**Message from the President**

Anne Heyen, DNP, RN, CNE

Students attend our board meetings and are allowed to ask questions of the board members. A topic that has been raised several times involves what responsibility the nurse has when they suspect their co-worker may be working impaired. Ideally, the nurse with a substance use disorder would self-identify that they have a problem and seek help prior to putting the public at risk. However, for various reasons, that does not always happen and you might be put in the rather uncomfortable position of having a suspicion that your co-worker is impaired at work.

So what do you do when you have any suspicion that a co-worker either has a substance use disorder and/or is impaired at work? Report it. You the nurse have a professional, legal and ethical duty to protect the public. When a nurse works impaired on any substance (legal or illegal), the very public that has such high regards for nurses, is placed at risk. Follow your chain of command as you would for any complaint. Be sure to follow up if you do not get a response from your superior.

The National Council of State Boards of Nursing (NCSBN) has a number of resources available free of charge on their website at https://www.ncsbn.org/substance-use-in-nursing.htm. There are posters that can be ordered and displayed on your unit. Brochures regarding substance use disorder in nursing are available with more details regarding signs and symptoms, and more details on how to handle a situation where you do suspect a co-worker is impaired. There is a separate brochure specifically for nurse managers. In addition, you can take substance use disorder online contact hours courses free of charge. The issue of a nurse being impaired at work is not a topic anyone wants to face, yet you owe it to the patients to assist in keeping them safe.

**Executive Director Report**

Lori Scheidt, Executive Director

Licensed Practical Nurse License Renewals

Licensed Practical Nurse licenses expire every even-numbered year on May 31. Renewal reminders were emailed periodically beginning on March 1, 2020. This was the first year LPNs were required to enroll in Nursys e-Notify® as a condition of license renewal. The Nursys® portal contains three options; e-Notify, QuickConfirm License Verification and Nurse License Verification for Endorsement.

Nurses® e-Notify® is the service nurses need to enroll in to receive license alerts. Nursys® QuickConfirm License Verification® is the service to verify a license one-time. This is most often used to check a license in the pre-hire stage. Nurses® License Verification for Endorsement is the service a nurse should use when applying for a license in a new state and another state board of nursing needs verification of that license. This is not a service for employers.

All these services are explained on the Nursys® web site at www.nursys.com.

No Grace Period to Renew

There is no grace period to renew. The board’s rules require a nurse to renew three business days prior to the expiration date. Failure to do so may result in the license becoming lapsed, which then requires the nurse to complete a reinstatement application, submit additional fees and submit to fingerprint background checks. The form and instruction letter to renew an expired license can be found under the Licensure tab on the board’s web site.

Nurse Required to Complete the Renewal

You should not allow anyone else to complete your license renewal. The license renewal application asks you to answer questions for which only you may know the correct answer. False statements are subject to criminal penalties and/or license discipline. The online renewal application includes a section where the individual attests that all statements or representations submitted are made under oath or affirmation and are true and correct under penalty of section 676.060, RSMo, which specifies that anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor.

Don’t Give Your Employer your PIN to Store

To renew your license, you need a PIN number. This PIN is provided to you by our office. You should safeguard this PIN. You should not give this PIN to your employer for storage.

Your employer should create a Nursys® e-Notify® institution account and enroll you in their institution account. Your employer will receive email notifications when the following changes are made to an enrolled license:

- Active status
- Expiration date
- Compact status
- Publicly available disciplinary and alert actions
- License status.

Protect Your License

These practical tips will help you protect your license.

- If you have not already done so, you should enroll yourself in e-Notify by going to www.nursys.com/e-notify and select “As a Nurse” to complete the registration process. By enrolling in this free service, you will receive notifications any time your license status changes as well as receive license expiration date reminders. The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather
Practice is where the patient is at the time nursing care is rendered. Know the state's Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice on our web site. You can find links to other state boards of nursing at www.ncsn.org.

Legislative Session
The 2020 legislative session started January 8, 2020 and will go through May 15, 2020.

Several bills were filed regarding advanced practice registered nurses. Currently, a Missouri Advanced Practice Registered Nurse (APRN) is required to be in a written collaborative practice agreement with a physician. It is through this collaborative practice agreement that the physician delegates authority to administer or dispense drugs and provide treatment. A collaborating physician may enter into a collaborative practice agreement with up to six full-time equivalent advanced practice registered nurses, licensed physician assistants, assistant physicians, or any combination of those professions. The APRN and physician must maintain geographic proximity. The board of nursing and board of registration for the healing arts have joint rulemaking authority. Those joint collaborative practice rules were revised to indicate that the collaborating physician and collaborating APRN shall practice within 75 miles by road of one another, except if the APRN is providing services pursuant to 335.175, RSMo. Missouri state law 335.175 is the law governing the utilization of telehealth by nurses and specifies that an APRN providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information. You can find information about the status of bills and how to contact legislators at http://moga.mo.gov.

May 19-21, 2020
August 19-21, 2020
November 4-6, 2020

Missouri State Board of Nursing
May, June, July 2020

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

Number of Nurses Currently Licensed in the State of Missouri
As of April 15, 2020

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>24,495</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>113,021</td>
</tr>
<tr>
<td>Total</td>
<td>137,516</td>
</tr>
</tbody>
</table>

SCHEDULE OF BOARD MEETING DATES THROUGH 2020
Meeting locations may vary. For current information please view notices on our website at http://mo.gov or call the board office.

http://pr.mo.gov

Published by:
Arthur L. Davis
Publishing Agency, Inc.
Moments with Marcus

Trusted Thieves?

Marcus Engel

This article might be outdated before I hit the “save” button. It will almost certainly be outdated by the time it’s submitted to the newsletter. And older yet by the time you read it. So, since Covid-19 doesn’t look like it’s going away any time soon, let’s hope there’s still something of value here.

A few months back, for the millennium year running, nurses have been named the most trustworthy profession. Nurses don’t shout this fact from the rooftops, and they don’t drop it into everyday conversations.

To me, this makes sense. Nurses enter this profession to serve others, to ease human suffering and to know they are doing good work. There’s not much ego involved there. None becomes a nurse thinking they’ll get famous in their profession. Those who become nurses are usually more interested in giving than taking.

