

Nevada State Board of

NURSING NEWS

March 2006



**Governor
Appoints
New LPN
Board
Member**

Betty McKay

**Professional
Boundaries**
*What are they
and how can
you stay
within them?*

Meet the Staff

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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."

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Debra Scott, MS, RN, APN
Executive Director

Cindy Kimball, Editor
Public Information Officer

5011 Meadowood Mall Way,
Suite 201
Reno, NV 89502-6547
888-590-6726
nursingboard@nsbn.state.nv.us

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.

CONTACT

NEVADA STATE BOARD OF NURSING

5011 Meadowood Mall Way,
Suite 201
Reno, NV 89502-6547
phone—888-590-6726
fax—775-688-2628
nursingboard@nsbn.state.nv.us

2500 W. Sahara Ave., Suite 207
Las Vegas, NV 89102-4392
phone—888-590-6726
fax—702-486-5803
nursingboard@nsbn.state.nv.us

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On the Cover: New LPN Board member **Betty McKay**.

Photo by Doreen Begley

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You may do so by visiting our website and clicking on the "Address Change" link. See page 18 for details.



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Circulation includes more than 30,000 nurses, nursing assistants and student nurses.

Nevadans help develop NCLEX items

Local nurses serve on national panels

The National Council of State Boards of Nursing (NCSBN) recently recognized Nevada registered nurse Connie Uy Liao for serving as an item reviewer for the NCLEX-RN Examination. It also recognized two Nevadans who served as alternates: Fatima Judson for the NCLEX-RN Item Writing Panel and Ashley Brooks for the NCLEX-RN Item Review Panel.

If you would like to participate in the review or development of items for the national nursing licensure exam, you can learn more by going to the National Council's website at www.ncsbn.org, and clicking on *Item Development Online Application* under the heading *Testing Services Announcements*. If you don't have web access, call 312-525-3775.

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

March 29-31, 2006 - Reno

(April 26, 2006)

May 17-19, 2006 - Las Vegas

(June 21, 2006)

July 19-21 (annual business meeting) - Elko

(August 23, 2006)

September 20-22, 2006 - Las Vegas

(October 18, 2006)

November 15-17, 2006 - Reno

(December 13, 2006)

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

COMMITTEE MEETING DATES AND OPENINGS

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 website and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

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 (one)

May 9, 2006

August 16, 2006

November 7, 2006

CNA Advisory Committee (two)

Recent appointment: Kathie Wilcox, LPN

May 4, 2006

August 17, 2006

November 2, 2006

Disability Advisory Committee (three)

April 21, 2006 - Las Vegas

October 20, 2006 - Reno

Education Advisory Committee (five)

Recent appointments: Frances Brown, MSN, BSN, RN; Margaret Covelli, MHA, BSN, RN; Madelon Lawson, BSN, RN, CAPA

May 12, 2006

August 11, 2006

November 3, 2006

Nursing Practice Advisory Committee (four)

April 4, 2006

June 6, 2006

August 8, 2006

October 3, 2006

December 5, 2006

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.

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Governor Appoints New LPN Board Member

Betty McKay replaces Patricia Shutt

Gov. Kenny Guinn recently appointed Betty McKay, LPN, to the Nevada State Board of Nursing. An LPN health technician for the Dayton School System, Lyon County School District, McKay replaces licensed practical nurse and veteran Board member Patricia Shutt, whose second four-year term expired in October.

The Board's newest member has more than 30 years experience as an LPN, with a focus on school nursing, long-term geriatric care, and the developmentally disabled/mentally retarded population.

In her current position, McKay provides nursing services for about 600 elementary school children. In addition, she works part time for Educare, an Intermediate Care Facility for the Mentally Retarded in Carson City, and for Going Places, a Supported Living Arrangement company, also located in Carson City.

As a licensed residential facility administrator, she owned and operated Valley View Care Home, an assisted living facility in Minden, Nevada, from 1991 to 2000. During that time, McKay served as state secretary and then president of the Nevada Adult Care Association.

Her work experience includes two stints overseas. At Clark Air Force Base in the Philippines, she worked as a staff nurse for the Red Cross. In Giessen, Germany, McKay was a consumer advocate/social services specialist with the Department of Defense, serving 5,000 military personnel and their families. She also ran the community's emergency food bank.

In the time between the Philippines and Germany, she volunteered to work in the FISH (Friends In Service Helping) Thrift Shop in Carson City, Nevada, and soon found herself the manager of five FISH thrift shops.

