

Nevada State Board of

# NURSING NEWS

December 2004



**CNA Renewal Requirements**

**To Delegate or Not To Delegate?**

**An Alternative to Addiction**

**What Does the Board of Nursing Do?**

# UMC

IN ONE PRECISE MOMENT



A MOTHER HOLDS HER FIRST CHILD

A STROKE SURVIVOR TAKES A STEP ON HER OWN

A HEART PATIENT IS FLOWN IN BY CHOPPER

AND A DOCTOR SAYS, "SHE'S GOING TO BE FINE."

SOMETHING HAPPENS WHEN YOU PUT  
ELEVEN CENTERS OF EXCELLENCE IN ONE HOSPITAL:  
EVERY MOMENT IS CHARGED WITH MEANING.  
AND MIRACLES ARE ALL PART OF A DAY'S WORK.

**UMC**  
UNIVERSITY MEDICAL CENTER  
THE SYMBOL OF EXCELLENCE



The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

**Debra Scott**, MS, RN, APN  
Executive Director

**Cindy Kimball**, Editor  
Public Information Officer

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

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Pictured on the cover and in the article beginning on page 15 are CNA students from the Community College of Southern Nevada.

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## 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

**January 19, 20, 21, 2005 - Las Vegas  
(February 16, 2005)**

**March 16, 17, 18, 2005 - Reno  
(April 20, 2005)**

**May 18, 19, 20, 2005 - Las Vegas  
(June 17, 2005)**

**July 13, 14, 15, 2005 - Annual business  
meeting**

**September 14, 15, 16, 2005 - Las Vegas  
(October 26, 2005)**

**November 16, 17, 18, 2005 - Reno**

*(Meetings may be held on dates and in locations  
in parentheses, depending on Board business.)*

## 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. All meetings will be held via videoconference in Reno and Las Vegas, except for the Disability Advisory Committee.***

### Advanced Practice Advisory Committee (none)

February 22, 2005  
May 10, 2005  
August 16, 2005  
November 1, 2005

### CNA Advisory Committee (none)

Recent appointments: Sandra Collier, RN; Linda Toombs, CNA  
February 2, 2005  
May 11, 2005  
August 17, 2005  
November 9, 2005

### Disability Advisory Committee (none)

Recent appointments: Peggy Cullum, RN; Virginia Deleon, RN  
April 15, 2005 - Las Vegas  
October 7, 2005 - Reno

### Education Advisory Committee (one)

Recent appointments: Patsy Ruchala, DNSc, RN; Carolyn Yucha, PhD, RN  
February 25, 2005  
April 29, 2005  
July 29, 2005  
November 4, 2005

### Nursing Practice Advisory Committee (one)

Recent appointments: Susan Moore, RN  
December 8, 2004

## BOARD TALK

### COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board President opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Reno office.

### 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.

# To Delegate Or Not To Delegate? That Is The Question.

**WAY BACK WHEN** we walked uphill both ways in the snow to nursing school, we were taught team nursing. I did my clinical in a county teaching hospital on a medical floor staffed with RNs, LPNs, CNAs, and lots of medical interns and residents. It fascinated me how knowledgeable and assertive the nurses were. I dreamt that one day I too would be giving information to doctors. The RNs cared for their patients with the help and collaboration of the other members of their team, which consisted of LPNs and CNAs, radiology techs, respiratory techs, and other unlicensed assistive personnel. Their synchronicity in delivering patient care was a wonder to behold.

After a year as an RN in this setting, I began nursing at a private psychiatric hospital where once again we were involved in team nursing. This time my team consisted of mental health workers I, II, and IIIs, and an LPN who gave medications to the entire floor of 27 adolescent psychiatric patients. Although I was a relatively new nurse, I was hired as a supervising RN and I was accountable to nursing administration, medical staff, and of course, most importantly, the patients for all that transpired on my unit during my three, 12-hour shifts per week. All that I had learned in nursing school was put to the test in the supervision and delegation of the care provided to our patients. In this setting, it was crucial that we as staff were of one accord, the proverbial “surrogate parents” who could and would not be split.

In 1993, I moved to Nevada. I spent the first two years finishing my masters in nursing and working as the Director of Clinical Services at a well-known residential center for adolescents and children. Again, we strove to provide a culture of collaboration, utilizing each staff member—

licensed and unlicensed—based on his or her scope of practice, skill level, competence, and expertise.

I began working for the NSBN in November, 1996. My first experience with Board meetings was during the Board’s attempt to pass regulations regarding delegation. I was surprised there was such controversy over a concept I believed was so basic to nursing. What we learned from this experience was that Nevada nurses needed education on what our current regulations said regarding delegation. The Board’s executive director at that time, Kathy Apple, and some of us staff traveled across the state giving presentations wherever we were invited. In my communications with Nevada nurses in 2004, I’ve found we still are not only ill-informed, but also fearful of the concept of “delegation.”

Earlier this year, the American Nurses Association (ANA) asked for input to a draft of their *Principles of Delegation*. I responded with,

“Thank you for addressing this controversial issue in such a well-thought out and understandable document.”

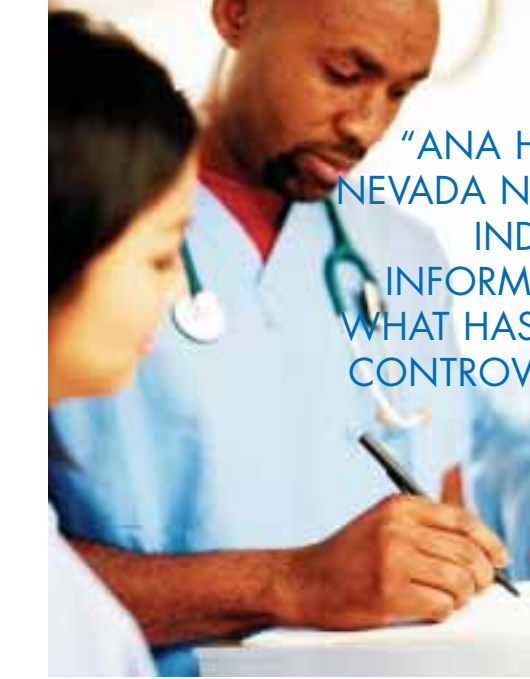
ANA’s draft defined “delegation” as: *The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome. Example: The nurse, in delegating an activity to an unlicensed individual, transfers the responsibility for the performance of the activity but retains professional accountability for the overall care.*

The Nevada Administrative Code defines delegation as: NAC 632.047 “Delegation” defined. (NRS 632.120) “Delegation” means entrusting the performance of a delegable nursing duty to a person who is qualified and competent to perform the duty.



**Debra Scott,  
MS, RN, APN  
Executive Director**

“How much supervision must you perform when you delegate? As much as is required to provide safe care. If the task requires too much supervision, don’t delegate it. Your team is there to ease your workload, not to increase it.”



