marijuana, a Class C felony. Licensee was sentenced to five years of supervised probation, and she completed this probation successfully on or about November 3, 2005. On or about May 19, 2008, Licensee pled guilty to Assault 2nd Degree—Operate Vehicle While Intoxicated Resulting In Injury, a Class C felony.

PROBATION Continued...

On or about May 19, 2008, Licensee pled guilty to Endangering the Welfare of a Child—2nd Degree (Intoxication/BAC)—Vehicular, a Class A Misdemeanor. Licensee was sentenced to 3 years in the Missouri Department of Corrections. The execution of this sentence was suspended and Licensee was placed on 5 years of supervised probation.
Probation 1/27/2011 to 1/27/2013

Blair, Megan Rani
Saint Joseph, MO

Licensed Practical Nurse 2000165053

On June 26, 2008, the home requested Licensee submit to a urine drug screen. The test was positive for amphetamines. Amphetamines are a controlled substance. Licensee did not have a valid prescription for amphetamines.
Probation 12/21/2010 to 12/21/2013

Hall, Allison B.
Florissant, MO

Registered Nurse 099498

On September 12, 2008, Licensee was terminated from the hospital for poor nursing practice specific to the handling and administration of narcotics. The hospital conducted a chart audit of Licensee's patients due to concerns regarding her administration of narcotics. Licensee would regularly withdraw multiple controlled substances for her patients at the beginning of her shift. This practice was a violation of the hospital's policy. After withdrawing the controlled substances, Licensee would regularly not administer or document the administration of the narcotics for several hours. Again, this practice violated the hospital's policy. Licensee would also administer to her patients the largest amount of the controlled substances within the parameters of the doctor's orders. When interviewed by an investigator for the Board, Licensee admitted that she committed multiple documentation errors due to being overwhelmed by the job.
Probation 12/28/2010 to 12/28/2011

Birkemeier, Christine M.
Wentzville, MO

Registered Nurse 112310

On November 25, 2009 the Office Manager, received a faxed refill request from a pharmacy regarding a refill of thirty (30) tablets of Darvocet. The office manager denied that the office had prescribed Darvocet. Upon further investigation, it was discovered that twelve (12) prescriptions had been telephoned into the pharmacy between December 13, 2008 and November 13, 2009 by Licensee. All were for Propoxyphene N 100 (Darvocet) and were not authorized. Licensee admitted to telephoning a total of twelve (12) unauthorized prescriptions for Propoxyphene N 100 (Darvocet) into the pharmacy, picking up the prescriptions and using them for her own personal use. Licensee admitted to an addiction to pain medication.
Probation 12/22/2010 to 12/22/2012

James, LaRhonda Nicole
Kennett, MO

Licensed Practical Nurse 2007023139

On August 12, 2009, Licensee pled guilty to the offense of 'Driving While Intoxicated'. The Court suspended imposition of sentence and placed Licensee on unsupervised probation for a period of two (2) years. On November 17, 2008, Licensee entered inpatient treatment. Licensee successfully completed the inpatient program and continues to participate in the outpatient aftercare program.
Probation 12/7/2010 to 12/7/2013

Owens, Synthia A.
Osage Beach, MO

Registered Nurse 136231

Following a report by a nurse of unusual behavior by Licensee, the administrators at the hospital conducted a chart and pyxis audit of Licensee's activities. The audit uncovered multiple occasions when Licensee withdrew controlled substances, but did not document the administration or waste of the narcotic. The controlled substances in question were: thirty-one (31) ampoules of Fentanyl 5 ml; five (5) ampoules of Fentanyl 2 ml; eight (8) syringes of Hydromorphone 2 mg/ml; and three (3) syringes of Morphine 10 mg/ml. When interviewed by an investigator for the Board, Licensee admitted to diverting the controlled substances from the hospital for her own personal consumption.
Probation 1/18/2011 to 1/18/2016

Thiede, Melissa Mary
East Lyme, CT

Registered Nurse 2000167167

Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit for testing that day. During her disciplinary period to the filing date of the probation violation complaint, Respondent failed to call NTS on thirty-three (33) days.
Probation 12/13/2010 to 2/22/2014

Carroll, Kelly Lynn
Bowling Green, MO

Registered Nurse 2006016201

On March 1, 2009, Licensee withdrew ten (10) tablets of Vicodin from the hospital's pyxis for her personal consumption. On March 3, 2009, Licensee withdrew a patient's Vicodin from the pyxis. Licensee kept the Vicodin for her personal consumption.
Probation 1/25/2011 to 1/25/2015

Probation continued on page 13

Probation continued from page 12

Kobielush, Melanie Mae

Saint Charles, MO

Registered Nurse 2008022183

Licensee diverted morphine and Dilaudid for her personal consumption.

Probation 12/15/2010 to 12/15/2013

Potter, Kelly A.

Maryland Heights, MO

Licensed Practical Nurse 058300

On May 26, 2009, a resident reported personal items missing, including a gift certificate to Culpepper's restaurant. On May 27, 2009, Licensee used the gift certificate. When questioned, Licensee stated that she found the gift certificate and kept it instead of returning it to the resident.

Probation 12/15/2010 to 12/15/2012

Hannon, Christina Gayle

Kansas City, KS

Licensed Practical Nurse 2003001600

Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate in random drug and alcohol screenings. During her disciplinary period, until the filing date of the Probation Violation Complaint, Respondent failed to call NTS on seventeen (17) days. Further, on July 20, 2010; August 13, 2010; and September 9, 2010, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by the August 17, 2010 documentation due date.

Probation 12/8/2010 to 8/17/2013

Maxwell, Cara Lee

Baton Rouge, LA

Licensed Practical Nurse 2004036272

On or about April 6, 2005, Licensee pled guilty to DWI. Licensee received a suspended imposition of sentence and was placed on two years of supervised probation. On or about September 13, 2006, Licensee pled guilty to DWI. Licensee was given a suspended imposition of sentence and was placed on two years supervised probation. DWI-2 was a violation of Licensee's probation regarding DWI-1. A probation violation hearing was held concerning Licensee's probation for DWI-1 on or about September 20, 2006. Licensee's probation for DWI-1 was revoked, and she received a suspended execution of sentence and was sentenced to 60 days in the Clay County, Missouri Jail. On or about April 28, 2007, Licensee pled guilty to DWI-Alcohol-Persistent Offender, a Class D Felony. Licensee was sentenced to ten days in the Ray County Jail, in addition to receiving a suspended execution of sentence and she was placed on five years of criminal probation regarding DWI-3. As a persistent offender, Licensee was ordered to undergo a 120-day Institutional Treatment Program related to DWI-3. Licensee successfully completed this program on or about January 22, 2008. Licensee is also required as part of her probation for DWI-3 to continue out-patient substance abuse counseling which she began on or about March 10, 2008, and continues at the time of this agreement. DWI-3 was a violation of Licensee's probation for DWI-1.

Probation 12/15/2010 to 2/28/2011

PROBATION Continued...

Lane, Jessica Lana

Ozark, MO

Registered Nurse 2011004001

On November 20, 2007, Licensee pled guilty to the offense of 'Driving While Intoxicated' in the Municipal Court of Springfield, Missouri. On October 18, 2007, Licensee pled guilty to the Class A Misdemeanor of 'Assault on a Law Enforcement Officer' in the Associate Circuit Court of Cape Girardeau County, Missouri.

Probation 2/9/2011 to 2/9/2013

Rohrer, Aleena Danielle

Saint Joseph, MO

Licensed Practical Nurse 2007026662

On January 5, 2009, Licensee pled guilty to the Class C Felony of 'Possession of a Controlled Substance' The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of three (3) years. Licensee was ordered to participate in the Buchanan County Drug Court Program.

Probation 12/27/2010 to 6/27/2012

Fields, Violet Antoinette

Saint Louis, MO

Licensed Practical Nurse 2010007240

In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of May 26, 2010 and August 26, 2010.

Probation 12/8/2010 to 2/26/2015

Duclos, Stormee Shiree Rae

Kimberling City, MO

Registered Nurse 2009037231

In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the June 8, 2010 or the September 8, 2010 documentation due dates.

Probation 12/8/2010 to 12/8/2012

Hedger, Nancy S.