McKay's nursing experience includes a unique position for the State of Nevada's Cervical Cancer Screening program, where she and an RN traveled throughout the state in an old WWII-type ambulance and set up women's clinics. The program ended with the loss of federal funding.

The new Board member's long and varied career also includes a position as a communications specialist for the

United States Air Force's Presidential Airways. From 1968 to 1970, she worked at Andrews Air Force Base near Washington, D.C., handling communications to and from Air Force One, a position which required a Top Secret Clearance. She later served in the Nevada Air National Guard from 1979 to 1984.



New LPN member Betty McKay confers with RN member Mary Ann Lambert during the January 25-27 Board meeting in Las Vegas.

McKay earned her diploma in practical nursing from Del Mar College in 1972, and is now attending Colorado Technical University to complete her degree in business administration with a major in health facility management.

A current member of the Nevada Classified School Employees Association, she has served as the state board secretary and state representative.

When asked why she volunteered for yet another demanding role—serving as the LPN member of the Nevada State Board of Nursing—McKay explained, "I have a passion for giving back. After living abroad and traveling all over the world, I am just so appreciative of how special our country is. I truly believe we each have a responsibility to make our community a better place in our own unique way."



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- (a) When recording information on a record;
- (b) When introducing himself to a client, patient or prospective patient; and
- (c) On a name tag which:
 - (1) Includes, at a minimum, his first name and the first initial of his last name, and his title;
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So, make sure the Board has your correct address—and don't throw away that postcard! If it's less than two months before your license/certificate expires, and you haven't received your postcard—or if you have any questions regarding the on line renewal process—please call the Board.

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Professional Boundaries

What are they and how can you stay within them?

As nurses and nursing assistants increasingly find themselves providing care in patient homes or involved in long-term care giving roles with the chronically ill, the opportunities to “talk about their troubles” or accept that “little gift” seem to occur innocently and naturally.

But beware—those behaviors could represent inappropriate involvement in a patient’s personal life and constitute “boundary violations” that can have harmful consequences for the patient and ultimately for the nurse.

For the patient, inappropriate relationships with caregivers can disrupt the ability of the nurse or nursing assistant to respond objectively to the patient’s health care needs. It may also leave the patient feeling confused, betrayed, and distrustful of the profession.

For the nurse or nursing assistant, it can result in disciplinary action by the

Nevada State Board of Nursing. According to Nevada law, engaging in conduct “outside professional boundaries” with a patient is a violation of the Nurse Practice Act [NAC 632.890 (38)].

■ **It’s about power and vulnerability**

Professional boundaries are defined as the space between the nurse’s or CNA’s power and the client’s vulnerability. The power of the nurse and nursing assistant comes from the professional position and the access to private knowledge about the patient. By virtue of their control over life-sustaining therapies and complex equipment, nurses hold subtle but tremendous influence over their patients’ behaviors.

This power, which is an essential element in the nurse/patient relationship, enables the nurse or nursing assistant to positively influence the patient’s health status. However, if the extent of that

power is not limited through the establishment of appropriate professional boundaries, the patient is subjected to unacceptable risks that could ultimately negatively affect the patient’s physical and emotional health. Defining and maintaining these professional boundaries are responsibilities of the nurse and nursing assistant, not the patient.

Have you ever

- **shared your personal problems with a patient?**
- **given a patient a gift?**
- **complained to a patient about a co-worker or about being “short staffed”?**
- **socialized with a patient outside of your professional capacity?**
- **flirted with a patient or engaged in sexual banter “all in good fun”?**
- **accepted a gift of more than minimal value from a grateful patient or family member?**

you may have crossed the line

Meeting these responsibilities can be challenging, particularly in today’s healthcare environment.

■ **Where exactly are the boundaries?**

Boundaries and professionalism may be defined differently by members of the same staff. What some consider casual conversation may actually be excessive personal disclosure when more than mundane personal information is shared with a patient. Joking and camaraderie may be seen as contributing to a pleasant atmosphere in some circumstances, but may lead to boundary violations in others, particularly if the jovial atmos-



phere is not counter-balanced by a solid understanding of professionalism. The same activity engaged in by one nurse or nursing assistant may fall within appropriate boundaries when the clear intent behind the activity is therapeutic, yet fall outside that line when done by another who has a more personal motive for the behavior.

