Elder Abuse—What Can CNAs Do About It?

Helping certified nursing assistants recognize, report and prevent elder abuse is the focus of a free two-hour workshop which will be presented by the Nevada State Board of Nursing and Attorney General’s office this summer and fall.

“Certified nursing assistants are on the front lines providing care to older Nevadans in nursing homes or though home health agencies,” Attorney General Frankie Sue Del Papa explained. “They are, therefore, the most likely people to identify and report abuse, neglect or exploitation before it results in substantial bodily harm or financial loss to the older person.”

“No only are CNAs in good positions to recognize and report abuse, unfortunately, they are sometimes the ones who are abusing, neglecting or exploiting the older person,” Board Executive Director Kathy Apple said. “We’re presenting these workshops because we’d much rather prevent abuse than discipline CNAs for committing it.”

Brochures announcing the training, a program of the Nevada Elder Abuse Prevention Council, will be mailed this month to the more than 6,000 CNAs in Nevada. While the workshops are focused on CNAs because of their large presence in long-term and home health care settings, the information about recognizing, reporting and preventing abuse applies to all health care professionals, including nurses. For example—

■ All health care professionals are required by Nevada law to report elder abuse and neglect.

■ If a health care professional knows of abuse and doesn’t report it, he or she can be convicted of a misdemeanor (a nurse or nursing assistant is also subject to discipline by the Board).

■ Possible signs or symptoms of elder abuse or neglect include unexplained bruises or welts, hesitation to talk freely, uncombed hair, unshaven, poor skin condition or hygiene, family activity is restricted, confused or frightened appearance, withdrawal, depression or anger.

■ To learn more about handling difficult, violent or abusive patients, ask your staff development coordinator or call the Division for Aging Services’ long-term care ombudsman in your area.

■ If you think an elderly patient is being abused or neglected, you must (1) tell your supervisor, (2) within 24 hours, report it to the appropriate agency (see below), and (3) if a nurse or nursing assistant is involved, report it to the Board.

During normal business hours (8am-5pm)
Call the nearest Division for Aging Services’ office.
Las Vegas - 486-3545 Reno - 688-2964
Carson City - 687-4210 Elko - 738-1966

After hours, or on weekends or holidays
Call your local police or sheriff’s office.
In an emergency
Call 911.
If it involves a nurse or nursing assistant
Call one of the numbers above, then call the Nevada State Board of Nursing at 1-800-746-3980 (or in the Reno area, 688-2620) to find out how to file a written complaint.

“
How CNAs can help prevent elder abuse”

This free two-hour workshop, presented by the Nevada Attorney General’s office and the Nevada State Board of Nursing, counts two hours toward the CNA inservice renewal requirement. Workshops will be held in Reno, Las Vegas, North Las Vegas, Henderson, Elko, Fallon, Sparks and Carson City. They will also be telecast to Tonopah, courtesy of the Nevada Department of Transportation, and to Battle Mountain, Hawthorne, Lovelock, Panaca, Winnemucca and Yerington, courtesy of the University of Nevada School of Medicine’s Northeastern Area Health Education Center.

Call the Attorney General’s Medicaid Fraud Control Unit in Carson City at 775-687-4704 to sign up for a workshop near you.
Refresher Course Now At TMCC

Northern Nevada registered nurses can now complete a refresher course at Truckee Meadows Community College.

Nevada law requires any nurse who hasn’t practiced nursing in the last five years to take a refresher course before renewing his or her license. The Community College of Southern Nevada offered the state’s inaugural course for RNs last fall. TMCC’s first class begins August 2.

The refresher program includes both theory and clinical. After completing the theory portion of an approved program (see below), the individual submits confirmation of completion and a temporary license refresher application to the Board’s Las Vegas office. The Board then issues a temporary license for use during the clinical portion of the course. After receiving a certificate of completion from the refresher program, the nurse follows the renewal requirements to activate his or her license.

Please call the Board’s Las Vegas office for temporary license applications and details about the refresher requirements. Please call the organizations directly for details about their programs.

COMPLETE CHILD SUPPORT SECTION

Federal law requires you to complete the child support section of your application for licensure or certification, even if you don’t have a child. Your application will be returned as incomplete unless you 1) check or answer one of the statements, 2) mark only one statement and, 3) sign and repeat your social security number in the child support section of the application.