Florissant, MO

Licensed Practical Nurse 040971

Pursuant to the Agreement, Respondent was required to complete at fifteen (15) continuing education hours and submit proof of completion to the Board by September 1, 2010. The Board never received proof of completion of any continuing education hours.

Probation 12/8/2010 to 9/1/2012

Muiruri, Edward Mumira

Kansas City, MO

Licensed Practical Nurse 2010025788

Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate in random drug and alcohol screenings. At the time the Probation Violation Complaint was filed, Respondent had failed to call NTS on nineteen (19) days. Pursuant to the Order, Respondent was required to abstain completely from the use or consumption of

PROBATION Continued...

alcohol. Respondent submitted a urine sample for random drug and alcohol screening on September 20, 2010 which tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Probation 12/8/2010 to 1/26/2014

Hill, Kimberly D.

Kansas City, MO

Registered Nurse 123825

Pursuant to the Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On June 15, 2010, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Probation 12/8/2010 to 4/7/2012

Wolford, Dawn Marie

Webb City, MO

Licensed Practical Nurse 2008022143

On May 4, 2010, Licensee was terminated for diverting controlled substances. Licensee diverted Dilaudid for her personal consumption.

Probation 12/15/2010 to 12/15/2013

Caylor, Rebecca A.

Joplin, MO

Registered Nurse 132527

Pursuant to the Agreement, Respondent was required to immediately advise any employer or potential employer of Respondent's probationary status and provide a copy of the agreement to any employer or potential of employer. In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. The evaluation was to be completed by Respondent's supervisor. Respondent did not notify the administrator of the facility where she was employed of her probationary status. On July 8, 2010, the Board received an employee evaluation completed by an employee. The employee was not Respondent's supervisor. The Board did not receive an employee evaluation or statement of unemployment by the September 30, 2010 documentation due date.

Probation 12/8/2010 to 3/20/2013

Hall, Debra Elizabeth

Saint Peters, MO

Registered Nurse 2005018743

On May 4, 2010, Licensee was terminated for diverting controlled substances. Licensee diverted Dilaudid for her personal consumption. When interviewed by an investigator for the Board, Licensee admitted that she diverted Dilaudid.

Probation 12/15/2010 to 12/15/2011

Judson, Kay C.

Kansas City, MO

Registered Nurse 125952

On April 9, 2009, Licensee was requested by her employer to submit to a drug and alcohol screening. The test was positive for marijuana. Marijuana is a controlled substance. Licensee did not have a valid prescription for marijuana.

Probation 12/8/2010 to 12/8/2012

Probation continued on page 14

Probation continued from page 13

Murry, Dawn Lynn
Kansas City, MO

Licensed Practical Nurse 2005001909

Licensee came on duty at 6:30 p.m. on or around September 23, 2007 for a twelve (12) hour shift. A large quantity of medicine cups, containing medication, were stacked in the trash can in the medicine room. The medications were identified as medications which should have been passed during the 8:00 p.m. medication pass the previous evening. Licensee admitted to throwing the medications away, stating she had become very frustrated and stressed, and that she ran out of time. Licensee had charted that she had given medication to thirteen (13) residents during the previous evening's 8:00 p.m. medication pass, when in fact, she had not given the medications.

Probation 12/8/2010 to 12/8/2015

Purdue, Kimberly M.
Springfield, MO

Licensed Practical Nurse 050035

On May 13, 2010, Licensee was assigned to provide care at the home of a patient. The shift was supposed to end at 7:00 a.m. Licensee documented that she remained at the home of the patient until 7:00 a.m. A nurse manager arrived at the home at approximately 6:45 a.m. to perform a supervisory visit to the patient. Licensee had already left the home. Licensee falsely documented the times she was present in the home of the patient.

Probation 1/18/2011 to 1/18/2012

Hoyt, Michelle D.
Pacific, MO

Licensed Practical Nurse 056588

On May 22, 2010, Licensee signed out Vicodin at three separate times. There was no documentation of the administration or waste of the Vicodin. On May 23, 2010, Licensee signed out Vicodin on one occasion. There was no documentation of the administration or waste of the Vicodin. On May 28 and 29, 2010, Licensee signed out Vicodin at four separate times. There was no documentation of the administration or waste of the Vicodin. On May 28 and 29, 2010, Licensee signed out Tylenol 3 with Codeine at six separate times. There was no documentation of the administration or waste of the Tylenol 3 with Codeine.

Probation 1/27/2011 to 1/27/2012

Slape, Sherry A.
Saint Charles, MO

Registered Nurse 140467

Licensee diverted Morphine and Dilaudid for her personal consumption.

Probation 2/11/2011 to 2/11/2014

Johnson, Michelle L.
Kansas City, MO

Licensed Practical Nurse 051922

On November 9, 2009, certified nursing assistants (CNA) found a resident in his room unresponsive. The CNAs reported this to Licensee. Licensee took the resident's blood sugar, which was low. Licensee ordered the CNAs to administer a health shake to the resident. Licensee then left the resident's room and went on

PROBATION Continued...

her break. Licensee did not perform a thorough assessment on the patient. Licensee did not remain with the patient to determine if the orders given would cause the resident's condition to improve. Licensee's condition did not improve. When the CNA attempted to inform Licensee of this, she could not find Licensee. The CNA was forced to find a different nurse to intervene on the patient's behalf and monitor the resident's condition.

Probation 1/4/2011 to 1/4/2013

Havranek, Laura E.
Millstadt, IL

Registered Nurse 2006005190

On August 18, 2008, a phlebotomist was instructed to complete a blood draw on a ninety-six year old female patient. The family of the patient had asked that the blood draw be postponed for a short time because the patient was upset after getting an IV. The family further stated that they wanted to delay the blood draw because getting the IV started had been difficult and the patient did not want to be stuck repeatedly with a needle. Licensee "insisted" that the blood draw could not wait and told the patient and their family that they needed to draw blood now. The patient's life was not in danger and no emergency situation existed to warrant that the blood be drawn immediately. The patient continued to say that she did not want to be "stuck" so soon. Licensee took hold of the patient's shoulder and reached across the bed to grab the patient's left arm. Licensee then held the patient's wrist and forced her arm to an extended position while leaning across the patient and placing her forearm under the patient's jaw. The phlebotomist again asked the patient if she could draw blood, but the patient again objected. Licensee informed the patient that she was in the hospital and they needed to draw blood. Licensee then continued to hold the patient in this manner while the phlebotomist drew blood.

Probation 2/5/2011 to 2/5/2013

Emerson, Katherine Denise
Mexico, MO

Licensed Practical Nurse 2006031482

While working at the hospital, Licensee developed an unprofessional relationship with a client of the facility. The client wrote multiple letters to Licensee. The letters contained multiple sexually explicit references. Licensee kept the letters and never reported them to the facility. On at least two occasions, Licensee wrote letters to the client. Licensee and the client exchanged letters by hiding the letters in magazines and passing the magazines back and forth to one another.

Probation 12/1/2010 to 12/1/2011

Suber-Lanclos, Carolyn Juanita
Kansas City, MO

Licensed Practical Nurse 2011002157

On or about March 17, 2008, the Board received Petitioner's Application. On Petitioner's Application, Petitioner answered "no" to the question: "Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed (excluding traffic violations)?" As part of Petitioner's Application, a criminal background check was conducted. This criminal background investigation revealed that on or about May 22, 1977, Petitioner pled guilty to "willfully, unlawfully, and intentionally with intent to deprive the owner K-Mart 9401 Metcalf of the possession, use, or benefit of his property, did obtain, or exert unauthorized

PROBATION Continued...

control over property in violation of O.P.M.C. 11.12.120A and 11.04.040." Petitioner pled guilty to this violation on or about June 2, 1977, and was sentenced to 10 days in jail and imposed a fine of \$100.00. The criminal background investigation revealed that on or about March 14, 1979, Petitioner pled guilty to the crime of Class A Felony, First Degree Robbery in violation of § 569.020 and 558.011.1, RSMo 1975, in the Circuit Court of Jackson County, Missouri, case number CR1979-0135. As part of a plea agreement, Petitioner was given a suspended imposition of sentence and was placed on five years of supervised probation. On or about September 4, 1981, Petitioner's probation was revoked due to probation violations and she was sentenced to serve ten years in the Missouri Department of Corrections. The criminal background investigation revealed that on or about January 12, 1995, Petitioner pled no contest and was found guilty of Possession of Cocaine, which is a felony pursuant to K.S.A. 65-4127a, in the District Court of Douglas County, Kansas. Petitioner was sentenced to two years incarceration in the Kansas Department of Corrections. Cocaine is a controlled substance pursuant to § 195.017, RSMo.

