Message From the President: Licensure Fee Reduction

Written by Teri A. Murray, PhD, RN, Board President

RESOLUTION CONCERNING RENEWAL FEES

The Missouri State Board of Nursing has the duty and power to carry out, enforce and administer the provisions of Chapter 335, Revised Statutes of Missouri (RSMo). Thus, the Board is authorized by §335.036 RSMo, to collect fees for deposit into the Board of Nursing fund. The amount of money that can be in the Fund is limited by §335.036 RSMo.

At a regular meeting on the 19th day of October, 2006, the Board discussed and reviewed the fees to be charged from renewal of RN licenses between January 1, 2007 and December 31, 2007 and for fees to be charged for renewal of LPN licenses between February 1, 2008 and December 31, 2008.

Estimating its expenses and revenues, the Board previously set its annual renewal fee for individual licensees at $80 for RNs and $72 for LPNs by regulation published at 20 CSR 2200-4.010(1) (J).5, which requires the Board to collect $2 per renewal for RNs and LPNs pursuant to 20 CSR 2200-4.010(1) (J) will cause the Fund balance to exceed the limits allowed by §335.036 RSMo.

The Board has, therefore, determined that an immediate temporary fee reduction is necessary. The Board, prior to adopting this resolution, adopted a motion to amend 20 CSR 2200-4.010(1) (J) and reduce the individual renewal fee for the renewal periods at issue to $45 for RNs and $37 for LPNs. The Board has been advised, however, that under the provisions of Chapter 536, RSMo, the amendment will not be effective for at least nine months. An emergency amendment of 20 CSR 2200-4.010(1) (J) is not legally authorized under these circumstances. To avoid the inequity of the RN and LPN licensees paying different renewal fees during this period based only on the date of their renewal, the Board requests the Director of the Division of Professional Registration notify licensees of this resolution, collect only $45 of the renewal fee for RNs that submit a renewal for the January 1, 2007 to December 31, 2007 licensing period, and $37 of the renewal fee for LPNs that submit a renewal for the February 1, 2008 to December 31, 2008 licensing period, as required by §335.036 RSMo and 20 CSR 2200-4.010(1)(J), and to refund any payment in excess thereof made by a licensee.

The Board, prior to adopting this resolution, adopted a motion to amend 20 CSR 2200-4.010(1) (J) to reduce the individual renewal fee for the February 1, 2008 to December 31, 2008 renewal period to $45 for RNs and $37 for LPNs. The Board has been advised, however, that under the provisions of Chapter 536, RSMo, the amendment will not be effective for at least nine months. An emergency amendment of 20 CSR 2200-4.010(1) (J) is not legally authorized under these circumstances. To avoid the inequity of the RN and LPN licensees paying different renewal fees during this period based only on the date of their renewal, the Board requests the Director of the Division of Professional Registration notify licensees of this resolution, collect only $45 of the renewal fee for RNs that submit a renewal for the January 1, 2007 to December 31, 2007 licensing period, and $37 of the renewal fee for LPNs that submit a renewal for the February 1, 2008 to December 31, 2008 licensing period, as required by §335.036 RSMo and 20 CSR 2200-4.010(1)(J), and to refund any payment in excess thereof made by a licensee.

IN WITNESS THEREOF the Board has caused this resolution and deliver it to the Director of the Division of Professional Registration to execute this resolution. Please feel free to contact us if you have any questions or concerns.

RN Licenses Expire Soon!

RN Renewal Notices were mailed February 1st-February 5th. If you have not received your notice, please contact the Board office at 573-751-0681.

Your license must be renewed by April 30th, 2007 to remain current.

Renew by Mail
You may renew your license by completing the renewal form and sending it with your check or money order in the amount of $45 to the Board Office.

Renew Online
It is quick and easy. You will need your PIN number which is located on your paper renewal notice. Go to http://pr.mo.gov to renew. We accept MasterCard, Visa, Discover, or American Express for online renewal only.

Address Changes?
If you changed your address since the last renewal period, it is necessary to advise the Board in writing. Notification of address changes require your signature and must be either mailed to Board of Nursing, P.O. Box 856, Jefferson City, MO 65102 or faxed to 573-751-6745 or 573-751-0075.
**Legislative Update**

Authored by Lori Scheidt, Executive Director

The 2007 legislative session started on January 3, 2007 and goes through May 18, 2007. The Board of Nursing is pursuing two proposals this session. They are:

- Patient Safety Initiatives
- Impaired Nurse Program

**Patient Safety Initiatives Bill**

This proposal seeks to resolve issues the Board of Nursing has identified as barriers to patient safety: nurse title protection, mandatory reporting rule, default hearings and expedited hearings.

**Nurse Title Protection**

If the bill passes, the title “nurse” would be protected. Currently, only the titles of Registered Nurse (RN) and Licensed Practical Nurse (LPN) are protected. Physician offices and other non-regulated entities may hire unlicensed staff and title them as “nurse.” This causes confusion to the public. The title “nurse” implies that the person is either a RN or LPN and that the person has the essential degree of competency necessary to perform a unique scope of nursing practice.

**Mandatory Reporting Rule**

State statutes 383.130-133, RSMo, commonly referred to as the “Mandatory Reporting Rule,” require only hospitals and ambulatory surgical centers to report to the appropriate licensing authority “final” disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action. The mandatory reporting rule (Section 383.130-133, RSMo) should be amended to clarify what needs to be reported to the respective Boards, to require that other healthcare providers must report, and to contain an enforcement provision for failure to report.

It is critical that state licensing boards have access to records of disciplinary proceedings against healthcare professionals to determine if the healthcare professional in question is likely to cause patient harm without board intervention. The purpose of sections 383.130-133, RSMo is to enhance the ability of professional licensing boards in performing prompt, efficient and thorough investigations of possible misconduct or impairment of licensed health care practitioners, aided by timely and meaningful reports from sources likely to have knowledge of such individuals’ professional abilities and conduct.

In April 2004 Charles Cullen, (a nurse) pleaded guilty to 13 counts of murder and two counts of attempted murder. As part of the plea agreement, Charles Cullen was sentenced to 13 life sentences and two 20-year sentences, which would allow him to avoid the death penalty. Cullen admitted killing as many as 40 patients with lethal drug injections. During his 16-year career, four hospitals and one nursing home fired him, another hospital suspended him, and another questioned him about a patient’s suspicious death. He was never reported to a licensing board! Furthermore, Mr. Cullen kept getting new nursing jobs until Somerset Medical Center in Somerville, N.J., looked into questionable lab results involving patients under his care. Authorities arrested him in December and charged him with murder. Several of the facilities now face lawsuits from relatives of the murdered patients. If employers had been required to report the terminations, suspension and investigations to the Board of Nursing, he might not have continued his 16-year killing spree.

**Important Telephone Numbers**

<table>
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<th>Department</th>
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<tr>
<td>Department of Health &amp; Senior Services</td>
<td>573-526-5686</td>
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<tr>
<td>Nurse Aide Verifications</td>
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</tr>
<tr>
<td>General Questions</td>
<td></td>
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<tr>
<td>Missouri State Association for Licensed Practical Nurses</td>
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<tr>
<td>(MoSALPN)</td>
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<td>Missouri Nurses Association (MONA)</td>
<td>573-636-4623</td>
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<tr>
<td>Missouri League for Nursing (MLN)</td>
<td>573-635-5355</td>
</tr>
<tr>
<td>Missouri Hospital Association (MHA)</td>
<td>573-893-3700</td>
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Legislative Update cont. to page 3
Default Hearings
The Board spends considerable time and expense trying to locate and serve a licensee whose license has been disciplined by the Board and has failed to keep the Board apprised of his or her current address. After notice and service of the original disciplinary action, if a licensee fails to adhere to the terms of discipline, the Board would like to conduct default hearings and impose such additional discipline as authorized by law.

The Board of Nursing received a complaint against a nurse on December 6, 2002. The investigation was completed on December 17, 2002. On February 6, 2003, the Administrative Hearing Commission found cause to discipline the nurse's license. The licensee moved to Florida and did not notify the Board of her new address. The Board has tried to serve the licensee notice of a disciplinary hearing at least 4 times and in multiple states. As of this writing, the Board has had no success in serving the licensee with notice of hearing. This nurse entered a guilty plea to Class C felony possession of a controlled substance, consisting of two dextropropoxyphene pills, under § 195.202, RSMo. The court suspended the imposition of sentence in favor of two years’ probation. This nurse continues to have a license to practice nursing because she cannot be served with notice of a hearing. If the Board had a mechanism to hold a default hearing, the hearing could be held after the Board has attempted to notify the licensee of the hearing by certified and regular mail to her last known address.

Expedited Hearing
An expedited hearing process would allow the Board to take quick action to stop conduct and protect the public. If the Board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the Board may file a complaint before the Administrative Hearing Commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse's license. An expedited hearing process would require that the Administrative Hearing Commission conduct a preliminary hearing within fifteen days after service of the complaint on the nurse. The hearing would be to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justifies the expedited hearing process. If the Board finds the nurse to be a clear and present danger to the public health and safety, the Board would issue an order to temporarily restrict or suspend the nurse's license.

One example is the case of a May 1, 2002 incident where a nurse was assigned to provide care to a resident who was unconscious and unable to speak or eat on her own. The resident was placed on oxygen to assist her breathing. At some point during her shift, the nurse tightened the metal nose clamp on the resident's oxygen mask, “pushed” her chin upward, and held her mouth closed for approximately ten minutes in order to suffocate her. When the nurse believed that the resident was no longer breathing, she removed the oxygen mask and began to wipe the resident’s face. While wiping the resident’s face, the resident took another breath, so the nurse again “pushed” the resident’s chin upward and held her mouth closed for another minute or two until the resident ceased breathing. As a result of the conduct, the nurse was arrested on May 21, 2002, and a complaint was filed in the Circuit Court of St. Louis County Missouri, on September 4, 2002, charging her with felony murder in the second degree. This nurse’s license was not revoked until June 19, 2003.

A case occurred in on August 2, 2005 when a nurse was providing in-home care. The patient was found deceased and the nurse was found unresponsive. The nurse tested positive for cocaine, methamphetamine, amphetamine, THC and marijuana. The nurse was arrested for murder in the second degree for deprivation of oxygen and lack of medical attention as a result of perpetration of the class C felony of possession of a controlled substance.

These are three cases where public protection would have been greater if the Board had a process for an expedited hearing.

Impaired Nurse Program
The Missouri State Board of Nursing appointed a task force last year to recommend an alternative to discipline program. Each member made significant contributions through their commitment and dedication to the purpose of obtaining an impaired nurse program for Missouri nurses. The members of the task force were:
- Karen Hendrickson, Missouri Hospital Association
- Karen Lee, Kansas City Area Nurse Executives
- Thom Switzer, Missouri State Association of Licensed Practical Nurses
- Jeannie Loper, Missouri Organization of Nurse Leaders
- Gary Clark, Missouri Association of Nurse Anesthetists
- Kathryn Kornegay Farwell, Missouri Nurses Association
- Susan Kneskern, Department of Health Bureau of Health Facilities Licensure
- Marcia Chiles, Missouri Association of Homes for the Aging
- Cheryl Pistone, Missouri Ambulatory Surgical Center Association
- Alison Ruehl, Missouri Alliance of Home Care
- Charlotte York, Missouri State Board of Nursing Member

The members of the task force and Janet Wolken, Board staff, should be commended on their work. Within a year’s time, the task force thoroughly researched existing programs, decided what Missouri needs and presented a proposal to the Board that was approved and will now be submitted for legislative approval.

The goal of the impaired nurse program will be to provide a confidential peer assistance program for nurses whose practice may be impaired due to substance abuse and/or mental disorders, offering the impaired nurse a voluntary opportunity to seek treatment.

Legislative Update cont. to page 4
Investigations Corner

THINK IT OVER

As an agency we ask that individuals take the time to consider their true intent before filing a complaint against a nurse. Not just the Board of Nursing, but all regulatory agencies receive complaints that are frivolous and at times vindictive in nature. In most instances individuals have options available within the workplace that would allow them to address a disagreement with a supervisor/co-worker, or issues of rudeness and unprofessional behavior. The Board considers those types of incidents as employee/employer type issues. Therefore the Board would prefer that those issues be handled by the employer.

It takes a Board investigator an average of 12-15 hours to complete one nursing investigation. That includes the collecting of documents and statements and preparing the findings in an investigative report to be reviewed by the Board. Considering that the Board receives 800 to 1000 complaints per year, it is a monumental task for investigators to keep up with their case loads.

With the exception of those who are classified as mandatory reporters, we ask that individuals take some preliminary steps before filing a complaint. First, determine if the conduct that you wish to report is a violation of the Nursing Practice Act. It would be a good idea to access the Nursing Practice Act, located on the Board’s web site at http://pr.mo.gov/nursing.asp. After accessing the Nursing Practice Act, go to § 335.066.2, RSMo, which lists the fifteen causes for discipline. This will give you an idea if the complaint is a violation of the Nursing Practice Act and if it falls under the Board’s jurisdiction.

