

Nevada State Board of **NURSING NEWSLETTER**

March 2001

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Governor Names New Board Members

Lambert and Vos appointed
and Bible reappointed

Cookie Bible

Gov. Kenny Guinn appointed Mary Ann Lambert, MSN, RN, and Helen Vos, MS, RN, to serve as two of the four registered nurse members of the Nevada State Board of Nursing. They will serve four-year terms. They replace Kathleen Reynolds, BHS, RN, and Tana Wisniewski, RN, whose terms expired October 1, 2000.

The governor also reappointed Cookie Bible, BSN, RN, APN, RNC, who will serve a second four-year term as an RN member.

Bible, who is Board president, is an advanced nurse practitioner currently working for Washoe County, the Division of Health, and Planned Parenthood. During her previous term, she represented Nevada as a member of the Continued Competence Subcommittee of the National Council of State Boards of Nursing. In 2000, she was among a handful of Board members nationwide chosen to serve on one of the Council's few standing committees—the Nurse Practice and Education Committee. A graduate of the University of Nevada, Reno, Bible has 30 years of nursing experience.

Her memberships include the Association of Reproductive Health Professionals, the Zephyr Cove General Improvement District, Sigma Theta Tau International Honor Society, and the Nevada Girl Scout Council.

Lambert is an assistant professor of adult health nursing in the University of Nevada, Reno's Orvis School of Nursing. She is also a nursing coordinator and house supervisor at Washoe Medical Center. Her nursing career spans 30 years and includes positions ranging from staff nurse to instructor to nurse manager to clinical nurse specialist.

Mary Ann Lambert

Lambert served as a member of the Board's Nursing Practice Advisory Committee from 1998 to 2001 and is a member of the Nevada Nurses Association, Sigma Theta Tau International Honor Society, and the American Association of Neuroscience Nurses. Her recent awards include the Orvis School of Nursing's Outstanding Faculty Award in 1999 and its Most Inspirational Faculty Award in 1997. She serves on several college committees and is an Advisory Board Member for Little Angels Day Care. She earned both her master's and bachelor's of science degrees in nursing from UNR.

Vos is the chief nursing officer for MountainView Hospital in Las Vegas. She began her nursing career in 1974 as a staff nurse in the neurosurgical intensive care unit of the Medical College of Virginia in Richmond. Her experience includes positions as ICU charge nurse, neuroscience clinical nurse specialist, director of clinical projects, clinical and quality services leader, nursing consultant, and vice president of clinical services. Vos has spent much of her career working for university medical centers such as Baylor University in Dallas and the University of California at San Diego.

Vos received her nursing diploma from St. Luke's Methodist School of Nursing in Cedar Rapids, Iowa; her bachelor of science in nursing from Coe College in Cedar Rapids; and her master of science from Texas Women's University in Dallas. A member of the American Association of Critical Care Nurses, the Nevada Organization of Nurse Leaders and the Sigma Theta Tau International Honor Society, Vos is a published author and is a national speaker on topics related to Neuroscience Nursing, Critical Care and Management.

The seven-member board consists of four registered nurses, one practical nurse, one certified nursing assistant, and one consumer member. They are appointed by the governor to four-year voluntary terms.

Helen Vos

Board Revises Applications

Renewals are only one page—all applications contain new questions

The Board recently revised all of its applications—renewal, initial and examination—for RNs, LPNs, CNAs, and APNs.

To streamline the application process, it eliminated the demographic questions and reduced the size of the renewal applications to one page, two sides. It also combined the RN and LPN initial and examination applications into one.

To comply with the federal government's evolving interpretation of the Americans with Disabilities Act (ADA), the Board revised its eligibility screening questions.

The Board began including screening questions on its applications in the 1980s to better fulfill its job of protecting the public. The questions, which concern previous disciplinary actions, criminal convictions, civil judgments, chemical dependency, and medical/mental health conditions, all relate to the applicant's ability to practice nursing in a competent and safe manner.

Through the years, these type of screening questions have been part of a larger, national debate regarding protecting the rights of the general public versus the rights of the individual. That debate has occurred in many arenas, including federal and state governments and the courts.

