**Message from the President**

**Roxanne McDaniel, PhD, RN**

**Duties of the Board of Nursing**

The Missouri State Board of Nursing approves individuals for licensure, approves educational programs for nurses, investigates complaints concerning licensees’ compliance with the law, and takes appropriate disciplinary actions in the event of proven violations of the Nurse Practice Act.

We often receive questions on why the Board doesn’t do particular things. Some of those things are regulation of BSN completion and advanced practice registered nurse programs, position statements on practice issues and workforce studies, to name a few. The Board is an administrative agency of the State of Missouri, a governmental, regulatory body responsible for enforcing the law regulating the practice of nursing in order to protect the health, safety, or welfare of a patient or the public. You may access the law at the Board’s website: [http://pr.mo.gov/nursing](http://pr.mo.gov/nursing). You can find a list of those duties in Section 335.036 of the Revised Statutes of the State of Missouri.

Under our Constitution there are three branches of government: the legislative branch which makes the laws; the executive branch which interprets the laws, and the judicial branch which interprets the laws; the Board of Nursing as an administrative agency of the executive branch which executes or carries out (enforces) the laws. The Board of Nursing as an administrative agency of the state enforces the law regulating the practice of nursing (usually referred to as the Nurse Practice Act) which was passed by the Legislature.

**Fees and License Renewals**

The Missouri State Board of Nursing operates on fees collected from licensees and applicants. RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, we have to have time to have enough reserve in the fund to pay expenses until the revenue from renewal fees is received.

State statute 335.036, RSMS, basically says that the fees collected by the Board will stay in the Board of Nursing's account as long as the fund balance at the end of the fiscal year is less than two times the amount of the appropriation from the preceding fiscal year if licensees do particular things.

**Executive Director's Report**

**Authored by Lori Scheidt, Executive Director**

**Legislative Update**

The 2014 legislative session of the Missouri General Assembly ended Friday, May 16, 2014. Governor Nixon has until Monday, July 14, 2014, to approve or veto enacted bills. You can check the final disposition of bills and read the actual language at [http://moscap.mo.gov/](http://moscap.mo.gov/).

**Social Security Numbers on License Renewals**

Senator Wayne Wallingford (R-District 27) filed Senate Bill 528. Passage of this bill changes the Social Security number requirement. Under current law, every application for a renewal of a professional license, certificate, registration, or permit must contain the applicant’s Social Security number. This bill states that an application for a professional license renewal only has to include a Social Security number. After the initial application for license renewal, which includes a Social Security number, an applicant is no longer required to provide a Social Security number in subsequent renewal applications. This language was amended onto Senate Bill 808 and did pass.

**Advanced Practice Registered Nurse**

**Practice Bills**

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

Representative Donna Lichtenreger (R-District 146) filed House Bill 1491 and Senator Wayne Wallingford (R-District 27) filed Senate Bill 659. Passage of either of these bills would have modified the laws relating to advanced practice registered nurses and collaborative practice arrangements. It would also have granted the board of nursing the authority to license Advanced Practice Registered Nurses (APRNs). None of these bills passed.

**Advanced Practice Registered Nurses**

**Ordering Restraints**

Representative Jeanie Riddle (R-District 49) filed House Bill 1779. This bill allows advanced practice registered nurses in collaborative practice arrangements to make certain decisions regarding patient restraints. This bill did pass.

**Nursing Workforce Analysis**

Representative Chris Kelly (D-District 45) filed House Bill 1641. Passage of this bill would have allowed the...
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Important Telephone Numbers

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

Number of Nurses Currently Licensed in the State of Missouri

As of June 30, 2014

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>25,598</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>99,546</td>
</tr>
<tr>
<td>Total</td>
<td>125,144</td>
</tr>
</tbody>
</table>

Changes in Renewal Cycles Currently Being Explored Option 1

- Continue renewals every two years, change expiration date to coincide with your birth month.
- If you were born in an odd-numbered year, your license would expire in odd years on the last calendar day of your birth month.
- If you were born in an even-numbered year, your license would expire in even years on the last calendar day of your birth month.

Option 2

- Change renewals to every year, change expiration date to coincide with your birth month.
- Licenses would expire each year on the last calendar day of your birth month.

Two Year Renewals

Advantages

- Fund balance will stay at three times the appropriation level.
- More attractive to employer to check licenses every two years.
- Fund balance would be lower which reduces the likelihood that funds could be removed from the Board’s account and placed in general revenue.
- Count of licensees is more accurate (In the current renewal cycle, there may be those that retire from the profession but don’t place the license in inactive or retired status until the license is near the expiration date)

Disadvantages

- Fund balance would be lower.
- More resources may be needed by employers to check status of nurses. (Note: we recommend use of eNotify at www.nursys.com which allows employers to always stay up-to-date regarding the status of nurses in their employment).

Message from the President continued from page 1

renew annually or three times the appropriation if licenses renew biennially. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

The Board of Nursing has engaged in preliminary discussions to change the expiration cycle of license renewals in an effort to even out the revenue stream and workload.

Nurses were required to renew annually until 1997 when Registered Nurses were first required to renew for a two year period. Licensed Practical Nurses began renewing for two years in 1998. License renewals have been every two years since that time.

Since 1997, the Missouri State Association for Licensed Practical Nurses (MLPNA) has been a leader in the fight for two-year renewal cycles. MLPNA seeks to help ensure that the renewal cycle is fair, acceptable to nurses and to the Employer community.

Changes in Renewal Cycles Currently Being Explored Option 1

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- Change renewals to every year, change expiration date to coincide with your birth month.
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- More resources may be needed by employers to check status of nurses. (Note: we recommend use of eNotify at www.nursys.com which allows employers to always stay up-to-date regarding the status of nurses in their employment).

Your Input is Needed!

As you can imagine, a change to the cycle requires lots of planning. If the renewal cycle is changed, the first cycle to be impacted would be the Licensed Practical Nurses coinciding with the May 31, 2016 expirations followed by the Registered Nurses that will expire April 30, 2017.

We would like to hear from you if you have an opinion about a preference. Please send your comments to renewals@pr.mo.gov.

Missouri State Board of Nursing
August, September, October 2014
by Marcus Engel

Hi Missouri nurse friends! I’m Marcus Engel and I’d like to welcome you to the inaugural syndicated article for the Missouri Board of Nursing newspaper, “Moments With Marcus.” First off, I’d like to thank the Board for giving me this opportunity. Each quarter, there will be a new article to (I hope) give you something thought provoking, inspirational or affirming. So, I bet some of you are wondering… who is Marcus and why do I want to spend a moment with him? Fair enough. Here’s a little introduction…

Disclaimer: I am not a nurse. That designation is saved for those of you who have devoted tons of time and effort to the art of healing. I am, however, passionate about supporting this sacred profession. Now you may be wondering, “why?” Again – good question! Bottom line: Nurses are a huge part of why I am alive today. Here’s the cliff notes version.

I was born in St. Louis and spent my growing up years in High Hill, Missouri (if you’re not sure – that’s a wide spot on I-70 between Columbia and St. Charles). While a freshman at Missouri State University, I was home for the weekend when, following a Blues hockey game, the car I was riding in was struck broadside by a drunk driver.

This crash crushed every bone in my face and left me permanently, totally and instantly blind. Through reconstructive facial surgery at Barnes-Jewish Hospital two years of rehab and recovery, some 350 hours of time, terror and darkness. In the scattered moments of consciousness, the only comfort came from Jennifer.

Throughout those initial hours of hell, Jennifer never let go of my hand. Through exams, CT scans, X rays, blood transfusions, even when an orthopedic surgeon stood on the OR table and relocated my right hip – she never let go. Her simple human presence gave more comfort than narcotics, sleep and shock. Jennifer noticed the slightest changes in my consciousness and, when I would stir, she squeezed my hand and repeated the two most compassionate words any person can say to another: “I’m Here.”

For 20 years, I’ve known nothing of Jennifer other than her first name. No idea of her last name, what position she held in the E.R., if she was still in health care or even still in Missouri. Quite frankly, I even had to question my own memory. Major trauma and heavy narcotics could have easily blurred my recollections, right? Was Jennifer even real? If she was real, what are the chances she’s still alive? Or still in health care? Or if she’s truly the compassionate human presence I remember?