CCSN To Offer LPN Program In Fall

A recent health education study by the University and Community College System of Nevada shows a 53 percent increase in the projected employment of licensed practical nurses by 2006. It also reports that the system awarded certificates to only 22 students last year, compared to a projected average of 200 annual job openings for LPNs between 1996 and 2006.

In response, the Community College of Southern Nevada (CCSN) decided to revise and reinstate its practical nursing program, which last graduated students in 1996.

The program CCSN is now offering is a generic program leading to a certificate of achievement in practical nursing. Graduates of the 35-credit program may elect to apply for advanced placement for LPNs in the college’s associate degree (RN) program.

For more information about CCSN’s practical nursing program, call program coordinator Shirley Linzy, MS, RN, at 702-651-5652.

Is It Valid?

A reminder to employers—please ask for the original, stamped validation form when verifying certification or licensure—photocopies may be forgeries.
School Nurse Opinion Updated

Advisory opinion updated to provide clear guidance for complex role

After approving an update to its 1991 advisory opinion on school nurses during their May meeting, several members of the Nevada State Board of Nursing commented that the growth in the responsibilities of school nurses is “staggering.”

Executive Director Kathy Apple told the Board that the advisory opinion underlines the fact that school nurses are responsible for very complex care. She added she expects the complexity to increase in light of the recent Supreme Court decision requiring public schools to pay for continuous nursing care of disabled students.

“This opinion guides us significantly through some difficult situations,” said Carolyn Fricke, director of nursing for Washoe County School District. “It’s like a bible to us and we really appreciate the Board’s support and work on it.”

To update the opinion, Apple met with school nurses from Clark, Washoe, Elko, Douglas and Humboldt counties, and sent drafts to the counties which have only one nurse for the entire school district. At the Board meeting, Apple recognized Fricke, Sally Jost with the Clark County School District, and Marilyn Janka with the Elko County School District for helping her compile the input and write the revision.

The revised Advisory Opinion Regarding Roles and Responsibilities of the School Nurse was sent to every school district in the state. If you would like a copy, please call the Reno office.

Is your zip code going to change?
The post office is changing many of the Las Vegas zip codes July 1. If your zip code changes, remember to put us on the list of people to notify. It’s a hassle, we know, but a change in zip code is a change in address and you’re required by law to inform the Board of any address change. So please take a moment now to complete and return the address change form below.

ADDRESS CHANGE

Name (Last, First, Middle)

Type of License License Number

Date of Birth Social Security #

Former Address

City, State, Zip Code

Current Address

City, State, Zip Code

Signature

Date

Please return this form to: Nevada State Board of Nursing, 4330 South Valley View, #106, Las Vegas, NV 89103

Going Inactive?

The renewal form includes a statement in Section I, “I wish to go to the inactive status.” If you want to place your license on inactive status, just fill in the “yes” bubble, sign and date the renewal form, and return it to the Las Vegas office.

Since by law, you must advise the Board in writing when you place your license on inactive status, this gives you a convenient way to do it. If you have any questions regarding this free service, please call the Las Vegas office.

Sigma Theta Tau Keynote Address

Debra Scott, the Board’s associate executive director for nursing practice, gave the keynote address for the May 1 annual induction ceremony for the Zeta Kappa Chapter of Sigma Theta Tau International, the honor society of nursing. She spoke of ways nurses can resolve the conflicts between what they learn in school and the reality of practice.

Reno 688-2620 or Toll-Free 1-800-746-3980

COME TALK TO THE BOARD

On the last day of each regularly scheduled meeting of the Nevada State Board of Nursing (see page 6 for dates), Board members hold Open Forum for people to talk to them on nursing-related issues.

If you want to speak during Open Forum, please call Beverly Finley in the Reno office at least two weeks before the meeting for detailed information. Open Forum time is divided equally among those who wish to speak.

WE’LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

In the last six months, we’ve given more than 50 talks across the state, in locations ranging from schools to hospitals to correctional centers. Call the Reno office if you’re interested in having us come speak to your organization.
Case Study: Unprofessional Conduct
by Debra Scott, MS, RN, Associate Executive Director for Nursing Practice

What is unprofessional conduct? Do you know it’s against the law?