The ADA, which was passed in 1990, added a new dimension to that debate. It prohibits discrimination against persons with disabilities in the provision of benefits or services or the conduct of programs or activities on the basis of their disability. An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Physical or mental impairments include, but are not limited to: visual, speech, and hearing impairments; mental retardation, emotional illness, and specific learning disabilities; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; orthopedic conditions; cancer; heart disease; diabetes; and contagious and nonconta-

gious diseases such as tuberculosis and HIV disease.

Much of the debate concerning interpretation of the ADA has centered on the question of when and whether a particular condition is a disability.

An early outcome of that debate was that the U. S. Department of Health and Human Services Office for Civil Rights (OCR) asked the Board to revise its eligibility screening questions. Specifically, it asked that the time frame for its chemical dependency and medical/mental health screening questions be changed from "ever" to "in the last five years."

OCR just finished another review of the Board's screening questions, based on its evolving interpretation of ADA. As a result of that review, it told the Board to again revise the time frame—from "five years" to "currently." The revised questions, which must be answered by every applicant for licensure or certification, are listed below.

If you have any questions regarding the revised applications, please call the Las Vegas office. For questions regarding the screening questions, please call the Reno office.

Revised eligibility screening questions

1. Has your license, registration or certification in any state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation, or is there an investigation, complaint, or action pending?
2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?
3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?
4. Are you currently in recovery for chemical dependency, chemical abuse, or addiction?
5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?

BOARD MEMBERS AND TERM DATES

Cookie Bible, BSN, RN, APN, RNC, President (Zephyr Cove) Oct 2004

Patricia Shutt, LPN Secretary (Las Vegas) Oct 2001

Tamara Barengo Consumer Member (Reno) Oct 2001

Elena Lopez-Bowlan, MSN, RN, FNP (Reno) Oct 2003

Mary Ann Lambert, MSN, RN, (Reno) Oct 2004

Dorothy Perkins, CNA (Las Vegas) Oct 2003

Helen Vos, MS, RN (Las Vegas) Oct 2004

NURSING NEWSLETTER

The Nevada State Board of Nursing Newsletter publishes news and information about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

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National Council Addresses Shortage

NCSBN cautions against lowering standards

The National Council of State Boards of Nursing (NCSBN) recently released a statement addressing the nursing shortage. Major portions of it are excerpted here.

NCSBN understands that the need for public protection through regulation has never been greater, due in large part to the nursing shortage. Failure to maintain standards of practice could lead to an increase in errors, increased risk for patient harm, and a lack of public confidence. During shortages of health care professionals, one potential and predictable policy direction is to *deregulate*, thereby reducing practice standards. As the primary mission of NCSBN's member boards of nursing is protection of the public's health and safety, any such trend of deregulation is assumed to increase the risk of harm to patients.

Therefore, the nursing regulatory community is actively working to assure an adequate supply of competent, licensed nurses through a number of initiatives. Those include strategic participation in state and national initiatives; continued timely, humane and effective intervention when state nurse practice acts are violated; supporting regulatory authority over nursing scope of practice; maximally utilizing current categories of nursing and unlicensed assistive personnel without lowering standards and in accordance with regulations; and upholding standards for entry into the profession, including requirements for U.S. licensure for graduates of foreign nursing schools.

An increasingly growing shortage of nurses, anticipated to reach critical proportions by 2010, is a matter of public protection. Inadequate numbers of appropriately prepared professional nurses threatens the nation's health and safety. Factors contributing to this shortage include aging of both the nurse workforce, and the faculty members preparing the workforce; an inadequate supply of young professionals choosing a nursing career (due largely to competing and more attractive career opportunities in other fields); growing concerns over stressful

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and/or unsafe working conditions for nurses; and increasing demand for nursing care, due to aging of the general population and greater need for chronic and community-based care.

NCSBN continues to support the education and licensure of practical/vocational nurses, registered professional nurses, and advanced practice nurses. NCSBN also supports regulatory oversight of nursing assistants and other unlicensed assistive personnel. Coordinated efforts to promote nursing and to ensure an adequate supply of nurses in the future will serve both the public and the nursing profession's best interests.

