

Nevada State Board of

NURSING NEWS

December 2008



**Board adopts temporary
license policy for new grads**

**STATISTICS:
Can they lie?**

**NEW NURSING
REGULATIONS**

**What happens
when you say yes?**

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

Editors:

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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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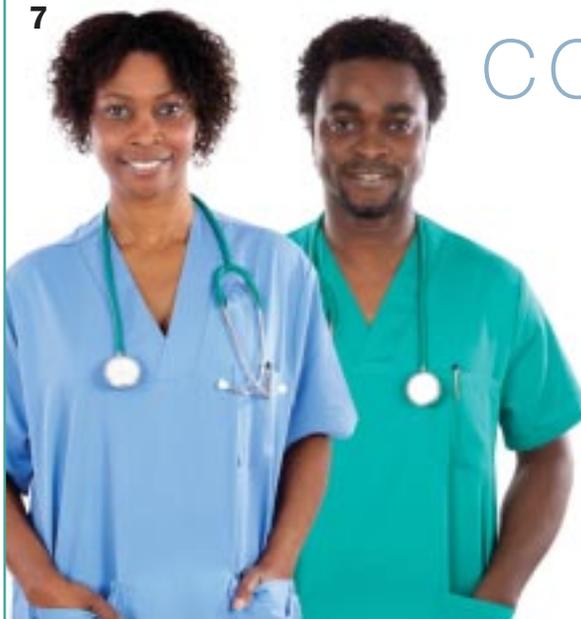
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Circulation includes more than 34,000 nurses, nursing assistants and student nurses.



Words from the Executive Director

AT THE END of October, the Nevada State Board of Nursing will lose at least two, maybe even three, longtime members. Helen Vos and Mary Ann Lambert are completing the second of their two four-year terms volunteering as nursing board members in Nevada. Doreen Begley is completing her first four-year term, and is eligible to be reappointed for a second term, but there is no guarantee that will happen. Three members of a seven-member board is almost a majority. Together, the three have 20 years of experience regulating the nurses and certified nursing assistants in Nevada. The remaining four members have a total of less than six years of experience in nursing regulation. How will the Board's upcoming change in membership impact the work it does?

The theme of change is at the forefront of our political environment today, individually, locally, statewide, and nationally. We have the 2009 Legislative Session coming in February. We will have a new president and vice president in the White House in January. The election billboards throughout our community provide choices for change in many arenas. The shrinking economy poses challenges to every aspect of our lives. Even environmentally, we see our climate is changing.

How we deal with the inherent changes in our lives affects our perspective, our well-being, and the personal and professional growth we experience. The challenges provide opportunities for success and failure, growth and regression, wisdom and confusion, clarity and disillusion.

How do humanity's wise ones describe this enigma called "Change"?

Change can either challenge or threaten us. Your beliefs pave your way to success or block you.

— *Marsha Sinetar*

Being willing to change allows you to move from a point of view to a viewing point — a higher, more expansive place, from which you can see both sides.

— *Thomas Crum*

Change is the law of life. And those who look only to the past or present are certain to miss the future.

— *John F. Kennedy*

Progress is impossible without change, and those who cannot change their minds cannot change anything.

— *George Bernard Shaw*

Life is a series of natural and spontaneous changes. Don't resist them -- that only creates sorrow. Let reality be reality. Let things flow naturally forward in whatever way they like.

— *Lao-Tzu*

Nothing that I can do will change the structure of the universe. But maybe, by raising my voice I can help the greatest of all causes — goodwill among men and peace on earth.

— *Albert Einstein*

To change and change for the better are two different things

— *German Proverb*

A woman's mind is cleaner than a man's: She changes it more often.

— *Oliver Herford*

Change, like sunshine, can be a friend or a foe, a blessing or a curse, a dawn or a dusk.

— *Unknown source*

To live is to change, and to be perfect is to have changed often.

— *John Henry Newman*

I tried to change the world, but I was outnumbered.

— *Unknown source*

Any change, even for the better, is always accompanied by drawbacks and discomforts.

— *Arnold Bennett*

The only way to make sense out of change is to plunge into it, move with it, and join the dance.

— *Alan W. Watts*

The main dangers in this life are the people who want to change everything or nothing.

— *Lady Nancy Astor*

Strong character is brought out by change, weak ones by permanence.

— *Jean Paul*

In contemplating the future for the Board of Nursing, I have great excitement and anticipation for what will be. The newer Board members will plot the direction for the future of nursing regulation in Nevada. Each one has already demonstrated her strengths in this awesome responsibility of protecting the citizens of Nevada, the public, from the practice of nursing by unqualified and unlicensed persons and from unprofessional conduct by persons licensed to practice nursing. (NRS 632.005) That strength comes from their personal integrity, sense of fairness, and respect for the profession of nursing and the Nevada Nurse Practice Act. Betty Carlgren, our most senior Board member, brings the LPN perspective and the longest tenure on the current Board. Her experience for the last three years is invaluable in giving even a short historical perspective related to the decisions the Board faces. Belen Gabato brings her sensitivity to diversity and long standing leadership within the profession; Carrie McMurray brings her commitment to her patients,

her valuable nursing assistant perspective, and her inquisitive nature; Sandra Halley brings the essential consumer perspective from personal experience, her widespread familiarity and history in this great state of Nevada, and a keen sense of humor which lightens the burden that each member of the Board and Board staff feel in doing this very important work. If Doreen Begley is reappointed for a second four-year term, her experience and undaunting commitment to nursing will smooth our transition into our future. If she is not, her past mentoring of new Board members for the last four years will be recog-

nized as an important underpinning in support of the Board's mission to protect the public.