Then came January 2013. I was keynoting for Barnes-Jewish Hospital; the very institution that saved my life. After one of my speeches, my client approached the stage and whispered words I will never forget: “Marcus, we have a surprise for you… we found Jennifer.” I was speechless.

There, in tangible form, was Jennifer. Holding her hands again and finally being able to say, “Thank you” was one of the most amazing moments of my life.

Here’s the wide spot on I-70 between Columbia and St. Charles (if you’re not sure – that’s a wide spot on I-70 between Columbia and St. Charles). Here’s the moment Jennifer held my hand and whispered, “I’m here, Marcus…” she was a 20-year-old patient care tech.

In 2012, I graduated with an M.S. from Columbia University in NYC. The degree is in an emerging field called Narrative Medicine.

My passion remains to inspire nurses to achieve excellence in patient care, as well as helping nurses fight compassion fatigue with reflective writing. We’ll talk more about Narrative Nursing in upcoming articles. For this introductory article, let’s start at the beginning…

The night my bludgeoned body was pulled into the emergency department at Barnes, my world was filled with pain, terror and darkness. In the scattered moments of consciousness, the only comfort came from Jennifer.

Here’s a little introduction…

Moments with Marcus

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Executive Director’s Report continued from page 1

board of nursing to contract with a public institution of higher education or nonprofit corporation or association for the purpose of collecting and analyzing workforce data forms its licensees. It would also require the contractor to maintain the confidentiality of the data. Additionally, it would create a fund and allow for a license surcharge of $1 per year. This bill did not pass.

Assistant Physician Assistants and Collaborative Practice Rules

Representative Keith Frederick (R-District 121) filed House Bill 1842. Passage of this bill would have established provisions for licensing an Assistant Physician. It would also have removed the requirement that the board of nursing and board of registration for the healing arts jointly promulgate collaborative practice rules. The collaborative practice rules would be the same for advanced practice registered nurses, assistant physician assistants, physician assistants and nurses. This bill did not pass, however, Senate Bill 716 and Senate Bill 754 passed. Both those bills authorize the licensure of assistant physicians, who are medical school graduates who have passed certain licensure examinations but have not completed a medical residency. They will provide primary care services in medically underserved areas under a collaborative practice arrangement with a physician.

Vaccinations

There were a number of bills that passed related to vaccinations. Senate Bills 567, 754 and 716 expand the mandate for meningitis vaccination. Senate Bills 808 and 716 expand pharmacists’ ability to administer additional vaccinations under physician-approved protocols and codifies training, practice and reporting requirements for such vaccine. Senate Bills 716, 567 and 754 direct licensed hospitals to offer influenza vaccinations to the elderly during flu season.

Abortion Waiting Period

House Bill 1307 passed. It changes the required waiting period before a non-emergency abortion from 24 hours to 72 hours.

Hospital Pharmacies

Senate Bills 808 and 754 passed. Both bills revise the state’s regulation of hospital pharmacies to reflect current practices and clarify and streamline regulatory jurisdiction for pharmacies and pharmacies. The Board of Pharmacy is authorized to inspect hospital pharmacy functions not overseen by the Department of Health and Senior Services and the two agencies may jointly develop standards for hospital pharmacists. The changes stem from negotiations of pharmacists and hospital and agency representatives and have been endorsed by the MHA Board of Trustees. The bills allow medication to be transferred from a newly-defined class B hospital pharmacy to a hospital clinic or facility for patient care without needing a drug distributor license. Passage of the bills also creates an advisory committee to review and make recommendations for regulatory standards for hospital pharmacies jointly developed by the Board of Pharmacy and the hospital licensure agency. And finally, the bills allow a pharmacist to label prescriptions using a unique identifier other than the pharmacist’s name.

Your Role in the Legislative Process

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as licensed nurses and professional nurses and health care providers is authorized to inspect hospital pharmacy functions not overseen by the Department of Health and Senior Services and the two agencies may jointly develop standards for hospital pharmacists. The changes stem from negotiations of pharmacists and hospital and agency representatives and have been endorsed by the MHA Board of Trustees. The bills allow medication to be transferred from a newly-defined class B hospital pharmacy to a hospital clinic or facility for patient care without needing a drug distributor license. Passage of the bills also creates an advisory committee to review and make recommendations for regulatory standards for hospital pharmacies jointly developed by the Board of Pharmacy and the hospital licensure agency. And finally, the bills allow a pharmacist to label prescriptions using a unique identifier other than the pharmacist’s name.

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Good hand hygiene aligns with the standards of nursing practice as nurses have a vital role in preventing exposure to infectious pathogens that potentially contribute to healthcare acquired infections and thus promote patient safety. From hand washing with soap and water to hand hygiene including hand sanitizers and alcohol-based hand gels and rubs, the options related to hand hygiene have changed over time. Patient safety organizations have identified hand hygiene as a vital component of safe patient care.

In the nineteenth century, Florence Nightingale encouraged frequent hand washing using soap and water as part of promoting cleanliness. Infections in patients and spread of contagious conditions continued to be a significant risk for patients into the twentieth century and are still an issue today. Over time, the interventions related to combating infections have evolved, and infection control practices and policies have emerged to become an area of specialization.

Organizations, such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), have issued and updated guidelines related to hand hygiene. Accreditation organizations, such as the Joint Commission (TJC), also have patient safety standards or National Patient Safety Goals (NPSG) related to hand hygiene. The CDC Guidelines related to hand hygiene include information related to hand hygiene products and practices and provide recommendations for healthcare workers, including nurses, who provide care to patients in a variety of healthcare settings. As various hand hygiene products are studied, some are found to be more effective at decreasing the presence of certain pathogens, but not as effective with other pathogens. Some products provide protection against pathogens for a longer time period than others. For example, alcohol-based products are more effective for standard hand washing/hand antisepsis than soap or antimicrobial soap and water for healthcare workers since alcohol based products decrease bacterial counts more than either soap or antimicrobial soap and water (CDC, 2002, p. 11). However, nothing is more effective at ridding healthcare workers’ hands of spore forming bacteria than hand washing with soap (either antimicrobial or non-antimicrobial) and water (CDC, 2002, p. 17).

When hand hygiene products are tested for efficacy in research conditions, the circumstances differ from actual usage of hand hygiene products by healthcare workers. According to the CDC, the average healthcare worker spends less than 15 seconds on average performing hand hygiene (CDC, 2002, p. 8). This amount of time may not be long enough for many hand hygiene products to succeed in decreasing the risk of spreading pathogens from the healthcare worker’s hands to the next patient or environmental object contacted.

Many healthcare organizations are accredited by an organization such as TJC. Hand hygiene has been identified as one of TJC’s national patient safety goals. Hand hygiene, including guidance from either the CDC or the WHO, is a cornerstone of infection prevention and incorporated into TJC accreditation standards. To encourage compliance with hand hygiene, TJC has a variety of materials, such as patient videos, wall posters, and wearable buttons that include messages or information related to hand hygiene.

Nurses have an essential role in promoting patient safety and preventing the spread of communicable conditions. Good hand hygiene is one important safety step that may help reduce both patient safety and decrease the incidence of healthcare acquired infections. The many factors leading to decreased adherence to hand hygiene recommendations include environmental factors, such as access to hand hygiene products, skin irritation of the healthcare worker, and factors that impact the stress placed on healthcare workers, such as a high acuity patient assignment and short staffing (CDC, 2002, p. 24). Nurses have an obligation to actively intervene to ensure patient safety.

Both hand washing with soap and water and using alcohol-based hand hygiene products are essential components of good hand hygiene (Vinson and Thomas, 2011, p. 18). TJC has identified hand hygiene as an essential component related to prevention of infection through the NPSG. Through proper hand hygiene nurses can fulfill their role as patient advocates in preventing healthcare acquired infections.

References


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April 1, 2014 marked the 20th anniversary of the first NCLEX® examination to be administered via computerized adaptive testing (CAT). To celebrate this milestone, we look at the evolution of CAT and follow the NCLEX's technological journey from paper-and-pencil to a computer-based examination.