NCSBN strongly opposes the implementation of any expedient solutions to the shortage that lead to the inefficient and unsafe delivery of nursing care because of the likely adverse impact on public health, safety, and welfare.

Collaboration among those who practice nursing, educate nurses, supervise nurses, and regulate nursing is essential to maintain the public's trust, health, safety, and welfare during the predicted nursing shortage ahead. The NCSBN pledges its support to assist in seeking solutions for the nursing shortage from the perspective of regulatory public protection.

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting member boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

staff nurses

charge nurses

clinical nurse specialists

clinical nurse managers

preceptors

The NCLEX® Examination Depends On You!

You may qualify to participate on an NCLEX examination item development panel. To learn more, go to the National Council's web site at www.ncsbn.org, click *NCLEX Examination*, then *Developing the NCLEX Examination*, then *Item Development Application*. If you don't have web access, call 312-787-6555, ext. 496 and leave a message with your name, address and phone number.



COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing (see page 4 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.

Call the Reno office if you're interested in having us come speak to your organization.

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

Board Meeting Dates

May 10-11
Las Vegas

July 18-20 (Retreat)
Minden-Gardnerville

September 20-21
Las Vegas

November 15-16
Reno

A New Model for Nurse Licensure

Nevada Hospital Association sponsors mutual recognition legislation

While the field of nursing has changed much over the last century, the way nurses are licensed has changed very little. Until now.

There is a new vision for nursing regulation in the 21st century—a license issued by the nurse's state of residence that is recognized nationally and enforced locally.

That vision is embodied in the mutual recognition licensure model, created by the National Council of State Boards of Nursing (NCSBN), supported by the Nevada State Board of Nursing, and passed in 12 states, so far.

Mutual recognition allows nurses to have one license in their state of residency and practice in any state that has signed an interstate compact. Of course, the nurses still have to follow the laws and regulations of every state in which they practice.

■ **It is similar to the drivers' license model.** "A common example of an existing interstate compact is your driver's license," explains Kathy Apple, the Board's executive director and NCSBN vice president. "You have a Nevada license, but are allowed to drive in Nebraska, Delaware, Texas, or wherever. And while driving in another state, you have to follow the laws of that state, whether or not they're like Nevada laws."

This year, the Nevada Hospital Association is sponsoring legislation to add Nevada to the list of states who have decided that it is time to move to this modern system of nurse licensure.

■ **The current system is 100 years old.** For a century, a single-state-issued license was adequate to regulate the practice of nursing. The nurse who moved or practiced in another state got a new license by filling out forms, verifying credentials, and paying fees. Then the nurse received a license and was authorized to practice in the new state.

■ **Regulation needs to keep up with health care.** As the health care system continues to evolve, nurses regularly practice across state lines, both physically and electronically. To comply with state laws, nurses must hold licenses in each state in which they practice.

The enactment of a nurse licensure compact would mean Nevada nurses would hold a state-based nursing license that is mutually recognized by all states that are part of the compact. Of the 12 states that have passed the interstate compact, neighboring Utah was the first. At the time of this writing, bills were moving forward in both Idaho and Arizona without opposition.

■ **It will remove barriers to safe nursing care in a time of shortage.** At its core, mutual recognition means removing regulatory barriers to give consumers greater access to safe, qualified nurses. This is especially important to Nevada, which according to a recent report by the Health Resources and Services Administration, is experiencing the greatest nursing shortage in the nation. Being a member of the interstate compact will give Nevada a competitive edge in its efforts to recruit and retain qualified nurses. Mutual recognition will benefit nurses, employers and the public.

■ **Nurses will only need one license.** For the individual, it will cut down the time and expense of paying for several licenses, and it could make it easier for a nurse to make career moves.

■ **It will help employers recruit nurses.** For health care employers, filling positions with qualified people will be easier, because they won't have to limit a job search to individuals who hold a Nevada license.

