Message from the President

Anne Heyen, DNP, RN, CNE

April 5, 2019 was the 5th annual Innovative Best Practices (IBP) conference. This event was sponsored by the MSBN in partnership with State Fair Community College and was held at the College’s campus in Sedalia. The conference is targeted towards nursing educators across the state and included many important topics such as legal aspects of nursing, online education, and a number of breakout sessions with various focuses. The board would like to express our thanks to Bibi, Ryan, Mallory, and the rest of the education team for all their hard work in getting this conference set up and implemented. It is nice to have a fantastic, local conference that is free to attend, especially in these times of tight budgets. The board would also like to express our thanks for each one who attended, as we recognize that time is precious, especially in the middle of a semester.

There was much great feedback provided from those who filled out the evaluation form. The feedback provided and the overall evaluation was reviewed by the full board at our last meeting. We have several fantastic ideas that will be further explored as the planning for the next IBP conference begins later this summer. The conference is an excellent example of the board, board staff, and educators working together to improve education for the nursing students of Missouri.

End of 2019 Legislative Session Report

The 2019 legislative session of the Missouri General Assembly ended May 17, 2019. The Governor has 15 days to act on a bill if it is delivered to him during the legislative session and 45 days if the legislature has adjourned or has recessed for a 30-day period. The Governor has 15 days to act on a bill if it is delivered to him during the legislative session and 45 days if the legislature has adjourned or has recessed for a 30-day period. The following is a summary of actions that impact nursing regulation.

Certified Nursing Assistants

Senate Bill 514 allows certified nursing assistants to receive training in hospitals. The current law only allowed training to occur in nursing homes and other long-term care facilities. It also allows those who have completed the competency evaluation and training for the designation of “unlicensed assistive personnel” in hospitals to take the certified nursing assistant examination.

Telehealth

Senate Bill 514 repeals the sunset provision on the utilization of telehealth for advanced practice registered nurses in rural areas of need. You may recall that state law 335.175, RSMo allows an Advanced Practice Registered Nurse (APRN) to provide nursing services under a collaborative practice arrangement outside the geographic proximity if both the collaborating physician and APRN are utilizing telehealth in the care of the patient and the service is provided in a rural area of need. That original law, 335.175, RSMo, was set to sunset (expire) August 28, 2019. Senate Bill 514 removed that expiration date.

Address Changes

The board received 16,952 address changes from the time period of February 1, 2019 to May 31, 2019. Nurses are required by law to notify our office of an address change within 30 days of the change. You may notify our office of your address change through this link, https://pr.mo.gov/nursing-address.aspx. Don’t jeopardize receiving important information regarding your license and ability to practice.
Missouri Board of Nursing and members of U.S. Air Force meet to streamline the transition for military service members, veterans and their spouses into the civilian workforce

Jefferson City, MO – On May 22nd, members of the United States Air Force joined the Missouri State Board of Nursing at their meeting in Jefferson City to discuss ways to improve and streamline the transition of military service members, veterans and their spouses into the civilian workforce.

The White House report titled, The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and Their Spouses, encouraged states to support legislative efforts that would transition veterans into the civilian workplace. In 2017 the Missouri Board of Nursing wholeheartedly joined this effort by approving the United States Air Force (USAF) Basic Medical Technician, Corpsman Program (BMTC) – Air Force Specialty Code: 4N0X1) as Practical Nursing program. This allows service members to apply for and take the National Council Licensure Exam for Practical Nurses (NCLEX-PN) and obtain a LPN license.

At this meeting, officials discussed the 4N0X1 training and presented the Missouri Board of Nursing with current and projected changes to the 4N0X1 curriculum, education and training. Air Force officials presented plans for upgrading training in civilian acute care facilities. This plan has the potential to have a positive impact on the nursing workforce in Missouri while providing an avenue for valuable upgrade training for Air Force active duty personnel. This would create a win-win situation for the Air Force, Missouri health care providers and recipients of nursing care in Missouri and abroad.

“We value the contributions veterans have made in the military and acknowledge their training and experience,” said Lori Scheidt, Executive Director of the Missouri State Board of Nursing. “Our goal is to make sure veterans receive the credit they so rightly deserve and assist with civilian careers in nursing.”

In addition to easing the transition for veterans into the civilian workforce, this is an action that also addresses the need to increase the number of licensed nurses in the state which is currently facing a shortage of qualified nurses.

Joining the Missouri State Board of Nursing were:

- Brigadier General Robert J Marks – Air Mobility Command Surgeon and Chief of the Air Force Nurse Corps at Scott AFB
- Lt. Colonel Debra L. Zabokrtsky, Chief, Officer Force Development Division and Director, Air Force Nursing Services at Headquarters AF, Office of the Surgeon General – Falls Church, Virginia
- Chief MSgt Robert A. Marguez – Army Nurse Corps, U.S. Army Medical Service and Surgical Service Career Field Manager, Office of the Surgeon General, Falls Church, Virginia
- Chief MSgt David M. Denton, Command Aerospace Medical Service Functional Manager and AF Aeromedical Evacuation Consultant, Office of the Command Surgeon, Headquarters Air Mobility Command, Scott AFB
- Lt. Colonel Matthew Pfeifer – Chief Nurse, 509th Medical Group at Whiteman AFB
- MSgt Tiffany Campbell – Aerospace Medical Services Career Field Manager – 509th Medical Group at Whiteman AFB
- Chief MSgt Amando Respress, Aerospace Medical Service Functional Manager from the 59th Medical Wing, Joint Base San Antonio – Lackland AFB

Example 1:
Nurse A arrives at work not feeling well. Some reasons cited for not feeling well have been morning sickness, staying out too late the night before, diarrhea or vomiting, and urinary tract infection. Nurse A makes the decision that IV fluids would make him/her feel better. The floor is busy and the nurse does not want to leave co-workers short. The nurse surmises that if she goes to the emergency room or home, a staffing shortage will occur. Nurse A asks Nurse B to start an IV on him/her. Nurse B hangs a bag of normal saline while Nurse B watches Nurse A’s patients. What is described here is theft of facility property. Nurse A has diverted/stolen the IV start supplies, the IV tubing and the IV fluids. Nurse B has started an IV without an order. Nurse A and B have both violated the Missouri Nurse Practice Act (MO NPA).

Example 2:
Nurse C has a prescription for a non-controlled medication. Nurse C leaves the prescription medication in the car, at home, or the prescription has run out. Nurse C feels like she needs the medication mid-shift. Nurse C removes the medication from the Pyxis under a patient name and uses the medication for personal use. Nurse C cites various reasons to justify the immediate need for the medication. The reasons cited can be many, but examples include: asthma attack, chest pain, elevated blood pressure or an allergic reaction. If this medication was an immediate need, then Nurse C should have notified co-workers and gone to the emergency room for treatment. This incident is diversion or theft of facility property and a violation of the MO NPA.

Example 3
Nurse D is working with Nurse E. Nurse E is complaining of an allergic reaction and states she is having difficulty breathing. Nurse D obtains a prescription medication from Nurse E. Nurse D has now worked outside her/his scope of practice and has diverted/stolen the medication. Nurse D should have recommended that Nurse E go to the emergency room for treatment. By taking the medication, Nurse E has stolen/diverted the medication and violated the MO NPA.

Example 4:
Nurse F removes facility property for home use. The facility property are items such as Band-Aids, syringes, ace wraps, betadine, and/or alcohol pads. The supplies are intentionally placed in a pocket or bag and taken home. Nurse F attempts to justify his/her actions by claiming everyone does it. The fact is it is a violation of facility policy to intentionally remove property from the facility for personal use. What this scenario describes is theft of facility property.

Some facilities may have a stock supply for employee use. A facility may have a written policy or standard operating procedure that allows an employee to take an ibuprofen or acetaminophen from a stock supply. It is your responsibility to know the policies of your employer. Make sure you know the policy or standard operating procedure prior to taking medications from stock supply. A best practice for employers is to have a written policy about this and educate your team.

In most of these scenarios, the nurses claim that there was no awareness of a practice violation until after the termination. In some cases, it was mentioned or suggested that the nurse had observed other nurses doing the same conduct and never receiving any repercussions. Many were “caught” on camera and a film clip was submitted with the investigation.

The Nurse Practice Act may be found at https://pr.mo.gov/nursing-rules-statutes. All Section 335.066.2 RSMo gives the board authority to file a complaint with the administrative hearing commission to pursue cause to discipline a license for specific reasons, which include: “misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including but not limited to, the following:... (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state” [335.060.2 (6) RSMo]; “violation of any professional trust or confidence” [335.066.2 (13) RSMo]; “violation of the drug laws or rules and regulations of this state, or any state or the federal government” [335.066.2 (15) RSMo]; and “diversion or attempts to divert any medication, controlled substance or medical supplies” [335.066.2 (25) RSMo].

There are a few lessons learned that warrant consideration.

Honesty, accuracy and integrity are personal traits considered imperative for the provision of safe and effective nursing care. The board may be concerned that if a nurse engages in fraud, theft, or deception toward his/her employer, there is the possibility that the nurse will also engage in the same behavior toward patients.

You owe a duty to your patients to perform the duties for which you were hired. You have a duty to remain alert and vigilant to maintain patient safety. If at any point during your practice as a nurse you experience some sort of mental or physical ailment/injury that may impair or prohibit your ability to provide appropriate and efficient care to your patients, it is your professional obligation to remove yourself from the workplace or make accommodations to your schedule until such time you are able to provide safe care for your patients. If you are impaired by any means, you present a safety risk to your patients.
Missouri State Board of Nursing Hosts Nursing Students

Initial Planning

In November 2018 the Missouri State Board of Nursing (Board) entered into a collaborative agreement with the College of Nursing at the University of Missouri (University) on behalf of the Sinclair School of Nursing in Columbia to establish an educational experience for students that would be equally beneficial to nursing students as well as the Board. Learning experiences for students were to enhance understanding of legislative and regulatory processes in state government, the Division of Professional Registration and particularly the Board of Nursing. Field experiences were to engage students in real time regulatory activities to better understand current issues in health care, particularly nursing workforce needs and development, nurse facility shortages and regulation of nurse education programs. Regulators and University nurse educators would work together to select professional staff that would be optimally positioned to work with nursing students to meet such goals.

Lori Scheidt, Executive Director – Missouri State Board of Nursing: “This experience was very positive. The initial formulation of the preceptor agreement allowed the office team and nursing program to foster a relationship for exchange of information and ideas. Our office team gained the fresh perspective of students and students gained a deeper understanding of the complexities of nursing regulation.”

Dr. Sherri Ulbrich – Associate Teaching Professor with the Sinclair School of Nursing: “In work with the Missouri State Board of Nursing (BON) staff, MU Sinclair School of Nursing students gained invaluable perspectives about nursing regulation and the role of the Board in protecting the health and safety of Missourians. The learning opportunities at the BON enabled students to better understand the role and functions of the Board and Nursing. This new level of understanding of the BON and public health and safety will be an asset to their future practice and professional development. Students and faculty recognized the benefits of working with BON preceptors. We are grateful to the BON for providing these unique and relevant learning experiences for our students.”

Learning Experiences

An informational meeting with five (5) nursing students currently enrolled in Sinclair School of Nursing baccalaureate and graduate nursing programs was launched in February 2019. Nursing students met with professional staff to determine learning experiences that would optimally engage students in the regulatory environment, address individual learning needs and interests and provide conceptual frameworks to best guide their experiences. Bibi Schultz, Director of Education for the Board of Nursing, worked with students as a point of contact and provided guidance and feedback as their preceptor.