Implementing CAT for Nurse Licensure

While it was still a paper-and-pencil exam, NCSBN recognized the need to adapt to a new technological environment. In 1982, NCSBN started developing a proposal to test a new electronic system that would be used to administer the NCLEX (Dorsey & Schowalter, 2008). During the 1980s, testing researchers found that CAT built upon and improved Binet’s adaptive theory scale by replacing human proctors with a computer program. Instead of a person, the computer selected the items to be answered based on the examinee’s responses and therefore determined the difficulty of the questions. Not only was the technology available, but it was also a reliable way to test a student’s entry-level knowledge as a nurse. There were also several other advantages to implementing CAT: examination by appointment, instead of twice a year; immediate scoring instead of waiting months; and a reduction in the time nurses could legally practice (at the time, nurse candidates could legally practice for six months). The test booklets had to be returned to the test vendor (shipped in a very, very specific way! See page 7 for a diagram) for grading. No wonder the NCLEX was only offered twice a year — it was a lot of work! But in 1994, that all changed. Computerized adaptive testing (CAT) was a breakthrough in licensure assessment and nursing was among the field’s pioneers.

In the Beginning

Remember taking a test in high school with your No. 2 pencil? Everyone had the same exam and was tested on the same exact things. Afterward, you’d meet with your friends to discuss the questions and figure out who got #3 wrong and if anyone else put “c” for #20. You compared notes, but you could remember that which you got right and which you got wrong. When it came to grading, the teacher had one answer key that he/she would use to grade everyone’s test. This type of exam was called a conventional test: all examinees were tested at the same time, on the same exact things. Afterward, you’d meet with the examinee’s performance in order to properly estimate his or her ability (Weiss, 2004). It sounds like a simple enough concept, but in reality, adaptive testing is incredibly challenging to implement. Because of this, further development in the field waned during World War I, and conventional tests dominated the testing field as a quick and inexpensive way to screen a large number of individuals. For more than 50 years, adaptive testing survived only in Binet’s IQ test applications. Binet’s IQ test was the first test to apply the concept of adaptive testing. Instead of everyone having the same test, tests were adapted to the examinee’s knowledge as the difficulty of the questions changed based on the examinee’s responses. Binet’s IQ test was the first application of adaptive testing.

With adaptive testing, instead of everyone having the same test, different sets of test questions (also known as items) are administered to different examinees. Each item is automatically selected from an item bank based on the examinee’s correct or incorrect response to the previous item (Weiss, 1985). Get the item correct and your next question will be a little harder. Get the item wrong and your next question will be easier. The exam is adapted to the examinee’s performance in order to properly estimate his or her ability (Weiss, 2004). It sounds like a simple enough concept, but in reality, adaptive testing is incredibly challenging to implement. Because of this, further development in the field waned during World War I, and conventional tests dominated the testing field as a quick and inexpensive way to screen a large number of individuals. For more than 50 years, adaptive testing survived only in Binet’s IQ test applications. Binet’s IQ test was the first test to apply the concept of adaptive testing. Instead of everyone having the same test, tests were adapted to the examinee’s knowledge as the difficulty of the questions changed based on the examinee’s responses. Binet’s IQ test was the first application of adaptive testing.

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edge technology. For BON’s, CAT offered enhanced security. A computerized NCLEX was difficult to cheat on, candidates not ready to practice were identified sooner and the mechanism for determining entry-level knowledge was improved. CAT helped BON’s continue their mission of public protection.

In 2011, NCSBN announced that the NCLEX-RN would be used as a licensure requirement in Canada starting in 2015. Canadian RN regulators were looking for a new exam that employed the latest advances in testing technology, offered enhanced test security, increased accessibility, provided timely results and allowed for precise assessment of a candidate’s performance. Just like NCSBN did in the 1980’s, Canadian regulators were looking for a better way to measure entry-level nursing knowledge. And just like NCSBN found, the NCLEX via CAT was the answer they were looking for.

NCSBN was a pioneer in utilizing CAT for its licensure exam; in 1994, no other health care organization was using such a progressive method to test entry-level knowledge. Today, several professions across a variety of fields utilize the technology. From paramedics studying for the National Registry of Emergency Medical Technicians to business students taking the GMAT to get into graduate school, CAT has become the norm. We’ve come a long way from No. 2 pencils and booklets haven’t we?

References

Booklets Closed... Now What?

Once the exam was complete, proctors had to return the booklets to the testing vendor for grading. For security reasons, proctors followed a very precise and specific 12-step process to ensure the booklets were properly packed, sealed and delivered to the testing vendor.

I Remember...

I Remember my first NCLEX. It was a paper and pencil exam.

I remember when the NCLEX exam was administered as a paper-and-pencil test. We were for two whole days and sat in a huge room at the University of Delaware. There were six separate sections for the overall exam that were each timed. Half of the six sections were actually scored and you had to pass each exam separately. The first sections were Medical, Surgical, Pediatrics, Maternity, and Psychiatric. From there on, the exams were only given twice a year – in February and July – and you wanted about six weeks for your results that arrived by mail.

Pencils Down continued from page 6

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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 21, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.099 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

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

**CENSURE**

Bennett, Sheila A.
Saint Louis, MO
Registered Nurse 113799
On January 18, 2012, Respondent met with Discipline Administrator via telephone conference to review the terms of Respondent’s discipline. At the end of the meeting, Respondent was to sign the meeting summary and return a copy. The Board has never received a signed copy of the meeting summary from the telephone meeting held on January 18, 2012. The Board did not receive an employer evaluation or statement of unemployment by the discipline due date of January 14, 2014. In accordance with the terms of the Agreement, Respondent was directed to obtain continuing education hours covering the following category: “Anger Management,” and have the certificate of completion for these hours submitted to the Board by January 14, 2014. Respondent admitted that she submitted her proof of taking an anger management class late. She did not realize it was ten (10) lessons and did not realize it would take so long.
Censure 03/26/2014 to 03/27/2014

Bier, Sandra D.
Barth CID, MO
Registered Nurse 143471
Licensee was discovered sleeping on the couch at the home of client RR on December 17, 2012. Three different people witnessed her sleeping and took two different pictures of her while she slept. Licensee also received a disciplinary counseling on December 10, 2012 in relation to the above matter. The same home of client RR in which licensee falsely documented she had arrived at the home at 11:30 a.m. on December 6, 2012 when in fact she had not arrived until 11:45 a.m. and another incident Respondent on December 7, 2012, in which, after licensee was told by an occupant of the home not to sit in a chair that had belonged to a deceased person, licensee rudely replied: “It’s my chair. The occupant of the home had testified that she knew that she had fallen asleep “for a little while” at the home on December 17, 2012, and also admitted that she had fallen asleep in a chair at the home while on duty previously, during the month of November, 2012.
Censure 03/12/2014 to 03/13/2014

Billings, Charles W.
Liberty, MO
Registered Nurse 2005038389
On July 5, 2013, Licensee was the Circulating Nurse for a patient’s knee surgery. Patient’s correct knee, the right knee, was prepped and marked for the surgery to take place. The circulating Nurse failed to perform the procedure to be performed including the site, side and/or extremity and verify the marking of the site. Licensee failed to visually verify the correct surgical side was correct before initiating surgery. Licensee was previously counseled in December 2012 to follow all proper policies regarding surgical procedures.
Censure 05/08/2014 to 05/09/2014

Coubter, Linda L.
Elk Creek, MO
Registered Nurse 074383
Licensee admitted to her supervisor that she had fallen asleep while caring for a patient. Licensee voluntarily resigned her employment after this incident. Licensee later

**CENSURE continued...**

admitted to the Board’s investigator that she had fallen asleep while caring for a patient. Sleeping while on duty constitutes patient abandonment. Censure 04/29/2014 to 04/30/2014

Dewitt, Elizabeth W.
Kirksville, MO
Registered Nurse 116333
On April 1, 2011, Respondent was assisting a Physical Therapy Assistant (PTA) with walking patient R.C. The PTA observed Respondent helping R.C. to walk and erred. PTA observed Respondent aggressively grab R.C.’s chin several times in this manner. After R.C. was in his room, staff overhead Respondent yell at him: “This is ridiculous, you need to walk; there is no excuse for you not trying. I will pull your hair next time if you do not try harder.” On April 2, 2011, Respondent was assisting another PTA with walking patient R.C. The PTA minimum of one year effective that date. Licensee was previously counseled in December 2012 to follow all proper policies regarding surgical procedures.
Censure 05/09/2014 to 05/31/2014

Johnson, Cristin Dawn
Farmington, VA
Licensed Practical Nurse 2006032627
Licensee practiced nursing in Missouri without a license from July 18, 2013 to October 18, 2013.
Censure 03/12/2014 to 03/13/2014

