

Nevada State Board of

# NURSING NEWS

June 2007



An Alternative  
to Impairment  
*Help for the Healers*

**LPNs and IVs**  
**Caring for the Elderly**  
**Your Questions,  
Our Answers**

# UMC

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

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### On the Cover

Original artwork by Derrick Chow, courtesy of Young People's Press.

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## Professional Accountability— It's a Choice

### *A message from the executive director*

Nevada State Board of Nursing staff members are invited to make presentations to nursing schools, community groups, in various types of facilities, and for numerous nursing associations. Oftentimes, we are asked to speak on *The Role and Responsibility of the Professional Nurse*, sometimes on *Delegation*, other times on *The Nurse Practice Act and You*. We appreciate the opportunity to educate nurses regarding the law that regulates our practice; it is our attempt to prevent future misconduct by providing resources and information on nursing regulation in Nevada. It is our desire that no nurse should ever experience the discomfort, confusion, and sometimes pain that occurs when our practice is being investigated.

I believe that nurses, by nature, want to do the right thing in any situation that confronts us—in our practice, in our professional development, and as it relates even to our everyday lives. When I speak to nursing students, I talk about having to give up “dancing on tables” when I became a nurse—not to mention after becoming the executive director of our Board. I talk about nurses being held to a higher standard just for the fact that we are nurses.

So within that context, what is our professional responsibility when it comes to our conduct? When does our professional accountability end? If I get convicted of driving under the influence and I'm not on my way to work, does the nursing board have jurisdiction over my behavior? If I give medical advice to my neighbor when her child is sick and the child ends up in the emergency department with an allergic reaction to the leftover antibiotics that I gave her that had been prescribed for my son six months ago, does the nursing board have the authority to discipline my license? And . . . if I swear on my renewal application that I have completed my continuing education requirement for renewal of my license and, in truth, I have not, is that grounds for discipline of my license?

When considering whether a nurse's misconduct merits a disciplinary response by the Board, there are levels of so-called “wrongdoing.” The levels include human error, at-risk behavior (negligent conduct), reckless behavior, and intentional rule violation. In general, the Board does not respond to human error with discipline.

Human error is when there is a slip, a lapse, or a mistake—an inadvertent action like, even after following all policies and procedures for bathing infants, the nurse drops an infant while giving him a bath in the newborn nursery.

At-risk behavior, or negligence, is when a nurse deviates from the established and customary standards of care to the degree that the Board believes that the nurse had a conscious or overt disregard or indifference for the health, safety, well-being or welfare of a

patient. Oftentimes, this occurs when nurses do “work arounds” or makes shortcuts while practicing. In the example of the nurse dropping the baby, the nurse's behavior could be deemed negligent if she didn't report the incident to the physician and complete documentation of the incident including her assessment and any intervention needed.

Reckless conduct occurs when a nurse makes a behavioral choice to consciously disregard a substantial and unjustifiable risk—almost an “I don't care how this will affect my patient, I'm going to do it anyway” attitude. In the example of the nurse giving medical advice and leftover antibiotics to the neighbor's son, the nurse knew that it was out of her scope to diagnose and illegal to dispense the leftover medication, yet she took the risk anyway, with harmful consequences.

A nurse intentionally violates the rules by choosing to do something which is in direct conflict with the law—like driving while under the influence of alcohol or drugs, or making false statements in documenting patient care, or even on documents submitted to a governmental agency, for example, the IRS or the Board.

The Board received 486 complaints during FY 2005/2006. The majority of the complaints alleged conduct which fit into human error and at-risk behaviors. Some reckless behavior and intentional rule violation was alleged, but generally these situations involved nurses with chemical dependency or mental health issues.

However, we are now noticing a curious trend that I can't explain. During the last quarter of 2006, Board staff increased to five percent per month the number of audits for renewal application requirements. Approximately 40 percent of those audited were not able to demonstrate that they had met the renewal requirements, and 24 licensees and certificate holders are on the Board's May agenda, subject to possible disciplinary action.

Into what level of misconduct does this fall? Signing an official document and swearing that renewal requirements have been met while knowing that is not true is an intentional violation of the rule—the law. What does this say about a nurse's practice? Can we assume a nurse lacks accountability for her practice when she swears to an untruth on her renewal application? I'm not sure, but the trend is troubling.

Debra Scott, MSN, RN, APN  
Executive Director



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# Caring for the Elderly?

## Make sure to keep your skills sharp through continuing education

The Board believes that nurses should be free to meet the continuing education requirements for license renewal by choosing courses that increase their knowledge, skills, and ability in areas they deem necessary for their professional competence. That's why it routinely testifies in opposition to legislative efforts to mandate the specific type of continuing education nurses should take.

However, the Board also believes it is important to remind nurses that it is their professional and legal obligation to improve their skills and ensure their competence, especially when it comes to caring for the most vulnerable populations in our society.

That is why we periodically publish this reminder for those who care for the elderly, and also why the legislature put this statement of "encouragement" into the Nurse Practice Act in 2005:

**NRS 632.343 (4)** *The Board shall encourage each licensee who treats or cares for persons who are more than 60 years of age to receive, as a portion of their continuing education, education in geriatrics and gerontology, including such topics as:*

- (a) *The skills and knowledge that the licensee needs to address aging issues;*
- (b) *Approaches to providing health care to older persons, including both didactic and clinical approaches;*
- (c) *The biological, behavioral, social and emotional aspects of the aging process; and*
- (d) *The importance of maintenance of function and independence for older persons.*

For more information on how to make sure a continuing education course in geriatrics and gerontology is offered by an approved provider, visit the Board's website.

## 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

**July 11-13, 2007 - Annual Business Meeting - Zephyr Cove**

**September 12-14, 2007 - Las Vegas**

**November 7-9, 2007 - Reno**

## 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.

## 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)

August 28, 2007

November 13, 2007

### CNA Advisory Committee (one)

**Recent reappointment and appointments: Terri Shoemaker, CNA; Cheryl Becerra, RN; Carla Wright, RN**

August 2, 2007

November 1, 2007

### Disability Advisory Committee (two)

October 19, 2007 - Reno

### Education Advisory Committee (two)

**Recent reappointment and appointment: Connie Carpenter, EdD, RN; Judith Cordia, EdD, RN**

August 3, 2007

November 2, 2007

### Nursing Practice Advisory Committee (two)

**Recent appointment: Kellie Benway, RN**

June 5, 2007

August 14, 2007

October 2, 2007

December 4, 2007

## 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 the 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 Board.

### 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.

# Your Questions, Our Answers

## Answers to some frequently asked questions

Every day, the Board receives many calls and emails regarding scope of practice, asking questions that range from who can administer flu shots to how to refuse an unsafe assignment.

While the Nurse Practice Act and the Board's practice decisions do specifically address some of these questions, there is no one "list" of acceptable procedures.

The Nurse Practice Act defines nursing in terms of applying the nursing process, teaching health care practices, and managing the practice of nursing.

To determine if providing a specific service or procedure is acceptable practice, both the specific circumstances involving the patient's condition and the competency of the nurse must be considered.

Published inside the Nurse Practice Act (revised January 2007) is a list of specific practice decisions (pages 92-105) and a guideline and decision tree for determining scope of practice (pages 106-107). (This information is also on the Board's website.)

The guideline lists basic questions you should ask if you're trying to determine whether a practice is within your scope. If you can answer yes to all the questions, and other state or federal laws and regulations don't prohibit it, the practice is probably within your scope.

Here are answers to some of the scope of practice questions the Board is frequently asked.