Consider, for example, the nurse who gives a young female patient a compact disc featuring a favorite pop singer. The music is intended to provide a welcome distraction during strenuous rehabilitation exercises.

Conversely, another nurse gives the same patient the same gift but does it secretly, indicating that the gift reflects how special the patient is to the nurse. One nurse has a therapeutic motive for the gift while the other is trying to be friends. One has crossed a professional boundary, the other has not.

■ Always consider your motivation

When providing “special” privileges to a patient, always consider the motive behind the action. Was it done openly as encouragement or as a reward for efforts to comply with the care plan, or was it to gain approval and acceptance from the patient? Interactions that are well-intended can become boundary violations when nurses or nursing assistants meet their own needs at the expense of their clients.

Many boundary violations arise out of the helpful, nurturing personality that motivates people to become nurses and CNAs in the first place. Avoiding inappropriate involvement with patients does not mean sacrificing that helping nature. Instead, helpfulness must be carefully centered along a so-called continuum of professional behavior. Overinvolvement with a patient, which occurs when nurses and nursing assistants engage in excessive personal disclosure, secrecy, or even role reversal is

understood and resisted. Many nurses and CNAs find it difficult to analyze their own motives and fail to see when their well-meaning involvement with their patients could have dire consequences.

Take for example the nursing assistant who needs a car for his teenage son and knows that his patient has a car to sell. The CNA buys the car at fair market value and all seems well. But several days later the car stops running. How will that situation affect the ability of

the nursing assistant to continue to provide care to his patient?

Or what about the nurse in the nursing home who frequently takes a lonely patient home with her for the weekend? The nurse decides to accept a new job and leaves the facility and her patient behind. Will the patient be able to accept the sudden loss of her weekend excursions with her

“friend” without feeling abandoned?

Finally, what about the home-health nurse whose husband has lost his job and whose three-year-old son needs intensive speech therapy that is not covered under the nurse’s health insurance? One day the nurse shares her problems with her patient who then offers to loan her money to take care of all of her financial obligations. The nurse accepts the loan fully intending to repay the money. How will this financial arrangement affect the ability of the nurse to be

Does client consent make a sexual relationship acceptable?

The Nurse Practice Act specifically prohibits nurses and nursing assistants from engaging in sexual conduct with a patient or client [NAC632.890 (29)]. If the patient accepts or even initiates the sexual contact, a sexual relationship is still considered sexual misconduct for the healthcare professional. It is an abuse of the nurse-client relationship that puts the nurse’s needs first. It is always the responsibility of the healthcare professional to establish appropriate boundaries with present and former clients.

at one end of the continuum while under involvement (distancing, disinterest and neglect) is at the other. There are no definite lines separating the zone of helpfulness from either end of the continuum; instead, it is a gradual transition or melding.

■ Even well-meaning involvement can have bad consequences

Dealing with these issues is further complicated because the concept of boundary violations is often poorly

WARNING SIGNS

Excessive self-disclosure

The nurse/CNA discusses personal problems or aspects of his or her intimate life with the patient, or discusses feelings of sexual attraction.

Secretive behavior

The nurse/CNA keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.

“Super nurse/CNA” behavior

The nurse/CNA believes that he or she is immune from fostering a non-therapeutic relationship and that only he or she understands and can meet the specific client’s needs.

Singled-out patient

The nurse/CNA spends inappropriate amounts of time with a particular patient, visits the patient when off duty or trades assignments to be with the patient. This may also be reversed, with the patient paying special attention to the nurse/CNA, such as giving the nurse/CNA gifts.

Selective communication

The nurse/CNA fails to explain actions and aspects of care, reports only some aspects of the patient’s behavior, or gives “double messages.” In the reverse, the patient turns repeatedly to the nurse/CNA because other staff members are “too busy.”

Flirtation

The nurse/CNA communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes, or offensive language.

“You and me against the world” behavior

The nurse/CNA views the patient in a protective manner as his or her patient, tends not to accept the patient as merely a patient or sides with the patient’s position regardless of the situation.

Failure to protect the patient

The nurse/CNA fails to recognize feelings of sexual attraction to the patient, consult with supervisor or colleague, or transfer care of the patient when needed to support boundaries.

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■ Your employer can help

When a relationship is strictly professional, it has checks and balances that help prevent patients from getting upset with staff interactions. Helping staff to understand this very complex issue and to appreciate the importance of professional checks and balances is a challenge faced by most supervisors and managers.