This ongoing series uses real-life examples to help nurses and nursing assistants better understand the regulations and laws that govern them.

A high percentage of complaints and inquiries handled by the Board's investigators relate to unprofessional conduct. While some types of unprofessional conduct are easy to identify, others are more difficult to discern. That's why it's so important for nurses and nursing assistants to know and understand the sections of the Nurse Practice Act which address unprofessional conduct.

The definition of unprofessional conduct in nursing practice has developed over many years and continues to evolve. Violations range from the less obvious (over involvement with a patient) to behaviors that clearly cross all professional boundaries (sexual abuse).

To help you become more familiar with what constitutes unprofessional conduct, we've taken two actual cases from the files of the Nevada State Board of Nursing (the names and some of the details have been changed). For your reference, we've also cited those sections of the Nurse Practice Act that address unprofessional conduct.

CNA who conducted “inappropriate exams” surrenders certificate and pled guilty to felony

The Board received a complaint against a male CNA who had been performing “inappropriate exams” on patients in a psychiatric hospital. Upon investigation, Board staff found that the individual was performing rectal exams on male patients upon admission to the hospital, telling the patients that he was “checking for hemorrhoids.”

A nurse overhead two patients discussing the “nurse” who examined them when they were admitted, and she reported the conversation to the charge nurse. About a week later, another patient refused to return to the outpatient treatment program because of the admission exam conducted by the same CNA. When confronted with allegations that he conducted inappropriate exams, the CNA resigned.

The CNA was interviewed by the Board's nurse investigator, the associate executive director for licensure, and the Board's attorney (by conference call). During the interview, he chose to sign an Agreement for Voluntary Surrender of his certificate in lieu of other disciplinary action and agreed to immediately cease practicing.

He said he thought it was within the scope of practice of a CNA

The CNA ultimately admitted that he had performed the inappropriate exams, adding he thought this type of exam was “within the scope of practice of a CNA.”

The Board accepted the surrender, which acknowledged violations of the Nevada Revised Statutes and the Nevada Administrative Code, Chapter 632. The specific laws and regulations pertinent to this case are: NRS 632.320(7) unprofessional conduct, and NAC 632.890 unprofessional conduct (29) engaging in sexual contact with a patient or client.

Board staff referred the case to the Las Vegas Metropolitan Police Department, and several months later, the CNA pled guilty to felony coercion and gross misdemeanor open and gross lewdness. In the future, he must register as a sex offender. Sentencing was pending at the time of this writing.

Registered nurse loses license after threatening co-workers and employees

The Board received a complaint from the director of nursing at an acute care hospital stating that a nurse made threats to several other co-workers and employees.

The nurse was in a supervisory position. He began yelling at a technician whom he supervised, calling her “stupid” and stating, “Any damn fool would have known better than to...
put paper under nurses’ notes. Can’t you read and write?!” Later during the shift, he told her, “. . . if I had a gun, I would blow you away right now.”

“I could just blow Mary away.”

He later said to another nurse, “I have a very violent temper that I can’t control when I’m pushed too far so, please don’t push me.” He added, “I have a lot of suppressed rage to the extent that it frightens me. If I had a gun, I would be behind bars because it wouldn’t take much to provoke me past the point of no return, to just open up and start blowing people away.”

Later, he was overheard saying during a personal telephone call, “I could just blow Mary away. I’m going to get a gun and blow Sally, Jean, and Sophia right off the face of this earth.”

The nurse was terminated for substandard work performance during his initial probationary period which culminated in this last incident.

Board staff investigated the incident and found the witnesses to be credible. The nurse had shown a pattern of violent verbal interactions during his employment at the hospital. He also failed to complete his probationary period in both of the facilities in which he had worked since moving to Nevada—he resigned from his previous job after two months.

The nurse did not respond to the letter informing him of the ongoing investigation, nor did he attend the Board meeting where his case was presented.

The Board found him guilty of violating NAC 632.890 unprofessional conduct (32) endangering the safety of the general public, patients, clients or coworkers by making actual or implied threats of violence or carrying out an act of violence. Based on that violation, he was also found guilty of violating one count of NRS 632.320(7) unprofessional conduct.