Then, I started hearing stories from the bedside…… and on news reports. Facilities are running out of supplies. Not from backup in the supply chain, not from reduced Chinese manufacturing and production, not because of thousands of cases in American hospitals. From the earliest moments – with just a handful of confirmed cases and a few hospitalizations - shortages. Why? Theft. Yes, theft.

A nurse friend said, “As soon as a new box of masks is opened…… it’s empty. People are just stealing masks and hand sanitizer like it’s there for the taking.”

I’ve gotta admit, I was shocked. Nurses wouldn’t do this sort of thing? Nurses, with scientific based medical knowledge,…… nurses, the most trustworthy profession…… nurses, who have dedicated their professional lives to caring for the vulnerable. Nurses would steal? I just couldn’t wrap my brain around it.

And then I remembered…… nurses are human. And, as humans, we make mistakes. We allow actions to be guided by fear rather than reason. We go against what we know to be true because of a scarcity mindset. Our fear can even lead us to harming another. We allow actions to be guided by fear rather than reason. We go against what we know to be true because of a scarcity mindset. Our fear can even lead us to harming another.

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Nurses are human. So are patients. So are techs and therapists and docs and EVS. Humans make mistakes. But, also as humans, we have to learn from those shortcomings. With so much noise, it’s no wonder people are just stealing masks and hand sanitizer like it’s there for the taking.

And maybe the biggest lesson to learn is, as always, to slow down, take a breath, pause, and be present. Intentionally stop and breathe and relax. Step out of fight, flight or freeze mode. And, how could we be anything else? We are in uncharted territory. We have BREAKING NEWS every three seconds with the latest updates, (to say nothing of the politics around the strain), social media feeds are dominated by commentary. With so much noise, it’s no wonder people are hoarding supplies, all the while going against their scientific, evidence-based training by succumbing to fear.

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Safe Practice: Nursing Roles and Assignments

Permission granted by the Nebraska Board of Nursing to re-print this article with modifications specific to Missouri

Nursing practice affects patient outcomes. Licensed nurses are accountable for their judgments, decisions and actions. “Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence and experience, as well as their assessment of the level of risk for patient safety” (American Nurses Association [ANA] Code of Ethics, 2015, Provision 4.3).

The Missouri State Board of Nursing regulates the practice of individual licensed nurses. While the Board has no jurisdiction over employer/employee issues such as assignments, staffing decisions and work hours, both individual nursing leaders and nurses in patient care roles may be subject to disciplinary recommendations by the Board when patients are placed at risk. It is essential that nursing leadership (supervisors, managers and administrators) and employers work together and communicate clearly with individual nurses to arrive at solutions that best meet patient care needs.

The Nebraska Board of Nursing recently published an excellent resource for nurses on this topic and they graciously gave us permission to share this information with our Missouri nurses.

Competency

Nurses are responsible for assessing their own competency (ANA Code of Ethics, 2015, Provision 4.1). Competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment (ANA, 2014b). Nurses can be expected to advocate for patients and themselves by ensuring that their competencies match the patient’s identified needs and allow for the delivery of safe care. If the nurse is being required to accept a new role or perform a new task or procedure, it is incumbent upon the nurse to identify what education and training s/he requires to develop competency. This may also mean that a nurse negotiates a modified or shared assignment in an unfamiliar practice setting or with a patient population for which the nurse has little or no experience (ANA, 2009).

Nursing leadership and employers have a responsibility to provide an environment that is conducive to competent practice, including appropriate expectations for practice and assignment with orientation, cross-training and skill development; continuing education and competency verification; support for specialty certification; and policies that protect both the patient and nurse from inappropriate assignment or expectations for nursing responsibilities, procedures or tasks. The practice environment should also support open communication with nursing staff, allowing them without fear of reprisal to express concerns, or even refuse a role or assignment for which they do not possess the requisite skill (ANA, 2009).

Fatigue

Nurses at all levels of practice and leadership share responsibility for reducing risks from nurse fatigue in the workplace. Individual nurses are responsible for practicing healthy behaviors that reduce the risk for working while fatigued or sleep-deprived, for arriving at work alert and well rested, and for promoting a safe commute to and from work. They are also responsible for taking meal and rest breaks, and for implementing fatigue countermeasures to maintain alertness during work shifts (ANA, 2014a).

Nurses have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime (ANA, 2014a). Nurses are encouraged to advocate with nursing leadership and employers for safe staffing policies and strategies that mitigate the potential for negative outcomes associated with fatigue.

Fatigue can impair practice. Individual nurses are responsible for recognizing and disclosing impairment to leadership and employers.

Appropriate staffing

Appropriate staffing is a match of the combined expertise of all caregivers with the needs of the recipient of nursing care services in the context of a particular practice setting (ANA, 2012). Appropriate staffing is necessary to reach safe, quality outcomes. Staffing decisions are dynamic, and necessarily rely on complex, multifaceted decision-making processes for a wide range of staff and patient variables. Staffing models and policies, including level of care requirements are at the discretion of the employer.

When making a decision to accept a role or assignment, ANA advises individual nurses to make a critical assessment of the needs of patients and the resources available to meet those needs. Nurses have an obligation to articulate their limitations (nd) and may find it necessary to contact an immediate supervisor and request assistance in planning care based on the available resources within the organization. Such assistance may include, but is not limited to:

1. Acquiring additional or a different mix of staff;
2. Making adjustments in scheduled staff work hours;
3. Requiring periodic assistance from a supervisor or another staff member for delivery of specific client care activities;
4. Prioritizing care activities that will be delivered during that shift, and/or,
5. Notifying appropriate health care providers and others regarding limitations in providing optimal care during periods of inadequate staffing.

If the assignment is being made because of an immediate need or crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has a professional obligation to advocate with nursing leaders and employers for safe staffing strategies (ANA Code of Ethics, 2015, Provision 6.3).

References:


dd.