These few words are dedicated to our outgoing Board members, Helen Vos and Mary Ann Lambert--my deepest and sincerest thanks for your selfless commitment to our mission. You truly have been instrumental in the lives of many.

Sincerely,



Debra Scott, MSN, RN, APN, FRE
Executive Director

Nevada State Board of NURSING NEWS



Key to the Photos on the September 2008 Cover



Helen Olmstead
(Fred Olmstead's grandmother)

Betty Barats
(Amy Clark's mother)

Mary Klaassen
(Debra Scott's Great-aunt)

Roseann Colosimo
(Education Consultant)

Joan Marie Olmstead
(Fred Olmstead's mother)

Marilyn Schmit
(Application Coordinator)

Magazine Schedule

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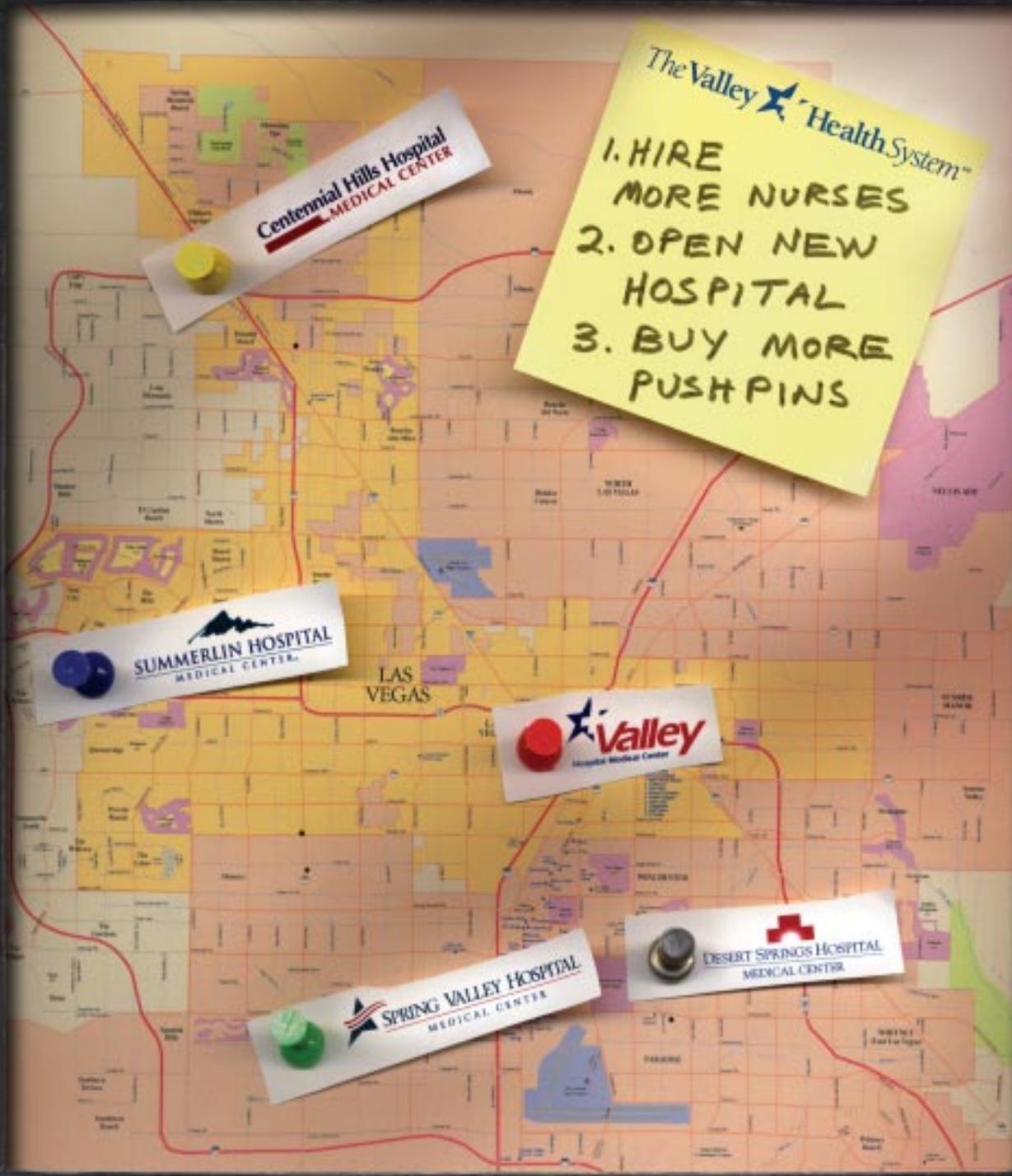
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May 25.....	May 1
August 25	August 1
November 25	November 1



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The Board Adopts New Regulations

A GROUP OF NEW Nevada State Board of Nursing regulations were filed on September 18, 2008 with the Secretary of State and became effective upon filing. The regulations went through the public process during the last year including workshops, public hearings, and review by legislative committees. Full copies of the new regulations are posted on the NSBN website, www.nursingboard.state.nv.us.

