

Nevada State Board of

NURSING NEWS

September 2004

BIOTERRORISM

Board Helps
Nursing
Schools Double
Enrollment

What Happens
If A Complaint
Is Filed Against
You?

Our Answers
To Your
Questions

If Your License Expires
After December 31, 2004
You Must Complete A
Bioterrorism Course

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.

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

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If you're reading a friend's magazine, it's probably because you didn't notify the Board of your correct address.

You may do so by emailing or writing the Las Vegas office. Please include your name, license number and former and current addresses.

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Let Us Help You

A message from the executive director

NURSING FOR ME IS assessing a situation, analyzing the situation to formulate a plan of how to improve the situation, doing what it is that needs to be done, and then figuring out if it worked. I am part of this process every minute of every day that I work as the Executive Director of the Board of Nursing.

Every day, I come into contact with the problems surrounding the profession of nursing. The nursing shortage; low staffing; labor and management conflicts; nursing administration versus staff nurses; nurses undermining nurses; individual nursing misconduct, including abuse, neglect, drug diversion, and impaired nursing practice; complaints about poor work conditions; problems with the Board's application process; and nurses with convictions which prevent them from getting licensed. Yet, last year only 6/10ths of one percent of nurses and nursing assistants in Nevada had misconduct which resulted in discipline—a very small minority of the 29,571 individuals regulated by the Nevada State Board of Nursing.

In contrast, I also come into contact with the strength, compassion, intelligence, and courage of nurses in the profession, of those committed to the community we serve. Involvement with nursing education, advisory committee work, legislative activities related to nursing, presenting and attending nursing opportunities for learning, and building relationships among nursing associations and interest groups

gives me a more balanced view of our profession. I enjoy experiencing the excitement and passion that we find in helping to develop a greater awareness of our profession—a sense of pride in what we do as nurses.

Nursing regulation is our charge as the Nevada State Board of Nursing. I am not a member of the Board, but one of my primary roles is acting as the Board's spokesperson to any and all who will listen. We, as staff, are prepared to provide any information and guidance needed by the public and all nurses, certified nursing assistants, and nursing students related to the regulation of nursing in the state of Nevada. We actively seek invitations to provide the information which may prevent problems in the future.

We invite you to contact our offices to learn more about how we can help you become more informed and more involved in the regulation of your profession. We'd like the opportunity to be proactive rather than reactive in our role.



A handwritten signature in black ink that reads "Debra Scott". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Debra Scott, MS, RN, APN
Executive Director



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 call the Board and request an address change form, or send an email to lasvegas@nsbn.state.nv.us, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, and date of birth.

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

September 22-24, 2004—Las Vegas

October 25, 2004—Las Vegas (Reno)

November (17) 18, 19, 2004—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)

Recent appointments: George Cox, MS, RN, CRNA; Jeannette DiChiro, MSN, RN, APN
November 2, 2004

CNA Advisory Committee (two)

Recent appointments: Tonya Evans-Poole, CNA; Terri L. Shoemaker, CNA; Barbara Cavanagh, BSN, RN
November 10, 2004

Disability Advisory Committee (none)

Recent appointment: Judith Slaney, RN
October 1, 2004—Reno



Education Advisory Committee (two)

November 5, 2004

Nursing Practice Advisory Committee (one)

Recent appointments: Martha McNabb, RN;
Sadie Tate-Crowder, RN
October 13, 2004
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, please call the Reno office at least two weeks before the meeting for detailed information. Public Comment 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 Helps Nursing Schools Double Enrollment

New regulations expected to ease faculty shortage

ACCORDING TO FEDERAL statistics, Nevada has the dubious distinction of having the worst nursing shortage in the nation.* In a major effort to address our shortage, the 2003 Nevada legislature approved funding for the University and Community College System of Nevada (UCCSN) to double its nursing school enrollment.

The Nevada State Board of Nursing, which regulates nursing education programs, was an early and strong supporter of the UCCSN's efforts to educate twice the number of students as it had in the past.

However, as the UCCSN began educating more students to ease Nevada's nursing shortage, it was facing a shortage of its own: nursing faculty.

Thanks to a collaborative effort by the UCCSN (governed by the Board of Regents) and the Nevada State Board of Nursing, Nevada's nursing schools are now better able to recruit the faculty they need.

"I am pleased that the UCCSN, the Board of Regents, and the Nursing Board worked together to amend the regulations regarding the requirements for nursing instructors," said Interim Chancellor James Rogers. "The cooperation of both Boards will enable the System to meet the Legislature's mandate of doubling the capacity of our nursing programs. This proves once again the great things that can be achieved when we work together to do what's best for our students, our faculty, and indeed all citizens of Nevada."

Last year, former UCCSN Chancellor Jane Nichols and Nursing Board Executive Director Debra Scott began discussing the issue and how the Board might help the nursing schools recruit qualified faculty without compromising quality education and patient safety. They reviewed research done by the Nursing Institute of Nevada on nationwide faculty education requirements, and the draft Model Rules of the National Council of State Boards of Nursing. The result of their collaboration

was a proposal presented in February to the Board's Education Advisory Committee.

The proposal called for a revision of the regulations (NAC 632.670 and NAC 632.675) that required all faculty members to hold masters degrees in nursing. It proposed requiring at least 75 percent of faculty members have a masters degree with a major in nursing. The other 25 percent would be required to hold a masters degree with a major in nursing, a masters degree in a field related to nursing, or a graduate degree from an accredited school of nursing. The Board's executive director would have the ability to waive, for good cause shown, the masters or advanced degree requirements. (The waiver would be granted only for clinical faculty positions and only in associate degree and licensed practical nurse programs.)

After thorough review and discussion, and input from other members of the nursing community, the committee, chaired by Board Associate Executive Director Don Rennie, voted to present the regulation changes for the Board's approval.

At their March meeting, Board members accepted the committee's recommendation and approved the regulation changes in concept and wording, the first step in the legal process. The Board then held public workshops in Reno and Las Vegas in May, and a public hearing in Reno in June. After considering input received at the workshops and hearing, the Board added the requirement of a bachelor's degree in nursing for a faculty member with a masters degree in a field related to nursing. It then adopted the regulations as amended.

*Nevada has the lowest number of licensed nurses per capita in the country (520 nurses per 100,000 people, compared to a U.S. average of 782 nurses per 100,000 people, according to a 2002 report by the U.S. Department of Health and Human Services).

Q&A

Answers to some of your frequently asked questions.

Q Can LPNs take verbal orders from physicians?

