Message from the President

Aubrey F. Moncrief, CRNA
President MO Board of Nursing

Writing this article in September to be published in November is no easy feat. I want to convey information that will be beneficial and yet not old news. So I will start with information that is fresh as of our hearings held September 7, 8 and 9. The Board just finished a 3 day marathon completing over 50 hearings. This is the most I have seen in my 2 1/2 years on the Board. Because discipline is the largest volume the Board deals with, it’s the most we talk about. I am convinced that the system used, although it may be slow, does work. An example of this played out more than once in our September hearings where the Board voted to not impose discipline.

If you are a nurse who has a complaint against your license and you know it to be untrue, do not run or hide, face the complaint and let the system work. The majority of the nurses in the state of Missouri work their whole careers without ever having a complaint against their license.

Life is hard and sometimes you feel alone in your daily grind to make ends meet, especially in these economic times. Just know you are never alone, stay involved in your nursing organizations, and seek help when you are down.

I want to make one last statement: I call for a challenge to every nurse to give back to your profession in some way. It can be by mentoring, serving on a committee, sitting on a board, or supporting an organization. Thank you and I look forward to your participation.

Be careful out there!

Executive Director’s Report

Authored by Lori Scheidt, Executive Director

2011 Fiscal Year Statistics

The 2011 fiscal year for Missouri State government began July 1, 2010 and ended June 30, 2011. The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the Board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee’s file.
- Probation—places terms and conditions on the licensee’s license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following charts show the category and source of complaint and application reviews that were closed this past fiscal year. There were 2,505 Board decisions made in fiscal year 2011.
Missouri State Board of Nursing Members—2011

Aubrey F. Moncrief, CRNA, Board President
Mr. Moncrief is a self-employed Nurse Anesthetist. He graduated from Lansing Community College in Lansing Michigan with an ADRN. He also has a BS in Physiology from Michigan State University, and a Diploma from South West Missouri School of Anesthesia in Springfield Missouri. He is a Retired Lt. Col in the Army Reserves with one tour of duty in Viet Nam and served in Operation Desert Storm.

Rhonda Shimmens, RN-C, BSN, MBA
Ms. Shimmens is the Manager of Outpatient Surgery and Pre-Admission Testing at St. Mary’s Health Center in Jefferson City, MO. She received her Bachelor of Science in Nursing from Lincoln University, and Master of Business Administration in Health Management from William Woods University in Jefferson City, MO. Ms. Shimmens is certified in both Medical-Surgical Nursing, and Ambulatory Surgery.

Ann Shelton, RN, MSN, PhD
Dr. Shelton is one of three nurse educators on the Board. She has been a nurse for 29 years receiving her ADN in 1982, her BSN in 2004, her MSN in 2005 and her PhD in 2009. Dr. Shelton has worked in numerous fields of nursing including as a staff nurse, in home health, in hospice care and in education.

Lisa Green, PhD(c), RN
Term: 3/18/2009–6/1/2012
Dr. Green received her Diploma in Nursing from Jewish School of Nursing in 1986, her BSN in 2004 from UMSL, her MSN in 2005 and her PhD in 2009. Dr. Green has worked in numerous fields of nursing including as a staff nurse, in home health, in hospice care and in education.

Irene Coco, LPN, Secretary
Ms. Coco works for Swope Health Services in Kansas City MO and serves as the Assistant Director of Nursing. She received her Practical Nursing Diploma from Rapids Regional Technical School in Alexandria, La. She has been a nurse for 25+ years.

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Important Telephone Numbers

<table>
<thead>
<tr>
<th>Department</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Senior Services (nurse aide verifications and general questions)</td>
<td>573-526-5686</td>
</tr>
<tr>
<td>Missouri State Association for Licensed Practical Nurses (MoSALPN)</td>
<td>573-636-5659</td>
</tr>
<tr>
<td>Missouri Nurses Association (MONA)</td>
<td>573-636-4623</td>
</tr>
<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>
</tr>
</tbody>
</table>

University of Missouri Health Care, in Columbia MO, invites you to advance your career in an academic environment focused on patient and family centered care.

Full and part-time RN positions are available at University Hospital, Women’s and Children’s Hospital, Missouri Psychiatric Center, Missouri Orthopaedic Institute, Ellis Fischel Cancer Center or at one of our 50+ outpatient settings in central Missouri.

We provide an amazing benefits package, including a generous retirement plan, tuition reimbursement, plus 12 sick days and 21 vacation days per year.

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Two MSBN Executives Achieve Champion Status in Just Culture

Executive Director and Practice Administrator will now lead organization in treating nurses more justly.

September 2011, Jefferson City, MO—Missouri State Board of Nursing Executive Director, Lori Scheidt, and Practice Administrator, Debra Funk, recently completed the much acclaimed Outcome Engineering Just Culture Certification Training. This certification enhances the Board’s ability to protect the citizens of Missouri through a more effective and “just” enforcement of the state laws governing the safe practice of nursing.

MSBN has been an active participant in the statewide Missouri Just Culture Collaborative, which began in 2007. The collaborative, funded by the National Council of State Boards of Nursing (NCSBN) and approved by a local institutional review board, was formed to assist leaders from healthcare organizations in identifying and managing organizational systems and human issues that lead to medical error.

“The Board of Nursing is charged with protecting the public. More disciplinary actions does not equate to safer healthcare. We must understand the behavioral choices of the nurse and the system in which the nurse was working in order to make just decisions,” Scheidt said.

As part of the journey to Just Culture Certification, Scheidt and Funk were tested on their knowledge and proficiency around the Just Culture concepts and the Just Culture Algorithm™, the tool used in evaluating events. Just Culture allows staff to be confident that human errors will not be punished, while holding everyone accountable for making the right choices and working within and improving healthcare systems. In order to receive Just Culture Certification, the two had to complete online training, pass a proficiency exam, and participate in a detailed verbal debrief with an Outcome Engineering consultant.

Certified Just Culture Champions are a valuable internal resource and provide specialist support in matters of justice and accountability. This makes them a catalyst for Just Culture change throughout an organization. Champions also gain membership into a community of professionals who have demonstrated in-depth Just Culture understanding, proficiency and competency in the Just Culture Algorithm™. Access to the Just Culture Community® provides the Champions with ongoing resources and learning support tools to sustain their personal and professional development, as well as a forum for sharing of organizational experiences and Just Culture best practices.

“The Missouri State Board of Nursing directly and indirectly gleams the experience and expertise from other just culture champions and their organizations. The purpose of these various organizations may be very different but in the end we all share the same goal, that of promoting the development of safer systems in which we work; where all employees, from the top of the organization to the bottom, are aware of and accountable for the choices that they make,” Funk said.

Controlled Substance Prescriptive Authority to Begin!!

Letters were mailed to all eligible APRNs in October announcing the requirements and process for requesting controlled substance prescriptive authority from the Board of Nursing. Forms for Controlled Substance Prescriptive Authority will be accepted by the Board of Nursing beginning November 1, 2011. Please keep in mind that completing this process with the Board of Nursing is the first step, in a three-step process, that must be completed before an APRN may prescribe controlled substances. The APRN must also register with the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the federal Drug Enforcement Agency (DEA). For more information, go to our website, www.pr.mo.gov/nursing.asp and click on the notice on our homepage or “Advanced Practice” under the sub-navigation column. You may also contact the Practice section at the Board office at 573-751-0073.

Corizon, provider of health services for the Missouri Department of Corrections, has excellent opportunities for RNs and LPNs in and around Bowling Green, Charleston, Farmington, St. Joseph and Jefferson City, MO.

As members of the Corizon healthcare team, our nurses are supported by:
• Competitive compensation
• Excellent benefits
• Opportunities for personal and career growth
• An environment that values innovation to improve patient care

Schedule of Board Meeting Dates through 2012

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

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office. If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 531-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov.
The next chart shows the actions taken by the Board for those complaints and application reviews.