By March 2019 students were fully engaged in regulatory work with their preceptors. Students did a great job to seek out activities that they felt would provide them with optimal experiences to help build their professional portfolio. Students attended Board meetings, provided valuable feedback through review and evaluation of workforce data and reports, participated in nurse educator association meetings and conferences, worked with professional staff to conduct site visits for nursing programs and completed research projects related to nursing education and workforce development.

Bibi Schultz, Director of Education – Missouri State Board of Nursing: “To engage students in the regulatory environment is such a unique opportunity to help shape their professional perspective and to learn in real time how important and impactful their actions as professional nurses will be.”

“My name is Teresa Crowder, I am a Registered Nurse in the骊 MISSOURI AND A DOCTORATE IN NURSING PRACTICE (DNP) student with an emphasis in Nursing Leadership and Health Care Innovation, with the University of Missouri Columbia — Sinclair School of Nursing. This spring I have been working on my clinical residency hours with the Board. My experiences have allowed me to learn more about the projects the Board and Board staff are engaged in, for example, the Board staff are working with the military on a curriculum pathway for medics to become licensed providers in the civilian world. This helps military medics find meaningful employment after their military career. Nursing regulation and public safety is part of a nurse’s career but to learn about the work the Board conducts provides a different viewpoint of the profession. Participating in the Board meeting in February I saw nursing programs in the state presenting program improvements for Board decisions. There were also licensees of the state present to preserve their license for various actions of discipline. This is something I will never forget and believe every nurse and nursing student should experience. I would recommend this experience to anyone interested in learning more about the role of the Board and the work of the Board staff in nursing and the work their staff engage, supporting nursing education and safe nursing practice within the state.”

Students’ Evaluation of Preceptor Experiences

Professional staff worked with Sinclair School of Nursing course faculty to complete formal evaluations of student progress and performance at midterm as well as at the end of the semester. Upon conclusion of the spring 2019 semester students were asked to provide feedback to the Board in regard to their experience in the regulatory environment. An eighty percent (80%) response rate for the survey was achieved. Students unanimously described their experiences as “excellent.” When asked about experiences that were most helpful to their learning, attending legislative hearings and participation in nursing school site visits were among favorite activities. The following comment was included: “I really enjoyed attending the hearing over the APRN licensure bill. I also enjoyed getting to attend a nursing school site visit. This helped me understand the different roles nurses play within the state government and education.”

All students indicated that they would recommend this preceptor experience to other nursing students. This comment was received: “I thought it was a valuable experience to have seen the logistical side of nursing. I was able to learn why these rules and regulations are set in place and the impact that the Board has on every nurse working in the state.”

When asked to provide feedback that may help professional staff to provide most optimal experiences for nursing students in the future, students rated initial planning at the beginning of the semester, engagement in meaningful projects to be accomplished and the freedom to choose field experiences around their school schedules as most helpful in accomplishing their goals.

Comments included: “I really enjoyed my time with the Board. I think it is important that students have a meaningful project to accomplish while in their placement with the Board because that helped me feel that I was useful and not just taking up everyone’s time.”

Reflection and Future Planning

As the spring 2019 semester concludes, it is important to reflect on the significance that launching of this innovative preceptor model represents. While students benefit from engagement in activities to help broaden their view of the regulatory environment and their work with professional staff may impact their professional direction in nursing practice, the students’ perspective on workforce development, nursing education and Board staff impact of legislative activities and impact of regulatory actions. Nurse educators and professional staff worked closely with the nursing students and students gained a more complex understanding of issues on hand, their participation and feedback added a layer of observation and objectivity that may have significant impact going forward. Current planning of future preceptor experiences is underway. Nurse educators and professional Board staff continue to work together to replicate and expand preceptor opportunities for nursing students. The benefit of enhanced graduate readiness to navigate the complex environment of professional nursing is clear. Impact of these experiences to inspire future nurses to actively participate in legislative and regulatory actions and to directly impact nursing practice in Missouri is invaluable!”

Lori Scheidt, Executive Director – Missouri State Board of Nursing

Dr. Sherri Ulbrich, Associate Teaching Professor at Sinclair School of Nursing to establish this unique and innovative partnership.

Eryn Acton, BSN Student
Madison Malecha, BSN Student
Caitlin Sherwood, BSN Student

Bibi Schultz, Director of Education – Missouri State Board of Nursing

Teresa Crowder
DNP Student

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Drug testing required. Some restrictions apply.
As I’m writing this, there’s so much excitement in Missouri over the Cinderella story St. Louis Blues. As game #3 kicked off in St. Louis, there were tears…or maybe someone was just choppin’ onions nearby. Hard to say. The trauma that nearly ended my life and left me blind occurred immediately after attending a Blues game. It was the season opener that night and later, while I recovered in the ICU, something special happened…

If you’ve heard me keynote or read any of my books, you may recall stories about Rick. Rick was an ICU nurse who was tasked with taking care of me in the early days of recovery. When we met, I was less than a day post op from a 20+ hour facial reconstruction surgery. Rick’s patient, er, me, was on a breathing tube, immobilized by traction, blind, mute and disfigured. Yet, I was intrigued by the introduction to Rick because we talked about the Blues. By “talked,” I mean that he spoke and I had to write everything out longhand on a legal pad. Even though Rick was taking care of a critical and complex patient, having that brief conversation about our mutual love of hockey showed his recognition of my humanity. Yes, I was a horribly injured patient, but I still had loves and passions and preferences.

The next couple days were spent in a fog of narcotics and pain and confusion and realization of loss. As the hours crept by, though, I still had a desire to keep up with hockey. Or, maybe it was just an attempt to hold onto something “normal” when everything had gotten so messed up. Since the Blues would be facing off against the hated Chicago Blackhawks that very evening, it would be a very different experience “watching” hockey with my ears instead of my eyes. But, just a few minutes into the game, the narcotics, the adrenaline, the post op pain, the loss and the despair all combined and left me exhausted. Before the end of the first period, I drifted off to sleep.

The next morning, visitors arrived. “Marcus, did you hear your name on the Blues game last night?” What? My name?

“Yeah, about halfway through the game, the announcers sent out their best wishes to Marcus Engel for a quick recovery. They said you’d been injured in an accident after a recent Blues game.” TV announcers talking about me, an 18 year old kid? How’d that happen? Then, I found out.

“Marc, remember your nurse, Rick, from a day or two ago?” my parents asked. I nodded. “I think he was the person who made that happen.” Huh, I thought. I knew Rick was also a Blues fan, but how did he get my name mentioned on the air?

As it turns out, Rick had a friend who had a friend who knew a guy. After our initial meeting, Rick had made a few calls, shared my story and, well, next thing ya knew, I’m being wished a speedy recovery by all of Bluesdom. I couldn’t believe that this one nurse who I’d met one time would go so far above and beyond the call of duty.

Soon after, Rick was by my side again, tasked with taking care of my battered self for a shift. When he entered, I slowly wrote out on the legal pad, “You got my name on the Blues game.” More a statement than a question. “Yes,” Rick said. I laid down my pencil and stuck out my hand. We shook. I tried to convey my gratitude through our physical contact. Thank you, thank you, I wrote. Words are never enough, but they were all I had. And when you have virtually nothing, those acts of kindness and compassion speak volumes.

These types of gestures aren’t uncommon in nursing… and they mean the world to your patients. When you connect with a patient on a human level, especially in times of such deep pain and loss, it stands out. I hope you’ll always go above and beyond for your patients so they’ll know you, too, care about them outside your professional role.

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**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**
Evidence-Based Practice: Are You Working at the Top of Your License?

By OBN RN/LPN Education Policy Analyst
Nancy Ireland, DN, RN, MNPN, CNM

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Do you remember your first impression of nursing? Perhaps it was placing a hand on a fevered brow, or a crisis stop-shopping for research that would guide best practices. Later, when we began taking official neonatal compressions performed by another nurse, the pediatrician said, “Pour it into the tube.”

I was speechless. We traditionally gave epinephrine as an injection into the patient. My question was, “Why was this doctor’s order was if an ordered medication was on a patient’s allergy list. With my heart pounding, I did as he asked, held my breath, and watched the infant’s face, the face of a peer. You know the rest of the story: the baby turned pink and cried loudly. I had just witnessed evidence that epinephrine in an ET tube worked without drowning the baby. When we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it.

As we've said, it marks a shift from a traditional reliance on trusted, authoritative opinions to an emphasis on data extracted from research. Instead, it is our standardization of healthcare, which has been implemented in nursing as, “evidence-based practice.” Evidence-based practice (EBP) has changed the field of nursing. It marks a shift among healthcare professionals from a traditional emphasis on doing it because we have always done it, to a reliance on evidence, and putting the responsibility on us to know about the evidence. Clinical Evidence: http://www.clinicalevidence.com/ceweb/

Defining Evidence Based Practice

At about the same time, around 1971, a visionary epidemiologist in the United Kingdom named Archie Cochrane was becoming a vocal critic of the fact that most medical treatments were not based on a systematic review of clinical evidence. For the obvious reasons cited above, even physicians didn’t have the time or the resources to review an adequate number of research articles to inform their practice. Mr. Cochrane made the decision that a protocol without a good answer for why it was done could be either: 1) validated without needing change; 2) improved and tracked for better outcomes; or, 3) discarded as not helpful, and replaced with a new protocol, with the support of evidence. All of this, of course, requires the support of management. Sometimes the support of providers is also necessary.

Historic Evidence-Based Practice

The Cochrane reviews can confirm the strength of the evidence to determine if one’s standards of practice are scientifically supported by the three-legged stool of EBP. Imagine how powerful it would be if each nurse on your unit could incorporate evidence-based practice into everyday practice. EBP is not the generation of new knowledge; it is the application of research. EBP blends research evidence with clinical expertise and encourages individualization of care, including patient preferences when indicated. Too often, allowing for individualization of care is overlooked, although that is one of the fundamental pillars of EBP.

Defining Evidence Based Practice

So, let’s get back to defining evidence-based practice. As we’ve said, it marks a shift from a traditional reliance on trusted, authoritative opinions to an emphasis on data extracted from research. We traditionally gave epinephrine as an injection into the patient. My question was, “Why was this doctor’s order was if an ordered medication was on a patient’s allergy list. With my heart pounding, I did as he asked, held my breath, and watched the infant’s face, the face of a peer. You know the rest of the story: the baby turned pink and cried loudly. I had just witnessed evidence that epinephrine in an ET tube worked without drowning the baby. When we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. Later, when we began to question why we were doing it. 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PROTECT YOUR NURSING LICENSE
Safe Handling, Administration, and Documentation of Controlled Substances

Sara A. Griffith MSN, RN
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INTRODUCTION

The purpose of this article is to provide information for nurses regarding best practices for handling, documenting, and administering controlled substances (CS) in healthcare settings while staying attuned to the signs of substance abuse and diversion. When best practices and state and federal regulations are not followed, a nurse may be subject to legal action. Proper documentation of the administration or disposal of a controlled substance along with the reasons for the action is necessary. The information provided in this article will improve your knowledge of state and federal regulations regarding controlled substances, lead to safer patient care, and assist in the identification of abuse and diversion of controlled substances. The North Carolina Board of Nursing’s (NCBON) mission is to protect the public by regulating the practice of nursing (NCBON, 2018). As the occupational licensing board for nurses in North Carolina, the Board is acutely aware of the opioid epidemic and its impact on the healthcare system.

This article will present techniques nurses can use to maintain safe practice standards while working with controlled substances and in turn, increase patient safety.