A Yes. As long as LPNs comply with the provisions of NAC 632.236, Understanding and verifying orders, which reads:

Before carrying out an order, a licensed practical nurse must:

1. Understand the reason for the order;
2. Verify that the order is appropriate; and
3. Verify that there are no documented contraindications in carrying out the order.

Q Can graduate nurses work without an RN?

A No. Graduate nurses must work under the supervision of a registered nurse. According to NAC 632.057, "Graduate nurse" means a person who:

1. Has graduated from a nursing program approved by the board;
2. Holds an interim permit;
3. Is awaiting the results of the examination for licensure; and
4. Works under the supervision of a registered nurse who is at the site where care is provided.

Q Can LPNs do case management and risk management?

A No. According to the Board's December 1995 Practice Decision, an RN license is required to perform the following: 1. Teaching nursing at any level of preparation; 2. Utilization review; 3. Case Management in Health Care; 4. Discharge Planning; 5. Risk Management; and 6. Quality Management.

Q Can LPNs do utilization review?

A Yes, under limited criteria. On March 6, 1997, the Board adopted the Practice Decision LPNs Participating in Utilization Review (see below). It was written as an addendum to the December 1995 Practice Decision.

It is the opinion of the Nevada State Board of Nursing that Licensed Practical Nurses may participate in the Utilization Review process if:

1. The employing agency has policies and procedures identifying:
 - a. The role and responsibilities which may be delegated by an RN pursuant to NAC 632.222; and
 - b. The process for assessment of the LPN's competence to carry out the duties is identified in the job description.
2. The LPN holds certification or is actively working toward certification by ABQAURP, NAHQ, or a comparable body approved by the Board.

3. The LPN performs these activities pursuant to NRS 632.240.
4. The requirements of the Nurse Practice Act and the regulations implementing that act, most notably NAC 632.224 through 632.242, are met.



Can LPNs do IV therapy in long-term care settings when the RN is not on site?



No, unless a physician or physician assistant is on site. NAC 632.450 requires LPNs who are qualified and competent to perform intravenous therapy to do so only “under the immediate supervision of a physician, physician assistant or registered nurse.”



How do I determine my scope of practice?



Follow the process outlined here. This same information is on page 96 of the May 2004 edition of the Nevada Nurse Practice Act, and on the Board’s web site (click on Practice Information, then Scope of Practice Determination).

Determining Your Scope of Practice

The Board of Nursing has been diligently working to empower Nevada nurses regarding determining their own scope of practice. The Board’s mission is the regulation of nursing practice in Nevada; this regulation does not mean dictating how individual nurses and nursing facilities should carry out that practice, but whether or not that practice meets the standards established by the Nurse Practice Act. Using the following guidelines and algorithm (right), the chief nurse may decide what is within scope, document that for individual nurses, and provide policies and procedures to reflect that practice. For individual nurses, the responsibility is to make certain the chief nurse has authorized the practice and that it is documented in policies and procedures.

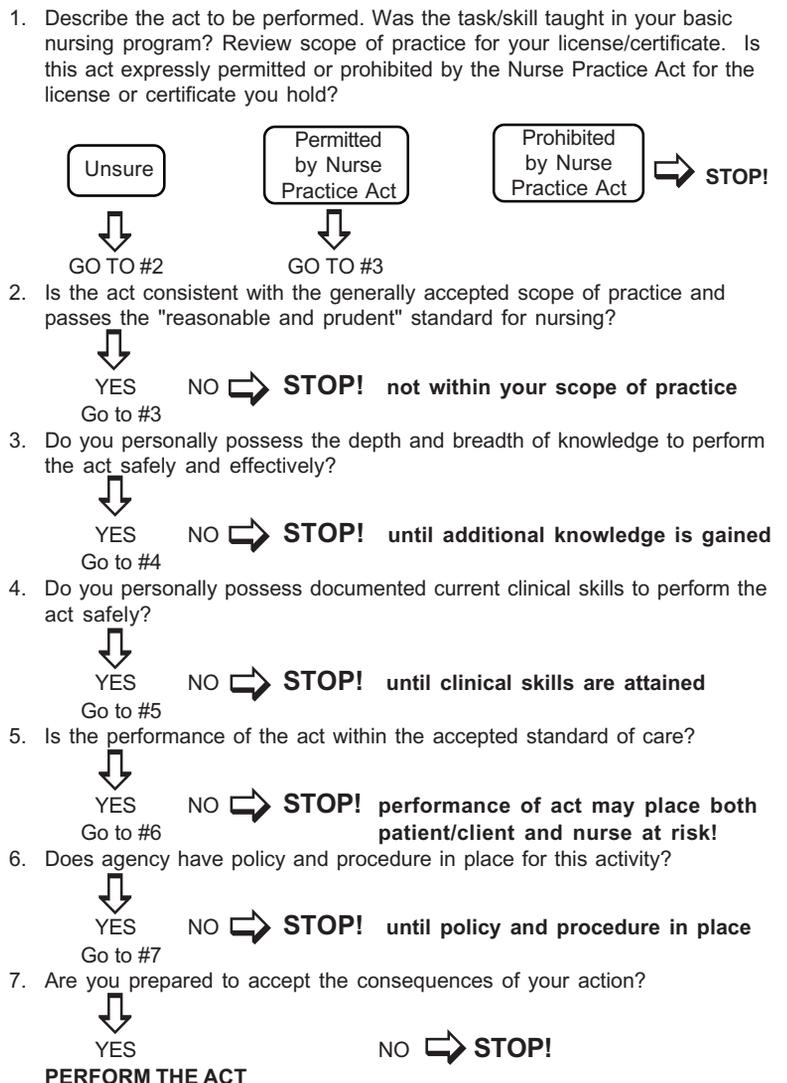
If you are unable to determine whether the task/skill is within your scope of practice, ask:

1. Has the Nevada State Board of Nursing made a practice decision regarding the task/skill in question?
2. Is the task/skill in your hiring agency policy and procedure manual? (NAC 632.225 or 242)
3. Is your competency in performing this task/skill documented in your personnel file?
4. Does carrying out the duty pass the “Reasonable and Prudent” standard for nursing?
5. Is the action reflective of the consumer’s desires and is it appropriately authorized?

If you cannot answer “yes” to the above, and if no practice decision exists, use the Cumulative Index of Nursing and Allied Health Literature (CINAHL) process as described in Nurse Practice Regulations NAC 632.225, subsection 3, for Registered Nurses; and for Licensed Practical Nurses, NAC 632.242, subsection 3.