■ **Public safety will improve.** Since a person will only have one license, it will improve the Board's ability to track and take action against those few nurses who are in-

volved in improper activity. Because the Board will be able to track a license through a central clearing house of information, public safety will be improved.

It will increase access and reduce cost, especially in rural Nevada. Mutual recognition will help Nevadans, especially those who live in rural areas, gain greater access to telenursing services, which provide expert nursing care through new technologies such as long-distance monitoring and video-conferencing. Such “telehealth” technologies reduce health care costs by preventing complications and maximizing the use of limited

resources. Stating that the widespread use of telehealth is hampered by regulatory barriers, the Western Governors’ Association in 1998 passed a resolution supporting multistate licensure for all health professions.

The goals are to simplify processes, remove barriers, and increase access. The goals of the mutual recognition model are to simplify governmental processes, remove regulatory barriers, and increase consumer access to safe nursing care. It will assure strong nurse practice and increase access to safe nursing care for the citizens of Nevada.

Current Model		Mutual Recognition	
Initial Licensure		Initial Licensure	
Apply and pay fee to state where expect to practice.	⇒	Apply and pay fee to home state.	
Comply with state requirements.	⇒	Comply with state requirements.	
Practice only in state(s) where licensed; accountable for state’s laws.	⇒	Practice privileges in all compact states, acknowledging accountability for each respective state’s laws.	
Move to New Home State		Move to New Home State	
Apply per time frame specified by new state and pay fee.	⇒	Apply to new home state and pay fee. Must meet new state’s requirements for licensure. Issued endorsement by new state.	
Must meet new state’s requirements for licensure. Issued endorsement by new state.			
Licensee may hold multiple licenses.	⇒	Relinquish old state license. Central database updated to reflect one license in new home state. Licensee holds only one RN and/or LPN license at a time.	
Renewal		Renewal	
Submit application and fee to state.	⇒	Submit application and fee to home state.	
Renew in every state where license is held.	⇒	Renew only in home state.	
Receive license/registration with new expiration date.	⇒	Receive license/registration with new expiration date.	
Lapse/Re-entry/Reinstate		Lapse/Re-entry/Reinstate	
Apply to state, according to state’s laws.	⇒	Apply to home state, according to state’s laws.	
Inactive status depends on laws of state of licensure.	⇒	Inactive status depends on laws of state of licensure.	
Discipline		Discipline	
Disciplinary action by state where patient was (or where incident occurred, if no patient).	⇒	Disciplinary action on the license taken only by state of licensure, regardless of where patient was or incident occurred.	
Each state of licensure may choose to take its own disciplinary action on the licensee.	⇒	Any compact state may choose to take its own disciplinary action on the licensee’s practice privilege.	
Information is exchanged between states.	⇒	Information is exchanged between states through a centralized database of licensure and disciplinary information.	
Standards used are those of each state which chooses to take disciplinary action.	⇒	Standards used are those of each state which chooses to disciplinary action.	

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board’s web site and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board’s web site or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months.

Advanced Practice Advisory Committee (one)
April 12, 2001, Las Vegas

CNA Advisory Committee (three)

May 16, Reno
August 8, Reno
November 7 , 2001, Las Vegas

Disability Advisory Committee (one)
April 6, 2001, Reno

Nursing Practice Advisory Committee (two)
March 29, 2001, Las Vegas

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 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 not sign anything, 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 March 25, 2000 through May 19, 2000.

Baker, Diana, RN25515

Agreement for Probation (Disciplinary) for violation of NRS 632.320 (2) convictions.

Beres, Brenda, CNA10346

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct.

Bilukova, Tracey, LPN10715

Agreement for Public Reprimand for violation of NRS 632.320 (16) narcotic discrepancies and (27) failing to provide care within customary standards.

Borgman, Joyce, CNA8733

Agreement for Public Reprimand for violation of NRS 632.320 (1) fraudulent application.

Chinn, Michael, CNA2049

Found guilty on the basis of the contents in the Stipulation of Facts. Certificate suspended until the previously ordered class is completed based on violation of NRS 632.320 (14) violation of a Board order.