NURSE ACCOUNTABILITY FOR CONTROLLED SUBSTANCES

Nurses are in the most direct position in the healthcare continuum to protect patients by ensuring there is adequate documentation in the medical record to support the validity of the medication order and its administration. The types of storage for controlled substances include, but are not limited to, locked medication carts, locked cabinets, automated dispensing systems (e.g., Pyxis® or Omnicell®), with the choice being based on a facility’s size, available resources, and the volume of controlled substances dispensed (Lockwood, 2017). The act of removing a controlled substance from its storage location is termed wasting. Controlled substances should only be removed for one patient at a time. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. This process requires a witness to the wasting of controlled substances. Only through clear, timely, and accurate documentation, will the nurse fulfill the requirement for documentation of a controlled substance wastage that was not actually observed.

REGULATION OF CONTROLLED SUBSTANCES

Controlled substances are subject to both Federal and State regulations. The Drug Enforcement Agency (DEA) has categorized drugs into categories, called schedules, based on the level of risk to the public, the drug’s acceptable medical use, and the potential for abuse or dependency. Five schedules of drugs, including both prescribed controlled substances and illicit substances, are designated by the DEA. Nurses should be familiar with each schedule and why these substances are scheduled by the DEA. The DEA can change the schedules based on new evidence regarding indications for a drug, the abuse potential of a drug, the risk of addiction, and the risk of diversion. It is the nurse’s responsibility to ensure that each controlled substance is removed from its storage location; and controlled substances should only be removed for one patient at a time. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. This process requires a witness to the wasting of controlled substances. Only through clear, timely, and accurate documentation, will the nurse fulfill the requirement for documentation of a controlled substance wastage that was not actually observed.

WASTING CONTROLLED SUBSTANCES

When controlled substances are retrieved or removed from secure storage in quantities in excess of that to be administered, the nurse is responsible for wasting the controlled substance in a manner specified by their facility policy. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. This process requires a witness to the wasting of controlled substances. Only through clear, timely, and accurate documentation, will the nurse fulfill the requirement for documentation of a controlled substance wastage that was not actually observed.

In facilities that utilize an electronic format for documenting the nurse may be required to scan the controlled substance medication prior to administration. The scanner documents the date and time of the administration and may document the assessment related to the pain scale used and follow-up documentation related to the effectiveness of the controlled substance. This may include, for example, a follow-up schedule for verifying the nurse’s documentation of the administration. The nurse must maintain multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and waste of controlled substances. This process requires a witness to the wasting of controlled substances. Only through clear, timely, and accurate documentation, will the nurse fulfill the requirement for documentation of a controlled substance wastage that was not actually observed.

When a medication is scheduled by the DEA, this requires the patient to be administered the correct dose of medication. Some facilities may choose to also require counts for non-controlled substances due to high risk of diversion or high cost of medication. Those medications patient records). Accurately documenting the time, date of the medication administration along with the reasons for the medication was given along with the effect of the medication in the appropriate area on the MAR.

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**PROTECTING YOUR PATIENTS AND YOURSELF FROM EFFECTS OF DIVERSION**

What can you do when you identify a co-worker with some of these characteristics listed above? Why is it important to speak up about your observations? There are ways to help protect yourself and your patients from a nurse who might be diverting controlled substances. Some of the examples are for nurses in acute care settings and others for the long-term care facility setting. The suggestions are based on how the controlled substances are stored at your facility:

- **Take time to visually witness the waste of controlled substances at time of removal**
- **Report if another nurse is documenting administration of controlled substances to your patient(s) without notifying you**
- **Don’t delegate the administration of a controlled substance**
- **Ensure you have logged out of automated dispensing machines prior to walking away from machine**
- **Monitor for a nurse who “piggybacks” the access of another nurse**
- **Keep medication cart or cabinet keys in your possession (don’t give to your keys)**
- **Keep medication cart locked**
- **Complete narcotic counts at every shift change**
- **Use lock boxes in home health or hospice settings**

**IDENTIFICATION OF PATIENT ABUSE OR MISUSE OF CONTROLLED SUBSTANCES**

These include any acts of direct patient care contact as nurses (IOM, 2010; NCSBN & Graber, M. 2018). Nurses serve a critical role in ensuring that communication, coordination of care, and patient education are accurately maintained. The nurse encompasses all of these elements and the nurse should have identified the importance of ensuring all documentation was in the accurate medical record. The nurse should have identified and addressed any medical record and values. The nurse should have followed the facility's policy on documentation of controlled substances.

**CASE SCENARIOS**

Let’s examine some scenarios in which a nurse does not meet the standard related to the handling, documentation, administration, and monitoring of controlled substances. The following two case scenarios apply the concepts discussed in this article.

**Scenario 1**

A nurse removed Dilaudid 2mg from the automated dispensing system and hands that medication to another nurse for administration. The nurse who received the medication forgot to document administration. During the facility’s weekly controlled substance audit, it was noted that the Dilaudid 2mg was not documented as administered.

**Discussion**

The nurse who removed the controlled substance is ultimately accountable for the controlled substance. The nurse who removed the medication has a responsibility to ensure the medication was documented as administered or wasted. The agency may conduct a further audit of the nurse’s handling and documentation of controlled substances. If further issues are found or a pattern of removing controlled substances and then handing to another nurse for administration is identified, the nurse might be asked to submit to a for-cause drug screen or correction on the risk. This is an example of a nurse implicitly trusting another nurse to conduct all the required steps of administration, documentation, and follow-up assessments.

**Scenario 2**

A nurse on a medical-surgical unit has six patients on her team. One of her patients had a pattern-once pain regimen that included a pain medication that was needed for surgical incision pain. The nurse completes her required physical assessments for her shift but did not document the administration of six doses of controlled substances (Morphine, Oxycodone, and Hydrocodone) to three patients and did not complete pain assessments on any of the six patients assigned during the shift. During the next shift worked by this nurse, she again does not document the administration of controlled substances that were removed. The nurse also holds controlled substances in her uniform pocket and requests other nurses to waste at the end of the shift (both oral and intravenous medications).

**Discussion**

The hospital conducts a random audit of the nurse’s documentation of controlled substances and discrepancies were noted on that shift. The nurse is asked to contact the licensed practical nurse who documented the notes for the discrepancies, placed on administrative leave pending a full audit and asked to submit a required drug screening. This could include urine testing to maintain an accurate medical record. The nurse should have identified the importance of ensuring all documentation was in the medical record before leaving the shift or asked for support from the charge nurse if the shift was too busy.

**Conclusion**

The proper handling, administration, waste, and documentation of controlled substances is imperative for the safety of patients. The accountability of the licensed nurse encompasses all of these elements and the nurse carries legal responsibility for implementing safe practice standards and guidelines as well as assuring compliance with state and federal controlled substances laws. Failure to do so could place patients and nurses at risk for adverse events. If challenged concerning your handling, administration, or documentation of controlled substances, your best defense will be clear, complete, timely, and accurate documentation. If you identify the signs of potential substance abuse in a co-worker, colleague, or yourself, timely reporting can lead to effective treatment options. Substance use disorder treatment can protect a nurse’s ability to practice safely, but more importantly, can save patient and nurse lives!

**REQUIRED REFLECTIVE QUESTIONS**

1. How would you handle if you note a fellow co-worker is administering controlled substances to a patient when the patient does not appear to need (no pain symptoms)?

2. What should you do if you discover a controlled substance discrepancy?

3. At the facility you are employed, how do you obtain the policy on documentation of controlled substances and the waste process?

4. How would you handle being asked to waste a controlled substance that a nurse has held in his/her pocket entire shift?

5. How would you handle being asked to administer a controlled substance that was removed by another nurse?

6. What would you do if a nurse asked you to witness a waste you did not observe?

7. How would you handle being asked to administer a patient was obtaining controlled substances from multiple providers or was abusing illicit substances (heroin, cocaine, etc.)?

8. You noticed a nurse who offers to frequently medicate your patients with a controlled substance. What additional information would you gather?

9. A nurse reports currently on the unit has been off duty, has had changes in behavior, and has requested to work extra shifts. Would you consider this indicative of drug diversion?

10. A family member of a deceased hospice patient asks you to discard controlled substance medications. How would you respond? Who would contact to get directed?

11. While admitting a patient, you note the patient’s medications include the same controlled substances from multiple providers. What would you do with this information?

12. You are the charge nurse and a patient reports they had no relief from the Morphine administered by the day shift nurse 30 minutes prior. What do you do with this information?

**REFERENCES**


7. NCSBN & Graber, M. (2018). 2018 NCSBN APRN roundtable - the role of the RN and APRN in diagnosis and treatment from multiple providers. What would you do with this information?


Within its 68,886 square miles of land area, Missouri houses more nursing programs per capita than most other states. Missouri is home to 99 pre-licensure nursing programs, many of which have multiple campus and satellite locations. While Missourians are often seen as quite traditional and sometimes accused of wanting to cling to the familiar, Missouri nurse educators are quite resourceful to explore innovative ways to educate their students. Minimum standards for programs of practical and professional nursing are part of the Missouri Nurse Practice Act. Each pre-licensure nursing program is required to have some degree of Missouri State Board of Nursing (Board) program approval to operate. While protection of the public remains the overarching mission, the Board is quite progressive and welcomes innovation in nursing education while sustaining a model of quality, integrity and stability. The mission to protect the public aligns well with the Missouri State Motto: “Salus populi suprema lex esto” which is Latin for “Let the welfare of the people be the supreme law.” Application of this principle is clearly evident in Board responsibilities and processes.

Applications for nursing licensure in this state must have graduated from a nursing program approved by the Board as part of their eligibility to apply to take the licensure exam. The Board approves practical nursing, associate degree, diploma, baccalaureate, and entry-level master’s degree nursing programs that prepare individuals for initial licensure as a practical or professional nurse. Currently, there are forty-one (41) practical, twenty-nine master’s degree nursing programs that prepare individuals for initial licensure as an associate degree, diploma, baccalaureate, and entry-level professional nursing are part of the Missouri Nurse Practice Act. As part of professional staff employed by the Board, the director of education is responsible for day-to-day oversight of nursing program approval processes. The director of education and two (2) additional staff positions comprise the Board’s education section. Site visits are conducted to provide the Board with most current findings related to program compliance. All findings are submitted to the Board in form of written reports. Board staff completes an average of forty-five (45) site visits each year. Initial approval visits are conducted prior to program start and continued on regular basis until the program meets requirements for full approval or until initial approval is withdrawn by the Board. Programs with full Board approval are surveyed on a 5-year rotation schedule, beginning from the first year of full approval. Programs on conditional Board approval are evaluated at least once each year. Focused site visits are conducted as part of the Board’s approval of major program changes, to include substantial program expansions, issues related to quality of instruction and/or program integrity, concerns about program processes and/or complaints that the Board may receive against a nursing program. Significant drop in first-time licensure exam pass rates may generate conduction of Focused/Follow-up site visits as well. The director of education has authority to schedule and conduct site surveys as deemed necessary. A comprehensive completion schedule is kept to track site visit scheduling, completion of site visit reports, and timeline for the Board’s review and approval in real time.