If the task is not addressed in CINAHL, you may request a Board Practice Decision by obtaining the proper forms from a Board office, doing the research using criteria provided by the Board, and submitting 12 copies of your results for review and consideration by the Board’s Nursing Practice Advisory Committee. After the Committee makes a recommendation, the Board’s conclusion will be relayed to the requester following the next regularly scheduled Board meeting.

SCOPE OF PRACTICE DECISION TREE



Master's-Prepared APNs May Start Prescribing Sooner

New regulations eliminate 1,000-hour practice requirement

Through their master's degree programs, advanced practitioners of nursing gain enough prescription-related knowledge and skills to apply for prescribing privileges after they graduate, rather than after 1,000 hours of practice.

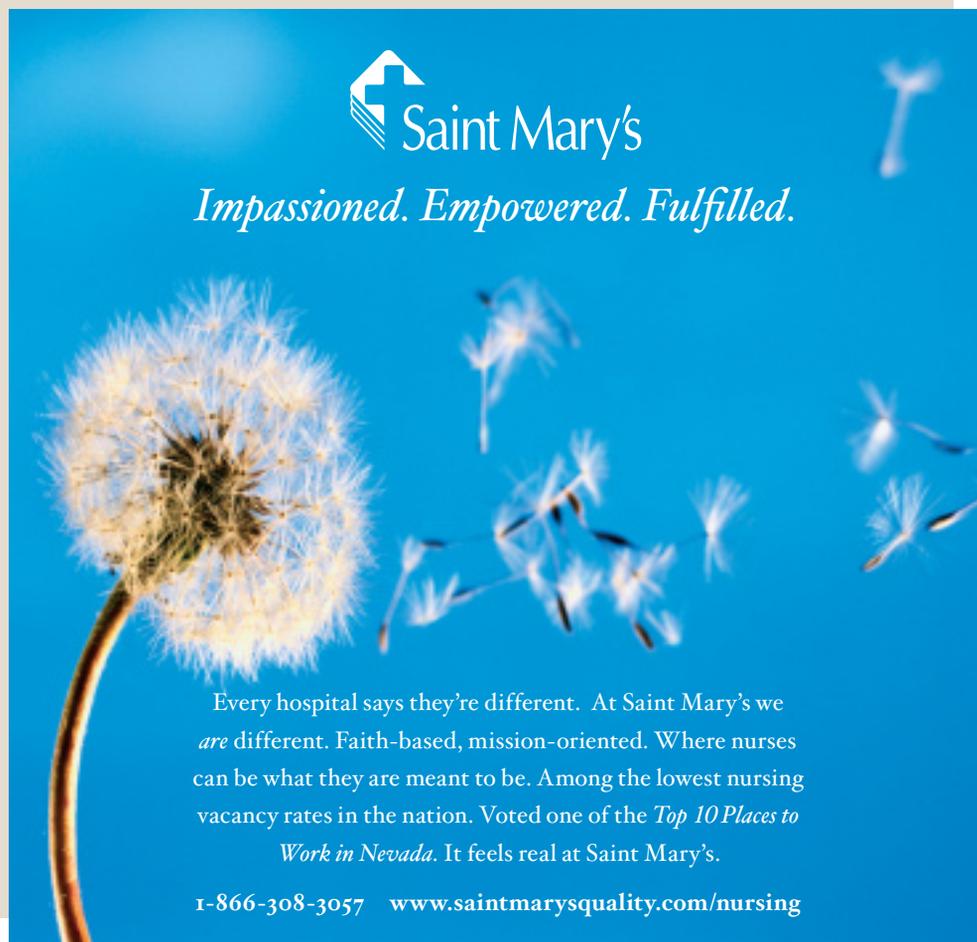
That was the conclusion of the Board's APN Advisory Committee, after reviewing the results of a survey conducted for the committee by Charles Bonney, RN. (Bonney conducted the survey while being precepted by Board staff during his leadership course at the Orvis School of Nursing.)

In effect since 1984, NAC 632.257 required APNs to practice 1,000 hours before they could apply for prescriptive privileges. The survey of recently graduated and experienced Nevada APNs showed that because they are required to take a pharmacotherapeutics course, nurse practitioners with master's degrees believe they are prepared to prescribe as soon as they graduate. It also showed that the regulation was a potential barrier to employment for the new graduate because some physicians will only collaborate with APNs who have prescriptive authority.

In February, the APN Advisory Committee voted to recommend the Board adopt changes to the regulation to eliminate the 1,000-hour practice requirement for APNs who have master's degrees. The Board

approved the recommendation in March, held public workshops in Reno and Las Vegas in May, and adopted the regulation change at a June public hearing in Reno.

Nevada APNs who currently do not hold master's degrees still need to meet the 1,000-hour practice requirement before they are eligible to apply for prescriptive privileges. (Note: Per NAC 632.260, effective June 1, 2005, all new applicants for advanced practitioner of nursing certificates must have master's degrees in nursing or in a related health field approved by the Board.)



**Saint Mary's**

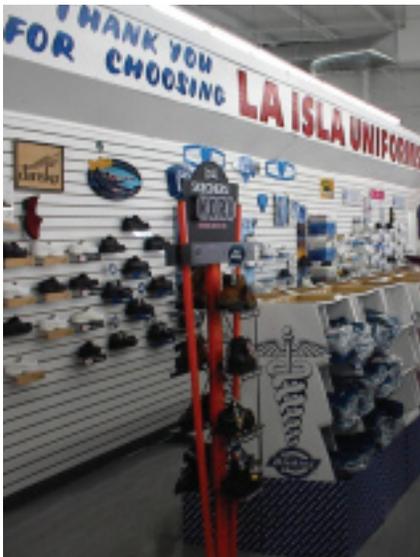
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La Isla Uniforms Fills

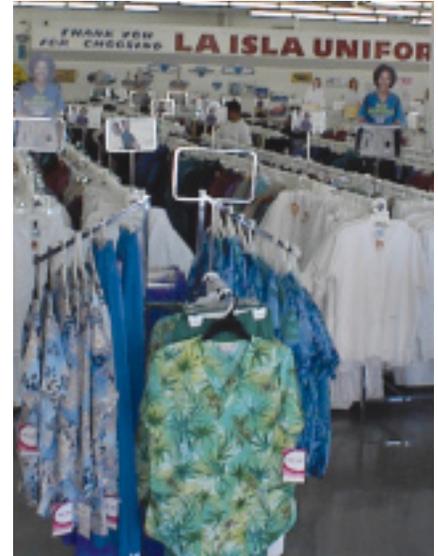
La Isla Uniforms will celebrate its second year in Las Vegas on August 26th, 2004. This is a milestone for the Los Angeles based company that took a chance and opened the largest Uniform store in Nevada. This mammoth store is nearly 12,000 square feet. Director of Operations, Dimitrios Stavros said that 12,000 square feet was required to be able to offer the type of selection and service the Las Vegas community needed.



