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State Board of Nursing Newsletter

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



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Message from the President

The Missouri State Board of Nursing and National Council of State Boards of Nursing: Partners in Public Protection

By Anne Heyen, DNP, RN, CNE, President

I had the pleasure to serve as a voting delegate at the National Council of State Boards of Nursing’s (NCSBN) Annual Meeting held August 15-17, 2018 in Minneapolis, MN. Each jurisdiction that is a member of NCSBN is allowed two voting delegates. Janet Wolken, Director of Compliance, served as the other voting delegate. Our Executive Director, Lori Scheidt, also attended but cannot be a voting delegate because she sits on the Board of Directors.

The theme of the annual meeting was ‘Surging Toward the Future.’ The NCSBN also celebrated their 40th anniversary and reflected on their organizational history. Some of the significant actions include:

- Approval of the terms and conditions of NCSBN Exam User membership;
- Approval of the College of Registered Nurses of British Columbia, the College of Registered Nurses of Manitoba and the College of Nurses of Ontario as exam user members;
- Approval of the National Center for Independent Examination (NCIE) - Kazakhstan as an associate member of NCSBN;
- Election of new members of the NCSBN Board of Directors and Leadership Succession Committee;
- Adoption of the 2019 NCLEX-RN Test Plan; and
- Approval to convene a forum of state board regulators with expertise in APRN issues to investigate the challenges BONs are experiencing in relation to the implementation of the APRN Consensus Model, and to report on these findings to the 2019 Delegate Assembly.

I have been appointed to the NCSBN National Council Licensure Examination (NCLEX®) Item Review Subcommittee for a two-year term. As a member of this subcommittee, I will assist the NCLEX® Examination Committee with review of NCLEX® items. I am honored

to be selected to participate in this important work. Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.



Executive Director Report

2018 Fiscal Year Statistics

Authored by Lori Scheidt, Executive Director

The 2018 fiscal year for Missouri State government began July 1, 2017 and ended June 30, 2018.

The Board reviews complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. 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. A 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 for a period of time not to exceed five years.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed three years.

Executive Director continued on page 3

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RN Renewal Reminder

RN renewals will be mailed in early 2019. It is very important that you inform our office if you have had a change in address. A change form can be found in this newsletter or on the Board's website. If you haven't done so already, you will also need to enroll yourself as a nurse in e-Notify by going to www.nursys.com. Registration will be required before you can renew your license. It is easy and doing it now will save you time at renewal. This free service will provide you with license renewal reminders, notification when your license is renewed, notification of any changes to your license or discipline status, and will alert you to any fraudulent licenses or certificates being issued in your name.

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Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of October 1, 2018

Profession	Number
Licensed Practical Nurse	22,729
Registered Professional Nurse	112,240
Total	134,969

SCHEDULE OF BOARD MEETING DATES THROUGH 2018

November 7-9, 2018

February 27 - March 1, 2019

May 22-24, 2019

August 7-9, 2019

November 6-8, 2019

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

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

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



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Executive Director Report

Executive Director Report continued from page 1

- Revocation—most restrictive discipline. An order of revocation results in the licensee no longer being able to 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 2,354 Board decisions that became effective fiscal year 2018.

COMPLAINT CATEGORIES FY 2018

1. Criminal 26%
2. Alcohol/Drugs 23%
3. Tax noncompliance 17%
4. Discipline or EDL 16%
5. Practice 14%
6. Unlicensed Practice 4%
7. Lawful Presence (not reflected on chart as the percentage of cases is less than 1%)



Licenses Issued in Fiscal Year 2018

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3,842	1,157
Licensure by Endorsement	2,262	207
Licensure by Renewal of a Lapsed or Inactive License	1,499	277
Number of Nurses holding a current nursing license in Missouri as of 6/30/2017	110,439	25,260

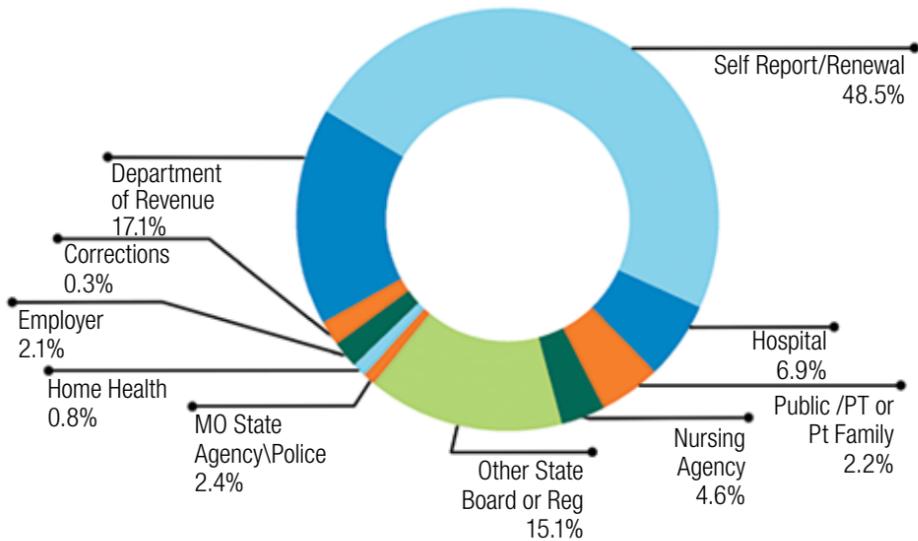
There were 1,118 new Advanced Practice Registered Nurse applications approved in fiscal year 2018.

The Board granted 320 nurses advanced prescriptive authority in fiscal year 2018. There are currently 1,908 Advanced Practice Registered Nurses with controlled substance prescriptive authority.

Age Distribution

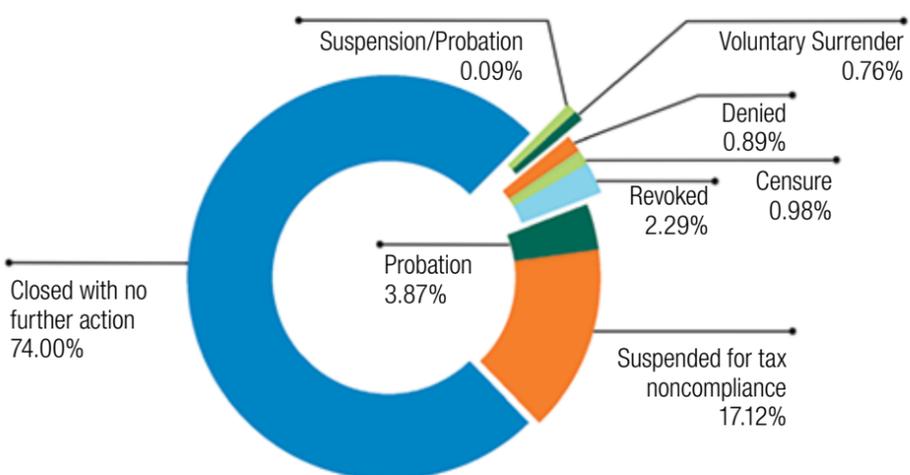
The board continues to keep a close eye on the age distribution of nurses as many are at or near retirement.

CLOSED COMPLAINTS BY SOURCE FY 2018

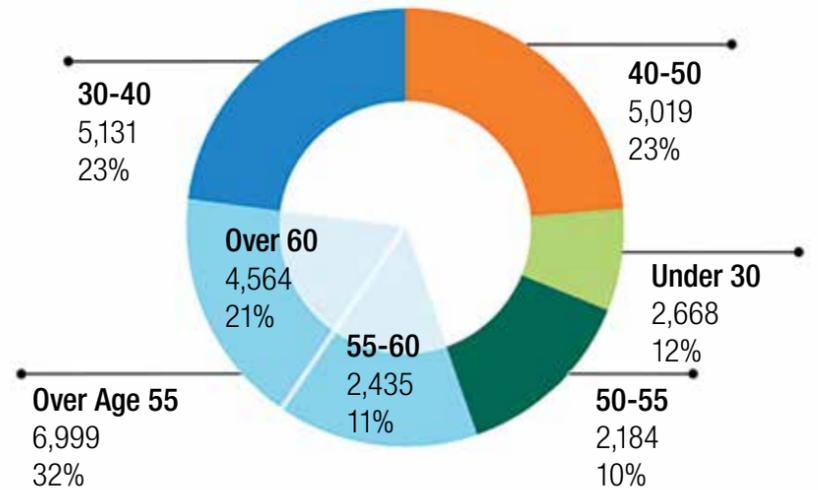


The next chart shows the actions taken by the Board for those complaints and application reviews.

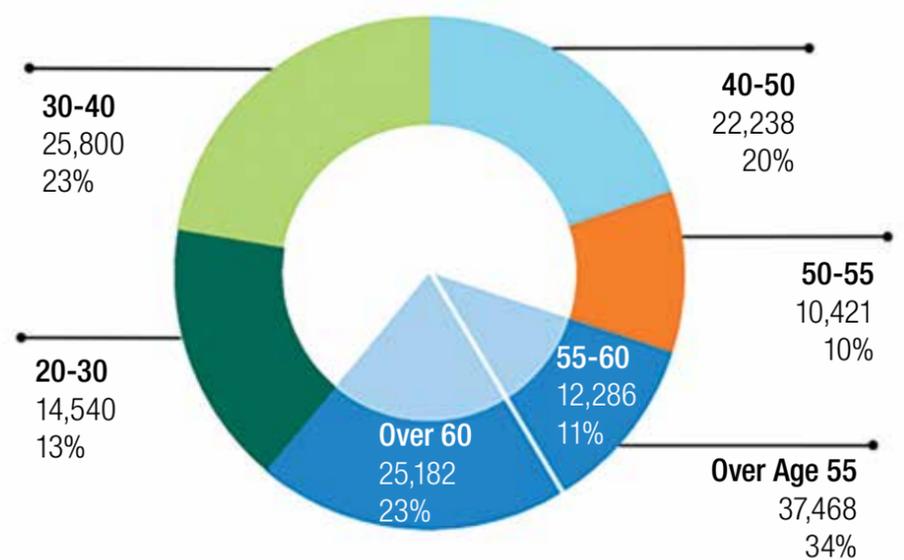
FINAL ACTIONS FY 2018



LICENSED PRACTICAL NURSES AGE DISTRIBUTION



REGISTERED NURSE AGE DISTRIBUTION



Executive Director Report continued on page 4

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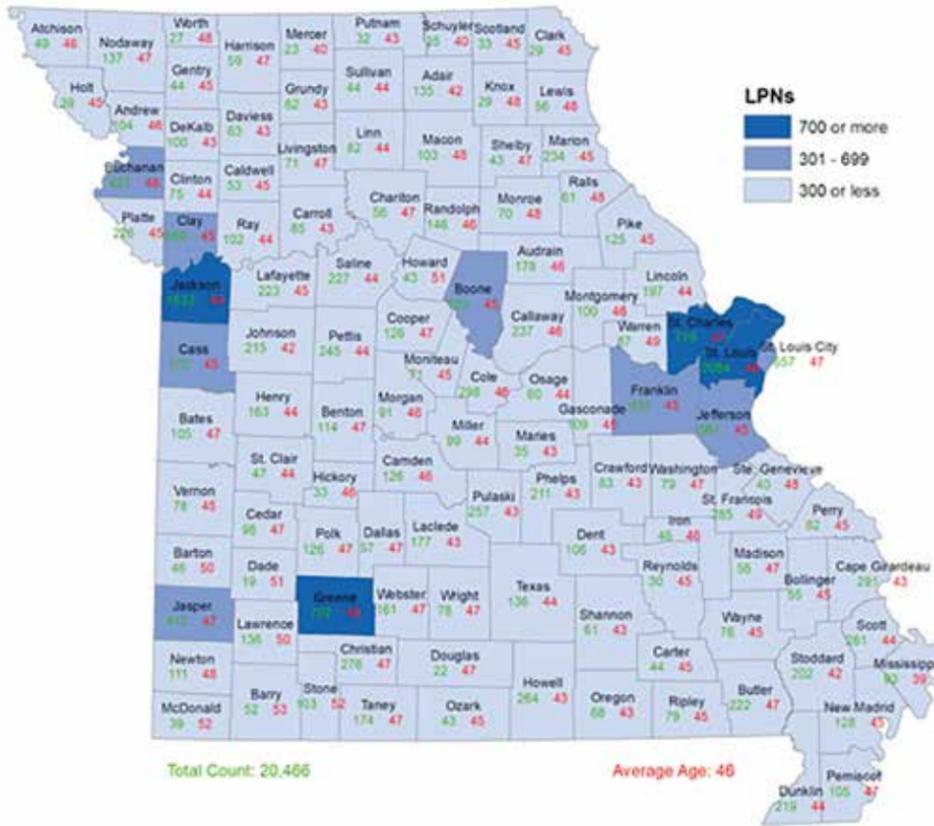
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<https://www.slu.edu/nursing/continuing-education.php>

Executive Director Report

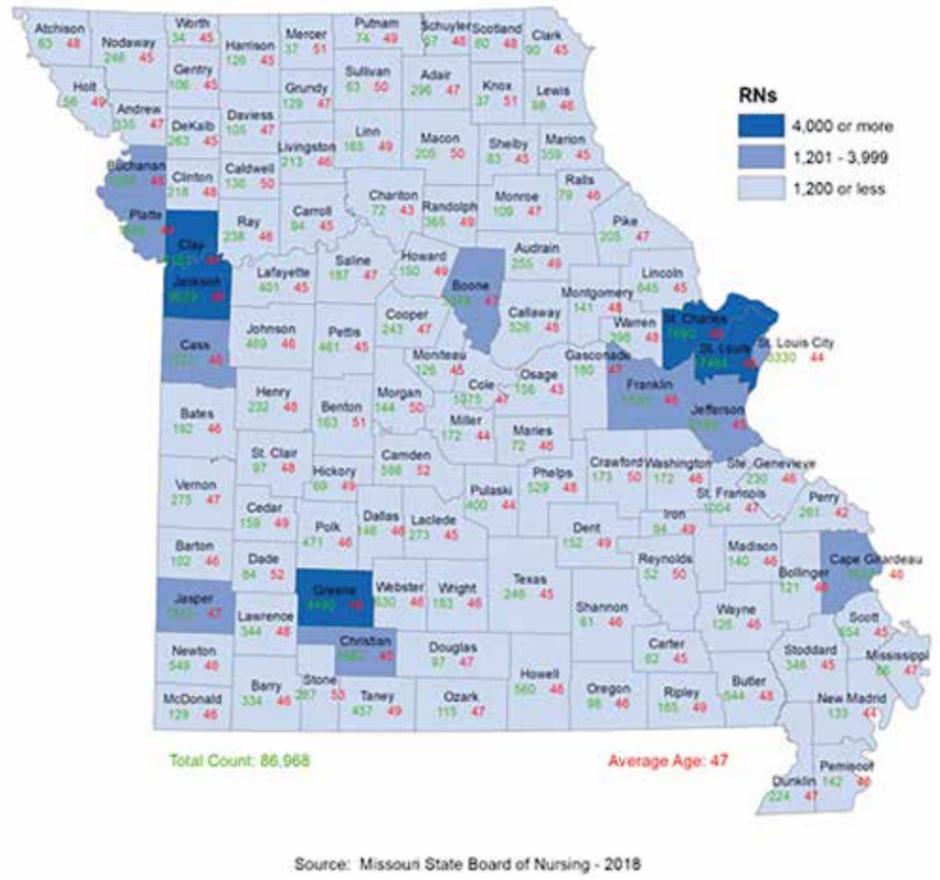
Executive Director Report continued from page 3

The following three maps depict the average age by county and the number of nurses in each county who had a current Missouri nursing license and Missouri primary address as of July 1, 2018. The average age on the following maps is the average age of nurses that reported Missouri primary residence.