CBD Oil and Your Nursing License

This week a disturbing article was circulating on the internet from ABC7 writer Lisa Fletcher, an investigative reporter, that consumers of CBD oil are being terminated after a drug test and was positive for THC. In one case, an old engineer who was terminated after he failed a workplace drug test. He was using CBD oil for arthritis and glaucoma and thought he was “doing something perfectly legal, something that would not trip a positive THC test.” Ms. Fletcher also found several lawsuits, including one filed by women in California and Pennsylvania, both of whom claim the CBD they were taking was advertised as THC free. However, the use of the CBD oil caused them to test positive on drug tests and lose their jobs. 

Peter Meyers, a law professor emeritus at George Washington University Law School, states that while a person may be complying with state laws, they are violating federal laws. Marijuana is still illegal under federal law. Mr. Meyers stated, “The wide availability of CBD gives consumers the impression it’s safe and legal.” The lack of precision in product labeling is giving consumers a false sense of safety.

Tetrahydrocannabinol (THC) and Cannabidiol (CBD) are the most commonly known compounds of the marijuana plant (cannabis). CBD is the second most active ingredient and a natural component found in marijuana plants. THC is the active psychoactive compound in marijuana. Marijuana is listed in the Schedule I of the federal Controlled Substances Act (CSA) due to the psychoactive effects of THC and the potential for abuse. The Agriculture Improvement Act of 2018 (generally referred to as the 2018 Farm Bill) was signed into law on December 20, 2018. The 2018 Farm Bill became effective January 1, 2019, and legalized the cultivation and sale of industrial hemp at the federal level. Industrial hemp plants must have a delta-9 THC concentration of no more than 0.3 percent by dry weight. Until December 20, 2018, hemp was categorized as a Schedule I substance under the CSA, thus making hemp illegal at the federal level to cultivate, possess, or distribute the hemp plant, or CBD derived from the hemp plant. The 2018 Farm Bill removed industrial hemp from the Controlled Substances Act (CSA), which means that as long as the plant contains no more than 0.3 percent THC on a dry weight basis it is no longer considered a controlled substance under federal law. However, the U.S. Food and Drug Administration (FDA) has the authority to regulate products containing cannabis or cannabis-derived compounds under the United States Federal Food, Drug, and Cosmetic Act (FD&C Act). This applies to products described as hemp under the 2018 Farm Bill.

CBD oil is made from the flowers, leaves, and stalks of the hemp plant and contains less than 1% THC. Some marketing sites indicate that there is no THC in their CBD oil. CBD oil is extracted from the seeds of the hemp plant, which contain trace amounts of THC. The majority of CBD oils on the market are full-spectrum extracts. This means they contain not only CBD but also a range of other cannabinoids and terpenes found in the cannabis plant. The main difference between CBD oil from hemp and marijuana is the ratio between THC and CBD. As stated above, industrial hemp, as long as the plant contains no more than 0.3 percent THC on a dry weight basis it is no longer considered a controlled substance under federal law. Recall the old saying BUYER BEWARE!!

CBD is safe? Since the same enzyme in the liver that metabolizes many conventional medicines and supplements metabolizes CBD oil, the metabolites of CBD oil can cause the levels of other drugs in the system to rise. CBD oil may cause increased activity of blood thinners, increased liver enzymes; other research indicates that the use of CBD oil may trigger a number of side effects, including anxiety, diarrhea, dizziness, drowsiness, dry mouth, nausea, vomiting, or changes in appetite or mood. There is a lack of quality scientific studies on human and animal populations on the undetermined effects of using CBD. The FDA expresses a concern for the unreliability of the purity of CBD products. Concentrations of CBD oil vary widely, not from brand to brand but from bottle to bottle within the brand. CBD product companies use different CBD sources, extraction methods, and production techniques, and not all resulting products are created equal.

Dr. Meyers was given access to the largest series of tests done on CBD products by Ellipse Analytics. The outcome of the analysis found that “more than half of the 200 products tested were inaccurately labeled. Lab results showed that of a quarter of them – more than 50-products falsely claimed they were THC-free.”

What does this mean for you, the nurse? If a nurse consumes CBD oil, there is a possible risk that a positive THC test may result. In some states, CBD oil may be allowed to contain up to 5% THC. If a nurse would consume excess CBD oil that may be allowed to contain a larger amount of THC, that nurse is risking a positive THC test.

Nurses will have to do their own research to determine which companies the nurse is willing to trust. Although most CBD products claim to have under 0.3% THC, which is classified as hemp, the products remain unregulated by the FDA making the THC levels contained in the product unreliable. Moreover, the amount of THC contained in the product is generally not listed on the bottle of CBD oil. Consuming or vaping quantities of CBD oil may leave enough THC in the nurse’s system to trigger a positive test result.

IS YOUR LICENSE WORTH THIS RISK?

2. ibid
3. ibid

Mary A. Trentham, JD, MNSc, MBA, APRN, CNP, GNP-BG, Attorney Specialist

Missouri State Board of Nursing Newsletter, please visit http://www.nursingaid.com/publications

Reprinted with permission from the author and ASBN Update.
The Missouri State Board of Nursing has extended the graduate exempted practice period an additional 90 days for each nurse that will be taking the exam for the first-time and whose graduate exempted practice period expired or will expire during the period of time that Pearson Vue is not administering the NCLEX® exam.

Anyone who graduated on or after December 16, 2019, has not previously taken the NCLEX® and has not been denied a license is now authorized to practice as a graduate nurse pending the results of their first licensing exam or 180 days after graduation, whichever first occurs.

TEMPORARY PERMITS
Rule 20 CSR 2200-4.020(6) indicates, “A temporary permit is for a (1) year period.” Fingerprint sites, nursing programs and boards of nursing are closed or operating on limited hours. The board recognizes this impedes the ability to request background checks, transcripts and license verifications.

In order to allow for continued employment, the board automatically extended unexpired temporary permits an additional six (6) months. This does not require any action by the nurse. You can check the license expiration date of a temporary permit at www.nursys.com using QuickContact License Verification.

A nurse who holds a temporary permit should enroll as A Nurse in Nursys® e-Notify. www.nursys.com/emotify in order to receive permit expiration date reminders.

Graduate exempted practice period temporary permits will be issued for a one (1) year period.