Kemp, Amy Charlene
Audubon, IA
Licensed Practical Nurse 2005036969
Respondent was found to be sleeping while on duty on several occasions by the medical director of the patient for whom Respondent was providing care. Censure 03/26/2014 to 03/27/2014

Macchiarella, Michael Robert
Bad Axe, MI
Licensed Practical Nurse 095988
Licensee admitted that she submitted her proof of taking an anger management class late. She did not realize it was ten (10) lessons and did not realize it would take so long.
Censure 03/26/2014 to 03/27/2014

Macchiarella, Michelle
San Antonio, TX
Registered Nurse 095988
On July 16, 2008, Licensee entered into an Advocacy Contract with the IPN entered into by Respondent. On July 16, 2011, coworkers observed Respondent “jerking up” on the gait belt around R.C. Censure 03/25/2014 to 03/26/2014

Ojihway, Connie M.
St. Louis, MO
Licensed Practical Nurse 2006032267
Licensee practiced nursing in Missouri without a license from July 18, 2013 to October 18, 2013.
Censure 03/12/2014 to 03/13/2014

Probation

Provenance

Andreas, Davena Monique
Saint Louis, MO
Licensed Practical Nurse 2000902600
On January 21, 2013, staff discovered that controlled substance medications which Licensee signed for, were not logged into their appropriate places and disappeared after Licensee received them. No other nurse or certified medical technician received the above medications from Licensee. Licensee failed to give the above medications to the certified medical technician, the charge nurse, or put the medications in the appropriate patient medication boxes.
Probation 03/05/2013 to 03/05/2017

Board, Ronda Renee
Huntsville, MO
Registered Nurse 2003016666
On July 16, 2011, licensees admitted that they had fallen asleep while caring for a patient. Licensee voluntarily resigned her employment after this incident. Licensee later
April 23, 2013, Respondent was permanently placed on the Employee Disqualification list. Respondent pled guilty to two (2) class C felony counts of theft/stealing any controlled substance. On or about April 9, 2012, Respondent was arrested and transported to the police station where she had taken Vicodin from a Nursing Home. Respondent further stated she took the pills because she was in pain and because she had been prescribed them by her doctor. Respondent admitted to the Board’s investigator that she had improperly obtained Zolpidem.

Branch, Cheri J.
Saint Louis, MO
Registered Nurse 108969

When resident MM first arrived at the care center, she slipped while being given a bath and has been afraid to take baths ever since that incident. Care center staff had been giving her bed baths twice a week since that incident. On September 8, 2011, Licensee and another nurse, MJ, informed resident MM that she was going to take a bath. Resident MM told them she would not take a bath and explained that she received bed baths. Licensee and nurse MJ proceeded to lift resident MM from her bed and transfer her to a wheelchair. Resident MM grabbed the side rails of her bed and tried to keep herself from being moved. Licensee and nurse MJ removed resident MM’s hands from the side rails and took her to the shower room. Licensee and nurse MJ forced resident MM to take a bath against her wishes. As she was being bathed, resident MM continued to say she did not want a bath and was crying and screaming during the bath. Licensee admitted to the Department of Health and Senior Services’ (DHSS) investigator that she had given resident MM a bath even though the resident was refusing the bath. Licensee admitted to the DHSS investigator that she should have stopped when the resident refused.

Day, Rebecca Lynn
Sikeston, MO
Registered Nurse 2009022430

Licensee pled guilty to the offense of Driving While Intoxicated on April 5, 2012. Licensee pled guilty to the offense of Driving While Intoxicated on September 18, 2012. Licensee pled guilty to the offense of Driving While Intoxicated on January 23, 2013. Licensee was a charge nurse on the evening shift and was assigned many patients to be taken a bath. On August 3, 2012, failed to use gloves or proper protections when attaching the tube. Licensee was a charge nurse on the evening shift and was assigned many patients to be given a bath. On July 8, 2012, failed to use gloves or proper protections when attaching the tube. Licensee, on August 3, 2012, failed to properly clean the site of AL’s Jevity pump.

Bark, Rita Denise
Kahoka, MO
Licensed Practical Nurse 2008011017

On April 24, 2012, Respondent gave a written statement to the Police Department that she had taken Vicodin from a Nursing Home. Respondent further stated she took the pills because she was in pain and because she had been prescribed them by her doctor. Respondent admitted to the Board’s investigator that she had improperly obtained Zolpidem.

Bell, Kimberly Nicole
Liberty, MO
Registered Nurse 2003012780

Administrators discovered that four different prescriptions for Zolpidem were written for Respondent on Hospital prescription forms and were filled or an attempt to fill the prescription had been made at different local pharmacies. The prescriptions were purportedly authorized by three different physicians who were employed by the Hospital. The physicians that purportedly wrote the prescriptions denied writing prescriptions for Respondent for Zolpidem and/or Ambien. The prescriptions for Zolpidem and Ambien were dated February 11, 2011; February 26, 2011; March 5, 2011; and March 14, 2011. Respondent admitted to the Board’s investigator that she had improperly obtained Zolpidem.

Carr, Ryan Eliot
Saint Louis, MO
Registered Nurse 2014013164

On or about April 9, 2008, Applicant pled guilty to driving while intoxicated. On or about April 9, 2009, Applicant pled guilty to driving while intoxicated. The Missouri Department of Revenue issued an administrative alcohol revocation of Applicant’s driver’s license effective February 11, 2008 and issued a chemical refusal revocation of Applicant’s driver’s license effective October 20, 2006. Applicant reported to a chemical dependency professional that he had a nineteen (19) year history of alcohol use with seventeen (17) of those years of use to intoxication. Applicant further disclosed that he used cocaine as a powder and as crack cocaine which he smoked for nine (9) years. He reported using alcohol and cocaine together for nine (9) years. He reported his last use of both substances was on July 12, 2012. Applicant successfully completed drug court on or about September 26, 2013 after he was diverted to drug court after being arrested for possession of a controlled substance.

PROBATION continued...
Probation continued from page 9

Ellison, Jason Matthew
Iola, IL
Registered Nurse 2005010726
Following multiple discrepancies from licensee's use of the Pyxis from April 1, 2013 through May 26, 2013, licensee was drug-screened on May 31, 2013. Licensee admitted to diversion of controlled substances, specifically that he had diverted and used IV push Dilaudid on himself the morning of May 31, 2013. The results of the drug screen on licensee showed positive for Hydromorphone. Licensee also admitted he had developed a drug dependency problem at work and that he first began to divert Dilaudid and Morphine in January, 2012.
Probation 05/01/2014 to 05/01/2019

Feco, Molly Rose
Springfield, MO
Registered Nurse 2010029681
On March 12, 2013, concerns were reported about Licensee’s behaviors while at work. Licensee’s drug test returned positive for alpha-hydroxyalprazolam, lorazepam, morphine, and hydrocodone. Licensee does have a prescription for Xanax. Licensee did not have a prescription for lorazepam, morphine, or hydrocodone. Licensee later admitted to the Board’s investigator that she discovered some morphine and oxycodone tablets on the weekend prior to March 12, 2013, and she consumed these tablets on March 10 and March 11, 2013. Licensee admitted to the Board’s investigator that she diverted two vials of Benadryl from the facility and consumed them while at work.
Probation 05/06/2014 to 05/06/2019

Fowler, Carolyn M.
Kansas City, MO
Registered Nurse 129454
Plagued physicians at the hospital reported concerns about Licensee’s narcotic and medication administrations during early 2013. The Pharmacy at the hospital prepared a report reviewing Licensee’s narcotic and medication administrations. The report showed a wide and varying array of specific problems with licensee’s narcotic and medication administrations. The report showed licensees administered controlled substances, particularly Hydrocodone, more frequently than her peers. Licensee also had a large amount of documented verbal orders from physicians for controlled substances which were later found not to exist. Licensee consistently showed controlled substances withdrawn either outside the parameters set by physician’s orders; or at times when patients could not have received them according to the time/date stamp on the pyxis. Licensee also withdrew controlled substances which were never identified as being administered to a patient. The report also showed that licensee gave pain medications to patients that had no pain medications administered on a prior shift, or on the next shift. In February and March 2013, licensee withdrew Morphine, Hydrocodone, and Oxycodone for patients and documented a “verbal order” from a physician, and such verbal order did not exist. In February and April 2013, licensee pulled Morphine and Hydrocodone from the pyxis but did not document it as given. On April 11, 2013, licensee pulled Fentanyl 100 mcg from the pyxis and wasted 75 mcg but did not document the remaining 25 mcg as given. In February, March and April 2013, licensee pulled Morphine, Oxycodone and Hydrocodone from the pyxis but did not document it as given within the parameters set by the hospital’s policies or the physician’s orders.
Probation 05/13/2014 to 05/13/2019