While education Board staff leads and participates in all site visits, a team of highly qualified adjunct reviewers (peer reviewers) is available to assist. Throughout the history of the Board, experienced nurse educators have been utilized to assist with program survey processes. Peer reviewers are currently working as nursing program administrators and/or faculty; some are semi-retired but want to continue to share their wisdom with colleagues. All of them come with extensive experience and expertise in nursing education. Selection of each individual survey team is the responsibility of the director of education with assistance of the education compliance officer. Several factors are considered when planning each peer reviewer. Peer reviewers are selected by their educational level as well as that of the program, individual schedules/availability, potential conflict of interest, and geographic location of the nursing program. Each program is surveyed on a 5-year rotation with full Board approval are surveyed on a 5-year rotation, beginning from the first year of full approval.

Utilization of survey tools, comprised of the Minimum Standards for Programs of Practical and Professional Nursing, provides a referenced approach to program evaluation and lends highly standardized formatting to each survey report. This referenced approach reflects guiding principles of deliberate, impartial program assessment and reviewer(s). Objectivity and ability to provide program evaluations appropriate for each level of nursing education are deciding factors in the selection process. Each Board-approved representative of the Board is clearly identified as the essential link to this collaborative work and mutual respect. Board staff continues to provide orientation sessions as necessary.

Nurse educators selected to serve on site visit teams are highly qualified nurse educators. For fiscal year 2020, fifteen (15) nurse educators are contracted to assist with conduction of site visits in the capacity of adjunct surveyors. Each team survey is comprised of at least one (1) Board staff as well as one (1) or two (2) peer reviewers. For fiscal year 2020, the adjunct surveyor program is comprised of ten (10) adjunct surveyors with doctoral degrees and five (5) who are masters prepared. A majority of them are currently working as nursing program administrators and/or faculty; some are semi-retired but want to continue to share their wisdom with colleagues. All of them come with extensive experience and expertise in nursing education. Selection of each individual survey team is the responsibility of the director of education with assistance of the education compliance officer. Several factors are considered when planning each peer reviewer. Peer reviewers are selected by their educational level as well as that of the program, individual schedules/availability, potential conflict of interest, and geographic location of the nursing program. Each program is surveyed on a 5-year rotation with full Board approval are surveyed on a 5-year rotation, beginning from the first year of full approval. Utilization of survey tools, comprised of the Minimum Standards for Programs of Practical and Professional Nursing, provides a referenced approach to program evaluation and lends highly standardized formatting to each survey report. This referenced approach reflects guiding principles of deliberate, impartial program assessment and reviewer(s). Objectivity and ability to provide program evaluations appropriate for each level of nursing education are deciding factors in the selection process. Each Board-approved representative of the Board is clearly identified as the essential link to this collaborative work and mutual respect. Board staff continues to provide orientation sessions as necessary.

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Education Report

Education Report continued from page 9
to the survey date. Self-study guides and the instruction letter are designed to foster submission of program information and materials that are sufficient to initiate and facilitate program reviews.

During the site visit planning phase, the nursing program is notified of peer reviewer(s) selected for the site visit. The option to request selection of different peer reviewer(s) is provided. Once the survey team has been confirmed with the nursing program, completion of confidentiality as well as objectivity reports follows and are completed in preparation for each site visit.

Each nursing program is requested to submit the completed self-study guide by the deadline communicated; usually no later than six (6) weeks prior to the survey date. Exceptions are made should predetermined circumstances apply. Many programs submit information much sooner than requested. The self-study guide is submitted electronically; each nursing program has the option to submit additional exhibits in electronic and/or hard-copy format. Board staff review of program documentation prior to the actual site visit is extensive and hugely facilitates the evaluation process once on site at the nursing program. Familiarity with documentation submitted during the preparation phase, the program’s website as well as approval history of the program is essential. A similar process is in place to provide programs with the opportunity to update the program is essential. A similar process is in place to the program’s website as well as approval history of the program is essential. A similar process is in place to provide programs with the opportunity to update

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Collaborative program review has now been in place for more than a decade; it is clear that the guiding principle to provide honest, constructive feedback in a respectful and collaborative manner has served this process well. Even in situations where feedback to nursing programs is less than optimal and circumstances warrant significant intervention, this Board is generally successful to provide programs with the regulatory guidance necessary to bring about change. Peer review processes have been instrumental to foster true collaboration and trust among regulation, education and practice. This systematic approach to on-site evaluation facilitates comprehensive review of program processes, supports collection and reporting of data that provides a solid base to support statements and recommendations to the Board and enhances visibility and approachability of education Board staff at the program level.

With the intent to gain honest feedback from Missouri nursing programs related to program evaluation and approval processes, a short survey is conducted at the end of each calendar year. Once Board processes related to respective site visits for each given year are completed and official Board decisions are communicated to each program, program administrators are invited to participate in a survey designed to solicit feedback from the Board sites was initiated in 2009 to learn firsthand how nurse educators from all levels of pre-licensure nursing education view the survey process. Feedback from nurse educators is essential to safeguard this highly collaborative process of program evaluation and to ensure that outcomes continue to be mutually beneficial for all parties involved. Survey data is compiled and used to make appropriate recommendations to the Board.

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The program’s representative as well as members of the general public are always welcome to attend. The option to attend Education Committee meetings per conference call is available. Missouri nurse educators welcome this opportunity to just listen in and/or to participate in the call on behalf of their school.

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Collaborative program review has now been in place for more than a decade; it is clear that the guiding principle to provide honest, constructive feedback in a respectful and collaborative manner has served this process well. Even in situations where feedback to nursing programs is less than optimal and circumstances warrant significant intervention, this Board is generally successful to provide programs with the regulatory guidance necessary to bring about change. Peer review processes have been instrumental to foster true collaboration and trust among regulation, education and practice. This systematic approach to on-site evaluation facilitates comprehensive review of program processes, supports collection and reporting of data that provides a solid base to support statements and recommendations to the Board. The Board’s mission to safeguard instructional quality and program integrity as well as to foster optimal preparation of Missouri graduates to provide safe and effective care to patients in Missouri and abroad remains the overarching guiding principle of the nursing program approval process.
Disciplinary Actions**

The disciplinary actions shown in this newsletter are for the time period of March 1, 2019 to May 31, 2019.

You should not use this newsletter to verify license discipline or status. Look up a license using QuickConfirm at www.nursys.com to obtain current license and discipline status. If you are an employer, you should create a Nursys e-Notify® institution account at www.nursys.com in order to receive real-time alerts of any license or discipline status updates.

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

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

CENSURE

Hayden, Angela Marie
Valley Park, MO
Licensed Practical Nurse 2007021164
On September 7, 2016, Licensee pled guilty to Theft of Government Funds in the United States District Court, Eastern District of Missouri.
Censure 04/27/2019

Martin, Dana J
Sedalia, MO
Licensed Practical Nurse 200302425
On December 3, 2018, Respondent pled guilty to the class B misdemeanor of Property Damage - 2nd Degree in the Circuit Court of Pettis County, Missouri.
Censure 04/01/2019

Tomlin, Leslie Ann
O’Fallon, MO
Licensed Practical Nurse 2006038082
Licensee practiced nursing in Missouri without a license from on or about June 1, 2016 to on or about May 30, 2018.
Censure 05/21/2019

Helwig, Larry L
Columbia, MO
Registered Nurse 1377734
From July 10, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on fourteen (14) days, further Respondent checked in outside of the time window on four (4) days. On September 25, 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 September 25, 2018. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of January 2, 2019.
Censure 04/03/2019

PROBATION

O’Loughlin, Amber Marie
Old Monroe, MO
Registered Nurse 2013026855
From April 13, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days. In addition, on four separate occasions, May 4, 2018; July 5, 2018; October 5, 2018; and December 27, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is suspicious for a diluted sample. On January 7, 2019, Respondent reported to a collection site and provided the required blood sample for blood spot Phosphatidylethanolamine (PEth) testing. The blood sample Respondent provided tested positive for PEth, which indicates binge drinking or regular constant drinking in the period of time two to three weeks before the test. On January 15, 2019, Respondent reported to a collection site and provided the required blood sample for a follow up PEth test. The blood sample Respondent provided again tested positive for PEth, which indicates binge drinking or regular constant drinking in the period of time two to three weeks before the test.
Probation 04/08/2019 to 04/08/2022

Sanai, Laura M
Kansas City, MO
Registered Nurse 146422
From December 28, 2017 until the filing of the Complaint, Respondent failed to timely check in with NTS on seven (7) days. Further, on July 17, 2018; August 29, 2018; October 15, 2018; and November 14, 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 required sample. In addition, on two (2) occasions, March 6, 2018 and April 27, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is deemed a diluted specimen and will be considered a failed drug and alcohol test. In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours 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 have the certificate of completion for all hours submitted to the Board by November 21, 2018. The Board did not receive proof of completed hours until December 3, 2018.
Probation 04/08/2019 to 04/08/2024

Gramlich, Lisa Elizabeth
Columbia, MO
Registered Nurse 133215
Licensee was counseled on May 10, 2017 for showing extreme fatigue, noticeably distracted while working, sleeping while on shift, and leaving before her shift ended. Licensee was counseled on September 13, 2017 for showing extreme fatigue, noticeably distracted while sleeping on shift.
Probation continued on page 12
Bazzoli, Katelyn Breann
Poplar Bluff, MO
Licensed Practical Nurse 2012033851
On or about May 10, 2015, Respondent submitted to a drug screen at her employer. A report dated on or about May 15, 2015, confirmed that Respondent's drug screen tested positive for marijuana.
Probation 04/02/2019 to 05/28/2019

Quasadu, Grace Victoria
Columbia, MO
Licensed Practical Nurse 2013034359
On April 27, 2018, Respondent signed and thereby entered into a Combined Statement of Charges, Settlement Agreement, and Final Order with the Iowa State Board of Nursing, which became effective June 6, 2018.

Newell, Melissa Ann
Ironton, MO
Registered Nurse 2004007926
On March 20, 2017, a coworker of the Licensee was preparing to administer Fentanyl to a patient of Licensee.

Patterson, Jennifer A
Kearney, MO
Registered Nurse 2001016497
On November 16, 2017, Respondent pled guilty to three (3) counts of the class A misdemeanor of Attempted Fraudulently Attempting to Obtain a Controlled Substance without a prescription. Licensee called in prescriptions for herself using her license.
Probation 04/03/2019 to 04/03/2024

Sprague, Katherine Louise
Liberty, MO
Registered Nurse 2010025309
On or about November 17, 2017, at approximately 0745, Licensee gave an off-going shift report to the incoming nurse. This report was not completed at the patient's bedside. The incoming nurse stated that Licensee failed to inform her that Patient HS had been restless throughout the night, was confused, pulled at his catheter, tried to get out of bed, and pulled at his telemetry box. Licensee informed the nurse that she removed the telemetry box, as there was not an order for it. According to Patient HS's medical records, the last time his vitals were taken was at 2107 on November 16, 2017, by the night shift patient care assistant. The patient care assistant stated that the last time she checked on Patient HS was approximately 0400, at which time he appeared to be resting, but she did not confirm his vitals. According to Patient HS's medical records, on November 16, 2017, the nurse administered 8 mg of midazolam and 250 mcg of alprazolam.
Probation 04/03/2019 to 04/03/2024

Taylor, Christina Alexandria
Saint Louis, MO
Licensed Practical Nurse 2013041046
Respondent tested positive for cannabinoids/THC (marijuana) three times. Respondent admitted that she had “smoked pot” a week prior to the drug screen. Respondent did not have a prescription for marijuana or any lawful reason to use it.
Probation 03/22/2019 to 03/22/2022

Johnson, Amy Michelle
Independence, MO
Licensed Practical Nurse 20090030283
On November 16, 2018, Respondent pled guilty to the class D felony of Receiving Stolen Property in the Circuit Court of St. Louis County, Missouri.
Probation 04/02/2019 to 04/02/2024