Nurses and certified nursing assistants who are licensed or certified in Nevada are responsible to know and follow the Nurse Practice Act, Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code.

The Nevada State Board of Nursing audits at least 10% of licensure/certificate renewals every month during which Board staff request documentation to support the individual's assertion that he/she has completed the required continuing education hours—24 for CNAs, 30 for RNs and LPNs and 45 for advanced practice nurses and CRNAs. NAC 632.340 was amended

to allow computer printouts from approved providers of continuing education in addition to the currently required authenticated photocopies of original certificates of completion. In addition, the revision requires that the nurse/CNA retain documentation of completion of the required hours for four years, rather than retaining the “original” certificate of completion.

The revision also requires that a nurse must retain documentation of completion of the required bioterrorism course for as long as he/she is licensed in Nevada. This course was added to the continuing education requirements for nurses, and others, in Nevada during the 2007 Legislative Session. Although it is a specific content requirement for continuing education in Nevada, the

required four hours may be used to meet the total continuing education requirement if the bioterrorism course is taken within the 24 months prior to renewal of the individual's license or certificate.

NAC 632.450 was amended to include all practitioners from whom an LPN may take medical orders. This wording was added to coincide with all other statutes and regulations which allow an LPN to take orders from an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric



physician as long as the LPN is under the immediate supervision of a physician, physician assistant or registered nurse. This revision is not intended to broaden the scope of practice of a LPN, but only to clarify current practice.

NAC 632.540 was amended to clarify the type of continuing education hours that a certified registered nurse anesthetist must complete as a requirement for renewal of license and certificate. The revision does not change the number of required continuing education hours, but does not require a delineation of “pharmacology” hours versus continuing education related to the practice of a CRNA. In current practice, nearly all of the hours that CRNAs complete as a requirement for recertification as well as renewal of their license and certificate are related to their practice and include pharmacology content. Dividing specific pharmacology hours served no purpose and oftentimes was impossible to discern.

The revisions to **NAC 632.605, 615, 640, 665, 680, 690, 695, and 703** are related to nursing education, Board approval, and national accreditation of nursing education programs.

NAC 632.605 was amended to require an application for a nursing program in Nevada to include a notarized accounting statement that shows that the entity has sufficient funds to sustain the program during the initial start up costs. The revision also requires that the application must state whether or not a nursing student is able to

transfer credits from the nursing program to the Nevada System of Higher Education. The Board’s intent is protection of the student through verification of a strong fiscal basis for new nursing programs and students’ awareness of credit transferability when selecting a nursing school.

NAC 632.640 was amended so that licensed practical nursing programs seeking approval in Nevada are not required to be part of a college or university if the program is licensed by the Nevada Commission on Post Secondary Education. The intent of this revision is

to reduce barriers for Board approval of schools who educate practical nurses. Included is a revision that requires schools of nursing to have policies and procedures to ensure safety of patients during clinical experiences. The intent of this addition is to ensure patient safety is an integral part of the nursing education programs in Nevada.

NAC 632.660 was amended so that the administrator of a nursing program in Nevada is required to have at least three years of experience teaching nursing in a program accredited by the National League of Nursing

Accrediting Commission or the Commission on Collegiate Nursing Education. The NSBN’s intent is to ensure that Nevada nursing programs have experienced leadership to produce the most qualified nurses.

NAC 632.665 was amended to require the nursing program administrator notify the Board of any sentinel event related to nursing practice occurring during clinical nursing courses. The definition of “sentinel event” is that used currently in NRS 439.830. Again, the Board requires reporting of safety issues in order to protect the citizens of Nevada.

NAC 632.665 was also amended to require the nursing program administrator to devote sufficient time to faculty development and faculty mentoring. The NSBN recognizes that many nursing faculty are excellent clinicians but may be new to the faculty role. The intent is to support



nurses in making a successful transition from practice to teaching.

NAC 632.680 was amended to insure that nursing students enrolled in a nursing program are informed regarding the process for changing the written policies and procedures. The process for notifying students of any changes must also be delineated in the program's policies and procedures. The intent is to clarify communication channels between faculty and students.

NAC 632.690 was amended to more clearly define the components of nursing curriculum. It combines medical and surgical care as a component in licensed practical nursing programs. In addition, the regulation revises the requirements for a program that educates registered nurses to include microbiology, mathematics and therapeutic communication. The intent is to ensure that issues related to patient safety were clearly delineated as necessary content in nursing programs. It requires that students must have clinical experiences across the life span in a variety of clinical settings which must include evidenced-based nursing practice and technological skills commensurate with safely delivering patient care. The amended regulation also includes the requirement for nursing education programs to include values, professional boundaries and ethics, information about the Nurse Practice Act, and the role of regulation and accreditation in provision of health-care and patient safety. The NSBN's intent is to clarify the core content required in a nursing program in Nevada. With the influx of new and diverse nursing programs, greater clarity in the education requirements has become necessary, including the modern challenges of technology, simulation and the related ethical issues.