Franklin, Theresa A.
Kansas City, MO
Licensed Practical Nurse 2005036146
On October 13, 2012, licensee received a written verbal counseling from officials after they reviewed her documentation on her administration of Hydrocodone, a controlled substance, to a patient on September 30, 2012. Licensee failed to record the dose of Hydrocodone given at 1435. On January 22, 2013, licensee received a written verbal counseling from officials after they reviewed her documentation on a patient on January 23, 2013. Licensee failed to actually do the dressing change, but recorded that the dressing change had in fact been done. On January 7, 2013, licensee received a written warning from officials after they reviewed her documentation for the April 21, 2012 time period which had ended on December 18, 2012. The warning noted that in that time period, licensee had committed 33 “variances” in her dispensing of medications to patients. A “variance” is a noncompliance with the facility’s policies and accepted nursing practice in regard to medication administration. Licensee admitted to the Board’s investigator that there were many different reasons a nurse could receive a variance, including but not limited to, charting the wrong room number or not putting the last name of the patient down. Licensee admitted that some of the variances could have been due to the fact that she did not administer medications within the facility’s time frames, and admitted that she had been trained that some medications have a 30-minute time frame, but did not know if she administered all of them within that time frame or if she reverted back to another time frame from other places she had worked. Licensee had been trained that she had to be “re-trained” on these time frames, and admitted that she had been trained that some medications have a 30-minute time frame, but did not know if she administered all of them within that time frame or if she reverted back to another time frame from other places she had worked. Licensee admitted that she had to be “re-trained” on these time frames, and further stated that the variances she received “weren’t for anything outrageous.” On March 21, 2013, licensee received a written final warning from officials after they reviewed a report reviewing Licensee’s narcotic and medication administrations during early 2013. The Pharmacy at the hospital prepared a report reviewing Licensee’s narcotic and medication administrations. The report showed a wide and varying array of specific problems with licensee’s narcotic and medication administrations. The report showed licensees administered controlled medicines to patients that had no medications administered on a prior shift, or on the next shift. In February and March 2013, licensee withdrew Morphine, Hydrocodone, and Oxycodone for patients and documented a “verbal order” from a physician, and such verbal order did not exist. In February and April 2013, licensee pulled Morphine and Hydrocodone from the pyxis but did not document it as given. On April 11, 2013, licensee pulled Fentanyl 100 mcg from the pyxis and wasted 75 mcg but did not document the remaining 25 mcg as given. In February, March and April 2013, licensee pulled Morphine, Oxycodone and Hydrocodone from the pyxis but did not document it as given within the parameters set by the hospital’s policies or the physician’s orders.
Probation 05/13/2014 to 05/13/2019

Registered Nurse 2010029681

Probation continued on page 11

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Probation continued on page 11
was questioned at approximately 16:30 on the phone why the resident was yelling at the other residents. Licensee admitted she was in her office. The DON confronted Licensee and Licensee admitted to withdrawing a dose of Nubain into her office. The DON confronted Licensee with the evidence. The DON stated that Licensee had several Fentanyl patches in her purse.

On September 21, 2012, CNA DD heard a patient calling for help. CNA DD went to the patient's room, found the patient sweating, clammy, and acting odd. CNA DD followed the call and found resident J.R. on the floor. CNA DD noticed that J.R. was experiencing a property damage in the second degree. Applicant unlawfully possessed marijuana and drug paraphernalia on or about July 19, 2012. Applicant was discharged from the Navy after testing positive for marijuana in 2003.

Licensee committed while a nurse in Arizona with regard to application for a License as a Registered Professional Nurse. Halbert, Alisha Louise

Alicia Louise Yukon, OK

Registered Nurse 2013042902

On October 29, 2010, Licensee signed and entered into a Consent Agreement with the Arizona State Board of Nursing in case number 0908067, which contained Findings of Fact and Conclusions of Law. Licensee specifically stated in the document that he admitted the Findings of Fact and Conclusions of Law, which stated in pertinent part that, "while Licensee was working at Scottsdale Healthcare, he tested positive for marijuana on a for-cause urine drug screen on or about August 26, 2009;" that he failed to document 13 doses of Dilaudid, that he failed to document 18 doses of Fentanyl, and that he failed to document two doses of Morphine. The failures to document all occurred over the period from July 4, 2009 to August 15, 2009. Licensee later on, on December 18, 2012, voluntarily surrendered his Arizona license to the state of Arizona and signed a "Consent for Entry of Voluntary Surrender" document. The violations Licensee committed while a nurse in Arizona with regard to his testing positive for marijuana and other controlled substances and admitted, are violations of the Nursing Practice Act under the laws of either state. Marijuana, to his testing positive for marijuana and other controlled substances.

Applications for consideration must be postmarked by 09/07/2014. Contact Mary Hines for questions. We are currently accepting applications for RNs and LPNs in various departments.

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Applications for consideration must be postmarked by 09/07/2014. Contact Mary Hines for questions 816-268-3068.

Missouri State Board of Nursing • Page 11

Probation continued on page 12

Probation continued...

Probation continued...

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Licensee had diverted and consumed for his own use a controlled substance. Licensee admitted to stealing and consuming medications taken were controlled substances. Hospital staff at the Hospital noted that Sharps boxes were being completely emptied of medications and their containers on the 3rd and 4th floors with no explanation. Some of the medications taken were controlled substances. Hospital officials confronted licensee on October 3, 2012, and told him they suspected him of stealing medications from the Sharps boxes. Licensee appeared impaired at the time. Licensee admitted to stealing and consuming medications from the Hospital’s Sharps boxes and also admitted that he had diverted and consumed for his own use a controlled substance, Dilaudid, from the Hospital’s Accudose drug dispensing system. On November 17, 2012, licensee was observed at a different Hospital, “Hospital #2”. Licensee did not work at this hospital at this time but was dressed in gray scrubs with a nametag. Licensee proceeded through Sharps boxes in a backpack on his person, including the security staff of Hospital #2 and was found to have from Sharps boxes in a backpack on his person, including the controlled substances of Morphine and Dilaudid. Licensee stole and diverted the above medications for his own use. Probation 03/12/2014 to 03/12/2019

Parker, Holly Suzanne
Bertrand, MO
Licensed Practical Nurse 2000121748
On September 28, 2011, Parker possessed Xanax (alprazolam), a controlled substance, without a prescription. On September 28, 2011 Parker pled guilty to Possession of Controlled Substance Excep 35 Grams or Less of Marijuana, A Class C felony. Probation 03/31/2014 to 03/31/2019

Parks, Anita Michelle
Kansas City, MO
Licensed Practical Nurse 2007026959
Licensee had falsely documented that she had visited client JB in her home on November 21, 2012, 23, 24 and 25, 2012. Licensee had filled out a “nursing visit record” for each of the four “visits” that included the false information of patient assessments, the skilled care provided, and included patient JB’s signature. Licensee, when confronted by officials, admitted that she had prepared the records of each visit and had patient JB sign them before any of the visits were to occur, and then forgot to remove them when she submitted a compilation report of all of her nursing visits for the period. Probation 05/20/2014 to 05/20/2016

Perry, Roxanna L.
Lees Summit, MO
Licensed Practical Nurse 034096
On September 20, 2012, Respondent submitted to a urine drug screen test positive for marijuana. Probation 03/31/2014 to 03/31/2019

Phillips, Janet Leigh
Stover, MO
Registered Nurse 2009027751
Licensee had falsely documented that she had visited patient JB in her home on November 21, 23, 24 and 25, 2012. Licensee had filled out a “nursing visit record” for each of the four “visits” that included the false information of patient assessments, the skilled care provided, and included patient JB’s signature. Licensee, when confronted by officials, admitted that she had prepared the records of each visit and had patient JB sign them before any of the visits were to occur, and then forgot to remove them when she submitted a compilation report of all of her nursing visits for the period. Probation 05/20/2014 to 05/20/2016