Strassle, Jennifer Anne
Kansas City, MO
Registered Nurse 20130302918
On January 25, 2016, Licensee was disciplined by her employer for accessing her protected health information on January 16, 2016, without following appropriate policy. On July 25, 2016, Licensee was disciplined by her employer for inconsistently documenting waste and administration of narcotic medications including hydrocodone that was prescribed for a patient with a partial vial of hydrocodone left in the break room unattended; she was also disciplined for poor medication management in which medications were administered three (3) to four (4) hours late. On August 23, 2017, Licensee was disciplined by her employer for failing to appropriately respond to a patient's critical low oxygen saturation on August 20, 2017. On November 1, 2017, Licensee failed to infuse two (2) doses of antibiotic as ordered. On November 14, 2017, Licensee was suspended for three (3) shifts due to continued violations of the attendance policy. On December 14, 2017, Licensee met with the Director of Education Services to discuss the pattern of concerning mistakes and poor quality care she had delivered to her patients. Licensee was asked to provide, within seven (7) days of their meeting, written documentation of her improvement plan. Licensee failed to provide her plan to the employer.
On December 22, 2017, Licensee was terminated following two additional incidents. The first noted incident was that Licensee failed to follow protocol for administration of Tikosyn by failing to verify that the EKG was read by a cardiologist prior to administering the dose. The second noted incident was that on December 19, 2017, Licensee adjusted a Foley catheter without performing perineal care or utilizing sterile technique to manipulate the catheter.
Probation 04/03/2019 to 04/04/2020

Mitchell, Shirley A
Poplar Bluff, MO
Registered Nurse 124978
In an Agreed Order, which became effective August 19, 2014, Licensee and the Texas Board of Nursing stipulated that Licensee's Texas nursing license was subject to disciplinary action due to multiple instances of failing to maintain adequate or accurate records, substantiate or inadequate care, and errors in prescribing, dispensing or administering medication. Licensee received a sanction of warrant filed with Stipulation on June 16, 2015, of permanent probation. The Texas Board has issued a Modification Order allowing Licensee employment through a staffing agency only if the staffing agency could guarantee a three month contract with one facility. On December 9, 2019, the Texas Board has issued a second Modification Order allowing physician supervision. As of October 19, 2018, Licensee had completed the conditions of the modification of probation.
Probation 03/07/2019 to 03/07/2020
**Disciplinary Actions**

Huffman, Amy Leigh  
Saint Joseph, MO  
Registered Nurse 2021011699  
On September 27, 2018, Respondent pled guilty to three counts of the class C felony of Delivery of Controlled Substance Excess 35 Grams or Less of Marijuana or Synthetic Cannabinoids in the Circuit Court of Buchanan County, Missouri.  
Probation 04/02/2019 to 04/02/2024

Britton, Brandi Nicole  
Jacksonville, IL  
Licensed Practical Nurse 2007052480  
On October 23, 2018, Respondent pled guilty to the class D misdemeanor of Possession of Marijuana/Synthetic Cannabinoids in the Circuit Court of Moniteau County, Missouri.  
Probation 04/02/2019 to 04/02/2022

Shipp, Tiffany R  
Saint Louis, MO  
Registered Nurse 2016018120  
On April 10, 2018, an RN Clinical Educator was contacted by the Louisiana State Board of Nursing regarding an appointment with Respondent to verify her license, and Licensee refused to speak with the caller. Additional investigation showed that Licensee had been terminated from her employment for the refusal.  
Probation 05/30/2019 to 05/30/2020

Ellsworth, Larry D  
Erlia, MO  
Registered Nurse 044623  
Licensee was employed as a LPN for a home health agency. Licensee admitted to discussing client husband's personal information with the client during the course of the job. Licensee stated that the client's husband was not a patient of Licensee. Licensee further admitted to discussing his own sex life with client during their conversation. The home health agency indicated this was not the first complaint they had received regarding Licensee's inappropriate sexual comments.  
Probation 04/02/2019 to 04/02/2022

Dunham, Cheri L  
Quill City, MO  
Registered Nurse 2008028452  
On July 26, 2018, the Illinois State Division of Professional Regulation issued an Order of Refusal to Respondent's Illinois nursing license, based on Respondent's failing to properly administer medications to residents, falsifying documentation to the public location and Licensee's inability to follow instructions. At the jail, Licensee stated she did not know, but did admit that she had been drinking. The Police Officer concluded the field sobriety test and placed Licensee under duress due to her strong odor of alcohol on Licensee and her eyes appeared to be watery and bloodshot. The Police Officer began to capture the standard field sobriety tests and administration and asked that she "we better hope we don't need care there" and that "we better hope our family doesn't need care there." Licensee made comments regarding the facility not being able to help if they needed their "lives saved." Licensee later agreed to a breath sample and answered nearly every interview question, "I don't know." Licensee gave a valid breath sample/BAC .214. Licensee was held for bond and charged with a DWI.  
Probation 05/24/2019 to 05/24/2020

Finley, Kathryn Elizabeth  
Jefferson City, MO  
Registered Nurse 2005007150  
On March 9, 2004, Licensee pled guilty to the class A misdemeanor of Operating a Vehicle on the Highway without a Valid License.  
Probation 05/30/2015 to 05/30/2016

Dzielzic, Dominique Marie  
Kansas City, MO  
Registered Nurse 2005030360  
On September 14, 2018, Respondent reported to the Board that she had been terminated from her employer due to leaving the nursing practice of Versed and Fentanyl on top of the Pyxis device after logging that the medication had been wasted. Further investigation by the Board showed that on May 4, 2018 Respondent had been disciplined by this employer for similar conduct involving leaving syringes of wasted Versed and Fentanyl on top of the Pyxis machine.  
Probation 04/01/2019 to 04/01/2022

Sumowski, Heather Elaine  
Blue Springs, MO  
Registered Nurse 2012023999  
On or about March 8, 2018 at 1322 hours, Licensee was involved in a reported motor vehicle accident to which police responded. Witnesses stated Licensee struck a vehicle backing out of a parking space and then exited her vehicle and went into the store. The store clerk witnessed the accident and indicated that Licensee entered the store and attempt to buy wine. The store clerk refused to sell the wine to Licensee because she appeared to be already intoxicated. Licensee initially denied involvement in the accident, but eventually stated, "I guess I was." The Police Officer then obtained a blood sample from Licensee and placed her under duress because he observed a strong odor of alcohol on Licensee and her eyes appeared to be watery and bloodshot. The Police Officer began to capture the standard field sobriety tests and administration and asked that she "we better hope we don't need care there" and that "we better hope our family doesn't need care there." Licensee made comments regarding the facility not being able to help if they needed their "lives saved." Licensee later agreed to a breath sample and answered nearly every interview question, "I don't know." Licensee gave a valid breath sample/BAC .164. Licensee was held for bond and charged with a DWI.  
Probation 05/24/2019 to 05/24/2020

Torres, Charlotte M  
Independence, MO  
Licensed Practical Nurse 056636  
On or about May 10, 2018, at approximately 1945, while checking on residents, a CNA found resident CN on the floor between his bedside table and his bed. Applicant stated she "are going to report this as a witnessed fall without injury to you in the morning." Applicant then lowered him to the ground so we do not have to do any neurological checks and all of the paperwork. On May 11, 2018, Applicant then informed the DON that the resident was not her signature. Licensee admitted that she signed the Clinical Educator's name to the application.  
Probation 05/24/2019 to 05/24/2020

Boguszaw, Michael Ashley  
Saint Louis, MO  
Registered Nurse 2019014632  
Applicant reported that he received a substance abuse evaluation on December 4, 2010, after being charged with DUI and Negligent and Reckless Driving on or about November 27, 2010. The evaluator recommended that Applicant attend a Twenty Six week drug and alcohol treatment program. Applicant completed the program on July 14, 2011. On May 16, 2011, Applicant was given a probation before verdict judgment for driving under the influence of alcohol in the District Court of Maryland for Baltimore County. Applicant was given one year of supervised probation, which he successfully completed and no guilty judgment or conviction was rendered against him. Applicant reports that the Hadland Institute for Emergency Medical Services Systems placed his Maryland Paramedic license on probation for one year beginning in January 2013, due to Applicants previous DUI and Negligent and Reckless Driving. Applicant completed treatment from June 4, 2012 through July 5, 2012. Applicant again received treatment at Ashley Addiction Treatment from October 7, 2013 through October 7, 2013. Applicant was discharged to Foundation House with a guarded prognosis. Applicant was discharged from Foundation House on February 7, 2014. From April 30, 2014 through August 28, 2014 Applicant received outpatient treatment at Kolmac Outpatient Treatment Centers. In July 2016, Applicant entered treatment at Clayton Behavioral Health where he was diagnosed with F33.1 Major Depressive Disorder and F11.290 Opoid Dependence. Applicant currently attends outpatient treatment at Clayton Behavioral Health. Applicant states his sobriety date is early 2014.  
Probation 05/09/2019 to 05/09/2024

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pending an internal investigation and was requested to provide a written statement regarding the incident. Licensee later submitted a requested statement and admitted to falsifying the report. Following the internal investigation and Licensee's own admission that she did falsify the report, Licensee was terminated from the facility.

Probation 05/15/2019 to 05/15/2020

Free, Stephanie Marie
Waynseville, MO
Registered Nurse 2010020864
At all times relevant herein, Licensee was employed as a registered professional nurse instructor with a college. On November 27, 2016, Licensee was counseled for extended preceptor visits. On three occasions, October 5, 2018; December 6, 2018; and January 2, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 2.0 is significant and denotes kidney impairment. On November 26, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. On January 25, 2019, Respondent submitted a urine sample for random drug screening, which also tested positive for the presence of marijuana. Probation 04/03/2019 to 04/03/2024

Rhymr, Jennifer Marie
Joplin, MO
Registered Nurse 2003027227
On February 2, 2018, Licensee diverted three (3) vials of Fentanyl waste. On February 5, 2018, a bottle of propofol was discovered missing from the anesthesia cart in room 3120. Security and nurses found two (2) opened and punctured bottles of propofol. One of the bottles matched the number from the missing propofol from the RSI kit. Licensee consented to a for-cause drug screen and was taken to Employee Health. Licensee's drug screen result was returned positive for Fentanyl. Licensee admitted to diverting controlled substances on February 2 and 5, 2018. Licensee stated that her diversion process involved transcoding procedures and the medication involved was Fentanyl IV and 1 vial of propofol. Licensee received treatment in the latter part May 2018, wherein she admitted consuming approximately three (3) alcoholic drinks per day. On or about January 22, 2019, Licensee was discharged from the hospital on February 20, 2018. Probation 05/07/2019 to 05/07/2024

Nance, Jason I
Ft. Collins, MO
Licensed Practical Nurse 2017011444
From May 18, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on one (1) day. Licensee was cited for the above on 5 separate occasions, June 26, 2017; July 25, 2017; August 14, 2017; August 18, 2017; and July 23, 2018. Respondent reported to a lab and submitted the urine sample. Licensee was asked to bring all documentation supporting this allegation, Licensee admitted to falsifying the report. Following the internal investigation and Licensee's own admission that she did falsify the report, Licensee was terminated from the facility.