**“ANA HAD PROVIDED NEVADA NURSES SIMPLE, UNDERSTANDABLE INFORMATION ABOUT WHAT HAS BEEN A VERY CONTROVERSIAL TOPIC”**

ANA did a better job of defining “delegation.” (I learned in high school English class that you don’t use the word you’re defining with another form of that word.)

Not only did they give us an excellent definition, but they gave some noteworthy recommendations for nurses who were interested in utilizing delegation in their practice.

I was ecstatic! In its draft, ANA had provided an outline for me to follow in giving Nevada nurses simple, understandable information about what has been a very controversial topic.

ANA’s first recommendation involved getting answers from your state nursing board. I decided, I can help. I was given the opportunity during a panel presentation at the Nevada Nurses Association workshop in Carson City. ANA suggested nurses get the following questions answered by their nursing board.

Don’t stop reading now. Find your Nurse Practice Act or go to the Board’s website and bring up NAC Chapter 632, the Board’s rules and regulations for nursing practice. The questions are answered for you, but you have to find the why and wherefore in our law, the Nurse Practice Act.

### **QUESTION #1** **Does it permit delegation?**

YES. NAC 632.222 *Delegation and supervision of nursing care.* 1. A registered nurse may delegate nursing care to other nurses and supervise other personnel in the provision of care if those persons are qualified to provide that care.

### **QUESTION #2** **What is the definition of delegation in your state?**

NAC 632.047 “Delegation” defined. “Delegation” means entrusting the performance of a delegable nursing duty to a person who is qualified and competent to perform the duty.

NAC 632.0385 “Competence” defined.

NAC 632.222 *Delegation and supervision of nursing care.*

NAC 632.224 *Supervision of others; duties of chief nurse; determination of authorized scope of practice; verification of competency.*

### **QUESTION #3** **Does it also authorize specific tasks for delegation?**

SOME.

### **Does it list tasks that you cannot delegate or does it authorize the RN to delegate based on certain circumstances?**

YES, SOME. NAC 632.046 “Delegable nursing duty” defined. NAC 632.226 *Employment as school nurse; Duties; delegation of nursing care; requirements for administering medication to pupils.*

NAC 632.248 *Assignment to unlicensed personnel of certain nursing duties prohibited; exception. Except as otherwise provided in NAC 632.226, unlicensed personnel may not be assigned those duties which require the knowledge and skill of a licensed professional nurse or a licensed practical nurse as described in chapter 632 of NRS.*

NAC 632.455 *Procedures not delegable to licensed practical nurses.*

### **QUESTION #4** **Does it include a description of the UAP role?**

In the Nurse Practice Act, a UAP equals CNA, otherwise, there is no definition in our law.

The CNA Skills List which is on the Board’s website outlines all skills which are within the scope of practice for a CNA in Nevada.

### **QUESTION #5** **What does supervising mean in your state?**

NAC 632.048 “Direct supervision” defined. “Direct supervision” means the direction given by a supervisor of nurses who is periodically available at the site where care is provided to a patient or available for immediate guidance.

NAC 632.087 “Supervision” defined. “Supervision” means direction by a qualified nurse for the accomplishment of a nursing task or activity, including initial direction and periodic inspection of the actual accomplishment of the task or activity.

NAC 632.224 *Supervision of others; duties of chief nurse; determination of authorized scope of practice; verification of competency.*

### **QUESTION #6** **Does the Nurse Practice Act indicate consequences of inappropriate delegation?**

YES, very clearly. NAC 632.890 *Unprofessional conduct.* The Board will consider the following acts, among others, by a licensee or holder of a certificate as unprofessional conduct:

6. Assigning or delegating functions, tasks or responsibilities of licensed or certified persons to unqualified persons.
7. Failing to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person.



24. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.

### Does it provide guidelines for reducing delegation risks?

If done properly, delegation, working as a team to provide excellent care, the actual delivery of nursing care becomes an art, a scientific process.

NAC 632.222 Delegation and supervision of nursing care.

NAC 632.224 Supervision of others; duties of chief nurse; determination of authorized scope of practice; verification of competency.

In summary, I'd like to give you some simple rules to follow when delegating. I learned these through experience, study, and reading the law. They include:

- **Delegate only a specific task, to a specific individual, on a specific patient, in a specific setting.**
- **Document in an individual patient's plan of care what tasks are safe to delegate and under what specific circumstances.**
- **Be sure that your agency has policies allowing delegation and giving the prescribed situations where you may delegate.**
- **Delegate only when you know the skill level of the person you are delegating to.**
- **Never delegate and leave; delegation requires adequate supervision of the performance of the delegated task; the level of supervision depends on a variety of factors. It is the responsibility of the RN to assess those factors and decide when delegation is safe.**
- **Be aware that the RN is held accountable for supervising the performance of a nursing task. Safe delegation requires assessing the overall delegation situation and supervising the individual in the performance of the delegated task. Periodically check on the performance of the task.**
- **Follow the delegation process as outlined in NAC 632.222 and be able to demonstrate adherence to that process; this will serve to protect your license.**



# MOVING?

## The Post Office Will Not Forward Your Renewal

### The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. Even if you've asked the post office to forward your mail, it will not forward your renewal application. You may use the address change form below, mail a signed letter to the Las Vegas office, or send an email to [lasvegas@nsbn.state.nv.us](mailto:lasvegas@nsbn.state.nv.us). Remember to include your name, license or certificate type and number, former address, current address, social security number, and date of birth. *If you choose to email us, please send a separate email to the Board rather than using an address change service.*

### Change of address form

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 \_\_\_\_\_

Mail to: Nevada State Board of Nursing  
2500 W. Sahara Ave. #207  
Las Vegas, NV 89102-4392

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Disciplinary Actions



Documentation



Ethics of Nursing Practice



Medication Errors



Nurse Practice Acts



Professional Accountability & Legal Liability



Sharpening Critical Thinking Skills



# An Alternative to Addiction

It can cost you your job and your license.

Don't wait to be reported.

**Ask for help.**

**IF YOU OR SOMEONE YOU KNOW** has an addiction, the Nevada State Board of Nursing can help. It runs a successful program for nurses and nursing assistants whose practice may be impaired due to chemical dependency.

The goal of the Alternative Program for Chemically Dependent Nurses is to protect the public by identifying impaired individuals, providing intervention and education, and requiring treatment.

It helps heal the healers, giving them the opportunity to take personal responsibility for recovery while being closely monitored through a nonpublic agreement.

## WHAT SERVICES DOES THE PROGRAM PROVIDE?

### For the public

- immediate intervention to protect the public as an alternative to a longer disciplinary process
- information for concerned consumers, employers, co-workers, family members or friends
- advice on how to talk with a nurse or nursing assistant about an apparent chemical dependency problem
- coordination and consultation with employers to assure patient safety

### For the nurse or nursing assistant

- consultation about entering the program
- monitoring and ongoing assessment of their personal recovery requiring random drug and alcohol testing
- information regarding local support services
- encouragement, support, and guidance in recovery as an effective alternative to disciplinary action
- removal from monitoring when program is successfully completed

## How do people get into the program?

### Self report

Nurses and nursing assistants who are willing to admit that their addiction has led to a violation of the Nurse Practice Act and who are willing to go into treatment may enter the program by reporting their problem directly to the Nevada State Board of Nursing.