La Isla Uniforms is a full service uniform store with 70% of the floor space dedicated to the medical community. They have a full range of medical uniforms sizes from XS all the way to 5X. They also have the best selection in town with all the major brands including, but not limited to, Cherokee, Dickies, Landau, Peaches, Barco and Los Angeles Rose. They also have a full selection of shoes with brands such as Rockers by Cherokee, Nurse Mates, spring

footwear, Klogs, Dansko, Skechers and many others.

Director of Operations, Dimitrios Stavros compares the operation to a combination of COSTCO and NORDSTROM'S—Nordstrom's because of the service and Costco because of the price. "The store is laid out in an easy to shop approach," Mr. Stavros explained. "All the merchandise is divided by manufacturer and by size and color. You cannot find another uniform store as big and easy to shop anywhere in the United States," Mr. Stavros said." La Isla Uniforms offers the best selection, best service and best prices of any uniform store," Mr. Stavros continued. "I wanted to have



the ultimate shopping experience for my customers so I looked for ways to exceed their expectations."



La Isla Uniforms is located at 967 East Sahara Avenue, one block west of Maryland Parkway

Void in Vegas

During a recent trade show Mr. Stavros, who also does all the buying for his store, sat in a massage chair and thought about his customers. “This feels so good to me that I know my customers will also love it,” he said. He immediately bought the chair, put it in the store and offered all his customers a free 15-minute massage. When asked why he bought the chair, which retails for more than \$3,500.00, Mr. Stavros explained, “I



spend a lot of time with my customers and many of them come and shop after a double shift or after 15 hours on their feet. I love it when after 15 minutes the customers thank me and tell me that they feel like a million dollars.”

La Isla Uniforms philosophy is as simple as the golden rule—treat people the way you would like to be treated. Mr. Stavros also believes that you have to treat people honestly. He strives to have the best service in town

and that includes being open to suggestions and even criticism. At La Isla Uniforms service is customer driven because they realize that without their loyal customers there would be no business. The staff of La Isla Uniforms realizes that their customers work hard for their money and they work hard to earn their customer’s trust. The company has a satisfaction guar-

antee policy and if the customer returns an item, for whatever reason, the cost of the item is cheerfully refunded.

La Isla Uniforms strives to be the best provider in the Uniform industry. Mr. Stavros knows that Nurses have a passion for caring about what they are doing—La Isla Uniforms is determined to have that same passion.



Hours of Operation: Mon-Sat: 10 a.m.–6 p.m., Sun: 12 p.m.–5 p.m. • phone: 702-734-7070

What is a complaint?

A complaint contains a detailed description of alleged behavior that violates the Nurse Practice Act. It must include the name of the nurse or nursing assistant, and it must be submitted in writing and signed by the person making the complaint.

Who can make a complaint?

Anyone who has information that a person may have violated the Nurse Practice Act may make a complaint. This includes consumers, other regulatory agencies, and other nurses or professionals. Some nurses report themselves and seek assistance in handling a problem in a way that best protects the public. The law provides, in the absence of bad faith, any person who reports such information or who testifies before the Board in a hearing shall not be liable for civil damages.

What Happens if a Complaint is Filed Against You?

What are your rights?

How is the complaint investigated?

What happens at a formal hearing?

It is the responsibility of the Nevada State Board of Nursing to protect the health, safety and welfare of Nevada's citizens by regulating the practice of nursing.

One way the Board does this is through the disciplinary process. If the Board receives information that a licensed nurse or nursing assistant may have broken the law (the Nevada Nurse Practice Act), the Board has the authority to investigate.

What are common types of violations?

- Practicing beyond scope
- Negligence, abuse, exploitation
- Fraudulent application (e.g. failing to report criminal convictions or previous disciplinary action)
- Problems with drugs and/or alcohol which result in impaired practice
- Incompetence
- Criminal convictions related to the qualifications, functions and duties of a nurse

What happens when the Board receives a complaint?

The complaint is reviewed to ensure it

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

Board staff, including Board counsel, then determine if the information alone or together with evidence, documentary or otherwise, is sufficient to require an investigation. This means that the information submitted, at face value, would be a potential violation of the Nurse Practice Act.

If the complaint meets the criteria, or the Board has directed an investigation, the matter is then assigned to one of four investigators who each handle about 100 active cases at a time.

Who investigates you?

The Board's investigators are registered nurses who receive extensive training in investigative procedure and analysis. Their nursing experience and expertise covers a wide variety of nursing specialties.

How do you find out a complaint has been filed against you?

You'll receive a notification by certified letter, containing the allegations submitted against you and the name of the person(s) who filed the complaint.

It describes your rights, including the opportunity to respond to the allegations and the right to representation by an attorney at any time during the investigation. The notice also informs you about potential disciplinary outcomes, including the possibility of being charged hearing costs.

It also contains the name and telephone number of the investigator assigned to your case. This notice is the first step in the investigation process.

What happens during an investigation?

An investigation involves gathering and reviewing a variety of documents, some of which may have to be subpoenaed. For example, an investigator may obtain relevant parts of personnel files and patient records. Interviewing witnesses is also an important component.

The fact an investigation is taking place is not public information—if questions are asked by the news media or others, the Board cannot confirm or deny that any investigation is in process.

What happens after all the evidence has been gathered?

After gathering and analyzing the data, the investigator presents the evi-

dence for internal review. A decision is made to pursue the complaint or close the investigation.

When an investigation is closed, the investigative file is confidential and is not available to the public.

If the complaint is pursued, ongoing reviews of the investigation, its progress, and its conclusions are done by the Board's associate director for practice, its executive director, and the Board's general counsel.

What you should know about the investigator's position as it relates to you and the complaint.

The investigator is an independent fact-gatherer whose position is to obtain as much information regarding the complaint allegations as possible. It is not the position of the investigator to prove you guilty or innocent, but rather to collect information and evidence regarding the allegations.

Frequently, a respondent (the person against whom the complaint is filed) does not respond when sent notice of the complaint and investigation.