**Q Can an LPN administer flu shots in a clinic? How about nursing students?**

**A** They may be able to do so, under appropriate conditions. LPNs and nursing students have supervisory requirements that must be in place, and each must have documented competency to perform the nursing task.

Per NRS 632.017, an LPN must practice under the direction of a registered professional nurse, an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician. Therefore, an LPN must have an order and direction from one of these practitioners. If any assessment of the client is required prior to administering the injections, an LPN is not qualified to perform this nursing function and would need to refer the client to the appropriate person.

Per NAC 632.252, a nursing student may administer injections if working in the capacity of an apprentice nurse in a health care facility, or a community health clinic, and working under the direction of a registered nurse who is present at the site. Nursing Students may only perform those tasks that they have successfully demonstrated in their program of education.

**Q May a CNA supervise another CNA?**

**A** No. Per NRS 632.0166, CNAs work under the direction (supervision) of a licensed nurse. A CNA may orient another CNA to an assignment, but supervision remains the responsibility of the licensed nurse.

**Q May an LPN supervise an RN?**

**A** No. Per NRS 632.017, LPNs work under the direction (supervision) of a registered nurse, an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician. LPNs are not qualified, nor is it in their scope of practice, to supervise RNs.

**Q May an LPN serve as the chief nurse and supervise RNs?**

**A** The answer lies both in the Nurse Practice Act and in facility regulations. Per NRS 632.240, nursing services must be supervised by a chief administrative nurse, who must be a registered nurse. Also, LPNs work under the direction of a registered nurse, not the other way around (see NRS 632.017).

Facility regulation (NAC 449.74517), enforced by the Nevada State Health Division's Bureau of Licensure and Certification, allows an LPN to work as the charge nurse in a facility for skilled nursing, but not as the chief administrative nurse. Here is the relevant text of that regulation:

**NAC 449.74517 Nursing Staff.**  
(2) A facility for skilled nursing shall employ a full-time registered nurse to act as the chief administrative nurse. The chief administrative nurse must have:

- (a) At least 3 years of experience providing nursing care in a hospital or facility for long-term care; and
- (b) Experience supervising other employees.

**Q Can LPNs do assessments in long-term care settings?**

**A** They can contribute to the assessment, just as they can in any setting, according to "Nursing Roles and Responsibilities" (pages 108-112 of the Nurse Practice Act, revised January 2007). At the direction of an RN, APN, licensed physician, licensed physician assistant, or licensed dentist, an LPN can contribute to assessments of health status by (1) collecting, reporting, and recording objective and

# Q&A

subjective data, (2) observation of conditions or change in condition, and (3) signs and symptoms of deviation from normal health status.

**Q** May licensed nurses perform a task or duty beyond their scope of practice if the physician has given them direction to do so and has indicated they are “working under his license?”

**A** Licensed nurses may only perform those duties and tasks that are within their scope of practice as defined by the Nevada Nurse Practice Act. Licensed nurses never work “under” anyone else’s license.

**Q** Can an individual work as an apprentice nurse work after graduation?

**A** No. A student’s eligibility to participate in the Apprentice Nurse Program ends upon graduation from the nursing program. At that time, the student becomes a graduate nurse and must possess an Interim Permit to practice nursing. It is the responsibility of the director of nursing to ensure that after graduation, the student no longer practices nursing as an apprentice nurse. It is also the responsibility of the director of nursing to ensure that all graduate nurses have active Interim Permits authorizing the practice of nursing.

**Q** Can apprentice nurses or graduate nurses work without RN supervision?

**A** No. Apprentice nurses must work under the supervision of a registered nurse.

According to NAC 632.252 (1) (a):

*The nursing student works as an apprentice nurse in a licensed hospital for acute care, a licensed hospital for long-term care, a community health clinic or a health maintenance organization and works under the supervision of a registered nurse who is at the site where care is provided.*

In addition to supervision by a registered nurse, apprentice nurses and their employers must meet several other legal requirements. Please see the Nurse Practice Act and visit the Board’s website for more information.

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** How can I refuse an assignment that is unsafe without losing my license and my job?

**A** The Board receives many calls from nurses who feel they are being asked to place their patients at risk or their licenses in jeopardy. Many think they have no choice but to accept assignments they are

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<b>Other:</b>	Charge RN	(Neuro, PICU, NICU, L&D)
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**LPN Positions:** Med/Surg

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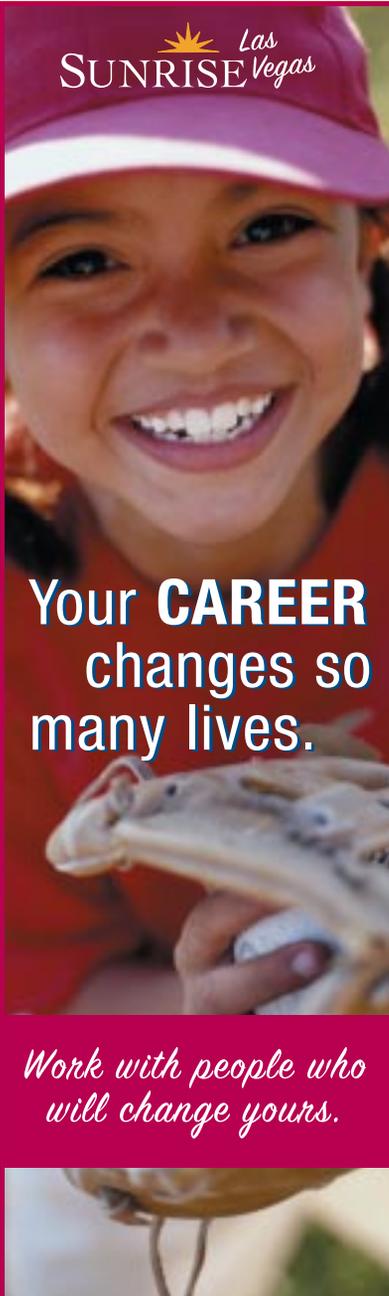
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unable to safely manage, to perform acts they aren't qualified to do, or to work longer hours than they believe they can physically or mentally endure and still provide safe patient care.

Often, refusing an assignment does not seem an option for these nurses who believe either the patients would be endangered or they would lose their jobs if they simply said "No." Some blame poor staffing due to economic motivations, others point to nursing administration's failure to advocate for staff nurses, and sometimes the situation seems a factor of the nursing shortage or the rural nature of our state.

Yet, all licensed nurses in Nevada are subject to the Nurse Practice Act that holds nurses responsible and accountable for nursing judgments, actions and competence and requires the nurse to safeguard the patient. Accepting an assignment that the nurse knows she is not qualified for, and/or accepting an assignment that places

a patient in jeopardy, are violations of the Nurse Practice Act and may result in disciplinary action.

How can nurses protect their patients, protect their licenses, and still maintain their jobs in the "real world"?

Prevention and early intervention are always a place to start. Nurses should know the laws and regulations that govern their practice and clearly understand what constitutes a violation of the Nurse Practice Act. For example, nurses may be told that refusing to accept an assignment is "wrongful abandonment," but in fact, the Nurse Practice Act cites three conditions that must exist before such an action would be considered abandonment by the Board. Specifically, according to NAC 632.895(6):

*An act of patient abandonment occurs if:*  
 (a) A licensee or holder of a certificate has been assigned and accepted a duty of care to a patient; (b) The licensee or holder of a certificate departed from the site of the assignment

*without ensuring that the patient was adequately cared for; and (c) As a result of the departure, the patient was in potential harm or actually harmed.*

Evidence of all three conditions must be shown before the Board may consider disciplinary action against a nurse for patient abandonment.