### Temporary surrender of license

Nurses and nursing assistants must agree to temporarily surrender their licenses or certificates until they have established stable recovery and met their treatment requirements of 180 hours of treatment in a Board-approved chemical dependency program, and 90 Alcoholics Anonymous/Narcotics Anonymous meetings in 90 days.

### Monitoring

Nurses and nursing assistants must agree to abide by the terms of a nonpublic monitoring agreement, which includes

continued on next page



**Robert Buck, BSN, RN**  
Associate Director for  
Compliance  
Chair, Disability Advisory  
Committee

“Too often, nurses and nursing assistants take care of everyone but themselves. I think it’s of great benefit to Nevada nurses and CNAs that the Board has a program that helps those who are willing to help themselves.”

working under an unmarked, conditional license while complying with an agreement designed to closely monitor their practice while in recovery from chemical dependency.

## Who runs the Alternative Program?

Robert Buck, BSN, RN, associate director for compliance, chairs the Board’s Disability Advisory Committee and administers the Alternative Program for Chemically Dependent Nurses. Committee members include professional substance abuse and mental health nurses and nurses who have recovered from alcohol or drug addiction or have had other life experiences around addictions. The committee evaluates whether chemical dependence is impairing a person’s nursing practice; submits recommendations to the Nevada State Board of Nursing, which may be accepted, amended, or rejected; monitors recovery progress through scheduled interviews with the nurse or nursing assistant and regular reports from employers, treatment providers, and the nurses themselves. To help ensure participants fulfill the Alternative Program’s requirements, the Board recently hired Kathleen Reynolds, BHS, RN, as its first full-time compliance coordinator.

## Is the program successful?

Yes! The majority of participants successfully complete the program. To do so, they must follow all of the stipulations contained in a signed agreement/deed, complete treatment in a Board-approved program, and demonstrate a change in lifestyle that supports continuing recovery. *Participants who violate their agreements are subject to disciplinary action by the Board.*

## WHO IS ELIGIBLE?

### Nurses or nursing assistants who

- report themselves to the nursing board prior to, or rather than, a complaint being filed,
- are licensed or certified in Nevada,
- abuse alcohol or drugs to the extent their nursing practice has been affected,
- have had no more than one previous treatment episode, and
- who sign a voluntary agreement to follow all components of the program.

## WHO IS NOT ELIGIBLE?

### A nurse or nursing assistant

- who has had previous disciplinary action related to impairment from chemical dependency,
- who, evidence shows, has a long history of diverting drugs, or
- who has a complaint pending against him or her regarding diversion or impaired practice.

# Chemical dependency in nurses and nursing assistants

Under Nevada law, nurses and CNAs must report potential violations of the Nurse Practice Act. Practicing while impaired is a violation of NRS 632.320 (7) and NAC 632.890 (9).

Chemical dependency is one cause of impairment. The Board's Disability Advisory Committee has put together this fact sheet to help you identify impairment on the job. If you suspect someone is impaired, urge the individual to seek help. If they refuse, report your suspicions to your supervisors. It may be a difficult decision, but if you do not make it, you will be endangering the health of the patients and the impaired nurse or CNA.

## **Possible indications of nurse or CNA impairment on the job include:**

- Absent or late for work, especially following several days off. However, the drug-addicted nurse or CNA may never be absent and may "hang around" when not on duty. Because the hospital is the source of supply, the nurse or CNA may volunteer to work double shifts, overtime, holidays, days off, etc.
  - Odor of alcohol on the breath. Any nurse or CNA who would report for duty after drinking is assuming a terrible risk and in doing so is evidencing his/her loss of control and need for the drug.
  - Odor of mouthwash and breath mints. These may be used to mask the odor of alcohol.
- Fine tremors of the hands. This symptom occurs with withdrawal from the drug. The alcoholic nurse or CNA will sometimes begin to use tranquilizers to mask signs of withdrawal and thus may develop cross dependency.
- Emotional instability. The nurse or CNA may change from being irritable and tense to being mellow and calm. There may be inappropriate anger or crying.
  - Returns late from lunch break.
  - May be sleepy or may doze off while on duty.
  - Shuns interaction with others and tends to withdraw.
  - Makes frequent trips to the bathroom. The female alcoholic/drug addict may carry a purse with her.
  - Deterioration in personal appearance.
  - Frequent bruises or cigarette burns. Bruises over antecubital fossa and on wrists or hands. These injuries are the result of crashing into furniture, falling while intoxicated, dozing off with a lighted cigarette, or the recent injection of a drug.
  - Job performance may be affected with sloppy or illegible handwriting, errors in charting, and errors in patient care.
  - Lapses in memory or confusion. There may be euphoric recall of events.
  - Shunning of job assignment or job shrinkage. The nurse or CNA is apt to drop out of professional activities.

## **The nurse who is diverting drugs from the unit may:**

- always volunteer to give medications.
- medicate another nurse's patient.
- use the maximum PRN dosage when other nurses use less, or the maximum PRN dosage may always be used on one shift but not on another (the PRN medications afford the greatest opportunity for the nurse to supply his/her habit).
- have responsibility for patients who complain that medication given on one shift is not as effective as on others, or that they did not receive medication when the record shows they did.
- have frequent wastage, such as spillage of drugs or drawing blood in the syringe.
- work on a unit where drugs are disappearing or seals have been tampered with.
- always offer to count narcotics to make sure the count is correct.
- have pinpoint pupils, shaky hands, could be sleepy or hyper while on duty.

Keep in mind that no indicator, or group of indicators, is unique to chemical dependency. However, if there is a drop-off in the work performance of a previously good employee, the supervisor should consider the possibility of a problem if several indicators are present.