This means the investigator may not be able to completely present the respondent's "side of the story" when the case is reviewed. This doesn't mean that you will be found guilty if you do not respond; however, by not responding, the investigator may not be aware of certain evidence or witness statements which may be supportive of you.

You may call the investigator at any time with questions or concerns, unless you are represented by an attorney. In that case, the investigator will only communicate with the attorney.

What are the potential disciplinary outcomes?

1. *The complaint is closed.*

If the evidence obtained is not suffi-

Who is required to report violations?

Those required to report violations of the Nurse Practice Act include individuals providing medical services who are licensed or certified to practice in Nevada, law enforcement personnel, social workers, and medical administrators. For a comprehensive listing, refer to the Nurse Practice Act, NRS 632.472.

What if I'm not sure if it really is a violation?

First, read the Nurse Practice Act. If you're still unsure, call the Board's Reno office and talk with one of the investigators.

How do I make a complaint?

Obtain a complaint form by calling the Reno or Las Vegas Board office or visiting our web site at nursingboard.state.nv.us. Complete it, sign it and return it to either office. You may also submit a signed, written description of the sequence of events (who, what, where, when, why, how). The complaint should also include any documentation which supports the allegation, for example, a witness statement or patient record.

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 legal ethics class to revoking the person’s license or certificate. Outlined in the Nurse Practice Act, NRS 632.325, discipline actions available to the Board include:

- Citation and/or Fine
- Reprimand
- Probation
- Suspension
- Revocation

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 discipline 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 director for practice.

cient to support a violation of the Nurse Practice Act, the complaint may be closed by Board staff. The Board notifies you by letter.

2. You can enter into a settlement agreement.

If the evidence is supportive of a violation of the Nurse Practice Act, you may be offered a *Settlement Agreement*.

The type of agreement offered depends on the nature of the violation and your pattern of behavior.

A *Settlement Agreement* includes an admission that a violation has occurred, and is an agreement between you and the Board for disciplinary action.

If you sign the agreement, the agreement is placed on the Board’s agenda for the next available Board meeting and is not implemented until accepted by the Board. (The Board may accept or reject the agreement, providing one of the many checks and balances in the discipline process.)

Upon acceptance of the settlement agreement, the disciplinary action is published on the list of disciplinary actions taken by the Board and reported to the National Council of State Boards of Nursing (NCSBN) and other relevant national databanks, such as the National Practitioner Data Bank, and/or the Health-care Integrity and Protection Data Bank.

You must complete all requirements of the agreement within the scheduled time frame or be subject to further disciplinary action by the Board.

3. You can have a formal hearing before the Board.

If the matter cannot be resolved through the settlement process or you request a formal hearing, the case will be presented to the Board.

The Board’s general counsel develops formal charges in an *Administrative Complaint and Notice of Hearing*, which is sent to you. You will receive the notice of the date and approximate time of the hearing at least 21 working days before the scheduled hearing. This formal complaint is public record.

During the administrative hearing, the general counsel presents the Board’s case. Then you and/or your attorney have the opportunity to present your side of the case and call and cross-examine any witnesses. The Board members may ask questions of the participants at any point in the hearing.

The Board members consider each case individually, taking both mitigating and aggravating circumstances into account. These seven independent people bring different backgrounds, experiences and perspectives to the Board, which leads to a balanced exploration of all sides to a case.

After hearing the case, the Board will decide if you are guilty of violating the Nurse Practice Act and issue an order identifying its decision.

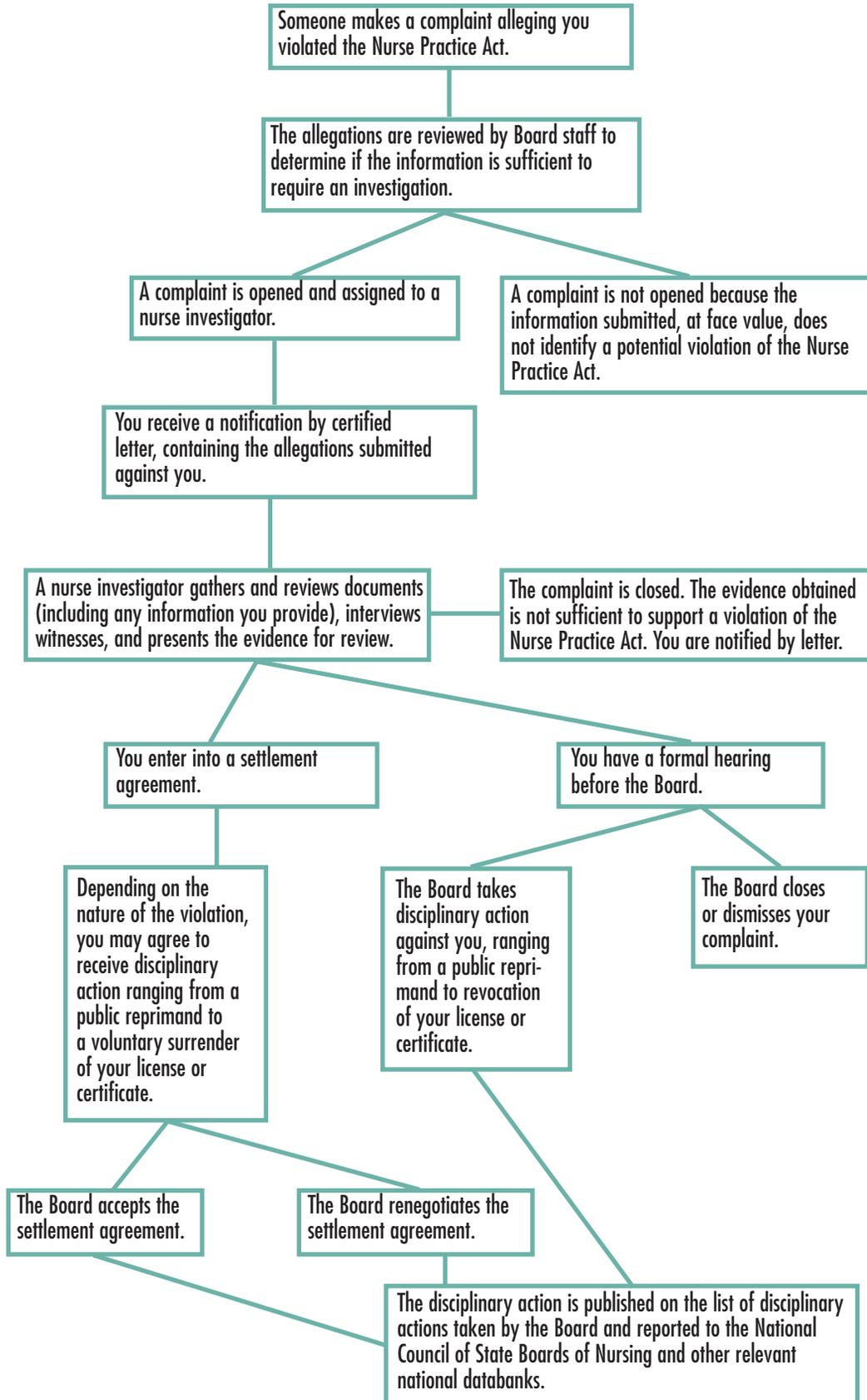
If you are present, you will be informed of the Board’s decision at the end of the hearing. The *Findings of Fact, Conclusions of Law, and Order* will be mailed to you.