Then ask yourself if the intent of your complaint is to protect the public. Sometimes a nurse is involved in a personal relationship which has gone bad, a family dispute, or a personal conflict with a co-worker that has nothing to do with patient care. If you find yourself filing a complaint against a nurse because of personal differences, the Board asks that you use alternative measures to solve your differences, rather than using the Board’s resources.

Next consider your options if the situation occurs at work. Is patient safety compromised? If so, then the Board welcomes those types of complaints. Public safety is the Board’s number one priority and anything that compromises patient safety should be reported regardless of the situation.

Personal disputes within the workplace should be handled in the workplace. Employees, who are having personal disputes at work, should follow their company’s policies and procedures to resolve those issues. As I mentioned before in this article, it takes a tremendous amount of time to process a complaint and complete the investigation. Receiving frivolous complaints hinders the Board’s ability to investigate serious complaints and maximize its resources. The Board would appreciate an individual taking their time to consider the above mentioned suggestions before filing a complaint against a nurse.

Legislative Proposal Language

If you want to see any of the draft language, feel free to send me an e-mail request to lori.scheidt@pr.mo.gov.

Shape the Future

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, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://www.mogov.state.mo.us.
Discipline Corner

Authorised by Janet Wolken
Discipline Administrator

Missouri State Board of Nursing Discipline Committee
Members:
- Charlotte York, LPN, Chair
- K’Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Amanda Skaggs, RNC, WHNP

Exclusion Lists

Section 335.066, RSMo is titled: Denial, revocation, or suspension of license, grounds for, civil immunity for providing information. In this article, I want to discuss placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency which is found in § 336.066.2 (15 RSMo).

The Board receives questions from licensees concerning the Federal exclusion list and the State employee disqualification list. These questions should be directed to the appropriate agency (Office of Inspector General for federal list or Department of Health and Senior Services for state list). Please note placement on either of these lists is cause of discipline by the Board of Nursing. We encourage employers to check these lists on a routine basis to ensure that they are not in violation of the law.

Federal Exclusion List

The List of Excluded Individuals/Entities (LEIE) is available on the web site of the Health and Human Services Office of Inspector General. This list provides information regarding individuals that are excluded from participation in Medicare, Medicaid, and all Federal health care programs. If a nurse's name is on this list no payment will be made from Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the federal government for any items or services furnished, ordered, or prescribed by this person.

The important thing for a nurse or an employer to be aware of is that this exclusion of payment not only applies to the excluded person but also to any employer of the excluded person.

If a nurse is placed on the federal list, once the exclusion term ends, reinstatement is not automatic. The excluded person must apply to be reinstated by writing to the Office of Inspector General within 90 days of the expiration of the minimum period of exclusion. If reinstatement is denied the nurse may reapply after one year.

There is an online searchable database that allows users to enter the name of an individual or business to determine if an exclusion is in effect. Employers checking the list should ensure that they are using the correct spelling of an employee's name. The information is updated in the middle of the month and includes all actions taken during the prior month.

The above information as well as much more information may be found at http://oig.hhs.gov/fraud/exclusions/faq.html.

State Exclusion List

The Missouri Department of Health and Senior Services maintains an Employee Disqualification List (EDL). This is a listing of individuals who have been determined to have:

A. abused or neglected a resident, patient, client, or consumer;
B. misappropriated funds or property belonging to a resident, patient, client, or consumer; or
C. falsified documentation verifying delivery of services to an in-home services client or consumer.

The nurse is placed on this list if the above acts occurred while the individual was employed by a long-term care facility, an in-home services provider agency, by a hospital, home health agency, hospice, or ambulatory surgical center, or by a consumer or vendor. Placement on the EDL is cause for discipline by the Board of Nursing.

If a nurse's name is on the EDL then long term care facilities, in-home services provider agencies, hospitals, home health agencies, hospices and ambulatory surgical centers are prohibited from employing them in any capacity. Employers must check the EDL before hiring. The EDL is only available to employers and is only to be used for employment purposes.

The above information as well as more information about the Department of Health and Senior Services Employee Disqualification List may be found at https://www.dhss.mo.gov/EDL/index.html.
So what, you may wonder, does the Education Administrator do? One of the functions, as noted in my last column, is the review of the licensure examination pass rates of all of the nursing programs. However, the major responsibility is to oversee the programs in nursing that lead to an initial nursing license. These programs include practical, associate degree, diploma and baccalaureate nursing programs including bridge programs for LPNs to associate or baccalaureate degree. The Missouri State Board of Nursing does not oversee nursing programs which confer advanced practice status such as a Masters of Science in Nursing, Certified Registered Nurse Anesthetist, Family Nurse Practitioner, etc.

There are currently 100 nursing programs in Missouri leading to initial licensure. There are 44 practical nursing programs, 34 associate degree nursing programs, 1 diploma program and 21 baccalaureate degree nursing programs. Each program must be approved by the Board of Nursing in order to operate. There are four purposes for deeming a nursing program approved:

1. To promote the safe practice of professional nursing by setting Minimum Standards for programs preparing entry-level nurses.

2. To assure that educational requirements for admission to the licensure examination have been met and to facilitate licensure endorsement in other states or countries.

3. To encourage continued nursing program improvement via self-study, evaluation and consultation.

4. To assist nursing programs in developing and maintaining didactic and clinical standards that are congruent with current educational and nursing practices.

There are three approval classifications for nursing programs—Initial, Full and Conditional. Initial Approval is granted a program until Full Approval status is attained. This approval category is for new programs in nursing. An institution desiring to establish a program of nursing submits a letter of intent followed by a written proposal which must contain certain information as determined by the Board of Nursing and published in the state regulations. A site survey is conducted and then a Board of Nursing decision is made regarding granting initial approval. The program is evaluated annually throughout the period of initial approval to determine that Minimum Standards are being met. After the first class has completed the entire program, graduated, and taken the National Council Licensure Examination (NCLEX®), the Board of Nursing again reviews the program and decides whether to continue initial approval for not more than one year, deny approval or grant full approval.

Full Approval is the status granted a nursing program after the Board of Nursing has met and continues to meet the Minimum Standards.

Conditional Approval is the status of a nursing program that has failed to meet or maintain the Minimum Standards, or requirements, or both, as set by the Board of Nursing. As I have mentioned, in previous columns, a program is placed on Conditional Approval if the licensure examination pass rates of the graduates from the nursing program is less than eighty percent (80%) for two consecutive years. All approved nursing programs must submit an annual registration application with a designated fee in order to operate. Failure to do this may result in a lapse of approval status and the initiation of a disciplinary process. Also, each program submits an annual report that includes documentation pertinent to the program such as faculty information, list of clinical sites utilized, publications, courses on the Board of Nursing’s website, etc. to the Board of Nursing. The annual report is reviewed and the program is notified of the Board’s action(s) i.e. acceptance, need for more information, etc. Each approved program is then surveyed within five years from the first year of Full Approval via an on-site or paper survey. A five year on-site visit may be deferred if the nursing program is accredited by a nationally recognized nursing accrediting body such as National League for Nursing Accrediting Commission (NLNAC) or Collegiate Council on Nursing Education (CCNE) or being accredited by The Higher Learning Commission of the North Central Association for Schools and Colleges, the Coordinating Board for Higher Education, Accrediting Council for Independent Colleges and Schools, or other agencies recognized by the U.S. Department of Education. Most of the practical nursing programs in the state are not accredited by a nationally recognized nursing education entity due to on-site visits are conducted. The opposite is true of the programs leading to RN licensure.

Notice that the term “approved” is used, rather than the term “accredited” when referring to the status granted by the Board of Nursing. This change in language was made in 1999 and is consistent with that used by the National Council of State Boards of Nursing.

The Minimum Standards for Approved Programs of Professional Nursing and Practical Nursing can be found on the Board of Nursing’s website. The Board of Nursing reviews and approves the following program changes and requests:

- Curricular revisions
- Length of program
- Maximum number of students enrolling in a program
- Relocation of a program or any of its components
- Appointment of new faculty or program administrator
- Pilot projects
- Involvement in Community/Professional Service

If a program chooses to voluntarily close, the plan for closure must be approved by the Board of Nursing. This is to ensure that the program provides currently enrolled students the opportunity to complete the program and that the Board is notified as to the permanent custodian of transcripts.

Hopefully this article has given you a better understanding of the roles of the Education Coordinator and the Education Committee.

On another note, several nursing programs have completed graduation ceremonies in December. I want to take this opportunity to wish the graduates success on the NCLEX® licensure examination and welcome them to the challenging and rewarding profession of nursing.
Licensure Corner

Authored by Angie Morice
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee
Members:
Kay Thurston, ADN, RN, Chair
Charlotte York, LPN
Clarissa McCamy, LPN
Linda Conner, RN

RN Renewal Notices
Renewal notices will be mailed beginning February 1, 2007. The fee to renew your RN license has been decreased for this period to $45. You will have the option to either renew by mail or online.

To renew online, you will need to go to the website at http://pr.mo.gov. The instructions for renewal online are easy; you will need your PIN number and a credit card. We accept MasterCard, Visa, Discover, or American Express. The total cost will be $47.50 which is the $45 renewal fee and a $2.50 processing fee that is charged by the credit card processing vendor.

The PIN number is a unique number assigned to you. It can be found on your paper renewal notice. In order to protect your personal information, your PIN number will not be provided to you over the phone. You can request your PIN number by written request with your name, license number, signature and current date and mailing address. Your PIN number will remain the same for every renewal in the future.

While renewing online, you will have the ability to volunteer for LEAD-R, which is Missouri’s Licensed-Professional Emergency and Disaster Registry.

With regard to your personal information, your PIN number will not be provided to you over the phone. You can request your PIN number by written request with your name, license number, signature and current date and mailing address. Your PIN number will remain the same for every renewal in the future.

While renewing online, you will have the ability to volunteer for LEAD-R, which is Missouri’s Licensed-Professional Emergency and Disaster Registry.

Once you have completed the online renewal, you can print a receipt for confirmation. It will take an average of 48-72 hours for your license to be renewed. You will only be able to renew your license online between February 1, 2007 and April 30, 2007. Your license will include a magnetic strip that will contain your licensure information and will be used if you are activated as part of the Licensed-Professionals Emergency and Disaster Registry (LEAD-R).

LEAD-R
As a national initiative, the Missouri State Board of Nursing partnered with the Missouri Department of Health and Senior Services to develop and implement a state-based system for establishing and verifying the qualifications of licensed professionals willing to volunteer during an emergency. The LEAD-R will serve as an official registry of professionals willing to volunteer services during an emergency declared by the Governor or legislature. As a nurse, you can go online at any time with your license number and PIN number and update your information.

If an emergency is declared, then only designated individuals responsible for activating and utilizing the system will be able to query the system by proximity and credentials needed and activate volunteers. If you are activated, you would need to take a photo ID and your new license card with you to the emergency staging area to check in. Volunteers can decline calls to respond to emergencies.

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

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

License Verification of Nurses
To verify the license status of a nurse and whether they are currently disciplined, you may go to our website at http://pr.mo/gov/licensee-search.asp. This website will verify the status all nurses licensed in Missouri including those nurses with temporary permits.
The Legal Perspective

Frequently Asked Questions

Since I have been with the Board of Nursing, almost one year now, the Board of Nursing has always invited nursing students to observe the proceedings at Board meetings. This usually means the students get to watch several discipline or violation hearings plus a committee report or two. The last several Board meetings, though, the Board has had time after the hearings to entertain questions from the students. It occurred to me that many of the questions the students ask may interest the readers of the newsletter. Therefore, here are some of the most frequently asked questions:

1. **How do you become a Board member?**

   Board members are appointed by the Governor with the advice and consent of the Senate. See §335.021 RSMo. In general, an interested applicant could either apply directly to the Governor, through written correspondence or through the Governor’s web-site, or approach their state Senator to sponsor their application. A candidate would be subjected to a background investigation. If the Governor then chooses to appoint the applicant to the Board, they must be approved by the Senate. Board members serve four year terms and can only be appointed to serve two terms.

2. **What is the difference between the two types of hearings the Board conducts?**

   The Board has jurisdiction to conduct two kinds of hearings: disciplinary and probation violation hearings. Disciplinary hearings occur after there has been a determination that the licensee has violated the Nurse Practice Act (NPA) and there are grounds for discipline against their license. That determination can be made by the Administrative Hearing Commission (AHC) or the licensee can consent that there are grounds for discipline. In these hearings, the only issue for the Board to decide is what the appropriate discipline is for the violation.

   Probation violation hearings occur after the license has been previously placed on probation and there is an allegation that the requirements of probation are not being met. In these cases, there are two issues for the Board to decide: first, has the licensee violated the terms of probation; and, second, what additional discipline, if any, is appropriate. If the Board decides that addition discipline is called for, they have the same options as in a disciplinary case.