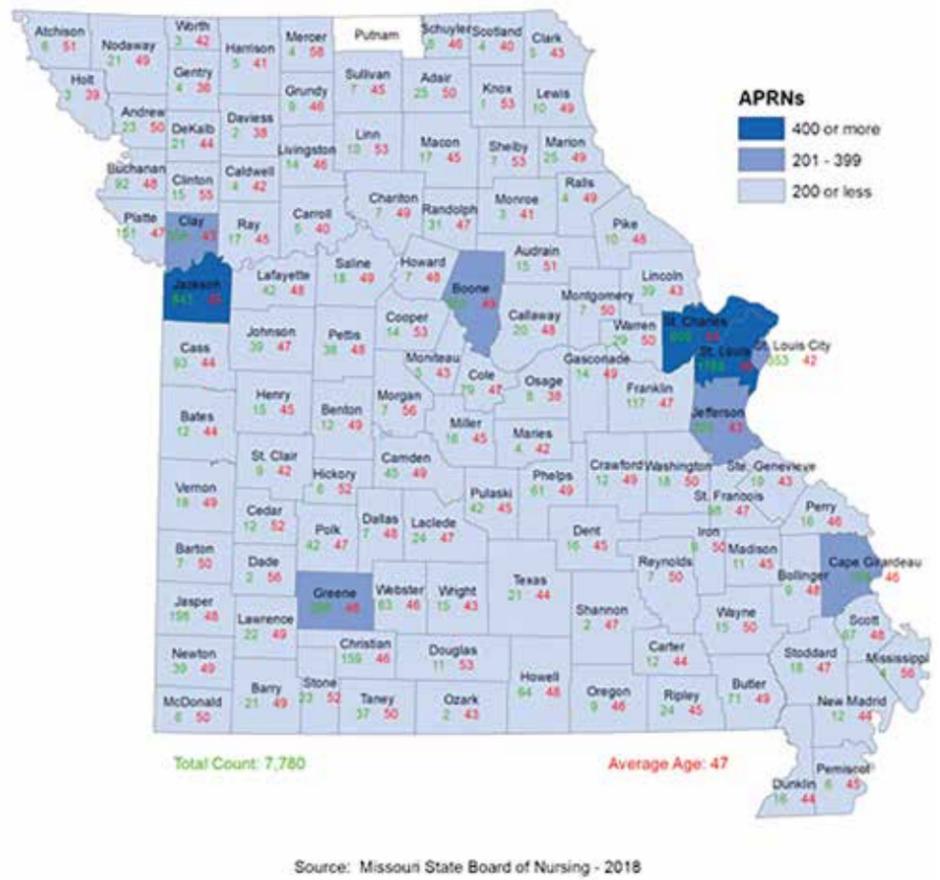
Missouri Licensed Practical Nurses



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Missouri Advanced Practice Registered Nurses



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Education Report

Missouri State Board of Nursing – Nursing Education Incentive Program (NEIP)

Bibi Schultz, RN MSN CNE – Director of Education

Missouri State Board of Nursing Education Committee Members:

- Anne Heyen, DNP, RN, CNE (Chair)
- Mariea Snell, DNP, MSN, BSN, RN, FNP-BC
- Bonny Kehm, PhD, RN

In 2011 the State of Missouri established, through legislative action and appropriation of funds, the Nursing Education Incentive Program (NEIP) with the goal to increase physical and educational capacity of nursing education programs in Missouri. The Missouri State Board of Nursing (Board) utilizes nurse licensure fees to make NEIP awards. Qualifying professional nursing programs can request up to \$150,000 per year; for fiscal years with multiple funding cycles (such as 2016/2017) grant awards are limited to one funding cycle per nursing program. This is to optimize access to funding for as many nursing programs as possible. Since NEIP inception the Board has received over 100 proposals; of those 40 proposals were funded. Institutional as well as nursing program criteria must be met in order to qualify for a grant. This criteria includes the school be a Missouri institution of higher education offering a pre- and/or post-licensure program of professional nursing, be regionally accredited and have a plan for maintaining investment following the expiration of the grant. Qualifying criteria is specific to pre- or post-licensure nursing programs and includes licensure and certification exam pass rates, inability to admit qualified applicants due to physical and educational capacity, graduation and job placements rates, as well as Board approval status and/or national nursing accreditation, as applicable. Likelihood of graduates to work in health professional shortage areas of Missouri is also a deciding factor. Grant proposal focus may vary from addition of faculty positions, development of accelerated graduate nursing programs with emphasis on nursing education, awarding of scholarships or traineeships for faculty development with commitment to teach in a Missouri nursing school, creation of salary/benefit packages to aid in recruitment and retaining of nurse faculty and/or use of technology resources to augment instruction. Projected impact on program operation and outcomes as well as grant management with timeline for implementation, completion and sustainment of grant activities after grant funding ends must be clear.

While NEIP awards have always been made through Missouri State Board of Nursing (Board)'s monies, due to change in regulations the Board assumed full authority and responsibility for management of fund awards in 2017. Close partnership with the Missouri Department of Higher Education to solicit grant proposals and to select grant recipients continues. So far, grants have been awarded in 2011, 2012, 2013, 2016, 2017 and 2018. During fiscal year 2017 fourteen professional nursing programs received a total of \$1,789,841 in grant funding; in 2018 the Board awarded an additional \$693,353 to five nursing programs. Overall, the Board has provided in excess of \$5.4 million to help expand nursing program capacity and augment instruction across the state. Progress reports submitted to the Board by nursing programs in response to 2016 and 2017 (fiscal year 2017) grants indicate significant impact on program operation and processes. Schools report that funding helped to establish a total of four graduate level nursing programs with emphasis on nursing education; to include startup of a Doctorate in Nursing Practice (DNP) program which will provide graduates with their DNP as well as nurse educator certification. While enrollment in these new programs has just been initiated significant impact on nursing faculty shortages is projected. Funding

is fostering new program enrollment of at least sixteen graduate students. Other schools report addition of at least one full-time and five adjunct clinical faculty, multiple scholarships and stipends for graduate students not currently working as faculty to complete doctoral studies and additional scholarship awards for fall 2018 and beyond. These graduates will be expected to teach nursing in Missouri in response to their grant monies received. Yet another nursing program reports that three nurses already working as faculty received work release to complete doctoral studies. At least three schools are giving salary increases to a total of twenty-one of their faculty due to NEIP awards. Several programs report utilization of grant monies to enhance adjunct faculty for simulation and clinical, negotiate faculty stipends for clinical nurses to work with their students in practice settings, and to add a student success coordinator to improve student support and retention.

NEIP funding has also been used to purchase simulation equipment for at least seven nursing programs; an impressive increase in simulation experiences for their students is reported. Nursing programs added at least twelve high-fidelity simulators, intravenous (IV) pumps and practice arms, clinical scenarios, software, and touch-screen monitors to run simulations as well as microphones, headsets, speakers and cameras to enhance skills and simulation experiences and debriefing. Three nursing schools report updates in distance learning technology to better support simultaneous delivery of content to multiple program sites, which in turn helps to optimize faculty resources and fosters expansion of program seats for students. Funding is also utilized to establish positions for nurse faculty to serve as simulation coordinators, add support lab staff and provide nurse educators and graduate students (future educators) with training to better utilize simulation and distance learning equipment while teaching their students. While progress reports and outcome data are impressive, this only provides a snapshot of the immense impact the Nursing Education Incentive Program (NEIP) has made and continues to make on nursing education in Missouri.

NEIP funding has become an integral part of nursing education in Missouri and significantly impacts nurse educator shortages, supports optimal utilization of simulation and distance learning resources, helps students and faculty to better prepare for clinical practice and expands nursing school enrollments.

While NEIP award cycles are directly connected to Missouri State Board of Nursing (Board) fund balances and are therefore determined on a year to year basis, opportunities for funding may be expected in the future. As indicated earlier, the Board works closely with the Missouri Department of Higher Education (MDHE) to communicate and process NEIP proposals. Once funds become available, the Board works with the MDHE to send out the request for proposals (RFP) to Missouri institutions of higher education. The Board then also extends an invitation to programs of professional nursing to submit NEIP proposals. It is important for nurse educators to remember that nursing programs must consistently meet NEIP criteria to be considered for funding. Once NEIP criteria is met, the Board in partnership with MDHE selects proposals with highest impact potential. It is the Board's mission to foster and support excellence in nursing education in Missouri. As nurse educators across the state work diligently to optimize learning experiences for their students, NEIP funding consistently provides financial incentives to inspire and support innovations in nursing education.

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A United Mission

Reflections on Hosting an International Guest and Colleague at NCSBN's Annual Meeting

By Lori Scheidt, MBA-HCM

Scheidt is the executive director of the Missouri State Board of Nursing and a director-at-large on NCSBN's Board of Directors.

I recently had the pleasure of serving as the liaison to David Murphy, principal of the School of Nursing, St. Ann's Hospital, and president of the Nursing Council of Trinidad and Tobago (NCTT). Murphy was an invited special international guest at NCSBN's Annual Meeting August 15-17, 2018, in Minneapolis.

A graduate of the School of Nursing, Andrews University and the University of the West Indies (UWI), Murphy is an ordained Seventh-day Adventist pastor/minister, and state marriage officer. A registered nurse for the past twenty-seven years, he is also a nursing educator/lecturer at the UWI Schools of Nursing and Midwifery and occasionally teaches and lectures there and at the University of the Southern Caribbean. Murphy is presently a doctoral candidate reading for a PhD in Public Health at Walden University. His areas of strength include preaching, public evangelism, counseling, teaching and health promotion.

NCTT is the regulating body for the two professions of nursing and midwifery. Both the Missouri State Board of Nursing (MSBON) and NCTT share the primary purpose of protection of the public, particularly those who are vulnerable when ill and unable to meet their needs. NCTT carries out this function by way of the maintenance of a register of all nurses, midwives and a roll of nursing assistants eligible to practice within Trinidad and Tobago. This is also similar to MSBON's structure, in which we maintain the database of nurses.

Murphy shared that regulation of the nursing and midwifery professions means that standards and rules are in place under specific legislation that governs the professions. The standards are established to govern education, training, performance and the ethical conduct of the nurse and midwife. Standards enunciate the principles of minimal good practice required by the nurse and form the basis by which performance can be evaluated. The standards describe what the public should expect from the nurse/midwife, and are used as a guide in disciplinary investigations.

Nurses and midwives hold a position of trust and responsibility and are professionally accountable for their actions, whether directly or vicariously (through delegation) to the NCTT and the law in accordance with the Nurses and Midwives Registration Act 33 of

1960 Chap. 29:53 and Act No. 8, 2014. They are also accountable contractually to their employers through respective policy guidelines. The NCTT may also make rules/regulations which require registrants to undertake continuing professional development and may establish standards of education and training in respect of specific additional qualifications which may be recorded on the Register.

The MSBON's regulatory scheme is similar to that of NCTT. We both exist to protect the public, operate from legislative authority, maintain a list of licensed nurses, establish education standards and investigative complaints.

The health care professional shortage is a global issue. Collaborating and learning from health care regulators across the globe makes perfect sense in this context. Our conversations with Mr. Murphy demonstrated that whether you are regulating nursing in Missouri or Trinidad and Tobago, we have the same challenges. The two most prevalent being: timely issuance of licenses without compromising fraud detection, and flexible regulations that allow for innovation and scope of practice evolution without compromising public protection.



David Murphy, Jacqueline Warner-Murphy, and Lori Scheidt.



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Moments with Marcus

Does Your Bowl Have a Hole?

By Marcus Engel



Marcus Engel

Last month while keynoting in Nashville, I met a chief nursing officer of a hospital, Cindy.

Now, I get to meet a lot of nurse leaders and hospital administration folks. This makes me really lucky because, well, if you're drawn to the work of healthcare, you're probably the compassionate, caring type who feels called to help ease the suffering of humanity. Cindy is no different, though her nurturing personality is just off the chart. And, while she doesn't do direct patient care, she knows her job is to care for the nurses who take care of the ill and injured.

We sat down in Cindy's office and, there on her desk, sat a big honking bowl of candy. Do you have one of these on your desk? I don't because, well, I have zero self-control and the bowl would always need refilling.

Cindy said, "When I moved into this position, I always wanted to have candy here and available for my nurses. I needed to get to know each nurse and, well, nurses love chocolate." (I didn't point out to her that EVERYONE loves chocolate!)

Cindy continued, "Every nurse in our hospital knows this is here and they can come get some candy any time they want. It's kind of funny; there's a direct correlation to the amount of stress around here with the amount of candy in the bowl. Sometimes, it's almost like there's a hole in the bowl."

The nurses under Cindy's administration are lucky. Not because of the chocolate, but because they have someone who always wants to "fill them up." When Cindy sits down with any nurse from her facility, she is reminding each how much they matter. She's encouraging them to always remember those moments they make a positive impact in the lives of their patients.

Why? Because Cindy knows that this sacred profession is tough. It's physically, emotionally and spiritually demanding. She knows that being on one's feet for 12 hours per day is hard. She knows that dealing with co-workers can sometimes be a challenge. She knows that when dealing with tough patients and families, the levels of anger, frustration and sadness can leave many nurses wondering, "Why do I do this work?"

In reality, it's horribly difficult to be to be a pediatric nurse treating a child who is the victim of abuse... or dealing with a patient's family member who shows up to the hospital drunk and causing altercations. Those problems are the "holes" where the spirit can drain out. Those are the times it's vital to remember the "Why?"

Friends, I hope you have a Cindy in your life. It may not be your boss. Maybe yours is a friend or family member. And, if you don't have a Cindy in your life? The best way to get one is to become one. Can you look around to people near you who need encouragement? Or a reminder they are valuable? Or those who might just need a hug?

Today, I hope you'll be like Cindy and make it your mission to support someone who needs it – in the process I truly believe you'll find your own path much more fulfilling.