Actions the Board can take range from dismissing the complaint to revoking your license or certificate for up to 10 years. If you are found guilty of a violation, you may be ordered to pay the costs of the investigation and hearing.

The disciplinary action will be published on the list of disciplinary actions the Board has taken and reported to the NCSBN, and other relevant national databanks, such as the National Practitioner Data Bank, and/or the Healthcare Integrity and Protection Data Bank.

The Complaint Process

(The Nevada State Board of Nursing follows this process for all complaints against nurses or nursing assistants)



If a complaint is filed against you, what are your due process rights?

- the right to submit a response to the complaint and/or discuss it with the investigator.
- the right to consult with an attorney at any time during the course of an investigation. However, it is not mandatory that you have an attorney represent you before the Board.
- the right to obtain a copy of the complaint (by written request and a 60-cents-per-page copying fee).
- the right to a formal hearing before the Board regarding the allegations against you.
- Upon receipt of an *Administrative Complaint and Notice of Hearing*, you have the right to all evidence which may be presented against you at the hearing (copying fee applies), and the right to be informed of laws and regulations involved.
- At the formal administrative hearing, you have the right to present evidence and witnesses on your behalf, and to cross-examine witnesses presented by the Board.
- the right to appeal.



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Does Your License Expire After December 31, 2004?

You must complete a bioterrorism course

The 2003 Nevada legislature passed Assembly Bill 250, which requires that several types of health care professionals, including nurses, take four hours of continuing education “relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.”

If your RN or LPN license expires after December 31, 2004, four of the 30 continuing education credits required for your renewal must be earned in a bioterrorism course that meets the bill’s requirements.

The bill specifies that the course of instruction must include:

- a. An overview of acts of terrorism and weapons of mass destruction;
- b. Personal protective equipment required for acts of terrorism;
- c. Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- d. Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- e. An overview of the information available on, and the use of, the Health Area Network.

Completing a bioterrorism course which meets the requirements of the law is a one-time requirement of all RNs and LPNs with active Nevada licenses. Once the course is completed,



it doesn't have to be taken again.

Beginning January 1, 2005, all nurses renewing their licenses must have completed this four-hour bioterrorism course as part of their CE renewal requirement. On that date, the Board's random CE audits will begin to include auditing for proof that renewing nurses have completed the bioterrorism course.

The four hours may be counted as part of the 30-hour CE requirement for RN and LPN renewal, and as part of the 45-hour CE requirement for APN and CRNA renewal. (Remember you must retain your CE certificates for four years, so that you have proof you met the CE renewal requirement in the event you are audited.)

While the legislature didn't mandate the course for CNAs, the Board highly encourages them to take it as part of their 24-hour in-service training renewal requirement.

When considering any continuing education course, please make sure that the CE provider is approved by the Board (see below). If it is not, it won't count toward the 30-hour renewal requirement. In addition, when reviewing a potential bioterrorism course, make sure the course content covers the subject matter mandated by the Nevada legislature. Be aware—many courses entitled "Bioterrorism" only cover one or two of the mandated subjects.

If you took a bioterrorism course before January 1, 2005 and after October 1, 2003, AND it met the requirements of the law, the Board will count that course as meeting your one-time requirement. Just make sure you keep a copy of the certificate in case you are audited.

If you have any questions regarding this new requirement, please feel free to call the Las Vegas office.

If a continuing education provider is an academic institution or recognized by one of the organizations below, it is considered an "approved provider" by the Nevada State Board of Nursing. If a provider doesn't fall into one of those two categories, please call the Las Vegas office to verify the provider is approved by the Board.

- American Association of Critical Care Nurses
- American Association of Nurse Anesthetists
- American Nurse Credentialing Center Commission on Accreditation
- National Association of Pediatric Nurse Associates and Practitioners
- National League for Nursing

The Board's web site (www.nursingboard.state.nv.us) has a brief listing of approved continuing education providers whose bioterrorism courses appear to meet the legislative intent for the bioterrorism classes. Please note that it is not a comprehensive list.

As you review the list and/or receive any mailings about other bioterrorism courses, please remember—you are responsible for ensuring the course you take meets the requirements of the law (see main article).

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Nurse Admits Killing Patients

The National Council of State Boards of Nursing issues statement

Editor's note: Charles Cullen has told authorities he is responsible for the deaths of as many as 40 patients during a 16-year nursing career that spanned 10 medical institutions in New Jersey and Pennsylvania. A plea agreement sparing him the death penalty requires him to cooperate with the investigation of those deaths. The following is a news release issued by the National Council of State Boards of Nursing after Cullen admitted killing patients.

THE NATIONAL COUNCIL of State Boards of Nursing (NCSBN) is dismayed by the recent tragic events surrounding the Charles Cullen case, a nurse who admitted to killing patients while on duty. The vast majority of licensed nurses are highly respected professionals, truly worthy of the public's trust and accolades. Regrettably, it is the tragedies invoked by this case that lead us to examine the important work of nurse regulators in protecting the public.

Nursing regulation is the governmental oversight of nursing practice, carried out by the 60 state and territorial boards of nursing. Nurses are a regulated profession because of the potential for harm if practiced by someone who is unprepared or incompetent. Boards of nursing protect the public by:

- Carrying out requirements of the state Nurse Practice Act (or laws governing nursing).
- Setting nurse license requirements for safe nurse practice (along with other regulated titles).
- Issuing nurse licenses to appropriately prepared individuals.
- Determining violations of the

Nurse Practice Act for potential disciplinary action against the nurse's license.