NAC 632.695 was amended to require that a nursing program must apply for Board approval when the pro-

gram is planning a revision of the type or amount of clinical experience offered as part of the nursing curriculum. The Board desires to ensure that the necessary clinical experience with patients across the lifespan is a component of the program.

NAC 632.703 was amended to require that nursing programs wishing to do a portion of their programs in Nevada are required to have Board approval and national nursing accreditation. In addition, nursing programs conducted over the internet or with new technology must have Board approval if they desire to conduct their clinical rotations within the state of Nevada. The Board's intent is to maintain patient safety by regulating out of state programs' student clinical experiences. This amendment requires that these programs are accountable to standards of nursing education in Nevada.

NAC 632.890 was revised to separate "abusing a patient" and "neglecting a patient" into two separate definitions of unprofessional conduct. Although the two definitions are related, the degree of harm may be quite different. The Board's intent in separating the two terms was to more clearly define the individual's actual behavior and possible intent when charged with, or found guilty of, allegations of patient abuse or patient neglect. The revision provides greater clarity for the available documents for the public.

The changes in these regulations are now effective. Remember that Board staff is readily available to answer any questions you may have regarding the updated Nurse Practice Act. We appreciate the endeavors of all of the Board's advisory committees in the ideas and thoughtfulness that has gone into the promulgation of these new regulations. Be involved in the regulation of your profession. Be a part of change that affects your practice.



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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.

BOARD MEETINGS

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

BOARD MEETING DATES

January 14-16, 2009 – Las Vegas

March 18-20, 2009 – Reno

May 13-15, 2009 – Las Vegas

July 15-17, 2009 – Zephyr Cove

September 16-18, 2009 – Las Vegas

November 18-20, 2009 - 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.

Advanced Practice Advisory Committee (none)

February 3, 2009
May 5, 2009
August 18, 2009
November 3, 2009

CNA Advisory Committee (two)

February 5, 2009
May 7, 2009
July 7, 2009
October 22, 2009

Disability Advisory Committee (none)

April 24, 2009

Education Advisory Committee (two)

2009 meeting dates TBD

Nursing Practice Advisory Committee (one)

February 10, 2009
April 7, 2009
June 9, 2009
August 11, 2009
October 13, 2009

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Active Nevada licenses/certificates
on October 24, 2008

RN • 25,190
LPN • 3,201
CNA • 6,406

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.nursingboard.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 CEs

Take the Nurse Practice Act (Nevada) continuing education course at 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.

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.

BOARD MEMBERS ADOPT POLICY TO ISSUE A TEMPORARY LICENSE TO GRADUATES WHO HAVE PASSED NCLEX

Submitted by: Patricia Shutt, LPN, Las Vegas Site Operations Supervisor



Graduates of Nevada’s nursing programs must meet all licensure requirements prior to being issued a permanent license to practice nursing in Nevada which includes the requirement of submission of an official transcript from their nursing program. All applicants for initial licensure in Nevada are also required to complete criminal background checks that result in fingerprint reports being sent to the Nevada State Board of Nursing.

Nevada nursing law requires an applicant for licensure to provide proof of completion of an accredited nursing program or an approved school in the process of obtaining accreditation. Since some of Nevada’s colleges and universities may encounter a few months waiting period for the registrar to issue an official transcript, the Board has allowed the programs in Nevada to submit a notarized affidavit signed by the dean or director of the nursing program that allows the students who have applied for licensure to take the NCLEX as soon as they qualify. This allows them to test as soon as they have graduated. Statistics show that the sooner the student tests, the greater the success rate in passing the exam.

The students receive an Interim Permit upon the Board’s receiving the notarized affidavit that allows them to work as a graduate nurse under the supervision of an RN if they are hired by a facility. This may allow them to start orientation in their new position. Upon the graduate’s passing of the national nursing exam and when the Board receives all required documents, a permanent nursing license is issued.

The most frequent difficulties that nursing graduates have encountered have been in the area of the fingerprinting process. At the time the student receives Board notification of passing the national exam, the student’s interim permit is no longer valid which prevents the student from practicing nursing. If the Board has not received both the FBI and the Six Western state fingerprint reports or the official transcript from the school of nursing, a permanent license may not be issued which prevents the student from continuing to practice nursing.

After identifying this “catch 22”, Board staff drafted a policy to be considered by the Board at its September Board meeting. Several Nevada nursing graduates presented this scenario during Public Comment at the same meeting. The Board approved the draft policy as written during the meeting which now allows Board staff to issue a temporary nursing license to an individual if the Board receives documentation of the individual’s passing the national exam and one of the two required fingerprint reports. Permanent licensure will not be issued until the Board receives the official transcript, both fingerprint reports, and documentation of the graduate’s passing the national exam.