NURSE LICENSURE REQUIREMENTS
Missouri is a member of the Nurse Licensure Compact (NLC). The NLC allows for RNs and LPNs to have a multistate license, with the ability to practice in person or via telehealth, in both their home state and other NLC states. There are currently 32 member states in the NLC and nurses from those states who hold a multistate license can easily respond to provide care across state lines.

Nurses holding a multistate license, with the ability to practice in person or via telehealth, in both their home state and other NLC states are located. It is paramount that our health professionals be able to treat patients due to quarantine. This will allow our highly skilled and educated health professionals to provide care to our communities when they need it most.

A nurse holding a multistate permit should enroll at www.nursys.com/emotify in order to receive permit expiration date reminders.

At this time, licensure requirements have not been changed. You can verify a license at www.nursys.com.

If you have been directed to self-quarantine due to diagnosis of or exposure to COVID-19, please DO NOT go to a drug screening collection site. The sites likely will be closed. Email nursingcompliance@pr.mo.gov for more information.

If meetings or other activities are canceled please keep any records or documentation and report that by email to nursingcompliance@pr.mo.gov.

ADVANCED PRACTICE REGISTERED NURSE (APRN) COLLABORATIVE PRACTICE REQUIREMENTS
20 CSR 2200-4.200(2)(B)(2), requires an Advanced Practice Registered Nurse (APRN) and collaborating physician to practice within seventy-five (75) miles of one another.

This rule has been suspended to allow a physician and APRN to collaborate, regardless of where the providers are located. It is paramount that our health professionals be able to treat patients due to quarantine. This will allow our highly skilled and educated health professionals to provide care to our communities when they need it most.

There has been media attention about 1135 waivers if a nurse has a multistate license and where that nurse can practice.

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The disciplinary actions shown in this newsletter are for the time period of December 1, 2019 to February 29, 2020

CENSURE

King, Carlene Dawn
DeVille's Elbow, MO
Licensed Practical Nurse 2006000322
On January 9, 2017, a resident was found in his room unresponsive at 0655 by a CNA. The CNA entered the room with another CNA, who notified Licensee that the resident was unresponsive with no pulse. Licensee did not initially initiate CPR measures. There was a time lapse of approximately ten to fifteen minutes before Licensee determined the resident was a full code and started CPR. DHSS placed Licensee on the Employee Disqualification List (EDL) for a period of one year.
Censure 02/29/2020

Lewis, Tammy Lynn
Farmington, MO
Licensed Practical Nurse 2008018340
Licensee practiced nursing in Missouri without a license from June 1, 2018 to November 13, 2019.
Censure 02/15/2020

Bosuglaw, Michael Ashley
Saint Louis, MO
Registered Nurse 2019014632
From June 4, 2019, until the filing of the Complaint, Respondent failed to check in with NTS within the required time window on one (1) day. Further, on June 20, 2019, and September 16, 2019, Respondent checked in with NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on September 19, 2019, Respondent failed to check in with NTS within the required time window; 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 19, 2019.
Censure 12/17/2019

Payne, Crystal LeAnn
Bernie, MO
Registered Nurse 2007020214
On November 20, 2018, Licensee was observed to be in discomfort prior to the beginning of her shift and reported the beginnings of a migraine. Licensee indicated that she had taken an Imitrex and should be feeling better soon. A co-worker witnessed Licensee entering the ED medication room prior to her shift and reported she believed the Imitrex was obtained from the ED Pyxis dispensing unit. Review of camera footage and interview with witnesses revealed that Licensee had obtained one pill of Imitrex, without authorization, and taken it to relieve the onset of a migraine. Licensee admitted to management that she took the Imitrex.
Censure 12/10/2019

Noah, Elizabeth Michele
Brentwood, MO
Licensed Practical Nurse 2011018340
Licensee practiced nursing in Missouri without a license from June 1, 2018 to November 8, 2019.
Censure 02/29/2020

PROBATION

Harton, Katrina Lanette
Madison, IL
Registered Nurse 20080008486
During a review of recordings from the night of March 8, 2017, to the morning of March 9, 2017, Licensee was observed mistreating patient R.A. under her care. The recording also showed Licensee restraining R.A. by placing a chair under the footrest of the patient’s chair he was sitting in. Licensee was also witnessed aggressively pushing R.A.’s legs back in his chair when he attempted to get out of the chair. Additionally, Licensee was observed crossing R.A.’s wrists and pressing them into his chest in an intimidating manner. R.A. was observed to cower away from Licensee. Licensee was additionally observed pulling R.A.’s foot out from under him and swinging his legs over the geriatric chair. R.A. has dementia and is non-communicative. He displayed aggressive behaviors, but usually when he needed to use the restroom or was hungry. After another employee took R.A. to the restroom, R.A. calmed down.
Probation 01/07/2020 to 01/07/2023

Brock, Virginia J
Joplin, MO
Registered Nurse 104311
In July 2018, Licensee received corrective action for sleeping in a chair while holding an infant. When questioned, Licensee indicated that she was tired. On January 3, 2019, Licensee was discovered sleeping while holding an infant patient for feeding. When questioned, Licensee indicated she was experiencing health issues and her blood sugar was low. Licensee did not deny that she had fallen asleep. Licensee recognized her issues and did request a change in her schedule to accommodate that. However, before facility management was able to accommodate the schedule change, the second incident had happened.
Probation 02/22/2020 to 02/22/2022

Glick, Nancee G
Tremont, MO
Licensed Practical Nurse 044355
On or about March 4, 2018, a resident complained of difficulty breathing. Licensee did not take the resident’s vitals. Licensee instructed a nurse aide to check the resident’s SPO2% and to administer a breathing treatment to the resident. Both of these skills performed by the nurse aide are outside the scope of a nursing aide. On March 5, 2018, at approximately 0430, Licensee found the same resident unresponsive in his wheelchair, with no pulse and no respirations. Licensee failed to initiate CPR on the resident, who was a full code. Licensee failed to contact facility’s Director of Nursing.
Probation 02/13/2020 to 02/13/2021

Williams, Terry Teacumshea, Jr
Fairview Heights, IL
Licensed Practical Nurse 2012032504
From August 20, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on three (3) days, and checked in outside of the required time window on three (3) days. In addition, on June 4, 2019, Respondent reported to a lab and submitted the