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Highlights of Fiscal Year 2018

The mission of the Missouri State Board of Nursing is to protect the public's health and safety through regulation of nursing education, licensure, and practice. In FY2018, the Board worked diligently to improve services and strengthen programs for public protection. Highlights of the Board's work are listed below:

Education:

- Continued recognition of the Missouri State Board of Nursing by the U.S. Department of Education as an approval agency for nurse education for four years. The Board has had this recognition since 1970 and received continued recognition on May 25, 2017. The Board is currently one of five boards across the country with this recognition.
- Licensed 21 individuals from the Air Force Nursing Services Practical Nurse (PN) Training Program – Basic Medical Technician Corpsman Program (BMTCP) 4N051/4N071 (4N training program).
- Developed and promulgated Veteran's Bridge program rules to foster completion of the practical nurse curriculum for service members with education, training and service in the medical field. Rules became effective in October 2017. Meetings with institutions of higher learning have been conducted to engage schools to develop Veteran's Bridge programs.
- Representative of the Missouri State Board of Nursing and board staff visited the Medical Education Training Center in San Antonio, Texas in May 2018 with focus on expansion of academic pathways for military service members to continue their education in nursing and other health care related programs.
- Rule change became effective in October 2017 to accept Intravenous (IV) Therapy Certification for Licensed Practical/Vocational Nurses who are licensed in another state. This change provides for much faster readiness for LPNs to work in Missouri and saves verification fees for licensees.
- Provided grant funding to professional nursing programs under the Board's Nursing Education Incentive Program. The State of Missouri established, through legislative action and appropriation of funds, the "Nursing Education Incentive Program" in order to increase the physical and educational capacity of nursing education programs in Missouri. In 2016, \$979,620 was awarded. In 2017, \$810,221 was awarded for a total of \$1,789,841 for the FY2017. In spring 2018 an additional \$693,353 was awarded. Since inception of incentive funding in 2011 Missouri nursing programs have received a total \$5,333,194.
- The Board negotiated/succeeded in program closure of four (4) underperforming nursing programs. All four (4) programs are now closed.
- National Council of State Boards of Nursing's (NCSBN) Regional NCLEX Workshop presented as this year's Innovative Best Practice (IBP) in Nursing Education Conference. The Workshop was held on April 6, 2018 and co-sponsored by the Missouri State Board of Nursing with State Fair Community College. There were 132 nurse educators from all levels of nursing education present. The Workshop was offered free of charge to all attendees. Workshop objectives included:
 - Identifying the NCSBN practice analysis process and explaining how the results are used to update NCLEX test plans;
 - Illustrating basic principles of computer adaptive testing and describing standard setting;
 - Explaining the steps of the NCLEX item development process;
 - Identifying NCLEX alternate item formats;
 - Demonstrating and applying principles of item writing in the NCLEX style; and
 - Identifying the use and application of NCLEX® Program Reports and Candidate Performance Reports by nursing education programs.
- 95.8% employers and 100% of educators indicated the board of nursing's guidelines and regulations regarding supervision of student nurses are adequate to assure safe and competent care.

Compliance

- Legislation for an alternative to discipline program to remove impaired nurses from practice in a more timely fashion and increase public protection was passed.
- Held board committee meetings every two weeks followed by full board mail ballots to ensure timely resolution of complaints. **Twenty Consumer Protection Conference Calls were held in FY2018.**

Investigations

- The average number of days to complete an investigation was 53 days.

Legal

- The board employs three attorney team members with a combined 47 years' experience.
- The Board experienced a decline in performance and increase in contract costs in 2018 due to vacancies. Lack of competitive pay impacts the board's duties:

	Performance Improvement with In-House Attorneys and Paralegals Comparing 2008 to 2017			Performance Decrease & Increased Contract Cost with Vacancies Comparing 2017 to 2018	
	2008	2017	Change	2018	Change
Board Decisions	1,605	2,311	30% increase	2354	Little change
Board Hearings	106	179	40% increase	142	26% decrease
RNs Licensed	87,798	105,014	16% increase	110,439	5% increase
LPNs Licensed	24,646	25,478	7% increase	25,260	Little change
Contract Attorney Fees	\$184,143.32	\$17,069.11	91% reduction	\$65,72 8.86	74% increase in 1 year
Calendar Days to Complete a Case: From Receipt of Complaint to Final Resolution	284	95	67% improvement	98	*slight increase

Licensure

- The average number of days to issue a temporary permit to Registered Nurses was **6.36 days** and for Licensed Practical Nurses was **10.37 days**. This is calendar days; not business days.
- In FY2018, the board of nursing changed licensure applications to require evidence of lawful presence in order to comply with 8 U.S.C.A. §1621, which requires evidence of lawful presence prior to granting a professional license. This has increased the application processing time.
- Answered **58,622 telephone calls**.
- Revised all instruction letters and applications for licensure to ensure that the process was streamlined and easily understood by applicants.
- Continued to use Nursys.com for license verification purposes. This improves customer service because nurses can request verifications online 24 hours a day and verifications are immediately available. Utilization of Nursys.com also strengthens our fraud prevention efforts. A total of **6,272** of Missouri nurses

Highlights of Fiscal Year 2018 continued on page 9



Creating New Opportunities for Nursing Students: Flexibility Adds Capacity

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Karen M. Mayer, PhD, RN, NEA-BC, FACHE, Rachel Start, MSN, RN, CNL

Like many health care organizations, Rush Oak Park (Ill.) Hospital (ROPH) works to keep positions fully staffed and part of that effort includes partnerships with local colleges of nursing. In the past, the hospital had requests from numerous colleges of nursing for clinical rotations of varying types. However, limitations on when and where the clinical rotations could take place restrained the number of clinical rotations that ROPH would accommodate. The executive committee of the hospital's Nursing Professional Governance Organization (NPGO) saw the important link between clinical rotation limitations and the preparation of future nurse employees. Additionally, clinical site limitations were not fully supportive of the Institute of Medicine's 2010 imperative, "The preparation of an expanded work-force...will require...advances in the education of nurses across all levels expanding nursing faculty, increasing the capacity of nursing schools, and redesigning nursing education to assure that it can produce an adequate number of well-prepared nurses able to meet current and future health care demands" (IOM, 2010). Creating new opportunities is especially important, given the predicted nursing shortage (see sidebar).

In spring 2017, the NPGO executive committee led a new initiative that would expand the number of ROPH clinical rotations and would assist in combatting an ongoing faculty shortage. Our goal: maximize availability of hospital clinical sites and shifts to contribute to the preparation of new nurses, allowing clinical rotations 24/7, similar to the operation of teaching hospitals for medical education. Throughout this new initiative, a strong collaboration with five area colleges of nursing was established to proactively identify clinical rotation site availability. Aside from placing pre-licensure students, ROPH partnered with schools to facilitate many doctoral-level student projects and clinical practicums as well as post-licensure clinical nurse leader (CNL) students learning this role as it is modeled at ROPH. Through these various partnerships, ROPH has been able to participate in an advisory capacity for several schools, serving to evaluate the level of preparation achieved and finding ways to accommodate the needed clinical education.

Preparing for more students

Before ROPH could host more clinical rotations, direct care nurses and unit leadership gave input through a series of meetings, with staff suggesting what resources would be needed to accommodate a greater student volume. As a result, additional conference rooms were designated with lockers and refrigerators for student/faculty use. Additional computers were purchased for the units and workspaces added. Parking directions were clarified and distributed. The specifics and learning objectives of each student group were provided on a clinical rotation information sheet, completed by the faculty, posted for all staff to access. Nurses on all shifts—with contributions and feedback from the colleges—completed education specific to precepting students. The hospital team recommended students follow an individual RN schedule rather than placing an entire cohort of students on a patient care unit on a set day and week, particularly for immersion students, who are in their last course and fully in the clinical setting.



Karen M. Mayer



Rachel Start

Trends Predict a Nursing Shortage

Rush Oak Park (Ill.) Hospital nurses, through their professional governance, take accountability for adequate nurse staffing in all clinical areas and have developed a strategic plan to prepare for a coming nursing shortage.

Many sources are predicting a nursing shortage. They point out the following trends: 1.) Economic instability kept some nurses in the work force who would have left under normal circumstances. As those nurses retire, the artificial effect of their presence in the workforce will be evident. 2.) Nursing schools report shortages in faculty and clinical rotations, which lessen the profession's ability to prepare nurses. 3.) Nursing has a high attrition rate due to the demands of the profession—the average turnover rate across the country is approximately 17.2 percent. (Snaveley, 2016).

Increased rotations have been realized on the off-shifts (afternoon and night shifts) and weekends with preceptors who regularly work at those hours. Student cohorts on off-shifts with high quality preceptors began to be embraced by our academic partners; both student and preceptors showed satisfaction with the experience.

Optimizing talent at the bedside

Perhaps one of the most valuable contributions of the hospital's initiative is the recruitment of nurses to be clinical instructors. At ROPH, 21 percent of bedside nurses have an MSN and many are interested in serving in this way. Also, some of the most experienced staff work every weekend or are only on the off-shifts. Through arrangements with human resources and other ROPH departments, the hospital's RNs have the opportunity to work as an instructor for 0.1 or 0.2 FTE within their full-time FTE time allotment without needing to take overtime hours during the semester. The partner college then reimburses ROPH for the instructor's time and the RN maintains his or her benefits as a hospital employee. This arrangement has incentivized a valuable pipeline of instructors to area schools struggling to find enough faculty. Most importantly, it has retained the nursing talent and expertise at the bedside for the benefit of patients and support to new graduates. In addition, nurses within the organization can now add their faculty status to their curriculum vitae—it may well have contributed to ROPH's 2017 nurse turnover rate of 9 percent, which greatly outperforms the national average.

Vision for a shortage solution

ROPH is committed to ongoing pursuit of the preparation of the next generation of nurses. Progress has been made (see Table 1). In the last two years, ROPH has greatly increased the number of students learning through clinical rotations; in 2017, the percentage of students went up 91 percent from the previous year. ROPH leaders are seeking to proactively lead this initiative recognizing if all hospitals sought to remove the barriers and increased clinical site availability by 50 percent, the increased college enrollment might obliterate the pending RN shortage. The vision of ROPH nursing remains to be a 24/7 teaching facility that champions this concept and creates an excellently prepared stream of nurses for the future.

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- Institute of Medicine (2010). *Future of nursing: Leading change, advancing health*. Washington, DC: National Academy Press, 2010.
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ABOUT THE AUTHORS

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TABLE 1: Improvement Initiatives to Expand Clinical Site Availability

Issues the partnership has addressed, along with those that remain, are listed here:

Facility Issues

- Conference rooms designed and designated for students with, lockers, refrigerator space for lunches, mobile computers, thermometers, seating, and parking.

Preceptor Issues

- Competency education to precept students created for RNs of any level of experience.
- New employee orientation is now on all shifts. Recent graduates serve as preceptors the first month so experienced RNs are available to students and during the last weeks of new hire orientation.

Communication Issues

- Advance notice of preceptor assignments provided, so students no longer show up unannounced.
- Learning objectives identified for each day - instructors know which activities of patient care each group of students can safely perform.
- Clinical Instructor job role defined and developed.

Clinical Instructor Issues

- Match of faculty to clinical area of expertise.
- Using clinical instructors keeps learning experience current with nursing practice.
- Faculty able to provide student experience in non-acute settings such as ambulatory, skilled care, clinics and community health.

Roadblocks Solved to RN Applications as Faculty

- Clinical instructor faculty are less than part-time positions (at least 20 hours a week), can have full-time benefits through ROPH and hospital is reimbursed for instructor hours.
- RNs interested in serving as faculty are able to do so without working overtime.
- Onboarding education for clinical instructors created.

Scheduling Issues in Progress

- All colleges primarily seeking Tuesday/Thursday day shift rotations, due to didactic content on Monday, Wednesday and Friday.
- Early morning didactic classes impede p.m. or night clinical schedules.
- Existing college faculty not available to work off-shifts or weekends.
- Focus on inpatient acute care.
- Students never experience full load of patients.
- Most students never experience reality of off-shift or weekend hours.
- When organization is willing for 24/7 rotations, schools have opportunity to alter teaching structure, which will assist with increased volume of student prep through clinical rotations.

Highlights of Fiscal Year 2018 continued from page 7

requested that their Missouri license be verified to another state and **3,209** nurses licensed in other states requested verification into Missouri.

- Continued to urge nurses and employers to enroll in Nursys e-Notify for many reasons. Enrollment in this system alerts the institution and/or nurse before a license expires and when it expires. Alerts are sent to the enrollee any time any discipline is attached to the enrolled license. For a nurse enrollee, this system can help prevent

any fraudulent licenses or certificates being issued in the nurse's name. Missouri is a member of the nurse licensure compact. A multi-state license is tied to the nurse's primary state of residence. A change to a nurse's primary state of residence could change the multi-state license status. This system will notify the enrollee if that status changes. When a nurse submits a license renewal online, the license is not automatically renewed. This system notifies the enrollee when the license is renewed. This system pushes notification of changes to the enrollee rather than having to continually re-query the system. A total of **1,014 institutions accounting for 88,047 nurses** were enrolled in the institution e-Notify. A total of **64,531 (47.3%) of Missouri-licensed nurses** were enrolled in nurse e-Notify.

Workforce

- Added the workforce data elements to Nursys e-Notify so workforce related information can be provided by the nurse during license renewal. This information is used in nursing workforce research. A total of **64,531 (47.3%) of Missouri-licensed nurses** were enrolled in e-Notify.
- Produced Missouri's first Nursing Workforce Report through a contract with the Office of Social and Economic Data Analysis at the University of Missouri – Columbia to conduct research on Missouri's healthcare workforce by collecting and analyzing healthcare workforce data regarding nurses licensed by the board of nursing.

Operations

- **91% of nurses, 100% of employers, and 100% of nurse educators** in Missouri indicated the timeliness of the response on an email inquiry as excellent or good.

Leadership

Bibi Schultz, Director of Education

- Multi-State Collaborative on Military Credit (MCMC). Term runs from June 1, 2015 through October 31, 2017.
- Midwestern Higher Education Compact's (MHEC) Midwestern State Authorization Reciprocity Agreement (M-SARA) Regional Steering Committee.
- NCSBN Nursing Education Outcomes and Metrics Committee. Terms runs September 2016 through August 2018.

Lori Scheidt, Executive Director

- Elected to the National Council of State Boards of Nursing's (NCSBN) Board of Directors for a two year term that began August 2016.
- Presented at a national conference on fraud detection.
- Served as part of an enhanced Nurse Licensure Compact e-Learning Development Workgroup that developed an online course for boards of nursing.

Practice

- The practice section performed **31 presentations** about the Missouri Nurse Practice Act and the Board of Nursing. Of those, 13 presentations were to schools of nursing, two were to community RN groups, five were to school nurse groups, and 11 were to other organizations.
- Continued to provide timely in-person responses to hundreds of email and phone inquiries.
- Continued to build and reinforce relationships with other health-care related state agencies and associations/organizations.
- Through an emergency rules amendment and simultaneous proposed amendment, the Board expanded the mileage limit that an advanced practice registered nurse can be from their collaborating physician from thirty (30) miles to fifty (50) miles, or if in a health professional shortage area to seventy-five (75) miles. This rule change was necessary to address the public's access to healthcare to improve health outcomes, reduce health disparities, and lower healthcare expenditures. When Missourians have access to primary healthcare services and resources, their health problems are detected and treated earlier.