However, it should be noted that the Board has no jurisdiction over employment or contract issues.

Until unsafe conditions are corrected, well-intentioned nurses may feel like they're in a "Catch 22," where if they practice in accordance with the law, they will keep their licenses but lose their jobs. Unfortunately, sometimes leaving a position is the only option. Here are some things to consider—

- Place patient safety and well-being first. Act in good faith.
- Know the laws and regulations that govern your practice.
- Build a defense for why an action (or



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# Q&A

act of omission) was unavoidable. Document carefully. Be able to demonstrate that the course of action was what would have been provided in a similar situation by a reasonable and prudent nurse with similar education and experience.

- Continue to advocate for safe nursing care for patients.

If you believe that a situation is truly a risk for the public, please do not hesitate to call the Board and discuss your concerns.

**Q** Am I responsible for tasks I assign to other nurses, CNAs or unlicensed personnel?

**A** The short answer is yes.

According to NAC 632.222(4), “A registered nurse who delegates nursing care to another nurse or assigns duties relating

to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.”

The 2001 American Nurses Association Code of Ethics states, “Since the nurse is accountable for the quality of nursing care given to patients, nurses are accountable for the assignment of nursing responsibilities to other nurses and the delegation of nursing care activities to other health care workers.”

Both the Nurse Practice Act (NAC 632.222 and 632.224) and the ANA Code of Ethics (Section 4.4) address how to properly delegate nursing responsibilities or assign nursing care activities.

They both require the nurse to evaluate the knowledge, skills, and experience of the individual to whom the care is assigned, the complexity of the assigned tasks, and the health status of the

patient. The nurse is also responsible for monitoring the activities of these individuals and evaluating the quality of the care provided.

According to the ANA Code of Ethics, “the nurse must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified.”

If the nurse assigns or delegates “functions, tasks or responsibilities of licensed or certified persons to unqualified persons,” or fails “to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person,” the Board may consider the nurse guilty of unprofessional conduct, according to the provisions of NAC 632.890(6)(7).

If you’d like more information, please read the Nurse Practice Act or call the Board. The ANA Code of Ethics is on the web at [nursingworld.org/ethics/ecode.htm](http://nursingworld.org/ethics/ecode.htm).

## Board staff also receive many calls and emails regarding licensure and certification. Here are the answers to a few of the most common questions.

**Q** I just moved here. Can I work in Nevada on my out-of-state license/certificate?

**A** No, you may not work as an APN, CRNA, EMS-RN, RN, LPN, or CNA in Nevada on an out-of-state license/certificate. If the Board finds you have done so, it will issue you a citation for practicing without a Nevada license/certificate.

**Q** If I have an out-of-state license/certificate and I apply for a Nevada license/certificate by endorsement, how long does it take to get one?

**A** As it states on the application instructions, as processing of your application is dependent on receiving documents from outside sources, the Board is unable to provide specific time frames for processing. However, if your application is complete and meets the criteria for issuance of a license/certificate, the Board can generally issue your (temporary or permanent) license/certificate within one week of receipt of your application.

**Q** How many continuing education units must I earn to renew my license/certificate?

**A** RNs and LPNs are required to com-

plete 30 contact hours of continuing education during each renewal period. A contact hour is equal to 50 clock minutes. New graduates may use their nursing coursework in lieu of continuing education hours for their first renewal period, except for the required, one-time four-hour bioterrorism course all nurses must complete for their first renewal. (See the Board’s website for more information on the bioterrorism requirement). CNAs must complete 24 hours of inservice training during each renewal period.

**Q** How often do I renew my license/certificate?

**A** Every second birthday. Please note: your first renewal may not be a full two years, depending on when your birthday falls and when your license/certificate is issued.

**Q** What happens if I’m selected for a random CE audit?

**A** If you swear you completed CEs, you must be able to prove you did if you’re audited. As it states on your renewal application, you must keep copies of your continuing training/education certificates for four years, in case you are selected for random audit. If

you cannot prove you met the renewal requirements for nurses (30 continuing education credits) or CNAs (24 hours of continuing/training education), your application will be considered fraudulent and you may be subject to disciplinary action. **Nurses:** the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

**Q** What happens if I have not worked as a CNA for two years or more?

**A** If you did not work as a CNA within the two years since your last renewal, you will not need continuing education/training because you will not be eligible for renewal. To become recertified, you must complete a training program and submit a new application, including fingerprints.

**Q** If I have not worked as a nurse for more than five years, how do I reactivate or maintain my license?

**A** If you haven’t worked as a nurse during the previous five years, you must take a refresher course. Call the Board for more information.

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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 Board. 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 Advisory Practice Committee to research the issue and make a recommendation.

## FOR MORE ANSWERS—GET INTO THE ACT

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

## THE ACT IS ON THE WEB

The Board's website [www.nursing-board.state.nv.us](http://www.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.

## LEARN ABOUT THE ACT AND EARN TWO CE's

Take the Nurse Practice Act (Nevada) continuing education course at [www.learningext.com](http://www.learningext.com). For only \$12, you will learn about the role of the Board and your legal responsibilities as a nurse or CNA, and earn two contact hours of continuing education.

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# LPNs May Perform Intravenous Therapy

## Regulations outline requirements

More than three years ago, the Board amended regulations regarding the delegation of intravenous therapy by RNs to LPNs. The amendments deleted the requirement for 1,500 hours of clinical experience in nursing after receiving initial LPN licensure and deleted the one-year experience in nursing requirement before LPNs are allowed to begin a certification class in IV therapy. They also allowed IV-certified LPNs to administer steroids, to flush locks, and to assist the RN in administering blood and blood products.

While the Board has widely published these changes, including extensive articles in the February 2004 issue of this magazine and in subsequent "Question and Answer" magazine articles, we're still getting a lot of calls on the subject. Therefore, we thought it would be helpful to reprint here the entire text of the regulations, which can also be found in the Nurse Practice Act and on the Board's website.

### NAC 632.450 Procedures delegable to licensed practical nurses. (NRS 632.120)

1. A licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order of a physician and under the immediate supervision of a physician, physician assistant or registered nurse may:
  - (a) Start peripheral intravenous therapy using devices which act like needles and are not longer than 3 inches;
  - (b) Introduce one or more solutions of electrolytes, nutrients or vitamins;
  - (c) Piggyback solutions of electrolytes, nutrients and vitamins;
  - (d) Administer any of the following medications by adding a solution by piggyback:
    - (1) Antibiotics;
    - (2) Steroids; and
    - (3) Histamine H2 receptor antagonists;
  - (e) Administer fluid from a container which is properly labeled and contains antibiotics, steroids or histamine



- (f) H2 receptor antagonists that were added by a pharmacist or a registered nurse designated by the pharmacist;
  - (f) Flush locks;
  - (g) Except as otherwise provided in paragraph (h), administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;
  - (h) Administer fluid to a patient with a temporary central venous catheter by continuous or intermittent infusion through a peripheral device which uses an electronic mechanism to control the flow;
  - (i) Discontinue peripheral intravenous catheters which are not longer than 3 inches; and
  - (j) Change a central venous catheter dressing.
2. In addition to the procedures set forth in subsection 1, a licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order of a physician and under the direct supervision of a registered nurse may assist the registered nurse in the intra-

venous administration of blood and blood products by collecting data and performing simple nursing tasks related to that administration of blood or blood products.