# UMC

IN ONE PRECISE MOMENT

THE 11:30 ROUNDS BEGIN

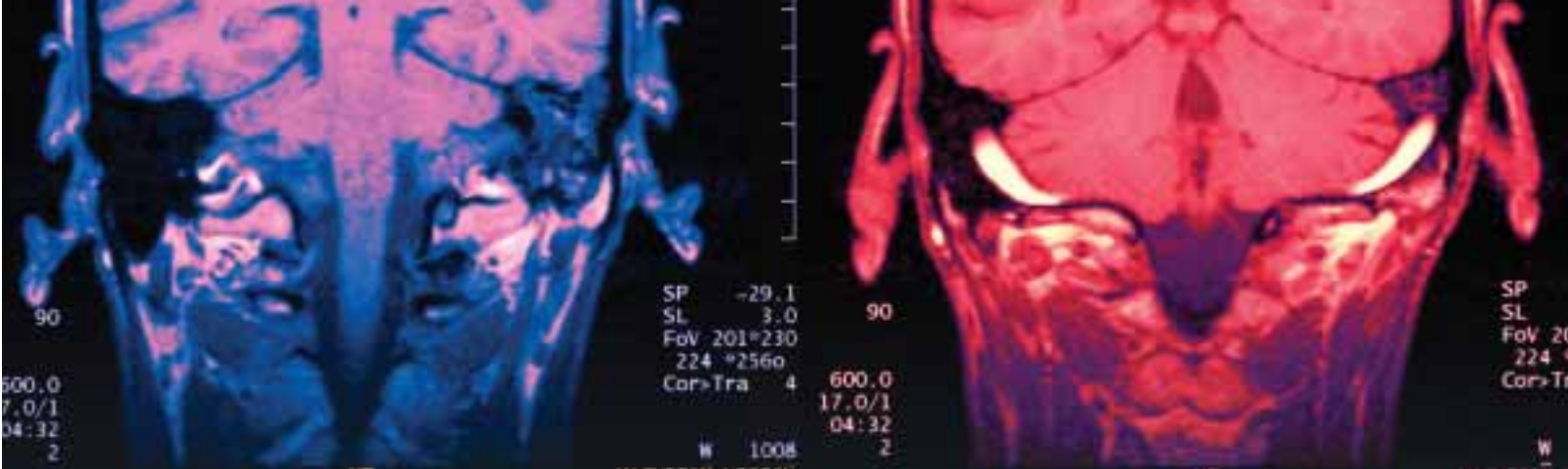
A PATIENT FINDS HEALING IN A FRIENDLY SMILE

AND A NURSE CHANGES YET ANOTHER LIFE

UMC IS NOW RECRUITING THE NATION'S TOP NURSES. AND WITH ELEVEN CENTERS OF EXCELLENCE, GREAT BENEFITS AND COMPETITIVE PAY, WE PROVIDE CAREER OPPORTUNITIES THAT ARE AS VARIED AS THEY ARE REWARDING. CONTACT US, AND BECOME THE NEWEST MEMBER OF OUR VALUED NURSING TEAM.

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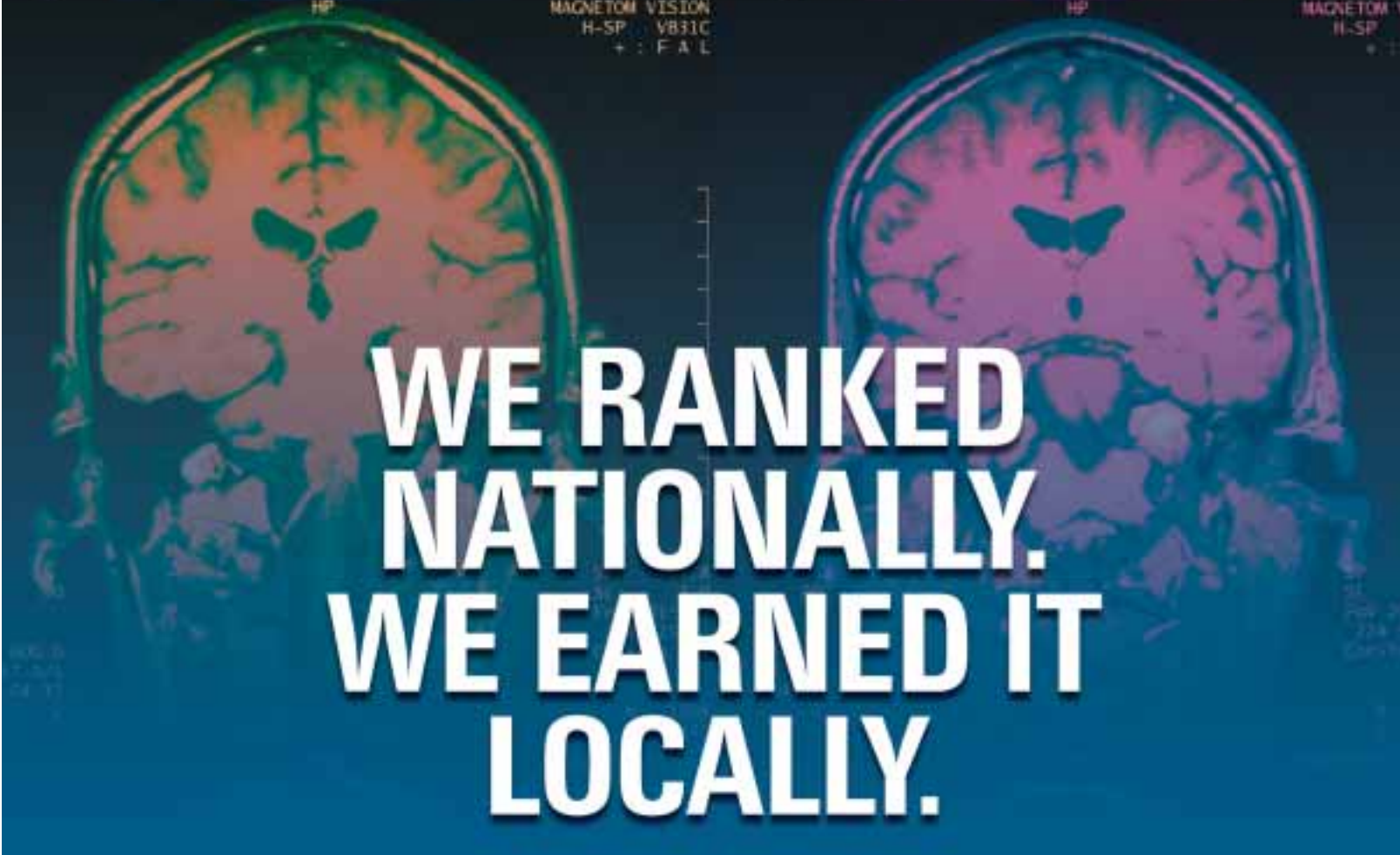
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H-SP VB31C  
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H-SP  
+ :



# WE RANKED NATIONALLY. WE EARNED IT LOCALLY.

**UMC HAS BEEN RANKED ONE OF THE TOP 50 HOSPITALS FOR NEUROLOGY  
AND NEUROSURGERY BY U.S. NEWS & WORLD REPORT.**



Of all the hospitals in Nevada, only UMC has been placed among the nation's top 50 for neurology and neurosurgery in 2004. This distinction wouldn't be possible without our dedicated team of talented physicians, nurses and staff. Together, they're setting new standards for medicine – and helping us reach new heights in excellence.

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702.383.2000 [www.umcsn.com](http://www.umcsn.com)

# TOLL-FREE CONSUMER HOT LINE

CALL  
**800-746-3980**

or in 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 or can be obtained by visiting the Board's website.

## Mailing List Reminder

### *You can request to be removed*

The Board sells its mailing lists to various organizations, based on their applications. Examples include the Nevada Nurses Association, which mails its newsletter *RNformation* to all actively licensed Nevada nurses; continuing education providers; uniform companies; and researchers.

If you wish to remove your address from the Board's mailing list, you may do so by making a request in writing.