Probation 1/25/2011 to 2/14/2011

Sharpe, Mary L.
Warrensburg, MO

Registered Nurse 129082

On January 28, 2010, a medication error was discovered on Licensee's unit. A resident was given a medication that had been discontinued by the resident's physician. A nurse's aide began to fill out a Medication Incident Report. While the aide was completing the form, Licensee entered the room, took the form from the aide and placed it in a locked destruction bin. When questioned by her supervisor, Licensee admitted to attempting to destroy the Medication Incident Report.

Probation 12/21/2010 to 12/22/2010

Conway, Kathy
Jerome, MO

Licensed Practical Nurse 056260

On October 9, 2009, Licensee was assigned to provide care for a patient who was experiencing nausea. The patient requested a Scopalamine patch for his nausea. Licensee documented that she administered the patch on the patient at 10:47 a.m. At approximately 12:30 p.m., the patient told the Director of Nursing that he had not received the patch yet and requested that she administer the patch. Licensee falsely documented that she had provided the requested patch to the patient.

Probation 12/8/2010 to 12/8/2011

Dickens, Linda K.
Florissant, MO

Licensed Practical Nurse 052969

Licensee was requested to submit to a drug screen. Licensee's test came back positive for marijuana.

Probation 1/25/2011 to 1/25/2013

Nave, Angela Dawn
Lawson, MO

Licensed Practical Nurse 2004021966

On October 7, 2009, Licensee pled guilty to one (1) count of the

Probation continued on page 15



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Class C Felony of 'Possession of a Controlled Substance'. The Court suspended imposition of sentence and placed licensee on supervised probation for a period of five (5) years.
Probation 1/25/2011 to 1/25/2016

Fraze, Janette R.
Nixa, MO
Registered Nurse 130184

On October 7, 2009 Licensee was not scheduled to work. Licensee withdrew Oxycodone and Hydrocodone. On October 8, 2009 Licensee withdrew Percocet for a patient that was not assigned to her and documented that she administered the pain medication. When questioned, the patient stated they did not receive any pain medication. A review of the Licensee's Omnicell records was done from August 2009 to October 2009. The review revealed that two Hydrocodone 5/325; five Hydrocodone 7.5/325; two Hydrocodone 10/325; two Oxycodone 5/325; and three Oxycodone 10/325 were pulled from the Omnicell by Licensee but not documented as being administered or wasted. Licensee admitted that she diverted controlled substances for personal use and entered the employee assistance program.
Probation 12/3/2010 to 12/3/2012

Tate, Robin M.
Springfield, MO
Licensed Practical Nurse 031833

In September of 2009, Licensee saw an inmate who complained of back pain. Licensee provided the inmate with Flexoril for his back pain. The inmate did not have a valid prescription for Flexoril. Licensee did not obtain a doctor's order or have any other authorization to administer Flexoril to the inmate. Licensee stated that she intended to get an order for the Flexoril for the inmate, but got busy and neglected to obtain a valid order.
Probation 12/15/2010 to 3/14/2011

Irvin, Kristyn Michelle
Bethalto, IL
Registered Nurse 2009006172

On November 3, 2009 Licensee admitted she had diverted Dilaudid. On November 4, 2009 Licensee voluntarily made an appointment with the Employee Assistance Program Consultant. Licensee started the program on November 9 and successfully completed the program on November 30, 2009.
Probation 12/3/2010 to 12/3/2012

Booth, Steven Kent
Nevada, MO
Registered Nurse 2011002517

On August 4, 2008, the Utah State Board of Nursing disciplined the Utah professional registered nursing license of Licensee. Specifically, Licensee's license in Utah was disciplined for diverting controlled substances for his personal consumption. On May 24, 2000, Licensee entered a 'no contest' plea to the Class A Misdemeanor of 'Attempted Theft' in the 3rd District Court for Salt Lake County, Utah.
Probation 1/27/2011 to 1/27/2016

Argabright-Keeling, Jody R.
Isabella, MO
Licensed Practical Nurse 048876

Licensee's license expired on May 31, 2006. Licensee worked as a licensed practical nurse from June 1, 2006 until October 25, 2010 without a valid license.
Probation 2/3/2011 to 2/4/2011

Chartkov, Konstantin Victor
Columbia, MO
Registered Nurse 2008007875

Licensee self-reported to the Board that in February 2009 and again in June 2009, Licensee diverted fentanyl from the hospital for his personal consumption. In July 2009, Licensee was admitted to Valley Hope for substance abuse treatment. Licensee was successfully discharged.
Probation 12/8/2010 to 12/8/2013

Yarbrough, Sherry L.
Naylor, MO
Registered Nurse 117004

While working, Licensee diverted Fentanyl, Fentanyl patches and Midazolam for her personal consumption. On December 2 and 3, 2009, Licensee accessed the secure narcotics storage in the Emergency Department approximately fifteen (15) times. On the nights in question, there were either no patients in the ER or the patients that were there did not receive narcotics as part of their treatment. When confronted, Licensee could not explain why she had accessed the narcotics drawer when there was no need.
Probation 12/28/2010 to 12/28/2015

Clark, Jason Douglas
Grove, OK
Registered Nurse 2001016840

Licensee was responsible for the care of C. S. from 7pm on June 11, 2008 to 7am on June 12, 2008. C. S. has a history of chronic obstructive pulmonary disease (COPD). There is no evidence of any assessment of C. S.'s condition from 7:49 pm until 6:09 am, at which time a note was entered by this Licensee describing respiratory distress. No further documentation of C. S.'s condition was completed by this Licensee. The nurse for the next shift found C. S. on a non-rebreather mask with 100% oxygen, agitated and air hungry. As a result, C. S. had to be placed on a ventilator. In addition, arterial blood gases were drawn on C. S. at 6am, the results of which were abnormal and

PROBATION Continued...

were not called to a physician. Licensee has a duty to document and report changes in patient condition to a physician. Licensee was responsible for the care of R. W. from 7pm on September 23, 2008 until 7am on September 24, 2008. During the Licensee's shift, R. W. began having long, irregular pauses in his pulse which significantly slowed his heart rate. Licensee admitted he "should have contacted the physician" and "handled the situation differently." Licensee has a duty to document and report changes in patient condition to a physician. Licensee was responsible for the care of B. B. from 7pm on October 25, 2009 until 7am on October 26, 2009. During the Licensee's shift, B. B. displayed significant downward fluctuations in blood pressure. There is no evidence that the Licensee increased the frequency of monitoring the blood pressure when it was at the lowest point or contacted the physician of this change in condition. The lowest documented blood pressure was 64/37.
Probation 12/28/2010 to 12/28/2011

Scherrer, Angela S.
Saint Louis, MO
Registered Nurse 153171

Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate random drug and alcohol screenings. At the time the Probation Violation Complaint was filed, Respondent had failed to call NTS on eight (8) days. Further, on July 15, 2010 and August 24, 2010, 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 accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of the employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of August 20, 2010.
Probation 12/8/2010 to 5/20/2013

Lagerman, Sylvia J.
Boyne City, MI
Registered Nurse 2011002515

On August 6, 2010, Licensee pled guilty to the third degree misdemeanor of 'Retail Fraud' in the District Court of Petoskey, Michigan.
Probation 1/27/2011 to 2/9/2011

North, Barbara Maxine
Holts Summit, MO
Licensed Practical Nurse 2001024708

On November 6, 2009, Licensee pled guilty to the Class A Misdemeanor of 'Possession of a Controlled Substance'.
Probation 12/27/2010 to 12/27/2011

Uhler, Chandra Lynette
Belleville, IL
Registered Nurse 2011002518

On March 27, 1995, Licensee pled guilty to the offense of 'Driving Under the Influence of Alcohol' in the Circuit Court of St. Clair County, Illinois. On January 4, 2000, Licensee pled guilty to the offense of 'Driving Under the Influence of Alcohol' in the Circuit Court of St. Clair County, Illinois. On July 14, 2005, Licensee pled guilty to the offense of 'Reckless Conduct' in the Circuit Court of St. Clair County, Illinois.
Probation 1/27/2011 to 1/27/2013