**NAC 632.455 Procedures not delegable to licensed practical nurses.** (NRS 632.120) A licensed practical nurse may not administer intravenously:

1. Any drug other than an antibiotic, steroid or histamine H2 receptor antagonist;
2. Any drug which is under investigation by the United States Food and Drug Administration, is an experimental drug or is being used in an experimental method;
3. Any antineoplastic medications;
4. Colloid therapy, including hyperalimentation;
5. Any medication administered by intravenous push.

**NAC 632.460 Labeling required on containers.** (NRS 632.120) The following information must be on a container before its contents may be administered by a licensed practical nurse:

1. The name of the patient for whom the contents are intended;
2. An identification of the contents;
3. The dosage;
4. The rate at which the contents are to be administered;
5. The date and time when the container and its contents were prepared;
6. The expiration date and time of the contents;
7. The name or initials of the person who prepared the container and its contents; and
8. The name or initials of the person who superimposed the container, if applicable.

**NAC 632.465 Course on intravenous therapy: Compliance with requirements in NAC 632.475.** (NRS 632.120) Any course on intravenous therapy must comply with the requirements set forth in NAC 632.475 before it is offered to licensed practical nurses for the purpose of complying with the requirements of NAC 632.450 to 632.475, inclusive.

**NAC 632.470 Course on intravenous therapy: Place of instruction; faculty.** (NRS 632.120)

1. The course must be taught in an educational institution or a licensed health and care facility as defined in NRS 449.0151.
2. The course must be taught by a registered nurse who has had, during the 2-year period before the course is taught:
  - (a) At least 6 months' experience as a member of a team which performed intravenous therapy in a licensed health and care facility;
  - (b) At least 6 months' experience, which included starting and superimposing fluids, in a clinical area with a high volume of intravenous therapy; or
  - (c) Experience in teaching courses in intravenous therapy.
3. The ratio of faculty members to students in the laboratory or in an area used for clinical practice in the course must not be more than 1 to 10.



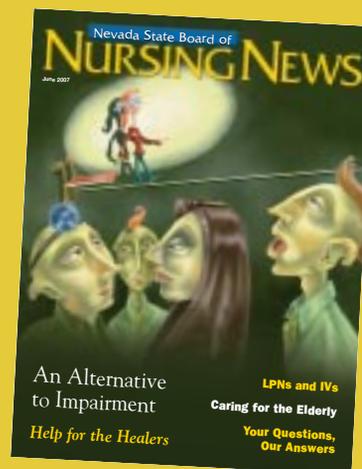
- (1) Setting up equipment for intravenous therapy;
- (2) Inserting devices that act like needles in the periphery, which are not longer than 3 inches;
- (3) Inserting tubing into bottles of additives;
- (4) Calculating drops per minute;
- (5) Regulating intravenous flow according to calculation;
- (6) Using electronic regulating mechanisms;
- (7) Superimposing and piggyback-

**NAC 632.475 Course on intravenous therapy: Subjects and hours required; improvement of skills.** (NRS 632.120)

1. The course must include the following subjects:
  - (a) The current regulation concerning licensed practical nurses and intravenous therapy;
  - (b) The anatomy, physiology and physics related to intravenous therapy;
  - (c) Identifying the purposes of intravenous therapy;
  - (d) Identifying the major routes for fluid replacement;
  - (e) Locating and naming the common intravenous sites;
  - (f) Identifying the types of fluids used in intravenous therapy;
  - (g) Preparing patients for intravenous therapy;
  - (h) Administering intravenous therapy, including:

- (8) Discontinuing peripheral intravenous devices that act like needles which are not longer than 3 inches; and
- (9) Recording intravenous therapy;
- (i) Identifying possible complications from intravenous therapy;
- (j) The management of intravenous therapy;
- (k) The pharmacology of medications and solutions used in intravenous therapy; and
- (l) The appropriate technique for changing a sterile dressing on a peripheral and central venous site.
2. The course must include at least 20 hours of instruction and 10 hours of clinical practice. The clinical practice must include three successful venipunctures on live subjects.
3. A licensed practical nurse shall provide evidence of the maintenance or improvement of his knowledge and skills required to perform venipuncture and intravenous therapy to his employer or the Board, or both, upon request.

# Nevada State Board of NURSING NEWS



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# Meet the Staff

## Patty Shutt and Christie Daliposon

### Patty Shutt, LPN

One might think that after volunteering a total of 11 years of service as the Board's LPN member, Patty Shutt would have had enough of the Nevada State Board of Nursing. Instead, she is now happily working as a staff member, supervising the Las Vegas site operations.

"As a Board member, I knew the staff was caring and competent," Shutt says. "Now that I'm part of the staff, I find it rewarding to work in an environment where people are always willing to help their coworkers improve customer service and meet the public protection mission of the Board."

She adds that providing that personal customer service—to applicants who have questions about endorsing their licenses into Nevada from another state, and to students who are about to graduate and apply for their licenses by examination—is one of the things she likes most about her job.

Shutt was first appointed to the Board by Gov. Richard Bryan for one term, beginning in 1987. A decade later, Gov. Kenny Guinn appointed her to two full terms (1997-2005).

During her most recent tenure as a Board member, Shutt served three years as secretary, two years as vice president, and three years as president.

In 2001, she was among a handful of nursing board members nationwide chosen to serve on one of the National Council of State Boards of Nursing few standing committees—the NCLEX PN-Item Review Subcommittee. In that role, she reviewed the items that appear on the national test all practical nurses must pass before they can become licensed.

Her testing experience also spans

decades. "I was a proctor back in the days when we had paper and pencil exams," Shutt remembers. "The test was given only two times a year, on the same two days in Reno and Las Vegas, and it lasted two full days for RNs, one day for PNs. Proctors would walk around the room and collect the exams from students as they finished. The tests were then securely shipped to the testing

service, where they were graded by Scantron. We've come a long way since then. Students can take the computerized NCLEX just about any time they want, and it takes four hours, not two days. But the level of security is still high."

Shutt joined the Board's staff after 15 years with the Southern Nevada Health District, where her positions included field LPN, addiction treatment clinic staff member, and immunization project specialist.

A graduate of the Mercedian School of Practical Nursing in Scranton, Pennsylvania,

Shutt's 40 years of nursing experience also includes working in hospitals and home health.

In her spare time, she enjoys cooking and reading. Shutt has one son, Michael, and was married to the late William W. Shutt.

### Christie Daliposon

In her role as a management assistant, Christie Daliposon has a wide



Photo by Kiley Smith

**Christie Daliposon**  
Management Assistant

variety of responsibilities. She supports the work of two nurse investigators, the compliance coordinator, the legal counsel, and the director of operations. She also pitches in to help the receptionists answer the Board's busy telephone lines—a job she held when she first came to work for the Board in January 2006.

Daliposon, who was promoted to management assistant in April 2006, generates correspondence; opens, organizes, closes and stores investigative files; prepares statistics; and orders supplies. She also assists the compliance coordinator by scheduling appointments with the Disability Advisory Committee (DAC), helping keep the DAC manual up-to-date, and making arrangements for DAC meetings, which occur monthly, in both northern and southern Nevada.

Three to four weeks before a Board meeting, Daliposon spends a great deal of time in front of the copy machine—reproducing the materials the investigators, compliance coordinator, director of operations, and legal counsel have prepared for the cases the Board members will be considering at the meeting.

"Even though I'm behind the scenes, I'm proud of the part I play in providing the Board members the information they need to make fair and just decisions," Daliposon says.