Davis, Barbara, CNA5939

Certificate reinstated with an Agreement for Probation (Disciplinary) for violation of NRS 632.320 (14) violation of a Board order.

Davis, Jennifer, CNA8533

Renewal application for certification denied based on NRS 632.320 (2) convictions.

Gorak-Doughlin, Mariola, RN19032

Renewal application for licensure denied based on NRS 632.320 (2) convictions and applicant must have an evaluation by the Disability Advisory Committee as part of processing her next renewal application.

Friedrichs, Paula, RN5470

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (10) positive drug screen for alcohol while practicing nursing.

Geer, Ann, LPN8495

Agreement for Probation for violation of NAC 632.890 (16) narcotic discrepancies.

Gonzalez, Danette, CNA6488

Found guilty of violating NRS 632.320 (14) violation of Board order, certificate suspended until the previously ordered classes have been completed and all hearing costs have been paid in full.

Haynes, Patricia, LPN8723

Agreement for Probation (Disciplinary) for violation of NAC 632.890 (2) practicing beyond scope.

Hedden, Beverly, RN7531

Agreement for Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) impaired practice, use of controlled substance while practicing.

Henderson, Marilyn, RN26371

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of a Board order.

Jain, Manish, CNA11130

Found guilty on the basis of the contents in the Stipulation of Facts. Public Reprimand for violation of NRS 632.320 (14) violation of a Board order.

Joiner, Marion, RN21144

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of a Board order.

Jones, Sandra, CNA10341

Agreement for Public Reprimand for violation of NAC 632.890 (22) patient abandonment.

Jovanovich, Biljana, RN19785

Found guilty on the basis of the contents in the Stipulation of Facts. Public Reprimand for violation of NRS 632.320 (14) violation of a Board order.

Juracka, Marisol, LPN9963

Agreement for Fine in the amount of \$100 for violation of NAC 632.890 (36) practicing nursing without a license.

Kastel, Daniel, CNA2982

Found guilty on the basis of the contents in the Stipulation of Facts. Public Reprimand for violation of NRS 632.320 (14) violation of a Board order.

LaGana-Quarero, Ruth, RN23976

Found guilty on the basis of the contents in the Stipulation of Facts. Disciplinary Probation extended for a period of two (2) years, requirements include

an evaluation by the Disability Advisory Committee within 30 days, the Respondent must follow the recommendations of the committee, and complete additional non-home study courses in stress management and critical thinking within the extended probation period.

Menor, Remedios, LPN6699

Agreement for Probation (Disciplinary) for violation of NAC 632.890 (27) failing to provide care within customary standards.

Nellis, Scott, RN14878

Found guilty on the basis of the contents in the Stipulation of Facts. An order of revocation entered, but stayed for good cause subject to disciplinary probation for a period of three (3) years to include non-home study courses in nursing ethics, critical thinking, and medical documentation to be completed within eighteen (18) months of the effective date of the probation. May not be employed in a home health work setting.

Nocum, Adriano, LPN10770

Agreement for Public Reprimand for violation of NAC 632.890 (16) failing to document properly the administration of a controlled substance.

Peralta, Roniece, RN17532

Found guilty of one count of NRS 632.320 (7) unprofessional conduct and one count of NAC 632.890 (36) practicing nursing without a current license. Public Reprimand and Fine of \$100.

Pollock, Cheryl, LPN8669

Agreement for Public Reprimand for violation of NRS 632.320 (1) fraudulent application.

Rodriguez, Alicia, CNA8142A

Found guilty of one count of NRS 632.320 (7)(f) unprofessional conduct involving physical abuse of a patient. Certificate revoked, may not apply for reinstatement for three (3) years.

Williams, Monica, LPN7932

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (18) diversion of narcotics.

Wright, Becky, RN7184

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (10) positive drug screen while practicing nursing.

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

The following are disciplinary actions taken by the Board for the period of May 20, 2000 through September 19, 2000.

Adams, Cheryl, CNA10692
Agreement for Reprimand and Fine in the amount of \$100 for violation of NAC 632.890 (36) practicing without certification.