Wright, Leo B.
Kansas City, MO
Registered Nurse 109740

On June 24, 2009, Licensee was working as a CRNA during a surgical procedure. During the procedure, Licensee's surgical mask came off, exposing the patient to potential infection. Licensee did not realize that his mask was off until advised by one of the surgeons. At the conclusion of the procedure, Licensee extubated the patient when the patient's oxygen saturation was below 90%. A patient should not be extubated following a procedure until their oxygen saturation has reached the mid-90% range. Further, Licensee did not record vital signs during the procedure, which is normally the CRNA's responsibility. Licensee attempted to record the vitals after the procedure. While doing so, the patient's oxygen saturation fell into the low-80% range. When Licensee was advised of the patient's declining status, he was unable to turn on the suction machine and appeared disoriented, diaphoretic and was unable to answer questions about the patient. In his license renewal dated March 4, 2009, Licensee advised the Board that he had attended treatment for the addiction to Oxycontin but had ceased taking Oxycontin since January 2009. Licensee reported to his treatment professional that until January 2009, he was taking as much as 200 mg of Oxycontin daily by prescription. Since January 2009, Licensee has not taken Oxycontin and has been prescribed Suboxone by 2 mg tablets. Licensee has also been taking Ambien for sleep difficulties. Licensee believes that on June 24, 2009, he mistook an Ambien pill for his Suboxone, causing him to struggle with consciousness during his work.
Probation 2/15/2011 to 2/15/2014

Coffee, Dawn Nicole
Advance, MO
Licensed Practical Nurse 2000172565

On April 21, 2010, Licensee pled guilty to the Class D Felony of 'Fraudulently Attempting to Obtain a Controlled Substance' The Court suspended imposition of sentence and placed Licensee on

PROBATION Continued...

supervised probation for a period of four (4) years.
Probation 12/27/2010 to 12/27/2012

Owens, Amy M.
Chesterfield, MO
Registered Nurse 2006021743

On March 22, 2008, Licensee brought her daughter to the Emergency Room and told the pediatrician and nurse that she had been treating her daughter herself with IV Zofran. Licensee explained that she had withdrawn the Zofran for a patient and didn't use it all so she placed it in her pocket, intending to waste it later in her shift. Licensee further explained that when she had gotten home she had found the Zofran in her pocket. Licensee's daughter did not have a valid prescription or a doctor's order for the administration of Zofran.
Probation 2/22/2011 to 2/22/2014

Wright, Cathy L.
Redford, MO
Registered Nurse 122715

On August 2, 2010 Licensee reported to work with an unsteady gait and slurred speech. Licensee admitted to alcohol consumption prior to reporting to work. Licensee's blood alcohol level was 359.05 mg/ml.
Probation 2/23/2011 to 2/23/2016

Schuerger, Bonnie Marie
Oxly, MO
Licensed Practical Nurse 2003023657

While employed at the hospital in late 2008, Licensee diverted Demerol for her personal consumption.
Probation 2/3/2011 to 2/3/2014

King, Ramona J.
Jackson, MO
Licensed Practical Nurse 055203

On October 11, 2009 Licensee removed one (1) Percocet tablet at 2046. Licensee did not document the administration or waste of the Percocet. On October 11, 2009 Licensee did not document a pain assessment on a patient. On October 24, 2009 Licensee withdrew one (1) Oxycodone SR 10 mg. Licensee did not document the administration or waste in the Pyxis. On November 23, 2009 Licensee removed five (5) Oxycodone tablets at 0047. Licensee removed one (1) more Oxycodone tablet at 0052 for the same patient. Licensee documented the administration of two Oxycodone tablets. Licensee did not document the administration or waste of the remaining four Oxycodone tablets. Licensee was terminated on December 23, 2009.
Probation 12/22/2010 to 12/22/2011

Patrick, Wendy A.
Bethany, MO
Licensed Practical Nurse 055938

On April 22, 2010, Licensee pled guilty to the Class C Felony of 'Possession of a Controlled Substance' The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation.
Probation 12/27/2010 to 12/27/2013

Christensen, Naomi Jeanne
Saint Louis, MO
Registered Nurse 2009014672

Licensee was providing in-home care for a patient that was

Probation continued on page 16

Probation continued from page 15

confined to her bed and had issues with skin breakdown. Licensee provided and administered Santyl and Silvadene to the patient without a doctor's order or authorization. Licensee also administered Lodosorb to the patient without a doctor's order or authorization.

Probation 12/27/2010 to 12/27/2011

Eisenhour, Kimberly Ann

Eudora, KS

Registered Nurse 2005024726

The hospital conducted an audit for charts from November 19, 2009 to December 21, 2009. That audit revealed the following:

- On thirty-six (36) occasions, Licensee removed narcotics from the Pyxis and failed to document their administration and/or wastage.
- On nine (9) occasions, Licensee took out more narcotics from the Pyxis than she documented as given and not did document wastage of the remaining narcotics.
- On eight (8) occasions, Licensee documented that she gave narcotics prior to the time they were removed from the Pyxis.
- On five (5) occasions, Licensee documented that she wasted the entire amount of narcotics she removed from the Pyxis.
- On one (1) occasion, Licensee removed 2 mg of Dilaudid, documented she gave 2 mg, but also documented that she wasted 2 mg of Dilaudid.
- On three (3) occasions, Licensee removed narcotics after the patient was discharged from the unit.

Licensee denied diverting narcotics. Licensee stated that she sometimes forgets to document on patients because she gets busy.

Probation 12/28/2010 to 12/28/2013

Herman, Samantha H.

Nixa, MO

Registered Nurse 155222

On February 4, 2010, Licensee removed 100 mg of Demerol from the hospital's automatic medication dispensing system called omniceil. The patient for whom Licensee removed the Demerol did not have an order for the medication. The pharmacy's review showed Licensee had removed Demerol for patients that were not assigned to her care and made addendums to patient charts showing medications were given when they were not. Licensee admitted that she diverted Demerol from her employer for her personal consumption between December 2009 and February 2010. Licensee admitted an addiction to opiates.

Probation 1/1/2011 to 1/1/2015

Tucker, Carolyn J.

Henley, MO

Registered Nurse 130847

On or about August 1, 2007, Licensee entered into a collaborative practice agreement. Pursuant to 20 CSR 2200-4.020 (2) (B) (B), the use of a collaborative practice arrangement by an advanced practice nurse who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons shall be limited to practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating advanced practice nurse if the advanced practice nurse is practicing in federally designated health professional shortage areas (HPSAs). The Licensee's collaborating physician, resided in Red Cloud, Nebraska, approximately 435 miles from the Licensee's practice location in Jefferson City, Missouri. Pursuant to 20 CSR 2200-4.200 (2) (C), an advanced practice nurse who desires to enter into a collaborative practice arrangement to provide health care services that include the

PROBATION Continued...

diagnosis and treatment of acutely or chronically ill or injured persons at a location where the collaborating physician is not continuously present shall practice at the same location with the collaborating physician for a period of at least one (1) calendar month before the collaborating advanced practice nurse practices at a location where the collaborating physician is not present. Licensee and the collaborating physician, did not practice together at the same location when they entered into their collaborative practice agreement. Pursuant to 20 CSR 2200-4.200 (B), the collaborating physician shall review the work, records and practice of the health care delivered pursuant to a collaborative practice arrangement at least once every two (2) weeks. The collaborating physician did not review the work, records and practice of the health care delivered pursuant to a collaborative practice arrangement at least once every two (2) weeks.

Probation 1/1/2011 to 1/2/2011

Garcia, Cynthia K.

Saint Charles, MO

Registered Nurse 2005041082

On February 7, 2010, while on duty Licensee began to feel ill. In an effort to re-hydrate herself, she requested another nurse start an IV on her. The other nurse complied and started the IV. Licensee then took a bag of saline solution and began to infuse the fluids.