When she's not at work, or attending classes at Truckee Meadows Community College, you can find her spending time with her family. Her husband, Steve, and their three children—twin four-year-olds (son and daughter) and an eight-year-old son—enjoy paintball, camping, barbecuing, and Cub Scout activities.



Photo by Adela Smith

**Patty Shutt, LPN**  
Las Vegas Site Operations  
Supervisor

# TOURO UNIVERSITY NEVADA SCHOOL OF NURSING



## Welcomes New Programs and New Students

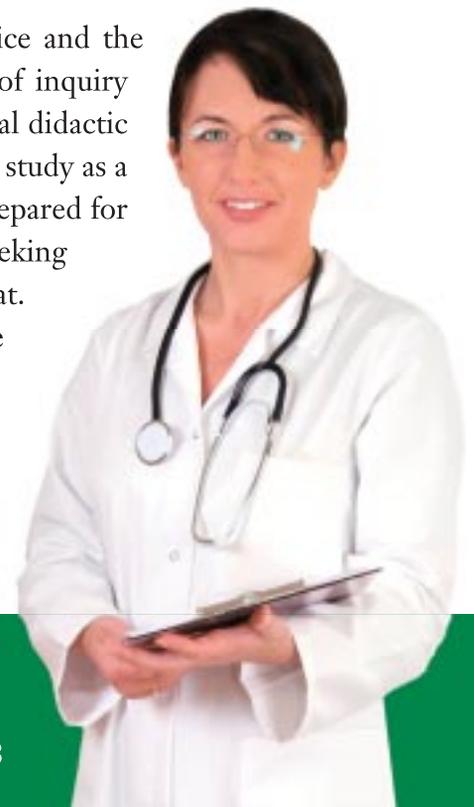
In response to the growing need for licensed nurses, Touro University Nevada School of Nursing, located in Henderson, offers a variety of nursing degrees. Dr. Rhoberta Haley, Director of the School of Nursing, shares that, “There has been quite a bit of interest in the RN-BSN, BSN-MSN, and DNP programs, since they are designed for working adults and include web-enhanced courses requiring limited time on-campus. Our new Prelicensure program accepts it’s first group of students in July, and we expect it to also be quite popular.” Students are encouraged to apply as soon as possible though, since each program has a limited number of spaces available and they are expected to fill quickly.

### Doctor of Nursing Practice

Touro University Nevada is proud to announce the DNP program\* is now accepting applications for the first cohort of students in July of this year. Full-time students earn their doctoral degree in as little as five semesters. Part-time students complete the degree in as little as seven semesters. The program offers three foci of study: clinical practice, education, or administration. The program uses a distance education approach with minimal time on campus (full time students have one three day visit per semester during the first three semesters, after an initial orientation session). The remainder of the work is completed through synchronous and asynchronous methods delivered by highly qualified faculty dedicated to the success of each student. For more information, please contact: Douglas Turner, PhD, CRNA, CNE, 702-777-4758, [Douglas.Turner@touro.edu](mailto:Douglas.Turner@touro.edu).

### BSN-MSN

The MSN program prepares the nurse as a generalist. The learners’ practice and the discipline of nursing are enhanced by applying an evidence based strategy of inquiry when examining and testing nursing knowledge. The clinical core and essential didactic courses provide the nurse with the foundation necessary to continue academic study as a nurse practitioner or a clinical nurse specialist post-Masters. Graduates are prepared for transition into doctoral study. Additional courses are available for students seeking preparation for a role in academia. The curriculum is offered using a blended format. The program consists of 32 semester credits designed to be completed in three semesters of full-time study. Students preparing for a role as a nurse educator will complete an additional 6 credits. Part-time options are available. For more information, please contact: Sue Owensby, PhD, RN, 702-777-4757, [Sue.Owensby@touro.edu](mailto:Sue.Owensby@touro.edu).



### For more information:

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**Email**  
[geasterling@touro.edu](mailto:geasterling@touro.edu)

**Phone**  
702-777-4748



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## RN-BSN

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The RN-BSN program\* is designed for working adults who wish to continue their nursing education and acquire a Bachelor of Science degree in Nursing. The program emphasizes basic research, community health, and management and leadership skills.

The RN-BSN program is a total of 32 credits. The program can be completed in three semesters of full-time study. There are part-time options available. After the successful completion of Transitions to Nursing Practice (Bridge I) and Transitions to Nursing Practice Constructs (Bridge II) courses, the student will be awarded 42.5 credit hours as validation for previous work. For more information, please contact: Sue Owensby, PhD, RN, 702-777-4757, [Sue.Owensby@touro.edu](mailto:Sue.Owensby@touro.edu).

## Entry-Level Master of Science in Nursing (Prelicensure)

---

The ELM program is designed for students who have earned a non-nursing baccalaureate degree and desire to both enter the nursing profession and advance their professional role at the master's level. A solid foundation of nursing knowledge is provided through didactic, laboratory, and clinical practice emphasizing research utilization, evidence-based practice, and leadership. Students completing the requirements are eligible to sit for the National Council Licensure Examination-Registered Nurse (NCLEX-RN) after completion of four semesters (60 credits) and receive the BSN\* at that time. Students will continue their studies for three additional semesters of full-time study (or its equivalent) to complete the MSN. For more information, please contact: Lisa Kless-Kern, MSN, RN, 702-777-1749, [LKlessKern@touro.edu](mailto:LKlessKern@touro.edu).

## Generic BSN

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The BSN program\* builds upon students' knowledge in the sciences, humanities, and liberal arts to become generalists in clinical nursing practice. Educational experiences are designed to promote scientific inquiry, creative thinking, and personal development.

Students obtain a solid foundation of nursing knowledge through a combination of didactic, laboratory, and clinical setting instruction. This provides the basis to pursue graduate education at the master's and doctoral levels. Students completing 60 credits over four semesters are eligible to sit for the National Council License Examination-Registered Nurse (NCLEX-RN). For more information, please contact: Lisa Kless-Kern, MSN, RN, 702-777-1749, [LKlessKern@touro.edu](mailto:LKlessKern@touro.edu).

**874 American Pacific Drive, Henderson, NV 89014**

\*The BSN and DNP programs are pending final approval by the Western Association of Schools and Colleges (WASC).  
Both programs are now accepting applications for July 2007.



# An Alternative to Impairment

# Impairment can cost you your job and your license.

## Don't wait to be reported.

### Ask for help.

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

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

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

#### How do people get into the program?

**STEP 1. Self report**—Nurses and nursing assistants who are willing to admit that their impairment has led to a violation of the Nurse Practice Act and who are willing to go into treatment may enter the program by reporting their problem directly to the Nevada State Board of Nursing.

**STEP 2. Temporary surrender of license**—Nurses and nursing assistants must agree to temporarily surrender their licenses or certificates until they have established stable recovery and met their treatment requirements of 180 hours of treatment in a Board-approved chemical dependency program, and 90 Alcoholics Anonymous/Narcotics Anonymous meetings in 90 days.

**STEP 3. Monitoring**—After they complete their treatment requirements, participants must agree to abide by the terms of a nonpublic monitoring agreement, which includes working under an unmarked, conditional license while complying with an agree-

ment designed to closely monitor their practice while in recovery.