### Licenses Issued in Fiscal Year 2011

<table>
<thead>
<tr>
<th>License Type</th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure by Examination (includes nurses not educated in Missouri)</td>
<td>3614</td>
<td>1488</td>
</tr>
<tr>
<td>Licensure by Endorsement</td>
<td>1609</td>
<td>253</td>
</tr>
<tr>
<td>Licensure by Renewal of a Lapsed or Inactive License</td>
<td>880</td>
<td>652</td>
</tr>
<tr>
<td>Number of Nurses holding a current nursing license in Missouri as of 6/30/2011</td>
<td>88,168</td>
<td>24,188</td>
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### Licensure Database Information

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>45</td>
<td>46.12</td>
<td>46.28</td>
<td>46.35</td>
<td>46.62</td>
<td>46.6</td>
<td>47.1</td>
<td>46.5</td>
</tr>
<tr>
<td>LPN</td>
<td>44</td>
<td>45.13</td>
<td>45.36</td>
<td>45.00</td>
<td>45.32</td>
<td>45.0</td>
<td>45.7</td>
<td>45.1</td>
</tr>
</tbody>
</table>

### Emergency Department RNs

Whether the need is great or small, our team of professionals is ready and waiting to care for our community. The Emergency Department at Saint Luke's East Hospital is built on a foundation of compassion and teamwork. With each interaction, our nurses provide calming reassurance and the clinical expertise to ease any concern. We work collaboratively with EMS providers to quickly respond, diagnose, and provide stabilizing or life-saving treatment for patients with time critical diagnoses. We offer 24/7 cardiovascular interventions through our STEMI program and are dually certified through The Joint Commission as a Primary Stroke Center and an AMI Center. We are simply dedicated to the highest quality outcomes for our patients. Saint Luke's East Hospital continues to grow to meet the needs of the community. Construction is currently underway to expand our Emergency Department from 18 to 28 beds and will be completed in February 2012. Due to this expansion, we have opportunities available for nursing professionals who share our vision.

Qualified RNs will have current Missouri RN licensure and a minimum of 1 year RN experience in the emergency department. 3.5 years is strongly preferred. BLS and ACLS certifications are required; PALS is strongly preferred. Strong teamwork and effective communication skills are essential.

To apply or to view a current list of openings on this and other units, please visit our website at www.saintlukeshealthsystem.org.
while following a path of life-long learning. As nurses, regardless of educational preparation, the nurse with patient outcomes cannot be ignored. Educational requirements for entrance into nursing practice have been major points of discussion for many years. Today, it is evident that significant change is necessary to continue to prepare the nursing profession to meet current and future challenges. Across the country, nursing associations, nurse educators and practice partners are working together to carve out new strategies to bring about this change. BSN (Baccalaureate of Science in Nursing) in Ten (ten years from graduation), the potential recommendation for 80% of the nursing workforce to be prepared at the baccalaureate level by the Robert Wood Johnson Foundation, comprised a detailed report. The report indicates research conducted on a national level to determine prerequisites for current and future health care needs in this country. The IOM published their findings along with a set of recommendations in the fall of 2010. The full report can be accessed free of charge at www.iom.edu. IOM recommendations relate to transformation of the nursing profession to meet future health care challenges. A recommendation for 80% of the nursing workforce to be prepared at the BSN level by the year 2020 is included. This recommendation is based on evidence which directly links recommendations for 80% of the nursing workforce to be prepared at the BSN level by the year 2020 is included. This recommendation is based on evidence which directly links improved patient outcomes to educational preparedness of the nurse (IOM, 2010). As nurses, regardless of educational background, we should embrace the ever-arching responsibility to provide the best care possible to patients while following a path of life-long learning.

Several Missouri nursing associations as well as nurses educators from all levels of nursing education and clinical practice partners are currently working together to address issues specific to the preferred future of nursing in this state. Professional education is on the forefront of concerns. Nursing education must be prepared to meet current and future needs of patients and nurses. Improvement of educational systems for nurses should embrace the ever-arching responsibility to provide the best care possible to patients while following a path of life-long learning. The full report can be accessed free of charge at www.iom.edu. IOM recommendations relate to transformation of the nursing profession to meet future health care challenges. A recommendation for 80% of the nursing workforce to be prepared at the BSN level by the year 2020 is included. This recommendation is based on evidence which directly links improved patient outcomes to educational preparedness of the nurse (IOM, 2010). As nurses, regardless of educational background, we should embrace the ever-arching responsibility to provide the best care possible to patients while following a path of life-long learning.

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Addiction Transfer and Cross Addiction

The Missouri State Board of Nursing requires licensees to do urine drug screens when they are suspected of having a chemical dependency problem. These screens always include a urinalysis screen. The licensee can decide whether to do urine drug screens when they are suspected of having a new primary substance. Some individuals quit using their ‘drug of choice’ and begin casually or sporadically taking some other mood or mind altering substance. For instance, their drug of choice may be marijuana and they never took pills. Once they stop using marijuana they may start to use and abuse pain medication, or vice versa. If they took these pills into their system, the university may start to use marijuana.

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I have worked with quite a few addicts who struggle with the concept of not drinking after they get clean because alcohol was not their drug of choice and they did not drink excessively. The danger in this thinking is that once these individuals begin to consume alcohol the first area of the brain that is affected is the decision making center. Once this part of the brain becomes anesthetized from alcohol the impulse to return to the primary substance once used may occur, therefore, it puts them at risk. Drinking alcohol jeopardizes their recovery even if alcohol is not something that was initially problematic. Alcohol is a drug and can lead to relapse for the individual who has stopped using. The best policy is abstinence.

The term cross addiction or polysubstance dependence is when an individual uses three or more substances in a 12 month period and typically does not have a primary preference. For example, a person may use alcohol, marijuana and tranquilizers or cocaine, amphetamines and alcohol. The following is a list of symptoms associated with substance dependence:

- Tolerance: using increased amounts to achieve desired effect
- Withdrawal: experiences withdrawal symptoms when they stop using
- Loss of control: uses more than they planned to use
- Inability to stop using: unsuccessful in cutting down or stopping
- Time: spends time obtaining, using, or being under the influence
- Interference with activities: gives up or reduces amount of time spent on recreational, social or occupational activities
- Harm to self: continued use despite physical or psychological problems caused by the drug

Three or more of these symptoms occurring in a 12 month period meets the criteria for dependence.

Addiction takes place in the reward center of the brain and the neurochemical that is primarily responsible for stimulating the chemical reaction that occurs is dopamine. Pleasurable behaviors or specific substances can release a surge of dopamine in certain individuals which creates a desired mood or effect. This is one of the reasons some individuals have a higher susceptibility to dependency. The activity or substance has to ‘flip the switch’ so to speak in order for the desired effect to occur. Once this happens, the urge to repeat the behavior or use the substance is very enticing and hard to resist.

I am in long term recovery from drugs and alcohol. I experienced cross addiction while in my active use, but I did have a primary substance which was alcohol. I actually used other substances in order to stay awake longer to use more alcohol. As time went on I felt a strong pull towards cocaine and other stimulants. Being clean and sober means I have stopped using all mood and mind altering substances once I got into recovery. I have struggled with other compulsive behaviors since getting sober though. Shopping, overeating and excessive working to name a few. I need to pay attention to any mood changing behavior that causes negative consequences in my major life areas. Left unchecked it can become problematic and create another dependency.

You can now subscribe to the Missouri State Board of Nursing E-Alerts. Every Monday we will send you an email with an Excel file that contains the names, license numbers and professions of any nurse whose license has been disciplined by the Board of Nursing the preceding week. To subscribe to the e-alerts, send your name and email address to Lori Scheidt at lori.scheidt@pr.mo.gov.