3. **What discipline options does the Board have?**

   The four levels of discipline are censure, probation, suspension and revocation.

   A **censure** is a public reprimand that will appear on your license.

   The Board can place a license on probation for a period of one to five years. That probation will have terms and requirements that are appropriate to the violation of the NPA. All probation periods include requirements of employer evaluations and meetings with the Board’s staff. If the violation involves a practice issue, the terms may include hours of related CEUs. If the violation involves a chemical dependency issue, the terms will include a chemical dependency evaluation and random drug screens.

   The Board can suspend a license for a period of one day to three years. During the period of suspension, the licensee cannot practice nursing in the State of Missouri. At the conclusion of the suspension period, if the licensee is otherwise eligible, the license will be returned to active status. Suspensions are seldom used, but when they are, are often in conjunction with probation. For example, the Board may choose to suspend the license for a period of six months followed by five years of probation.

   The Board may also revoke a license. Obviously, this ends a licensee’s right to practice nursing in the State of Missouri. If a license is revoked, the licensee may reapply for a license after one year. However, they have to go through the entire application process, including sitting for the NCLEX again.

4. **How long before the licensee knows the Board’s decision?**

   After the hearings are concluded, and students’ questions are answered, the Board will go into closed session to decide the cases. The Missouri Sunshine Law allows the Board to go into closed session to deliberate and vote on any case heard by the Board. See §620.010.14(8) RSMo. The week after Board meetings, my paralegal and I draft the Orders and they are signed by the Executive Director. They are then sent by certified mail to the licensee. Usually, the licensee will know the outcome of their hearing within two weeks.

5. **Why are some of the cases so old?**

   Unfortunately, there is no easy answer to this one. Part of the problem is the amount of time that it usually takes to get a case through the AHC process. If a case were filed with the AHC today, it would take approximately six months before it would be heard. In the last several years, the legislature has increased the number of cases that the AHC has jurisdiction over without granting them additional resources. The result has been a much slower case resolution rate.

Another issue is that many of our cases are handled by the Attorney General’s Office. Their office handles cases for most of the Boards in the Division of Professional Registration. Due to this, many of the Assistant Attorney Generals have very large caseloads.

In addition, all complaints, notices and decisions must be served upon the licensee. This applies to the Board and the AHC. If a licensee decides that they don’t want to be served, they can make our job very difficult. We currently have cases where we have been attempting to serve the licensee for months, even years.

We are taking steps to address these problems. First, by hiring an in-house attorney (me) the Board is attempting to streamline and speed up the process of getting cases settled and/or heard. The Board has also authorized the hiring of independent counsel to handle cases. Also, probation violation cases are being handled by in-house counsel (me) instead of being sent to the Attorney General’s Office. Further, part of the ‘Patient Safety’ bill that we will be pursuing in the next legislative session will allow us to serve licensees by publication if we are unable to serve them in person.

6. **Do you have to hire an attorney to represent you before the Board?**

   The short answer is no, you can represent yourself before the Board. However, I always recommend that a licensee hire an attorney to guide them through the process. The fact is that the hearing process, rules of evidence, appeal rights, etc. can be very confusing to someone who is unfamiliar to the process. Frankly, it can be confusing to someone who is familiar to the process. Given what is potentially at stake, your nursing license, I would always recommend that a licensee seek legal advice.

   Hopefully, you have found this article informative. My thanks to all the nursing students who came to the Board meetings and asked good questions. Keep the questions coming and I’ll never have to scramble for a topic to write on. If any licensee has an issue that they would like to see addressed in this space, please let me know through my e-mail link on the Board’s website.

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**March is Patient Safety Awareness Month sponsored by the Missouri Center for Patient Safety and the Missouri Department of Health and Senior Services.** To celebrate patient safety initiatives, please join the Missouri Center for its first patient safety conference entitled: "Patient Safety: Achieving Success in Missouri!" on March 28-29, 2007 in Columbia, MO. The conference will include national speakers sharing successes and challenges to improving patient safety, including award-winning patient safety centers that have achieved statewide patient safety improvements. Please visit [www.mocps.org](http://www.mocps.org) for more information or contact the Center at 573/636-1014.

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**Additional information about sponsorship opportunities, conference location and registration costs are available on our website** [www.mocps.org](http://www.mocps.org).
National Council of State Boards of Nursing (NCSBN)

POSITION STATEMENT

The Ethical Recruitment of Nurses for Licensure

The National Council of State Boards of Nursing (NCSBN) supports the ethical recruitment of nurses. NCSBN defines ‘ethical recruitment’ as a hiring process free from intimidation, misleading information or other unethical practices. NCSBN supports the lawful entry of nurses from other countries provided they meet U.S. federal immigration and labor requirements, and obtain and maintain a valid state or territorial license to practice.

Background:

NCSBN is composed of the 59 state and territorial boards of nursing who regulate nurses in the U.S. It is the boards of nursing who issue licenses to all nurses to practice in their respective jurisdictions.

The NCSBN Board of Directors has approved a position regarding the shortage of nurses and affirmed the need to maintain the standards of practice to best protect the public and uphold U.S. state and territorial licensure standards regardless of whether the nurse is domestically or internationally educated.

Additionally, NCSBN also has a position on International Nurse Immigration.

Recruitment Position:

NCSBN respects the right of nurses to determine the country in which they choose to work. A thorough decision making process by the nurse can only be made with complete information concerning the implications of relocation. Any recruitment of nurses for the U.S. workforce must be ethical.

High ethical standards in recruitment are supported by NCSBN. Recruitment must not mislead, intimidate or appropriately qualified supply of licensed nurses.

Nurses coming to practice in the U.S. should do so at their own free will with the expectation of being treated equally among all nurses working in the U.S.

NCSBN supports the right of individuals to migrate to the country of their choosing, as allowed by law. Nurses should have the following in order to become licensed in the U.S.:

- Comparable nursing education.
- English language proficiency to safely practice in the U.S. healthcare environment.
- No current or previous disciplinary or criminal actions related to their current or previous license / registration to practice nursing.
- Successful completion of the NCLEX-RN® or NCLEX-PN® licensing examination.
- Possess no fraudulent or other illegally obtained documentation related to the verification of their required nurse credentials.

To best support ethical recruitment practices, NCSBN recommends the following:

- Support state and federal governments in the monitoring of nurse recruiting agencies and the development of sanctions for those agencies that engage in unethical recruitment practices.
- Collect and disseminate accurate national and state statistics about the numbers and types of domestic and internationally educated nurses coming to the U.S. and where they are working.

NCSBN supports the ethical recruitment of nurses for licensure.

References:

ICN Position Statement, 2001, Ethical Nurse Recruitment www.icn.ch

The NCLEX-RN® Examination Passing Standard Revised for Public Safety

CHICAGO—The National Council of State Boards of Nursing, Inc. (NCSBN®) voted at its Dec. 5-7, 2006 meeting to raise the passing standard for the NCLEX-RN® examination (the National Council Licensure Examination for Registered Nurses). The new passing standard is 0.2500 logits on the NCLEX-RN® logistic scale, 0.070 logits higher than the previous standard of -0.2800. The new passing standard will take effect on April 1, 2007, in conjunction with the 2007 NCEX-RN® Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2004, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 11 nurses to perform a criterion-referenced standard setting procedure. The panel’s findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

Following consideration by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN® examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice. A PDF of the 2007 NCLEX-RN® Test Plan is available free of charge from the NCSBN Web site (https://www.ncsbn.org/RN_Test_Plan_2007_Web.pdf).

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories. Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

The definition of a logit may be found on NCSBN’s Web site at https://www.ncsbn.org/02_18_05_hweek.pdf
Golden Nurses

We are happy to announce that Golden Certificates were recently sent to 170 Registered Nurses and 12 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the state of Missouri for 50 years. We take great pleasure in marking this special achievement in the second year of our Golden Award Recognition program. A list of those receiving a Golden Certificate follows.

Golden Nurses—2007

Jeanette S Adams Nov-57 Parkville, MO
Beverly A Akers Sep-57 Bonne Terre, MO
Mary J Ament Nov-57 Bellevue, MO
Louise A Ammatelli Sep-57 Shawnee Mission, KS
Rowena E Anglen Sep-57 Marshall, MO
Anna M Bachman May-57 Saint Joseph, MO
Sylvia D Baker Mar-56 Saint Louis, MO
Anna L Baska Mar-57 Kansas City, KS
Barbara J Bass Jul-56 Higginsville, MO
Carol J Bear Nov-56 Oallon, MO
Joan Alice Berg Nov-56 Westminster, CO
Helen M Berry Sep-57 Kirkwood, MO
Eleanor I Bode Nov-57 Holts Summit, MO
Barbara A Brackley Nov-57 Springfield, MO
Eva Jo Bradford Aug-57 Rolla, MO
Mary L Brit Nov-66 Bever, MO
Mary A Bromley Mar-56 Saint Joseph, MO
Shirley J Brunnett Sep-57 St. Ann, MO
Gloria M Brunnett Nov-56 Vienna, MO
Vera J Bruss Nov-56 Barnhart, MO
Eleanor R Brezinski Sep-57 Crestwood, MO
Bonnie M Bulloc Nov-56 Bolivar, MO
Rita M Burns Nov-56 St. Joseph, MO
Delores J Burt Sep-57 Grove, OK
Imogene Calcaterra
LePique
Linda Castillo Nov-56 St. Charles, MO
Deleta F Castle Sep-57 Marshall, MO
Jean E Chapman Sep-57 Hannibal, MO
Nancy L Cirar Sep-57 St. Ann, MO
Ann N Cobbs May-56 Saint Louis, MO
Carolyn L Coffey Nov-57 St. Charles, MO
Mary Ellen Collins Nov-56 Kansas City, MO
Ann C Conn Nov-56 Sparta, IL
Mary L Cooney Sep-57 Prairie Village, KS
Patricia L Conn Nov-56 Savannah, MO
Paula A Crigger Mar-57 Harrisonville, MO
Marcia S Custer Mar-57 Edwardsville, MO
Mary E Daily Nov-57 Kennett, MO
Mary A Davis Jan-57 Florissant, MO
Claré D Vervo Nov-57 Saint Louis, MO
Wilma K Donnelly Sep-56 Leawood, KS
Mary Carol Duling Nov-56 Kansas City, MO
Patricia A Duncan Sep-57 Kansas City, MO
Joyce L Duncan Sep-57 Poplar Bluff, MO

Irene M Ebert Sep-57 Columbia, IL
Delemar B Ehrhardt Dec-56 Lohman, MO
Barbara A Elkins Sep-57 Kansas City, MO
Doris J Corry IL Oct-56 Kankakee, IL
Elizabeth J Fischer Nov-56 Hannibal, MO
Joyce Lee Furtkamp Oct-56 Lebanon, IL
Patricia C Gaddy Sep-57 Rolla, MO
Lynn Gagliardo Mar-57 Clayton, MO
Barbara D Gardner Sep-57 Kirkwood, MO
Shiloh A Garies Sep-57 Shawnee, KS
Virginia M Geisert Mar-57 St. Louis, MO
Jean R Gildeshausen Jan-57 Washington, MO
Mary L Gillilan Sep-57 Jefferson City, MO
Dorthea L Glass Sep-57 Louisiana, MO
Ramona M Gorbet Jan-57 Saint Louis, MO
Bette J Gourley Jan-57 Cahokia, IL
Lyndell M Green Nov-57 St. Louis, MO
Sharen L Green Sep-57 Holts Summit, MO
Delia F Green Sep-57 Florissant, MO
Nancy C Guthrie Sep-57 Avondale, MO
Eva M Hall Nov-57 Calhoun, MO
Diana Hallgrimson Sep-57 Lake Tapawingo, MO
Joan A Harrison Jan-56 Festus, MO
Barbara J Heath Mar-57 Saint Joseph, MO
Katherine K Heberer Jan-57 Saint Louis, MO
Marlene Hill Jan-57 Hazelwood, MO
Starr A Hoffman Sep-57 Columbia, MO
Doris M Holzman Jan-57 Creve Coeur, MO
Barbara J Hoss Jan-57 Fair Grove, MO
Nancy S Houk Sep-57 Joplin, MO
Betty A Houseman Jan-57 Creve Coeur, MO
Mary E Howard-Rice  Mar-56 Warrensburg, MO
Beatrice N Howard Jan-57 Saint Louis, MO
Barbara J Heath Mar-57 Saint Joseph, MO
Geraldine J Johnson Jan-57 Saint Louis, MO
Naomi J Jones Jan-57 Garden City, MO
Beverly Jones Jan-57 St. Charles, MO
Avie A Jones Nov-57 Richland, MO
Winningham Sep-57 Blue Springs, MO
Marilyn A Kemper Aug-57 Kansas City, MO
Millie M King Aug-57 Creve Coeur, MO
Mary A Kitchin Jan-57 Kansas City, MO
Carol K Fonz Sep-57 Lake St. Louis, MO
Betty D Kroeger Jun-57 Centralia, MO
Donna O Kurtz Jan-57 Baldwin, MO
Suzanne La Maier-Fleming Nov-56 Oregon, MO
Elizabeth S Lingenfelter Nov-56 Overland Park, KS
Ann M Lippert Nov-56 Overland Park, KS
Clara M Lucas Nov-56 Saint Joseph, MO
Mary N Macker Jan-57 Fulton, MO
Marilla J March Jan-57 Queen City, MO