The Board members and staff thank the nursing graduates who came before the Board to explain this issue; this policy change has helped eliminate a possible barrier by allowing the nursing graduates to continue to practice until all information is received in the Board office, while we continue to meet the mission of the Board to protect the public.

GROWING OUR OWN IN NEVADA

Submitted by: **Roseann Colosimo, PhD, MSN, RN, Education Consultant**

There are now 12 approved schools of nursing in Nevada. The most recent additions are Associate degree programs for Apollo College, Reno and National University, Las Vegas. Kaplan College has a licensed practical nursing program in the process of opening. The state of Nevada to increase the number of Nevada graduates. It is hoped that this increase will help with the nursing shortage. Since 2003, the number of graduates has more than doubled and will continue to increase with the opening of approved nursing programs.

If you have a question about whether a school of nursing has been approved, the Board's website www.nursingboard.state.nv.us has the following categories. There are three categories for schools of nursing.

NUMBER OF NURSING GRADUATES

2003	316
2005	513
2007	681

Full approval—This means the school has achieved a minimum 80% pass rate for first time NCLEX takers and has national nursing accreditation through NLNAC or CCNE.

Provisional approval—This means the school has met initial regulations for a school of nursing and is currently working on national nursing accreditation and working toward an 80% first time NCLEX pass rate.

Candidate for Provisional approval—This means the school has met initial legal requirements for the nursing school application and is now ready for a site visit from NSBN staff.

The 80 percent pass rate is measured by the National Council of State Boards of Nursing G-4 report for first time takers of NCLEX for the year January 1 to December 31.

519 STUDENTS GRADUATED FROM NEVADA'S FULLY APPROVED SCHOOLS OF NURSING IN 2007

PROGRESS TOWARD FULL APPROVAL FOR PROVISIONAL SCHOOLS

School -RN	First graduation	Accreditation	NCLEX passG-4 2007 rate
Nevada State College	Summer 2005	CCNE	73.50
Touro University	December 2006	CCNE	57.14
University of Southern Nevada	October 2007	NLNAC	52.94
Apollo College	April 2008		
National University	Fall 2009		

162 students graduated from Nevada's provisionally approved Schools of Nursing in 2007

Provisional Schools are working toward an 80% first time NCLEX pass rate

NURSING IS A DISCIPLINE

Submitted by: Roseann Colosimo, PhD, MSN, RN



This summer we were able to thrill to the spectacle of the Olympics which started centuries ago in Greece. The discipline of world class athletes is repeated in every athlete's individual story. It's hard not to admire their perseverance through injury and difficulty. Athletics is truly a discipline.

Nursing is a discipline. Florence Nightingale utilized early forms of statistics to establish credibility in her belief that the soldiers from the Crimean War were suffering more from poor hygiene and inadequate medical care than from war injury itself.

"She understood even then that the mind and body worked together, that cleanliness, the predecessor to our clean and sterile techniques of today, was a major barrier to infection, and that it promoted healing".

en.wikipedia.org/wiki/Florence_Nightingale Today, as the current generation of nurses, we must continue the important basic disciplines of nursing.

Research shows that as many as 1.4 million or more people worldwide suffer from infections acquired in hospitals. Substantial evidence indicates that hand antisepsis reduces the incidence of health care-associated infections (HAI). Timely and effective hand hygiene is therefore fundamental to ensuring patient safety, but, all too often, unacceptably low compliance with hand hygiene is universal in healthcare.

www.ccforspatientsafety.org/30860/

As the education consultant for the Nevada State Board of Nursing, I work survey and work closely with the nursing assistant training programs. I am pleased to tell you that students and faculty alike have impressed me across the state

with their dedication and caring. Sometimes in the fast-paced, text-messaging, information-overloaded world, we must remind ourselves that discipline is a hallmark of our whole profession from certified nursing assistants to advanced practitioners of nursing. So this year I am focusing the nursing assistant training programs on hand washing and basic skills. Unfortunately, I have witnessed faculty and students "pretend to wash hands" in clinical skills labs and skills testing. I am highly encouraging this practice to stop. In order to acquire habits, human beings must repeat the behavior—just as athletes don't train by pretending to swim, run or play volley ball, we must not let our education of anyone in the nursing profession rely on pretending to wash hands.

As a profession, Nevada nurses should be achieving gold medals in the prevention of infection through hand washing and all other aseptic practices.



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INVESTIGATIONS

by Linda Aure, BSN, RN-BC, Sr. Nurse Investigator

"Hello, my name is Linda, how may I help you?" When you call the Nevada State Board of Nursing (NSBN) a "live" person answers the phone.

Some of you probably already know me. I am a Registered Nurse and an investigator with the NSBN. Some of you may have received a letter from me. Most of you will not like receiving a letter from me.

One of my jobs is to investigate complaints about nursing personnel, RNs, LPNs, CNAs, and APNs. For brevity, in this article the term nurse is intended to include all nursing personnel.

When a complaint is submitted to the NSBN, it is first reviewed to see if it meets the legal requirements. Never worry that you are submitting a complaint that should not be submitted. If the complaint doesn't meet our requirements you will be notified. If it does, you will be notified, a complaint will be opened and assigned to an investigator. All the investigators at this Board are Registered Nurses.