Employers can help by developing policies and guidelines specific for their own institutional circumstances that define a caring, professional relationship and discourage or forbid inappropriate personal friendships with patients.

To be effective, these policies must reflect the sorts of care relationships that are commonplace in the particular setting. For example, nurses and CNAs in acute care typically do not have the same relationship issues as nurses and CNAs in long-term care settings who see the same patients for prolonged periods of time.

Employers should be sensitive to boundary issues and offer timely advice or counseling when it appears that a nurse or nursing assistant may be risking over-involvement with a patient. In those settings especially at risk for boundary violations, staff orientation should deal with the issue proactively, and there should be ongoing in-service presentations on the topic.

■ Awareness is the key

What can the individual nurse do to assure boundary violations do not occur? Awareness is the key. Nurses and nursing assistants who are clear about their own needs and the needs of their patients, and who can separate the personal from the professional, will find themselves acting in the best interest of their patients. It is possible to maintain a caring professional relationship with a patient without sacrificing the patient's autonomy or dignity.

Patients come to nurses and CNAs because they need professional health-care, not because they need a friend. Being that professional caregiver is really what nursing is all about.

(Adapted with permission from an article in Momentum, the Ohio Board of Nursing's Newsletter, and Professional Boundaries, a National Council of State Boards of Nursing publication.)

Actual Cases from Board Files

(The names and some of the details have been changed.)

RN took personal photographs of patients

RN Joseph took photographs of patients' body parts and genitalia without the patients' or the hospital's knowledge or consent. He took the photos with his personal digital camera, transferred them to his personal computer, and uploaded them to his personal web site.

RN Joseph originally said it was common practice to take photos for use by the surgeon and for a book kept in the facility. The facility said it did maintain a book of photos for educational purposes only, and that while surgeons frequently ask staff to take pictures for them, staff are only allowed to do so with the hospital camera.

The Board found RN Joseph guilty of violating the Nurse Practice Act, fined him \$2,500, and ordered him to complete legal ethics and critical thinking courses.

LPN removed a resident from a facility because he asked her to take him home

LPN Janice removed a resident from a long-term facility without authorization or orders. She didn't notify the treating physician or facility staff. She drove the resident to his neighborhood and left him at the clubhouse. Later, neighbors found the man standing outside his car, lost, and looking for his house. They drove him to his house, where the front door was standing wide open. There was no power in the house and it was filled with boxes. The neighbors called the police, who took the resident back to the facility.

LPN Janice said the resident was outside waiting for her when she got off work, showed her some papers, and told her that he had signed out Against Medical Advice (AMA) from the facility. She added that the resident had been in the facility for two weeks and she did not know why he was there. She said that the resident dressed himself, and walked with a walker to the dining room.

The Board's investigation revealed that while the resident had the AMA process explained to him in the past, and he had AMA papers, they were not signed. The facility was working with social services to get a public guardian for the resident.

The Board found LPN Janice guilty of violating the Nurse Practice Act, publicly reprimanded her; fined her \$100; ordered her to take courses on critical thinking, legal ethics, and the Nurse Practice Act; and restricted her from working in long-term and home health care for one year.

CNA solicits extra business from home health care clients

While CNA Martha performed home health care for clients, she would also mention she could repair their clocks for a fee. Several of her clients took her up on the offer; a few relatives expressed their unease with the situation to the home health agency. One client gave CNA Martha food items in exchange for vacuuming his house. Another client paid her to shovel the snow and ice off her driveway and sidewalk.

CNA Martha originally said she gave her clients business cards in case her clients needed to call her for help, not to solicit business. She said that a couple of her patients asked her to repair their clocks, and she picked those clocks up during times she was not working as a CNA. She later admitted that she did in fact solicit business from clients and receive gifts from clients for non-CNA work that she performed while on duty as a CNA.

The Board found CNA Martha guilty of violating the Nurse Practice Act, placed her on a two-year probation, and ordered her to take legal ethics and professional boundaries courses.

Meet the Staff

Patty Towler and Linda Aure

Linda Aure

Linda Aure says, “The most important part of my job, and sometimes, the most difficult, is to maintain an open mind.”

Her job is to investigate complaints against nurses and nursing assistants. She explains, “Allegations are just that until they are proven. No matter how awful they sound at first, you cannot make judgments.”