Genevieve A Mason Jan-57 Manchester, MO
Jean M McFarland Jan-57 Saint Louis, MO
Carolyn J McKenzie Jan-57 Saint Louis, MO
Doris J Corry IL Sep-57 Kankakee, IL
Betty G Mehrle Jan-57 Springfield, MO
Martha H Meierne Jan-57 Saint Louis, MO
Nancy A Meneghin Jan-57 St. Joseph, MO
Mary T Menzel Jan-57 Arnold, MO
Wanda D Meyer Jan-57 Ellisville, MO
Agnes L Meyers Nov-56 Lees Summit, MO
Bevis J Miller Jan-57 Saint Louis, MO
Patricia M Miller Jan-57 Washington, MO
Clara F Milster Mar-56 Saint Louis, MO
Martha M Mitchell Jan-57 Independence, MO
Regina A Moellenbeck Jan-57 Saint Charles, MO
Jewell A Mosley Dec-56 Valley Park, MO
Marcella A November Jan-57 Kansas City, MO
Ruth L Murray Jan-57 Olivette, MO
Claudia J Murray Jan-57 Columbia, MO
Joyce E Nelson Sep-56 East St. Louis, MO
Jo A Nichols Jan-57 Kimberling City, MO
Dorothy M O'Driscoll Jan-57 West Plains, MO
Suzanne D Phillips Jan-57 Rolla, MO
Lucille J Pintock Jan-57 Washington, MO
Joan M Pratt Jan-57 Independence, MO
Charlene A Rand Jan-57 Liberty, MO
Elita J Ray Dec-56 Grandview, MO
Constance H Record Jan-57 Saint Louis, MO
Darlene A Reed Jan-57 St. Joseph, MO
Betty L Riccardi Nov-56 Creve Coeur, MO
Janet L Ritchie Jan-57 Saint Louis, MO
Mary A Robertson Jan-57 Saint Joseph, MO
Patricia M Robinett Mar-57 Saint Louis, MO
Joyce W Robinson Oct-56 Creve Coeur, MO
Judith A Rockhold Jan-57 Lexington, MO
Joyce L Rodier Dec-56 Red Bud, MO
Evelyn M Rothenberger Jan-57 Overland Park, KS
Charloot L Rubin Mar-57 Aurora, CO
Marjory B Ryan Mar-57 Kansas City, MO
Jane S Sackett Jan-56 Saint Joseph, MO
Marjory J Sampson Mar-56 Saint Louis, MO
Hector A Sanchez Jan-57 Saint Louis, MO
Marinilla M Schafer Sep-57 Kansas City, MO
Mary E Scheiwiller Sep-57 Kansas City, MO
Mary A Schrader Jan-57 Saint Louis, MO
Franca L Sees Jan-57 Marshfield, MO
Audrey E Self Mar-57 Sedalia, MO
Delores Nancy Shaw-Kelley Nov-57 Springfield, VA
Laura W Shore Jan-57 Owensville, MO
Charlene E Shroy Sep-57 Cape Girardeau, MO
Anna J Simmons Sep-57 Cape Girardeau, MO
Dorothy L Simmons Sep-57 Cape Girardeau, MO
Coetessa M Smith Nov-56 Florissant, MO
Billie W Wynn Nov-56 Saint Charles, MO
Mary Jane Spain Mar-56 Saint Louis, MO
Irina D Speed Dec-57 Saint Louis, MO
Sr M Jeanice Speidel Mar-56 Saint Louis, MO
Lois Norine Spencer Nov-56 Lansdowne, MO
Mary A Spence Sep-57 Saint Louis, MO
Leah L Stailor Jan-57 St. Louis, MO
Esther F Stater Jan-57 Jerseyville, IL
Nancy J Steiner Jan-57 Springfield, MO
Lora D Suiter Mar-57 Osceola, MO
Sharon L Summers Nov-56 Overland Park, KS
Wilma J Svetina Nov-56 Maryland Heights, MO
Betty L Swyers Nov-56 Maryland Heights, MO
Patricia W Thomas Sep-57 Saint Louis, MO
Robert H Tolpen Jan-57 Saint Louis, MO
Margaret K Turnbull Jan-57 Kansas City, MO
Jacqueline Rae Valanne Jan-57 Kansas City, MO
Freda K Vollman Jan-57 Kansas City, MO
Myrna E Wallace Jan-57 Kansas City, MO
Mary A Webster Jan-57 Kansas City, MO
Phyllis Irene B Weishar Dec-57 Shawnee Mission, KS
Wilma W Whitney Sep-57 Parkville, MO
Jacklyn E Wilcoxson Sep-57 Springfield, MO
Patricia J Wood Jan-57 Chicago, IL
Ruth M Woodson Nov-57 Florissant, MO
Carol W Wozen Nov-56 Union, MO
Ellen A Young Nov-56 Kansas City, MO
Patricia A Zuckeb Jan-57 Kansas City, MO

We are happy to announce that Golden Certificates were recently sent to 170 Registered Nurses and 12 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the state of Missouri for 50 years. We take great pleasure in marking this special achievement in the second year of our Golden Award Recognition program. A list of those receiving a Golden Certificate follows.
**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.**

**INITIAL PROBATIONARY LICENSE**

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Restricted License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arica Sue Doerr</td>
<td>PN2006035576</td>
<td>Section 335.066.1 and 2. (1) and (14), RSMo.</td>
<td>11/8/2006 to 11/8/2008</td>
</tr>
<tr>
<td>Union, MO</td>
<td></td>
<td>On 4/21/06, Licensee self-reported that she tested positive for a controlled substance.</td>
<td></td>
</tr>
<tr>
<td>Theresa Gale Hager</td>
<td>RN2006031523</td>
<td>Section 335.066.1 and 2. (2), RSMo</td>
<td>10/6/2006 to 10/6/2009</td>
</tr>
<tr>
<td>Lake Ozark, MO</td>
<td></td>
<td>On 3/24/94, Licensee entered a plea of guilty to the charges of Unlawful Use of a Weapon and Aggravated Assault.</td>
<td></td>
</tr>
<tr>
<td>Debra Renae Jones</td>
<td>PN2006029590</td>
<td>Section 335.066.1 and 2. (2) and (8), RSMo</td>
<td>9/21/2006 to 9/21/2008</td>
</tr>
<tr>
<td>Prairie Village, KS</td>
<td></td>
<td>On 5/20/87, Licensee's license in the State of Texas was disciplined. Licensee successfully completed her period of probation on 5/20/88. On 12/1/93, Licensee pled guilty to Reckless Conduct in the Circuit Court of Dallas County, Texas. Licensee was fined and placed on 6 months unsupervised probation, which she successfully completed. On 10/3/94, Licensee pled guilty to Possession of Alcohol Under Age. On 10/18/94, Licensee pled guilty to Possession of Marijuana, which included conditions of community service and anger management classes. Licensee successfully completed that period of probation.</td>
<td></td>
</tr>
<tr>
<td>Wayne Russell</td>
<td>PN041395</td>
<td>Section 335.066.1 and 2. (2), RSMo</td>
<td>10/2/2006 to 10/2/2007</td>
</tr>
<tr>
<td>Tooele, UT</td>
<td></td>
<td>On 10/19/00, Licensee pled guilty to stealing. Imposition of sentence was suspended and Licensee was placed on 1 year probation with the state.</td>
<td></td>
</tr>
<tr>
<td>Joseph P Stanton</td>
<td>RN100046</td>
<td>Section 335.066.1 and 2. (15), RSMo 2000</td>
<td>10/16/2006 to 10/16/2008</td>
</tr>
<tr>
<td>Savannah, MO</td>
<td></td>
<td>On 11/18/04, Licensee was placed upon the federal employment disqualification list excluding him from participating in any Medicare, Medicaid and all Federal health care programs for a period of five years.</td>
<td></td>
</tr>
<tr>
<td>Jacqueline S Taylor</td>
<td>PN2005038149</td>
<td>Section 335.066.1 and 2. (2), RSMo 2000</td>
<td>10/31/2006 to 10/31/2011</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td></td>
<td>On 3/13/06, Licensee entered a plea of guilty to the charge of Burglary in the Second Degree.</td>
<td></td>
</tr>
<tr>
<td>Brandi Cinear Watts</td>
<td>PN2006036104</td>
<td>Section 335.066.1 and 2. (1), (2) and (14), RSMo</td>
<td>11/20/2006 to 11/20/2008</td>
</tr>
<tr>
<td>Benton Harbor, MI</td>
<td></td>
<td>On 6/13/01, Licensee entered a plea of guilty to the charge of Driving with a Suspended License. On that same date, Licensee entered a plea of no contest to Possession of Marijuana.</td>
<td></td>
</tr>
<tr>
<td>Jessica Victoria Will</td>
<td>PN2006036947</td>
<td>Section 335.066.1 and 2. (2), RSMo 2000</td>
<td>11/12/2006 to 11/21/2007</td>
</tr>
<tr>
<td>La Grange, MO</td>
<td></td>
<td>On 8/6/99, Licensee entered a plea of guilty to the charge of Possession of Alcohol Under Age. On 1/31/05, Licensee pled guilty to stealing.</td>
<td></td>
</tr>
</tbody>
</table>

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

- Penny A. Banks, PN
- Debra Eaton
- Aprelle Danyelle Holbrook, RN
- Lisa Ann Johnson, RN
- Gladys R. Warrior, RN

If anyone has knowledge of their whereabouts, please contact Quinn at 573-751-8740 or send an email to nursing@pr.mo.gov.
Area Woman is
Sentenced to 44 Months
in Prison for Representing Herself as a
Registered Nurse to Obtain Employment
at Elderly Care Facilities and for Stealing
$9,973 from a 90-Year-Old Patient

St. Louis, Missouri: Sharon Otey was sentenced to 44 months in prison and ordered to pay $313,196 in restitution for misrepresenting herself as a registered nurse to obtain employment at nursing homes and agencies that provide in-home elderly care, United States Attorney Catherine L. Hanaway announced today.

"Ms. Otey put people at risk by misrepresenting her health care training and outright stole from one man entrusted to her care. She deserves every day of this sentence," said Hanaway.

Otey made false statements concerning her education and employment background and used false social security numbers to prevent home care agencies from determining her true education and employment background. Between May 1996 and October 2002, Otey submitted employment applications to seven different agencies, including nursing homes and agencies that provide in-home care services to elderly and disabled clients. She falsely claimed that she was a registered nurse and had never been on an Employee Disqualification List (EDL).

In March 2000, Otey was employed by a home health care agency to provide in-home services to a 90-year old man. Following a complaint from the patient's family, the Missouri Department of Health and Senior Services determined that between March 5 and 16, 2000, twenty-one checks were written on the patient's account, totaling $9,973. The checks were payable to Otey, her daughter, and several of Otey's friends. Otey was placed on the EDL as a result of this theft.

Sharon Otey, St. Louis, pled guilty last August to one felony count of health care fraud and one felony count of misuse of a social security number. She appeared today for sentencing before United States District Judge Charles A. Shaw.

Otey is the second person to plead guilty for falsely claiming to be a nurse, while employed at Complete Care of America, a local agency that provided in-home health services to elderly and disabled patients. Brenda Bassett pled guilty in 2006 and was sentenced on June 30, 2006, to five years probation for posing as a licensed practical nurse.

Complete Care and five other employees of Complete Care were separately charged. Two of the individual defendants, Sharon Johnson and Earlecan Hopson, have pled guilty and are awaiting sentencing. Trial of the remaining defendants is scheduled for March 5, 2007. They are presumed innocent until and unless proven guilty.

Hanaway commended the work performed on the case by the Federal Bureau of Investigation; the Social Administration—Office of the Inspector General; the Missouri Department of Health and Senior Services—Office of Special Investigations; and Assistant United States Attorney Dorothy McMurry, who handled the case for the U.S. Attorney's Office.