Just send an email to [lasvegas@nsbn.state.nv.us](mailto:lasvegas@nsbn.state.nv.us) or mail a signed letter to the Las Vegas office. Please include your full name, address, and license or certificate number. If you choose to remove your address, you will still receive official Board communications such as this magazine, the *NSBN News*, but you will not receive the material sent by the organizations that purchase the Board's mailing list.



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*Cruise to be awarded December 4, 2004*

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# CNA Renewal Requirements

*You must have worked 400 hours in the scope of a CNA*

**TO RENEW** their certificates, CNAs must prove they worked 400 hours in their scope of practice. To help nursing assistants and their employers better understand the requirements of the law, the Board recently changed the CNA renewal form to include the CNA Skills Guidelines and Examples of Tasks or Procedures not within the CNA Scope (see below). This information is also on the Board's web site.

Here is a brief review of the requirements for certificate renewal. If you have any questions regarding CNA renewal, please contact the Board's Las Vegas office.

## **Renewal requirements:**

Proof of 400 hours\* of employment as a CNA under the direction of a licensed nurse.

- Your 400 hours of employment must be as a CNA and in the Board-authorized scope of practice as a CNA (see below).
- Your employer must complete page 2 of the renewal form. Remember, the proof of employment must be signed by the RN or LPN who is responsible for your direction. The employment verification information must be completed by a current or past employer.

Proof of 24 hours of continuing training or in-service related to Nursing Assistant Skills.

- For your first renewal, you may use your certificate of completion from your training

program to meet this requirement. Send a copy of your certificate along with your renewal application--at least two weeks before your expiration date.

- All continuing training/in-service courses must be within the CNA scope of practice. If you are planning on doing a home-study course, call the Las Vegas office to make sure the course is within your scope of practice before you order it.
- If you did not work as a CNA within the two years since your last renewal, you will not need continuing training/in-service. To get your certificate back, you must complete a training program and submit a new application, including fingerprints.

The 24 hours of continuing training/in-service courses and the 400 hours of employment must be within the past 24 months.

- For example, if your certificate expires on 12/1/04, you submit proof of employment and training which took place between 12/1/02 and 12/1/04.
- In counties with populations of less than 10,000, CNAs who worked less than the required 400 hours may submit, as equivalent, additional hours of either in-service education or college credits earned while working toward a higher degree in health studies. (Nevada counties with

continued on next page



*Donald Rennie, MSN, RN  
Associate Executive Director  
for Licensure, Certification  
and Education  
Chair, CNA Advisory  
Committee*

“Employers, please don't jeopardize your CNAs' certificates. They need to work at least 400 hours as CNAs, under the supervision of RNs or LPNs, to renew their certificates.”

# CNA Skills Guidelines

continued from page 15

populations of less than 10,000 are currently Esmeralda, Eureka, Lander, Lincoln, Mineral, Pershing and Storey.)

If you qualified to become a CNA in Nevada by your work experience, military training, or by nursing fundamentals, and your paperwork is received after your expiration date, you will forfeit your certificate to practice. To get your certificate back, you must complete a training program and submit a new application, including fingerprints.

The following list of skills is to be

used as a guideline for CNA scope of practice. If you need further information on specific skills, please put your request in writing to the Board office. All procedures must be performed under the direction and supervision of a licensed nurse and according to agency policy. Some limitations may be placed by the employing agency.

## **Performs as a health team member in a medical facility:**

### **Understands:**

- the role and responsibility of a nursing assistant
- the importance of verbal and non-verbal communication
- the purpose and use of the patient plan of care
- patient rights

### **Reports:**

- changes in condition and abnormal signs and symptoms and care given

## **Provides for personal and patient safety:**

- Performs hand washing appropriately
- Uses universal precautions
- Uses good body mechanics
- Maintains neat/orderly patient room
- Uses fire, disaster and accident prevention/safety procedures
- Reports and records incidents

## **Performs procedures:**

- Answer call lights
- Apply, release and monitor restraints and protective devices, e.g. Geri-chairs, hand, wrist and ankle restraints, roll belts, side rails, etc.
- Apply, release and monitor sites for leather restraints in acute care and psychiatric setting upon additional training and under the direction of an RN or physician

**All procedures must be performed under the direction and supervision of a licensed nurse.**

- Admission and discharge
- Measure height and weight
- Place and remove bedpan and urinal
- Assist patient to bathroom or with commode
- Assist with bowel and bladder retraining
- Empty/change urinary drainage bag
- Catheter care
- Mouth care – unconscious and conscious resident, including brushing, flossing and denture care
- Hair care--shampoo, brush and comb
- Skin care--back rub, perineal care, incontinent care
- Bathing--partial or complete bed bath, tub bath, shower, whirlpool, perineal care
- Shave with razor
- Dressing and undressing
- Nail care
- Apply elastic stockings
- Care for, apply and remove established prosthetic devices, immobilizers and braces
- Bed making
- Apply non-medicated over-the-counter (OTC) ointments such as Vaseline, A&D, Bag Balm Desitin, Ben Gay, Mineral Ice, Zinc Oxide or like products
- Measure and record intake and output
- Observe patients with IVs
- Prepare patients for meals
- Feed patients
- Serve meal trays, understand



- types/purpose of modified diets
- Vital signs--TPR, BP, apical, brachial and radial pulses, oral, axillary and rectal temps, pulse oximeter, use of automatic vital signs devices
- Position and provide comfort measures--Supine, Prone, Side-lying, Fowlers and Sims positions
- Ambulate patients--Use of cane, walker or gait belt
- Care of a patient who has fallen
- Move a patient up in bed
- Use of a turn sheet
- Assist a patient: to dangle, to a wheelchair, to a chair, to a gurney
- Transport of patients: by wheelchair, oxygen conversion, by gurney
- Administer enemas
- Care of an established stoma on the abdomen: change bag, provide skin care
- Digital stimulation

- Collection of non-manipulated, non-induced, non-invasive specimens, including the following: urine, clean catch urine, 24-hour urine, stool and sputum specimens using current CDC standard precautions
- Unsterile application of warm or cold-moist or dry K-pad, ice pack
- CPR and Heimlich Maneuver
- Applies pulse oximetry

**Assists with care of patients with special needs:**

- Cognitive Impairment
- Grieving, dying
- Confused patient
- Disabilities
- Conditions of nervous system
- Respiratory disease
- Diabetic patients

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# Examples of Tasks or Procedures NOT within the CNA Scope

- Repair, maintenance and housecleaning of a client's home
- Unit clerk duties
- Patient evaluation, assessment or reassessment
- Wound care or irrigation
- Applying necessary immobilization devices
- Suturing
- Pelvic examinations
- Aseptic and proper scrub technique
- Mentor or Preceptor duties
- Transcribing or accepting telephonic physician orders
- Patient education and teaching
- Medication administration, reinforcement of education related to medications
- Glucose testing (AccuCheck)
- Phlebotomy
- Paying client's bills, managing finances and/or banking
- Transporting client to doctors' appointments, grocery shopping or other shopping
- Supervising other CNAs or unlicensed assistive personnel (UAP)
- Supervising RN or LPN
- Working as an independent CNA
- Taking directions from persons other than an RN or LPN
- Diagnosing patient
- Prepping and stocking room for surgical procedures
- Fetal monitoring and PKU testing
- Urinalysis testing

This list is not all-inclusive. If you have any questions or concerns, please contact the Las Vegas Board office at **(702) 486-5800**

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## DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Reno office. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Practice Advisory Committee to research the issue and make a recommendation.