As a nurse investigator, Aure is assigned complaints that contain allegations that a nurse or nursing assistant has violated the Nurse Practice Act. Her job is to gather and review a variety of documents (including

any information provided by the person named in the complaint), interview witnesses, and present the evidence for review. “I act as an independent fact-gatherer whose position is to obtain as much information regarding the complaint allegations as possible. It is not my job to prove anyone guilty or innocent, but rather to collect information and evidence regarding the allegations.”

Another part of Aure’s position is to answer questions about the Nurse Practice Act. It’s one of the things she likes most about her job. “I like talking to nurses, nursing assistants, and facility staff,” she says. “It helps me keep up with what is happening in nursing when I am doing all the research necessary for complaint investigations.”

The senior investigator began her career with the Board after 23 years of clinical experience, which included positions as a medical corpsman, nursing assistant, licensed practical nurse, and registered nurse. Aure’s work experience includes staff and management positions in acute and long-term care facilities. Before joining the Board as nurse investigator in 1997, she served as assistant direc-



Linda Aure, BSN, RN, C, Senior Investigator, Investigations and Monitoring Department

tor of nursing with Physicians’ Hospital for Extended Care, then Manor Care Nursing Facility in Reno. “Working in long-term care was one of the most important experiences I’ve had in my life,” Aure recalls.

“I was so lucky to work with and learn from the residents—and the nursing staff who cared so much and worked so hard.”

Learning from others has been a key factor in her professional growth, she emphasizes. “I have been fortunate to have mentors who excelled in teaching. The lessons I learned from them include: listen to the patient; trust your own judgment; call and give the doctors information

so they have an opportunity to do something even if they get upset or it’s unpleasant; keep families informed; if something looks wrong, it probably is; patients know when they are getting worse or dying; patients have a right to refuse care; families have a right to question everything you do; and remember why a nurse is a nurse.”

Aure, who earned her associate’s degree from Los Angeles Valley College in 1980 and her bachelor’s degree from California State University, Dominguez Hills, in 1988, has specialty certifications in gerontological nursing, public health nursing, and staff development. And like all Board nurse investigators, she has successfully completed both the basic and advanced National Certified Investigator/Inspector Training sponsored by the Council on Licensure, Enforcement and Regulation.

Asked if there was one thing she wanted Nevada nurses and CNAs to know about her job, Aure replied, “If you have a question about whether you should do something, ask first. I’d much rather prevent a problem than investigate one.”

Patty Towler

Patty Towler joined the Board as a licensure specialist 12 years ago. One year later, in 1995, she became a certification specialist. In 2005, she was promoted to senior certification specialist. In that capacity, she processes initial and renewal applications for individual CNAs, CNA instructors, and CNA training programs. She also completes out-of-state certificate verifications, answers email correspondence for the Licensure/Certification Department, and assists with licensure activities.

Towler says one of the most rewarding aspects of her position is helping

CNAs become certified in Nevada: “I feel that what I do and how I do it makes a difference. I understand the stress of not having a certificate to work. I explain the process to them and give them a contact person for future help and assistance.”

The long-time employee enjoys sharing her wealth of knowledge and experience, with staff and customers alike. “I work with wonderful people at the Board. We

have lots of work, and we have lots of fun.” When it comes to customers, Towler says, “Call me. If I don’t have the answers, I’ll get them for you.”

During her free time, you’ll find the senior certification specialist traveling, reading, shooting pool, throwing darts, and spending time outdoors at the lake or in the mountains.



Patty Towler, Senior Certification Specialist, Licensure/Certification Department

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.

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 1-888-590-6726; or email nursingboard@nsbn.state.nv.us



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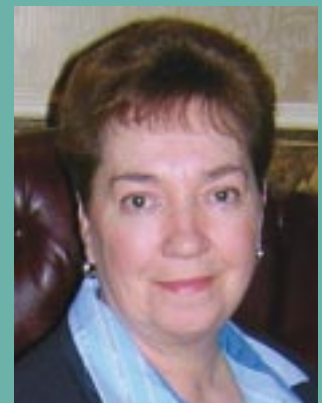
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BOARD AUTHORITY

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.



**7 out of 10 boys and
9 out of 10 girls
don't get the calcium
they need.^{1,2}**

Pediatricians Call for Calcium Check-up

The 2006 American Academy of Pediatrics report³ on optimizing bone health supports dairy's role in the bone health of children and adolescents.

Talk to your patients about including three servings of dairy a day (milk, cheese or yogurt) to help build stronger bones.