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2018 Golden Awards

We are happy to announce that *Golden Certificates* were recently sent to 296 Registered Nurses and 33 Licensed Practical Nurses. These individuals have been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement in the thirteenth year of our Golden Award Recognition program. A list of those receiving Golden Certificates follows.

LPN Harriet L Hayes	Barnhart	MO
LPN Dedrea M Loesch	Chesterfield	MO
LPN Mary R McGarrity	Saint Louis	MO
LPN Jewell B Brown	Mineral Point	MO
LPN Leola F Davis	Trenton	MO
LPN Judith C Weaver	Nevada	MO
LPN Linda F Porath	Columbia	MO
LPN Martha C Lang	Ballwin	MO
LPN Margery A Plumb	Shelbyville	MO
LPN Sharon K Peek	St. Joseph	MO
LPN Linda G Clark	Maryville	MO
LPN Kathleen M Hagerty	Wentzville	MO
LPN Erma R Robinson	Saint Louis	MO
LPN Elizabeth A Vagedes	Saint Clair	MO
LPN Doraine Pearson	Saint Louis	MO
LPN Donna J Kraus	Pilot Grove	MO
LPN Carol S Gilman	Auxvasse	MO
LPN Ruth A Brock	Excello	MO
LPN Carol B Huffman	Billings	MO
LPN Carol P McAllister	Springfield	MO
LPN Merle A Waterman	Bridgeton	MO
LPN Sandra K Hauser	Saint Louis	MO
LPN Sandra A Underwood	Lake Saint Louis	MO
LPN Patsy L Lang	Hse Springs	MO
LPN Sharon L Skrivan	Saint Louis	MO
LPN Diane M Holtmeier	Washington	MO
LPN Mary E Schwartz	Ballwin	MO
LPN Patricia Ellen Ysassi	Harrisonville	MO
LPN Lynne C Cook	Pleasant Hill	MO
LPN Virginia Johnson-Millsap	Kansas City	MO
LPN Margaret E Storm	Kansas City	MO
LPN Juanita H Randall	Florissant	MO
LPN Rita J Freie	Middletown	MO
RN Jobyna Foster	Saint Louis	MO
RN Charlotte E Baecker	Punta Gorda	FL
RN Anne E Schappe	O Fallon	MO
RN Anita W Hockett	St Charles	MO
RN Constance J Ingrassia	Wildwood	MO
RN Regina R Junker	Saint Louis	MO
RN Jo Ann Adams	Saint Louis	MO
RN Janice T Lowery	Columbia	MO
RN Karen K Carr	Montgmrly City	MO
RN Janet F Stella	Belton	MO
RN Sonja K Nelson	Lees Summit	MO
RN Judy A Stark	Springfield	MO
RN Dorothy S Akerson	Saint Louis	MO
RN C Anne Reynolds	Springfield	MO
RN Tamara K Brauninger	Independence	MO
RN Linda L Cuneio	Sullivan	MO

RN Martina Duperret	Fenton	MO
RN Cecilia H Adams	Festus	MO
RN Mary P Kraetsch	Augusta	MO
RN Mary L Sykes	Saint Louis	MO
RN Mary A Sigel	Creve Coeur	MO
RN Janice E Sparks	Arnold	MO
RN Nancy L Edmiston	Florissant	MO
RN Mary L Wright	Reeds Spring	MO
RN Janet G Eberhardt	Ellisville	MO
RN Beverly G Fram	Lake Saint Louis	MO
RN Averil A Wojtow	Saint Louis	MO
RN Sue Ellen Taylor Cady	Saint Louis	MO
RN Janet S Shirts	Jefferson City	MO
RN Susan M Deghelder	Kansas City	MO
RN Cecelia E Hunt	Lamar	MO
RN Christine Clarkin	Lees Summit	MO
RN Donna Faye Hecke	Saint Louis	MO
RN Vera K Adams	Cape Girardeau	MO
RN Jacklyn S Clark Otto	Cape Girardeau	MO
RN Elaine Doyle	Jefferson City	MO
RN Floy L Oliver	Montgomery City	MO
RN Anita C Darnell	Troy	MO
RN Cheryl L Bausler	Eldon	MO
RN Shirley A Anderson	Dawn	MO
RN Hannah F Dixon	Kansas City	MO
RN Sherrill M Jackson	Florissant	MO
RN Mary V Croxton	Saint Louis	MO
RN Glenna S Hull	Holden	MO
RN Carol S Nelson	Sunrise Beach	MO
RN Linda C Schweiker	Broomfield	CO
RN Carol J Kloud	Saint Louis	MO
RN Rose K Nastali	Kansas Cy	MO
RN Sarah E Mitch	Pleasant Hill	MO
RN Marie K Thornton	Saint Louis	MO
RN Mary Ann Shane	Rogersville	MO
RN Alice J Breneman	Bridgeton	MO
RN Linda K Book	Kirkwood	MO
RN Elizabeth A Moriarity	Kirkwood	MO
RN Ladeva A Enderle	Cape Girardu	MO
RN Diane G Bresler	Columbia	IL
RN Catherine S Garman	O Fallon	MO
RN Carolyn K Goeke	Saint Louis	MO
RN Susan K Hornsey	Godfrey	IL
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RN Christine M Klaser	O Fallon	MO
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RN Virginia A Stackle	Saint Louis	MO
RN Karen E Obermark	Saint Louis	MO
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RN Jean A Wolinski	Columbia	MO
RN Donna Kaye Lane	Springfield	IL
RN Patricia A Halling	Florissant	MO
RN Jama D Burks	O Fallon	MO
RN Cheryl C Moellenhoff	O Fallon	MO
RN Mary J Isler	Bixby	OK
RN Deborah M Tintera-McCampbell	New Hampton	MO
RN Sharon V Stormer	Dixon	MO
RN Jeannette M Siess	Union	MO
RN Susan J Bowles	Saint Louis	MO
RN Marjorie A Schifffman	Saint Louis	MO
RN Martha A Spies	Saint Louis	MO
RN Mary V Evans	Saint Louis	MO
RN Elizabeth A Long	Saint Louis	MO
RN Carol L Eckert	Belleville	IL
RN Jeanne G Potts	Saint Louis	MO
RN Kay L Quick	Cleveland	MO
RN Catherine E Fugina	Arnold	MO
RN Nina K Westhus	Saint Louis	MO
RN Edna K Hamera	Shawnee Mission	KS
RN Helen E Sander	Sikeston	MO
RN Judith B Hudson	Jefferson City	MO
RN Diana C Kircher	O Fallon	MO
RN Joanne L Basler	Bloomsdale	MO
RN M. Suzanne Luechtefeld	Saint Louis	MO
RN Patricia A Zagarri	Saint Louis	MO
RN Lora L Lau	Shawnee Mission	KS
RN Joyce A Hollis	Appleton City	MO
RN Linda S Bade	Mexico	MO
RN Patricia H Svetlecic	Kansas City	MO
RN Judith U Arkes	Saint Louis	MO
RN Malinda S Meyer	New Haven	MO
RN Jacqueline M Beutel	Fenton	MO
RN Judith A Perry	Florissant	MO
RN Judith E Bock	Columbia	MO
RN Kathryn A Brown	Springfield	MO
RN Pamela E Fite	Nixa	MO
RN Ann S Setser	The Villages	FL
RN Sandra J Pfitzner	Monett	MO
RN Elizabeth A Schatz	Springfield	MO
RN Kathleen C Cobb	Ozark	MO
RN Sharon L Kuba	Kansas City	MO
RN Mary A Nichols	Mission	KS
RN Linda L Hanway	Gladstone	MO
RN Paula S Gatz	Kansas City	MO
RN Judith A Woodburn	Independence	MO
RN Doris McMahan	Kansas City	MO
RN Irma W Stillwell	Prairie Villiag	KS
RN Karen R Lea	Lees Summit	MO
RN Janice R Gartman	Moberly	MO
RN Maureen W Heck	Hermann	MO
RN Mary F Bade	Chesterfield	MO
RN Eileen F Dyer	Saint Joseph	MO
RN Susan P Mihalevich	Springfield	MO
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RN Wilma J Christensen	Independence	MO	RN Sharon K Bukstein	Hannibal	MO	RN Nancy K Merila	Overland	MO
RN Nancy A Tillman	Boonville	MO	RN Sandra L Shasserre	Saint Louis	MO	RN Susan F Leiweke	Fenton	MO
RN Mary P Twenter	Kansas City	MO	RN Pamala S Swartz	Saint Charles	MO	RN Peggy L Waller	Ferguson	MO
RN Carol M Cattaneo	Shawnee Mission	KS	RN Stella A Bird	Independence	MO	RN Charlyne B Turken	Saint Louis	MO
RN Melody Burtis-Blakley	Jamesport	MO	RN Carolyn L Beckham	Independence	MO	RN Brenda L Bauer	Clifton Hill	MO
RN Vickie D Kamadulski	Saint Louis	MO	RN Mary K Glor	Lexington	MO	RN Suzanne Neppel Guthrie	Columbia	MO
RN Virginia A Badalamenti	Arnold	MO	RN Mary C Dohogne	Fenton	MO	RN Marcella M Petzchen	Saint Louis	MO
RN Linda N Coerver	Chesterfield	MO	RN Sheila A Nelson	Florissant	MO	RN Karan S Childress	St. James	MO
RN Rose Ann W Penilla	Saint Louis	MO	RN Betty M Roth	Cape Girardeau	MO	RN Barbara M Tellez	Ellington	MO
RN Diane M Blumenfeld	Ellisville	MO	RN Linda K Borcharding	Pacific	MO	RN Lorraine Jones	Saint Louis	MO
RN Kathleen M Peppard	Kansas City	MO	RN Mildred C Demeo	Park Hills	MO	RN Lula L Price	Saint Louis	MO
RN Mary J Adkins	Lake Winnebago	MO	RN Barbara A Conaghan	Prairie Village	KS	RN Celestine P Ellison	Nixa	MO
RN Sallie J Ruttan	Gladstone	MO	RN Carolyn S Foster	Rolla	MO	RN Johnnye E Farrell	Saint Louis	MO
RN Nathalie Williams	Saint Charles	MO	RN Judith A Golden	Carthage	MO	RN Richard W White	Florissant	MO
RN Mary J Claflin	Bronaugh	MO	RN Joyce E Kuntze	Burfordville	MO	RN Patricia A Higgins	Kansas City	MO
RN Cheryl G Shane	Springfield	MO	RN Sandra L Kucera	Saint Louis	MO	RN Laura P Turner	Lee's Summit	MO
RN Patricia A Hamilton	St Charles	MO	RN Sharon K Peirce	Columbia	MO	RN Catherine J Balls	Blue Springs	MO
RN Rebecca S Vanzante	Lenexa	KS	RN Gertrude H Fahrenbrink	Boonville	MO	RN Martha K McConaughy	Kansas City	MO
RN Francis A Hunter	Saint Louis	MO	RN Susan K Brattin	Carthage	MO	RN Carol A Hiller	Grain Valley	MO
RN Iver J Gandy	Saint Louis	MO	RN Lorna J Rost	Chamois	MO	RN Glenda L Blevins	Mount Vernon	MO
RN Patricia B King	Saint Louis	MO	RN Stasia J Hampton	Fair Gr	MO	RN Frances V Otto	Kansas City	MO
RN Jean M Klasner	Florissant	MO	RN Joyce G Hooten	Crane	MO	RN Myra A Aud	Columbia	MO
RN Edna Lavonne Ridder	Blue Springs	MO	RN Phyllis D Tinsley	Springfield	MO	RN Verena A Wheeler-Griffith	Kansas City	MO
RN Sandra S Stelle	Pittsburg	KS	RN Penelope Mae Meador	Branson	MO	RN Mary E Rocco	West Hartford	CT
RN Candace T Liljegren	Oak Grove	MO	RN Barbara J Hunter	Republic	MO	RN Barbara D Powers	Lees Summit	MO
RN Cheryl A Schroeder	Kirkwood	MO	RN Marlys K Locke	Dunnegan	MO	RN Ann C Crosbie	Rolla	MO
RN Carol S Larue	Fenton	MO	RN Carma L Blondeau	Springfield	MO	RN Donna G Devereaux	Chesterfield	MO
RN Mary Ann Thies	Lees Summit	MO	RN Glenda L Stein	Nixa	MO	RN Sandra S Egan	Smithville	MO
RN Carolyn L Lafoon	Republic	MO	RN Jobeth E Stanton	Springfield	MO	RN William O Kirk	Republic	MO
RN Mary D Broniec	Saint Louis	MO	RN Lynda Sue Douglas	Bolivar	MO	RN Joann Francis	Parkville	MO
RN Sharon K Dobsch Fischer	Columbia	MO	RN Janet Kay Walter	Lees Summit	MO	RN Mary A Plenge	Kahoka	MO
RN Donna M Droke-Uram	Absecon	NJ	RN Connie K Dwyer	Union	MO	RN Diana L Morris	Saint Louis	MO
RN Kathleen L Hight	Farmington	MO	RN Karen K Silverstein	St Charles	MO	RN Karen M Boehm	Saint Peters	MO
RN Betty Ann Spurling	Mexico	MO	RN Carolyn R Tilford	Rolla	MO	RN Alice E Schlosser	Scott City	MO
RN Gloria J Haltom	Millstadt	IL	RN Rhonda K Hatch	Saint Louis	MO	RN Sharon R Dieckmann-Wilson	Des Peres	MO
RN Barbara L Janzekovich	Bolivar	MO	RN Linda S Prather	Canton	MO	RN Margaret M Martin	Kennett	MO
RN Judith A Costello	Eureka	MO	RN Bonnie Marie Dundee	Sabetha	KS	RN Barbara A Giese	Saint Louis	MO
RN Karen E Dohrer	Marthasville	MO	RN Janis A Brown	Agency	MO	RN Toby A Turner	Kansas City	MO
RN Maxine M Filley	Kirkwood	MO	RN Josephine E Hawkins	Saint Louis	MO	RN Dawn Bassett McLean	Saint Louis	MO
RN Judith G Glass	Saint Louis	MO	RN Helen M Spoonemore	Savannah	MO	RN Sandra R Everett	Cameron	MO
RN Eleanor D Harris	Chesterfield	MO	RN Donna L Hartsock	Smithville	MO	RN Linda K Randolph	Hollister	MO
RN Cathy J Hughes	Saint Louis	MO	RN Catherine Bohm	Pleasant Valley	MO	RN Susan D Hahn	Saint Charles	MO
RN Nancy Sue Kuhrik	Ballwin	MO	RN Mary E Shepard	Jackson	MO	RN Marilyn L McNary-Vincent	Quincy	IL
RN Donna C McNiff	Saint Louis	MO	RN Frances E Duty	St Joseph	MO	RN Lois A Watson	Kansas City	MO
RN Susan Schnarre	Fenton	MO	RN Cynthia S Bechtel	Saint Louis	MO	RN Sharron K Johnson	Raytown	MO
RN Kathleen A Krishon	Saint Ann	MO	RN Layna Ann Carter	Columbia	MO	RN Nora M Burgess	Springfield	MO
RN Nancy S Bullis	Farmington	MO	RN Marcia L Rainey	Holts Summit	MO	RN Mary E Engle	Neosho	MO
RN Peggy A Szwabo	St. Louis	MO	RN Carolyn S Kruse	Barnhart	MO	RN Carol A Walker-Retrum	Leawood	KS
RN Sharon R Deneal	Aftton	MO	RN Martha J Hamilton	Fulton	MO	RN Frances J Anderson	Foristell	MO
RN Catherine L Schuch	Farmington	MO	RN Janet L Heim	Middletown	MO	RN Hannah L Love	Saint Louis	MO
RN Carolyn M Bulliner	Saint Louis	MO	RN Carol S Generally	Union	MO	RN Joanna L Perkins	Springfield	MO
RN Marilyn E Huggins	Sebring	FL	RN Christine L Kunz	Columbia	MO	RN Gloria D Carter	Saint Louis	MO
RN Jane G Busch	Clarksville	MO	RN Ruth A Thorn	St Peters	MO	RN Trudy C French	Springfield	MO
RN Barbara L Ilges	Wildwood	MO	RN Travena K Mahurin	Desloge	MO	RN Ruby S Spencer	Saint Louis	MO