The Board of Nursing is requesting contact from the following individuals:
Caleb Howell, PN2008026859
Mindy Jacoby, RN2000151378

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

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DeMoulin, Andrea Caroline
Glen Carbon, IL
Registered Nurse 2018011976
On January 22, 2015, Respondent entered into an Agreement of Care, Counseling and Treatment with the Illinois Department of Financial and Professional Regulation that became effective on February 16, 2015. Pursuant to the Agreement, Respondent’s Illinois nursing license was subject to certain terms and conditions of monitoring for a period of at least three (3) years. On May 28, 2019, the Illinois Department of Financial and Professional Regulation took final disciplinary action and issued an Order indefinitely suspending the Illinois nursing license of Respondent due to failure to comply with the stipulations placed on her license.
Probation 01/04/2020 to 01/04/2025

DeClue, Lindsey Hayden
Columbia, MO
Licensed Practical Nurse 2011033041
On March 23, 2017, Licensee misread chart notes for a patient’s allergy shot. The chart stated 0.05 ml and Licensee administered 0.5 ml. Licensee recognized the error approximately thirty (30) minutes after patient left. On April 2, 2017, until the filing of the probation violation complaint on October 9, 2019, Respondent failed to check in, or check in timely, with NTS on five (5) days. As part of the terms of her disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On September 10, 2019, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.
Probation 12/05/2019 to 12/05/2022

DeChesare, Lindsey
Saint Louis, MO
Registered Nurse 2019047466
On August 15, 2012, Applicant pled guilty to the offense of Operating a Vehicle while Intoxicated - Alcohol, in the Municipal Court of Arnold, Missouri, in case number T1119365-2. Applicant was given a suspended imposition of sentence with two (2) years of probation. On April 8, 2014, Applicant pled guilty to the offense of Driving with License Revoked, in the Municipal Court of Arnold, Missouri, in case number T1318029-2. Applicant was given a suspended imposition of sentence with two (2) years of probation. On September 12, 2019, Respondent reported to a lab for a substance abuse evaluation completed on September 27, 2018, Applicant was diagnosed with alcohol use disorder and amphetamine type substance use disorder. Applicant admitted to a history of alcohol abuse, prescription Adderall use, and prescription Tramadol abuse and cocaine abuse. She additionally admitted to using methamphetamine.
Probation 12/02/2019 to 12/02/2024

Gauti, Pamela Jean
Harveli, MO
Licensed Practical Nurse 2015026078
During the evening of April 2, 2019, until the morning of April 3, 2019, Licensee was assigned to a young patient in their home. Licensee was awake three different times during the shift by the patient’s family member. Licensee admitted to falling asleep while caring for the young patient, claiming the patient was restless so she crawled into bed with him to comfort him and she fell asleep. Licensee further admitted to “routinely documenting” treatments that may have not actually occurred.
Probation 01/13/2020 to 01/13/2023

Gunn, Shannon Marie
West Palm Beach, FL
Registered Nurse 2019045192
Applicant was previously licensed by the Board as a registered professional nurse, license number RN 2001033427. The license was originally issued on December 26, 2001, and was revoked by the Board on December 24, 2017, for a substance abuse evaluation completed on September 27, 2018, Applicant was diagnosed with alcohol use disorder and amphetamine type substance use disorder. Applicant admitted to a history of alcohol abuse, prescription Adderall use, and prescription Tramadol abuse and cocaine abuse. She additionally admitted to using methamphetamine.
Probation 12/02/2019 to 12/02/2024

Helwig, Larry L
Columbia, MO
Registered Nurse 137734
From February 9, 2019, until the filing of the Complaint, Respondent failed to check in with NTS on four (4) days, and checked in outside of the required time window on two (2) days. On August 13, 2019, Respondent checked in with NTS outside of the required time window and was off of duty. Respondent was requested to report to a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample.
Probation 12/05/2019 to 12/05/2021

Nabena, Cassandra Dawn
Branson, MO
Registered Nurse 2010023143
Respondent never completed the contract process with the Board. Respondent did not receive an employer evaluation, or statement of unemployment by the documentation due date of September 24, 2019. In accordance with the terms and conditions of the Agreement of Care, Counseling and Treatment with the Board, Respondent was advised by UPS Ground Service to attend a meeting. In a, with the Board’s representative on July 16, 2019, Respondent did not attend the meeting or contact the Board to reschedule the meeting.
Probation 01/14/2020 to 01/14/2024

Tindall, Barbara Jean
Eldon, IA
Licensed Practical Nurse 2011030698
On March 14, 2019, Respondent entered a guilty plea to the offense of Drug Paraphernalia, in violation of §185.320 RSMo, to a patient that had previously received a Tdap vaccination on December 19, 2017. This patient was not due for the vaccine like Licensee had thought.
Probation 12/04/2019 to 12/04/2021

Becker, Ashley Nicole
Saint Louis, MO
Registered Nurse 2019047466
On September 12, 2019, Respondent reported to a lab to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.
Probation 12/05/2019 to 12/05/2022

Helton, William Clayton
Saint Charles, MO
Registered Nurse 2012022948
To date, the Board has never completed the contract process with NTS. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground Service to attend a meeting with the Board’s representative on July 23, 2019. Respondent did not attend the meeting.
Probation 12/05/2019

Nance, Jason L
Florissant, MO
Licensed Practical Nurse 2017011444
On September 12, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 14.0. On September 21, 2019, Respondent was requested to submit a hair sample for testing. The signature purporting to be the signature of “Jason Nance” on the chain of custody form with the hair sample does not match the signatures appearing to be that of “Jason Nance” on the three (3) previous chain of custody forms from prior urine drug screens. The medical review officer, after receiving a call that someone
Probation 12/02/2019 to 12/02/2024
Newman, Ashley Nicole
Liberty, MO
Registered Nurse 2014021953
On or about November 13, 2019, Respondent sent a text message to a co-worker, stating that the signature on the chain of custody form for the hair sample on September 21, compared the signatures on the aforementioned chain of custody forms and concluded that the signature on the chain of custody form for the hair sample was forged. As a result, the medical review officer tested positive for the presence of methamphetamine and her fellow nurse to falsely indicate that the nurse had witnessed the waste.