Take a look at UMSL’s DNP program
http://nursing.umsl.edu

Columbia, Missouri
A city with cosmopolitan flair
• Step Down Unit Nurse Manager
• Behavioral Health Unit Nurse Manager
• Nurse Practitioner-Compensation
• Lpn, Prn, & Med-surg Staff
• Emergency Department Nurse
• Community Living Center RN/LPN
• Exp. Intensive Care RN
• Community Living Center RN/LPN
• Exp. Inpatient Unit Nurse
• Exp. Critical Care Nurse
• Exp. Inpatient Unit Nurse
• Behavioral Health Unit Nurse Manager
• Community Living Center RN/LPN

There is more than one way to serve your country.
VA Nursing.
Ask about health care careers.
Contact: Mary.Wideman@va.gov
(573) 814-6390

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Missouri Selected as an Action Coalition

Author by Krista Lepper
Missouri Nurses Association

Missouri has been selected as an Action Coalition by the Future of Nursing: Campaign for Action. The Campaign for Action is a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation to implement solutions to the challenges facing the nursing profession and to build upon nurse-based approaches to improving quality and transforming the way Americans receive health care. To turn growing momentum and nationwide interest in the health care workforce into action, the Action Coalitions have been tasked with advancing key issues at the local, state and national levels.

The Missouri Action Coalition includes co-leads Missouri Nurses Association, Missouri League for Nursing, and Missouri Health Advocacy Alliance, will work with Campaign for Action to implement the recommendations of the Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health. The Campaign for Action is working to:

- Strengthen nurse education and training;
- Enable nurses to practice to the full extent of their education and training;
- Advance interprofessional collaboration to ensure coordinated and improved patient care;
- Expand leadership ranks to ensure that nurses have a voice on management teams, in boardrooms, and during policy debates; and
- Improve health care workforce data collection to better assess and project workforce requirements.

We cannot do this alone. The Missouri Action Coalition is seeking the support and active engagement of a wide range of health care providers; consumer advocates; policy-makers and the business, academic, and philanthropic communities. Together, we can create a health care system that provides seamless, accessible, affordable, and equitable quality care for every American. In fact, it is only in working together that we can fully succeed.

Your participation will help Missouri build momentum in accomplishing the broad changes in health care that the Campaign for Action envisions. Pledge your commitment only in working together that we can fully succeed.

We invite you to join the Missouri Action Coalition and work with us to advance key issues at the local, state and national levels. Contact Mariam Decker, RN, JD, Attorney, at MDecker@owwlaw.com for more information or questions.

Reminder for APRNs

There is no renewal application or fee required by the Board for maintenance of a Document of Recognition. The APRN must maintain an active RN license in Missouri or another compact state and certification by a nationally recognized certifying body approved by the Board. It is the APRN’s responsibility to notify the Board of Nursing of each re-certification with their certifying body. Even if an APRN has requested that the certifying body notify the Board, he/she should check with the Board office that this notification was received. If the RN license lapses and/or the certification lapses, the Document of Recognition will automatically lapse. At this point, the APRN is no longer recognized by the Board to practice in the State of Missouri. Practicing without recognition by the Board may result in discipline by the Board and charges of fraud by third party payers. For more information or questions, please contact the Practice Section at the Board office, 573-751-0073.

Thank you for your commitment to the delivery of high quality care to the Missouri public and for the care of our patients. Your participation is critical to ensuring that the best possible health care is delivered.

Missouri Nurses
Protect your license and your career.
NCSBN Award Ceremony Honors Outstanding Nurse Regulators

Chicago—The National Council of State Boards of Nursing (NCSBN) recognized its dedicated and exceptional membership and guests at its annual awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, held in Indianapolis Aug. 3-5, 2011.

Specific award recipients include:

**Kathy Malloch, PhD, MBA, RN, FAAN**, board vice president, Arizona State Board of Nursing, was honored with the prestigious R. Louise McMahan Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN.

**Julia George, MSN, RN, FNE**, executive director, North Carolina Board of Nursing, received the Exceptional Leadership Award, which is bestowed to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

**Lisa Klenke, MBA, RN**, past president, Ohio Board of Nursing, received the Exceptional Leadership Award, which is bestowed to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

**Judith Personett, EdD, RN, CNA**, board member, Washington State Nursing Care Quality Assurance Commission, and **Mary Beth Thomas, PhD, RN**, board staff, Texas Board of Nursing, each received the Exceptional Contribution Award, which is given for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Virginia Board of Nursing** was awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

In addition, service awards were given to the following executive officers of boards of nursing:

**Five Years**
- Joan K. Bainer, MN, RN, NE, BC, administrator, South Carolina State Board of Nursing.
- Michele Bromberg, MSN, APN, BC, nursing act coordinator, Illinois Board of Nursing.
- Diane Ruan-Viville, MA, RN, executive director, Virgin Islands Board of Nurse Licensure.

**10 Years**
- Lanette Anderson, JD, MSN, RN, executive director, West Virginia State Board of Examiners for Licensed Practical Nurses.
- Lori Scheidt, executive director, Missouri State Board of Nursing.

**15 Years**
- Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing

The following boards of nursing are celebrating 100 years of nursing regulation in 2011:
- Idaho Board of Nursing
- Oregon State Board of Nursing
- Tennessee State Board of Nursing
- Vermont State Board of Nursing

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories--American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.
SAINT LOUIS UNIVERSITY

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- Online program for BSN completion.

MSN & Post-MSN Certificate in Nursing Programs
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- Practice-focused 28-credit-hour online program (Post-Master’s).
- Practice-focused 76-credit-hour online program (BSN-DNP).

Ph.D. in Nursing Program
- Online option: Fall and spring admission.
- Online option: Summer, fall and spring admission.

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Implemeting the IOM Future of Nursing Report—Part I: How to Dramatically Increase the Formal Education of America’s Nursing Workforce by 2020

In October 2010, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) jointly released *The Future of Nursing: Leading Change, Advancing Health*, calling it a blueprint for transforming the American health system by strengthening nursing care and better preparing nurses to help lead change. This issue begins a four-part miniseries on the report, digesting its educational progression recommendations and offering an early look at how key players are responding. The report calls for increasing the percentage of nurses holding the bachelor of science in nursing (BSN) degree or higher to 80 percent and for doubling doctorates by 2020. This will require

fundamental changes: new competency-based curricula; seamless educational progression; more funding for accelerated programs, educational capacity building, and student diversity; and stronger employer incentives to spur progression.

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A Call to Concerted Action

The Future of Nursing: Leading Change, Advancing Health (October 2010), is animated by the most positive of visions: health care for all Americans that is patient centered, high quality, seamless, and affordable. The vision also anticipates the enormous challenges ahead for health care: expanding demand for care, older and sicker patients, more complex technology, new health care settings and team configurations—all emerging as the country struggles to address serious nurse and nurse faculty shortages and implement the Affordable Care Act.

At the center of the vision is a nursing workforce that will be better educated and more ready to take on new roles as care providers and leaders in health reform. To make this vision a reality, the report and its diverse and prestigious leadership call on all nurses, as well as other health care stakeholders, to set aside divisive debates and begin a decade of concerted action to increase the formal education of America’s nurses.

“We must all stand together as a profession to make health care better, not quibble about whether the ADN or the BSN degree is better. Both have value,” says Susan B. Hassmiller, RN, PhD, FAAN, who led the study that preceded the report and who now heads up *The Future of Nursing: Campaign for Action*, an emerging group of state Action Coalitions and other key stakeholders working to implement the report’s recommendations. “To address future health care needs, we must accelerate educational progression, using all the tools we have, and we must reach out to partners in other sectors to help us achieve this goal.”