Probation 04/03/2019 to 04/03/2024

Karl, Heather Christine
Hillsboro, MO
Registered Nurse 2006019293
On October 18, 2018, Respondent entered an Alfred plea for two counts of the Class C Felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana in the 45th Judicial Court of Pike County, Missouri. Respondent was found guilty of possessing more than 35 grams of marijuana and possessing bath salts. Probation 04/03/2019 to 04/03/2022

Campbell, Robin Kye
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 05/13/2019 to 11/13/2021

Angell, Shana Dee
Nixa, MO
Registered Nurse 2009021445
From July 11, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on four (4) days. In addition, on two occasions, July 21, 2017 and August 17, 2017, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 2.0 is significant and denotes kidney impairment. On July 5, 2016, the drug test returned positive for marijuana.

Probation 05/13/2019 to 11/13/2021

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Fanz, Heather Lynn
Fenton, MO
Registered Nurse 2013002881
On January 14, 2017, a supervisor observed the Licensee stuttering and slurring her speech, and acting upset. Licensee submitted samples for breath alcohol test, which was returned positive with a 0.236 blood alcohol level. Licensee was observed with a bottle of vodka in her purse. She admitted to the Boards that she had consumed vodka at work and did consume alcohol while working.

Probation 04/27/2019 to 04/27/2023

Pagano-Lampe, Mary A
St. Peters, MO
Registered Nurse 072569
Respondent admitted to taking the Fentanyl for herself from the facility on a few occasions for her own personal use. Respondent submitted a requested statement and a prescription for Fentanyl.

Probation 04/26/2019 to 04/26/2020

Wilson, Allison Shea
Ballwin, MO
Registered Nurse 2013001674
On or about October 2, 2015, co-workers of Respondent noticed Respondent exhibiting impaired behavior including slurring her words, grogginess, and leaving without documenting on patients. Co-workers also witnessed Respondent not following hospital policy while wasting narcotics. Respondent was removing narcotics and not documenting the administration of the waste of blood narcotics. On October 5, 2015, Respondent met with hospital administrators, and in that meeting, Respondent admitted to diverting narcotic medication for her personal use. Respondent admitted to the Board's investigation that she had diverted Percocet, Fentanyl, Dilaudid, and Morphine from July 2015, until September 28, 2015, for personal use. Respondent submitted the required sample which showed a low creatinine reading. A creatinine reading below 2.0 is significant and denotes kidney impairment.

Probation 04/23/2019 to 05/16/2019

Jamison, Judy K
Saint Louis, MO
Registered Nurse 071545
On March 8, 2018, Licensee dispensed a medication prescribed to one student to that student's sibling. The student advised after ingesting the medication, Licensee instructed the student to go into the bathroom to forcibly expel the consumed medication by sticking her fingers down her throat. The student then reported that when her attempt was unsuccessful, Licensee put her fingers down her throat to expel the consumed medication. The co-signer for the medication counts could not confirm the information provided in the physical medication count log, indicating the count had been changed after she signed it. Licensee failed to complete the electronic medication log accurately for every dose administered; therefore, the exact count of medication was difficult to determine. Licensee had inconsistencies throughout the daily medication log relating to physically dispensing the medication and documenting when the medication was given. Probation 04/26/2019 to 04/26/2020

Collins, Melinda
Saint Charles, MO
Licensed Practical Nurse 2000020946
On March 8, 2018, Licensee was working in the house of patient J.K., a minor. Licensee and J.K.'s mother began a verbal altercation, and Licensee raised her voice to the mother due to a miscommunication regarding medication administration. Licensee yelled at J.K.'s mother in a rude and insulting manner for at least fifteen minutes with witnesses present. While Licensee submitted the urine sample for random drug screening, that sample tested positive for the presence of marijuana. On January 25, 2019, Respondent submitted a urine sample for random drug screening, which also tested positive for the presence of marijuana.
was berating the mother, her supervisor was on the phone. Licensee refused to speak to her supervisor and continued to berate the mother. When Licensee finally took the phone, her supervisor told her to leave the patient's home immediately. On or about April 20, 2017, counsel for the Board sent Licensee a letter offering to attempt to resolve the matter involving Licensee's unprofessional conduct at J.K.'s home without a formal hearing before the AHC. In response to the Board's settlement offer, Licensee sent counsel for the Board a packet of documents. The packet included voluminous pages of confidential medical records of patient J.K. Licensee did not give notice to, or receive permission from, anyone in J.K.'s family to disclose J.K.'s confidential medical information. J.K.'s confidential medical information was not relevant to the Board's allegations that Licensee had acted unprofessionally in the verbal altercation on or about August 4, 2016. Probation 03/06/2019 to 03/06/2022

Benz, Stefani Elaine
Des Peres, MO
Registered Nurse 2011004521

Respondent was hired as a registered professional nurse at a hospital on April 21, 2014, to work the 3 p.m. to 11 p.m. shift in the facility's adult unit. Respondent told the facility that she was in treatment for alcohol abuse. The Personnel Development Manager with the hospital explained to Respondent that before she could work at the facility, she would need to supply a return to work authorization from her physician. On May 23, 2014, Respondent signed an agreement for the conditions of her employment with the hospital that included alcohol testing. During orientation, Respondent tested positive for alcohol. Respondent was placed on suspension from work on June 4, 2014, and her employment with the facility was then terminated on June 17, 2014. Respondent admitted she has an alcohol problem and that she drank enough alcohol each day to get drunk. Probation 05/14/2019 to 05/14/2021

Stewart, Brenda Kaye
Springfield, MO
Licensed Practical Nurse 2012004089

From July 17, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on nine (9) days. Respondent last checked in on October 3, 2018 and has ceased checking in with NTS after that date. Further, on August 30, 2018; September 21, 2018; and October 3, 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 any of the aforementioned dates. On September 11, 2018, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed three (3) glasses of champagne with her husband two nights before the test. On August 9, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of oxycodone and oxymorphone. Respondent did not have a prescription for any of these substances; Oxycodone or Oxymorphone. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 7, 2018. Revoked 04/01/2019

Wagner, Elisabeth Ann
Marshfield, MO
Registered Nurse 2011004521

From July 12, 2018 until the filing of the Complaint, Respondent failed to timely check in with NTS on one (1) day. On August 15, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 18.6. A creatinine reading below 20.0 is deemed a diluted specimen and constitutes a failed drug and alcohol test. On August 17, 2018, Respondent reported to a collection site to provide the required blood sample for blood spot Phosphatidylethanol (PbEtH) testing. The blood sample tested positive for PbEtH, a metabolite of alcohol. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 18, 2019. The Board received an employer evaluation on February 2, 2019. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of January 18, 2019. The Board did not receive evidence of continued support group attendance by the documentation due date of January 18, 2019. On February 2, 2019, the Board received evidence of continued support group attendance between November 2, 2018 and January 18, 2019. Revoked 04/01/2019

Parker, Candia Marie
Peoria, IL
Registered Nurse 2016034468

In a Consent Order dated December 1, 2017, Respondent and the Illinois Department of Financial and Professional Regulation agreed that Respondent's Illinois nursing license was subject to discipline due to Respondent testing positive for marijuana in a pre-employment screen. Respondent's Illinois nursing license was placed on probation for a period of two (2) years. Revoked 03/22/2019

Kean, Kelly Lynn
Newburg, MO
Licensed Practical Nurse 2007028791

On or about December 25, 2016, Respondent failed to monitor a resident who had been reported as unresponsive, instead continuing to work on other tasks. On or about December 25, 2016, Respondent cursed at and berated a resident's family member regarding the resident's medications. On or about December 30, 2016, Respondent was overheard talking to residents about another resident's medications, thereby violating the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On or about January 28, 2017, Respondent acted unprofessionally and/or unethically in a number of ways, including, but not limited to: Yelling profanities in the vicinity of residents and family members; Asking a resident whether the resident smoked marijuana; Allowing residents to race wheelchairs in the hallways of the facility, disturbing other residents in the process. On or about February 4 and 5, 2017, approximately eight separate residents with whom Respondent was working had medication that was never accounted for. There were no relevant to the Board's allegations that Licensee had acted unprofessionally in the verbal altercation on or about August 4, 2016. Probation 03/06/2019 to 03/06/2022

Stewart, Brenda Kaye
Springfield, MO
Licensed Practical Nurse 2012004089

From July 17, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on nine (9) days. Respondent last checked in on October 3, 2018 and has ceased checking in with NTS after that date. Further, on August 30, 2018; September 21, 2018; and October 3, 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 any of the aforementioned dates. On September 11, 2018, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed three (3) glasses of champagne with her husband two nights before the test. On August 9, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of oxycodone and oxymorphone. Respondent did not have a prescription for any of these substances; Oxycodone or Oxymorphone. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 7, 2018. Revoked 04/01/2019

Wagner, Elisabeth Ann
Marshfield, MO
Registered Nurse 2011004521

From July 12, 2018 until the filing of the Complaint, Respondent failed to timely check in with NTS on one (1) day. On August 15, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 18.6. A creatinine reading below 20.0 is deemed a diluted specimen and constitutes a failed drug and alcohol test. On August 17, 2018, Respondent reported to a collection site to provide the required blood sample for blood spot Phosphatidylethanol (PbEtH) testing. The blood sample tested positive for PbEtH, a metabolite of alcohol. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 18, 2019. The Board received an employer evaluation on February 2, 2019. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of January 18, 2019. The Board did not receive evidence of continued support group attendance by the documentation due date of January 18, 2019. On February 2, 2019, the Board received evidence of continued support group attendance between November 2, 2018 and January 18, 2019. Revoked 04/01/2019

Parker, Candia Marie
Peoria, IL
Registered Nurse 2016034468

In a Consent Order dated December 1, 2017, Respondent and the Illinois Department of Financial and Professional Regulation agreed that Respondent's Illinois nursing license was subject to discipline due to Respondent testing positive for marijuana in a pre-employment screen. Respondent's Illinois nursing license was placed on probation for a period of two (2) years. Revoked 03/22/2019

Kean, Kelly Lynn
Newburg, MO
Licensed Practical Nurse 2007028791

On or about December 25, 2016, Respondent failed to monitor a resident who had been reported as unresponsive, instead continuing to work on other tasks. On or about December 25, 2016, Respondent cursed at and berated a resident's family member regarding the resident's medications. On or about December 30, 2016, Respondent was overheard talking to residents about another resident's medications, thereby violating the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On or about January 28, 2017, Respondent acted unprofessionally and/or unethically in a number of ways, including, but not limited to: Yelling profanities in the vicinity of residents and family members; Asking a resident whether the resident smoked marijuana; Allowing residents to race wheelchairs in the hallways of the facility, disturbing other residents in the process. On or about February 4 and 5, 2017, approximately eight separate residents with whom Respondent was working had medication that was never accounted for. There were
also multiple errors in documented administrations. On or about February 5, 2017, Respondent failed to follow correct infection control procedures. Respondent, holding a needle in her mouth while handling supplies, stuck herself with the needle in the bicep. Respondent proceeded to get another needle and vial of medicine, never changing gloves or inserting her needle with the new needle. On or about February 6, 2017, Respondent was asked to submit to a drug screening due to the unaccounted for medication. Respondent refused to submit to the drug test. Revoked 04/01/2019

Carrico, Barbara J
Shiloh, IL
Registered Nurse 151904
Respondent submitted to a drug screening. She tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. On February 19, 2018, Respondent 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. Further, on seven (7) separate occasions, Respondent failed to check in with NTS on time to report to a collection site to provide the requested sample, however the test was cancelled due to an insufficient amount of urine or the sample leaking or being lost in transit. Respondent's creatinine reading was 19.1 for the September 12, 2018 sample. A creatinine reading below 10.0 is suspicious for a diluted sample. Revoked 04/01/2019