CENSURE LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Censured License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shari L. Crutchfield</td>
<td>RN110724</td>
<td>Section 335.066.2(14), RSMo</td>
<td>Censure 9/20/2006</td>
</tr>
<tr>
<td>Debra A Dale</td>
<td>PN040009</td>
<td>Section 335.066.2(5) and (14), RSMo</td>
<td>Censure 9/12/2006</td>
</tr>
<tr>
<td>David Joseph Grubbs</td>
<td>PN2003006436</td>
<td>Section 335.066.2(5) and (14), RSMo 2000</td>
<td>Censure 11/17/2006</td>
</tr>
<tr>
<td>Grace S McCarthy</td>
<td>PN032029</td>
<td>Section 335.066.2(5) and (14), RSMo</td>
<td>Censure 9/12/2006</td>
</tr>
<tr>
<td>Mary Beth Walker</td>
<td>RN107943</td>
<td>Section 335.066.2(5) and (14), RSMo 2000</td>
<td>Censure 11/10/2006</td>
</tr>
</tbody>
</table>
## PROBATION LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Probation</th>
<th>Violation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irene E Bain</td>
<td>RN099189</td>
<td>Section 335.066.2(1), (5), (12) and (14), RSMo 2000</td>
<td>Probation 10/21/2006 to 10/21/2009</td>
<td>On 3/24/04, Licensee diverted Roxicet for her personal use by diverting 21 tablets of Roxicet from one patient and replacing it with another patient's Tylenol. On 3/16/04, during an interview with the DON, Licensee admitted that she had taken the Roxicet for her personal use.</td>
</tr>
<tr>
<td>David Anthony Beam</td>
<td>RN2000146646</td>
<td>Section 335.066.2(5) and (12), RSMo 2002</td>
<td>Probation 9/20/2006 to 9/20/2008</td>
<td>In 7/05, Licensee withdrew 1.75mg vials of Dilaudid for a patient by overriding the hospital's Pyxis machine on 13 different occasions. The patient did not have a physician's order for Dilaudid. Licensee failed to document the administration and/or wastage of the 13 vials of Dilaudid. In 7/05, Licensee withdrew 3.75mg vials of Dilaudid for a patient on 2 different occasions and failed to document the administration and/or wastage of the 2 vials of Dilaudid. In 7/05, Licensee withdrew 4.25mg vials of Dilaudid for a patient on 4 different occasions and failed to document the administration and/or wastage of the 4 vials of Dilaudid. In 7/05, Licensee withdrew 6mg vials of Dilaudid for a patient on 7 different occasions and failed to document the administration and/or wastage of the Dilaudid. In 7/05, Licensee with 4mg vial of Dilaudid for patient on 1 occasion and failed to document administration and/or wastage of the Dilaudid.</td>
</tr>
<tr>
<td>Virginia Marlene</td>
<td>RN2005001717</td>
<td>Section 620.153, RSMo 2000</td>
<td>Probation 10/25/2006 to 10/25/2008</td>
<td>Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with a third party to perform random drug and alcohol screenings. From 2/3/05 until 2/22/06, Licensee failed to contract with a third party to perform screenings. As a result of this refusal, Licensee did not participate in any drug screenings for the first year of her disciplinary period.</td>
</tr>
<tr>
<td>Kristin Marie Choepti</td>
<td>PN2000165069</td>
<td>Section 335.066.2(1), (5), (6), (12), (14), RSMo 2000</td>
<td>Probation 10/3/2006 to 10/3/2009</td>
<td>On 7/9/04, Licensee submitted to a drug screen which was positive for Alprazolam, Cannabinoids (marijuana) and Cocaine.</td>
</tr>
</tbody>
</table>

Probation List cont. to page 14
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Probation</th>
</tr>
</thead>
</table>
| Susan Marie Consuegra Ballwin, MO | RN2005007939   | Section 335.066.2(f) and (12), RSMo 2000  
On 7/3/05, Licensee worked the night shift starting on 7/2/05 and continuing into 7/3/05. Licensee removed one 10 milligram tablet of Ritalin for her personal use from the medication administration machine. Licensee falsely documented the Ritalin tablet as taken out for a patient. After removing the Ritalin from the Pyxis machine, Licensee went to her supervisor and stated that she had removed the 10 mg tablet of Ritalin for her personal use. Licensee stated that she had a current prescription for the drug, but had forgotten to take her own Ritalin that evening at home. | Probation 11/15/2006 to 11/15/2007 |
| Edward Lane deVilbiss Columbia, MO | RN2001018405   | Section 620.153 RSMo  
Licensee violated the terms of discipline. On 3/16/06, Licensee submitted urine sample for random drug screening that tested positive for the presence of cocaine. Licensee did not have a valid prescription for cocaine. | Probation 11/1/2006 to 11/1/2011 |
| Gregory W Evans Evansville, IN | RN129504       | Section 335.066.2(f), (5) and (12), RSMo 2000  
Licensee reports his alcohol abuse began in 1989 and he has not been able to remain sober for more than 4 months at any given time. On two occasions in September and October 2005, Licensee relapsed and started drinking alcohol again. During this time, Licensee did not show up for his scheduled shifts at his place of employment where he was assigned as a RN and did not notify the hospital that he was unable to work his scheduled shifts. Licensee reports that on these two occasions he was too intoxicated to go to work. Licensee reports consuming alcohol to such an extent that his ability to perform the work of a RN was impaired. | Probation to 10/20/2011 to 10/20/2006 |
| Theresa M Flieger Troy, MO | PN047909       | Section 620.153 RSMO  
Licensee violated the terms of discipline. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. In the period of 9/05 through 9/06, Licensee has failed to call in to NCPS, Inc. on thirteen days. Further, on four separate days, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to the laboratory to provide the requested sample. | Probation 9/14/2006 to 9/14/2011 |
### Probation List cont. from page 14

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation Description</th>
<th>Effective Date of Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa A Hagan</td>
<td>RN099502</td>
<td>Section 335.066.2(5) and (14) RSMo Licensee worked in a Hospital in August 2005. During the time Licensee was working, Licensee suffered from depression and was taking anti-depression medication. Licensee was, at times, asked to take time off because she appeared sleepy and unable to concentrate. On 8/17/05, discrepancies were found between narcotics withdrawn from the Pyxis versus those documented by the Licensee. On 8/15/05 and 8/16/05, there were eleven different incidents in which the Licensee withdrew 4mg/ml vials of morphine from the Pyxis. Licensee did not document the narcotic withdrawal in the patient's charts nor was there any documentation by the Licensee that the patients had received their medication. When asked about the charting and narcotic discrepancies, Licensee stated she could not explain the discrepancies and blamed the &quot;errors&quot; on her anti-depressant medication and her inability to concentrate due to sleepiness.</td>
<td>Probation 9/12/2006 to 9/12/2007</td>
</tr>
<tr>
<td>Vickie L Holmes</td>
<td>RN064146</td>
<td>Section 335.066.2(5) &amp; (12), RSMo 2000 On 10/15/04 and 11/05/04, Licensee logged into and reviewed a patient’s electronic medical records in order to determine whether or not Licensee should assist the patient in obtaining a loan. Licensee was not assigned to care for the patient whose file she accessed and had no medical need to access the patient’s records. Licensee falsely identified herself as a physician when logging into the patient’s records. On 6/05/05 and 6/30/05, Licensee again logged into the patient’s records as a physician when the patient was not assigned to the Licensee’s care. Licensee logged into the patient’s files as described above because she was curious about the patient’s condition.</td>
<td>Probation 10/19/2006 to 10/19/2007</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Violation Description</td>
<td>Effective Date of Probation</td>
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</tr>
<tr>
<td>Brenda Gernea</td>
<td>RN1999136888</td>
<td>Violated Section 335.066.2(1), (5), (6), (12) and (14), RSMo 2000 On 2/13/06, while on duty, Licensee left 2 North, the floor she was working on and went to 5 North where she copied a patient’s face sheet and fixed it along with a fraudulent prescription she’d written for Vicodin to the pharmacy with the intention that she would pick up the medication for her personal consumption. Licensee used the patient’s treating physician’s name and DEA number without his authorization or knowledge.</td>
<td>Probation 9/14/2006 to 9/14/2008</td>
</tr>
<tr>
<td>Traci A Joyce</td>
<td>RN2001000451</td>
<td>Violated Section 335.066.2(5) and (12) RSMo On 6/30/04, Licensee recorded blood sugar levels in a patient’s medical record without having checked that patient’s blood sugar level that day.</td>
<td>Probation 9/18/2006 to 9/18/2009</td>
</tr>
<tr>
<td>Donald R Manary</td>
<td>RN132735</td>
<td>Violated Section 335.066.2(5) and (12), RSMo 2000 On 8/21/05, Patient arrived at the emergency room accompanied by EMS staff and Sheriff Department Staff. Patient was an inmate at the local jail with a history of back surgery done 8 years prior. Licensee assessed the Patient who was complaining of low back pain, numbness and tingling down his left leg. Licensee removed Patient’s left sandal and swung the sandal, striking the Patient on the bottom of his left foot, causing the patient to yell out. Licensee conducted a minimal exam of the Patient’s left foot, which was the only exam conducted on the Patient. Licensee then instructed the EMS staff to remove the Patient from the back board, discontinue the IV and place the Patient in a wheelchair in the lobby because no rooms were available. Based on the limited information the Licensee provided the attending ER physician, the physician concurred with the removal of the Patient’s back board and IV. A neurological evaluation properly conducted, consists of a physical exam and a number of simple and painless tests. Licensee knew or should have known that the Patient’s health could be adversely affected by striking his left foot. Licensee failed to use his professional nursing judgement to act in the best interest of the Patient. Licensee acts and omissions caused physical and/or emotional harm to the Patient.</td>
<td>Probation 9/30/2006 to 9/30/2007</td>
</tr>
<tr>
<td>Angela M Miller</td>
<td>PN052613</td>
<td>Violated Section 335.066.2(5) and (14), RSMo 2000 Licensee admitted that she had been misappropriating Norbain for her personal consumption.</td>
<td>Probation 11/29/2006 to 11/29/2009</td>
</tr>
<tr>
<td>Cynthia Ann Bennett-Minner</td>
<td>RN2000152670</td>
<td>Violated Section 335.066.2(5) and (14), RSMo 2000 Licensee withdrew morphine from the Acudose at 4:25 and 5:22 even though the patient had an order for morphine every two hours. Between 4:25 and 5:22 a vial of morphine went missing and the Acudose system indicated a medication error. Morphine was not charted as given by the Licensee. It was initially thought that the Licensee forgot to document the morphine, however the amount of morphine withdrawn by the Licensee did not agree with what was ordered for the patient. Licensee was asked if she forgot to chart the morphine, she refused to respond. Licensee refused to submit to a drug test. Licensee stated her patient had a “pseudoseizure” while the doctor was present and 2 mg of morphine was ordered, when she went to the Accudose there was a discrepancy but she did not deal with it because she had to get back to her patient. Licensee did not have an explanation of why morphine was withdrawn again from the Acudose stating another nurse could have withdrawn under her name.</td>
<td>Probation 10/28/2006 to 10/28/2007</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Violation</td>
<td>Effective Date of Probation</td>
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<tr>
<td>Kristina Amanda Pflasterer</td>
<td>PN2003025235</td>
<td>Section 620.153 RSMo Licensee violated the terms of discipline set forth in the Board’s Order.</td>
<td>Probation 9/14/2006 to 9/14/2008</td>
</tr>
<tr>
<td>Brenda D Rippeto</td>
<td>RN096185</td>
<td>Section 335.066.2(5), (6) and (12), RSMo 2002</td>
<td>Probation 11/21/2006 to 11/21/2007</td>
</tr>
<tr>
<td>Pearlie M Ross</td>
<td>PN023313</td>
<td>Section 335.066.2(12), RSMO 2000 On 6/25/02, Licensee was assigned the care of an 8-month-old infant with Down Syndrome, who required oxygen administered through a tracheostomy tube, to support his breathing. While providing direct patient care to the patient, Licensee failed to monitor the patient’s breathing in a manner sufficient to recognize and act upon a dislodged tracheostomy tube causing airway obstruction and resulting in a low oxygen level, risking harm to the patient.</td>
<td>Probation 10/25/2006 to 10/25/2007</td>
</tr>
<tr>
<td>Christy F Salisbury</td>
<td>RN079570</td>
<td>Section 335-066.2(1), (5), (12), and (14), RSMo 2000 On 1/10/05, Licensee's collaborative practice physician received a telephone call from a retail pharmacy regarding a prescription for Vicodin ES that was reportedly written by her the Licensee. Licensee had used the physician's pre-signed prescription pad to write a prescription for Vicodin ES for herself, knowing the physician had not authorized the use of his name or DEA number.</td>
<td>Probation 9/30/2006 to 9/30/2009</td>
</tr>
<tr>
<td>Andrea Yolanda Scott</td>
<td>PN2004010961</td>
<td>Section 335.021 RSMo Licensee violated the terms of discipline. Licensee was required to contract with NCPS, inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number everyday to determine if she was required to submit to a test that day. From 12/05 to 6/27/06, Licensee failed to call to NCPS, Inc. on sixteen days. On 5/16/06, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample.</td>
<td>Probation 9/14/2006 to 9/14/2007</td>
</tr>
</tbody>
</table>
Melissa A Thayer  
Sparta, MO  
PN052144  
Section 335.066.2(5) and (12), RSMo 2000  
On 1/9/06, Licensee gave her medication room keys to her boyfriend. Her boyfriend observed by the facility staff, unlock the medication room door and enter the medication room unsupervised. Licensee directed her boyfriend to sign Licensee’s initials on treatment records for patients assigned to her. Licensee falsified patient’s medical records, in that she directed, her boyfriend, to document treatments she did not provide and treatments that were not authorized by the patient’s treating physician. Her boyfriend forged Licensee’s initials a total of eight times in patients’ medical records. Her boyfriend is not employed by the facility and is not a licensed nurse nor is her boyfriend otherwise trained or authorized to document healthcare services provided to the patients at the facility on the patient’s medical records.