The nurse named in the complaint will receive a notice of complaint letter with the investigator's name and phone number. If I am your investigator, I would like to hear from you. First I will ask you to verify that the phone numbers and addresses, including email, on the NSBN's records are current.

I will explain the process of a complaint investigation. A fact sheet is included with the initial letter, but frequently it is also helpful to explain the process over the phone. I will gladly do this. Because I am a nurse and not a lawyer, I do not give legal advice. It is up to you to determine if you need to hire an attorney for your case. I will tell you exactly what information will assist me to do a thorough investigation.

The only time I don't want to hear from you is if you hire an attorney. In that case, it is common courtesy for all calls to go through the attorney.

Another one of my jobs is to answer questions regarding nursing scope of practice and the *Nurse Practice Act*. I usually can provide immediate help, but with evolving and advanced nursing procedures, it is not always possible to give you a direct answer to scope of

practice questions. Keep in mind that every nurse's scope of practice is different.

For example, an RN can start an IV, but not me. Why? Because, after 11 years of being an investigator with the NSBN, I simply am no longer competent to start IV's. I know this because the "Determining Your Scope of Practice" decision tree on the NSBN's web page clearly states a nurse must be competent to perform any procedure, and I am not competent to start an IV.

If you call or email me, I will often refer you to the web site. Sometimes I will even guide you to find the *Nurse Practice Act* (NPA), practice decisions, how to determine your scope of practice decision tree, roles and responsibilities of nurses and assistants, and any other sections I think will help you to get your answers. I want to help empower you to use this informative site so that you can find answers 24/7.

The web version of the NPA is always the most up to date. There are indexes to assist you, and if you are impatient like me, you can use the "find" button to look up something. For example, "intravenous" will take you to multiple areas including the role of LPNs in IV therapy, what needs to be in an IV course, etc. Just remember to look at all three sections: NRS, NAC, and practice decisions.

If you are interested in doing cosmetic procedures, look under "practice decisions" for the most recent decision on the nurse's role and cosmetic procedures. You will note the decision is limited to RNs so if you are an LPN and want to do Botox, you need to read this decision so you do not violate the *Nurse Practice Act*.

The newest addition to the web page is the "frequently asked questions" section. This is a marvelous tool for you and me. These are the common questions that NSBN staff are asked every day.

The Board's web site is an excellent source of information for all nurses, consumers, employers, patients, and the public. I encourage each and every nurse who has access to the Internet to tour the web site. Of course, you may also pick up your phone and call any staff member.



STATISTICS: CAN THEY ALL BE LIES?

■ by *Chris Sansom, RN, BSN, Director of Operations*

IN THE SEPTEMBER 2008 *Nursing News*, we reported the Board's Annual Statistics of CE Audit Outcomes. The Board compiles a number of statistics and publishes them in its *Annual Report*, which is available on the website. The *Annual Report* gives nursing stakeholders a snapshot of the Board of Nursing and nursing in Nevada. The 2008 *Annual Report* will be published soon, and will be available on the web, but many of the statistics have already been compiled.



The aftermath of collecting statistics (apology to my statistics professor) is evaluating the data and trying to come to a conclusion. Sharing the raw data is the easy part. The conclusions may leave us wondering. To evaluate all of the data collected in this article is not practical, so the focus will be on the most glaring trends.

First and foremost is that most of us practice nursing with integrity, honesty and diligence. We all should stand up and applaud each other and ourselves for a job well done. Complaints submitted to the Board regarding licensed nurses represent 2.28% of active nurses, while com-

plaints submitted regarding CNAs represents 4% of active CNAs. While the actual percentage of nurses and nursing assistants with complaints is low, it is a specific type of complaint being submitted that is cause for concern.

Complaints alleging abuse, endangerment or harm to a patient by a licensed nurse have nearly tripled this past year increasing from 18 in 2007, to 49 in 2008. How can this be? We looked at the process for logging complaints and found no evidence of a process error. The same staff collected the data; the same items were collected for the past five years. Sources

(entities who submitted the complaints) of complaints remain fairly consistent; however there has been an increase in the number of consumer complaints received by the Board. Consumers are more active in their care and some perceive the care they received was harmful. Setting (the practice area identified in the complaint) of the complaint also remains fairly consistent from year to year.

What would account for this increase? Is it societal, generational, or are we truly becoming desensitized to violence? What impact does controlled substance abuse have on this issue? An impaired nurse may be abu-

sive, but most certainly can cause harm and endanger others. Is the profession of nursing turning into just a job for some? Good people make terrible mistakes with negative consequences, but we are not really talking about those nurses. Many of these nurses have no reasonable rationale for their actions. These nurses fail the reasonable, prudent nurse test. They blame their facility, agency, supervisor, or significant other, and forget to look in the mirror. Do CNAs fair any better?