Probation 1/5/2011 to 1/5/2011

Lookhart, Sara Beth

Sedalia, MO

Licensed Practical Nurse 2008031787

On August 19, 2009, Licensee administered an intramuscular immunization without a physician's order. When the parent of the child questioned Licensee about the immunization, Licensee did not consult the physician to clarify the order. Licensee wrote the immunization into the order field on a form the physician had already signed.

Probation 1/1/2011 to 1/1/2012

Pittman, Matthew William

Jefferson City, MO

Registered Nurse 2011005822

On August 14, 2007, Licensee pled guilty to the Class A Misdemeanor of 'Domestic Assault in the 3rd Degree'. The Court suspended imposition of sentence and placed Licensee on two years of supervised probation. Licensee successfully completed that probation period on October 30, 2008 and was not formally convicted of the offense.

Probation 2/23/2011 to 3/28/2011

Milton, Crystal Ray

Saint Louis, MO

Licensed Practical Nurse 2005036437

On November 1, 2009, Licensee was scheduled to work a double shift. Licensee left her shift at approximately 1:30 p.m. on November 1, 2009. Upon reviewing the charts of the patients that had been assigned to Licensee, it was discovered that Licensee had pre-charted pain assessments, tube feedings, tube site care, tube placement, bowels sounds, treatments and medication and supplement administration on the medication administration records (MARs) for all the patients on her unit for the 3 p.m. to 11 p.m. shift. Licensee admitted to pre-charting but maintains that prior to leaving her shift she crossed out her initials on the MARs that she pre-charted.

Probation 12/29/2010 to 3/14/2011

PROBATION Continued...**Roberts, Christina Dawn**

Kansas City, MO

Registered Nurse 2006021054

On February 19, 2010, Licensee entered a guilty plea to two (2) counts of the Class A Misdemeanor of Stealing. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation.

Probation 1/5/2011 to 1/5/2012

Peck, Allison Ann

Kennett, MO

Registered Nurse 2007024053

Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, National Toxicology Specialists (NTS), to participate in random drug and alcohol screenings. On June 14, 2010, July 23, 2010 and August 2, 2010, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the requested sample. Pursuant to the Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. During her sworn testimony, Respondent admitted that she knowingly consumed alcohol in violation of the terms of her probation.

Probation 12/13/2010 to 4/22/2013

O'Neal, Mary L.

Fulton, MO

Licensed Practical Nurse 054762

An audit of the PRN, or 'as needed', medications revealed that Licensee had given medication to a resident that was not consistent with the written order. On May 8 and 10, 2008, Licensee administered pain medication to a resident at 4:00 p.m., 8:00 p.m., and 12:00 a.m. when the order stated that the resident was to get one (1) tablet by mouth every ten (10) hours as needed for pain. When Licensee accepted medication cart keys at the beginning of her shift on February 15, 2008, the narcotic count was correct and all narcotics were accounted for. Licensee was counting narcotics at the end of her shift with the oncoming nurse. Licensee was talking incoherently and was unable to answer questions. When the oncoming nurse asked Licensee for the cart keys, Licensee handed him her car keys. The nurse asked again for the cart keys and Licensee then handed him a ball of toilet tissue. After a third request for the cart keys, Licensee gave the keys to the oncoming nurse. Licensee was staring out into space and did not act as if she was aware of her surroundings. When the oncoming nurse noticed that a card of Ambien was one pill short, he asked Licensee what happened to the pills. Licensee did not respond. Licensee then took a piece of the toilet tissue and dangled it into an open drawer of the medication cart and said "here baby, goodnight go to sleep". Licensee then took a BIC lighter and attempted to light the toilet tissue on fire saying, "Here's some light for you baby". Licensee was escorted out of the facility and was wandering around the parking lot appearing dazed and confused. The narcotic count was completed after Licensee was escorted from the facility and showed that there were four (4) unaccounted for PRN pills that Licensee had not signed out as being administered. As a result of the missing narcotics, the police were notified. The police found the missing pills on Licensee's person. In addition, the police also found several recently refilled prescription bottles that were empty. While the police were trying to talk to Licensee, she poured several pills out in her hand and attempted to take them. Licensee was then arrested and taken to a local hospital for evaluation. Licensee admitted to taking an excessive amount of controlled substances prescribed for her, and she admitted that she was 'in and out of it' during her shift. Licensee also disclosed that she had problems with prescription drugs and could not remember what took place during her shift.

Probation 12/8/2010 to 12/8/2014

Hasemeyer, Seana Marie

Kansas City, MO

Registered Nurse 2004021078

In accordance with the Agreement, Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The chemical dependency evaluation received by the Board on January 12, 2010 recommended further treatment for the Respondent. The Board did not receive a letter of ongoing treatment evaluation from a chemical dependency professional on behalf of Respondent by the March 1, 2010, June 1, 2010 or the September 1, 2010 documentation due dates.

Probation 12/8/2010 to 12/1/2012

Hoeflicker, Samantha Ann

Shelbina, MO

Licensed Practical Nurse 2003021369

On December 3, 2009, Licensee pled guilty to the Class B Misdemeanor of Driving with Excessive Blood Alcohol Content and two (2) counts of the Class A Misdemeanor of Endangering the Welfare of a Child in the 2nd Degree. The Court suspended imposition of sentence and placed Licensee on two (2) years of probation.

Probation 1/5/2011 to 1/5/2012

Probation continued from page 16

Robinson, Paula R
Doniphan, MO

Licensed Practical Nurse 042391

In October of 2009, Licensee submitted time sheets for payment representing that she had worked shifts that, in fact, she had not worked. Licensee admitted that she submitted falsified timesheets to her employer.

Probation 1/5/2011 to 1/5/2013

Munson, Lindsay Grace

Shawnee Mission, KS

Registered Nurse 2008022803

A random audit performed by the hospital revealed that Licensee was pulling an abnormally high amount of controlled substances compared to other nurses in her department. Further investigation revealed a number of discrepancies, including Licensee pulling controlled substances for patients who did not have orders for controlled substances. Licensee was requested to submit to a drug screen. The screen was positive for benzodiazepines, cocaine and oxazepam. Licensee did not have a valid prescription for any of these controlled substances. Licensee admitted that she had been diverting controlled substances from the hospital for her personal consumption.

Probation 1/5/2011 to 1/5/2016

Shelton, Kathy Lynne

Locust Grove, OK

Registered Nurse 120475

Pursuant to the Settlement Agreement, Respondent was required to abstain completely from the use or consumption of alcohol. On July 27, 2010, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.

Probation 12/8/2010 to 6/12/2012

Hicks, John Michael

Kansas City, MO

Licensed Practical Nurse 2011004746

Licensee pled guilty to Possession of Marijuana and was placed on one year of probation. Licensee pled guilty to Minor Visibly Intoxicated/BAC .02% or More. Licensee was given a suspended execution of sentence and was placed on one year of unsupervised probation. Licensee pled guilty to Driving While Intoxicated on or about February 16, 2007. Licensee pled guilty to Operation of vehicle by person under the influence of alcohol or drugs.

Probation 2/15/2011 to 8/15/2013

Huffman, Stephanie M.

Grand Tower, IL

Licensed Practical Nurse 045960

On or about 11:40 a.m. on October 25, 2009, a certified nursing assistant advised Licensee that a resident had fallen. Licensee went to resident room, but failed to fully assess the resident's condition. At approximately 1:30 p.m. on October 25, 2009, Licensee charted that resident had a small abrasion near his left eyebrow and that resident complained of pain associated with the fall. Licensee failed to administer any pain medication to ease the resident's discomfort and failed to fully assess the resident's condition. The investigation revealed that Licensee failed to properly following nursing administration policies and procedures; specifically, the fall management program. The home concluded that Licensee's failure to follow facility practices and respond appropriately resulted in missed opportunities to reduce the risk of negative outcomes related to the resident's fall.

Probation 1/18/2011 to 1/18/2012

Stevens, Ulrika B

Highland, IL

Registered Nurse 154364

In early February of 2010, Licensee was assigned to provide care to a post-operative patient. The patient had an order for a post-operative antibiotic. Licensee failed to administer the antibiotic to the patient and also failed to report to the oncoming nurse that the antibiotic had not been administered. On February 22, 2010, Licensee was assigned to provide care to a patient who

PROBATION Continued...

complained of chronic headaches. The patient's chart indicated that Licensee was advised at 8:30 a.m. that the patient was suffering pain and rated their pain at a six on a scale of one to ten. Licensee did not provide any assistance to the patient until 12:30 p.m.