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- Teaching faculty with expertise in a clinical area* (Master's degree will be considered)

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Disciplinary Actions**

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

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

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

Jodi Michelle Bell – PN 2015036780

Jeri Lyn Eubanks – RN 2011024991

Kara Jean Israel – RN 2014021870

Christine Michelle Johnson – PN 2005009292

Maggie Elizabeth Minnigerode – RN 2013044829

Melanie Elaine Moore – PN 2004009598

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

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CEASE/DESIST

Howerton, Becky Jo

Mayetta, KS

TEMP-Licensed Practical Nurse 2017004594

March 9, 2017, positive drug screen for morphine, codeine and THC, an active ingredient in marijuana.

Cease / Desist 06/21/2018

CENSURE

Wilson, Abigail L

Meta, MO

Licensed Practical Nurse 2015033633

Respondent failed to check in with NTS on two days. On four separate occasions (October 29, 2015; March 30, 2017; June 30, 2017; and August 16, 2017), Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On October 29, 2015, the low creatinine reading was 13.5. Respondent's creatinine reading was 9.3 for the March 30, 2017 sample. The creatinine reading for the test on June 30, 2017, was 14.2. On August 16, 2017, the low creatinine reading was 5.2. In accordance with the terms of the Order, on November 3, 2017, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxymorphone. Respondent does not have a current, valid prescription for Oxymorphone. Censure

Fulton, Jacqueline I

Kansas City, MO

Registered Nurse 152253

On November 18, 2017, Licensee was assigned to care for three (3) patients in the labor and delivery section of the Unit. At approximately 2130, Licensee exited a patient's room, slamming the door behind her and cursing. Licensee proceeded to throw her badge on the desk and leave the Unit.

Censure

Rademaker, Tia M

Jackson, MO

Registered Nurse 2005023234

On September 14, 2017, Respondent entered into a Stipulated Settlement and Disciplinary Order with the California Board of Registered Nursing placing Respondent's license on probation for a period of three (3) years.

Censure

Sims, Eddie Brian

Willard, MO

Registered Nurse 2009003355

In March 2012, hospital supervisor JS received complaints from patients stating that they had not received their pain medication from Licensee. Supervisor JS alerted the Pharmacy Compliance Officer, and an audit was run on Licensee's withdrawals of medications. On March 2, 2012, Licensee withdrew 4 mg morphine and documented the administration of 2 mg to patient 75957578. Licensee failed to document the administration or waste of the remaining 2 mg. On March 1, 2012, Licensee withdrew 2 mg of hydromorphone and documented the administration of 1.2 mg to patient 76071315. Licensee failed to document the administration or waste of the remaining 0.8 mg. On March 1, 2012, Licensee withdrew 2 mg of hydromorphone and documented the administration of 1.2 mg and the waste of 0.4 mg to patient 76071315. Licensee failed to document the administration or waste of the remaining 0.4 mg. On March 6, 2012, Licensee withdrew 1 mg of hydromorphone and documented the administration of 0.5 mg to patient 76182599. Licensee failed to document the administration or waste of the remaining 0.5 mg. On March 6, 2012, Licensee withdrew 4 mg morphine for patient 76227183 and documented the waste of 2 mg. Licensee failed to document the administration or waste of the remaining 2 mg. On March 24, 2012, Licensee withdrew 1 mg of hydromorphone and documented the administration of 0.5 mg to patient 76865761. Licensee failed to document the administration or waste of the remaining 0.5 mg. On March 24, 2012, Licensee withdrew 1 mg of hydromorphone for patient 76889063. Licensee failed to document the administration or waste of the 1 mg. On March 26, 2012, Licensee withdrew 4 mg morphine for patient 77024423 and documented the administration of 2 mg. Licensee failed to document the administration or waste of the remaining 2 mg.

Censure

Dixon, Sylvia Karmelle

Springfield, MO

Registered Nurse 2005023518

On or about July 25, 2017, it was reported that Licensee accessed the chart of a patient she knew but to whom she was not assigned as a nurse. When questioned by hospital administrators, Licensee initially denied accessing the patient's chart, but later admitted that she had accessed the patient's chart multiple times. Licensee was terminated from the hospital on July 26, 2017, due to violating HIPAA.

Censure

Disciplinary Actions**

Contreras, Sarah Marie

Kansas City, KS

Registered Nurse 2012022989

Licensee practiced nursing in Missouri without a license from May 1, 2017 to May 10, 2018.

Censure

Neff, Lauren Michelle

Kansas City, MO

Licensed Practical Nurse 2011003772

Licensee consented to provide a urine sample for screening on May 30, 2013. The sample that Licensee submitted tested positive for methadone. Licensee did not have a prescription for, or a lawful reason to possess, methadone. Licensee disputes the accuracy and validity of the test results.

Censure

Mango, Deborah

Florissant, MO

Registered Nurse 120940

On March 28, 2017, while working the overnight shift, Licensee was assigned four patients. Near the end of the Licensee's shift she was notified by the resource nurse that she had failed to complete documentation on her patients. Licensee was asked to finish charting and Licensee stated she was going to the charting room to complete her documentation. Licensee then left the facility without completing the documentation. Licensee failed to document pain scores, tube feedings, vital signs, and assessments for her patients.

Censure

PROBATION

Crosby, Angel Roshalle

Grandview, MO

Licensed Practical Nurse 2009004923

In the final months of 2016, Licensee's supervisor at the school met with Licensee to discuss her inability to arrive to work at her scheduled start time. The supervisor spoke with Licensee about arriving to work late and not recording her arrival time as late on her attendance sheets. On or about February 27, 2017, Licensee's supervisor realized that she had not signed attendance sheets for Licensee since November 2016. A review of the attendance sheets submitted by Licensee for the months of January and February 2017 appeared to be falsified. Specifically, Licensee's supervisor's signature on the January and February attendance sheets was a copy of her previous signature from the November 2016 attendance sheet. Licensee's supervisor verified that she had not signed the attendance sheets submitted by Licensee for January and February 2017.

Probation 06/19/2018 to 06/19/2019

Shaw, Nicole J

O Fallon, MO

Licensed Practical Nurse 2004011215

Licensee was asked to submit to a for-cause drug screen on August 21, 2017. The test returned positive for marijuana and methamphetamine on August 31, 2017.

Probation 06/05/2018 to 06/05/2023

Talmadge, Amanda Sue

Pacific, MO

Licensed Practical Nurse 2011011391

On January 20, 2017, during a shift change it was discovered that a full card of Oxycodone for patient J.C. was missing. The director of nursing reviewed the narcotic records for three months prior, it was determined that the Licensee had discrepancies in her counting on several occasions. Licensee would remove a narcotic and keep the count the same as if the narcotic had not been removed. Licensee received a disciplinary warning notice on January 20, 2017, for signing off a card of Alprazolam for patient J.C., and then removed Alprazolam from the E-kit to administer. Further, on February 3, 2017, for patient J.C., at 1630 Licensee removed one Oxycodone 5 mg tablet and did not document the administration, waste or return. On February 3, 2017, for patient J.C., at 2130 Licensee removed one Oxycodone 5 mg tablet and did not document the administration, waste or return. On February 4, 2017, for patient J.C., at 1430 Licensee removed one Oxycodone 5 mg tablet and did not document the administration, waste or return. On February 4, 2017, for patient J.C., at 2100 Licensee removed one Oxycodone 5 mg tablet and did not document the administration, waste or return. On February 3, 2017, for patient D.E., at 1430 Licensee removed one Alprazolam .25 mg tablet. Licensee documented she wasted half of the tablet; however, she did not document the administration, waste or return of the remaining half. On February 4, 2017, for patient M.T., at 1430 Licensee removed two Oxycodone 5 mg tablet and did not document the administration, waste or return. On February 4, 2017, for patient M.T., at 2130 Licensee removed two Oxycodone 5 mg tablet and did not document the administration, waste or return. Licensee received a disciplinary warning notice on February 2, 2017, for performing a medication error, Licensee failed to follow the five rights for medication administration. Licensee reported to work for her shift at the nursing home on February 23, 2017, and learned that she had been asked to be the charge nurse, instead of the medication nurse. She then walked off of her shift because she could not be the medication nurse and wanted to pass medications. On March 8, 2017, Pulaski County Sheriff's deputies were called to the rental property that the Licensee had previously been evicted from by the landlord. Pulaski County Sheriff's deputies found a bag that had been in a burn barrel that contained prescriptions cards for patients J.C., J.S., M.T., and M.S. The prescription cards were from the nursing home.

Probation 07/14/2018 to 07/14/2019

Henderson, Lisa M

Springfield, MO

Licensed Practical Nurse 2016037347

From November 3, 2016, until the filing of the Complaint, Respondent failed to check in with NTS on five days. In addition, on March 27, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On April 13, 2018, Respondent reported to a collection site to provide a sample, and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS), metabolites of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed "three glasses" the night before the test.

Probation 07/02/2018 to 07/02/2023

Huffman, Amy Leigh

Rea, MO

Registered Nurse 2012011699

On June 15, 2016, Licensee re-ordered a resident's Norco via telephone. The normal procedure at the facility is to fax the pharmacy order so there is a paper trail for the narcotic medication. Licensee failed to document anywhere that she had ordered the Norco for the resident. Licensee signed for the resident's Norco when it was delivered to the facility at approximately 5:15 p.m. Licensee took the new card of Norco and placed it on a counter in the med room. Licensee failed to document or record the receipt of the medication and failed to add the medication to the resident's medication list. Licensee failed to lock the medication in the medication cart in the narcotic box with the resident's other medications. Licensee failed to report receipt of the resident's Norco to the oncoming nurse at shift change on June 15, 2016. When she reported for her shift on June 16, 2016, Licensee reported to the Director of Nursing that the resident's Norco was missing. The missing medication was not located in the facility.

Probation 06/14/2018 to 06/14/2019

Valentine, Stacey E

Florissant, MO

Registered Nurse 2011036353

On April 7, 2015, Licensee was asked, and agreed, to submit to a for-cause drug screen. The drug screen results were positive for marijuana and fentanyl. Licensee indicated that on or about April 6, 2015, she reported to her supervisor that a vial of Fentanyl had broken and had cut Licensee's finger. Licensee did not have a prescription for, or a lawful reason to possess, marijuana or fentanyl.

Probation 07/14/2018 to 07/14/2021

Probation continued on page 14

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Disciplinary Actions**

Probation continued from page 13

Dinwiddie, Tracy Lee

Blue Springs, MO

Registered Nurse 2018021076

On or about September 30, 2010, the Board filed a complaint with the Administrative Hearing Commission seeking authority to discipline the nursing license of Applicant. The Administrative Hearing Commission entered a Decision in this matter on August 27, 2012, finding cause for this Board to discipline the nursing license of Applicant due to diverting controlled substances, specifically, propoxyphene, while on duty. Following a disciplinary hearing on December 5, 2012, the Board issued its Findings of Fact, Conclusions of Law, and Disciplinary Order (Order) on December 17, 2012, revoking the nursing license of Applicant. On November 12, 2016, Applicant received a substance abuse evaluation, which noted that Applicant had a history of abusing Darvocet (propoxyphene). The evaluation did not state a diagnosis of substance abuse, but it did recommend that Applicant be monitored to include "repeated urine drug screens and a 'key restriction' regarding controlled substances." Applicant has not received any substance abuse treatment nor does she attend any 12-step program. Applicant reports her sobriety date is 2008. Probation 06/19/2018 to 06/19/2021

Little, Mykhaele Aleasean

Columbia, MO

Licensed Practical Nurse 2007030896

In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by March 20, 2018, covering the following categories: Righting a Wrong-Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know; and Medication Administration modules 1-4. As of the filing of the Complaint, the Board had not received proof of any completed hours. Probation 07/10/2018 to 07/10/2019

Williams, Tauriea Lanee

Columbia, MO

Licensed Practical Nurse 2012013123

On March 20, 2017, Respondent pled guilty to two counts of the class C felony of Receiving Stolen Property. Respondent pled guilty to retaining hydrocodone and oxycodone to deprive the Hospital of the hydrocodone and oxycodone on or between March 1, 2015, and August 27, 2015.

Glastetter, Megan Brianna

Cape Girardeau, MO

Registered Nurse 2010005939

On June 12, 2017, Respondent pled guilty to the class D felony of Fraudulently Attempting to Obtain a Controlled Substance. Probation 07/03/2018 to 07/03/2023

Abruzzo, Shannon Marie

Pleasant Hill, MO

Registered Nurse 2011038799

On or about February 13, 2017, hospital officials audited the hours they were billed from the agency for the

Licensee's work. It was noted that hospital staff members could not recall seeing the Licensee work the number of hours she had submitted timesheets for. Licensee submitted timesheets indicating she had worked 837.10 hours from August 2016 through February 2017. Through an investigation of the medication administration report and patient record system it was discovered the Licensee had only worked 51.80 hours. Licensee had been paid \$30,468.21, through the agency, for hours worked at the hospital for which she had not worked. Licensee admitted to Board investigator that she had falsified timesheets in order to be paid for the hours not worked. Probation 06/26/2018 to 06/26/2022

Allen, Briana C.