Dewin, Rebecca A
O'Fallon, IL
Registered Nurse 144542
From October 9, 2017, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days and checked in outside of the time window on six (6) days. Further, on September 24, 2018; October 1, 2018; October 5, 2018; and, October 18, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent did not report to a collection site to provide the requested sample, instead her sample was reported as not being delivered. On May 16, 2018, her urine creatinine reading was 15.8. Respondent's creatinine reading was 19.1 for the September 12, 2018 sample. A creatinine reading below 10.0 is suspicious for a diluted sample. Revoked 04/01/2019

Moore, Ericka Renee
Saint Louis, MO
Licensed Practical Nurse 2011024993
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of September 21, 2018, and December 21, 2018. Revoked 04/01/2019

Scott, Karissa Ann
Arnold, MO
Registered Nurse 2004021517
From July 12, 2018 until the filing of the Complaint, 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 October 18, 2018, Respondent submitted a urine sample for post-shift drug screening. That sample tested positive for the presence of Oxazepam and Temazepam. Respondent had a prescription for Valium from March, but that prescription had been discontinued so that she could take Xanax. Thus, Respondent did not have a current, valid prescription for Oxazepam or Temazepam. Revoked 04/01/2019

Bell, Jodi Michelle
Kansas City, MO
Licensed Practical Nurse 2015036780
On August 15, 2017, Respondent was scheduled to work the night shift, beginning at 9:15 p.m., at a sleep clinic. On that shift, Respondent was responsible for overseeing patients in the sleep study. Prior to beginning the shift, Respondent called in to report that she was sick - falsely claiming to have stomach problems. Around 10:00 p.m., a person entered the front door. Respondent immediately ran to the front door and asked if she was alone. The person responded that she was alone and Respondent followed her back to the patient room. Respondent, still feeling ill, asked the patient if she had Xanax with her. The patient replied no and Respondent left the room. A few minutes later, the person entered the patient room and attempted to insert the needle into the patient's arm. Respondent immediately ran to the patient room and asked the person what she was doing. The person stated that she was testing the patient for the virology and Respondent told the person she was not allowed to enter the patient room. After a struggle, the person stood up and left the patient room. At that point, the patient told Respondent that the person was actually an unknown man about her present drug habit and Respondent agreed to come into work. Respondent re-entered the building. Immediately, a person entered the building and pointed to the sleep study. The person then left the building. At several points during this period, a person's night vision camera recorded her leaving the front door at 12:28 a.m. Despite not being physically present or performing nursing care for a 16-year-old patient who attended high school. At approximately 12:15 p.m., the patient appeared pale and reported that she had thrown up and needed to use the bathroom. Respondent then proceeded into the patient's sleeping room and then removing them again. While nursing home staff were not present. Respondent had no explanation for the discrepancies in her medication. Respondent refused to submit to the drug test. She had a prescription for amphetamine, but she did not have a prescription for methamphetamine. Revoked 04/01/2019

Carrico, Barbara J
Shiloh, IL
Registered Nurse 151904
Respondent failed to check in with NTS on one (1) occasion. On February 19, 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. Further, on seven (7) separate occasions, Respondent failed to check in with NTS on time to report to a collection site to provide the requested sample, however the test was cancelled due to an insufficient amount of urine or the sample leaking or being lost in transit. Respondent's creatinine reading was 19.1 for the September 12, 2018 sample. A creatinine reading below 10.0 is suspicious for a diluted sample. Revoked 04/01/2019

Dewin, Rebecca A
O'Fallon, IL
Registered Nurse 144542
From October 9, 2017, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days and checked in outside of the time window on six (6) days. Further, on September 24, 2018; October 1, 2018; October 5, 2018; and, October 18, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent did not report to a collection site to provide the requested sample, instead her sample was reported as not being delivered. On May 16, 2018, her urine creatinine reading was 15.8. Respondent's creatinine reading was 19.1 for the September 12, 2018 sample. A creatinine reading below 10.0 is suspicious for a diluted sample. Revoked 04/01/2019

Moore, Ericka Renee
Saint Louis, MO
Licensed Practical Nurse 2011024993
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of September 21, 2018, and December 21, 2018. Revoked 04/01/2019

Scott, Karissa Ann
Arnold, MO
Registered Nurse 2004021517
From July 12, 2018 until the filing of the Complaint, 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 October 18, 2018, Respondent submitted a urine sample for post-shift drug screening. That sample tested positive for the presence of Oxazepam and Temazepam. Respondent had a prescription for Valium from March, but that prescription had been discontinued so that she could take Xanax. Thus, Respondent did not have a current, valid prescription for Oxazepam or Temazepam. Revoked 04/01/2019

Moore, Ericka Renee
Saint Louis, MO
Licensed Practical Nurse 2011024993
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of September 21, 2018, and December 21, 2018. Revoked 04/01/2019

Johnson, Christine Michelle
Excelsior Springs, MO
Licensed Practical Nurse 2005009292
Following an investigation by the Department of Health and Senior Services, by letter dated July 13, 2015, the Department notified Respondent that she was being placed on the Employee Disqualification List for two (2) years due to misappropriating property of a resident while employed at the nursing home. Revoked 04/01/2019

Lillard, Shelley M
Lenexa, KS
Registered Nurse 2001027099
In a Summary Order dated December 21, 2018, the Kansas State Board of Nursing assessed Respondent's licensure reinstatement in the state of Kansas. Revoked 04/01/2019

Graczyk, Tanya L
Elsberry, MO
Registered Nurse 145671
Respondent never completed the contract process with NTS. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on June 26, 2018. Respondent did not attend the meeting or contact the Board to reschedule the meeting. The Board's investigator attempted to contact Respondent at the mailing address, telephone number, and e-mail address the Board had on record for the Respondent. Respondent did not respond to any of the communications, and therefore, did not cooperate with the Board's investigation. Revoked 04/01/2019

Severe, Vanessa J
Albany, MO
Licensed Practical Nurse 2011039915
Through an agency, Respondent provided private duty nursing care for a 16-year-old patient who attended high school and who used an electric wheelchair and a ventilator. The patient's health condition required Respondent to be with the patient at all times while she attended school. On February 20, 2014, Respondent was providing care to her patient at school. At approximately 12:15 p.m., the patient was observed in the school hallway alone. The patient appeared pale and reported that she had thrown up and was searching for Respondent. School staff was unable to...
locate Respondent, so they used the public address system to attempt to locate her. A school staff member located Respondent in her car talking on her phone. Respondent abandoned her patient and failed to ensure that someone else was caring for the patient while she was on her phone in her car. Respondent failed to chart the change to the patient's status in the patient's medical chart.

Revoked 03/22/2019

Williams, Tauriea Lane
Columbia, MO
Licensed Practical Nurse 2012013123
Respondent was required to contract with NTS prior to July 16, 2018. Respondent contracted with NTS on July 17, 2018. From July 17, 2018, until the filing of the Complaint. Respondent did not attend any of the scheduled witnessed drug screenings. Respondent did not attend any drug screenings in with NTS on eighty-eight (88) days. She never checked in with NTS after contracting with NTS. Further, on July 25, 2018; August 13, 2018; August 28, 2018; September 6, 2018; and September 28, 2018, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to provide a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on or about July 25, 2018; August 13, 2018; August 28, 2018; September 6, 2018; and September 28, 2018. The Board did not receive a proper employer evaluation or statement of unemployment by the quarterly due date of September 11, 2018. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 6, 2018. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on June 26, 2018; Respondent was given a suspended imposition of sentence with five (5) years of supervised probation. Respondent contacted the Board office on July 9, 2018 with questions regarding her probation and was informed that she had failed two drug screenings. Respondent received a e-mail that the meeting was rescheduled for Respondent to meet with the Board's representative on July 24, 2018 at 9:30 a.m. Respondent failed to attend the meeting or call the Board's representative to request it be signed and returned by January 22, 2019. Respondent submitted a urine sample for testing on January 4, 2019. On January 24, 2019, Respondent reported to a collection site to provide a sample, and the sample tested positive for alcohol and both metabolites of alcohol. Respondent admitted to Dr. Greg Elam, Medical Review Officer with NTS, that she drank a bottle of wine the day before she was tested. The Board did not receive a renewed mental health evaluation. Respondent is presumed to have unlawfully possessed both metabolites of alcohol, Respondent admitted to Dr. Greg Elam, Medical Review Officer with NTS, that she drank a bottle of wine the day before she was tested.

Revoked 04/01/2019

Minnigrode, Maggie Elizabeth
Saint Louis, MO
Registered Nurse 2013044829
Count II
Hospital administrators noticed that reports from in or about December 2015 to in or about June 2016 indicated that Respondent was consistently writing medication for narcotics than any other nurse and that Respondent was the top dispenser of a number of separate medications. Respondent's superiors noted that she had questionable daily observation and administration procedures. Respondent's superiors noted that she had questionable daily observation and administration procedures. Respondent was asked to submit to a for-cause drug test on or about June 22, 2016. Respondent refused, and was therefore referred to meet with the Board's representative on July 24, 2018 at 9:30 a.m. Respondent failed to attend the meeting or call the Board's representative to request it be signed and returned by January 22, 2019. Respondent submitted a urine sample for testing on January 4, 2019. On January 24, 2019, Respondent reported to a collection site to provide a sample, and the sample tested positive for alcohol and both metabolites of alcohol. Respondent admitted to Dr. Greg Elam, Medical Review Officer with NTS, that she drank a bottle of wine the day before she was tested. The Board did not receive a renewed mental health evaluation. Respondent is presumed to have unlawfully possessed both metabolites of alcohol, Respondent admitted to Dr. Greg Elam, Medical Review Officer with NTS, that she drank a bottle of wine the day before she was tested.

Revoked 04/01/2019

Littken, Michelle Kara
Independence, MO
Registered Nurse 2004018546
From October 29, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on twenty-five (25) days. Respondent ceased checking in with NTS on January 8, 2019. Additionally, Respondent failed to provide a urine sample for testing on January 7 and 30, 2019. On January 7, 2019, Respondent informed Board staff that she could no longer comply with the terms of her probation. Board staff sent a letter to dubious the terms of her probation and requested it be signed and returned by January 22, 2019. As of the date of the filing of the probation violation complaint, Respondent had not received the signed voluntary surrender agreement.

Revoked 04/01/2019

Little, Tori Michele
Chester, IL
Licensed Practical Nurse 2016019949
On January 19, 2017, Respondent pled guilty to the class 4 felony of Unlawful Possession of a Controlled Substance, in violation of 720 ILCS 5/114-1(a)(1)(B). The Complaint was sentenced to 24 months of supervised probation. On September 7, 2018, Respondent pled guilty to the class D felony of Stealing - Controlled Substance/Meth and/or Heroin. The Complaint was sentenced to 24 months of supervised probation, in the Circuit Court of Perry County, Missouri. Respondent was given a suspended imposition of sentence with five (5) years of supervised probation.

Revoked 03/22/2019

Dunnic, Kristal Brooke
Blue Springs, MO
Licensed Practical Nurse 2000172175
When nursing home staff called the pharmacy for a refill of patient S.H.'s Oxycodone 10 mg on November 13, 2016, pharmacy medication records showed that a thirty day card of Oxycodone 10 mg had already been delivered to the nursing home on or about November 11, 2016. Pharmacy records revealed that Respondent had ordered the card of Oxycodone 10 mg on or about November 11, 2016. The pharmacy delivery records indicated that the card of Oxycodone 10 mg had been delivered to the nursing home and was signed for by a co-worker of Respondent or on or about November 11, 2016. The coworker stated upon receipt of the delivery, she gave the card of Oxycodone 10 mg to Respondent. The nursing home returns the medication for a patient to Respondent. Respondent’s superiors noted that she had questionable daily observation and administration procedures, and wasted medication prior to determining if patients needed medication.