Probation 1/18/2011 to 1/18/2012

Boyd, Danielle Jane

Farmington, MO

Licensed Practical Nurse 2006007978

On or about February 24 2010, Licensee was terminated for failure to comply with the code of conduct policy, failure to follow timekeeping procedures, failure to follow medication administration, medication disposal and security procedures including controlled medication counts. Licensee has a duty to act in the best interest of her patients.

Probation 1/18/2011 to 1/18/2012

Ellis, Amy Marie

Willow Springs, MO

Licensed Practical Nurse 2011001201

On December 26, 2007, Licensee pled guilty to two (2) counts of the Class A Misdemeanor of 'Passing a Bad Check'. The Court suspended imposition of sentence and placed Licensee on two (2) years of unsupervised probation. On September 28, 2006, Licensee pled guilty to the Class A Misdemeanor of 'Passing a Bad Check'. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On March 8, 2007, Licensee pled guilty to the Class A Misdemeanor of 'Passing a Bad Check'. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On May 16, 2005, Licensee pled guilty to the Class A Misdemeanor of 'Passing a Bad Check'. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On August 23, 2006, Licensee pled guilty to the Class A Misdemeanor of 'Passing a Bad Check'. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. In all cases, Licensee successfully completed the terms of her probation and was, therefore, not convicted. On July 17, 2006, Licensee pled guilty to the Class D Felony of 'Passing a Bad Check'. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation.

Probation 1/13/2011 to 1/13/2013

Plotner, Stephanie Ranae

Vienna, MO

Licensed Practical Nurse 2005031391

On September 27, 2010, Licensee pled guilty to the Class C Felony of 'Theft/Stealing of a Controlled Substance'. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation.

Probation 1/19/2011 to 1/19/2016

Rittman, Sarah Christine

Parkville, MO

Registered Nurse 2008021528

On April 23, 2010, Licensee submitted to a random drug screen. The test was positive for the presence of marijuana.

Probation 1/19/2011 to 1/19/2013

Hayden, Denise M

Cainsville, MO

Registered Nurse 151378

Licensee entered into a Consent Agreement with the Arizona State Board of Nursing to Voluntarily Surrender her Arizona Registered Nurse License.

Probation 1/19/2011 to 1/19/2014

Gilliland, Gina R

Atlanta, MO

Registered Nurse 120873

In October of 2009, it was discovered that Licensee had forged a prescription for Norco. Upon further investigation, they

PROBATION Continued...

discovered that Licensee had been forging prescriptions for herself for approximately four years. When confronted Licensee admitted that she had stolen prescription pads and had been forging prescriptions in the names of two doctors.

Probation 1/19/2011 to 1/19/2014

Watoyi, Jamie Lynn

Grove, OK

Registered Nurse 2003022687

On September 18, 2009, while working at the Hospital, Licensee was the charge nurse when another registered nurse had questions about a patient's pacemaker. The patient was on palliative care. The family asked if the patient's pacemaker could be turned off. Licensee told them "no". Licensee asked the family if they wanted her to stop the pacemaker. The family replied "yes". Licensee placed a magnet on the patient's chest. When questioned about the incident, Licensee stated that she offered to place the magnet to ease the family's suffering. Licensee believed placing the magnet would reset the pacemaker to factory settings. Licensee did not chart placing the magnet to the patient's chest. It was beyond the scope of practice of a registered professional nurse to place the magnet on the patient's chest without a physician's order. Licensee did not have a physician's order, or express or implied authorization to attempt to alter the pacemaker's settings.

Probation 12/8/2010 to 12/8/2011

Trout, Carol A.

Fredericktown, MO

Licensed Practical Nurse 054785

On April 23, 2009, Licensee pled guilty to the Class B Misdemeanor of 'Driving While Intoxicated' and the Class A Misdemeanor of 'Possession of Drug Paraphernalia'.

Probation 1/25/2011 to 1/31/2011

Hanson, Joni M.

New Boston, MO

Licensed Practical Nurse 2011000171

License No. 2011000171

On or about October 8, 1992, Licensee pled guilty to four counts of second degree burglary and two counts of felony stealing. On or about November 25, 1992, Licensee pled guilty to a felony charge of receiving stolen property. On or about January 14, 1993, Licensee pled nolo contendere to one count of second degree burglary and one count of felony stealing. On or about December 20, 1994, Licensee pled guilty to the misdemeanor charge of passing bad checks. Licensee's practical nursing license was placed on probation for a period of two years. Licensee failed to comply with the conditions of the probationary license and her license was revoked on or about January 28, 1997. Licensee pled guilty to Class C felony stealing on or about January 29, 2001. On or about September 24, 2002, Licensee pled guilty to Class C Felony Stealing. As a result of both of these guilty pleas, Licensee received a suspended execution of sentence and was placed on five years of supervised probation. Licensee successfully completed her criminal probation.

Probation 1/4/2011 to 1/4/2013

Probation continued on page 19

Probation continued from page 17

Teal, Amanda Dannielle

Springfield, MO

Registered Nurse 2003018695

Licensee was terminated on April 30, 2010 for diversion of controlled substances. Licensee diverted morphine and Dilaudid for her personal consumption.

Probation 1/20/2011 to 1/20/2015

Oberlander, Sara Ann

Raymore, MO

Registered Nurse 2006003552

On January 31, 2010, Licensee was assigned to care for two (2) patients on her shift in the intensive care unit. On the first patient, Licensee failed to document vital signs for the entire twelve (12) hour shift. Further, Licensee did not document that she performed a full assessment at 1600 according to unit standards. Licensee failed to document pain assessment, fall assessment, skin assessment, infusions, care plan or patient education for the entire shift. On the second patient, Licensee failed to recognize and timely respond to the patient's alarms. As a result, the patient extubated himself from the ventilator. Later in the shift, the patient went into respiratory distress while seated at the bedside. Licensee did not recognize the symptoms and respond quickly.

Probation 12/3/2010 to 12/3/2011

Rice, Teresa Marie

Wentzville, MO

Registered Nurse 2007007898

During a routine pharmacy audit, the hospital observed that Licensee's withdrawal of controlled substances was higher than other similarly situated nurses. As a result of this finding, the hospital conducted a chart audit on Licensee's patients. During the chart audit it was discovered that licensee did not document the administration or waste of five oxycodone tablets and seven hydrocodone tablets between September 12, 2009 and October 4, 2009. The audit revealed approximately ten (10) more errors involving the withdrawal of controlled substances without corresponding documentation of waste or administration.

Probation 12/21/2010 to 12/22/2010

Davis, Jeffrey Scott

East Prairie, MO

Registered Nurse 2011003231

Licensee was previously licensed by this Board as a registered professional nurse. Licensee's license was placed on probation effective October 10, 2000. Licensee was placed on probation for diverting controlled substances from his employer in 1998. While on probation and subject to random screens for drugs and alcohol, Licensee tested positive for marijuana on July 16, 2002. While still on probation and subject to random screens for drugs and alcohol, Licensee again tested positive for marijuana on July 6, 2006. Following this second probation violation, the Board revoked Licensee's license on October 20, 2006.

Probation 1/28/2011 to 1/28/2014

Havel, John Joseph

Millstadt, IL

Registered Nurse 2011002521

On October 26, 2010, the Illinois State Board of Nursing disciplined the Illinois professional registered nursing license of Licensee. Specifically, Licensee's license in Illinois was disciplined for failing to disclose criminal convictions at the time of his license renewal.

Probation 1/27/2011 to 1/27/2014

Harmon, Anita G.

Mineral Point, MO

Licensed Practical Nurse 034370

On or about June 2, 2006, Licensee administered IV potassium to a patient. Licensee documented in the "nurse's notes" that she had infused the IV potassium into the patient. Administering IV potassium is outside Licensee's scope of practice. On or about June 10, 2006, Licensee flushed a patient's PICC line. Flushing a PICC line is outside of the scope of practice of a licensed practical nurse, if that nurse has not obtained the necessary additional certifications to perform the treatment. Licensee documented in the "nurse's notes" that she had performed this treatment for the patient. Licensee states that she has passed the IV therapy course work but has not been able to complete the required number of IV "sticks" necessary to receive her IV certification. Licensee admits that she performed treatment that would require her to have her IV certification. Licensee also admits that she was aware that she was providing this care when she did not have the appropriate certification.