Granite City, IL

Registered Nurse 2015027928

On September 14, 2016, Licensee submitted a sample for a pre-employment drug test. The test result was confirmed positive for marijuana on September 19, 2016. Probation 07/06/2018 to 07/06/2019

Thomas, Sara I

Ballwin, MO

Licensed Practical Nurse 2002027077

On June 24, 2015, Licensee pled guilty to the offense of driving while intoxicated. On May 26, 2015 Licensee pled guilty to the class A misdemeanor of Leaving the Scene of a Motor Vehicle Accident, the class B misdemeanor of DWI-Alcohol and the unclassified misdemeanor of Driving While Revoked/Suspended. On September 16, 2015, Licensee pled guilty to the offense of driving while intoxicated. On January 19, 2018, Licensee pled guilty to the class B misdemeanor of DUI. Licensee states her sobriety date is March 18, 2017, but also states she last consumed alcohol on March 18, 2017. Probation 07/02/2018 to 07/02/2022

Helwig, Larry L

Columbia, MO

Registered Nurse 137734

On November 14, 2016, Respondent pled guilty to the class C felony of Possession of a Controlled Substance Except 35 Grams or Less of Marijuana, in violation of §195.202 RSMo. Respondent admitted at the May 25, 2018, hearing that he had been using methamphetamine two to three times per week until October 15, 2015. Probation 07/02/2018 to 07/02/2020

Uhrig, Misty Ann

Imperial, MO

Licensed Practical Nurse 2001017758

Respondent failed to check in with NTS on two days. On three separate occasions (November 9, 2016; June 1, 2017; and June 15, 2017) Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On November 9, 2016, the low creatinine reading was 17.1. Respondent's creatinine reading was 5.0 for the June 1, 2017, sample. Respondent's creatinine reading for the test on June 15, 2017, was 2.0. On February 12, 2018, Respondent reported to a collection site to provide a sample, and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS), both metabolites of alcohol. Respondent admitted that she drank wine the night prior to the test. Probation 07/16/2018 to 07/16/2021

Montgomery, Katherine Marie

Independence, MO

Licensed Practical Nurse 2005021096

Respondent submitted to a drug test on or about November 5, 2016. For Respondent's drug test, Quest Diagnostics returned a positive test for Cocaine Metabolite on or about November 9, 2016. Probation 07/02/2018 to 07/02/2023

Paris, Mary E

Kansas City, MO

Registered Nurse 113368

Suspended 12/19/17-06/19/18; Probated 06/20/18-06/20/23 The Missouri State Board of Nursing received information from the Kansas Board of Nursing via the NURSIS website that the nursing license of Respondent was suspended in a Consent Agreement and Final Order (Order) dated May 24, 2017. Specifically, the Order states

the following agreed findings of fact: a. Respondent was working as an RN on the night shift at a hospital from on or about September 11, 2015 through September 12, 2015. b. During the shift, other staff noticed that Respondent was not acting normally, had slow, slurred speech, an unsteady gait, and was emotionally unstable. Management asked Respondent to take a UDS [urine drug screen] due to her altered behavior. c. Respondent refused to take a UDS and became physically and verbally belligerent. Hospital security was called and Respondent struck one of the security officers. d. On or about September 12, 2015, Respondent was terminated from St. Johns for failure to submit to drug/alcohol testing pursuant to the facilities [sic] drug and alcohol policy. e. Respondent received a copy of St. John's drug and alcohol policy prior to the above events. f. During a phone interview with a KSBN [Kansas State Board of Nursing] investigator, Respondent stated she had been in inpatient treatment in May 2015 for a month for alcohol treatment. g. The Board referred Respondent to the Kansas Nurses Assistance Program (KNAP) on March 2, 2017. h. Respondent had a drug and alcohol evaluation and it determined that she had an impairment and needed monitoring. Respondent enrolled in a three-year monitoring program with KNAP on April 14, 2017. On October 5, 2017, Respondent's Kansas nursing license was suspended after she attempted to submit "fake" urine for a random drug test because she had taken hydrocodone without a prescription. Probation 06/20/2018 to 06/20/2023

Santee, Debra K

Minneapolis, MN

Registered Nurse 129262

On or about May 16, 1983, Licensee pled guilty to the third degree felony of Possession of Marijuana: more than four ounces but less than five pounds. On September 20, 2012, Licensee entered into an Agreed Order with the Texas Board of Nursing due to failing to disclose her prior guilty plea on her application for licensure. In the Agreed Order, Licensee's nursing license was given a Warning with Stipulations and Fine. Licensee completed the requirements of the Agreed Order and was released from probation with the Texas Board of Nursing on June 17, 2013. On June 1, 2015, Licensee entered into a Consent Order with the Louisiana Board of Nursing, which became effective on June 12, 2015, due to failing to disclose her prior guilty plea and the disciplinary action of the Texas Board of Nursing. In the Consent Order, Licensee's Louisiana nursing license was reprimanded with a fine and required continuing education hours. Licensee completed the requirements of the Consent Order and was released from probation with the Louisiana Board of Nursing on June 12, 2016. On February 12, 2018, Licensee and the Texas Board of Nursing entered into an Agreed Order due to Licensee failing to properly label a lab specimen on at least three (3) occasions. In the Agreed Order, Licensee's nursing license was issued a Warning with Stipulations and a Fine. The Agreed Order became effective on March 13, 2018. Probation 07/16/2018 to 07/16/2019

Strand, Connie S

Osage Beach, MO

Licensed Practical Nurse 043484

On September 27, 2017, it was reported that Licensee was exhibiting impaired behavior, including difficulty performing routine requests, slurred speech, acting lethargic/sleepy, excessive saliva, a disheveled appearance, red eyes, and heavy eyelids. Licensee submitted to a drug and alcohol screen, which returned positive for alcohol. The test result reflected that she tested positive at the level of 0.222 g% from a sample collected at 11:20 a.m. In her written statement to the Board, Licensee admitted to consuming alcohol at 3:00 a.m. and going to work at 7:30 a.m. Probation 07/31/2018 to 07/31/2023

Graczyk, Tanya L

Elsberry, MO

Registered Nurse 145671

The pharmacist's audit at the hospital disclosed that on January 25, 2013, Patient B.S. had a physician's order for 1.4 mg of morphine as needed every 2 hours. Respondent removed a total amount of 25 mg of morphine for patient B.S. or 5 vials of 5 mg of morphine at various times as indicated. Respondent administered and documented 2.8 mg of morphine for patient B.S. Respondent properly wasted and documented the wastage of 12.2 mg morphine



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Disciplinary Actions**

for patient B.S. Respondent did not follow the proper procedure for wasting 7.2 mg in that she acted as the witness instead of logging into Omnicell as the nurse who wasted the morphine. Respondent failed to document and account for 2.8 mg of morphine that she withdrew for patient B.S. either by charting the administration in the MAR or documenting the wasting in the Omnicell.

Respondent worked at a second hospital through a staffing agency from March 18, 2013 through May 21, 2014, when the hospital requested that Respondent not return. Administration found the following discrepancies:

a. On January 3, 2014, Respondent withdrew 2 tablets of oxycodone-acetaminophen for patient L.T. at 8:06. Respondent failed to document the administration or waste of the 2 tablets.

b. On January 3, 2014, Respondent withdrew 1 tablet of Methylin 5 mg for patient G.H. at 16:00. Respondent failed to document the administration or waste of the tablet.

c. On January 3, 2014, Respondent withdrew 1 tablet of oxycodone 5 mg for patient I.D. at 10:38. Respondent failed to document the administration or waste of the tablet.

d. On January 3, 2014, Respondent withdrew vials containing 2 mg of hydromorphone for patient A.P. at 08:09, 13:06 and 18:15 (or a total of 3 vials or 6 mg of hydromorphone). Respondent documented wasting 1 mg of hydromorphone at 16:11 and 1 mg of hydromorphone at 16:21 for a total wastage of 2 mg, but failed to document the administration or waste of the remaining 4 mg of hydromorphone that she withdrew for patient AP.

e. On May 3, 2014, Respondent withdrew three doses of 2 mg morphine for patient C.C. at 10:11, 10:43, and 17:01, for a total of 6 mg of morphine. Respondent documented administering 2 mg of morphine to patient C.C. at 10:30 and 17:45 for a total administration of 4 mg. Respondent documented wasting 1 mg of morphine for patient C.C. Respondent failed to document the administration or waste of the remaining 1 mg she withdrew for patient C.C.

f. On May 19, 2014, patient T.S. had orders for 1 mg of hydromorphone every 3 hours as needed. Respondent withdrew one vial of hydromorphone (2 mg/ml) for patient T.S. at 8:45, 13:16, 16:20, and 18:52 (a total of 4 doses totaling 8 mg). Respondent documented the administration of hydromorphone to patient T.S. at 09:15, 12:15, 15:20, 16:30 and 19:20, for a total administration of 5 mg of hydromorphone. Respondent failed to document the administration or waste of 3 mg of hydromorphone. Respondent failed to follow physician orders for the administration of hydromorphone at 16:30 because Respondent should have waited until three hours after 15:20 to administer any additional hydromorphone.

Probation 06/12/2018 to 06/12/2023

Lindman, Daniel Joseph

Poplar Bluff, MO

Licensed Practical Nurse 2011029598

On March 2, 2017, a routine home assessment was conducted by the Missouri Department of Health and Senior Services (DHSS) in order to continue private duty nursing services for a patient. During this routine visit the patient's mother voiced her concern regarding whether or not narcotics were being counted, as she had not been asked to count medications with the outgoing nurse over the previous month. Patient's mother stated she had noticed the Licensee sleeping while on duty. Additionally, Licensee would chart at the end of each week and postdate the records as though he had charted the day the event happened.

Probation 06/05/2018 to 06/05/2019

Irwin, Tracy L

Affton, MO

Registered Nurse 2007011285

Respondent failed to check in with NTS on three days. On January 18, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On March 9, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Hydrocodone and Morphine. On March 20, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Hydrocodone, Hydromorphone, and Morphine. Respondent does not have a prescription for, or a lawful reason to possess, Hydrocodone, Hydromorphone, and Morphine. The Board did not receive proof of continued support group attendance by the quarterly due date of February 28, 2018. On April 7, 2018, Respondent

emailed the Board's Director of Compliance stating that she was having issues with relapse and was going to enter an outpatient program and get a Vivitrol injection.

Probation 07/16/2018 to 07/16/2023

Dailey, Patricia Lee Ann

Pacific, MO

Registered Nurse 2003014502

During her employment with the center, Licensee was employed in a position as a Registered Nurse Senior at the SORTS program of the center. Licensee admitted that in or about October or November 2012, she discussed with a resident personal matters including that her ex-husband served her with papers seeking sole custody of her children and that she was upset. Licensee admitted that in or about November 2012 she continued the relationship with such resident including exchanging more than 100 text messages continuing over time. Licensee admitted that some of the text messages exchanged with the resident were sexual. Licensee engaged in an inappropriate relationship with a SORTS resident.

Probation 06/19/2018 to 06/19/2020

Morgan, Jadia Ann

Ellington, MO

Licensed Practical Nurse 2010029047

On or about September 13, 2016, it was reported to clinic administrators that Licensee had recorded a medical procedure of a coworker and posted the video on a social media site. When questioned, Licensee admitted to recording the procedure and posting it on Snapchat. Licensee was terminated from the clinic on September 14, 2016, after clinic administration concluded that Licensee violated the Health Insurance Portability and Accountability Act of 1996.

Probation 08/14/2018 to 08/20/2018

Williams, Terry Teacunsha, Jr

Collinsville, IL

Licensed Practical Nurse 2012032504

On June 15, 2017, Respondent pled guilty to the class 1 Felony of Unlawful Cannabis Trafficking.

Probation 07/16/2018 to 07/16/2021

Dziedzic, Dominique Marie

Kansas City, MO

Registered Nurse 2005030360

A Pharmacy Proactive Diversion Report for March through April 2016 showed that there were concerns with Licensee's narcotic access. On March 9, 2016, Licensee withdrew 2 mg of midazolam for patient JB at 12:21. Licensee documented the administration of 1 mg of midazolam to patient JB at 12:22, but failed to document the administration, waste, or return of the remaining 1 mg of midazolam. On March 28, 2016, Licensee withdrew 100 mcg of fentanyl for patient GC at 11:19. Licensee documented the administration of 50 mcg of fentanyl to patient GC at 10:35, 11:06, and 11:16. Licensee documented the administration of fentanyl

to patient GC before she withdrew the medication. On April 11, 2016, Licensee withdrew 4 mg of morphine for patient KL at 17:37. Licensee failed to document the administration of the morphine to patient KL. Instead, Licensee administered the 4 mg of morphine to patient CL at 17:39. Licensee failed to withdraw the medication under the correct patient but administered the medication to the correct patient. On March 9, 2016, Licensee withdrew 25 mg of meperidine for patient SM at 11:39. Licensee documented the administration of 12.5 mg of meperidine to patient SM at 11:44. Licensee failed to document the administration, waste, or return the remaining 12.5 mg of meperidine. On March 26, 2016, Licensee withdrew 4 mg of morphine, 100 mcg of fentanyl, and 25 mg of meperidine for patient WS. Patient WS did not have any orders for those medications on March 26, 2016. Licensee documented the administration of the above medications to patient KS. Licensee failed to withdraw the medication under the correct patient but administered the medication to the correct patient. On April 4, 2016, Licensee documented the administration of 4 mg of morphine to patient JW at 14:55 and again at 15:10 for a total of 8 mg of morphine administered. Licensee documented the withdrawal of 4 mg of morphine for patient JW at 15:25, and Licensee documented the return of 4 mg of morphine at 17:33. Licensee failed to properly document the administration of medication to patient JW as she administered more medication than she withdrew, before she withdrew it, while at the same time documenting the return of that same medication. On April 4, 2016, Licensee documented the administration of 50 mcg of fentanyl to patient JW at 14:45, 50 mcg at 15:05, and again at 15:15 for a total of 150 mcg of fentanyl administered. Licensee documented the withdrawal of 100 mcg of fentanyl for patient JW at 15:24, and Licensee documented the return of 100 mcg of fentanyl at 17:33. Licensee failed to properly document the administration of medication to patient JW as she administered more medication than she withdrew, before she withdrew it, while at the same time documenting the return of that same medication. On April 4, 2016, Licensee documented the administration of 12.5 mg of meperidine to patient JW at 14:47 and again at 14:54 for a total of 25 mg of meperidine administered. Licensee documented the withdrawal of 25 mg of meperidine for patient JW at 15:25, and Licensee documented the return of 25 mg of meperidine at 17:33. Licensee failed to properly document the administration of medication to patient JW as she administered more medication than she withdrew, before she withdrew it, while at the same time documenting the return of that same medication. On March 28, 2016, Licensee withdrew two (2) 4 mg vials of morphine for patient BWR at 09:22 for a total of 8 mg of morphine. Licensee documented the return of 4 mg of morphine for patient BWR at 10:22. Licensee failed to document the administration, waste, or return of the remaining 4 mg of morphine. On March 9, 2016, Licensee withdrew 100 mcg of fentanyl for patient NB at 14:38. Licensee documented the waste of 50 mcg of fentanyl for patient NB at 15:37. Licensee failed to document the administration, waste, or return of the remaining 50 mcg of fentanyl. On March 9, 2016, Licensee withdrew 2 mg of morphine for patient NB at 14:38. Licensee documented