#### Who is eligible?

##### Nurses or nursing assistants who

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

#### Who is not eligible?

##### A nurse or nursing assistant

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

#### What services does the program provide?

##### For the public

- immediate intervention to protect the public as an alternative to a longer disciplinary process
- coordination and consultation with employers to assure patient safety

##### For the nurse or nursing assistant

- the ability to continue to work as a nurse or nursing assistant
- consultation about entering the program

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

### Is the program successful?

**Yes!** The majority of participants successfully complete the program. To do so, they must follow all of the stip-

ulations contained in a signed agreement, complete treatment in a Board-approved program, and demonstrate a change in lifestyle that supports continuing recovery. Participants who violate their agreements are subject to disciplinary action by the Board.

### How do people get more information?

How do people get more information?

- Call toll free 888-590-6726
- Write 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
- Refer to NRS 632.307 of the Nevada Nurse Practice Act

## Who runs the Alternative Program?

The Board's compliance coordinator chairs the Board's Disability Advisory Committee, which administers the Alternative Program for Chemically Dependent Nurses. Committee members include professional substance abuse and mental health nurses and nurses who are in recovery from alcohol or drug addiction or have had other life experiences around addictions. The committee

- evaluates whether chemical dependence is impairing a person's nursing practice
- submits recommendations to the Nevada State Board of Nursing, which may be accepted, amended, or rejected
- monitors recovery progress through scheduled interviews with the nurse or nursing assistant and regular reports from employers, treatment providers, and the nurses themselves.

### Active members

**Kathleen Reynolds, BHS, RN - Chair**  
**Doreen Begley, MS, RN - Board Liaison**  
**Cookie Bible, BSN, RNC, APN - Zephyr Cove, November 2007\***  
**Peggy Cullum, RN - Las Vegas, September 2007\***  
**Virginia Deleon, RN - Henderson, September 2007\***  
**Phyllis Erichsen, RNC, CCM - Reno, May 2009**  
**Mattie Harris, RN - Las Vegas, May 2009\***  
**Deborah E. Martz, RN - Las Vegas, November 2006\***  
**Judith Slaney, RN, LADAC - Las Vegas, May 2007\***  
**Ann Testolin, EdD, MS, BS, RN - Reno, March 2009\***

### Active conceptual members \*\*

**Jan Brethauer, RN - Yerington**  
**Roseann Colosimo, PhD, MSN, RN - Las Vegas**  
**Mary Culbert, MS, RN - Reno**  
**Darlene Cunningham, MS, RN, CCRN, APN - Reno**  
**John Malek, PhD, MSN, APN - Yerington**  
**Susan O'Day, BS, RN, CPAN - Reno**  
**Karienne Rimer, RN - Henderson**  
**Chris Veach, MS, RN - Reno**  
**Judith Vogel, BSN, RN - Boulder City**  
**Rilo Weisner, MS, RN, C - Las Vegas**

\* Indicates first-term

\*\* Conceptual members are nurses who have served two terms but desire to remain available to the Board for their historical expertise.

# Chemical Dependency in Nurses and Nursing Assistants

Under Nevada law, nurses and CNAs must report potential violations of the Nurse Practice Act. Practicing while impaired is a violation of NRS 632.320 (5) and NAC 632.890 (9).

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

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

- Absent or late for work, especially following several days off. However, the drug-addicted nurse or CNA may never be absent and may "hang around" when not on duty. Because the hospital is the source of supply, the nurse or CNA may volunteer to work double shifts, overtime, holidays, days off, etc.
- Odor of alcohol on the breath. Any nurse or CNA who would report for duty after drinking is assuming a terrible risk and in doing so is evidencing his/her loss of control and need for the drug.
- Odor of mouthwash and breath mints. These may be used to mask the odor of alcohol.
- Fine tremors of the hands. This symptom occurs with withdrawal from the drug. The alcoholic nurse or CNA will sometimes begin to use tranquilizers to mask signs of withdrawal and thus may develop cross dependency.
- Emotional instability. The nurse or CNA may change from being irritable and tense to being mellow and calm. There may be inappropriate anger or crying.
- Returns late from lunch break.
- May be sleepy or may doze off while on duty.
- Shuns interaction with others and tends to withdraw.
- Makes frequent trips to the bathroom. The female



- alcoholic/drug addict may carry a purse with her.
- Deterioration in personal appearance.
- Frequent bruises or cigarette burns. Bruises over antecubital fossa and on wrists or hands. These injuries are the result of crashing into furniture, falling while intoxicated, dozing off with a lighted cigarette, or the recent injection of a drug.
  - Job performance may be affected with sloppy or illegible handwriting, errors in charting, and errors in patient care.
  - Lapses in memory or confusion. There may be euphoric recall of events.
  - Shunning of job assignment or job shrinkage. The nurse or CNA is apt to drop out of professional activities.

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

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

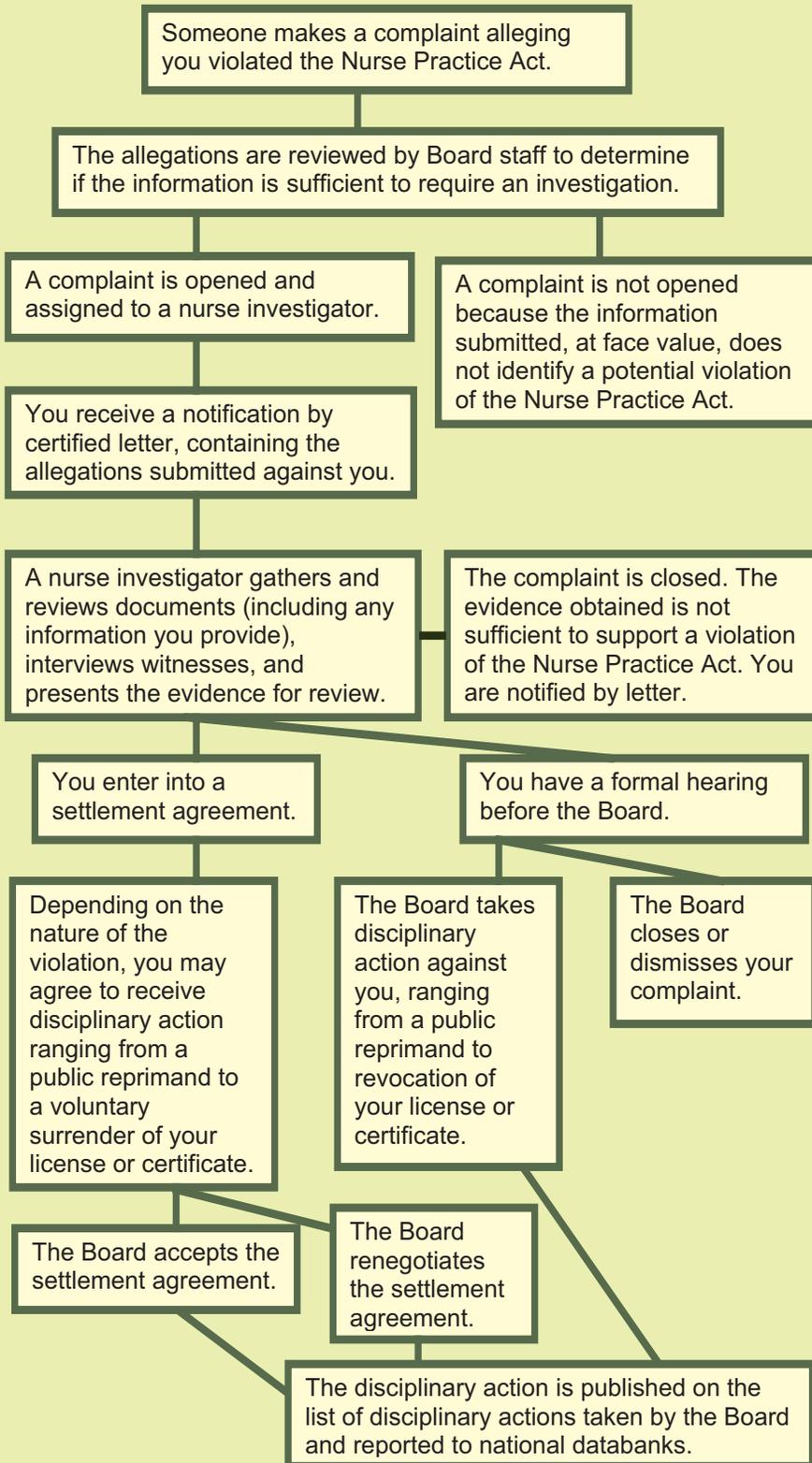
## Keep in mind that no indicator, or group of indicators, is unique to chemical dependency.