- **Assess Calcium Intake:**

The AAP suggests periodically assessing calcium intake and risk factors for sub-optimal bone health at 2 or 3 years of age, after the infant is no longer taking human milk or formula; during preadolescence (8-9 years of age); and during early adolescence, when peak accumulation of calcium occurs. Refer to the AAP report, "Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents" for an assessment questionnaire.

- **Share Bone Building Tips:**

Most people can achieve the recommended dietary intake of calcium by eating three servings of milk, cheese, or yogurt each day. Low-fat and fat-free versions are encouraged.³ Non-dairy food sources and supplements are an alternative, but these products do not offer the same nutrient benefits of dairy foods.

- **Model Healthy Habits:**

All family members should evaluate their calcium intake and consider three servings of dairy a day (4 for adolescents) for building stronger bones.

- **Be Active:**

Encourage physical activity, primarily weight-bearing exercise as part of an overall healthy bone program.

Visit www.nationaldairycouncil.org to download a calcium assessment questionnaire for use with patients and www.aap.org for additional resources.

Recommendations for Adequate Dietary Calcium Intake (mg/day) and Servings of Dairy per Day in the United States

Kids/Adolescents		
Age	Calcium Intake, mg/day ²	Servings of Dairy per Day ³
1-3 years	500	3*
4-8 years	800	3**
9-18 years	1300	4**

* Age-appropriate servings

** One serving equals 8 ounces of milk or milk equivalent



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¹ US Department of Agriculture, Agricultural Research Service. Data tables: results from USDA's 1994-96 continuing survey of food intakes by individuals and 1994-96 diet and knowledge survey. Riverdale, MD: US Department of Agriculture; 1999; (data for males and females ages 12-19 years).

² Institute of Medicine, Food and Nutrition Board. *Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride*. Washington, DC: National Academy Press; 1997.

³ American Academy of Pediatrics, Optimizing bone health and calcium intakes of infants, children, and adolescents. *Pediatrics*, 117 (2):578-585; February, 2006.

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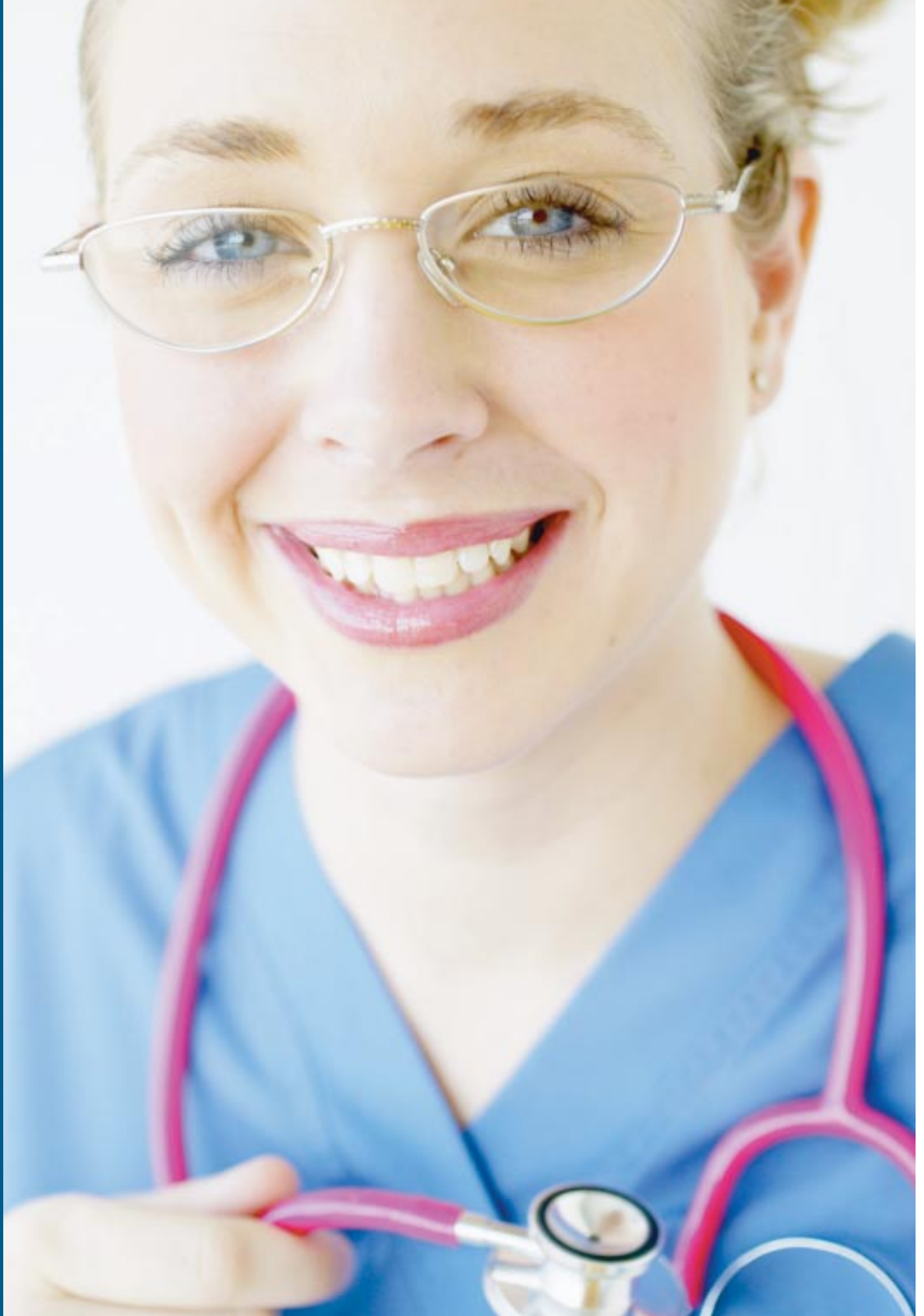
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Type of License _____