The Board revoked his license to practice nursing in Nevada, published his name on the Board’s public list of disciplinary actions, and reported the action to the national data bank.

The primary laws governing nursing in Nevada fall under Chapter 632 of the Nevada Revised Statutes (statutes) and the Nevada Administrative Code (regulations). Together, these statutes and regulations are referred to, and published as, the Nurse Practice Act.

Unprofessional conduct is addressed in both statute and regulation of the Nurse Practice Act. The statute NRS 632.320(7) gives the board authority to discipline a nurse guilty of unprofessional conduct, and currently identifies seven acts of inappropriate conduct. The regulation, NAC 632.890, lists 38 acts as unprofessional conduct.

Unprofessional conduct encompasses a wide range of behavior, and it may sometimes be difficult to judge when you might be crossing the line between professional and unprofessional conduct. If you have any questions or concerns after reading the relevant sections of the Nurse Practice Act, please call the Reno office.

Also, the National Council of State Boards of Nursing has developed two brochures that address several aspects of professional conduct: Professional Boundaries, a nurse’s guide to the importance of appropriate professional boundaries; and Expectations, a consumer’s guide to the expected behavior of a health care provider. For copies of either of these brochures, please call the Reno office.

The Board’s Advanced Practice Advisory Committee has an opening for an advanced practitioner of nursing or a clinical nurse specialist. The committee advises and reports to the Board on matters related to the practice of advanced practitioners of nursing.

To apply, call Kathy Apple in the Reno office.
Disciplinary Actions

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process.

If the Nevada State Board of Nursing receives information that a nurse or nursing assistant may have broken the law (the Nevada Nurse Practice Act), the Board has the authority to investigate.

It will only investigate if the complaint is received in writing, names a nurse or nursing assistant who is licensed or certified in the state of Nevada, is signed by the person making the complaint, and alleges a violation of the Nurse Practice Act.

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process, which requires giving adequate notice, a description of the charges, and a hearing or the opportunity for a hearing.

The individual also has the right to a formal hearing, the right to an attorney, the right to not participate in an informal hearing, the right to see the complaint, and the right to appeal.

If the evidence doesn’t support the allegations, the complaint may be dismissed or closed. If the evidence does support the allegations, the Board can take disciplinary action against the individual.

Disciplinary action can include denial, reprimand, fine, suspension, probation, or revocation of a license or certificate. The Board considers each case individually.

The disciplinary penalty is determined based on a number of factors which include the severity and recency of the offense, degree of deviation from standard practice, evidence of rehabilitation, current ability to practice safely, mitigating factors, and past disciplinary history.

The law gives the Board nondisciplinary options, including a very successful program which allows qualified, chemically dependent nurses and nursing assistants to re-enter the workforce in a paced sequence. It also monitors their recovery to ensure the safety of patients.

The following are disciplinary actions taken by the Board for the period of Dec. 10, 1998 to Mar. 5, 1999.

Akbar, Desiree, CNA applicant
Denied based on NRS 632.320 (2) convictions.

Alexander, Nadia, CNA10184
Agreement for Reprimand based on NAC 632.890 (28) causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.

Cain, Patricia, RN28025
Found guilty based on the Stipulation of Facts and Liabilities of violation of NAC 632.890 (2), (24), (27), and (28) and NRS 632.320 (7) unprofessional conduct. License revoked for one year, reinstatement contingent on completion of education courses.

Capovilla, Janet, RN27098
Voluntary Surrender of License in Lieu of Other Disciplinary Action based on NAC 632.890 (10) impaired practice.

Carter, Arlene, RN13494/APN283
Agreement for Reprimand based on violation of NRS 632.320 (14) violation of Board order. APN certification was revoked, may not reapply for a period of one year. Reinstatement contingent on completion of a BSN program, RN license publicly reprimanded.

Cerro, Lisa, LPN8318
Agreement for Reprimand based on NAC 632.890 (20) inaccurate recording, falsifying or otherwise altering or destroying records.

Conyers, Henrietta, RN29331
Agreement for Probation (disciplinary) based on NAC 632.890 (18) drug diversion and (21) falsifying information given to a pharmacist.