This inclusiveness is echoed by others close to the report’s development. They imagine success on progression as driven by diverse and mutually respectful partners and are confident that patients, nurses, and aspiring nurses in all demographic groups will benefit.

“Educational progression does not disenfranchise anyone,” says IOM Future of Nursing committee vice chair Donna Shalala, Chair, IOM Future of Nursing Committee, and President, University of Miami, Coral Gables, Florida.

Decades of work by major nursing associations inform the report’s educational progression aims, which are framed by a theme—achieving higher levels of education through improved and seamless academic pathways—and by two ambitious goals: increasing the percentage of nurses with the BSN or higher to 80 percent and doubling the number of nurses with doctorates by 2020.

Needled Actions and Key Players:

- Require seamless academic pathways beyond articulation agreements. Accreditors: Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC; see pp. 3-4)
- Enhance employer incentives to drive BSN attainment within five years of graduation. Health care organizations (see pp. 4-5)
- Expand BSN educational capacity and student diversity. Private and public funders (see pp. 4-6)
- Increase funding for students pursuing second-degree

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The Value of Accelerated Programs

Overarching Theme: Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Undergraduate Education Metric: Increase the percentage of nurses holding the BSN degree or higher to 80 percent by 2020.*

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Charting Nursing’s Future continued on page 11
Charting Nursing’s Future continued from page 10

How to Achieve “80 by ’20”

Leaders of major nursing organizations and other important players interviewed for this issue describe the IOM recommendations as “validating” and “emerging.” Most see it as the beginning of a strategic plan to help implement the recommendations.

They regard “80 by ’20” as a compelling goal but acknowledge its huge challenges: educating at least 760,000 additional nurses to the BSN level or higher, achieving fundamental shifts in education and practice, and speaking with one voice about the importance of workforce planning.

Yet there is optimism and a will to experiment. "The report has encouraged people to think creatively," says Pamela Thompson, MS, RN, CENP, FAAN, CEO, Distinguished Professor, University of North Carolina Chapel Hill (UNC-CH) School of Nursing. "Some ADN-prepared nurses return to school wanting to move into leadership, teaching, advanced practice, or research roles." UNCHC’s RN-to-MSN program prepares students for all these roles.

Admitting only graduate students, nurses first take three online BSN competency bridge courses and then move on to an on-campus master’s degree curriculum with a wide variety of concentrations. Students can complete the program in two years or many take longer because of work and family commitments.

The IOM report, many nurse education leaders, as well as Roseanne Fulcher, director, health professions policy, American Association of Community Colleges (AACC), argue that RN-to-MSN programs merit much more attention and support.

Advance Expedited Licensed Vocational Nurse (LVN) Education. For Texas, a state with exceptionally high numbers of LVNs, a model accelerated LVN-to-BSN program has made good sense and has, in fact, inspired 40 percent of recent graduates to pursue the BSN. Initially funded as a pilot by the Texas Higher Education Coordinating Board, the program is now a partnership between Angelo State University and 15 hospitals, many in rural areas.

Hospitals handpick LVNs for participation, pay their tuition, allow release time, and serve as clinical sites. The university uses NLN competencies to offer credit to those who test out of required specialty courses, and the support package helps pay for LVN-to-MSN curriculum with clinical and online didactic components.

National Council Licensure Examination pass rates are now at 95 percent.

Enhance Employer Incentives

“We must make returning to school a probability for working nurses with ADNs,” says Liana Orozumi-Hain, RN, PhD, nursing instructor, City College of San Francisco, member, IOM committee, and RWJF Health Policy Fellow. Without more widespread employer educational requirements and supports, “80 by ’20” cannot be achieved. Since 83.3 percent of new nurses work in hospitals, the willingness of chief nursing officers to take a stand on progression will be pivotal (see “A Model Employer,” p. 5).

The Magnet Recognition Program has been a national leader in promoting educational progression. A task force appointed by the program is now considering whether to embed the “80 by ’20” metric in Magnet accreditation standards, says Karen Drenkard, PhD, RN, NEA-BC, FAAN, executive director, American Nurses Credentialing Center (ANCC), former president. “The field is developing a variety of strategies to get to the BSN goal. Because the report isn’t prescriptive about methods, it has a high probability of success.”

Create Seamless Pathways

Replicate the Oregon Consortium for Nursing Education (OCNE). There is great interest in spreading versions of the OCNE model, which includes eight communities colleges and the five campuses of the Oregon Health & Science University (OHSU). OCNE is the first fully integrated consortium program that enables students to progress seamlessly from the ADN through the BSN without experiencing the abrupt change in mindset caused by a separated curriculum.

OCNE is one of the most promising models we have for increasing the numbers of students moving quickly from the ADN to the BSN. In California, PhD, RN, FAAN, past director, the Center to Champion Nursing in America (CCNE) and the National League for Nursing (NLN) has created the LEAP program to train faculty in how to build transformative educational changes like OCNE. “You need faculty development to deliver competency-based skills—missions in teaching and curriculum with others,” says Bev Malone, PhD, RN, FAAN, NLN’s CEO.

“There is a big hole there, and we want to fill it.” In Texas the Texas Higher Education Coordinating Board and Texas are taking initial steps toward seamlessness by strengthening articulation agreements. The Texas coalition will also streamline BSN prerequisites and develop coadmission policies.

Fully Utilize BSN Completion Programs. The nation’s 62 RN-to-MSN programs have seen a 21 percent enrollment growth, but still have unmet capacity (AACN); stronger employer incentives could spur utilization by working nurses.

A BSN completion program isn’t the final destination for everyone, says Kristen Swanson, PhD, RN, FAAN, dean and Alumni

programs. Federal agencies such as the U.S. Secretaries of Education and HRSA (see pp. 1 and 5).

• Design and implement curricula promoting integration with other health professional schools (see CNF 17, forthcoming in the fall of 2011).

• Enhance the diversity of nursing students. Nursing education leaders, health care organizations, and schools (see p. 6).

Graduate Education Metric: Double the number of nurses with doctorates by 2020.

The nation’s potential nursing workforce is significantly short of what is needed. “We cannot, however, simply expand what’s there,” says Willis N. Holcombe, PhD, the system’s chancellor, Chapel Hill (UNC-CH) School of Nursing. “Some ADN-prepared nurses return to school wanting to move into leadership, teaching, advanced practice, or research roles.”

A proponent of educational progression, Holcombe’s message to ADN graduates is, “Congratulations, you are in the profession now but start climbing the educational ladder.” We need to give nurses opportunities for more education while working and get more of them to take the next step.”

Up Accelerated Program Funding

Emulate New Careers in Nursing (NCIN). Funded by RWJF and administered by the AACC, NCIN allows students from underserved or economically disadvantaged groups to pursue accelerated second-degree BSN or MSN degrees. When the current funding cycle ends, the program will have produced 2,200 new nurses from 108 participating schools with an investment of more than $23 million. Graduates are 38 percent male and 61 percent people of color. Because a majority of graduates want to continue their educations, AACN is developing a plan to facilitate their educational progression through doctoral degrees, says Vernell DeWitty, PhD, RN, NCIN’s National Program deputy director.

Replicate Michigan’s Second-Degree Programs. Former Michigan governor Jennifer M. Granholm committed $30 million to accelerate second-degree programs and scholarships, which together created 4,000 new nurses, 3,000 new clinical placements, and 277 new clinical instructors (2005–2010).

How to Double Doctorates by 2020

More doctorally prepared nurses are desperately needed to address projected nurse faculty and primary care shortages, to advance nursing science, and to assume leadership roles of all kinds, says Michael Bleich, PhD, RN, FAAN, dean and Dr. Carol A. Lindeman Distinguished Professor, OHSU, and member, IOM committee.