Probation continued on page 16

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Disciplinary Actions**

Probation continued from page 15

the administration of 1 mg of morphine to patient NB at 14:35. Licensee failed to document the administration, waste, or return of the remaining 1 mg of morphine. On March 28, 2016, Licensee withdrew 4 mg of morphine and 100 mcg of fentanyl for patient LJ. Patient LJ did not have a need for those medications on March 28, 2016. Licensee documented the administration of the medications to patient SJ, who did have orders for those medications on March 28, 2016. Licensee failed to withdraw medication under the correct patient but administered the medication to the correct patient. On March 13, 2016, Licensee withdrew 4 mg of morphine, 25 mg of meperidine, and 100 mcg of fentanyl for patient TDC. Patient TDC did not have orders for those medications on March 13, 2016. Licensee documented the administration of the medications to patient LD, who did have orders for those medications on March 13, 2016. Licensee failed to withdraw medication under the correct patient but administered the medication to the correct patient. Probation 08/14/2018 to 08/14/2020

Holliday, Kortney Ann

Crystal City, MO

Licensed Practical Nurse 2018019817

On or about September 9, 2015, the Missouri Board of Pharmacy placed Applicant on the Missouri Pharmacy Technician Employment Disqualification List due to Applicant testing positive for marijuana while working as a pharmacy technician. Applicant was placed on the Missouri Pharmacy Technician Employment Disqualification List for a period of five (5) years. Probation 06/12/2018 to 06/12/2021

Rylott, Laurie Anne

Branson, MO

Registered Nurse 2001017558

On November 3, 2015, Licensee pled guilty to the class A misdemeanor of Endangering the Welfare of a Child - 2nd degree. Licensee's home smelled of fecal matter, garbage, old food and dirty clothes and the floors were covered with garbage, dirty clothing, and rotting food and presented an unsafe environment for her children. Licensee received a suspended imposition of sentence with two (2) years of unsupervised probation. Probation 06/19/2018 to 06/19/2020

Braun, Christina Lynn

Ballwin, MO

Registered Nurse 2008007237

On or about March 1, 2017, a report run by the hospital pharmacy showed Licensee at the top of the list for overall Omnicell narcotic usage. An investigation by hospital administration showed that Licensee's overall barcode scanning from January 1, 2017, to February 13, 2017 was 85%, which is well below the hospital standard. The investigation further showed that the following medications were pulled by Licensee but never scanned or returned: three 5mg oxycodone tables, two 5mg

hydrocodone tablets, one 1mg hydromorphone ampule, and one fentanyl patch. It was further noted that Licensee frequently pulled medications at a different Omnicell station than the one in the hall where the patient was located, and that Licensee was closing cabinets in the Omnicell when nothing had been removed. Probation 06/19/2018 to 06/19/2019

Campbell, Robin Kaye

Cape Girardeau, MO

Licensed Practical Nurse 2010035701

On June 30, 2016, Respondent injured herself at work and was required to take a drug screen. On July 5, 2016, the drug test returned positive for marijuana. Probation 06/28/2018 to 06/28/2021

Stewart, Brenda Kaye

Springfield, MO

Licensed Practical Nurse 2012004089

October 8, 2014, Respondent submitted to a for-cause drug screen. The screen returned positive for morphine and opiates. Respondent obtained the morphine from her daughter at Respondent's request for back pain. Respondent claimed to have a prescription for opiates, but presented no evidence of a prescription for an opiate. Probation 06/12/2018 to 06/12/2023

Love, Daren C

Jefferson City, MO

Registered Nurse 126455

On or about July 12, 2016, it was discovered while reviewing billing rejection reports that there was a discrepancy from the Licensee's Pyxis removals. Licensee had removed from the Pyxis machine medication for a patient that had been discharged the day prior. Additionally, staff was alerted because the Licensee was the only nurse removing Meperidine (brand name Demerol) in the Cardiac Cath Lab. Licensee was questioned why he would give the patients Meperidine. Licensee stated that the physician had told him to do so. Hospital officials asked the physician about the verbal order and the physician denied giving Licensee a verbal order to administer Meperidine to the patients as they came out of sedation. From April 1, 2016 to July 14, 2016, a pharmacy audit revealed the licensee removed seventy-four 50 mg vials of Meperidine, and did not document the administration, waste, or return in the patients' records. From April 1, 2016 to July 14, 2016, Licensee removed forty-eight 100 mcg syringes of Fentanyl, and did not document the administration, waste, or return in the patient's record. From April 1, 2016 to July 14, 2016, Licensee removed forty-one 2 mg syringes of Versed, and did not document the administration, waste, or return in the patient's record. Licensee attempted to obtain licensure through the use of fraud, deception or misrepresentation by falsely checking "no" to the question whether he was presently being investigated. Probation 07/16/2018 to 07/16/2021

Koelling, Michael John

Holts Summit, MO

Registered Nurse 2011033700

On two occasions, October 26, 2017 and November 20, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On October 26, 2017, the low creatinine reading was 19.2. Respondent's creatinine reading was 9.3 for the November 20, 2017, sample. On October 26, 2017, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and EtS (ethyl sulfate), a metabolite of alcohol. Probation 08/20/2018 to 08/20/2023

Blue, Deborah L

Saint Louis, MO

Registered Nurse 142649

In accordance with the terms of the Order, Respondent was required to contract with the Board approved third-party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within five weeks of the effective date of the Agreement, which was March 3, 2018. Respondent never completed the contract process with NTS. Probation 07/02/2018 to 07/02/2022

REVOCATION

Marler, Karmen M

Patterson, MO

Licensed Practical Nurse 054739

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of December 5, 2017, and March 5, 2018. Respondent was advised by certified mail to attend a meeting with the Board's representative on September 19, 2017. Respondent signed for receipt of the certified mail on September 8, 2017. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Revoked 06/12/2018

Shields, Donita Dona

Kansas City, MO

Licensed Practical Nurse 2014023075

On March 10, 2015, Respondent pled guilty to the offense of Making False Claims. The Indictment reflects that Respondent created false W-2 forms for third-parties in a scheme to defraud the United States Treasury. Revoked 06/21/2018

Wilmes, Cassandra Lynn

Maryville, MO

Registered Nurse 2010026090

COUNT I - On August 8, 2014, the Nurse Manager discovered a discrepancy in the Omnicell records. Because of the discrepancy, the Nurse Manager audited Respondent's narcotic transactions for the previous month. On or about August 12, 2014, Respondent was questioned by hospital administration regarding the multiple narcotic discrepancies in her charting. Respondent was interviewed and asked to submit a sample for a drug screen. Respondent submitted a sample for testing on August 12, 2014. On August 18, 2014, Respondent's drug screen returned positive for opiates, morphine, and oxycodone. Respondent did not have a prescription for, or a lawful reason to possess, morphine or oxycodone.

COUNT II - Respondent was working on a contract at a hospital in Texas. Texas and Missouri are both members of the Nurse Licensure Compact. At all times relevant in Count II, Respondent was working pursuant to her Missouri registered professional nursing license utilizing her privilege to practice in Texas. On or about November 28, 2014, Respondent received re-education on appropriate documentation after discrepancies were discovered with Respondent's administration of Lorazepam. On February 3, 2015, Respondent pulled Hydrocodone for a patient at 06:06, but failed to properly document the administration of the medication. On February 3, 2015, Respondent pulled Lorazepam for a patient at 21:11, but failed to document the administration of the medication. On or about February 4, 2015, Respondent was asked to submit to a drug screen due to the narcotic discrepancies. Respondent refused to submit to the drug screen, and her contract with the hospital was canceled. Revoked 06/21/2018

Harig, Deana Lea

Mexico, MO

Licensed Practical Nurse 2014038585

From October 11, 2016, until the filing of the Complaint, Respondent failed to check in with NTS on four days. In addition, on March 30, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On January 24, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Tramadol. Revoked 06/21/2018

Francis, Maurita SheRee

Kansas City, MO

Licensed Practical Nurse 2008007246

The Board did not receive an employer evaluation or a statement of unemployment by the documentation due dates of May 3, 2017; August 3, 2017; or October 3, 2017. Revoked 06/12/2018

Ruedas Vargas, Joan M

Washburn, MO

Registered Nurse 2000166073

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Disciplinary Actions**

On December 20, 2017, Respondent pled guilty to the offense of Theft of Government Property, in violation of 18 U.S.C. §641, in the United States District Court for the Western District of Missouri, Southwestern Division. Revoked 07/02/2018

Qandil, Randi Jo

Kansas City, MO

Licensed Practical Nurse 2008032212

On July 2, 2015, Respondent pled guilty to the class A misdemeanor of Theft/Stealing.

Revoked 06/21/2018 to

Henry, Tracy L

East Prairie, MO

Registered Nurse 118739

On June 4, 2015, co-workers reported that Respondent was exhibiting suspicious behaviors on the previous day. Following this report, an investigation into Respondent's charting of narcotic medications was conducted, which revealed multiple controlled substances that were unaccounted for. Respondent failed to properly document the administration, waste, or return of controlled substances she withdrew. Respondent practiced beyond the scope of a registered professional nurse by ordering and administering medications without physician orders. Respondent was questioned about the missing medications and lack of documentation. Respondent admitted she had failed to document correctly.

Revoked 06/12/2018

Marshall, Judy M

Belleville, IL

Licensed Practical Nurse 035396

On June 1, 2015, Respondent voluntarily surrendered her Illinois nursing license in a Consent Order with the Illinois Department of Financial and Professional Regulation (Illinois Department) which became effective on June 18, 2015. In the Consent Order, the Illinois Department and Respondent stipulated that Respondent was allegedly verbally abusive toward a resident and was terminated.

Revoked 06/28/2018

Dudley, Deana Marie

Saint Joseph, MO

Registered Nurse 2006022259

On November 15, 2015, it was discovered that the facility was missing several cards of Lortab. All employees, including Respondent, were asked to submit to a drug screen. Respondent submitted a sample for testing on November 16, 2015, which returned positive for opiates and amphetamine. At that time, Respondent admitted to consuming her uncle's Percocet and her son's Vyvanse. Facility supervisors requested that Respondent submit a second sample for a more in-depth drug screen. On November 23, 2015, the results of the second testing showed that Respondent tested positive for hydrocodone, marijuana, amphetamine, hydromorphone, oxycodone, and oxymorphone. When facility supervisors reviewed the results with Respondent, Respondent admitted to using drugs resulting in the positive drug screen. Respondent later admitted to the Board's investigator that she did use the drugs which she had tested positive for in the second drug test.

Revoked 08/27/2018

Meyers, Tiffany Nichole

Concordia, MO

Licensed Practical Nurse 2005041268

On June 28, 2016, a coworker at the hospital witnessed Respondent at the Pyxis machine after the end of Respondent's shift. When asked by the coworker, Respondent stated she was returning medications. The coworker observed a pill in Respondent's pocket. The coworker asked Respondent if she had any pills in her pocket; Respondent then removed a gabapentin 100 mg capsule from her pocket. The coworker also noticed that Respondent had been exhibiting the impaired behaviors of: slurred speech, laughing, and not being able to concentrate. A hospital administrator asked Respondent to submit to a for-cause drug screen. Respondent agreed to submit a sample for the for-cause drug screen. On July 6, 2016, the sample was confirmed positive for alpha-hydroxytriazolam, methamphetamine, hydrocodone, norhydrocodone, cotinine (nicotine), and amphetamine. The Board's investigator attempted to contact Respondent

on October 24, October 26, October 28, November 2, November 8, November 10, and November 17, 2016. Respondent did not respond to the Board's investigator's contact attempts regarding the complaint filed against her license.

Revoked 08/27/2018

Bryan, Leslie M

New Bloomfield, MO

Registered Nurse 144976

On August 25, 2015, Respondent pled guilty to the class A misdemeanor of Theft/Stealing (value of property or services is less than \$500). On February 20, 2018, Respondent pled guilty to the class A misdemeanor of Theft/Stealing (value of property or services is less than \$500). On April 4, 2018, Respondent pled guilty to the class C felony of Possession of a Controlled Substance, and the class A misdemeanor of Unlawful Use of Drug Paraphernalia.

Revoked 06/28/2018

Benjamin, Kristal Marie

Blue Springs, MO

Licensed Practical Nurse 2004019189

A doctor at the facility received a phone call from a pharmacy on November 22, 2016, in regards to a questionable prescription for Percocet 7.5/325# 90 tablets in Respondent's name. The name and the amount of Percocet appeared to be altered on the prescription. The doctor stated she did not write prescriptions for employees of the facility and would not write prescriptions for ninety (90) tablets of Percocet. Respondent agreed to a for-cause drug screen, but failed to appear for the drug screen at the drug testing facility to obtain the drug screen. Security cameras from the pharmacy show Respondent as being the individual that presented the altered Percocet prescription with the intent to possess the drug. On December 22, 2016, the Board of Nursing attempted to contact Respondent in regards to the complaint. Several phone call attempts had been made and were connected to a voicemail messaging system. Respondent did not telephone the Board of Nursing and did not submit a notarized statement to the Board of Nursing. Revoked 08/21/2018

Pasley, Lisa Marie

Saint Charles, MO

Registered Nurse 2002025791

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of May 22, 2017. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by December 28, 2017. As of the Complaint filing, the Board did not receive proof of any completed hours.

Revoked 06/21/2018

Earl, Jeremy Blake

Chester, IL

Licensed Practical Nurse 2012023343

In or about November 2016, the nursing home conducted an investigation after discovering that two cards of Norco had recently gone missing. The nursing home's surveillance footage from on or about November 15, 2016 showed that Respondent was in the medication room between approximately 12:33 p.m. and 12:58 p.m. While in the medication room, Respondent popped out pills from two cards of Norco (sixty pills total) and placed the pills in an envelope. He then exited the room with the pills in his pocket. Respondent also left the medication room with bottles of morphine and lorazepam that had been prescribed to a patient who was recently deceased. On or about November 30, 2016, nursing home officials questioned Respondent and required that he submit to a for-cause drug test. On or about December 1, 2016, the test returned positive for cocaine and amphetamines. Although later reports indicated that Respondent's sample was beneath the screen's threshold to confirm amphetamine use, Respondent admitted to a Board investigator that he had taken Adderall, which is an amphetamine, without a prescription or any other lawful reason to do so. Respondent admitted to a Board investigator that he had diverted the sixty pills of Norco and sold them for profit. On or about September 22, 2017, Respondent pled guilty to the Class C felony of receiving stolen property.