Ploy, Kenneth Edward
Farmington, MO
Licensed Practical Nurse 20063826510
E.C. touched Mr. S’s leg as he was sitting in his chair. E.C. then pointed his finger in Mr. S’s face, Mr. S got up and responded to E.C. with a verbal greeting. E.C. then started to touch Mr. S. Mr. S stood up and pushed E.C. to the ground and placed his left hand on E.C.’s shoulder and took E.C. head and almost hit E.C. with his left hand, knocking out E.C.’s tooth. Respondent “then put [E.C.] in a position of restraint.” At some point during the physical altercation, Respondent shouted for someone to get E.C. off of him and to call the police. A certified nurse assistant working at the hospital that day, was outside of, but near, the doorway of E.C.’s room and saw the altercation. She observed that Respondent was closer to the door of the room than E.C. was, and could have avoided the situation, left the room, or de-escalated the situation before he hit the patient. Probation 03/25/2014 to 03/25/2017

Problem continued from page 11
Probation continued from page 12

Probation 05/20/2014 to 05/20/2015

Respondent's creatinine reading was 9.8 for the July 17, 2013, urine drug screening below 20.0 was suspicious for a diluted sample. On January 17, 2014, Respondent reported to a collection site to provide the required blood sample, which was positive for Phosphatidyl ethanol (PEth), a metabolite of alcohol.

Probation 03/25/2014 to 06/13/2018

Stacy, Harold, Jr.
Poplar Bluff, MO
Licensed Practical Nurse 2004026576
On February 28, 2013, Licensee pled guilty to the class D misdemeanor of driving while intoxicated in the Circuit Court of Platte County and diverted to the drug court division on June 14, 2012. She was accepted into the Circuit Court of Platte County and diverted to the drug court division on June 14, 2012. She was accepted into the drug court division as a result of this offense, Licensee pled guilty to the class D misdemeanor of driving while intoxicated.

Probation 05/16/2014 to 05/16/2019

Stevens, Brooke Danielle
Columbia, MO
Registered Nurse 2013019746
Licensee submitted to a urine drug screening test as part of the pre-employment hiring process. She brought a little tube to use for her urine drug screen that she pulled out from between her legs. Licensee was observed attempting to put the liquid from the bag and tube into the urine drug screen cup. When Licensee was told that she could not use the urine in the bag, she stated, “I won’t pass otherwise.” Licensee further stated that she didn’t know they would offer her the job on the spot and knew that the marijuana wouldn’t be out of her system; therefore, she borrowed the apparatus and synthetic urine from a friend.

Probation 05/21/2014 to 05/21/2019

Stueven, Laura Melinda
Cassville, MO
Registered Nurse 2007009446
Licensee submitted one hundred patients’ protected health information inappropriately from May 1, 2013 through May 30, 2013. Licensee accessed the patients’ information multiple times and had no legal reason to access or possess the patients’ protected health information. Licensee had previously received training in regard to the importance of maintaining patient confidentiality.

Probation 04/08/2014 to 10/08/2014

Tierney, Jane Ann
Saint Louis, MO
Registered Nurse 2014006646
On January 14, 2013, Applicant pled guilty to the class B felony of possession of a controlled substance. Upon sentencing, Licensee was notified she was ineligible for a Missouri license.

Probation 03/04/2013 to 03/04/2017

Trimble, Maria Kristine
Winston, MO
Registered Nurse 2007029971
On April 26, 2013, Licensee was arrested for Driving While Intoxicated. Licensee pled guilty and was convicted of driving while intoxicated. On July 15, 2010, Licensee was arrested for Driving While Intoxicated. On November 20, 2010 as a result of this offense, Licensee pled guilty and was convicted of driving while intoxicated. On February 21, 2012 Licensee was arrested for Driving While Intoxicated. Licensee was found guilty of failing driving while intoxicated as a result of this offense on June 7, 2012. She was accepted into the Circuit Court of Platte County and diverted to the drug court division on June 14, 2012 and is currently in that program, which is expected to continue for 12-18 months from that date. While on supervision, Respondent has had eight (8) violations for submitting diluted urine samples for testing and has had one violation for consuming liquid while submitting to a dilution test after being directed not to consume any liquid before, during, and after, testing. Licensee also

was driving while her driver’s license was suspended on February 5, 2013, which was in fact convicted of driving while suspended on March 21, 2012. On July 12, 2012 Licensee was notified she was ineligible for a Missouri driver’s license because of the above DWI convictions for a period of ten years, or until June 7, 2022.

Probation 03/12/2013 to 03/12/2019

REVOKE

Alexander, Sheri Lynn
Saint Charles, MO
Registered Nurse 2012001385
From September 5, 2013, which was the date of the previous Probation Violation Hearing, until the filing of the probation violation complaint on January 15, 2014, Respondent has failed to call in to NTS on nine (9) different days. In addition, on November 7, 2013, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on November 7, 2013.

Revoked 03/24/2014

Bleimelh, Diana L.
Quincy, IL
Registered Nurse 106227
On January 4, 2010, Illinois authorities received information that Ms. Bleimelh was diverting medications for her personal use from the a Nursing Home in Illinois, where she was employed as a registered nurse. The Illinois authorities also received information that Ms. Bleimelh had reported to work while intoxicated in December 2009, and January 2010. Respondent stipulated that the information the Illinois authorities received - if true - would constitute grounds for revocation, suspension, or other discipline of her nursing license. She further stipulated that the consent order provides for the imposition of disciplinary measures.

Revoked 03/17/2014

Brown, John William, III
Kansas City, MO
Registered Nurse 2009032073
On June 20, 2012, an audit began into suspicious usage of controlled substances being withdrawn from Pyxis machines. Nurse N reported that her identity “profile” was being used to withdraw different medications from Pyxis machines without her consent. It was noted that when Nurse N was assigned a new profile, her old profile was still being used by someone to withdraw medications.

Remote evaluation of the Pyxis revealed that at the same moment that a Pyxis was being accessed by someone using Nurse N’s profile, Respondent was physically observed by personnel as accessing that same Pyxis and

Revocation continued on page 14

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

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

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

Revocation continued on page 13

August, September, October 2014

removing two different medications. A quick check of the access records to that same Pyxis revealed that Respondent’s profile had not been used, but Nurse N’s profile had been. Nurse N was not working that day. When confronted by staff, Respondent stated this had been going on for “a while” and admitted to having a “drug issue.” Respondent was searched and the controlled substances of Morphine and Clonazepam were found on his person. Respondent eventually consented to a drug test which tested positive for several controlled substances, including Marijuana.

Revolv 03/24/2014

Bruns, Kimberly J.

Registered Nurse 2000162355

Respondent failed to call in to NTS on seventy-six (76) different days. In addition, on October 31, 2013; November 14, 2013; December 10, 2013; and, December 18, 2013, Respondent failed to call NTS; however, these were all days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on October 31, 2013; November 14, 2013; December 10, 2013; and December 18, 2013. On August 30, 2013, the low creatinine reading was 10.4. Respondent’s creatinine reading was 147.3 for the September 24, 2013 sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On October 11, 2013, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted that she had consumed alcohol the night before she was tested. On October 16, 2013, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxazepam, Temazepam, and Alprazolam, all of which are controlled substances. Respondent did not have a current, valid prescription for Oxazepam, Temazepam, and Alprazolam. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 13, 2013 or January 13, 2014.

Revolv 03/24/2014

Campbell, Mary Vivienne

Carthage, MO

Registered Nurse 2010026039

Respondent has failed to call in to NTS on one (1) day. In addition, on two separate occasions, November 11, 2013 and November 18, 2013 Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On January 9, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxycodone and Oxyphenmorphe. Respondent did not have a prescription for Oxycodone or Oxyphormphine.

Revolv 03/24/2014

Castor, Kelly R.

Farmington, MO

Licensed Practical Nurse 0580054

Respondent failed to call in to National Toxicology Specialists on sixteen (16) days, failed to provide a specimen for drug and alcohol testing on one (1) occasion, and submitted a sample for drug and alcohol testing which tested with a low creatinine which is suspicious for dilution.