The rapid rise in DNP enrollments since 2003, together with the growth in PhD enrollments, puts the goal of doubling doctorates by 2020 well within reach, says Geraldine “Polly” Bednash, PhD, RN, FAAN, CEO, AACN (for more, see Figure 2).

“The growth in DNP enrollments is impressive, and these graduates will play very important roles in American health care,” says Randi H. Hassmiller, PhD, RN, dean of the school of nursing, University of Pennsylvania. “We must, however, increase PhD enrollment growth to prepare more nurse leaders for faculty roles and to advance science and discovery.”

To achieve the IOM doctoral metric, more nurses must begin doctoral studies early in their careers. Doctoral programs must be expedited without loss of quality, scholarship and loan support must be increased, and federal compensation packages must become more market competitive.

Increase Graduate Admissions

Mentoring and Motivating Students: The University of Florida Honors Program. Faculty mentorship is one key to early identification of talented undergraduates, helping them define career goals and pursue doctoral study. Without undue delay, says Kathleen Ann Long, RN, PhD, FAAN, dean of the University of Florida’s College of Nursing. The college’s honors program, one of the oldest in the country,
In Virginia, a “kitchen cabinet” of advocates helped convince the legislature to fund a 10 percent raise for all nursing faculty in public colleges and universities that has helped to create a 50 percent increase in nursing graduates since 2005.

Develop Practice Plans. Some schools of nursing, particularly those on health science campuses, have developed faculty practice plans that generate substantial revenue for faculty salaries.

Faculty typically generate money for a plan either by holding joint academic-practice appointments funded in part by employers or by providing primary care services on contract in an ambulatory clinic or other provider settings. Often faculty receive incentive pay on the basis of the revenue they generate or a bonus at year’s end if the plan has a profit. The University of Texas at Houston (UTH) has a particularly extensive practice plan. In 2010, its clinical gross proceeds were $1.9 million; its joint appointments accounted for $1 million.

Because practice plans link the worlds of teaching and practice in many ways, they are worth more than their weight in gold, says Geri L. Wood, PhD, RN, FAAN, adjunct associate professor at UTH. She teaches evidence-based research at the university and helps nursing staff at the UT M. D. Anderson Cancer Center improve practice, with evidence from the latest research. In addition to enriching both settings, “you become an ambassador for both,” says Wood, who has inspired M. D. Anderson staff to return to school and her university students to work at M. D. Anderson.

Practice plan opportunities will expand dramatically in the next few years because of health workforce shortages and the implementation of the Affordable Care Act (ACA), says Kenneth L. Shine, MD, executive vice chancellor for health affairs, UT System, and former IOM president.

Create Endowed Faculty Chairs. Schools of nursing are also pursuing foundation funding for endowed chairs. Although competition for the philanthropic dollar is tight and may be constrained by foundation priorities, “inspiring nursing is compelling to private funders,” says Shine.

Sustain and Increase Funding. The American Nurses Association and others are mounting a vigorous defense against possible cuts to $200 million in ACA scholarships and education loan forgiveness funds designed to help newly minted faculty offset low faculty salaries.

The IOM recommends that diploma programs be phased out within the next decade and their resources—including graduate medical education money—be used to expand BSN and higher degree programs and to support rural and critical access nurse residency programs.

For More Information: www.nbcncenterfornursing.org for more on the Michigan initiatives. • For details on the UTH nursing practice plan, contact Thomas A. Mackey at thomas.a.mackey@uth.tmc.edu.
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**Please be advised that more than one licensee may have the same name. Please verify to identify a licensee's identity please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any case do not view as Board policy and do not bind the Board in future cases. The following summaries represent discipline action by the Board from June 1, 2011 to August 31, 2011. Additional discipline may have taken place since that time.**

**CENSURE**

Bode, Leighanna Lea
La Plata, MO
Licensed Practical Nurse 2002932414

Licensee practiced nursing in Missouri without a license from June 1, 2010 through June 8, 2011. Censure 6/25/2011 to 8/8/2011

Renault, Christine Marie
Vienna, MO
Licensed Practical Nurse 2006206759

Respondent did not have a nursing license due to failing the examination. Censure 6/10/2011 to 6/14/2011

Limoncelli, Laura Melissa
Warrensburg, MO
Registered Nurse 2005038137

Respondent was instructed that proof of completion of at least fifteen (15) hours was due by April 15, 2011. Respondent did not submit proof of completion hours until April 25, 2011. Respondent was required to renew her nursing license immediately and not allow her license to lapse. Respondent’s license expired May 31, 2010 and had not renewed. Censure 6/15/2011 to 6/16/2011

Herman, Samantha H.
Nixa, MO
Registered Nurse 155522

Respondent was required to obtain proof of the use or possession of any controlled substance or other drug for which a prescription is required. On March 8, 2011 and March 21, 2011, Respondent submitted urine samples for random drug screening. Both urine samples were positive for the presence of oxycodone. Respondent does not have a valid prescription for Oxycodone on both occasions. Censure 6/28/2011 to 6/29/2011

Kwan, Patricia A.
St. Louis, MO
Registered Nurse 052739

On July 28, 2010, Licensee was working as the charge nurse for the nursing unit of the hospital. At approximately 2:30 a.m., an individual called the unit and requested to be evaluated for the unit’s ‘day program’. Licensee did not perform or arrange an evaluation. Licensee instructed the individual to call back during regular business hours. The individual came to the hospital at approximately 3:00 a.m. A licensed practical nurse began the evaluation of the individual after she completed all the steps that she could do, she went to the Licensee to complete the evaluation. As the evaluation could only be completed by the charge nurse on duty. Licensee did not complete the evaluation and had the RN tell the individual to go home and come back in the morning. Censure 8/25/2011 to 8/26/2011

Peck, Allison Ann
Kennett, MO
Registered Nurse 2007024053

Respondent was required to update her knowledge of the Board’s designated continuing education contact hours and submit proof of completing at least fifteen (15) hours within the first 6-month period. The Board did not receive proof of completion of any contact hours by the due date. Censure 6/14/2011

Plotner, Stephanie Ranae
Vienna, MO
Licensed Practical Nurse 2005303191

Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and has the results sent to the Board within ten working days after its completion. The Board has never received a thorough chemical dependency evaluation submitted on behalf of Respondent. Pursuant to the Agreement, Respondent was required to abstain from completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Respondent has a bona fide relationship as a patient. Respondent submitted a urine sample for random drug screening on March 8, 2011. The Board did not receive proof of any completed hours. The prescription was over a year old and Respondent used it in a manner inconsistent with the prescription. Censure 6/6/2011 to 6/14/2011

Hunter, Claudia L.
St. Paul, MO
Registered Nurse 144492

Respondent was responsible for providing care to multiple patients, including K. B. At noon, K. B. physician entered an order for K. B.’s blood to be drawn at 11:37 a.m., the physician entered an order for K. B. blood to be drawn as soon as possible. At 3:18 p.m., the physician entered a third order for K. B.’s blood to be drawn as soon as possible. Licensee did not draw the patient’s blood. Licensee did not ensure that another staff member had drawn the blood. The blood was not drawn until 7:20 p.m. by a nurse on the next shift. Censure 6/3/2011 to 6/4/2011

Whiteside, Samuel
Saint Louis, MO
Licensed Practical Nurse 055861

Respondent was required to obtain continuing education hours. The Board did not receive proof of any completed hours. Respondent was required to submit a urine sample for random drug and alcohol screening. The samples tested positive for the presence of ethyl glucuronide and alcohol. Censure 6/10/2011 to 6/14/2011

Rhodes, Judith A.
S Steele, MO
Licensed Practical Nurse 036601

Licensee authorized prescriptions for former patients that had not been seen by the physician for a number of years. Censure 6/12/2011 to 6/13/2011