Arm, Steven, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Ashby, Atticus, RN Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Baldwin, Lisa, CNA2932A
Found guilty of the facts in complaint as stipulated on the record for violation of NAC 632.890 (9) impaired practice; Board ordered respondent's certificate revoked for one year.

Ballard, Jeffrey, LPN8514
Voluntary Surrender on the record for violation of NRS 632.320 (14) violation of Board order.

Becker, Susan, CNA4796
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of Board order.

Bentle, Donald, LPN10212
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (10) positive drug screen while practicing.

Blankenship, Charles, RN Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Boyer, Jennifer, CNA Applicant
Application denied by Board for violation of NRS 632.320 (2) convictions.

Brown, Josephine, RN Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Carter, Arlene, RN13494
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (2) practicing beyond scope.

Cerasuolo, Joseph, LPN Applicant
Application denied by Board for violation of NRS 632.320 (2) convictions.

Cohen, Marcia, RN26215
Agreement for Fine of \$100 for APN472, violation of NAC 632.890 (36) practicing without license/certification.

Comer, Juliet, CNA13073
Found guilty of one count of NRS 632.320(5) impaired practice. Respondent's certificate revoked; she may not reapply for period of one year.

Culpepper, Charles, RN33529
Disciplinary Probation extended for six months for violation of NRS 632.320 (14) violation of Board order.

Dixon, Sandra, LPN7321
Agreement for Probation (Disciplinary) for violation of NRS 632.320 (7)(f) physical abuse.

Drotar, Kelli, RN27049
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of Board order.

Ellis, Deanna, CNA516
Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NAC 632.890 (28) causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.

Fabbi, Gary, RN26490
Found guilty based on stipulation for violation of NAC 632.890 (2) practicing beyond scope. Board ordered one year of probation and ordered classes be taken within one year of order.

Geark, Marcia, RN25233
Agreement for Probation (Disciplinary) for violation of NAC 632.890 (9) impaired practice.

Gomez, Ralph, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Gordon, Whitney, RN26638
Disciplinary Probation extended for one year for violation of NRS 632.320 (14) violation of Board order.

Greer, Debra, CNA12309
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (32) endangering the safety of a co-worker and (33) neglect of a patient.

Hagedorn, Oneida, RN31709
Agreement for Public Reprimand and Classes for violation of NAC 632.890 (36) practicing without instructor certification.

Hall, Edith, RLPN40111,
Refresher course applicant
Reinstatement application denied by Board because she did not meet the pending requirement of successfully completing the refresher course.

Harris, Nicole, CNA Applicant
Application denied by Board for violation of NRS 632.320 (2) convictions.

Heald, James, CNA10536
Application denied by Board for violation of NRS 632.320 (2) convictions.

Hernandez, Natividad, CNA12748
Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NAC 632.890 (33) abuse or neglect of a patient, (34) misappropriating property of a patient.

Hoogendam, Rose, RN32934
Agreement for Public Reprimand and Fine of \$500 for violation of NAC 632.890 (36) practicing without instructor certification.

Jones, Sandra, RN32701
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) injurious use of controlled substance and NAC 632.890 (17) diversion.

Kemmer, Richard, LPN09952
Voluntary surrender of license for violation of NRS 632.320 (2) convictions.

Landon, Sandra, CNA06747
Found guilty of violation of one count of NRS 632.320 (7) unprofessional conduct for patient abandonment. Board ordered certificate revoked for one year, needs to complete a nonhomestudy legal ethics course prior to being reinstated.

Lim, Thelma, RN27822
Disciplinary Probation extended for six months for violation of NRS 632.320 (14) violation of Board order.

Lindberg, Kris, CNA Applicant
Application denied by Board for violation of NRS 632.320 (2) convictions.

Martin, Monette, RN11018, APN543
Voluntary Surrender in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of Board order.

McMindes, Stephanie, CNA5956
Application denied by Board

based on violation of NRS 632.320 (2) convictions.

Merigold, Sturgis, RN20151
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (9) impaired practice, (18) diversion.