Revolv 03/25/2014

Chargois, Mary Margaret

Kansas City, MO

Registered Nurse 152366

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSYS website that the nursing license of Respondent was revoked in Kansas due to a final disciplinary action being taken by the Kansas State Board of Nursing in a Summary Order dated April 9, 2013. Revolv 03/26/2014

Covey, Jessica Michelle

Holt, MO

Licensed Practical Nurse 2002025171

From the beginning of Respondent’s probation, Respondent has failed to call in to NTS on one hundred and ninety-three (193) days. Respondent has not called NTS since August 8, 2013. In addition, on August 8, 2013; September 5, 2013; September 12, 2013; September 30, 2013; October 2, 2013; October 9, 2013; November 5, 2013; November 19, 2013; December 9, 2013; December 19, 2013; January 3, 2014; and January 28, 2014, Respondent failed to call NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on each of those dates. In addition, on June 10, 2013, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On January 9, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxycodone and Oxyphenmorphe. Respondent did not have a prescription for Oxycodone or Oxyphormphine.

Revolv 03/24/2014

Floretta, Kandee Lynn

Ballwin, MO

Licensed Practical Nurse 2004080235

On November 17, 2009, Respondent was disciplined by the hospital for administering the wrong medication to a patient. On January 19, 2010, Respondent was disciplined by the hospital for not reporting a medication error after failing to administer a medication dose. On July 27, 2010, Respondent was disciplined by the hospital for failing to administer a medication, but documenting that she had administered it. On August 22, 2010, Respondent was disciplined by the hospital for failing to report an abnormal vital sign of a patient. On May 4, 2011, Respondent was disciplined by the hospital for administering medication to the wrong patient. From April 23, 2011 to May 20, 2011, Respondent made the following errors in documenting the withdrawal, administration, or wastage of controlled substances:

a. Respondent removed a fentanyl patch from a patient without obtaining the signature of another nurse to witness the removal and wastage;

b. Respondent removed seven Alprazolam 0.25 mg tablets from the Pyxis at the hospital without documenting any justification in the patient charts;

Revolv continued from page 13
agreed to submit to a drug screen on January 4, 2013. Respondent tested positive for morphine. Respondent did not have a prescription for morphine. Respondent admitted that she took a 2 mg. vial of Morphine home with her from her employer and stated she “poured it in my mouth.” Revoked 03/17/2014

Moore, Melanie Kay
Tahlequah, OK
Registered Nurse 2010040627
On May 24, 2011, Respondent entered into a Stipulation, Settlement and Order with the Oklahoma Board of Nursing. The Stipulation states that on or about August 10, 2010, Respondent, while employed as a staff nurse in the Cardiac Intensive Care Unit on the 7:00 p.m. to 7:00 a.m. shift, was reported to have impaired behavior. Respondent, when talking with the Vice President of Patient Care, displayed slurred speech and was slow to respond. Respondent was asked to submit to a drug screen and refused. Respondent admits to having a problem with controlled dangerous substances/alcohol. Respondent requested referral to the Peer Assistance Program. The Stipulated Disposition and Order stated if Respondent is not accepted into the Peer Assistance Program on or before July 28, 2011, or having been accepted, is terminated from the Program for any reason other than successful completion of Respondent’s contract and treatment plan, Respondent’s license is hereby revoked for a period of two (2) years. Respondent did not enter the Peer Assistance Program. Oklahoma Registered Nurse License was revoked on July 27, 2011. Revoked 03/17/2014

Niebalski, Kathleen W.
Saint Louis, MO
Registered Nurse 2005087251
The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of June 19, 2013; September 19, 2013; and December 19, 2013. The Board was reported to have received a hearing upon a properly filed Probation Violation Complaint that Respondent failed to respond to and she was properly notified that the Board would hold a hearing on March 6, 2014. Revoked 03/18/2014

Novak, Melinda B.
Carthage, MO
Licensed Practical Nurse 058786
Respondent was employed as a practical nurse by a Medical Center. On December 15, 2011, Administration restricted Respondent’s access to medications, so Respondent could not access or administer controlled substances. On June 15, 2012 at 1730, patient AP requested pain medication from Respondent. Respondent went to the AccuDose to remove the medication and confirm when patient AP had last received pain medication to make sure administration was proper. Nurse AS discovered that two Percocet pills were withdrawn for patient AP at 1412 under Nurse AS’s name. Nurse AS did not withdraw the 1412 dose as she was in a different part of the Center. Nurse AS also discovered that Nurse SW was listed as administering the 1412 dose. Nurse AS contacted Nurse SW to discuss the 1412 dose and learned that Nurse SW did not administer any medications to patient AP at 1412. Nurse AS contacted the Centers’ administration to alert them to this discrepancy. The Center’s administration began an investigation and spoke to Nurse AS, Nurse SW, and patient AP. Nurse AS confirmed that she did not administer Percocet at 1412. Patient AP stated that she received one Percocet pill at 1412 from Respondent. The Center’s administration spoke to Respondent and Respondent admitted that she used Nurse AS’s password to access the AccuDose and administered the Percocet medication at 1412. Revoked 03/17/2014

Peters, Daniel Lee
Camdenton, MO
Licensed Practical Nurse 2010113150
On May 24, 2011, Respondent entered into a Stipulation, Settlement and Order with the Oklahoma Board of Nursing. The Stipulation states that on or about August 10, 2010, Respondent, while employed as a staff nurse in the Cardiac Intensive Care Unit on the 7:00 p.m. to 7:00 a.m. shift, was reported to have impaired behavior. Respondent, when talking with the Vice President of Patient Care, displayed slurred speech and was slow to respond. Respondent was asked to submit to a drug screen and refused. Respondent admits to having a problem with controlled dangerous substances/alcohol. Respondent requested referral to the Peer Assistance Program. The Stipulated Disposition and Order stated if Respondent is not accepted into the Peer Assistance Program on or before July 28, 2011, or having been accepted, is terminated from the Program for any reason other than successful completion of Respondent’s contract and treatment plan, Respondent’s license is hereby revoked for a period of two (2) years. Respondent did not enter the Peer Assistance Program. Oklahoma Registered Nurse License was revoked on July 27, 2011. Revoked 03/17/2014

Revocation continued on page 16
In December 2011, Respondent had removed medication to be destroyed from the floor and placed it in her locked desk. At this time, Respondent was informed this violated policy. On January 9, 2012, it was discovered that sixty Percocet tablets on a cardboard card for resident SI were missing from a locked narcotic box. On January 14, 2012, it was discovered that sixty Hydrocodone for resident MG were missing. On January 17, 2012, it was discovered that sixty Hydrocodone for resident PH were missing. Respondent’s desk was searched on January 17, 2012. Inside a drawer in Respondent’s desk (which had been locked by Respondent) and which lock had to be “popped” open to gain admittance, the director of nursing (CM) found:

a. A narcotic count sheet for SI that indicated ten tablets of Oxycodone should have been left, however the cardboard card of medication with actual tablets was not found;

b. A narcotic count sheet for SI for Alprazolam tablets with twenty-nine tablets remaining on the count sheet and actual tablets on the cardboard card of medication;

c. A narcotic count sheet for SI containing 1 mg Alprazolam tablets with a thirty count on both the count sheet and actual tablets on the cardboard card of medication;

d. A syringe with a carpuject (syringe) for patient DM containing Diazepam with the count sheet indicating one carpuject and with one carpuject found in the bag.

On January 18, 2012, Respondent was asked to submit a sample for a drug screen. The sample Respondent submitted was positive for Oxycodone and Tramadol both of which she had consumed for her personal use and consumption. Respondent admitted that she had been taking medications since mid-December 2011.

On October 25, 2011, Respondent had removed Oxycodone 15mg tablet two tablets at 2258; one tablet at 2332; and on October 26, 2011, she administered the Oxycodone 15mg one to two tablets every 2-3 hours via NG tube PRN med-severe pain and to DC Morphine.” Dr. R gave this order to the Respondent. At or near the same time, this was altered by the above physician orders by falsely writing a telephone order per Dr. R on the Physician’s Orders Sheet on patient SE for “Oxycodone 15 mg one to two tablets every 6 hours via NG tube PRN med-severe pain and to DC Morphine.” Dr. R did not give this Order to the Respondent. On October 26, 2011 at 0615 Respondent falsely wrote a telephone order per Dr. R on the same order sheet as the order mentioned in paragraph number 14 above to “Change the frequency of Oxycodone to every 6 hours PRN pain-dose remains the same at 15 mg 1-2 tabs per NG tube.” Dr. R did not give this Order to the Respondent. On October 25, 2011, Respondent removed Oxycodone 15mg tablet for SE two tablets at 20:57; one tablet at 22:58, one tablet at 23:32, and on October 26, 2011, Respondent removed Oxycodone 15mg tablet two tablets at 02:08; two tablets at 04:24; and two tablets at 06:25.