Revoked 08/27/2018

Allen, Deborah J

Farmington, MO

Licensed Practical Nurse 046878

On or about September 8, 2016, Respondent's co-workers witnessed her walking away from a vehicle in the parking lot and entering the facility with something cupped in her hand. Respondent then entered the restroom, where she stayed for approximately fifteen minutes. After Respondent left the restroom, co-workers noticed that the restroom had a strong scent of marijuana. Respondent's supervisor requested that she submit a sample for a for-cause drug test. Respondent refused. Respondent had previously admitted to a co-worker that she smoked marijuana. In her response letter to the Board dated January 3, 2017, Respondent admitted that she refused to take the drug test because it would have shown marijuana in her system. In an interview with the Board's investigator, Respondent admitted that the test would have been positive for marijuana because she had smoked marijuana in Colorado in the weeks prior to the incident. Respondent further admitted that in February 2014, management at her previous employer had found marijuana with Respondent's belongings while she was at work.

Revoked 08/21/2018

Davy, Brian Neal

Republic, MO

Registered Nurse 2011026749

Respondent admitted to hospital administrators that he had been diverting narcotics for approximately three (3) months. Respondent admitted to hospital administrators that he had become addicted to drugs, and had used them heavily over the prior three (3) months. On or about November 14, 2014, Respondent tested positive for amphetamines, marijuana, and opiates on a for-cause drug screening. The opiate panel included morphine, codeine, and hydromorphone. Respondent admitted to the Board's investigator that he had diverted narcotics at the hospital for "several months" for his own personal use. He further admitted that he would withdraw more medication than the patient needed for his own personal use.

Revoked 08/21/2018

Cazier, Malisa Halona

Nixa, MO

Licensed Practical Nurse 2014044587

Respondent failed to check in with NTS on eight (8) days. Further, on February 1, 2018, Respondent failed to check in with 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 February 1, 2018. Respondent's creatinine reading was 17.7 for the March 7, 2018, sample. On March 7, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. On March 16, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. On April 4, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.

Revoked 06/26/2018

Dzyban, Steven Mathew

Ballwin, MO

Registered Nurse 2016037436

From January 26, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on twenty-five (25) days. In addition, on February 8, 2018, and February 14, 2018, Respondent failed to check in with NTS; however, both were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on February 8, 2018, and February 14, 2018. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of February 16, 2018.

Revoked 08/27/2018

Reed, Jessie D

Wentzville, MO

Licensed Practical Nurse 043241

Between midnight and 2:00 A.M., Respondent fell asleep. Respondent was responsible for the care of patients at the

Revocation continued on page 18

Disciplinary Actions**

Revocation continued from page 17

time she fell asleep. Prior to falling asleep, Respondent failed to lock the medication cart in the nursing home's dementia unit. Unlocked medication carts are a danger to patients with dementia because such patients are known to go through medication carts and ingest medications that cause them harm. While she slept, Respondent failed to assess, treat, and document a hospice resident. When caught sleeping by the nursing home's quality assurance nurse, Respondent left the facility during her shift. Revoked 06/26/2018

Brown, Jacqueline S
Monroe City, MO

Licensed Practical Nurse 057757

On March 7, 2018, Respondent pled guilty to the class E felony of Delivery of an Imitation Controlled Substance. Revoked 06/26/2018

Hobbs, Kristeen Alisha
West Plains, MO

Registered Nurse 2005035103

Respondent failed to check in with NTS on twenty-eight (28) days. Further, on September 6, 2017; December 22, 2017; and, January 3, 2018, Respondent failed to check in with NTS; however, all three (3) 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 September 6, 2017; December 22, 2017; and, January 3, 2018. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of January 17, 2018. Revoked 06/26/2018

Fuller, Traci L
Savannah, MO

Registered Nurse 092443

Respondent did not complete the contract process with NTS. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Revoked 06/26/2018

Perkins, Cristyn Bryn
O Fallon, MO

Registered Nurse 2003018118

On October 27, 2017, Respondent pled guilty to the class D felony of Stealing. Respondent stole money and other items from a special needs infant home health patient's family. Revoked 06/26/2018

Stadler, Louis Joseph
Jenks, OK

Registered Nurse 2010008003

Respondent failed to check in with NTS on fourteen days. On August 7, 2017, Respondent checked in with NTS and was advised that he had been selected to provide a

urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On December 7, 2017, Respondent failed to check in with 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 December 7, 2017. On three separate occasions - October 4, 2017; November 13, 2017; and December 21, 2017 - Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On October 4, 2017, the low creatinine reading was 19.0. Respondent's creatinine reading was 16.9 for the November 13, 2017, sample. The creatinine reading for the test on December 21, 2017, was 16.3. On January 29, 2018, Respondent reported to a collection site to provide a blood sample for blood spot Phosphatidylethanolol (PEth) testing. Respondent tested positive for PEth, which indicates binge drinking or regular constant drinking in the period of time two to three weeks before the test. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of November 20, 2017, and February 19, 2018. Revoked 07/16/2018

Findley, Brandi L
Kansas City, MO

Licensed Practical Nurse 054041

Respondent befriended a resident, WP, who lived at the nursing home. Resident WP left the nursing home and moved into an assisted living facility. After resident WP left the nursing home, Respondent became WP's Durable Power of Attorney and her name was added to WP's checking account. On November 10, 2016, Respondent pled guilty to the class C felony of Receiving Stolen Property. Respondent falsely documented that she had administered medications to nineteen (19) patients in the Medication Administration Record ("MAR"). Respondent failed to cooperate with the Board's investigation. Because of Respondent's actions at the facility, Respondent's name was added to the State of Missouri Department of Health and Senior Services' employee disqualification list for a period of ten (10) years. Revoked 06/26/2018

Franz, Amanda Carla
Ozark, MO

Licensed Practical Nurse 2014004807

Count I - On July 18, 2016, Respondent was witnessed arriving at work and displaying inappropriate behavior. During Respondent's shift, Respondent's coworkers witnessed her exhibiting impaired behaviors; Respondent was noted to be unsteady, her balance was off, she was observed to be disorganized, and she was slurring her speech. Respondent was transported to the emergency room for treatment. While Respondent was at the emergency room, nursing home staff conducted a medication count which revealed that medications for resident GP, as well as the medication count forms for resident GP's medications, were discovered to be missing. The missing medications included Oxycodone, Tramadol, Zolpidem, Morphine, and Lorazepam. Respondent returned to the nursing home at approximately 1:00 a.m. on July 19, 2016. When Respondent returned to the nursing home, she was still exhibiting impaired behavior and appeared confused, stumbling, and was slurring her speech. The nursing home Director of Nursing Services (DNS) spoke to Respondent about the missing medication and forms, and Respondent stated that she had destroyed the medications with nurse CM. Nurse CM denied wasting the medications with Respondent. Respondent was asked where the medication count sheets were and where the medications had been wasted. Respondent indicated that the items were in the medication room. Respondent then entered the medication room and the medication count sheets were found. Nurse VK reported that she observed Respondent remove a small brown bottle from her pant leg and place it on the medication room counter. The bottle was resident GP's Lorazepam, which had been reported missing earlier. The amount of Lorazepam that was expected to be found in the bottle was 26 ml. When the bottle was examined, there were only 22 ml of Lorazepam in the bottle. 4 ml of Lorazepam went missing while the bottle was in Respondent's possession. On July 20, 2016, the agency had Respondent submit a specimen for a for-cause drug screen. On July 24, 2016, the sample Respondent submitted for testing was confirmed positive for marijuana and opiates.

Count II - Through the agency, Respondent provided home care for a juvenile patient during overnight shifts,

from 11:00 p.m. to 7:00 a.m. NC is the juvenile patient's guardian. In December 2016, NC won a \$1,000.00 scratch-off lottery prize. NC placed the winning ticket on her refrigerator door for safe keeping. On December 30, 2016, the lottery ticket was noticed to be missing from the refrigerator door after Respondent had left the home. NC reported the ticket as stolen to the police and to the Missouri Lottery Commission. Respondent attempted to redeem the winning lottery ticket on January 11, 2017, at the Missouri Lottery Commission office in Springfield, Missouri. On January 11, 2017, NC confronted Respondent about the stolen lottery ticket, and Respondent admitted that she had stolen the ticket. On January 18, 2017, Respondent was interviewed by the Greene County Sheriff's Office and admitted to stealing the lottery ticket from NC.

Revoked 06/12/2018

Nebel, Lisa Diane
O Fallon, MO

Licensed Practical Nurse 2005030959

On September 19, 2017, Respondent pled guilty to four counts of the class C felony of Statutory Sodomy 2nd Degree; two counts of the class C felony of Statutory Rape 2nd Degree, and one count of the class D felony of Harassment by a person over 21 against a person under 17. Revoked 06/21/2018

Webb, Shianne Michelle
Lees Summit, MO

Registered Nurse 2010018151

From February 27, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on five days. Further, on March 7, 2018, and March 22, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by certified mail to attend a meeting with the Board's representative on February 6, 2018. Respondent did not attend the meeting or contact the Board to reschedule the meeting.

Revoked 07/16/2018

Gough, Tamera L
Shelbina, MO

Registered Nurse 155085

On February 11, 2016, Respondent pled guilty to the class C felony of Theft/Stealing any Controlled Substance. On February 11, 2016, Respondent entered guilty pleas to the class C felonies of Burglary - 2nd Degree.

Revoked 06/21/2018

Williston, Rachel K
Blue Springs, MO

Registered Nurse 150096

The Administrative Hearing Commission found that there was cause to discipline the registered professional nursing license of Respondent pursuant to Sections 335.066.2(5), (6)(b), (c), (e), (7), and (13), RSMo., based on findings that Respondent acted outside the scope of her practice, demonstrated incompetence, gross negligence, and repeated negligence in her care of patient K.B., engaged in misconduct, misrepresentation, and unprofessional conduct, and violated professional trust and confidence. Specifically, the AHC found that Respondent repeatedly held herself out as a certified nurse midwife, acted outside the scope of her practice and attempted by way of deception to obtain or retain K.B. as a patient by not having a collaborating physician, incompetently handled issues throughout her care of K.B. that included not adequately informing K.B. of various risks regarding having a large baby, premature rupturing of the membranes, meconium, assessing K.B., and postpartum hemorrhaging, committing incompetent record keeping consisting of failing to chart shoulder dystocia, use of olive oil, administration of Pitocin, and information beyond heart rate and respirations of M.B. immediately after birth, committing gross and repeated negligence by not appropriately using expectant management with a collaborating physician to address the various complications that arose during the birth of M.B., willfully and continually performing inappropriate or unnecessary treatment or nursing services by subjecting

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Disciplinary Actions**

K.B. to an increased risk of infection through seven vaginal examinations after her water broke, and violating professional trust and confidence through overriding attempts to continue to treat and manage K.B.'s increasing risks to her and M.B. through the labor and birth of M.B. Revoked 07/30/2018

Layton, Michelle L

Weston, MO

Registered Nurse 151858

Respondent failed to properly follow physician orders in the administration of Vancomycin. Respondent failed to properly document patient orders and patient care. Revoked 06/12/2018

SUSPENSION

Wagner, Mark W

Overland Park, KS

Registered Nurse 145493

Suspended 7/6/18 to 1/6/19; Probated 1/7/19 to 1/7/22

On January 30, 2015, Respondent pled guilty to the class B misdemeanor of battery.

Suspension 07/06/2018 to 01/06/2019

VOLUNTARY SURRENDER

Ward, Joy L

Dexter, MO

Registered Nurse 104054

Licensee voluntarily surrendered her Missouri nursing license effective August 22, 2018.

Voluntary Surrender 08/22/2018

Blackard, Susan A

Springfield, MO

Registered Nurse 069153

On or about September 20, 2017, Licensee called Compounding Lab, attempting to call in prescriptions for a patient. Licensee was attempting to call in prescriptions for Armour Thyroid 15mg, Flexeril 10mg, Lorazepam 2mg, and Valcyclovir 500mg. The pharmacist and pharmacy technician reported that Licensee was exhibiting questionable behavior during the phone call. When asked for the DEA number for the physician who wrote the prescriptions, Licensee stated she would have the physician contact the pharmacy; however, the physician never called. The pharmacist attempted to call the physician's office; however, the phone number listed for the office was Licensee's cell phone number. When questioned, the physician stated he had been out of the country for several years and had not given Licensee permission to call in prescriptions under his name. Additionally, the physician does not have a current Missouri physician's license. Since May 13, 2014, Licensee had called in 232 prescriptions to the pharmacy. Voluntary Surrender 08/21/2018

Richards, Katheryn Victoria

Carthage, MO

Registered Nurse 2013002909

Licensee was employed as the Director of Nursing from February 2014 through September 25, 2014. Narcotic medications which are no longer being used for a patient are surrendered to the DON. The DON accepts the surrendered narcotic medications which are to be placed in a locked cabinet for storage, and then later destroys the medications with the pharmacist when the pharmacist is present at the facility. In September 2014, the Medical Director checked on the refill request for a patient to see if the patient was getting the medication ordered. The Medical Director checked the medication logs and discovered that the medication log and destruction log book did not match. The Medical Director discovered that Licensee documented the destruction of twenty-nine pills of oxycodone for patient EH on the August 20, 2014 narcotic destroy log. However, the medication destruction was charted in a box with a line through it. The Medical Director stated that Licensee had admitted to making the entry after the line had been drawn. When the pharmacist was contacted about the medication destruction, the pharmacist stated that she was not involved in the destruction of that medication and alleged that her

initials had been placed in the log without her knowledge or consent. Thereafter, a review of the medication destruction logs was undertaken by the facility and several errors were discovered. From March 26, 2014 through August 9, 2014, there were over a dozen instances where medications were surrendered to Licensee for destruction, and where Licensee was the last person in possession of the medications, but the medications were not accounted

for or accurately logged into the medication destruction log. During that period, three hundred and twenty-three medication pills were not properly accounted for in the medication destruction log. The medications that were not properly accounted for were controlled substances pursuant to RSMo. §195.017. Voluntary Surrender 08/20/2018

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE				
<input type="checkbox"/> NAME	<input type="checkbox"/> ADDRESS	<input type="checkbox"/> PHONE	<input type="checkbox"/> ALTERNATE PHONE	<input type="checkbox"/> EMail
<input type="checkbox"/> RN	<input type="checkbox"/> APRN	<input type="checkbox"/> LPN		
Missouri License Number _____	Last 4 Digits of Social Security Number _____			
NAME AS CURRENTLY IN OUR SYSTEM				

Last Name (Printed) _____

First Name (Printed) _____

NEW INFORMATION

Last Name _____

First Name _____

Middle Name _____

() _____

() _____

Daytime Telephone Number _____

Alternate Phone Number _____

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STATE _____

ZIP _____

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

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(primary state of residence) (effective date)

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In accordance with the Nurse Licensure Compact "Primary State of Residence" is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→ _____
Signature (This form must be signed)

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