Clifford, Janice
St. Peters, MO
Licensed Practical Nurse 061361

Respondent was required to abstain completely from the use or consumption of alcohol. On March 22, 2011 and April 11, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The samples tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Censure 6/10/2011 to 6/14/2011

Horn, Bonnie L.
Waterloo, MO
Licensed Practical Nurse 065310

On November 11, 2009, Licensee became involved in a verbal nurse in changing the bed and had difficulty performing other simple tasks. On June 17, 2010, Licensee removed Demerol on a patient that was not assigned to her. Licensee then opened the Demerol and requested that the nurse manager waste it with her. When asked why she had opened the Demerol, she said, she made a mistake. On June 17, 2010, Licensee created a discrepancy in the pyxis with Phenobarbital. On June 17, 2010, Licensee removed Fentanyl 100 mcg from the pyxis. Licensee then removed another 100 mcg of Fentanyl. Respondent has been the subject of administration of 20 mcg, but did not document the waste or administration of the remaining 80 mcg. On June 17, 2010, Licensee removed Percocet at 11:42 p.m. On June 17, 2010, Respondent used the Percocet as directed. On June 17, 2010, Licensee removed Donatal at 8:56 p.m. and documented administration of the Donatal at 8:00 p.m. On July 29, 2010, Respondent used the Donatal as directed. Respondent did not complete the orders. On August 6, 2010, Licensee administered a pain medication to a patient from the emergency room. Respondent failed to review the pain medications for the patient. On August 6, 2010, orders for Licensee’s patients were written at 9:00 p.m. Licensee did not put the orders in the computer and did not sign off the orders. On August 6, 2010, a patient was scheduled to receive 49 units of Leveirm at 9:00 p.m. Licensee documented a task. When asked about the incident, Licensee explained that on August 7, 2010 the patient had a blood sugar of 409.0 at 9:00 p.m. On August 6, 2010 the physician was to be contacted for any further orders. On August 7, 2010, a patient was to receive Zosyn at 9:00 p.m. The medication was documented as administered by Licensee. The medication was later documented on chart as received but the patient stated he did not receive the antibiotic that evening. On November 23, 2009 Licensee was discovered by co-workers to be stealing from a patient. Licensee pleaded guilty to the Class A Misdemeanor of ‘Theft/Stealing’ in the Circuit Court of St. Louis County, Missouri. On November 16, 2010, Licensee was sentenced to receive over two years in prison. Censure 6/11/2011 to 6/12/2011

Deck, Elizabeth Ann
Nixa, MO
Licensed Practical Nurse 2005035190

Licensee was required to attend a blood hydroconome from the facility for her personal consumption. On December 2, 2010, Licensee pleaded guilty to the Class A misdemeanor of ‘Stealing’. Licensee was sentenced to receive approximately two years in prison. Censure 6/12/2011 to 7/12/2014

Gough, Sarah Beth
Hannibal, MO
Licensed Practical Nurse 2005035190

Licensee was required to attend a hydroconome from the facility for her personal consumption. On December 2, 2010, Licensee pleaded guilty to the Class A misdemeanor of ‘Stealing’. Licensee was sentenced to receive approximately two years in prison. Censure 6/12/2011 to 7/12/2014

Fenton, MO

Probation 8/23/2011 to 8/23/2015

PROBATION

Gough, Tamera L.
Shelbina, MO
Registered Nurse 115508

Pursuant to the Order, Respondent was required to contact with the Board’s approved third party administrator, at that Board’s expense, for the purpose of participating in random urine screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to provide any urine samples. On February 15, 2010, and March 4, 2011, Respondent called NCPs, Inc. and was advised that she had been selected to provide a urine sample for screening. On all three dates, Respondent failed to report to a collection site to provide the required sample. Probation 6/13/2011 to 6/18/2012
PROBATION Continued...

Bledsoe, Joy D.
Registered Nurse 200705546
Pursuant to the Board's Order, Respondent was required to contract with the Board's approved third party administrator, complete a drug screen, keep all prescribed verbal history, perform a urine test for testing. That sample tested positive for the presence of oxazepam. Respondent does not have a valid prescription for oxazepam.

Prohibition 6/15/2011 to 9/9/2015

Wohlermann, Kimberly K.
Festus, MO
Registered Nurse 1408455
On or about January 4, 2006, Respondent administered Oxycodone 10/325 to a patient in her care whose physician had ordered Oxycodone 5/325. Respondent noted in her nursing notes and the medication administration report that she had administered Oxycodone 10/325 to the patient, when the patient's order for this was Oxycodone 5/325. On or about March 20, 2006, Respondent received a telephone order authorizing the administration of two Vicodin to a patient in Respondent's care. Respondent failed to document that she had received the telephone order.

Prohibition 6/15/2011 to 6/16/2011

Smith, Carol Ann
Telford, OK
Registered Nurse 20101020768
On June 21, 2007, the Nebraska State Board of Nursing entered Probation 6/15/2011 to 6/16/2011 ____________________________________________________ by order of the Board. Licensee registered professional nursing license and placing that license in random drug and alcohol screenings. On December 16, 2010, Respondent called NTS and was advised that she had been removed from the State Board of Nursing's registry for failure to test. Respondent failed to report to a collection site to provide a sample for testing. On February 16, 2011, Respondent submitted a urine sample for random drug and alcohol screening. That sample tested positive for marijuana. Respondent does not have a valid prescription for marijuana.

Prohibition 6/15/2011 to 9/9/2015

Wehlemann, Kimberley K.
Festus, MO
Registered Nurse 1408455
On or about January 4, 2006, Respondent administered Oxycodone 10/325 to a patient in her care whose physician had ordered Oxycodone 5/325. Respondent noted in her nursing notes and the medication administration report that she had administered Oxycodone 10/325 to the patient, when the patient's order for this was Oxycodone 5/325. On or about March 20, 2006, Respondent received a telephone order authorizing the administration of two Vicodin to a patient in Respondent's care. Respondent failed to document that she had received the telephone order.

Prohibition 6/15/2011 to 6/16/2011

Miller, Beverly D.
Saint Charles, MO
Registered Nurse 155132
On February 16, 2010, Licensee was providing care to a patient who had surgery earlier in the day. Licensee, mistakenly believing that the patient had surgery before surgery, administered a Stryker drain, a PCA and a pain pump. Upon realizing her mistake, Licensee documented that she had received a telephone order from the doctor. The doctor denied that he gave Licensee the order. Licensee falsely documented the order to conceal her error. On the same day, Licensee received a telephone order from a doctor to have an EKG performed on a patient. Licensee did not document the order and did not have the EKG performed on the patient. On October 7, 2010, Licensee pled guilty to the Class A Misdemeanor, Failure to Administer a Medication.

Prohibition 7/12/2011 to 7/12/2014

Stephenson, Amy Lynn
Rogerville, MO
Registered Nurse 2008011698
A review of a hospital's Accudose dispensing system revealed that Licensee withdrew the largest amount of narcotic on October 19, 2010. Licensee did not document any of the narcotic withdrawn. Licensee's Pyxis records were reviewed on February 16, 2010.

Prohibition 7/12/2011 to 7/12/2014

Vennell, Lora Ann
Sedalia, MO
Registered Practical Nurse 20101027065
On or about April 26, 2000, Licensee pled guilty to Passing a Bad Check in State v. Joan Marie Hix, 13R018995995. On or about February 18, 2011, Licensee pled guilty to Passing a Bad Check in State v. Joan Marie Hix, 13R2886818. On May 15, 2010, Licensee pled guilty of Third Degree Assault in City of St. Charles v. Joan Marie Hix, 10R109543. On March 6, 2010, Licensee was charged with Social Security Fraud.