## FOR MORE ANSWERS—GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

## THE ACT IS ON THE WEB

The Board's website has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

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Desert Springs Hospital  
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# What Does the Board of Nursing Do?

*Confusion often arises as to what the Nevada State Board of Nursing (NSBN) does and does not do. Here is an overview of the NSBN's roles and responsibilities.*

## THE NSBN DOES . . .

The NSBN is a governmental regulatory body responsible for protecting the health and safety of the public

The NSBN is responsible for enforcing the laws and regulations regarding the practice of nursing—the Nurse Practice Act. (To review it, visit the NSBN web site at [www.nursingboard.state.nv.us](http://www.nursingboard.state.nv.us) or purchase one from either Board office.)

The NSBN is responsible for adopting regulations and decisions that establish the minimum regulatory standards for safe practice and clarify parts of the Nurse Practice Act.

The NSBN regulates the scope of nursing practice as defined in the Nurse Practice Act of all registered nurses, licensed practical nurses, advanced practice nurses, certified registered nurse anesthetists, and certified nursing assistants.

The NSBN may take disciplinary action against a nurse's license or a CNA's certificate in response to violation of the Nurse Practice Act.

The NSBN regulates the practice of individual licensed nurses and certified nursing assistants in all practice settings.

The NSBN regulates nursing education programs that lead to initial RN or LPN licensure and nursing assistant certification.

## THE NSBN DOES NOT . . .

The NSBN is not a membership organization for nurses or CNAs. Such organizations are responsible for protecting the profession of nursing and individual nurses and nursing assistants.

The NSBN cannot independently change the Nevada Revised Statutes contained in the Nurse Practice Act. Only the Nevada State Legislature can make changes to statute.

The NSBN does not make or change regulations in secret. It is a public process that includes public workshops, a public hearing, and written and oral testimony by the public.

The NSBN does not regulate conditions of employment, such as hiring and firing, "floating," shift assignment, discipline imposed by an employer, or staffing issues.

The NSBN does not take disciplinary action without an investigation of all facts involved in the cases. Nurses and CNAs charged by the NSBN are entitled to a hearing. They have the right to hire an attorney to represent them.

The NSBN does not regulate hospitals, nursing homes, home care organizations, or any other health care facility that may employ licensed nurses or certified nursing assistants.

The NSBN has no jurisdiction over medical assistants or physician assistants.

Article idea courtesy of the North Dakota and Oregon Boards of Nursing

# FACTS About the Nevada State Board of Nursing

- WHAT:** The Board's mission is to protect the public's health, safety and welfare through effective nursing regulation. It is a governmental agency established by Nevada law to protect the public from unsafe practice by nurses.
- WHO:** A seven-member board appointed by the governor consisting of four registered nurses, one practical nurse, one certified nursing assistant, and one consumer member. One member must represent the interests of those who are indigent, uninsured, or unable to afford health care. The Board is advised by and appoints members to standing advisory committees. The Board appoints an executive director (a registered nurse) who is responsible for a staff of 20.
- WHY:** In 1923, the state legislature established the Board to regulate the practice of nursing.
- HOW:** The scope of the Board's original responsibilities has grown dramatically since 1923, when it licensed 104 registered nurses. In 2004, it is responsible for licensing, certifying and disciplining about 29,500 individuals, including registered nurses, licensed practical nurses, advanced practice nurses, certified nursing assistants, and certified registered nurse anesthetists. The Board's functions now include:
- Establishing minimum practice standards
  - Approving schools of nursing and nursing assistant training programs
  - Adopting exams for licensing/certification
  - Licensing registered nurses and licensed practical nurses
  - Certifying advanced practitioners of nursing, certified registered nurse anesthetists, emergency medical service/registered nurses, and certified nursing assistants
  - Developing and adopting regulations
  - Appointing advisory committees to get direct nursing input
  - Approving education/training programs for on-going competency
  - Investigating complaints against nurses and nursing assistants
  - Conducting disciplinary proceedings
  - Administering an alternative program for nurses recovering from chemical dependency
  - Publishing, distributing, and providing education on the Nurse Practice Act
  - Collaborating with consumers, individuals, groups and organizations
  - Providing education to increase public awareness and understanding of the Board's role and purpose

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice) with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature or that relate to the profession of nursing as a whole. These matters are best dealt with by nursing associations, labor unions, or other similar entities.

# A Brief History of the Nevada State Board of Nursing

Established by the state legislature in 1923, the Nevada State Board of Nursing was modeled on legislation enacted by other countries and a few other states. The intent was to separate untrained "nurses" from those who had undergone formal training.

Nevada's first school of nursing was established by St. Mary's Hospital in 1909. An alumni association of the school's graduates led the formation of the Nevada State Nurses Association in 1917. Its main objective was to "secure passage of a law providing state registration of nurses."

Attempts to achieve this goal were made during the legislative sessions of 1915, 1919 and 1921, but all failed. In 1923, a bill was introduced by State Assemblywoman Marguerite Gosse of Reno. In spite of opposition, the bill was passed by both houses and

signed into law by Governor James Scrugham on March 20, 1923.

Since its inception, the Nevada State Board of Nursing has grown from a three-member to a seven-member entity. Its functions and responsibilities have increased dramatically, as have the number of nursing care providers it oversees.

Ninety individuals have served on the Board, bringing hundreds of years of nursing experience with them. They have represented every nursing specialty and a wide range of health care settings.

In 1973, a consumer member was added to represent the viewpoint of the general public, and in 1995, a certified nursing assistant member was added to represent the CNA community.



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## BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

| POSITION                  | NAME                        | TERM       |
|---------------------------|-----------------------------|------------|
| President, LPN Member     | Patricia Shutt, LPN         | 10/30/2005 |
| Vice President, RN Member | Mary Ann Lambert, MSN, RN   | 10/30/2004 |
| Secretary, RN Member      | Helen Vos, MS, RN           | 10/30/2004 |
| RN Member                 | Cookie Bible, BSN, RNC, APN | 10/30/2004 |
| CNA Member                | Dorothy Perkins, CNA        | 10/30/2007 |
| RN Member                 | David Burgio, MS, RN, APN   | 10/30/2007 |
| Consumer Member           | Joseph Cortez               | 10/30/2007 |

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing 5011 Meadowood Mall Way #201, Reno, NV 89502-6547; call 688-2620 (toll-free outside Reno calling area 1-800-746-3980); or email [reno@nsbn.state.nv.us](mailto:reno@nsbn.state.nv.us)

## BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.

## Validation and Verification

### *What's the difference between the two forms and how much do they cost?*

If you have been issued a license or certificate, but have not yet received your "hard card," you may pay for written **validation**. Just walk in to either the Las Vegas or Reno office, confirm your license or certificate is active, and pay the \$25 validation fee (check, money order, or exact change). Board staff will give you the validation form to show to your employer as evidence you hold an active license or certificate and are just waiting for the hard card to be mailed to you.