Revoked 03/18/2019

Henderson, Lisa M
Springfield, MO
Licensed Practical Nurse 2016037347
From April 24, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days. In addition, on January 4, 2019, Respondent failed to provide a urine sample for testing on January 4, 2019. On January 24, 2019, Respondent reported to a collection site to provide a sample, and the sample tested positive for drug and alcohol screening after being randomly selected on Respondent's behalf by the quarterly due date of January 17, 2019.

Revoked 04/01/2019

Massey, Novenda Marie
Eldon, MO
Licensed Practical Nurse 2011005801
Respondent never completed the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 5, 2018, and November 5, 2018. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf by the documentation due date of June 28, 2018.

Revoked 04/01/2019

Beatty, Colleen Lee
Kansas City, MO
Licensed Practical Nurse 2006010398
Respondent failed to check in with NTS on eight (8) days. Further, on May 6, 2016 and November 1, 2018, Respondent did not submit to a for-cause drug test on with NTS, and was advised that she had been selected to provide a urine sample for screening, but Respondent failed to report to a collection site to provide the requested sample. On November 4, 2016, the low creatinine reading was 17.6. The low creatinine reading was 18.8. A creatinine reading below 20.0 is suspicious for a diluted sample. On October 11, 2018, and October 19, 2018, Respondent submitted a urine sample for random drug screening with NTS, and was tested positive for the presence of marijuana. Respondent did not have a prescription for, or lawful reason to possess, marijuana. Respondent was previously convicted of a class B felony of possession of marijuana. On November 20, 2018, Respondent reported to a collection site to submit a sample for random drug screening with NTS, and Respondent refused to test and left the collection site without providing a sample.

Revoked 04/01/2019

Montgomery, Katherine Marie
Independence, MO
Registered Nurse 2005920196
On July 2, 2018, the Board's Director of Compliance mailed a copy of the Order to Respondent and attached the spreadsheet for signing required documentation and forms. As part of this mailing, a letter was included scheduling Respondent to meet with a member of the Board's management staff, in accordance with the Order, on July 24, 2018. On July 5, 2018, service of the Order and attached deadlines and letter was made by mail. Respondent did not attend the July 24, 2018 meeting. As of the date of the filing of the Complaint, Respondent had not completed the contract process 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. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 18, 2018 and January 2, 2019. As of the date of the filing of the Complaint, the Board had not received a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 27, 2018.

Revoked 03/22/2019

SUSPENSION continued on page 18
DISCIPLINARY ACTIONS continued from page 17

SUSPENSION

Stutenville, Rebecca Nicole
Kansas City, MO
Registered Nurse 126024556
Licensee suspended, failure to comply with the requirements of the Non-Disciplinary Consent Agreement. Suspended 05/13/2019

Worley, Jillian Nicole
Columbia, MO
Registered Nurse 2008027061
Failure to comply with the requirements of the executed Non-Disciplinary Consent Agreement. Suspended 05/09/2019

Rohrer, Taylor Anne
Sulphur, MO
Registered Nurse 2017031653
Failure to meet the requirements of the executed Intervention Program Non-Disciplinary Consent Agreement. Suspended 03/25/2019

VOLUNTARY SURRENDER

Robertson, Stacey Faye
Moberly, MO
Licensed Practical Nurse 2001027082
In her employment as a private duty nurse, Licensee was responsible for the in-home, direct care of W.A., a minor child. W.A. is non-verbal and has Oro Mandibular Lib Hypoglossus with Meibius Syndrome. Video footage from about September 2014, recorded by W.A.'s parents, shows Licensee physically and verbally abusing W.A. on numerous occasions. On March 4, 2019, in the Circuit Court of Boone County, Missouri, State v. Stacey Faye Robertson, case number 17BA-CR00501-0 l, Licensee pleaded guilty to two counts of the Class C Felony of child abuse and was placed on administrative leave. Voluntary Surrender 03/12/2019

Sullivan, Michael G
Saint Louis, MO
Registered Nurse 066205
On or about June 19, 2018, Licensee reported to work for his scheduled 7:00 a.m. shift and assumed care of three (3) patients in the West Nursing Unit, Nursery A. A few hours into his shift, concerns were brought to management by Licensee's coworkers that he may have been impaired by alcohol while caring for patients. The charge nurse, nurse manager, and Director of Nursing assessed Licensee and noted that Licensee's speech was slurred and he was stumbling when walking. Based on the assessment, Licensee was pulled from assignment and he consented to testing by Breathalyzer by a third party provider. The initial test result was 0.089 and the follow-up test result was 0.093. Voluntary Surrender 05/29/2019

Holiman, Amanda Nicole
Jackson, MO
Registered Nurse 2009003757
On or about July 6, 2016, Licensee submitted to a for cause drug screen. On or about July 12, 2016, Licensee tested positive for Morphine, Hydromorphone, and Meperidine. Voluntary Surrender 04/30/2019

Martin, Rachel Lee
Moberly, MO
Registered Nurse 2012042946
On June 14, 2018, Licensee was observed labeling multiple syringes, including saline-filled syringes, with narcotic stickers. It was reported that staff could not make a clear determination when Licensee wasted the unused narcotics or if what was being wasted was the controlled medication or saline. Licensee was also observed leaving the procedure room in between patient procedures to use the restroom for thirty minutes at a time. Licensee was observed placing two (2) syringes in a desk drawer while waiting another set of medications. When questioned by University Hospital administration about the questionable actions, Licensee denied taking any medication. Licensee refused to submit to a for-cause drug screen, and was placed on administrative leave. Voluntary Surrender 05/30/2019

Swisher, Janet A
Bolivar, MO
Registered Nurse 118467
On or about November 19, 2018, Respondent pled guilty to one count of unlawful possession of a controlled substance, a Class 4 Felony, in Case Number 2017CF603 before the Circuit Court of Jackson County, Illinois. On or about November 29, 2018, Respondent was sentenced to First Offender Probation for a period of twenty-four months. The basis for the charges is that Respondent diverted Dilaudid from St. Elizabeth Hospital for an approximate period of two weeks in May 2017, while on a contract with Cross Country Staffing and Respondent diverted Fentanyl from Memorial Hospital of Carbondale for an approximate period of September 17, 2017 through October 16, 2017 and test positive for opiates. On or about August 29, 2018, Respondent pled guilty to, and was found guilty of, Division of Nursing, Department of Health and Senior Services, November 19, 2018, Respondent pled guilty to one count of unlawful possession of a controlled substance, a Class 4 Felony, in Case Number 2017CF603 before the Circuit Court of Jackson County, Illinois. On or about November 29, 2018, Respondent was sentenced to First Offender Probation for a period of twenty-four months. The basis for the charges is that Respondent diverted Dilaudid from St. Elizabeth Hospital for an approximate period of two weeks in May 2017, while on a contract with Cross Country Staffing and Respondent diverted Fentanyl from Memorial Hospital of Carbondale for an approximate period of September 17, 2017 through October 16, 2017 and test positive for opiates. On or about August 29, 2018, Respondent pled guilty to, and was found guilty of, Division of Nursing, Department of Health and Senior Services, November 19, 2018, Respondent pled guilty to one count of unlawful possession of a controlled substance, a Class 4 Felony, in Case Number 2017CF603 before the Circuit Court of Jackson County, Illinois. On or about November 29, 2018, Respondent was sentenced to First Offender Probation for a period of twenty-four months. The basis for the charges is that Respondent diverted Dilaudid from St. Elizabeth Hospital for an approximate period of two weeks in May 2017, while on a contract with Cross Country Staffing and Respondent diverted Fentanyl from Memorial Hospital of Carbondale for an approximate period of September 17, 2017 through October 16, 2017 and test positive for opiates. On or about August 29, 2018, Respondent pled guilty to, and was found guilty of, Division of Nursing, Department of Health and Senior Services, November 19, 2018, Respondent pled guilty to one count of unlawful possession of a controlled substance, a Class 4 Felony, in Case Number 2017CF603 before the Circuit Court of Jackson County, Illinois. On or about November 29, 2018, Respondent was sentenced to First Offender Probation for a period of twenty-four months. The basis for the charges is that Respondent diverted Dilaudid from St. Elizabeth Hospital for an approximate period of two weeks in May 2017, while on a contract with Cross Country Staffing and Respondent diverted Fentanyl from Memorial Hospital of Carbondale for an approximate period of September 17, 2017 through October 16, 2017 and test positive for opiates. On or about August 29, 2018, Respondent pled guilty to, and was found guilty of, Division of Nursing, Department of Health and Senior Services, November 19, 2018, Respondent pled guilty to one count of unlawful possession of a controlled substance, a Class 4 Felony, in Case Number 2017CF603 before the Circuit Court of Jackson County, Illinois. On or about November 29, 2018, Respondent was sentenced to First Offender Probation for a period of twenty-four months. The basis for the charges is that Respondent diverted Dilaudid from St. Elizabeth Hospital for an approximate period of two weeks in May 2017, while on a contract with Cross Country Staffing and Respondent diverted Fentanyl from Memorial Hospital of Carbondale for an approximate period of September 17, 2017 through October 16, 2017 and test positive for opiates. On or about August 29, 2018, Respondent pled guilty to, and was found guilty of,
Resisting a Police Officer/Correctional Employee, a Class A Misdemeanor, in Case Number 2017CF130, before the Circuit Court of Marion County, Illinois and was sentenced to probation for a period of one year.

Voluntary Surrender 05/16/2019

Muhs, Melissa Ann
Fordland, MO
Registered Nurse 2001019770
Licensee voluntarily surrendered her multistate licensure privilege to practice nursing in Arizona.

Voluntary Surrender 05/15/2019

Rucker, Brandon Curtis
Saint Peters, MO
Registered Nurse 2013024545
On or about May 8, 2018, Licensee was assigned to care for four patients. The nursing supervisor on shift noticed that Licensee was exhibiting odd behavior, including slurred speech and asking questions about his patients that he should have known as the bedside nurse. Licensee was asked to submit to a drug test, which was deemed positive for codeine-morphine. Licensee did not have a prescription for, or lawful reason to possess, morphine. Licensee failed to cooperate with the Boards investigation.

Voluntary Surrender 04/18/2019

Killian, Angela Hope
Florissant, MO
Registered Nurse 2014009852
Count I
On or about September 23, 2017, co-workers observed Licensee appearing sleepy, disheveled, and agitated. Licensee removed pain medication for two (2) patients to whom she was not assigned; however, neither patient reported pain to the charge nurse. Licensee submitted a for-cause drug screen and she tested positive for Morphine, Fentanyl, Oxycodone, and Oxymorphone. Licensee does not have a prescription for, or a lawful reason to possess, Morphine, Fentanyl, Oxycodone, and Oxymorphone.

Count II
From approximately January 1, 2018, to April 17, 2018, Licensee removed medication from the Diebold system and held onto it for several hours before administering it, failed to waste the correct amount of medication, and failed to document the administration of medication she previously removed. An investigation of Licensee's practices with narcotics for the first 4 months of 2018 revealed numerous issues. Administration scheduled a meeting with Licensee on April 18, 2018, regarding the issues, but Licensee left her badge and resignation in her supervisor's mailbox.

Voluntary Surrender 04/11/2019

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