- Receiving and investigating complaints from the public (i.e., employers, patients and family members) on violations of the Nurse Practice Act, in which issues of incompetent or inappropriate nursing care may exist.
- Taking action against the license of the nurse who is found guilty of violating the Nurse Practice Act.

It is very important that employers, nurses, and the public at large, report nurses to their state or territorial board of nursing when warranted. Without receiving complaints regarding possible Nurse Practice Act violations, boards of nursing cannot take action to protect the public. These complaints of nursing practice violations help insure that regulators can investigate substandard nurse practice and take disciplinary or other appropriate action as needed.

(Nevada law requires nurses and nursing assistants to report potential violations of the Nurse Practice Act to the Board. If you have questions regarding

what constitutes a violation, you may contact the Reno office.)

Employers and the public can also verify a nurse's license through their state's nursing board (in Nevada, you may verify nurse licensure and CNA certification through the Board's web site or by calling either Board office). In addition to license verification, discipline against a nurse's license is public. (Nevada's most recent disciplinary actions are published in this news magazine and on our web site. You may also call the Reno Board office and request the discipline record of individual nurses and nursing assistants.)

NCSBN understands that employers and regulators share the same desire to best protect the public from harm. By working together, nursing regulation and employers can be proactive in making sure that the public has access to competent and well-prepared nurses for a safe and effective health care system.

The mission of the National Council of State Boards of Nursing (NCSBN), composed of Member Boards, is to provide leadership to advance regulatory excellence for public protection.

It is very important that employers, nurses, and the public at large, report nurses to their state or territorial board of nursing when warranted.



Charles Cullen, AP Photograph

Taking Action to Save Lives

Red Flags of Potential Serial Health Care Killers

- The nurse is uncommonly accurate in predicting a patient's demise.
- A higher percentage of deaths occur while the nurse is on duty.
- Patient deaths are unexpected by staff or family, and they die alone.
- Co-workers often report allegations to investigators.
- Witnesses report seeing the nurse with the patient shortly before the patient unexpectedly died.
- Death is caused by substances readily available, not easily detectable or not routinely checked during autopsy.
- Prior employment records show questionable incidents.
- The nurse insists patients died of natural causes.

How to Speak Up and Report Suspicious Behavior

- Patients or families who complain that a nurse intentionally caused harm must be heard. Regardless of the outcome of the complaint, these allegations should be tracked and easily referenced if future complaints are received.
- Staff nurses who identify an unusual trend in deaths or bad outcomes must bring the information to a supervisor. They must be prepared to report concerns to the appropriate law enforcement and regulatory agencies.
- Supervisors should educate staff about the red flags of intentional harm and work to create an atmosphere where staff can

appropriately relay their concerns and insights.

- Investigations of alleged wrongdoing must be quick and timely to prevent further harm. Information that supports possible intentional harm to patients must immediately be reported to appropriate legal authorities including state licensing boards.
- Individuals should not be allowed to resign in lieu of an investigation into wrongdoing.
- Individuals, whose resignation interferes with the employer's ability to fully understand if harm was done or intended, must be reported to the state licensing board. State licensing boards exist to protect patients and they have trained, skilled investigators who review the facts of each case and compel information.
- Nurses who are suspected of causing intentional harm to a patient must be reported to the licensing board.
- Upon receipt of information, state licensing boards and law enforcement agencies must establish collaborative methods to ensure a quick investigation and take the appropriate licensure action.
- Intentional acts of harm directed at patients must be reported to law enforcement.
- Facilities should institute tracking and accountability for all potentially lethal drugs similar to the measures employed with controlled substances. Unexplained missing drugs should be investigated and accounted.

By Valerie Smith, MS, RN, and Joey Ridenour, MN, RN, for the National Council of State Boards of Nursing

Most Nurses Now Renewing On Line

New Service Proves Very Popular

Every month, about 80 percent of the nurses who renew their licenses do so on line. That's quite an impressive percentage, given the fact that the Board just began offering the service in February. We've received a lot of positive feedback from nurses who like the convenience of the service, and some good suggestions about how to improve it. The Board is now in the process of developing other on-line services, including initial applications for nurses and CNA renewal applications.

All you need to renew your RN and LPN license is a MasterCard™ or Visa™ debit or credit card and access to the internet. Instead of receiving a renewal application in the mail two months before your expiration date, you'll receive a postcard with a Personal Identification Number (PIN) and instructions to access the Board's web site for on-line renewal. Once you've successfully completed the process, your license will be renewed within two business days. Your hard card will follow in the mail.

If you don't have a MasterCard™ or Visa™ debit or credit card, the post card will direct you to complete and print a license renewal application from the Board's web site.

So, make sure the Board has your correct address—and don't throw away that postcard! If you have any questions regarding this new renewal process, please call the Las Vegas office.

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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 web site nursing-board.state.nv.us 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.

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

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 January 24 through April 2, 2004. (Please note that this list does not include some outcomes of the March 31-April 2, 2004 Board meeting due to legal notice requirements. This list does include some outcomes of the January 21-23, 2004 Board meeting that were not reported earlier due to legal notice requirements.)

Settlement Agreements and/or Hearing Outcomes

Abel, Leslie, TRN308539

Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Adams, Samuel, LPN06314

Order of Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (17) soliciting or borrowing money and (38) violation of professional boundaries.

Arquilla, Sarah, RN applicant

Agreement for Reprimand pursuant to NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive urine drug screen.

Bell, Carol, LPN04123

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (20) inaccurate recording, falsifying records and (24) failing to collaborate.

Branch, Amber, CNA011118

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

Calder, Colleen, RN29038

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) failing to properly document narcotics and (18) diversion.

Conklin, Marie, RN37410

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

Corona, Roger, LPN11291

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards.

Drury, Debra, RN25633

Agreement for Probation pursuant to NRS 632.320 (2) conviction and (5) use of controlled substance, dangerous drug or intoxicating liquor.

Ejiofor, Olive, RN43872

Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (3) assuming duties without adequate training, (7) failing to supervise, (27) customary standards and (28) causing a patient harm.

Garcia, Tishmal, CNA013659

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Hainrick, Maxton, CNA applicant

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

Hansen, Eva, LPN11161

Agreement for Fine in the amount of \$100.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Holt, Jan, LPN09804

Agreement for Probation pursuant to NRS 632.320 (2) criminal conviction, (7) unprofessional conduct and NAC 632.890 (9) practicing while ability impaired and (27) customary standards.

Houston, Sharon, RN33006

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (22) patient abandonment and (27) customary standards.