James W Vincent  
O Fallon, MO  
RN143112  
Section 335.066.2(5) and (14), RSMo  
On 8/3/05, the nurse manager of the medical-surgical unit received a controlled substance report which revealed that the Licensee had removed an average of twenty doses of narcotics out of the Pyxis machine during each of his shifts the previous month. On 8/4/05, after comparing the Licensee’s Pyxis activity to the documentation for each of the Licensee’s patients for the same day, the nurse manager noticed that the Licensee had removed 7 milligrams of Dilaudid which were unaccounted for in the Licensee’s documentation. In a random selection of charts for the month of July 2005; she found that sixteen doses of Dilaudid were removed from the Pyxis machine and unaccounted for. On 8/6/05, Licensee was confronted and after agreeing to submit to a drug screening, Licensee admitted diverting Dilaudid from the facility for “at least a year” for his own personal consumption.

Stephanie L Voltmer  
Gravois Mills, MO  
PN038844  
Section 335.066.2(2) RSMo  
On 11/5/04, Licensee pled guilty to excessive Bac and the unlawful use of drug paraphernalia.

Penny Marlene Wake  
Kennett, MO  
PN2002022341  
Section 335.066.2(15), RSMo 2000  
Between April and August 2004, Licensee was employed to provide services for various clients in the client’s home. During that time, Licensee completed documentation and submitted it to her employer for payment which indicated that the Licensee had provided authorized nurse services to these clients on fourteen separate dates in which the Licensee did not provide any services to the client on any of the dates she had submitted. During July or August 2004, while the Licensee was employed to provide services for a seventy-five year old client in the client’s home, she borrowed $50.00 from the client and did not repay any money to the client. The Missouri Department of Health and Senior Services placed Licensee on the Employee Disqualification List for a twelve month period, effective 6/28/05.
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation Details</th>
<th>Effective Date of Suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine M Brown</td>
<td>RN132967</td>
<td>Section 335.066.25, (12) and (14), RSMo 2000 On 1/5/06, Licensee diverted two</td>
<td>Suspension 9/14/2006 to</td>
</tr>
<tr>
<td>(Saint Peters, MO)</td>
<td></td>
<td>medication cards of Ultram 50mg tablets for her personal consumption.</td>
<td>9/14/2007 to 9/15/2012</td>
</tr>
<tr>
<td>Edward Lane deVilbiss</td>
<td>RN2001018405</td>
<td>Section 620.153 RSMo Licensee violated the terms of discipline. On 3/16/06,</td>
<td>Suspension 10/1/2006 to</td>
</tr>
<tr>
<td>(Columbia, MO)</td>
<td></td>
<td>Licensee submitted a urine sample for random drug screening that tested positive</td>
<td>10/31/2006 to 11/1/2011</td>
</tr>
<tr>
<td></td>
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<td>for the presence of cocaine. Licensee did not have a valid prescription for</td>
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<td></td>
<td></td>
<td>cocaine.</td>
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<tr>
<td>Kimberly G Gibson</td>
<td>RN117151</td>
<td>Section 620.153 RSMo Licensee violated the terms of discipline. Licensee was</td>
<td>Suspension 9/18/2006 to</td>
</tr>
<tr>
<td>(Saint James, MO)</td>
<td></td>
<td>required to abstain completely from the use or possession of any controlled</td>
<td>9/18/2007 to 9/19/2012</td>
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<tr>
<td></td>
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<td>substance or other drug for which a prescription is required unless use of the</td>
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<td>drug has been prescribed by a person licensed to prescribe such drug and with</td>
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<td>whom Licensee has a bona fide relationship as a patient. On 1/20/05, Licensee</td>
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<td>self-reported to the Board that she has relapsed on methamphetamine on 10/10/05.</td>
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<td>At the hearing on 9/8/06, Licensee admitted under oath that she relapsed on</td>
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<td>methamphetamine on 10/10/05. Licensee did not have a valid prescription for</td>
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<td></td>
<td></td>
<td>methamphetamine.</td>
<td></td>
</tr>
<tr>
<td>Patricia A McGhee</td>
<td>RN087429</td>
<td>Section 620.153 RSMo Licensee violated terms of discipline. Licensee was</td>
<td>Suspension 9/18/2006 to</td>
</tr>
<tr>
<td>(Saint Louis, MO)</td>
<td></td>
<td>prohibited from passing medications until Licensee had submitted documentation</td>
<td>3/18/2007 to 3/19/2008</td>
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<td></td>
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<td>of having completed Continuing Education Units (CEU’s) in medication administration.</td>
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<td>On 10/26/06, Licensee was working the 11-7 shift, as the Resource Nurse and the</td>
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<td>only Registered Nurse on duty. On 10/26/06 and 10/27/06, per physician’s order a</td>
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<td>patient was administered Dilaudid, if the Licensee administered the drug, herself,</td>
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<td>she violated the terms of her Discipline Agreement by administering medication</td>
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<td></td>
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<td>prior to her submission of CEU’s in medication administration. If the Licensee</td>
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<td>directed or allowed an unqualified individual to administer the drug, she also</td>
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<td>violated the Nursing Practice Act by enabling another person to practice outside</td>
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<td>of their scope of authority.</td>
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</tr>
<tr>
<td>Cheryl J Routh</td>
<td>PN036780</td>
<td>Section 620.153 RSMo 2000 Licensee violated the terms of the disciplinary agreement</td>
<td>Suspension 10/23/2006</td>
</tr>
<tr>
<td>(Arnold, MO)</td>
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<td>by not submitting the required documentation. Licensee was required to undergo a</td>
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<td>thorough chemical dependency evaluation and have the results sent to the Board.</td>
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<td></td>
<td></td>
<td>Licensee has never submitted a thorough chemical dependency evaluation.</td>
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</tbody>
</table>
### Partnerships are Reshaping Workforce Development Strategies

Adapted from an article published in the Winter 2007 issue of Inside Connection, a quarterly publication of the Missouri Hospital Association.

Although health care career opportunities are plentiful, the supply of health care professionals is not. This disconnect has caused a crisis in the health care workforce. The Missouri Department of Economic Development estimates that throughout the next seven years, six of the 10 fastest growing employment opportunities will be in health care-related fields. Although that’s a source of pride for health care leaders, it is also a source of concern.

A coalition of health care community partners have assembled to address workforce issues. The Missouri Hospital Association and its member hospitals have supported the effort. MHA has been joined by public workforce-development agencies, universities, nursing schools and technical schools. Together, the partners are working heavily in new workers, creating clinical education opportunities and improving retention strategies.

According to Mary Becker, MHA’s senior vice president of strategic communications and research, this investment in workforce development is paying dividends. “Between 2001 and 2005, through targeted investment, Missouri increased the number of nurses who joined the workforce by 16 percent. We added the capacity to train new workers.”

In 2001, MHA’s Workforce Development Advisory Committee recommended creating a scholarship program to assist students in nursing or allied health professions who were within two years of graduation. The program, which ended in 2005, awarded a total of 340 scholarships to students pursuing careers in nursing, pharmacy, therapy professions and other disciplines.

However, for many potential health care workers, the problem is lack of access, not interest. According to the National League for Nursing, more than 147,000 potential nurses were turned away in 2005 because of inadequate capacity in U.S. nursing schools. Data collected by MHA in 2003 found 70 percent of nursing schools in Missouri had experienced an increase in qualified applicants. However, capacity issues forced many to turn applicants away.

“MHA’s data was a call to action for the hospital community,” Becker said. “The scope of the problem called for the development of partnerships with other stakeholders and a commitment to creating the capacity to train new workers.”

In June 2004, the MHA Center for Education launched a regional workforce expansion initiative to assist in the area’s health professions. The goal of the two-year program was to partner hospitals with academic institutions and increase student capacity by at least 10 percent at all partnering schools.

The six proposals originally selected for pilot funding created an additional 166 openings for nursing students, and clinical skills lab equipment was added or upgraded throughout the partnering institutions. Pilot projects also focused on creating opportunities for clinicians to serve dual roles as academic instructors and staff nurses.

Statewide, hospitals and teaching institutions agree that alleviating the workforce shortage is impossible without addressing the shortage of qualified clinical teachers. “There is an unprecedented shortage of master’s and doctorally prepared nurses qualified to teach in undergraduate and graduate nursing programs,” said Terri Murray, director of the Saint Louis University School of Nursing. “The majority of nurses enrolled in graduate study are seeking degrees for advanced practice roles, such as nurse practitioners. Only a very small percentage—less than 10 percent of the nursing school enrollee are seeking faculty positions.”

Partnerships between hospitals and nursing schools in the Kansas City and St. Louis metropolitan areas continue build on the pilot program’s success. Hospitals have embraced the Clinical Faculty Academy as a way to expand opportunities for their staff while increasing the number of nursing students locally. Nursing schools benefit, as well.

“Through the academy, bedside nurses receive two-week training as staff while increasing student capacity by at least 10 percent at all partnering schools,” Becker said. “One of the academy program’s goals is for nurses to be able to mentor newly-hired nurses, which reduces dissatisfaction and turnover.”

### REVOLED LIST

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<tr>
<th>Name</th>
<th>License/Number</th>
<th>Section Number</th>
<th>Effective Date of Revocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandy L Caldwell</td>
<td>PN057245</td>
<td>Section 620.153, RSNo 2000</td>
<td>Revoked 9/13/2006</td>
</tr>
</tbody>
</table>

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*By uniting around our shared goals, we’ve been able to expand opportunities for nurses in Missouri,* Becker said. “Together we’re building a strong workforce for the health care community!”

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*Missouri State Board of Nursing* February, March, April 2007

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### WIRED grant initiatives are aimed at identifying workers an aptitude for with health care careers, reducing turnover and returning skilled health workers to the profession.

One program funded through the WIRED grant matches the best potential worker with the most appropriate job. The FEI prescreens applicants to assess jobs skills critical to success in a health care environment. Prospects are screened for aptitudes in applied math, reading for information and the ability to locate information—fundamental skills in health care. The best applicants are matched to occupational profiles and offered career readiness training by the FEC.

10 million dollars in WIRED grant—offers specialized training to nurses re-entering the workforce. The progressive, nine-week course enables practicing nurses to try a career-enhancing opportunity without changing their employment status.”

Many long-term clinical nurses might not consider moving to the academic field because they fear instability or job dissatisfaction. The clinical-faculty approach helps retain experienced nurses while fostering recruitment of graduate nurses.

“Chief nursing officers need to get really involved; they need to make it their mission,” Solis said. “This opportunity enables practicing nurses to try a career-enhancing opportunity without changing their employment status.”