Probation 1/20/2011 to 1/20/2012

Crane, LaTika Abril

Kansas City, MO

Licensed Practical Nurse 2002019922

Licensee was observed by fellow employees removing Lidoderm patches from the stock of residents of the facility. When confronted, Licensee denied stealing patches from residents, but did admit that she had used patches that she had obtained from a family member.

Probation 1/25/2011 to 1/25/2012

PROBATION Continued...

Vasquez, Crystal Eileen

Sedalia, MO

Licensed Practical Nurse 2007025457

On September 16, 2008, Licensee was convicted of the Class A Misdemeanors of 'Possession of a Controlled Substance' and 'Possession of Drug Paraphernalia'.

Probation 1/25/2011 to 1/25/2012

Mendenhall, Magen Michelle

Unionville, MO

Licensed Practical Nurse 2007023561

On or about February 24, 2009, while working at the facility, Licensee and a certified nurse aide engaged in behavior aimed at embarrassing a fellow employee. Licensee and the aide were terminated for their behavior.

Probation 12/22/2010 to 12/22/2011

REVOCATION

Swartz, Angela Dawn

Kansas City, MO

Licensed Practical Nurse 2004030372

Respondent was required to undergo a chemical dependency evaluation and have the results sent to the Board. A chemical dependency evaluation was not submitted to the Board on behalf of Respondent by the due date. Respondent was required to submit evaluations from each and every employer. The Board did not receive an employer evaluation on behalf of Respondent by the due date.

Revoked 12/8/2010

Grant, Betsy S.

Reeds Spring, MO

Licensed Practical Nurse 2002026519

Respondent was required to contract with NTS to participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call NTS on thirty-six (36) days. Further, on three dates, Respondent was selected to provide a sample for screening. Respondent failed to report to a laboratory. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the September 22, 2010 documentation due date. Respondent was required to abstain completely from the use of any controlled substance. Respondent submitted a sample for screening. That sample tested positive for marijuana.

Revoked 12/8/2010

Kruse, Betty Ann

Sedalia, MO

Licensed Practical Nurse 2006008613

Respondent was required to contract with NTS to participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. On five dates, Respondent called and was advised that she had been selected. Respondent failed to report to a collection site.

Revoked 12/8/2010

DeShazer, JoAnn

Lexington, MO

Licensed Practical Nurse 2000144231

Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent never began calling in to NTS and has, therefore, never participated in random drug and alcohol screenings.

Revoked 12/8/2010

Wooldridge, Karen R.

Slater, MO

Registered Nurse 080022

Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required. Respondent submitted a sample for screening. That sample tested positive for tramadol. Respondent admitted that she did not have a current, valid prescription for Tramadol. Respondent admitted that she used the Tramadol for a purpose not consistent with the original prescription.

Revoked 12/8/2010

Campbell, Katherine Johannette

Chillicothe, MO

Registered Nurse 2001015665

Respondent was required to contract with FirstLab to participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call FirstLab on thirty-four (34) days. On two dates, Respondent called FirstLab and was advised that she had been selected. Respondent failed to report to a laboratory.

Revoked 12/8/2010

McManness, Kelly Raye

Kansas City, MO

Registered Nurse 2004034241

Respondent was required to submit evaluations from each and every employer. The Board did not receive an employer evaluation on behalf of Respondent by the due dates.

Revoked 12/8/2010

REVOCATION Continued...

Mason, Melissa A.

Rolla, MO

Registered Nurse 123450

On August 5, 2009, Licensee pled guilty to Class C Felony of Statutory Rape in the Second Degree in the Circuit Court of Pulaski County.

Revoked 12/8/2010

Bishop, Randy L.

Poplar Bluff, MO

Registered Nurse 2010026014

Respondent was required to submit evaluations from each and every employer. The Board did not receive an employer evaluation by the first due date. Respondent was to cause an update of treatment evaluation to be submitted to the Board from his therapist. The Board did not receive an update of treatment evaluation by the first due date.

Revoked 12/8/2010

Plunkett, Sandra G.

Holts Summit, MO

Registered Nurse 147162

Respondent failed to properly document the removal, administration, and waste of medications during the night shift. Respondent was on duty when she was observed sleeping. Respondent's patients' call lights were ringing, but Respondent's co-workers were unable to find her. Respondent was eventually located in an empty patient room bathroom. She had locked herself in the bathroom.

Revoked 12/8/2010

McKeel, Tiffany Renee

Grain Valley, MO

Registered Nurse 2006019195

Respondent was required to contract with NTS to participate in random drug and alcohol screenings. Respondent never completed the contract process with NTS.

Revoked 12/8/2010

Crews, Katharine L.

Barnhart, MO

Licensed Practical Nurse 054051

Licensee failed to complete necessary documentation on her patients. On or about July 9, 2007, Licensee documented that resident M.S.' family requested a lung sound assessment to be performed. Licensee documented that Resident M.S. was placed on oxygen and a telephone call was placed to Dr. Reed. There was no further documentation until 7:20 p.m., when the doctor telephoned Licensee and gave her new orders for Resident M.S., which included nebulizer treatments and to check oxygen saturation. Licensee failed to document the new orders. On or about July 10, 2007, Licensee was again assigned to Resident M.S. Licensee failed to document anything in Resident M.S.'s chart during her entire shift. On or about August 9, 2007, Licensee filled out an incident report on a resident reporting the presence of bruises but failed to document the findings in the resident's chart. On or about August 13, 2007, Licensee was assigned to care for resident E.R. Resident E.R. had just undergone surgery one week prior to returning to the facility to repair a broken hip. Upon her return to the facility Resident E.R. complained to Licensee of shortness of breath. Licensee failed to assess Resident E.R.

Revoked 1/26/2011

Tinker, Janet Sue

Saint Joseph, MO

Licensed Practical Nurse 2008014247

On January 25, 2010, Licensee pled guilty to 'Possession of a Controlled Substance with Intent to Distribute' in the Circuit Court of Buchanan County, Missouri.

Revoked 2/11/2011

Ackley, Christine D.

Denver, CO

Registered Nurse 136003

Licensee was found guilty of 'Murder after Deliberation', 'Felony Murder', 'Aggravated Robbery', 'Robbery of an At-Risk Adult', 'Theft' and 'Unauthorized Use of a Financial Transaction Device' in the District Court of Douglas County, Colorado. On December 17, 2004, Licensee was sentenced to life imprisonment without the possibility of parole. On January 5, 2005, the Colorado State Board of Nursing entered its Order accepting the surrender of Licensee's Colorado nursing license.

Revoked 2/3/2011

Butler, Aaron Russell

Van Buren, MO

Licensed Practical Nurse 2006031974

Licensee diverted Percocet for his own personal consumption. Licensee replaced the stolen Percocet with Tylenol in an attempt to conceal his diversion.

Revoked 12/22/2010

*Revocation continued from page 19***SUSPENSION/PROBATION****Krupp, Christina Louise**

Owensville, MO

Registered Nurse 2001022453

Suspended from 1/19/2011 to 3/20/2011; Probated from 3/21/2011 to 3/21/2014

From February 2009 through July 2, 2009 Licensee obtained prescriptions for Vicodin from three separate physicians. The physicians were not aware that the Licensee was obtaining multiple prescriptions for controlled substances. Licensee admitted she was 'doctor hopping' and admitted that she may have been addicted to Vicodin.

Suspension 1/19/2011 to 3/20/2011

Probation 3/21/2011 to 3/21/2014

Vandevender, Patricia M.

Cameron, MO

Licensed Practical Nurse 022688

At the institution where Licensee worked, diabetic inmates were allowed to self-inject their insulin after the dosages were drawn up by nurses. The inmates were supposed to double-check the dosage that had been drawn up for them prior to administering the injection. Licensee routinely drew up a dose that was as many as five (5) units too large to 'test' to see if the inmates were checking their dosages. If the inmate did not check the dosage, Licensee would allow the inmate to inject the dose without preventing them from administering the extra medication. As a result of Licensee's 'testing' the inmates, multiple inmates injected themselves with larger than necessary doses of insulin.