License Number _____

Date of Birth _____

Social Security # _____

Former Address _____

City, State, Zip Code _____

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City, State, Zip Code _____

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Signature _____

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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 September 17, 2005 through November 18, 2005. Please note that this list does not include some outcomes of the November 16-18, 2005 Board meeting due to legal notice requirements. Those outcomes will be reported in a future disciplinary actions list. This list does include some outcomes of previous Board meetings that were not reported earlier due to legal notice requirements

Settlement Agreements and/or Hearing Outcomes

Cage, Tina, LPN06097

Order of Probation Extension for violation of NRS 632.320 (14) failing to comply with Board order.

Cilley, Eric, RN41221

Reprimand and Probation Extension for violation of NRS 632.320 (14) failing to comply with Board order.

Cusick, Nancy, CNA 016123

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope of practice and (38) professional boundaries.

Downing, Joseph, RN43544

Reprimand and Probation Extension for violation of NRS 632.320 (14) failing to comply with Board order.

Drury, Debra, RN25633

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 Board order, and NAC 632.890 (35) failing to comply.

Eshelman, Terry, LPN09797

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

Gardner, Todd, LPN12840

Reprimand and Probation Extension for violation of NRS 632.320 (14) failing to comply with Board order.

Grimes, Linda, RN16355

Agreement for Probation for violation of NRS 632.320 (2) criminal conviction and (5) controlled substances and/or alcohol.

Grosso, Michelle, CNA016867

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

Harris, Catherine, LPN12598

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice and (27) customary standards of practice.

Johnson, Tonya, CNA016542

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 of practice and (38) professional boundaries.

Jones, Sandra, RN32701

Reprimand and Probation Extension for violation of NRS 632.320 (14) failing to comply with Board order.

Koyen, Scott, RN43010

Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol and (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs.

Montgomery, Laura, CNA015438

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (29) sexual con-

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

tact with a patient and (38) professional boundaries.

Orozco, Rhonda, CNA010125

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

Pelzer, Volana, CNA014298

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

Schooley, Laura, RN4382

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (24) failing to collaborate with health care team and (27) customary standards of practice.

Schultz, Joy, RN29541

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

Smith, Elizabeth, CNA017803

Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (28) causing harm to a patient and (38) professional boundaries.

Stribling, Nicole, CNA018440

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

Stricklin, Annette, RN4133

Voluntary Surrender of license in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances.

Taylor, Mary, RN46023

Reprimand and Probation Extension for violation of NRS 632.320 (14) failing to comply with Board order.

Winder, Lindsay, CNA017215

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

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 website or call the Las Vegas or Reno office.

Denials of Applications for Licensure or Certification

Jones, Sasha, CNA applicant
Hanif-Greene, Lillian, CNA applicant
Cooper, Tammi, LPN applicant

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.

Wandera, Sam, CNA applicant
Mercene, Chona, CNA applicant
Eisele, Lisa, CNA013946

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.