However, if there is a drop off in the work performance of a previously good employee, the supervisor should consider the possibility of a problem if several indicators are present.

*See Disciplinary Versus Alternative Program Process Chart on next page*

# Disciplinary Versus Alternative Program Process

## Disciplinary Process



## Alternative Program Process





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# You Want to Hire a Nurse or CNA

## What are some of the things that can hold up a license/certificate?

Board staff often hears complaints from employers that it's taking too long to issue a license or certificate to a potential employee. Unless the applicant has given formal authorization to release information to employers, the Board cannot discuss an individual's application with



anyone but the individual.

However, we can tell you that if an application is complete and meets the criteria for issuance of a license/certificate, we can generally issue a (temporary or permanent) license/certificate within one week of receipt of the application.

There are many reasons that it may take the Board longer than a week to issue the license/certificate. The list below (which is included in the application instructions) describes the most common reasons.

- an unresolved "Yes answer" to the Eligibility Screening Questions
- a pending complaint investigation or a Board disciplinary action against a license/certificate
- an unresolved issue pertaining to the Child Support Information section
- applicant did not graduate from an approved school of nursing with a nursing certificate (LPN), degree or diploma (RN), or completed an approved CNA training program
- applicant has not submitted a copy of nursing education program transcript, diploma, or certificate
- applicant did not pass the SBTPE or NCLEX licensing examination, or the CNA competency examination
- applicant does not hold a current, permanent license from another state
- applicant has not submitted a U.S. Social Security number
- applicant has not completed or submitted fingerprint cards, or delayed submitting cards
- applicant did not follow the fingerprint instructions\*
- the Board has not received and cleared the official fingerprint reports

**Please note:** while an individual's application process with the Board is confidential, we are happy to answer any questions or concerns you may have regarding our general processes.

**\* The Nevada Department of Public Safety (DPS), which is the state agency that processes the fingerprint cards and provides the results to the Board, returns at least 100 cards to the Board every month because of applicants' failure to follow the instructions enclosed with the application. The Board then must send the returned fingerprint cards to the applicant, with further instructions regarding how to resubmit them correctly. A majority of the cards are returned because the applicant enclosed a personal check rather than the money order required by DPS—a requirement clearly stated in the fingerprint instructions.**



Division of Workforce and Economic Development



## American Heart Association Training Center

- Advanced Cardiac Life Support (ACLS)
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- Basic Life Support (BLS/CPR)

*Certification and renewal offered weekly and/or monthly*

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sara.williams@ccsn.edu  
**702-651-4770**

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- LPN IV Certification
- The Latest & Greatest on IV Therapy
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- PICC—Peripherally Inserted Central Catheters
- TNCC—Trauma Nursing Core Course
- Certified Caregiver (New! Certificate Only)
- Customized Training to meet the individual needs of Healthcare Agencies

## But I don't even have a child!

We often hear this lament from people whose applications have been returned to them because they didn't think the child support section applied to them.

But we don't have a choice. It's federal law that requires applicants to complete the child support section, even if they don't have children.

Your application will not be processed if you do not answer both questions in the child support section of the application.

## Emailing the Board?

Add us to your "safe list" first

Before you email the Board, make sure you add us to your "safe list" and/or have given your email provider permission to receive messages from email addresses ending with @nsbn.state.nv.us. We respond promptly to every email inquiry, but often, our responses are rejected. Sometimes, they're returned as "undeliverable" or they are mistaken for spam. Other times, we're asked to sign in and provide a password to an email screening service, which is against Board policy.

So, if you're wondering why the Board doesn't answer your emails, check to see whether you've screened us out. We want to hear from you and we want you to hear from us!

## TOLL-FREE CONSUMER HOT LINE

CALL  
**888-590-6726**

The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving. Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line or can be obtained by visiting the Board's website.



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STRENGTHENING INTERSTATE COMMUNICATION AND COLLABORATION

July 9 – 11, 2007

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[www.snahec.org](http://www.snahec.org)

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This conference is supported by Grant #T01HP0697 from the Assistant Secretary of Preparedness and Response (ASPR).

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Name (Last, First, Middle)

Type of License

License Number

Date of Birth

Social Security #

Former Address

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# BOARD MEMBERS

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

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547; call 1-888-590-6726; or email [nursingboard@nsbn.state.nv.us](mailto:nursingboard@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.



**Helen Vos, MS, RN**  
*President, RN Member*  
Term expires 10/31/2008



**David Burgio, MS, RN, APN**  
*Vice President, RN Member*  
Term expires 10/31/2007



**Dorothy Perkins, CNA**  
*Secretary, CNA Member*  
Term expires 10/31/2007



**Doreen Begley, MS, RN**  
*RN Member*  
Term expires 10/31/2008



**Joseph Cortez**  
*Consumer Member*  
Term expires 10/31/2009



**Mary Ann Lambert, MSN, RN**  
*RN Member*  
Term expires 10/31/2008



**Betty McKay, LPN**  
*LPN Member*  
Term expires 10/31/2009

# Disciplinary and Licensure/Certification 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 November 17, 2006 through January 25, 2007. Please note that this list does not include some outcomes of the January 24-25, 2007, 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

**Bartley, Tanjara, LPN10747** Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application.

**Burrows, Beth, CNA applicant** Agreement for Probation for violation of NRS 632.320 (2) criminal convictions.

**Chand, Erica, CNA019218** Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment, and (27) customary standards of practice.

**Cunin, Chental, RN46042** Voluntary Surrender of License in Lieu of Other Disciplinary Action pursuant to NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply.

**Del Rosario, Yolanda, RN27848** Agreement for Probation for violation of NRS 632.320 (2) criminal conviction, and (13) deceive, defraud or endanger a patient or the general public.

**Dela Cruz, Darlyn May, RN46951** Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application.

**Francisco, Amy, CNA019287** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

**Glickman, Rebecca, RN47126** License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, and (18) diversion of equipment or drugs.

**Hall, Lori, RN50507** Agreement for Extending Probation with Public Reprimand for violating NRS 632.320 (7) unprofessional conduct and, NAC 632.890 (35) failing to comply with Board order.

**Kahoa, Beverly, RN43708** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Kapadia, Jayshree, CNA009506** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs.

**Lanzaro, Elizabeth, RN08496** Agreement for Probation for violation of NRS 632.320 (2) criminal convictions.

**Lemich, Boja, RN14845, APN000550** APN certificate revoked and RN Probation extended for violation of NRS 632.320 (7) unprofessional conduct, and (14) failing to comply with Board order, and NAC 632.295 unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, and (26) violation of state/federal nursing law/regulation.