Suspension 2/5/2011 to 5/6/2011

Probation 5/7/2011 to 5/7/2013

Swyers, Brandi S.

Irondale, MO

Registered Nurse 155450

The hospital conducted a pyxis and chart audit of the patients that Licensee had been assigned to provide care for. The hospital discovered multiple discrepancies involving the withdrawal, administration and documentation of controlled substances. Based on those findings, Licensee was requested to submit to a drug screen. Licensee submitted to the screen on August 10, 2009. The screen was positive for hydrocodone and oxycodone. When questioned by an investigator for the Board, Licensee admitted to diverting controlled substances from the hospital.

Suspension 12/28/2010 to 2/26/2011

Probation 2/27/2011 to 2/27/2014

VOLUNTARY SURRENDER**Kiwan, Salahuddin Mohammad**

Topeka, KS

Registered Nurse 2008022626

On January 12, 2009, Licensee pled guilty to 'Eluding a Police Officer' in the District Court for Tulsa County, Oklahoma. Licensee also pled guilty to 'Obstructing an Officer' and 'Reckless Driving' in the District Court for Tulsa County, Oklahoma. On February 18, 2009, Licensee renewed his nursing license in Missouri. Licensee failed to disclose the convictions. On November 17, 2009, the Oklahoma Board of Nursing revoked Licensee's Oklahoma Nursing License.

Voluntary Surrender 1/7/2011

Marshall, Keely L.

Kennett, MO

Registered Nurse 147696

On January 5, 2011, Licensee Voluntarily Surrendered her Missouri Nursing License

Voluntary Surrender 1/5/2011

Edwards, Dustin Shane

Overland Park, KS

Registered Nurse 152973

On December 21, 2010, Licensee voluntarily surrendered his Missouri Nursing License.

Voluntary Surrender 12/21/2010

Ramsey, Christine E.

Grain Valley, MO

Licensed Practical Nurse 055073

On March 9, 2010, Licensee was terminated from employment. On March 10, 2010 Licensee returned to collect her pay check and told the Director of Nursing and Administrator that she had copies of resident charts. Licensee admitted that she copied medication error reports and took the copies home with her.

Voluntary Surrender 1/19/2011

Cooper, Jill M.

Elkland, MO

Registered Nurse 155481

Licensee was employed by a home health agency as a Case Manager and Staff Nurse. On December 29, 2007, Licensee was transported by ambulance and hospitalized after Licensee was found unresponsive. Licensee explained to the doctor that she overdosed, that she had got some pills and took a quantity but she does not remember, but explained that it could have been Ambien or Xanax. Licensee further stated that she obtained those pills from a patient that she had taken care of who had given them to her for pain and to help her sleep.

Voluntary Surrender 2/28/2011

James, Christine Ellen

Brighton, IL

Registered Nurse 2007038065

On June 17, 2009, Licensee's Illinois nursing license was disciplined by the Illinois Department of Professional Regulation.

Voluntary Surrender 2/16/2011

Witte, Kaaren C.

Kansas City, MO

Registered Nurse 144732

Licensee was employed as an RN Care Team Leader until her termination. Licensee went for three routine patient visits and was accompanied by another RN. During the visits, Licensee failed to provide necessary and appropriate care to the patients.

Voluntary Surrender 2/15/2011

Hyland, Patricia Hallock

Creve Coeur, MO

Registered Nurse 2000167141

Licensee's co-workers reported to the nurse manager that Licensee was acting strangely. The nurse manager observed and spoke with Licensee. The manager requested Licensee submit to a drug and alcohol screening. Licensee's blood alcohol content was measured at .237. Licensee was referred to the Employee Assistance Program. Licensee entered into a Return to Work Agreement with the hospital. Conditions of the agreement included random blood alcohol testing. At a later date, Licensee was at the hospital for a required class. The instructor reported that she believed Licensee was under the influence of alcohol. Licensee was requested to submit to a blood alcohol test. That test measured Licensee's blood alcohol content at .084.

Voluntary Surrender 2/15/2011

Voluntary Surrender continued on page 21

Voluntary Surrender continued from page 20

Barton, Penny L.

Salem, MO

Registered Nurse 096325

The Chief Nursing Executive discovered twelve (12) charts that showed Licensee had removed and wasted 2 mg Dilaudid for patients who did not have orders for Dilaudid. When Licensee was questioned regarding these discrepancies, she could not offer an explanation as to why she had withdrawn the Dilaudid. A hair test returned a positive result for marijuana. A urine drug screen was positive for Meperidine and Nomeperidine. Licensee did not have a prescription.
Voluntary Surrender 12/22/2010

Chaplin, Roxzan M.

Greendale, MO

Registered Nurse 105637

Licensee was unable to complete duties related to her job. Licensee could not insert intravenous catheters, draw blood or perform urinary catheterizations. Licensee would not complete admission paperwork and routinely administered medications late.
Voluntary Surrender 12/1/2010

Amaro, Richard J.

San Francisco, CA

Registered Nurse 2003013681

On January 17, 2010, Licensee's California nursing license was disciplined by the California Board of Registered Nursing.
Voluntary Surrender 12/7/2010

Alsadi, Juli Beth

Mountain Grove, MO

Registered Nurse 2007020216

On January 19, 2011, Licensee Voluntarily Surrendered her Missouri Nursing License.
Voluntary Surrender 1/19/2011

Cotton, Loretta B.

Lees Summit, MO

Licensed Practical Nurse 029509

On January 19, 2011, Licensee Voluntarily Surrendered her Missouri Nursing License.
Voluntary Surrender 1/19/2011

Brewer, Monica Lynn

Winona, MO

Licensed Practical Nurse 2002032085

Respondent was employed with a nursing home. On September

VOLUNTARY SURRENDER Continued...

28, 2007, nurses and med techs were required to submit to a drug test. Respondent's drug test was positive for amphetamines. Respondent admitted that she took her son's prescribed before going to work because she was tired.
Voluntary Surrender 1/18/2011

Blake-Shatley, Tara Eileen

Saint Charles, MO

Registered Nurse 2001005014

Licensee voluntarily surrendered her Missouri Nursing License on January 13, 2011.
Voluntary Surrender 1/13/2011

Zubiri, Crystal D.

Kansas City, MO

Licensed Practical Nurse 055385

On July 7, 2010, Licensee pled guilty to the Class C Felony of 'Possession of a Controlled Substance' in the Circuit Court of Ray County, Missouri.
Voluntary Surrender 1/13/2011

Estell, Shirley A.

Ferguson, MO

Registered Nurse 069818

Licensee administered the wrong medication to a patient; giving him Adderall, when Focalin had been ordered by the physician. Licensee then improperly documented that she administered the appropriate medication to the patient.
Voluntary Surrender 12/14/2010.

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

Elaina Bentrup RN 2008008474
 Carrie Berry-Moyer. PN051027
 Jana Coble. RN 097254
 Sandra Dawson. RN 2007007742
 Kathy Deckard-Smith PN 2001026758
 Elaine Evers. PN 2001027052
 Linda Forrest. PN 053815
 Debra Gundry. PN047615
 Pamela Kerr RN 068952
 Amanda Kuehn. RN 2000151384
 William E. Ray RN 133205
 Meredith Roman. RN106239
 Athena Surface-Lewis. PN 2000169226

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

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE		
<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> PHONE CHANGE
_____ <input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number _____	Social Security Number _____	
→ _____		_____
Signature (This form must be signed. Use your current signature.)		Date
NAME AS CURRENTLY IN OUR SYSTEM		

Last Name (Printed) _____	First Name (Printed) _____	
NEW INFORMATION		

Last Name _____	First Name _____	Middle Name _____
(_____) _____	_____	
Daytime Telephone Number	E-mail Address	
PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)		

Physical address required, PO boxes are not acceptable		
CITY _____	STATE _____	ZIP _____
MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)		

STREET OR PO BOX _____		
CITY _____	STATE _____	ZIP _____
<input type="checkbox"/> I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.		
Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745		
If you wish to obtain a duplicate license you must return this form along with your current wallet size license and a \$15.00 check or money order payable to the Missouri Board of Nursing.		