Cousins, Catherine, LPN98689
Found guilty of violation of NRS 632.320 (2) convictions, (7) unprofessional conduct, and NAC 632.890 (9) impaired practice. License revoked, may not apply for a period of one year. Reinstatement contingent on outcome of substance abuse evaluation and completion of legal ethics course.

Cookshank, Richard, LPN9699
Voluntary Surrender of License in Lieu of Other Disciplinary Action based on NAC 632.890 (10) impaired practice.

Davis, Kristin, RN28208
Found guilty of two counts of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive drug screen at work and (27) customary standards. License revoked, may not reapply for a period of five years. Reinstatement contingent on outcome of evaluation for substance abuse and full payment of civil judgment.

Dimicale, Dominick, RN31613
Found guilty based on the Stipulation of Facts and Liabilities for violation of NRS 632.320 (12) discipline of license in another state. License publicly reprimanded. Ordered to complete critical thinking course within one year.

Farina, Laurie, LPN10587
Found guilty of violation of NRS 632.320 (14) violation of Board Order. License revoked, may not reapply for a period of one year. Reinstatement contingent on payment in full of previous fine.

Feagin, Betty, RN7528
Agreement for Reprimand based on NRS 632.320 (1) fraudulent application.

Grigsby, Mary, LPN10091
Agreement for Reprimand based on NRS 632.320 (1) fraudulent application.

Hall, Ontario, CNA10955
Agreement for Reprimand based on NAC 632.890 (27) customary standards.

Hockaday, Graham, CNA3802
Voluntary Surrender in Lieu of Other Disciplinary Action based on NRS 632.320 (1) fraudulent application.

Jonovanovich, Biljana, RN19785
Voluntary Surrender in Lieu of Other Disciplinary Action based on NRS 632.320 (1) fraudulent application.

Questions? Call Debra Scott, associate executive director for nursing practice, in Reno. For information about filing a complaint, call the Reno office or go to the consumer information section of the Board’s web site (nursingboard.state.nv.us).
What do you think?

Please take a moment to complete our survey

During its July retreat, the Board will be evaluating itself and planning for its future. As part of this process, we mailed detailed surveys to organizations and individuals with whom we regularly interact. We’d also like to hear from you.

Please complete and return the survey by July 9. You may fax it to 775-688-2628 (Reno) or 702-486-5803 (Las Vegas) or mail it to either office. It will be most helpful if you can provide specific examples. We’re interested in your positive responses, as well as your suggestions for improvement.

Thanks for your help!

General Suggestions
How can the Board’s members or staff improve their service?

What do the Board’s members or staff do well?

What if anything, would you like to see the Board do which it currently is not doing?

Other comments.

Your experience with the Board has been

☐ very positive
☐ positive
☐ neutral
☐ negative
☐ very negative

Note: The Nevada Administrative Code (NAC) chapter numbers cited in these disciplinary actions are contained in the Nurse Practice Act revised Nov.1,1996.
The Board decided that under the guidelines of two different practice decisions, a registered nurse may administer prostaglandin products in the case of fetal anomaly or congenital abnormality and may remove an epidural catheter.

The two decisions were the result of questions brought by nurses to the Board’s Nursing Practice Advisory Committee. Committee members researched the questions and developed the decisions which were adopted by the Board.

Copies of the decisions were mailed to Nevada directors of nursing and nurse executives.

If you have questions regarding these practice decisions, or have questions you would like the Nursing Practice Advisory Committee to address, please call the Reno office.

The Board formally recognized one of the original members of its Nursing Practice Advisory Committee for her “invaluable contributions over the last 10 years.” Peggy Epidendio, who served as the committee’s Medicaid representative, has been involved in the development of most of the practice opinions in the Nurse Practice Act.

Remember To Wear Your Name Tag

It’s the law—in all practice settings

If you’re a registered nurse, licensed practical nurse, certified nursing assistant, nursing student, graduate nurse, or nurse certified in an advanced specialty, you must wear a name tag. Your name tag must include your name and title, be prominently displayed on your clothing, and be clearly legible from a distance of at least three feet. For more information on identification requirements, please read the Nurse Practice Act, NAC 632.249 and 632.251.