CNA complaints alleging abuse, endangerment or harm to a patient slightly decreased from 41 in 2007, to 37 in 2008, but next to CE audit violations, this is the highest number of complaint types for CNAs. When a CNA is found guilty of abuse, neglect or misappropriation, the Board is contracted to send this information to the Bureau of Licensure and Certification who may place a "Bureau Finding" on the CNA. This means the CNA may not work in home health, long-term care, or assisted living even if they hold an active certificate with the Board. Nevada is not the only state experiencing this disturbing trend.

At a national meeting in August with nursing regulators from around the country, there was a lengthy discussion regarding the lack of professionalism and ethics being demonstrated by nurses, particularly newer graduates. Remember these are regulators who conduct investigation complaints. More criminal complaints are being generated from patient abuse issues — law enforcement is frequently called particularly when an elderly person or child is involved. How can we as a profession respond and intervene?

Those of us who practice nursing ethically — remember we are the vast majority — need to support a zero tolerance culture. When you see or hear

abuse, are concerned there is actual or potential harm, or witness a nurse or nursing assistant endanger a patient, step up and speak up. Stop the abuse or harm immediately and report to appropriate channels within your facility or to the Board of Nursing, the Bureau of Licensure and Certification, or even law

enforcement. If you fail to report abuse or harm you are not only endangering the public and enabling the abuser, you are violating the Nurse Practice Act. As an individual, you can make a difference in the profession by mentoring your colleagues and being a role model for ethical practice.



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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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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.

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What happens when you say “Yes”

Submitted by: **Marilyn Schmit, RN**, Applications Coordinator

THE NEVADA STATE BOARD OF NURSING’S

mission is to protect the public’s health, safety and welfare through effective nursing regulation. Among the many ways that this is accomplished is by screening applicants through fingerprinting, checking national databases for previous disciplinary action against a licensee or holder of a certificate in another jurisdiction, and by asking screening questions of new and renewal applicants. The five screening questions help to evaluate the applicant’s competency, qualifications, and their ability to comply with the essential eligibility requirements to practice as a nurse or CNA.

If you answer affirmatively (“Yes”) to any of the screening questions, an investigation is opened until you provide all required information, which may include fingerprint reports. The information received is then evaluated based on Nevada laws, regulations, and by policies that have been approved by the Board. Answering “Yes” to any screening question and failing to provide the required information on an initial or renewal application will delay processing of your application and issuance of a license or certificate to practice.

A temporary 6 month license/certificate may be issued while waiting for the fingerprint reports only if all official documentation regarding the matter identified has been received and evaluated by Board staff, and if the matter identified meets criteria for clearance by Board staff as identified in policy.

The five screening questions and the information applicants must provide to the Board to process applications with “Yes” answers are as follows:

1.) Has your certification/license in any

State been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation? Is there an investigation, complaint, or action pending?

- If you answer affirmatively to this question, you will need to submit the following:
 - a. A detailed letter of explanation describing the incident/incidents in your own words;
 - b. Copies of documents from the board taking the action identifying the allegation, action taken, and status of action, including documentation of completion of the requirements of any order; and
 - c. A letter of recommendation from your current or last employer.
- Any disciplinary action will be taken before the Board for disposition unless it meets the following criteria:
 - a. The action occurred more than 5 years prior to the date the application was submitted, and
 - b. All requirements of the Board order have been completed, including restitution resulting in the action being cleared, and
 - c. There has been action only in 1 jurisdiction, or the action in multiple jurisdictions is based on one jurisdiction’s action, and all requirements have been completed, or
 - d. The actual violation is NOT a violation of the Nevada Nurse Practice Act.

2.) Have you ever been convicted of a criminal offense, including a misde-

meanor or felony or had a civil judgment rendered against you?

- If you answer affirmatively to this question, you will need to submit the following:
 - a. A detailed letter of explanation that includes the circumstances leading to each arrest, the date convicted, actual conviction, the sentence, and if and when you completed it; and
 - b. Copies of court documents identifying the actual conviction, sentence, and current status of the sentence (i.e. all fines paid in full, documentation of completion of probation etc.) or a letter from the court indicating that no documents are available; and
 - c. A letter of recommendation from your current or last employer.
- Important points to remember when answering question #2
 - Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, closed, etc., it may still show up on your fingerprint report.
 - You may have been convicted even if you didn’t spend time in jail.
 - Criminal convictions include misdemeanors and felonies.
 - If you answer “NO” to question #2, and the Board finds that you have a conviction, your application will be denied as a fraudulent application.
 - If you answered “YES” to question #2, and do not attach the required

documents, your application will not be considered by the Board until you have provided the required documents.

The Board may accept or deny your application based on evidence of rehabilitation and the potential/actual risk to the public. Each application is considered individually, using the following guidelines:

- Board staff **will** bring your application before the Board for acceptance or denial if you have more than one criminal conviction within the last seven years or if you have a felony. You will receive written notice regarding the date the Board will consider your application. You may appear before the Board to present information on your rehabilitation and reasons you believe the Board should accept your application. At that time, the Board may deny your application, which is reported as a disciplinary action, or the Board may accept your application, granting you a license or certificate, possibly with restrictions.
- Board staff **may** clear your application and **may** grant you a license or certificate, if all required information has been submitted and you meet the following:
 - You have a minor event, minor traffic-related matters, minor criminal citations, and/or juvenile offenses that occurred within seven years before application; or
 - You have three minor events that occurred between seven and ten years before application; or
 - You have multiple minor events that occurred more than ten years before application.
 - “Minor event” is defined as any conviction that is not a felony or one of the eight convictions listed below.
- Board staff will deny your application if you have any of the eight prohibitive convictions listed below.