Hughes, Joyce, CNA012722

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

Jenson, Joy, RN17422

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

Johnson, Kristina, RN19254

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired and (27) customary standards.

Libutan, Jennetta, RN41767

Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Lockwood, Diana, RN22766

Voluntary Surrender of Licensure in Lieu of Other Disciplinary Action for a violation of NRS 632.320 (14) failure to comply with an order of the Board and NAC 632.890 (10) positive urine drug screen.

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.

Marshall, Jean, LPN10132

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (27) customary standards and (28) causing a patient harm.

Meyer, Nathan, LPN11908

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

Miller, Kimberly, LPN10711

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (17) borrowing money from a patient and (34) misappropriating the property of a patient.

Neibel, Gail, RN28327

Order of Probation for violation of NRS 632.320 (12) action in another state.

Norris-Williams, Cynthia, RN22460

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

Smith, Joanne, RN31025

Agreement for Probation pursuant to NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired.

Spurgion, Valencia, CNA012111

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

Ourada, Kathryn, RN25389

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

Palmer, Robin, RN40525

Agreement for Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (2) practicing beyond scope.

Perkins, Pamela, RN38699

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16) failing to document properly the administration of a controlled substance, and (21) obtaining, possessing a prescription drug, except as authorized.

Phillips, Rosa, RN43548

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine drug screen.

Ponder, Patricia, RN16967

Agreement for Reprimand and Fine in the amount of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct and

NAC 632.890 (36) practicing without a license.

Schwartz-Kranich, Sharon, LPN11144

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (22) patient abandonment.

Shelley, Shelley, RN38012

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) practicing while impaired and (18) diversion.

Simmons, Victoria, LPN08121

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine drug screen.

Smith, Dominica, LPN10811

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) abusing a patient.

Stevener, Cathy, RN14150

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (11) positive pre-employment urine drug screen.

Svir, Catherine, LPN08277

License revoked for violation of NRS 632.320 (7) unprofessional conduct, (14) violation of a Board order and NAC 632.890 (16)(a) failing to document the administration of controlled substances and (27) customary standards.

Valdez, Lolita, CNA011687

Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, (13) deceive, defraud or endanger a patient or the general public and NAC 632.890 (17)(a) soliciting or borrowing money from a patient and (34) misappropriating property of a patient.

Ziegler, Traci, RN32420

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (16)(a) failing to document the administration of controlled substances.

Denials of Applications for Licensure or Certification

Ahmed, Saima, CNA applicant**Roa, Eduardo, CNA applicant****Warmbrodt, Sarah, RN applicant****Kovacs, Kami, RN applicant**

Application 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:

Powell, Frances, CNA applicant**Freeman, D'Anna, CNA applicant**

Application 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.

Hodgson, Amy, CNA applicant

Application denied for violation of NRS 632.320 (1) criminal conviction, (7) unprofessional conduct and NAC 632.890 (28) causing a patient harm and (33) abuse.

Pfeifer, Donna, LPN applicant

Application denied for violation of NRS 632.320 (12) action in another state.

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of April 3, 2004 through May 21, 2004. (Please note that this list does not include some outcomes of the May 19-21, 2004 Board meeting due to legal notice requirements. This list does include some outcomes of the March 31-April 2, 2004 Board meeting that were not reported earlier due to legal notice requirements.)

Settlement Agreements and/or Hearing Outcomes

Adams-Veno, Carlyn, LPN04405

License revoked for violation of NRS 632.320 (2) convictions and one count of NRS 632.320 (5) use of controlled substance, dangerous drug or intoxicating liquor.

Andrade, Betty, LPN11745

Agreement for Reprimand and Fine of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (36) practicing without a license.

Bollea, Marcia, RN21400

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

Burcham, Dana, RN38660

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (18) diversion.

Camacho, Lena, LPN11138

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

Edge, Nikki, CNA002286

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

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 director for practice.

duct, and NAC 632.890 (27) customary standards, (28) causing harm to a patient and (33) abuse.

Emm, Cecilia, LPN02067

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards and (28) causing harm to a patient.

Green, Lorrie, RN24156

Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, (27) customary standards.

Holm, Michael, CNA014816

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (28) causing harm.

Hunt, Linda, RN30965

License revoked for violation of NRS 632.320 (7) unprofessional conduct, including the acts found in NAC 632.890 (10) positive urine drug screen.

Jenkins, Christopher, RN35083

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

Kalani, Wayne CNA014292

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

King, Isabel, LPN04894

License revoked for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (24) failing to collaborate and (25) failing to report changes.

Land, Ria, CNA000976

Certificate reprimanded for violation of NRS 632.320 (2)(b) conviction related to the qualifications, function or duties of a certificate holder.

Lim, Thelma, RN27822

Agreement for Reprimand and Fine pursuant to NRS 632.320 (14) failure to comply with an order of the Board.

Newby, Michele, CNA016524

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

Rockovich, Joe, CNA011977

Certificate revoked for violation of NRS 632.320 (2) criminal conviction.

Salas, Connie, RN36283

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

Simmons, Richard, CNA016463

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.

Smith, Steven, RN30724

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

Torres, Francis, CNA015111

Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) abandonment.

Ware, Richard, LPN10490

Voluntary Surrender of License in Lieu of Other Disciplinary Action by the Board pursuant to NRS 632.320 (14) violation of an order of the Board.

Wiggins, Kelsie, CNA applicant

Agreement for Probation pursuant to NRS 632.320 (2) criminal convictions.

Denials of Applications for Licensure or Certification

Portis, Nicole, CNA applicant

Morales, Peggy, RN applicant

O'Neal Jerome, CNA applicant

Veit, Jannette, RN applicant

Application 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, Linda, CNA applicant

Crump, Susan, CNA applicant

Speicher, Tammy, CNA applicant

Application 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.

Debose, Sonia, CNA009078

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

Wigton, Cletis, RN08515

Application denied for violation of NRS 632.320 (12) action in another state.

Carter, Pierre, CNA012863, renewal applicant

Application denied for violation of NRS 632.320 (14) has willfully failed to comply with a regulation of the Board.

Mendell, David, LPN applicant

Application denied for violation of NRS 632.320 (1) submission of a fraudulent application and (12) action in another state.

Citation for Practicing Without a License

Murrioni, Rosemary

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

Mary Flannigan, MBA—Accountant/ Technology Officer

- 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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- PSICU
- Trauma Nurse
- Triage Nurse
- Cath Lab Recovery
- Peds Oncology
- Nurse Managers

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- Ortho-Neuro
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