Mitchell, Jimmie, LPN5002
Application denied by Board for violation of NRS 632.320 (2) convictions.

Moore, Selena, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Morgan, Juanita, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Mox, Christine, RN Applicant
Application denied by Board for violation of NRS 632.320 (2) convictions.

Nathu, Rakhi, RN Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Norris-Williams, Cynthia, RN22460
Voluntary Surrender on the record for violation of NRS 632.320 (7) unprofessional conduct.

Parker, Daniel, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Payne, Kristina, RN19254
Agreement for Public Reprimand and Fine of \$200 for violation of NAC 632.890 (36) practicing without instructor certification.

Pengra, Ann, CNA4512
Agreement for Public Reprimand and Class for violation of NRS 632.320 (1) fraudulent application (forged CEs).

Pimpton, Kea, CNA9339
Application denied by Board for violation of NRS 632.320 (2) convictions.

Puzon, Corazon, RN Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Reach, Deanna, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

Roberts, Jennifer, RN19361
Found guilty on the basis of the signed stipulation for violation of NRS 632.320 (14) violation of Board order. License is suspended until respon-

dent completes the chemical dependency evaluation as outlined in her previous probation agreement and her original probation extended for one year.

Rodriguez, Alicia, CNA8142A
Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action accepted for violation of NRS 632.320 (7f) Physical, verbal, or psychological abuse of a patient.

Roestenburg, Daphne, CNA4451
Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and patient neglect.

Smith, Timothy, LPN10689
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (16) controlled substance documentation errors (18) diversion, and NRS 632.320 (1) fraudulent application and (12) discipline in another state.

Stukas, Gina, RN26468
Found guilty of violating NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urinary drug screen. Board ordered license be revoked for one year. As part of reinstatement, respondent must complete an evaluation by the Disability Advisory Committee.

Turbeville, Irene, CNA Applicant
Application denied by Board for violation of NRS 632.320 (2) convictions.

Webber, Debra, CNA Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application.

White, Pamela, LPN8069
Agreement for Fine of \$100 for violation of NAC 632.890 (36) practicing without a license.

Winston, Shanethia, CNA9635
Application denied by Board for violation of NRS 632.320 (2) convictions.

Yancey, Dawn, CNA10484
Application and Agreement for Probation (Disciplinary) for violation of NRS 632.320 (2) convictions.

Zaman, Veronica, RN Applicant
Application denied by Board for violation of NRS 632.320 (1) fraudulent application and (12) discipline in another jurisdiction.

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Contact

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Board of Nursing

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WORLD WIDE WEB

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The Nevada State Board of Nursing has a strong voice on the national level, thanks to the volunteer efforts of its Board and staff members. Board Secretary Patricia Shutt, LPN, is now serving on the NCLEX item review panel, and Senior Licensure Specialist Bobbye Hicks was named to the Test Service Technical Subcommittee of the National Council of State Boards of Nursing (NCSBN). They join Board President Cookie Bible, who is on NCSBN's practice and education committee and Executive Director Kathy Apple, NCSBN Vice President.

Long-Term Care Question Revisited

Clarification to a practice ques-
tion about skilled-care patients

In a previous issue, the newsletter published an article about determining your scope of practice. One of the questions it addressed was whether an LPN in a long-term care facility could accept assignment of a skilled-care patient if there isn't always an RN in house. The answer in part, was that according to the Nevada Nurse Practice Act, an LPN must work under the direction of an RN,

**TOLL-FREE
CONSUMER HOT LINE
800-746-3980**

or in the Reno calling area, 688-2620

The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving.

Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line.

APN, physician, podiatric physician, or dentist, who must be periodically available on site, or available for immediate guidance. While the Nurse Practice Act would allow an LPN to accept such an assignment, if the availability of the RN passed the "reasonable and prudent" standard, we received further information from the Nevada Medicaid Office.

Medicaid regulations require a full-time director of nurses and not less than one registered nurse on every shift, seven days a week. Nevada Medicaid does not have a provision to permit the required RN to be "on call."

Nevada State Board of
NURSING NEWSLETTER

Nevada State Board
of Nursing
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