Revised 12/12/2019

Crawford, Meghan Roz Leean
Columbia, MO
Licensed Practical Nurse 2013009855
On or about September 13, 2019, Respondent took the medication bottle from the co-worker's purse, pouring the medication into her new address. Count II - At all times relevant to this Count, Respondent was employed as a registered nurse at Center in City, Missouri. On or about September 16, 2017, Respondent removed fentanyl 100mcg/2ml injection but did not document administration, waste, or return. On or about April 10, 2017, Respondent removed a morphine sulfate 30 mg tablet but did not document the administration, waste, or return. On or about March 31, 2017, Respondent removed fentanyl 100mcg/2ml injection but did not document the administration, waste, or return. On or about October 1, 2019, Respondents co-worker reported to the office to discuss the situation. Respondent at first admitted to taking the pills out of the co-worker's purse, but stated that she put the pills back. Respondent was then shown the video surveillance footage. Respondent admitted to taking and/or threatening and instructed him to not tell anyone else about their relationship. On or about September 5, 2017, Respondent was informed that the pills were not Percocet but were, instead, Tylenol 325 mg. An audit of narcotic blister packs on the unit revealed that two additional residents in the same unit had medication taped into the back of a blister pack that was not the medication that was supposed to be in the packs. The staff nurse who administered the Percocet to the resident controlled substances, including two Percocet 5/325 mg tabs for Resident 1, one Percocet 5/325 mg tab for Resident 2, and one Percocet 5/325 mg tab for Resident 3. The Rehabilitation's review of the MAR revealed that two additional residents in the same unit had medication taped into the back of a blister pack that was not the medication that was supposed to be in the packs. Respondent made multiple attempts to contact Respondent to provide a statement and submit to drug screen, but Respondent did not respond and did not submit to the drug screen. Revoked 12/12/2019

Gatlin, Martha Elizabeth
Registered Nurse 2005010652
On March 12, 2019, the Louisiana State Board of Nursing took final disciplinary action and issued an Order indefinitely suspending the nursing license of Respondent

Revised 12/12/2019

Drake, Aimee Leigh
Springfield, MO
Registered Nurse 2008022182
On October 17, 2018, Respondent pled guilty to the class D felony of Tamper or Attempt to Tamper with a Victim in a Facility, in the Circuit Court of Greene County, Missouri. On July 16, 2019, Respondent pled guilty to the class D misdemeanor of Unlawful Possession of Drug Paraphernalia, in the Circuit Court of Christian County, Missouri. Revoked 12/20/2019

Newell, Melissa Ann
Raytown, MO
Registered Nurse 2004007926
From April 25, 2019 until the filing of the Complaint on June 26, 2019, Respondent failed to check in with NTS on four (4) days and checked in outside of the required time window on three (3) days. On May 24, 2019, Respondent failed to check in with NTS during the required time window, and it was a day that Respondent had to cover a shift. Respondent was informed by a physician that the patient 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 June 4, 2019. On May 9, 2019, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of methamphetamine and/or amphetamine. The Board did not receive an employer statement and submit to a drug screen, but Respondent did not respond to staffing agency or the drug testing company. Count IV - At all times relevant to this Count, Respondent was employed as a registered nurse at rehabilitative in city, Missouri. On or about May 20, 2018, Respondent noticed two pills taped into the back of a blister pack of Percocet. The nurse determined that the pills were not Percocet but were, instead, Tylenol 325 mg. An audit of narcotic blister packs on the unit revealed that two additional residents in the same unit had medication taped into the back of a blister pack that was not the medication that was supposed to be in the packs. Count I - At all times relevant to this Count, Respondent was employed as a licensed nurse at Center in City, Missouri. A routine audit conducted by Center in May of 2017 revealed that medication transactions for controlled substances posted by Respondent could not be verified through patient chart review for administration, return, or waste. On or about March 31, 2017, Respondent removed fentanyl 100mcg/2ml injection but did not document the administration, waste, or return. On or about April 10, 2017, Respondent removed a morphine sulfate 30 mg tablet but did not document the administration, waste, or return. On or about April 30, 2017 until on or about May 12, 2017 Respondent subsequently attempted to contact the nurse whose signature she had "pre-popped" the Hydrocodone and forged the signature of her fellow nurse to falsely indicate that the nurse had witnessed the waste.

Revised 12/12/2019

Paulson, Edwarda W
Springfield, MO
Registered Nurse 123523
On September 28, 2019, the Kentucky State Board of Nursing issued an Order of Immediate Temporary Revocation continued on page 10

Decker, Everhart, Marjorie A
Lees Summit, MO
Registered Nurse 2012025473
Count I - At all times relevant to this Count, Respondent was employed as a registered nurse at Center in City, Missouri. A routine audit conducted by Center in May of 2017 revealed that medication transactions for controlled substances posted by Respondent could not be verified through patient chart review for administration, return, or waste. On or about March 31, 2017, Respondent removed fentanyl 100mcg/2ml injection but did not document the administration, waste, or return. On or about April 10, 2017, Respondent removed a morphine sulfate 30 mg tablet but did not document the administration, waste, or return. On or about April 30, 2017 until on or about May 12, 2017 Respondent subsequently attempted to contact the nurse whose signature she had "pre-popped" the Hydrocodone and forged the signature of her fellow nurse to falsely indicate that the nurse had witnessed the waste.