Shaw, Galina, CNA014107, renewal applicant

Application denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890(20) inaccurate recording, falsifying, (38) professional boundaries

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

Whiting, Michal, CNA014367
Misappropriation of property

Citation for Practicing Without A Certificate

Agdamag, Abraham
Albacieta, Ariel
Alexander, Kathyann
Amante, Elizabeth
Arapece, Ma Johara
Cabili, Lourdesita
Calara, Pete
Cotton, Louis
Cua, Aileen
Cuenta, Grace
Del Pina, Lorna
Dela Pena, Lorna
Delacruz, Darylnmay
Delos Santos, Pamela
Kotico, Hettie
Lewis, Dithra
Lim, Estefania
Lumanas, Florizel
Mabanta, Herald
Macducdoc, Dennis
McLeod, Cynthia
Mesias, Reynaldo
Morgan, Denese
Nontsikelelo, Pietersen
Piedad, Grace
Radcliff, Andrea
Reyes, Rowena
Simbulan, Lucia
Tan, Ma Eunice
Tan, Marie
Thompson, Elidora
Valencia, Dolores
Vidad, Grace
Virtudazo, Minviluz
Zuasula, Juanito

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.

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 Board and ask for one of the nurse investigators or the director of operations.

Use Website To Verify Active License/Certificate



Employers—when you're verifying that someone has an active license or certificate, the Board encourages you to use our website verification system. It's quick, convenient, and it's updated within one business day of renewal or initial issuance. You can also call the Board for verification at 888-590-6726. Both methods ensure you have the most up-to-date information about the license or certificate status of your employees and potential employees.

Administration

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Linda Aure, BSN, RN, C, Senior Investigator

Complaint Investigations
Nursing Practice Questions

Lark Muncy, RN, Investigator

Complaint Investigations
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Robert Buck, BSN, RN, Application Coordinator

Application Review
Fraudulent Application Screening
APN Certification
Reinstatement Applications

Kathleen Reynolds, BHS, RN, Compliance Coordinator

Disability Advisory Committee Chair
Disability Advisory Committee Scheduling
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Licensure/Certification

Sarah Long, Licensure Specialist

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Renewal Applications
Endorsement and Examination Applications
Continuing Education Providers
Foreign Nurse Graduates and Licensure Issues

Patty Towler, Senior Certification Specialist

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

Molly Echandy, Licensure/Certification Clerk

Licensure Eligibility Questions
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Endorsement Forms
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Malinda Baldrige, Management Assistant

Assistant to the Director of Operations
Discipline Investigative Support
Compliance Support
Board Meeting Preparation
Disability Advisory Committee Scheduling

Shannon Siner, Management Assistant

Discipline Investigative Support
Yes Answer and Fraudulent Application Processing
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Renewal Applications
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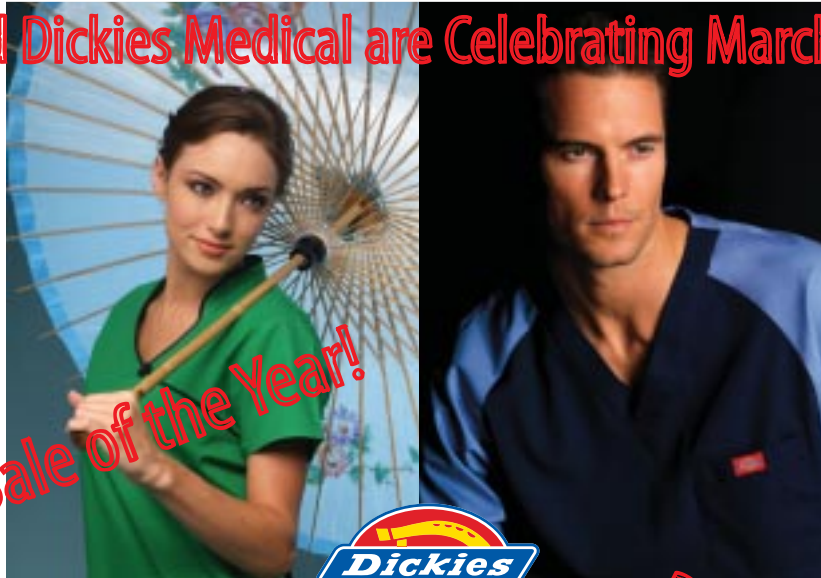
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