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Many long-term clinical nurses might not consider moving to the academic field because they fear instability or job dissatisfaction. The clinical-faculty approach helps retain experienced nurses while fostering recruitment of graduate nurses.
### Revoked List cont. from page 20

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Effective Date of Revocation</th>
<th>Violation</th>
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</thead>
<tbody>
<tr>
<td>Suzanne M Daniels</td>
<td>RN137663</td>
<td>Revoked 10/25/2006</td>
<td>Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. The Board received a drug test result on 1/12/06 but no other test results during the Licensee’s disciplinary period. The Board received no employer evaluations or statements of unemployment since 1/06. The Board never received a final evaluation form from employer when she was terminated in 2/06.</td>
</tr>
<tr>
<td>Susan Darr</td>
<td>RN126054</td>
<td>Revoked 9/12/2006</td>
<td>Licensee violated the terms of the disciplinary agreement. On 6/20/05, Licensee falsely documented making a home healthcare visit to H.N. and forged H.N.’s signature on the document. On 6/20/05 and 6/21/05, Licensee falsely documented making home healthcare visits to B.L.</td>
</tr>
<tr>
<td>Jeffrey S Davis</td>
<td>RN126552</td>
<td>Revoked 10/20/2006</td>
<td>Licensee violated the terms of the disciplinary agreement. On 7/6/06, while on duty, Licensee submitted to a random urine drug screen which was positive for marijuana.</td>
</tr>
<tr>
<td>Sandra Kay Earl</td>
<td>RN137470</td>
<td>Revoked 9/12/2006</td>
<td>Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
</tr>
<tr>
<td>Rachael Renee Epperson</td>
<td>PN048527</td>
<td>Revoked 10/26/2006</td>
<td>Licensee practiced as a licensed practical nurse on a lapsed license.</td>
</tr>
<tr>
<td>Mona Sue Fahle</td>
<td>PN051906</td>
<td>Revoked 10/4/2006</td>
<td>Licensee's nursing license was currently on suspension due to HB 600. On 5/16/05, Licensee pled guilty to 4 counts of class C felony stealing. Licensee appropriated morphine which belonged to 4 residents of her employer and Licensee appropriated the morphine without the resident’s consent and with the purpose to deprive them of it. Licensee was placed on the Employment Disqualification List on 12/20/05 for 10 years.</td>
</tr>
</tbody>
</table>

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**Revoked List cont. to page 22**
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Revocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela M Fitzgerald</td>
<td>RN118596</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee has failed to complete the contract process with NCPS. Licensee was required to meet with representatives of the Board at regular intervals. Licensee failed to meet with the Board’s representative on 7/17/06 or call to reschedule the meeting.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Roberta L Galate</td>
<td>PN046281</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Cynthia Louise Glover</td>
<td>RN2003007067</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation. Licensee is required to contract with a third party to schedule random drug and alcohol screenings. Licensee has failed to provide the Board with any information as to the party she has contracted with to perform her drug and alcohol screens. Further, no test results have been submitted on behalf of the Licensee. Licensee has never submitted a thorough chemical dependency evaluation to the Board. The Board has received no employer evaluations or statements of unemployment during the entire period of Licensee’s probation. Licensee failed to meet with the Board’s representative on 8/3/06 or call to reschedule the meeting.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Angie L Grogan</td>
<td>RN155551</td>
<td>Section 620.153, RSMo 2000 Licensee violated her terms and conditions of the 2005 Settlement Agreement. On 4/1/05, Licensee pled guilty to one count of the class C felony of possession of a controlled substance and to one count of the class B felony of Distribution/Delivery/Manufacture/Production or Attempt to or Possession with Intent to Distribution/Delivery/Manufacture/ Produce a Controlled Substance. On 11/8/05, Licensee pled guilty to one count of the class B felony of Distribution/Delivery/Manufacture/Production or Attempt to or Possession with Intent to Distribute/Manufacture/Produce a Controlled Substance and to one count of the class B misdemeanor DWI-Alcohol.</td>
<td>Revoked 9/14/2006</td>
</tr>
<tr>
<td>Karen E Hafner</td>
<td>RN110677</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS, Inc. on 49 days. On 7 dates, Licensee was called and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the sample. On 10/10/05, Licensee submitted to a urine drug screen which was positive for the presence of cocaine.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Kimberly L Hale</td>
<td>RN139683</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Jodell A Hannoors</td>
<td>PN053769</td>
<td>Section 620.153, RSMo 2000 On that date, the Center asked her for a urine sample to test for drugs because some of the Center's narcotic medications were missing, and Licensee sample tested positive for marijuana.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Karen Renee’ Hartwig</td>
<td>PN2005013071</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting an employer evaluation or statements of unemployment and consuming alcohol. On 11/21/05, Licensee submitted a urine sample which tested positive for the presence of alcohol. Also, Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. From 10/2005 to 6/26/06, Licensee failed to call in to NCPS, Inc. on 138 days.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Misty Dawn Hawkins</td>
<td>RN2002019949</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation. On 8/2/05, Licensee relapsed on Vicodin.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Matthew Y Hunter</td>
<td>RN110649</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 10/26/2006</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Violation</td>
<td>Effective Date of Revocation</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>---------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Suzanne D Jeziorski</td>
<td>RN085809</td>
<td>Section 620.153, RSMo 2000 Licensee allegedly contracted with Biotech Laboratory, Inc. to perform her drug screens. Licensee was also employed by Biotech Laboratory, Inc. The lab results submitted from Biotech Labs were forgeries. Licensee never contracted with Biotech Labs to perform random drug and alcohol screens. The lab results submitted to the Board by the Licensee were lab results of other individuals altered to appear as if they were lab results of the Licensee.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>O Fallon, MO</td>
<td></td>
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</tr>
<tr>
<td>Nicolle Marina</td>
<td>RN2002005159</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee submitted no further employer evaluations or statements of unemployment. Licensee was required to contract with a third party to schedule random witnessed screenings for alcohol and other drugs of abuse. Licensee submitted two drug screens but submitted no other drug screen results. On 7/20/06, Licensee failed to attend the meeting or call to reschedule the meeting.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Johnson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teresa Johnson</td>
<td>RN134678</td>
<td>Section 620.153, RSMo 2000 On 4/7/06, the Administrative Hearing Commission found that the Board had grounds to discipline Licensee pursuant to §335.066.2(15) RSMo as a result of her permanent placement on the Employee Disqualification List by the Missouri Department of Health and Senior Services.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Belleville, IL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelly Dawn Kelley</td>
<td>PN2003009888</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was to submit documentation to the Board including employer evaluations, a chemical dependency evaluation and proof of attendance at AA/NA meetings. The Board did not receive any of the required documentation by the deadline date of 1/18/06. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS, Inc. on 18 days.</td>
<td>Revoked 10/26/2006</td>
</tr>
<tr>
<td>Brumley, MO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**NCSBN Hosts Summit Funded by Federal Grant to Promote Nurse Licensure Portability**

CHICAGO—The National Council of State Boards of Nursing (NCSBN®) received a grant from the Health Resources and Services Administration's Office for the Advancement of Telehealth to work with state boards of nursing to reduce licensure barriers impacting telehealth and interstate nursing practice. NCSBN kicked off this initiative with its member boards at a Licensure Portability Summit, held Dec. 11, 2006, in Washington, D.C.

The Summit focused on providing state boards of nursing with information on how to implement the Nurse Licensure Compact (NLC) and Criminal Background Checks (CBC). Currently 23 states have passed the NLC law and 20 have implemented the mutual recognition model for nurse licensure. The NLC is modeled after the U.S. Drivers License Compact; it allows nurses who legally reside in an NLC state and meet the uniform core requirements to practice in other participating NLC states on the privilege to practice. Additionally, NCSBN promotes the utilization of CBCs (especially FBI fingerprint checks) as one of its Delegate Assembly adopted uniform core requirements for state boards of nursing. In doing so, NCSBN is recognizing that by assisting all states in implementing this activity, it will advance licensure portability across the U.S.

Representatives from more than 25 boards of nursing that have not yet adopted the NLC or CBC were invited to the grant-funded Summit to learn about these important initiatives and how to reduce barriers to licensure portability for nursing. The grant will focus on areas of study needed to address licensure portability barriers for nurses, including the potential start-up costs of adopting the NLC and CBC to a state board of nursing; organizations who are not supportive of the NLC and their reasons why; and potential policy models for making CBC portable for nurses from state to state.

Speakers at the Summit included Dr. Dena Puskin, executive director for the Office for the Advancement of Telehealth, and Robert Waters, a partner with Gardner, Carton and Dowd. These national experts provided insight into the issues surrounding a lack of licensure portability for nurses in the U.S. and spoke about key environmental trends related to telehealth and interstate nursing practice. NCSBN President Faith Fields noted in her opening remarks at the Summit, “In today’s environment nurses have an expectation that their licensure should be portable from state to state, and much like how the Transportation Security Administration ensures that travelers are safe to be flown to and from destinations, state boards of nursing have a responsibility to protect the public through initiatives that allow for better access to care and permit licensure portability that best protects the citizens of their state.”

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories. Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Inquiries about the Licensure Portability Grant or NCSBN can be directed to Kristin Helquist, NCSBN director of policy & government relations at 312.525.3665 or khelquist@ncsbn.org.

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**Revoked List cont. from page 23**

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Revocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl M Kepley</td>
<td>P038438</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 10/26/2006</td>
</tr>
<tr>
<td>Gene Vernon Knapp</td>
<td>RN104255</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to obtain 15 contact hours and failed to obtain any contact hours.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Kathy L Leeper</td>
<td>RN145243</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Connie L Long</td>
<td>RN122345</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Diane R Mauro</td>
<td>RN109190</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Paula N Mayo</td>
<td>RN149502</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 9/14/2006</td>
</tr>
<tr>
<td>Cheryl L McClain</td>
<td>PN020545</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Beverly McGhee</td>
<td>RN074612</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Sheila Kaye Hart-Mckellar</td>
<td>RN2002014012</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Kimberly A McReynolds</td>
<td>RN140409</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Jackie D Mitchell</td>
<td>PN0252012</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Kristine Louise Monti</td>
<td>RN2002026663</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. On 6/6/06, Executive Director sent a certified letter to the Licensee requesting information concerning Licensee's repeated failed drug test. The Board has never received the requested information.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Bobbi L Mulkins</td>
<td>RN140703</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. In the period from November 2005 to the filing of the probation violation complaint, Licensee failed to call in to NCPS, Inc. on over 200 days.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Leigh A Myerchin</td>
<td>PN052292</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.</td>
<td>Revoked 10/26/2006</td>
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</tbody>
</table>
**Revoked List cont. from page 24**

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation Description</th>
<th>Effective Date of Revocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>James P O’Dwyer</td>
<td>PN047770</td>
<td>Section 620.153, RSMo 2000 On 10/25/05, Licensee was on duty at the Center when a nurse's aide notified Licensee that resident H.N. had fallen in the bathroom. Licensee failed to conduct an assessment of the resident to determine whether H.N. was injured prior to assisting the resident back to his bed. Later, the resident was transported to the hospital where x-rays revealed the resident had suffered a broken hip in the fall. The resident required surgery. Although Licensee completed an incident report at the Center, Licensee failed to document the fall in the resident’s chart.</td>
<td>Revoked 9/28/2006</td>
</tr>
<tr>
<td>Cherish J Patterson</td>
<td>PN1999135116</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Tondra Jo Ramsey</td>
<td>RN2003001147</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation to the Board.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Mary A Robinson</td>
<td>PN038436</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. The Board has never received a thorough chemical dependency evaluation for the Licensee. On 5/9/06, Licensee submitted a urine sample for random drug and alcohol screening which tested positive for hydromorphone. Licensee has never submitted proof of a valid prescription for hydromorphone.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Dawn R Schappe</td>
<td>RN120571</td>
<td>Section 620.153, RSMo 2000 Licensee was the Director of Nursing at Leland, a skilled nursing facility in University City, Missouri. In April 2001, two residents of the facility died as a result of hyperthermia. Two other residents’ pre-existing medical conditions declined as a result of the excessive heat in the facility and they also died. On 4/7/06, the Administrative Hearing Commission found that the Board had grounds to discipline Licensee pursuant to §§335.066.2(5) and (12) RSMo. “[Schappe] failed to adequately monitor residents and failed to adequately instruct her staff to monitor and take actions to protect the residents.” “We find that Schappe's failure to adequately supervise her staff and monitor the residents at Leland evidences incompetence.”</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Cheryl Jean Schunk</td>
<td>RN2001022091</td>
<td>Section 620.153, RSMo 2000 On 2/10/05, Licensee assisted another nurse with child D.S. that was crying. Licensee disconnected D.S. from the monitors and picked the child up for comfort. When she returned D.S. to the bed, she connected the monitors but failed to turn them on. On 3/17/05, Licensee withdrew medications for two children at the facility. Licensee carried both sets of medication into the room and failed to check patient identifiers prior to administering the medications resulting in child J.M. receiving the wrong medications. Licensee left the other medication in the adjoining child’s room unattended, thereby putting that child and other children at risk.</td>
<td>Revoked 10/20/2006</td>
</tr>
<tr>
<td>Signe C Shackley</td>
<td>RN151926</td>
<td>Section 620.153, RSMo 2000 On 10/26/04, Licensee was convicted of felony possession of heroin, misdemeanor possession of drug paraphernalia with intent to use and felony possession of a controlled substance without a drug stamp in the Wyandotte County District Court of Kansas City, Kansas.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Ellen M Smerc</td>
<td>PN048089</td>
<td>Section 620.153, RSMo 2000 On 6/27/03, Licensee provided her urine as a drug screen specimen which was tested positive for marijuana.</td>
<td>Revoked 10/26/2006</td>
</tr>
</tbody>
</table>

**Number of Nurses Currently Licensed in the State of Missouri**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>22,577</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>84,674</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>107,251</td>
</tr>
</tbody>
</table>

**Office of Administration Announces Missouri State Office Building Closure Hotline**

Jefferson City—The Office of Administration's (OA) Division of Facilities Management, Design and Construction today unveiled a new toll free number to inform citizens of state office building closures.

In an ongoing effort to increase efficiencies in state government all Missourians will now have access to call (888) 390-9927 toll free for an updated announcement of state office building closures. The hotline will provide an invaluable tool to inform both citizens and employees if buildings are closed or if hours are extended in the event of an emergency or safety threat. The toll free number is informational only and will not accept messages from callers for follow-up.

The hotline will simplify communications in the event of severe weather or other emergencies, such as the recent storms. Following the deadly winter storms several state office buildings in the St. Louis region were open overnight to serve as warming centers. The storms also forced some state offices to close under the threat of heavy snow loads on the roof. If the hotline were in place both citizens and employees could have used the toll free service to learn more information about building access.