Revised 12/12/2019

Summer, Tina M
Desoto, MO
Registered Nurse 137266
On August 9, 2019, Respondent pled guilty to two (2) counts of the class C felony of Statutory Rape - 2nd Degree, in violation of §§566.034, RSMo. (Supp. 2015), and the class D felony of Tamper or Attempt to Tamper with a Victim in a Facility, in violation of §§575.270, RSMo. (Supp. 2017), in the Circuit Court of Jefferson County, Missouri, in case number 19JE-CR00764-01. Revised 12/20/2019

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Director, Human Resources | 573-888-5925 ext. 1036
Mental Health and Substance Use Disorders Services
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Paulson, Edwarda W
Springfield, MO
Registered Nurse 123523
On September 28, 2019, the Kentucky State Board of Nursing issued an Order of Immediate Temporary Suspension (Order) immediately suspending Respondent's privilege to practice nursing in the state of Kentucky. Revoked 12/20/2019

Drake, Aimee Leigh
Springfield, MO
Registered Nurse 2008022182
On October 17, 2018, Respondent pled guilty to the class D felony of Tamper or Attempt to Tamper with a Victim in a Facility, in the Circuit Court of Greene County, Missouri. On July 16, 2019, Respondent pled guilty to the class D misdemeanor of Unlawful Possession of Drug Paraphernalia, in the Circuit Court of Christian County, Missouri. Revoked 12/20/2019

Revocation continued on page 10

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due to Respondent failing to comply with the required stipulations of the Recovering Nurse Program (RNP).

Revoked 12/05/2019

Muniz, Melissa Soledad Sante Fe, NM
Licensed Practical Nurse 2010023213 Respondent practiced nursing in Missouri without a license from on or about February 1, 2017 through on or about March 1 or 2, 2017. Respondent also failed to keep the Board updated of her current address. Respondent applied for her registered nurse license by examination on or about December 17, 2013, and on or about January 17, 2014. However, Respondent never passed the NCLEX examination required for registered nurse licensure. Respondent began employment on or about August 11, 2014. Respondent signed the "RN" initials behind her name in electronic and handwritten signatures on several known occasions from approximately August 2015 to July 2017. Respondent additionally represented herself on social media as an RN. Respondent later admitted to the Board's investigator that when she started her employment, she had not taken the NCLEX. When she did take the NCLEX, she failed the examination, but held herself out as an RN even though she was not so licensed.

Revoked 12/12/2019

Huffman, Amy Leigh Saint Joseph, MO
Registered Nurse 2021011699 Respondent was required to contract with the Board approved third-party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to check in every day to determine if she was required to submit to a test that day. From May 7, 2019, until the filing of the Complaint, Respondent failed to check in with NTS on three (3) days and failed to check in within the required time window on two (2) days. Further, on July 31, 2019; September 12, 2019; and September 30, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on June 17, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 13.5. A creatinine reading below 14 is considered for a dilute sample.

Revoked 12/12/2019

Crane, Rebecca A Quincy, IL
Registered Nurse 101965 On July 30, 2019, Respondent was subject to final disciplinary action when she entered into a Consent Order with the Illinois Department of Financial and Professional Regulation that became effective on August 12, 2019. Pursuant to the Order, Respondent’s Illinois nursing license was placed on indefinite probation for a minimum five (5) years due to Respondent testing positive for opiates while on duty. She admitted to using hydromorphone from the Adams County Coroner.

Revoked 12/05/2019

Brown-Grimes, Mary E Saint Louis, MOLicensed Practical Nurse 2010010014 On or about September 13, 2017, the facility administrator reviewed video surveillance from the prior day. On the video surveillance, it was noted that Respondent left the facility at 1:18 a.m. on September 12, 2017, got in a vehicle, and did not return to the facility until 1:45 a.m. On or about September 13, 2017, Respondent was only the licensed nurse at the facility during that time period, and was in charge of 66 residents, including three hospice residents. Respondent was terminated from facility on September 13, 2017, due to her being the facility while on duty, with no other licensed nurses on staff.

Revoked 12/05/2019

Gentry, Traci Ann Branson, MO Registered Nurse 2015021427 On or about December 21, 2016, Respondent was observed by co-workers to be acting strangely, including fidgeting, talking to herself, disappearing from the unit for extended periods of time, and not being able to speak in complete sentences. Respondent was escorted to the emergency department and asked to submit to a for-cause drug screen. Respondent tested positive for Benzodiazepines, Opiates, Oxycodone, Methadone, and Amphetamines. Respondent did not have a current prescription for, or lawful reason to possess Benzodiazepines, Opiates, Oxycodone, Methadone, and Amphetamines. When officials searched Respondent’s purse, multiple medications and medical utensils were found, including Dilaudid-1mg; Versed- 2mg; Oxycodone (oral solution)-1mg; four (4) Tylenol-325mg tablets; three (3) unknown tablets; two (2) open/empty vials of Dilaudid; syringes; needles (one used and bloody); one (1) blunt needle; alcohol swabs; and gauze. Respondent admitted to the nurse manager that she had diverted medications. Respondent further admitted that she had consumed partial doses of controlled substances and withdrawn and taken the remaining dosage, but was documenting that she had administered the full dose.

Revoked 12/20/2019

Klamet, Anita L Wichita, KS Registered Nurse 104713 On August 2, 2019, the Kansas State Board of Nursing took final disciplinary action and issued a Summary Order restricting Respondent’s nursing license due to Respondent performing a laser procedure on a patient outside the scope of her practice, and writing prescriptions for herself and one of her family members without the physician’s permission, forging the physician’s signature on many of them. The Summary Order became effective as a Final Order on August 21, 2019. In the Order, Respondent was required to provide four (4) quarterly employment reports and prohibited from working unsupervised.

Revoked 12/20/2019

Breit, Carole M Kansas City, MO Registered Nurse 154846 An investigation showed numerous medication documentation irregularities, including: a. withdrawing controlled substances without charting administration or waste of the withdrawn medications; b. charting administration at a time earlier than the time the medication was documented as withdrawn; c. charting both administration and return of withdrawn medications; and d. failing to document reassessment after documenting administration. The medications at issue were Oxycodone, Fentanyl, and Lorazepam. On February 1, 2018, Respondent pled guilty to two counts of the class A misdemeanor of Unlawful Use of Drug Paraphernalia, in violation of §195.233, RSMo., in the Circuit Court of Clay County, in case number 17CV CR01365-02.