**Maestrejuan, Tina, RN28766** Agreement for Reprimand and Fine of \$1,200.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

**Maldonado, Ingrid, CNA013310** Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**McDaniel, Michelle, RN17055** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and (13) deceive, defraud or endanger a patient, and NAC 632.890 (20) inaccurate recording, falsifying, (27) failing to perform nursing functions in a manner consistent with established or customary standards, and (38) professional boundaries.

**Metzinger, Connie, CNA009318** Certificate revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

**Ozer, Debra, RN46238** License revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

**Palacios, Michelle, CNA017407** Agreement for Reprimand for violation of NRS 632.320 (14) failing to comply with Board order.

**Rodgers, Rosemary, LPN12545** Agreement for Fine of \$200.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

**Rojas, Marilyn, LPN11740** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying.

**Ruiz, Dorothy, LPN03426** Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application.

## ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

**Salas, Michelle, LPN12076** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (13) confidentiality violation.

**Stahlberger, Elizabeth, LPN08051** Agreement for Extending Probation with Public Reprimand for violating NRS 632.320 (7) unprofessional conduct and, NAC 632.890 (35) failing to comply with Board order.

**Torres, Francis, CNA015111** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment.

## Denials of Applications for Licensure or Certification

**Cruze, Jacob, RN28627**

**Kulikowski, Nadine, RN applicant**

**Popovich, Sandra, RN applicant**

**Riley, Linda, RN applicant**

**Szafarek, Mary, RN applicant**

**Taylor, Alia, CNA applicant**

**Williams, Kimberly, CNA applicant**

**Wiscombe, Gary, RN/CRNA applicant**

Applications denied for violation of NRS 632.320 (1) fraudulent application.

**Conway, Shamil, CNA applicant**

**Gray, Sarah, CNA applicant**

**Faw, Linda, RN18865**

Applications denied for violation of NRS 632.320 (2) criminal conviction.

**Fatta, Daniel, CNA applicant**

**Zirot, Michael, CNA applicant**

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

## Citations for Practice Without A License/Certificate

**Williams, Shanta**

## 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

**Johnson, Tonya, CNA016542**  
Verbal abuse

**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 Board.**

The following are disciplinary and licensure/certification actions taken by the Nevada State Board of Nursing for the period of January 26 through March 15, 2007. Please note that this list does not include some outcomes of the March 14-15, 2007, 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

**Alcaraz, Michelle, CNA013701** Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application.

**Avalos, Jaime, RN36667** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Bales, Mary, CNA018912** Agreement for Probation 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.

**Bogle Skelton, Jennifer, CNA019216** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards and (28) causing harm to a patient.

**Byers, Helen, RN27434** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment.

**Byrd, Brent, CNA019172** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards and (28) causing harm to a patient.

**Corona, Roger, LPN11291** Agreement for Suspension for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

**Dibartolomeo, Hope, RN54441** Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

**Gonzales, Rebecca, RN33173** Agreement for Fine in the amount of \$300.00 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

**Gustafson, Janet, RN07890** Order of Probation for violation of NRS 632.320 (2) criminal convictions.

**Kerner, Emilda, CNA014917** Agreement for Probation for violation of NRS 632.320 (7) unprofes-

sional conduct, and NAC 632.890 (27) customary standards and (28) causing harm to a patient.

**Lubic, Ross, RN applicant** Agreement for Probation for violation of NRS 632.320 (2) criminal convictions and (7) unprofessional conduct, and NAC 632.890 (35) failure to comply.

**Narito, Stanley, RN43913** Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment and (38) professional boundaries.

**Tatsuo, Jacqueline, CNA015417** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment and (27) customary standards.

**Tuomy, Georgia, RN49520** Order of Probation Extension and Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with Board order.

**Wallis, Charlotte, RN19366** Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope and (25) failing to observe/report.

**Williams, Aisha, LPN13067** Order of Reprimand and Probation Extension for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (35) failing to comply with Board order.

**Williams, Lynette, RN27316** Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol and (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances and (18) diversion of equipment or drugs.

## Denials of Applications for Licensure or Certification

**Clanton, Karen, RN applicant**

**Moore, Deborah, LPN applicant**

**Morgan, Doris, RN applicant**  
Applications denied for violation of NRS 632.320(1) fraudulent application.

**Rainey, Shmyra, CNA013759**

**Rollings, Robert, CNA applicant**  
Application denied for violation of NRS 632.320 (2) criminal convictions.

**Jackson, Carolyn, RN applicant**  
Application denied for violation of NRS 632.320 (1) fraudulent application and (12) action in another state.

## Failure to Provide Evidence of Continuing Education/Training When Audited

**Lawson, Freda, CNA002171**

**Leach, Kathryn, CNA018895**  
Renewal applications denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 (1) failure to provide continuing education.

## Citations for Practice Without A License/Certificate

**Hosseini, Magda**

## 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

**Turner, Michael, CNA016511**  
Verbal abuse

## 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 for 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.

## ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726  
nursingboard@nsbn.state.nv.us

### **Debra Scott, MSN, RN, APN, Executive Director**

Statewide Liaison and Spokesperson  
Organizational and Public Management  
Fiscal and Human Resource Management  
Legislative and Governmental Relations  
APN Advisory Committee Chair  
Nursing Practice Advisory Committee Chair

### **Chris Sansom, BSN, RN, Director of Operations**

Program Management  
CNA Advisory Committee Chair

### **Patty Shutt, LPN, Site Operations Supervisor**

Las Vegas Site Supervision

### **Roseann Colosimo, PhD, MSN, RN, Education Consultant**

Nursing Education Programs  
CNA Training Programs  
Continuing Education Programs  
Education Advisory Committee Chair

### **Fred Olmstead, General Counsel**

Legal Counsel

### **Dean Estes, Accountant/Technology Officer**

Budget, Accounting and Payroll  
Programming  
Technology Support

### **Cindy Kimball, Public Information Officer**

Public Information and Education  
Consumer Relations  
News Magazine, Web Site, Publications

### **Marianne Kadlic, Executive Assistant**

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

## PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726  
2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102, 888-590-6726  
nursingboard@nsbn.state.nv.us

### Investigations and Monitoring

#### **Linda Aure, BSN, RN, C, Senior Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Lark Muncy, RN, Investigator**

Complaint Investigations  
Nursing Practice Questions

#### **Marilyn Schmit, RN, Application Coordinator**

Application Review  
Fraudulent Application Screening

#### **Kathleen Reynolds, BHS, RN, Compliance Coordinator**

Disability Advisory Committee Chair  
Disability Advisory Committee Scheduling  
Probation and Alternative Program Monitoring  
Reinstatement Applications

### Licensure/Certification

#### **Sarah Bowen, Licensure Specialist**

Licensure Eligibility Questions  
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  
Renewal Applications  
Endorsement and Examination Applications  
Continuing Education Providers  
Foreign Nurse Graduates and Licensure Issues  
CNA Certification and Renewals

### Support

#### **Sherrie Frederick, Fingerprint Specialist**

Endorsement Forms  
Fingerprint Processing  
Fingerprint Report Screening

#### **Christie Dalipson, Management Assistant**

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

#### **Cyndie Souza, Management Assistant**

Discipline Investigative Support  
Yes Answer and Fraudulent Application Processing  
Board Meeting Preparation  
NURsys Data Entry

#### **Kimberly Roth, Receptionist**

#### **Kiley Smith, Receptionist**

Renewal Applications  
Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications  
Nursing Personnel Lists

#### **Adela Smith, Receptionist**

Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications  
Spanish-Speaking Services for Consumers

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