On October 26, 2011, at 2145, Respondent falsely wrote a telephone order per Dr. K on the Physician’s Orders Sheet on patient SE to “Change frequency of Oxycodone dose to every 2 hours - dose of 15-30 mg remains the same. Consult pain management in the AM.” Dr. K did not give this order to the Respondent.

On October 26, 2011, Respondent removed Oxycodone 15mg tablet for SE, two tablets at 1937 and two tablets at 2211. Respondent documented on October 25, 2011 and October 26, 2011, that she administered the Oxycodone mentioned in paragraphs 15 and 17 to SE per a tube. However, this was an impossibility since SE did not have a tube and it was not documented by Respondent or anyone else that SE had a tube at that time. Respondent was drug-tested while on duty due to reasonable suspicion/cause by on October 27, 2011, as a result of the above events and respondent initially denied any diversion. The drug screen was positive for Oxycodone and Tramadol both of which respondent alleged she had a prescription for, but never produced any prescription to the Center. Revoked 03/24/2014

Wilson, Laura Magdalena
San Antonio, TX
License No. 00200218112
Respondent diverted hydrocodone and oxycodone from her employer for her personal consumption. Respondent admitted to having worked while under the influence of controlled substances. Therefore her Privilege To Practice in the State of Missouri has been revoked. Revoked 03/24/2014

Beaty, Kathy E.
West Plains, MO
Licensed Practical Nurse 024063
On May 21, 2014, Licensee voluntarily surrendered her Missouri nursing license.

Blazier, Connie S.
Belleville, IL
Registered Nurse 126179
Licensee admitted in a Consent Order she signed with the Department of Financial and Professional Regulation of the State of Illinois, that Licensee admitted to the use of cocaine following a mandatory screen regarding alleged discrepancies of administration of controlled substance administration while employed as a registered nurse at a medical center in Illinois. Licensee’s Illinois nursing license was placed on Indefinite Probation, for a minimum

Voluntary Surrender continued on page 17
period of three years, beginning on August 14, 2012. Possession of controlled substances, including cocaine, is a violation of the drug laws in Illinois and Missouri. Licensee’s Missouri nursing license was approved for renewal on April 12, 2013. On Licensee’s renewal application, she answered No to the question “[i]s your last renewed, have you had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action?” Licensee filled out the Missouri nursing license renewal application after her Illinois nursing license was placed on probation.

Voluntary Surrender 04/29/2014

Campbell, Karolyn A.
Bonnie Terre, MO
Registered Nurse 145291
Respondent stated that she took her prescription Valium on May 13, 2008, and then went to work. Her employer sent her home after she was there for approximately thirty (30) minutes because she had trouble staying awake. She was sent home after working on the unit. She was first called to the ER on January 11, 2009, again on January 21, 2009, and again on January 28, 2009. Recommendations were made to the facility to enhance monitoring. The nurses bring medication from the storage area to the patient. Licensee was found to be walking around the nursing unit, picking up medications, and then returning them to the storage area. Licensee was also found to have med cards and not return them to the storage area. Licensee was found to be inappropriately handling medication.

Voluntary Surrender 04/10/2014

Feneey, Tracie M.
Springfield, MO
Licensed Practical Nurse 048164
On January 7, 2013, seven (7) doses of Ambien were discovered missing from the hospital. A facility wide count of Ambien was performed and thirty-four (34) additional doses of Ambien were discovered to be missing. On January 12, 2013, Licensee was discovered administering medication to skilled care residents when she was assigned to long term care residents for that shift. Licensee’s co-workers had been reporting that Licensee was hovering around med carts and assisting with medication passes when help was not needed. On January 13, 2013, Licensee was requested to submit a sample for a cause drug screen. Licensee admitted to the hospital administrators that the drug screen would be positive for opiates, and admitted that she had taken some medications for herself.

Voluntary Surrender 04/10/2014

Gauld, Sarah Elizabeth
Independence, MO
Registered Nurse 20099016711
On August 29, 2012 in the middle of the day, Licensee was found having seizure activity and was in respiratory arrest in the staff bathroom. It was noted that there were trickles of blood on her right arm and a puncture wound. An empty vial of 250 mcg of fentanyl was found in Licensee’s pockets. This fentanyl was signed out to a patient. Bloody tissue paper was found in the trashcan. Also found in the trashcan were three syringes, an empty vial of 250 mcg of fentanyl, an empty vial of Lidocaine, and several needles. The items discovered in the trashcan were wadded up in toilet paper. From June 1, 2012 through August 29, 2012, of the thirty-eight (38) total pulls of 250 mcg fentanyl, Licensee pulled the medication thirty-four (34) times. Licensee failed to properly scan the medication on all thirty-four (34) pulls.

Voluntary Surrender 04/10/2014

Grover, Nancy M.
Robinson, IL
Registered Nurse 084181
In a consent agreement with the Ohio Board of Nursing, Licensee admitted that while working as a nurse assigned to a hospital, in Ohio, on December 3, 2009, Licensee was administered a breath alcohol test and tested positive for alcohol.

Voluntary Surrender 03/05/2014

Hausman, Gay
Alton, IL
Registered Nurse 072775
On August 4, 2011 on patient CS Vicoden was listed under medications at 1306 with no

Voluntary Surrender continued on page 17
amount, or whom it was “administered by” documented. Licensee documented at 1310 that PO (by mouth) medication was given. CS did not have an order for Vicoden or for PO pain medication. On August 9, 2011 at 1156 on LT Licensee documented Oxycodone PO with no amount documented. There is no record of Licensee withdrawing the medication. An order for Vicoden was not noted until 1445 on August 9, 2011 for LT. On August 31, 2011 at 1202 Licensee withdrew four Hydrocodone for AJ. Licensee did not document the administration of Hydrocodone under Medications. Licensee documented in the nurse’s notes at 1210 that “PO pain med given.” On August 6, 2011 Licensee withdrew Dilauded and Percocet for DT. Licensee documented the administration of Percocet at 1530. Licensee did not document the administration or waste of the Dilauded. On September 7, 2011 Licensee documented the administration of a pain medication in the Nurse’s Notes at 1100; Licensee did not document the administration of a medication under the Medications. August 12, 2011 for KC at 1423 Percocet was documented under Medications, the amount and who administered was not documented. No documentation of PO medication administration is in the Nurse’s Notes. On August 18, 2011 on BN, Licensee charted in the Nurse’s Notes “PO pain med given;” Licensee did not chart the administration of the Viconden under the Medication section. On August 24, 2011, Licensee removed oxycodone on RH. Licensee did not document the administration of the oxycodone in the Nurse’s Notes nor under the Medication section. On September 6, 2011 on RH, Licensee documented the administration of Percocet. Licensee did not document the amount administered. On August 6, 2011 on SB, Licensee documented withdrawing Vicoden. Licensee did not document the amount given or who it was administered to or that it was wasted. On August 17, 2011 on BM, Licensee documented withdrawing Percocet. Licensee did not document the amount or who it was administered to or that it was wasted. On September 28, 2011 Licensee’s drug screen was positive for Marijuana metabolites with Oxymorphone present. Voluntary Surrender 03/19/2014

Larson, Maureen A. 
Gallatin, MO
Licensed Practical Nurse 2008015191
Licensee admitted to diverting Prozac from her employer.
Voluntary Surrender 02/24/2014

Marshall, Jennifer Lea
Blue Springs, MO
Licensed Practical Nurse 2004026206
Licensee surrendered her nursing license on 5/7/2014.
Voluntary Surrender 05/07/2014

Slinger, Virginia M. 
Festus, MO
Registered Nurse 086018
Respondent admitted to an investigator of the Board of Nursing that she was diverting Nubain from a health center. Respondent admitted that she injected herself with Nubain while working as a registered professional nurse. Respondent admitted that she had been diverting and injecting herself with Nubain while at work for about eight (8) months. She last diverted Nubain and injected herself while working as a registered professional nurse at a health center on April 6, 2012. Respondent admitted that she would sometimes use Nubain 10 mg. twice during her shift as a registered professional nurse, but denied she did this every time she worked her shift as a registered professional nurse.
Voluntary Surrender 03/28/2014
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