If you are using your Nevada license or certificate to endorse into another state, mail or take that state's **verification** (endorsement) form to the Las Vegas office, along with a check or money order for \$25, payable to the Nevada State Board of Nursing (or exact change if paying by cash in person). The Las Vegas office will process your request as soon as possible, then send written verification of your Nevada license to the state to which you are endorsing.





Patricia Shutt, Helen Vos, Joseph Cortez, David Burgio, and Mary Ann Lambert (standing) and Cookie Bible and Dorothy Perkins (sitting) *Photo by Amy Mazzucotelli*

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# Disciplinary Actions

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

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of May 22 through September 24, 2004. (Please note that this list does not include some outcomes of the September 22-24, 2004 Board meeting due to legal notice requirements. Those outcomes will be reported in the next disciplinary actions list. This list does include some outcomes of the May 19-21, 2004 Board meeting that were not reported earlier due to legal notice requirements.)

### Settlement Agreements and/or Hearing Outcomes

#### **Batu, Corazon, LPN11063**

Reprimand and Class for violation of NRS 632.320 (14) failure to comply with an order of the Board.

#### **Buchanan, Mattie, CNA00908**

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

#### **Cilley, Eric, RN41221**

Agreement for Probation pursuant to NRS 632.320 (5) uses any controlled substance, dangerous drug or intoxicating liquor.

#### **Coplin, Beverly, RN31031**

Agreement for Reprimand and Class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890

(11) positive urine/drug screen as condition of employment.

**Cork (Fitzgerald), Catherine, RN30105**  
Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing nursing with or without good cause while impaired and (27) customary standards.

#### **Dinwiddie, Jason, CNA017115**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive urine/drug screen as a condition of employment.

#### **Davis, Dorina, RN28570**

License revoked for violation of NRS 632.320 (1) submission of fraudulent application and (12) action in another state.

#### **Delgado, Nydia, LPN11275**

Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

#### **Dorn, Pamela, LPN10825**

License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to document properly controlled substances, (21) obtain, possess, furnish or administer prescription drugs except as authorized.

#### **Gordon, Whitney, RN26638**

Agreement for Probation pursuant to NRS 632.320 (5) uses any controlled substance, dangerous drug or intoxicating liquor.

#### **Griffin, Sharon, CNA011413**

Certificate revoked for violation of NRS

632.320 (7) unprofessional conduct, (13) deceive, defraud a patient, and NAC 632.890 (34) misappropriating property of a patient.

#### **Harling, Thomas, RN39676**

License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (10) positive urine/drug screen on duty, (11) positive urine/drug screen as condition of employment and (27) customary standards.

#### **Harris, Sherri, RN25153**

Reprimand and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (24) failing to collaborate, (25) failing to record or report to appropriate persons, and (27) customary standards.

#### **Harrison, Shelli, RN37226**

License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) (a) failing to document administration of controlled substances and

### ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

(27) customary standards.

#### **Hart, Ann Marie, LPN 11847**

License suspended and class ordered for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope, (27) customary standards and (28) causing harm.

#### **Jewett, Ronald, LPN11524**

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive urine/drug screen as condition of employment, (16)(a) failing to document properly controlled substances and (21) obtain, possess, furnish or administer prescription

**Please do not use this list of disciplinary actions for verifying licensure or certification status. Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our web site or call the Las Vegas or Reno office.**

drugs expect as authorized.

**Johnson, Carolyn, RN43556**

Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying and (27) customary standards.

**Jones, Cleodis, LPN10297**

Agreement for Reprimand for violation of NRS 632.320 (13) deceive, defraud a patient.

**Kenbok, Dawn, RN34951**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying and (27) customary standards.

**Larsen, James, CNA016361**

Certificate revoked for violation of NRS 632.320 (14) failure to comply with an order of the Board.

**Lasala, Michael, RN37830**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances, (7) unprofessional conduct, and NAC 632.890 (11) positive urine/drug screen as condition of employment.

**Lopez, Stephanie, RN44038**

Agreement for Probation for Monitoring for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive urine/drug screen as condition of employment.

**McDowell, Deketra, RN33425**

Agreement for Reprimand for violation of NRS 632.320 (13) deceive, defraud a patient.

**Medina, Joey, CNA017274**

Agreement for Probation for Monitoring for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (10) positive urine/drug screen on duty.

**Minyard, Donna, CNA016689**

Agreement for Suspension/Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (4) competence not maintained and (27) customary standards.

**Moir, Michelle, RN32658**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying and (27) customary

standards.

**Mondak, Tiffany, RN35725**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and (14) failing to comply with an order of the Board, and NAC 632.890(16) failing to document properly the administration of a controlled substance.

**Montes, Elizabeth, RN34105, CRNA000178**

Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct and (36) practicing without an active license/certificate.

**Montgomery, Robert, RN09185**

Agreement for Probation pursuant to NRS 632.320 (5) uses any controlled substance, dangerous drug or intoxicating liquor

**Moss, Hilda, RN12464**

Agreement for Probation for violation of NRS 632.320 (5) controlled substances, dangerous drugs, or intoxicating liquor, (7) unprofessional conduct, and NAC 632.890 (10) positive urine/drug screen on duty and (27) customary standards.

**Nelson, Beverly, RN 23609**

Agreement for Suspension/Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing with or without good cause impaired, (10) positive urine/drug screen on duty and (27) customary standards.

**Nunez, Dante, CNA016166**

Certificate suspended for violation of NRS 632.320 (14) violation of a Board order.

**Odom, Dagny, RN43352**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive urine/drug screen as condition of employment.

**Porter, Kimberly, RN12618, APN00520**

Agreement for Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action by the Board for violation of NRS 632.320 (7) unprofessional conduct, (14) failing to comply with an order of the Board, and NAC 632.890 (21) obtaining or possessing a prescription drug to any person, including himself, except as directed by a person authorized by law to prescribe drugs.

**Rowe, Beverly, TRN308743, RN45532**

Agreement for Reprimand and Fine of

\$200 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without an active license.

**Sanders, Valorie, CNA 16554**

Reprimand and Probation extension for violation of NRS 632.320 (14) failure to comply with an order of the Board.

**Shook, Faith, LPN09729**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive urine/drug screen as condition of employment.

**Shy, Ronald, RN21177**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failure to properly document controlled substances, (27) customary standards.

**Steadman, Donna, RN21119**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying and (27) customary standards.

**Stone, Carla, RN15033**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (10) positive urine/drug screen on duty.

**Sutton, Joyce, RN30944**

Agreement for Probation for violation of NRS 632.320 (5) controlled substances, (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

**Swingle, Kermit, RN20836**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS (7) unprofessional conduct, NAC 632.890 (18) diverting supplies, equipment or drugs and (27) customary standards.