Prohibition 7/12/2011 to 7/12/2014

Nichols, Mylesa Lena
Florissant, MO
Registered Practical Nurse 2003022476
Licensee's license expired on May 31, 2010. Licensee practiced nursing in Missouri without a license from June 1, 2010 through February 9, 2011.

Prohibition 7/12/2011 to 7/27/2011

Kennedy-Nowicki, Elizabeth Marie
Eureka, MO
Registered Nurse 2000015887
On November 12, 2010, Licensee pled guilty to the Class B Misdemeanor of 'Possession of an Intoxication Contingent Substance' in the Circuit Court of St. Louis County, Missouri.

Prohibition 8/3/2011 to 8/3/2013

Corbin, Anna Marie
Warrenton, MO
Registered Practical Nurse 20101221747

Prohibition 7/5/2011 to 7/6/2012

PROBATION Continued...
PROBATION continued from page 15

May, Jr., John M.  
Registered Nurse 2005023232
On March 17, 2010, Licensee requested assistance in starting an IV on a patient. Licensee was assigned to a non-Rebreather machine to provide care. When the nurse arrived to start the IV, she noticed that the patient was anxious and was having difficulties breathing. The patient was on a non-Rebreather machine to provide oxygen to help her deal with her anxiety. Licensee charted at 12:30 that the patient was on a non-Rebreather with an oxygen flow rate of 12. Licensee charted at 14:01 that the patient was not physically assessed during the shift. When questioned about the charting, the patient nurse manager that the charting was performed at 14:02 when the patient was informed that he was going to sleep. Licensee admitted that she did not physically assess a patient prior to charting the assessment.

Probation 7/2/2011 to 7/22/2012

Gildford, Kelly Renee  
Registered Practical Nurse 2010023798
On or about December 3, 2009, Licensee was placed on probation for the offense of “Fraudulently Attempting to Obtain a Controlled Substance”.

July 1, 2010, Licensee was suspended for a minimum of twelve months by the Illinois Board of Nursing for violating the terms of her probation. Licensee was placed on probation for a second time on July 7, 2010.

Probation 7/2/2011 to 7/22/2012

Jasper, Andrea K.  
Saint Charles, MO  
Registered Nurse 058726
On or about May 18, 2005, Licensee submitted a urine sample for drug screening. On or about May 19, 2005, the urine sample submitted results positive for tetrahydrocannabinol (“THC”), a metabolite of marijuana.

Probation 8/30/2011 to 8/30/2013

Coffee, Dawn Nicole  
Registered Nurse 2009038608
In November 2010, during a routine audit of check “overrides” and charting, the pharmacy noticed that Licensee had performed manual overrides and charting when not indicated. Licensee then completed for October 2010, which revealed the same discrepancies. The discrepancies included instances when Licensee performed a narcotic counter, administering and not documenting the disposition of the remaining pill for up to four hours. There were multiple instances when Licensee would chart the patient taking a narcotic, administering and not chart the disposition of the medication for several hours.

Probation 8/30/2011 to 8/31/2013

Barton, Joni E.  
Springfield, MO  
Registered Nurse 124223
On August 16, 2010, Licensee’s drug screen was positive for temazepam or morphine. Licensee did not have a prescription for temazepam or morphine. When questioned by an investigator for the Board, Licensee admitted that she had diverted morphine from the hospital for her personal consumption.


Brown, Emily Suzanne  
Saint Louis, MO  
Registered Practical Nurse 2010031713
During her disciplinary period to the filing date of the probation report, Licensee did not respond to the Board’s request to call in to NTS on twenty-one (21) days.

Probation 6/13/2011 to 8/17/2013

Vo, Melissa Allison  
Saint Louis, MO  
Registered Nurse 2011061305
On May 9, 2006, Licensee pled guilty to the offense of “Stealing Under $500,” a Class A misdemeanor, to the Class A Misdemeanor of “Theft: Stealing Under $500.”


Kreb's, Jesse Richard  
Belleville, IL  
Registered Nurse 2007006367
On or about August 1, 2007, two nurses witnessed Licensee removing three milliliters of morphine from the Pyxis. Five minutes later, Licensee was observed removing two more syringes. Due to Licensee’s suspicious behavior, an activity report was generated on the Pyxis for the month of August. A review of this report revealed that Licensee had removed narcotics from the Pyxis for patients that were not in the hospital at the time. This behavior was inconsistent with the need for medication. A review of the Pyxis report revealed that on or about August 1, 2007, Licensee removed the following medications from the Pyxis: a. Licensee removed 4mg of Morphine Sulfate at 7:46 a.m., 11:09 a.m., and 2:35 p.m., for a patient in room 913. There was a pharmacy order for the medication, but Licensee failed to document the administration of medication to the patient on the medical administration record (MAR). b. Licensee removed 1mg of Morphine from the Pyxis at 4:18 p.m. for a patient in room 904-1. The patient did not have a physician order for Morphine and Licensee failed to document the administration of medication to the patient on the MAR. c. Licensee removed 4mg of Morphine from the Pyxis at 12:15 p.m. and 4:57 p.m. for a patient in room 903-2. The patient was not assigned to him and there was no indication that the patient required Morphine. The patient had a physician order for Morphine as needed, but when the patient was questioned about the patient's complaint, the patient said that she had not been given any medication.

Probation continued on page 17
the Agreement until the filing date of the Probation Violation Complaint. Respondent failed to call NTS on twenty-eight (28) days. Further, on December 13, 2010, Respondent called NTS and reported that her tamper evidence vials were missing. Respondent was advised to respond to the Board's request to complete the continuing education contact hours. The Board only received proof of completion of two (2) contact hours prior to the document date due. Respondent provided evidence that she has completed all required contact hours at the hearing date. In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unable to submit the affidavit indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the April 22, 2011 documentation due date. Suspended 07/03/2011 to 07/14/2011 Probated 07/15/2011 to 04/22/2012


REVOCATION

Ely, Karen D. Ellisville, MO Licensed Practical Nurse 20050011641 On July 13, 2009, Licensee was on duty as a PN. Licensee signed for and received Oxycontin, oxycodone, Lyrica, Vincodin and Percocet from the pharmacy for the patients. There is no clear evidence to determine whether Licensee unlawfully appropriated these medications for herself or whether she administered any of these medications and did not properly document this administration. Revoked 06/13/2011

Reynaert, Janet V. Saint Louis, MO Registered Nurse 0765850 On the evening/morning of March 18-19, 2008, Licensee signed out 155mg tablets of oxycodone for Patient E. but did not administer this medication to the patient. Licensee signed out Xanax at 11:55 a.m. and 4:30 p.m. for Patient E. R. but did not administer these medications to the patient. The chart was reviewed and there was no documentation of the administration of Dietrux. Licensee was confronted and admitted that she was diverting drugs for her personal consumption. Probated 06/28/2009 to 06/29/2016

Asadi, Juli Beth Mountain Grove, MO Registered Nurse 2007020216 On February 16, 2010, Licensee was exhibiting unusual behavior including difficulties with coordination and slurred speech. A review of Licensee's Omniscient transactions and records indicated that Licensee failed to document the administration or waste of the medications. On February 15, 2010, Licensee removed 17 tablets of Tramadol from the Omniscient medication dispensing machine. There was no justification for removing that many Tramadol.

On February 14, 2010, Licensee removed 10 tablets of Tramadol from the Omniscient medication dispensing machine. There was no justification for removing that many Tramadol.

On February 11, 2010, Licensee removed one tablet of Percocet 5/325 mg for a patient. Licensee did not document the administration or waste of the Percocet.

On February 15, 2010, Licensee removed one Percocet 5/325 mg for a patient. Licensee did not document the administration or waste of the Percocet.