The Division of Facilities Management, Design and Construction (FDMC) is responsible for the management of all state-owned and leased office space. FDMC will maintain and update the number. The new office closure hotline number has been posted on the State of Missouri Internet site at www.missouri.gov.

When accessing the hotline callers will be greeted with a generic message when all state office buildings are open for business. In the event that a building(s) needed to be closed callers could have used the toll free service to learn more information about building access.

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

For more information contact Dave Mosby in FDMC at (573) 751-1043.

**Schedule of Board Meeting Dates Through 2008**

- **February 28-March 2, 2007**
  - June 6-8, 2007
  - September 12-14, 2007
  - December 3-5, 2007
- **March 5-7, 2008**
  - June 4-6, 2008
  - September 10-12, 2008
  - December 3-5, 2008

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

If you are planning on attending any of the meeting 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://oa.mo.gov.
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Revocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eleanor Harris Smith</td>
<td>PN044296</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to obtain 15 contact hours with emphasis in nursing law and ethics. Licensee failed to obtain any contact hours.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Mark S Smith</td>
<td>PN047319</td>
<td>Section 620.153, RSMo 2000 Licensee was a charge nurse at Leland, a skilled nursing facility in University City, Missouri. In April, 2001, two residents of the facility died as a result of hyperthermia. Two other residents’ pre-existing medical conditions declined as a result of the excessive heat in the facility and they also died. On 4/7/06, the Administrative Hearing Commission found that the Board had grounds to discipline Licensee pursuant to §§335.066.2(5) and (12) RSMo. The Commission found that Licensee’s “failure to more actively protect his residents constitutes incompetence, gross negligence and violation of professional trust.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Melissa A Smith</td>
<td>RN137092</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee never completed the contract process with NCPS, Inc. and, therefore, was never subject to random drug and alcohol screenings, never submitted employer evaluations or statements of unemployment and never submitted chemical dependency evaluations.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Lorie A Stevens</td>
<td>PN037766</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never submitted the required documentation.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>Edna C Stinn</td>
<td>PN026247</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee has submitted no employer evaluations or statements of unemployment throughout the course of her probation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee was further required to forward a copy of the completed contract with NCPS. Licensee failed to complete the contract process with NCPS.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Julie R Stosz</td>
<td>PN044622</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 9/13/2006</td>
</tr>
<tr>
<td>Brenda S Thompson</td>
<td>PN037112</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS.</td>
<td>Revoked 10/25/2006</td>
</tr>
<tr>
<td>William C Watters</td>
<td>RN116274</td>
<td>Section 620.153, RSMo 2000 From 9/30/03 through 10/31/03, Licensee stole vials of meperidine from the Hospital by withdrawing it for patients: in amounts greater than ordered, administering the amount ordered, and retaining the difference for himself or who were pain free or not assigned to him, recording its administration to such patients, and retaining it for himself. Over the course of 8 to 10 occasions, Licensee stole a total of 18 vials of meperidine. He saved it until he had what he thought was a lethal dose. On 11/11/03, Licensee injected the meperidine, drank a potassium solution, and started driving his truck in an unsuccessful suicide attempt. Missouri police stopped Licensee and arrested him for driving under the influence of a controlled substance.</td>
<td>Revoked 9/12/2006</td>
</tr>
<tr>
<td>Alicia D Waybright</td>
<td>RN150739</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.</td>
<td>Revoked 10/26/2006</td>
</tr>
<tr>
<td>Connie L Williams</td>
<td>RN096353</td>
<td>Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. On 9/30/04, 12/30/04, 3/24/05, 6/28/05, 12/27/05 and 3/30/06, Licensee submitted urine samples for random drug screening. All of the samples tested positive for the presence of opiates.</td>
<td>Revoked 10/25/2006</td>
</tr>
</tbody>
</table>
### VOLUNTARY SURRENDER

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Voluntary Surrender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rexanne Adams</td>
<td>RN142441</td>
<td>Licensee advised the Missouri State Board of Nursing that she wished to voluntarily surrender her license. The Board's staff explained her options and repercussions of surrendering her license. The Board's staff has, in fact, advised licensee against surrendering her license. Despite that advice, licensee has chosen to relinquish her nursing license. The Board is unaware of any complaints made or pending against licensee's license. Therefore, the parties agree that this surrender is not done in lieu of disciplinary proceedings against licensee's license.</td>
<td>Voluntary Surrender 11/28/2006</td>
</tr>
<tr>
<td>Tisha Denise Clary</td>
<td>RN206019508</td>
<td>Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. In the period from August 2005 to July 2006, Licensee failed to call in to NCPS, Inc on 76 days.</td>
<td>Voluntary Surrender 9/27/2006</td>
</tr>
<tr>
<td>Terri Antoinette</td>
<td>RN200609390</td>
<td>Licensee violated the terms of the disciplinary agreement. Licensee failed to complete the contract process with NCPS. As a result, Licensee has not been subjected to random drug and alcohol screenings since the beginning of her disciplinary period.</td>
<td>Voluntary Surrender 10/11/2006</td>
</tr>
<tr>
<td>Diana F Crowder</td>
<td>PN040370</td>
<td>Section 335.066.2(1), (5), (12), and (14), RSMo 2010 On 4/18/03, an officer at the Center reported that Ms. Crowder was falling asleep at the computer, falling off her chair, having difficulty charting, appeared to be intoxicated and exhibited slurred speech. Licensee reported consuming 300 mg of Seroquel prior to reporting for duty at the Center. Licensee was prescribed Seroquel by her treating physician. On 4/29/03, Licensee reported for duty at the Center in an intoxicated and impaired condition and was unable to complete her nursing duties. Licensee once again consumed and/or abused a large quantity of the prescription drug Seroquel to such an extent that her ability to carry out her duties as a license practical nurse at the Center was impaired. Licensee left the Center, then called the Center and made vague suicidal statement threatening to harm herself.</td>
<td>Voluntary Surrender 10/27/2006</td>
</tr>
<tr>
<td>Dawn R Barnes-Enhuis</td>
<td>RN133348</td>
<td>Licensee violated the terms of the disciplinary agreement by not contracting with an acceptable third party to schedule random screenings for alcohol and other drugs of abuse.</td>
<td>Voluntary Surrender 10/2/2006</td>
</tr>
<tr>
<td>Katherine B Hope</td>
<td>RN111579</td>
<td>Section 335.066.2(5) and (12), RSMo 2000 Patient O.E.’s care plan revealed that staff was to approach resident calmly, and if upset to do only minimal care. If resident is upset leave him/her alone for 15-30 minutes and try to re-approach him/her. If resident remains upset try another day. On 7/30/03, patient O.E.’s resident physician ordered a straight catheterization for a urine analysis. On 8/1/03, Licensee ordered certified nurse assistants K.W., F.A.M., and G.S.E. to assist her with patient O.E. in getting a urine sample. Licensee and the three CNAs entered patient O.E.’s room while patient O.E. was asleep. Patient O.E. did not have her hearing aid. Licensee ordered F.A.M., K.W. and G.S.E. to pull back patient O.E.’s covers and to pull patient O.E.’s legs apart. Patient O.E. screamed that CNA F.A.M. was not to be in her room, but Licensee told F.A.M. to stay because she needed her help with getting the urine sample from patient O.E. Then patient O.E. screamed in protest, “get off me, I do not want this done!” CNA K.W. told patient O.E. that they were getting a straight catheter. Licensee did not explain the procedure to patient O.E. Patient O.E. struggled from Licensee and the CNAs. She slapped toward Licensee’s direction. Then Licensee ordered K.W. to hold down patient O.E.’s arms so she could not scratch or hit. Licensee then inserted the catheter hose into Patient O.E., and patient O.E. screamed loudly and protested again. The following day it was painful for patient O.E. to urinate. On 8/1/03, patient O.E. reported to the social worker at the manor that she felt she had been raped, and that the incident was very upsetting to her.</td>
<td>Voluntary Surrender 10/3/2006</td>
</tr>
<tr>
<td>Mistee D Myrick</td>
<td>RN143345</td>
<td>Licensee violated the terms of the disciplinary agreement by not submitting the name of the third party to the Board within twenty days of the effective date of the agreement. Licensee has failed to submit the name of the third party tester to the Board. As a result of this failure, Licensee has not been subjected to random drug and alcohol screening for over a year.</td>
<td>Voluntary Surrender 9/20/2006</td>
</tr>
<tr>
<td>Name</td>
<td>License Number</td>
<td>Violation Number</td>
<td>Effective Date of Revocation</td>
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<tr>
<td>Jessica Pryor</td>
<td>RN2002020428</td>
<td>Section 621.045.3, RSMo 2000</td>
<td>Voluntary Surrender 11/14/2006</td>
</tr>
<tr>
<td>Saint Louis, MO</td>
<td></td>
<td>Licensee is in violation of the probation requirements of the disciplinary agreement which went into effect on 7/1/05. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation to the Board.</td>
<td></td>
</tr>
<tr>
<td>Allison Marie</td>
<td>RN2005011623</td>
<td>Section 335.066.2(8), RSMo 2000</td>
<td>Voluntary Surrender 9/14/2006</td>
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<tr>
<td>Ringgenberg</td>
<td></td>
<td>Action in another Jurisdiction in Iowa. On the weekend of 10/23/04 to 10/25/04, Licensee admitted the theft of misappropriations of 9 vials of Nubain 10 mg during her scheduled shifts. She admitted to her supervisor during a confrontation held on November 12, 2004 which was for her own use for approximately one year.</td>
<td></td>
</tr>
<tr>
<td>William C Typaldos</td>
<td>RN127895</td>
<td>Section 335.066.2(2), (5) and (12), RSMo 2000</td>
<td>Voluntary Surrender 10/3/2006</td>
</tr>
<tr>
<td>Springfield, MO</td>
<td></td>
<td>On 12/29/04, Licensee pled guilty to Domestic Assault in the 3rd Degree. On 5/5/05, Licensee was terminated from a facility for failure to improve behavioral issues involving patients, patient families and coworkers. These issues are as follows: on 3/17/05, a patient reported the Licensee treated him roughly and told the patient to stop using the call light so much so the Licensee could get report from the out-going staff; On 3/24/05, Licensee failed to document the administration of a patient’s evening nourishment; on 3/25/05, during the insertion of a foley catheter, Licensee dropped the sterile catheter on the patient’s bed, failed to obtain a new sterile catheter and used the contaminated catheter; on 3/30/05, Licensee was disruptive, rude and rough with a patient; on 4/11/05, Licensee verbally admonished a patient for using the urinal too much; on 4/15/05, Licensee used poor judgment when he attempted to solicit a date from a patient’s family member; on 4/26/05, Licensee conveyed to a patient’s family that there was not enough staff to care for the patient. On renewing Licensee’s nursing license, under penalty of perjury, Licensee failed to disclose his guilty plea to domestic assault in the third degree.</td>
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Summary of Actions
December 2006
Board Meeting

Education Matters
Enrollment Changes
• Request to increase enrollment from 30 to 35 students per class with the admission of 2 classes one year and 3 classes the next year for Sanford Brown College, ADN Program #17-421 was approved.

Curriculum Changes
• Request from Avila University, BSN Program, for curriculum changes was approved.
• Request from St. Louis University, BSN Program, for curriculum changes was approved.
• Request from Texas County Technical Institute, ADN Program #17-401, for curriculum changes was approved.

Discipline Matters
The Board held 3 disciplinary hearings and 18 violation hearings.

Licensure Matters
The Licensure Committee reviewed 18 applications. Results of reviews as follows:
Issued letters of concern—11
Applications approved with probated licenses—2
Applications tabled for additional information—1
Denied applications—4

General Matters
The Board met with Nursing Regulation stakeholders including Sharon Burnett and Mike Dunaway representing Missouri Hospital Association (MHA), Rita Brumfield representing Missouri Organization of Nurse Leaders (MONL), Lana Martin and Jan Akrigh representing Missouri League for Nursing (MLN), Lola Crum and Randall Blake representing Missouri State Association of Licensed Practical Nurses (MoSALPN), and Glen Jett and Lisa DeSha representing Missouri Nurses Association (MONA). The group discussed Nursing Workforce Activities, Legislative Priorities and Education for Nurses.

Did you know you are required to notify the Board if you change your name or address?
Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:
• Fax: 573-751-6745 or 573-751-0075 or
• Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO  65102

Please complete all fields to ensure proper identification.

☑ RN ☑ LPN

Missouri License Number
Date of Birth
Social Security Number
Daytime Phone Number

OLD INFORMATION (please print):
First Name Last Name
Address
City State Zip Code

NEW INFORMATION (please print)
First Name Last Name
Address (if your address is a PO Box, you must also provide a street address):
City State Zip Code
Signature (required)
Date

Duplicate license instructions:
It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of $15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO  65102

Is Your License Lost or Has It Been Stolen?
If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at http://pr.mo.gov/nursing.asp