**Tarter, Georgia, LPN12270**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing with or without good cause impaired and (10) positive urine/drug screen on duty.

**Trottot, Lisa, LPN10839**

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying.

**Wells, Sharon, CNA016934**

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards and (33) abuse.

**Wilder, Tracey, RN41649**

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) practicing with or without good cause impaired and (27)

**Who can I call if I have questions about the complaint or disciplinary process?** The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Reno office and ask for one of the nurse investigators or the associate



customary standards.

**Winters, Judith, RN31666**

Agreement for Reprimand and Fine of \$200 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license.

**Woodard, Shawn, RN27804**

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (1) fraudulent application, (7) unprofessional conduct and (12) action in another state, and NAC 632.890 (18) diverting supplies, equipment or drugs.

## Denials of Applications for Licensure or Certification

**Akins, Wendel, RN applicant**

**Buitizon, Juliana, CNA applicant**

Applications denied for violation of NRS 632.320 (1) is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.

**Carter, Myndie, CNA applicant**

**Cavalier, Marla, CNA applicant**

**Foppiano (Mortensen), Laura, RN applicant**

**Mc Calister, Opal, CNA applicant**

**Tanton, Elaine, RN applicant**

**Wallace, Charles, CNA014912**

Applications denied for violation of NRS 632.320 (2) is guilty of a felony or any offense (a) involving moral turpitude; or (b) related to the qualifications, functions or duties of a licensee or holder of a certificate, in such case the record of conviction is conclusive evidence thereof.

**Gozaloff, Barbara, RN applicant**

Application denied for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (10) positive urine/drug screen on duty and (11) positive urine/drug screen as condition of employment.

**Suelan, Leahflor, RN/LPN applicant**

Application denied for violation of NRS 632.320 (7) unprofessional conduct, NAC 632.890 (24) failure to collaborate and (27) customary standards.

**Culver, Cashawna, CNA applicant**

Application denied for violation of NRS 632.320 (1) submission of a fraudulent application, and (2) conviction.

## Findings of guilt for Abuse, Neglect or Misappropriation placed on the Certified Nursing Assistant Registry by the Nevada State Health Division's Bureau of Licensure and Certification

**Edie, Michell, CNA016092**

**Francrosendo, Metiam, CNA 012213**

Verbal/Physical Abuse

**Pershall, Lydia, CNA002087**

**Slack, Sherry, CNA013175**

Verbal Abuse

**Garcia, Tishmal, CNA013659**

Neglect

**Valdez, Lolita, CNA011687**

Misappropriation of Property

## Licenses/Certificates Voided for Nonpayment of Fees

**Clemmer, Roberta Ann, RN32215**



*Chris Sansom, RN  
Associate Director  
for Practice*

“Sometimes doing the right thing is the hardest thing of all. None of us are immune. Call us and we will try and help you figure it out.”

## What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, “What is needed to make this person safe to practice?” The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person’s license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

### Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

### Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual’s practice.

### Probation

If the Board puts an individual on probation, it means the nurse or CNA

may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

### Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

### Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

### Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada from a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.

# Have a question? Give us a call.

## Administration

### Reno—(775) 688-2620

#### Debra Scott, MS, RN, APN—Executive Director

- Statewide Liaison & Spokesperson
- Organizational & Public Management
- Fiscal & Human Resource Management
- Regulation Development
- Nursing Practice Advisory Committee
- Board Member Relations
- Public Relations
- Nursing Practice Questions

#### Fred Olmstead—General Counsel

- Legal Counsel

#### Dean Estes—Accountant

- Budget, Accounting and Payroll
- Expense Reports
- Technology Support, Mailing List Programming

#### Cindy Kimball—Public Information Officer

- Public Information & Education
- Consumer Relations
- News Magazine, Web Site, Publications

#### Teri Troke—Executive Assistant

- Assistant to the Executive Director
- Scheduling
- Board Meeting Agenda and Arrangements
- Nurse Practice Act Publication

## Licensure/Certification/Education

### Las Vegas—(702) 486-5800

#### Donald Rennie, MSN, RN—Associate Executive Director for Licensure and Certification

- Las Vegas Office Manager
- Licensure Program
- Continuing Education Program
- Advanced Practice Certification Program
- Advanced Practice Advisory Committee
- CNA Certification Program
- CNA Advisory Committee
- Education Advisory Committee
- Nursing Practice Questions

#### Jeanie Jenkins—Management Assistant II

- Assistant to the Associate Executive Director
- Board Preparation for Licensure & Certification
- Advanced Practice (APN/CRNA/EMS)

#### Bobbie Hicks—Sr. Licensure Specialist

- Endorsement and Examination Applications
- Renewal Applications
- Licensure Eligibility Questions
- Continuing Education Providers
- Foreign Nurse Graduates and Licensure Issues
- Mailing List Requests

#### Sarah Long—Licensure Specialist

- Licensure Eligibility Questions
- Renewal and Endorsement Applications
- Mailing List Requests

#### Patty Towler—Certification Specialist

- CNA Registry Maintenance
- CNA Certification and Renewals
- CNA Program and Instructor Approvals

#### Kris Sanchez—Certification Clerk

- CNA Registry Maintenance
- CNA Certification and Renewals

#### Crisandra Eastmond—Receptionist

- Inquiries, Information and Referrals
- Licensure & Certification Applications

## Nursing Practice/Compliance

### Reno—(775) 688-2620

#### Chris Sansom, RN—Associate Director for Practice

- Discipline Program
- Complaint Investigations
- Nursing Practice Questions

#### Linda Aure, BSN, RN, C—Investigator

#### Lark Muncy, RN—Investigator

- Complaint Investigations
- Nursing Practice Questions

#### Susan Lang—Management Assistant

- Assistant to the Associate Director for Practice
- Discipline Investigative Support
- Board Preparation for Discipline
- NURsys Data Entry

#### Sherrie Frederick—Receptionist

- Inquiries, Information and Referrals
- Licensure & Certification Applications
- Nursing Personnel Lists

#### Robert Buck, BSN, RN—Associate Director for Compliance

- Alternative Program for Impaired Nurses
- Complaint Investigations
- Probation Monitoring
- Disability Advisory Committee
- Nursing Practice Questions

#### Kathleen Reynolds, BSN, RN—Compliance Coordinator

- Probation Monitoring
- DAC Scheduling
- Probation Case Review

#### Eve Tidwell—Management Assistant

- Assistant to the Associate Director for Compliance
- Board Preparation for Compliance
- Yes Answer Processing
- Reinstatement Application Processing
- DAC Scheduling

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- Labor & Delivery
- Medical/Surgical
- MSICU
- Mother Infant Unit
- NICU
- NMICU
- Nuclear Medicine
- PACU
- Pediatrics
- PSICU
- Trauma Nurse
- Triage Nurse
- Cath Lab Recovery
- Peds Oncology
- Nurse Managers

#### LPN

- Ortho-Neuro
- Pediatrics
- Rehab
- Med-Surg

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