Revoked 12/05/2019

SUSPENSION

Edwards, Sarah E Kansas City, MO Registered Nurse 2011018733 Failure to comply with the Missouri Intervention Program requirements. Suspension 02/19/2020

McNeal, Rachelle D Saint Louis, MO Licensed Practical Nurse 2003020946 Failure to comply with the Missouri Alternative Program requirements. Suspension 01/10/2020

Wilson, Carrie Colleen Niangua, MO Licensed Practical Nurse 2013001888 Failure to comply with the Missouri Intervention Program requirements. Suspension 01/10/2020

Hartle, Karen Jo Bloomfield, MO Registered Nurse 2009019743 Failure to comply with the Missouri Alternative Program requirements. Suspension 01/10/2020

Dearing, Patricia Ann Florissant, MO Licensed Practical Nurse 2017017660 Failure to comply with the Missouri Intervention Program requirements. Suspension 01/10/2020

Coggins, Megan Nicole Boonville, MO Registered Nurse 2009037867 Failure to comply with the Missouri Intervention Program requirements. Suspension 01/07/2020

Henson, Perry D Kingman, AZ Registered Nurse 2018007716 Failure to comply with the Missouri Intervention Program requirements. Suspension 01/07/2020

Peebles, Rachel Renee Saint Louis, MO Registered Nurse 2010018975 Failure to comply with the Missouri Intervention Program requirements. Suspension 02/25/2020

VOLUNTARY SURRENDER

Patel, Sunil Ramesh Columbia, MO Registered Nurse 2013035481 On September 21, 2016, Licensee arrived home from work and was behaving in a way that his parents were suspicious. Licensee’s parents called the police. Licensee’s mother searched Licensee’s bag. One (1) tile of lorcazepam, 2mg, 1ml, was found, with syringes, and alcohol swabs. He was also observed with track marks from injecting himself. Licensee admitted to Columbia Police Department that he had taken the medication home from work. Licensee admitted to the Board’s investigator that due to a high level of stress he took the medication for his own personal use and injected himself. On September 25, 2016, Licensee surrendered his license to the Board.
May, June, July 2020  Missouri State Board of Nursing

22, 2016, Licensee was terminated from Boone Hospital due to diverting medication for his own personal use. Licensee successfully completed drug court on September 24, 2018. Lorazepam (brand name Ativan) is a controlled substance pursuant to §195.017.8(2)(bb) RSMo. Licensee did not have a prescription for, or lawful reason to possess, lorazepam or Ativan.

Voluntary Surrender 02/24/2020

Allen, Kristen Michele  
Dexter, MO  
Registered Nurse 2012024146  
On or about May 3, 2019, it was reported that three -3- cards of hydrocodone had been tampered with and had the pills replaced with Tylenol. An investigation showed that Licensee was in possession of the medication cart during the time the pills were replaced. The investigation also showed that Licensee signed for receipt of two -2- hydrocodone cards from the pharmacy on May 1, 2019. On May 3, 2019, Licensee created a new narcotic count sheet for one of the hydrocodone cards; however, only 19 of 39 pills were accounted for. The other hydrocodone card that Licensee signed for was unable to be located.

Voluntary Surrender 12/02/2019

Tindall, Barbara Jean  
Eldon, IA  
Licensed Practical Nurse 2011030698  
Licensee voluntarily surrendered her license.

Voluntary Surrender 01/29/2020

Roberts, Jack Forrest  
Butler, MO  
Registered Nurse 2008030725  
Licensee surrendered his Missouri nursing license effective 12/17/19.

Voluntary Surrender 12/17/2019

Pollo, Brian Keith  
Mount Olive, IL  
Registered Nurse 2006026412  
On May 17, 2018, management staff was notified by the pharmacy manager of possible drug diversion on the 3rd floor. It was reported that blood droplets and a green narcotic syringe cap were discovered in the employee restroom. Management staff conducted interviews of staff regarding the incident, but these did not include Licensee who was no longer in the area. Due to Licensee's immediate departure, as well as a past history of discrepancies, pharmacy conducted an audit of the Pyxis. Per the primary Pyxis report, on May 17, 2018, Licensee removed two 1mg cartridges of Hydromorphone from the Pyxis. According to Licensee’s documentation, he administered 1.25mg of Hydromorphone to one patient and .25mg of Hydromorphone to another patient. No waste was documented by Licensee of the remaining 50mg of Hydromorphone. Licensee was scheduled to meet with management staff on May 18, 2018, at 1100 hours, but Licensee called and canceled the meeting. On May 22, 2018, Licensee submitted his resignation prior to the conclusion of the investigation. Additionally, Licensee received coaching in September 2017 and January 2018, as well as a formal corrective action plan in April 2018, over his drug discrepancies prior to this specific incident.

Voluntary Surrender 12/02/2019

Schuster, Linda J  
Saint Louis, MO  
Registered Nurse 091175  
Licensee voluntarily surrendered her nursing license.

Voluntary Surrender 12/12/2019

Powell, Jessica Marie  
Kirkville, MO  
Registered Nurse 2009003985  
Review of Licensee's Pyxis activity revealed multiple doses of Hydromorphone 0.5mg injection were removed under temporary patients that had been added into the Pyxis database. Additional inventory showed that the Hydromorphone 0.5mg injections were administered, wasted, or returned for any patient, and several patients did not have orders for Hydromorphone. A sixty day search of activity for Licensee showed preliminary results with similar activity and a high potential of diversion. Licensee admitted that she diverted the medications identified in the investigation report. Licensee admitted to the Board's investigator that she diverted the medications.

Voluntary Surrender 01/03/2020

Change Form

STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION
NAME/ADDRESS CHANGE FORM

PERSONAL INFORMATION
NAME  
ADDRESS  
PHONE  
EMAIL

LICENSED PROFESSION  
RN  
LPN  
LICENSE NUMBER  
LICENSEE’S SOCIAL SECURITY NUMBER

NEW INFORMATION
NEW NAME (LAST, FIRST, MIDDLE)  
change address due to
PRIMARY PLACE OF RESIDENCE ADDRESS (INCLUDE RENTAL, OWN, BOARD, OR ROOMER’S ADDRESS)

PHONE NUMBER  
EMAIL ADDRESS

ATTENTION
☐ I declare ___ as my primary state of residence effective ___
☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc. In accordance with the Nurse Licensure Compact “Primary State of Residence” is defined as the state of a person’s declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

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

Proof of any of the above may be requested.

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

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

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

SIGNED BY  
DATE

You may return the completed form to the Board office via mail, fax, or email. The Board’s contact information can be found at the top of this form.

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