On February 8, 2010, Licensee removed two tablets of Phenergan for a patient. Licensee did not document the administration or waste of the medication. On February 13, 2010, Licensee removed Percocet 5/325 mg for a patient. Licensee did not document the administration or waste of the Percocet.

On February 12, 2010, Licensee withdrew one Tramadol 50 mg tablet for a patient. Licensee did not document the administration or waste of the Tramadol.

On February 16, 2010, Licensee was asked to submit to a five-cause drug screen. The test was positive for marijuana. Probated 06/28/2009 to 06/29/2016

SUSPENSION/PROBATION Continued...

McGeorge, Monica Ruth Columbia, MO Licensed Practical Nurse 20060109860 Respondent entered into a settlement agreement with the Board. Pursuant to the agreement, she was required to contract with NTS and call a toll free number every day to see if she had been selected to be screened for drugs and alcohol. Since the date of the
of fraudulently attempting to obtain a controlled substance. On December 1, 2008, Licensee served as an agency nurse for a nursing home and failed to properly document medication for admission to residents. At 7:15 p.m., several residents reported that they had not received their medications or their 5:00 p.m. insulin. A review revealed that Licensee had not documented this in the patient's medical record. Licensee failed to account for any 12.5 mg of the Demerol. There was no documentation of waste or administration of the remaining 12.5 mg of the Demerol; d. Removed 100 mcg of fentanyl for a patient, but documented the administration of 100 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 100 mcg of the fentanyl; e. Removed 300 mcg of fentanyl for a patient, but did not document the waste or administration of any of the 300 mcg of the fentanyl. On January 28, 2009, Licensee removed 25 mg of Demerol for a patient, but documented the administration of 50 mcg of the Demerol. There was no documentation of waste or administration of the remaining 25 mg of the Demerol; f. Removed 100 mcg of fentanyl for a patient, but did not document the waste or administration of any of the 100 mcg of the fentanyl. On January 29, 2009, Licensee removed 500 mcg of fentanyl for a patient, but failed to document the administration of the remaining 500 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 500 mcg of the fentanyl; g. Removed 25 mg of Demerol for a patient, but did not document the administration of the 25 mg of the Demerol. There was no documentation of waste or administration of the remaining 25 mg of the Demerol; h. Removed 100 mcg of fentanyl for a patient, but did not document the waste or administration of any of the 100 mcg of the fentanyl. On January 29, 2009, Licensee removed 500 mcg of fentanyl for a patient, but failed to document the administration of the remaining 500 mcg of the fentanyl. On January 28, 2009, Licensee removed 25 mg of Demerol for a patient, but documented the administration of 25 mg of the Demerol. There was no documentation of waste or administration of the remaining 25 mg of the Demerol; i. Removed 100 mcg of fentanyl for a patient, but did not document the waste or administration of any of the 100 mcg of the fentanyl. On January 29, 2009, Licensee removed 500 mcg of fentanyl for a patient, but failed to document the administration of the remaining 500 mcg of the fentanyl. On January 28, 2009, Licensee removed 25 mg of Demerol for a patient, but documented the administration of 25 mg of the Demerol. There was no documentation of waste or administration of the remaining 25 mg of the Demerol.
Voluntary Surrender Continued...
again. The 75 mcg patch had been removed. The resident advised the charge nurse that "the other nurse came in and did something with the patch".

Licensee was employed at a skilled nursing facility from November 2003 through January 2011. Licensee would document that two pills were given, but the patient would only receive one pill. When discussed with licensee, the pattern stopped for a few days and then started again. It was also mentioned that some items were missing and the police were going to be contacted. The next day Licensee called in sick. A search of Licensee's vehicle found blank checks belonging to a patient at the facility, photocopies of another patient's check, and a bottle of Halothane from his employer and went into the men's room and poured the Halothane through a piece of toilet paper. Licensee self-reported that on December 13, 2007, Licensee opened a bottle of Halothane and inoculated some of the anesthetic.

Voluntary Surrender 6/14/2011
Shelton, Kathy Lynne
Locust Grove, OK
Registered Nurse 120475
On June 13, 2011, Licensee surrendered her Missouri nursing license.
Voluntary Surrender 6/13/2011
Pittman, Cara Ida
Clinton, MO
Licensed Practical Nurse 2000581890
On September 16, 2010, Licensee transcribed an order written as Percocet 750 mg TID (three times a day) for seven days onto the medication administration record as Keflex 500 mg BID (two times a day) for seven days. On September 20, 2010, Licensee noted an order had been received but did not transcribe it to the medication administration record. On September 24, 2010, Licensee transcribed the order written as Percocet 75/525 once every six hours as Percocet 75/500 once every six hours PRN. On September 25, 2010, Licensee received an order for Celebrex. Licensee transcribed the order as Cipro on the medication administration record. On September 25, 2010, Licensee transcribed an order for Metronidazole 500 mg onto the treatment administration record instead of on the medication administration record. On September 26, 2010, Licensee inserted a foley catheter with no urine return. A second nurse discovered that the catheter was improperly inserted, inserted a new catheter and immediately received 100 cc of urine return. On the same patient. Licensee failed to document bruises that were clearly visible. On September 29, 2010, Licensee administered Amoxicillin 250 mg to a patient. The order was for Amoxicillin 500 mg.
Voluntary Surrender 8/29/2010
Hull, Janet L.
Fulton, MO
Licensed Practical Nurse 052618
Licensee, when interacting with co-workers and when dealing with combative or non-cooperative patients at the hospital, did not always use best nursing judgment. Licensee, when dealing with combative or non-cooperative patients at the facility, failed to consistently use best nursing judgment.
Voluntary Surrender 8/29/2010
Hofflicker, Samantha Ann
Shellbina, MO
Licensed Practical Nurse 2003028139
On June 13, 2011, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 6/13/2011
Shepherd, Karen T.
Savannah, MO
Registered Nurse 113637
On January 23, 2009, Licensee failed to administer Olanzapine and Pran座olol to a patient as ordered. On May 4, 2009, Licensee administered Clonazepam to a patient when the order was for Ativan. On June 5, 2009, Licensee administered Methotrexate to a patient when the order was for Glucosamine. On February 4, 2010, Licensee did not administer Ativan to a patient as ordered. On April 9, 2010, Licensee administered Fentanyl to a patient when the order was for Hydromorphone. On October 25, 2010, Licensee administered Haloprinidone when the order was for Hydromorphone.
Voluntary Surrender 6/14/2011
Younger, Bernetta L.
Maryville, MO
Registered Nurse 023282
Licensee was the owner/administrator of a level III group home contracted with the Department of Mental Health. Licensee also worked in the facility as a registered professional nurse. In 2006 and 2007, Licensee failed to provide adequate and appropriate care for patients living at the facility.
Voluntary Surrender 6/13/2011
Surface, Athena L.
California, MO
Licensed Practical Nurse 2000016922
Licensee was assigned through a home health agency to provide nursing services for a family with two special needs children. On June 28, 2007, Licensee removed a bank card belonging to C. B., one of the special needs children, without permission. Licensee used C. B.'s debit card to purchase items from a convenience store.
On November 20, 2007, Licensee pled guilty to Fraudulent Use of a Credit/Debit Device in the Circuit Court of Boone County, Missouri. Licensee was employed at a skilled nursing facility from January 2009 until June 2009. An audit revealed discrepancies in Licensee's charting of Methadone. Licensee admitted that she was ingesting Methadone for a previous addiction to pain medications.
Licensee was employed at a skilled nursing facility. On March 25, 2010, the charge nurse had checked a patient's Fentanyl patches to make sure they were still intact. The charge nurse observed the oncoming nurse, Licensee, walking down the hall towards the nurse's station. The charge nurse decided to check the resident...
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