1. Murder, voluntary manslaughter or mayhem;
2. Assault with intent to kill or commit sexual assault or mayhem;
3. Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime (including prostitution);
4. Abuse or neglect of a child or contributory delinquency;
5. A violation of federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS, within the past seven years.
6. A violation of any provision of NRS 200.5099 or 200.50955, which outlines abuse, neglect, and exploitation of an older person;
7. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding seven years; or
8. Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding seven years.

After receiving written notice that Board staff has denied your application, you can appeal the denial by sending a certified letter to the Board requesting a review by the Board. This must be done within 30 days after the denial notice is mailed to you. If the Board upholds the staff denial, it will be reported as a disciplinary action. If the Board overturns the staff denial, you will receive a license or certificate, possibly with restrictions, after you have met all other licensure/certification requirements.

If you have one of the criminal convictions listed above (1-8) and the Nevada State Board of Nursing grants you a license or certificate, the Nevada State Health Division will not allow you to work in any capacity in a facility for intermediate care, facility for skilled nursing, home health

care, or a residential facility for groups.

For questions about the type of health care facilities in which you may work, please call the Nevada State Division of Health, Bureau of Licensure and Certification, in Carson City at 775-687-4475 and in Las Vegas at 702-486-6515.

3.) Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?

- If you answer affirmatively to question #3, you must provide the following:
 - Documentation of 5 or more years of continuous sobriety does not interfere with issuing a license.
 - Less than five years of safe nursing practice while in recovery requires an evaluation by the Disability Advisory Committee (DAC) and Board disposition.
 - Use of chemical substances as a confirmed medical necessity that limits the ability to practice the full scope of nursing must go before the Board.
- Applications are evaluated individually, and dependent on the documentation received and DAC recommendations if required.

4.) Are you currently in recovery for chemical dependency, chemical abuse or addiction?

- If you answer affirmatively to question #4, you must provide the following:
 - Documentation of five or more years of continuous recovery the application may be cleared at the staff level.
 - Less than five years of safe nursing practice while in recovery requires an evaluation by the Disability Advisory Committee and Board disposition on initial application.
 - If the applicant's recovery is known to the Board and has been previously addressed by the Board at the time the applicant answers affirmatively to question #4 and there has been no documented evidence of

relapse or actual/potential risk to the public, the application may be cleared at the staff level.

- Applications are evaluated individually, and dependent on the documentation received and DAC recommendations if required.

5.) Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?

- If you answer affirmatively to question #5, you must provide the following:
 - A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and
 - Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.
- If you answer affirmatively to question #5, the following criteria are followed:
 - If no permanent practice limitations are identified, a license is issued. A statement is sent to the applicant that gives explicit responsibility to the applicant for safe practice including the direction to report to the Board any permanent exacerbations of the condition.
 - Psychiatric/mental health or medical conditions that are situational in nature do not interfere with issuing a license/certificate.
 - All conditions are evaluated based on the essential eligibility requirements for the practice of the full scope of nursing. Inability to comply with essential eligibility require-

ments may require an evaluation by Board staff or the Disability Advisory Committee. Recommendations regarding the applicant's potential for practicing safely will be taken before the Board for disposition.

- If there are permanent limitations that prevent the applicant from practicing the full scope of nursing identified by the applicant and confirmed by a treating practitioner, the application is taken to the Board for disposition.

Renewal Applications

The criteria for processing affirmative answers on a renewal application of a current license/certificate holder closely follows that for initial applications, although the difference is that the nurse/CNA has a property right to the license/certificate to practice. If you answer "Yes" to either question number 1 or 2 concerning disciplinary action in another state or a criminal convictions, your license/certificate **may** be renewed for six months under a temporary license/certificate. When you have submitted all the required information and that information has been evaluated based on the legal requirements for full licensure/certification, you may be issued your regular full renewal period license/certificate. Failure to submit all required documents within the six-month temporary renewal period will result in your temporary license/certificate lapsing and your inability to continue to practice.

Issues to consider when you have answered "yes" to any of the screening questions on renewal are:

- Any disciplinary action in another jurisdiction within the last 5 years, or that includes requirements that have not been completed, must be presented to the Board for final disposition.
- When you report that you have been convicted of a "minor event" in the previous two years when you renew your license/certificate and all required information is received, you will be required to submit fingerprint cards and

the reports will be forwarded to the Board office. You will not be renewed for the full renewal period, but will be issued a six-month temporary license/certificate until all pertinent information is received in the Board office. All information will be reviewed and your license/certificate will either be renewed for the full renewal period or your application may need to go before the Board for disposition.

- When you report that you have been convicted of one or more of the 8 prohibitive convictions identified above on renewal of licensure/certification, the license/certificate may or may not be renewed temporarily based on the nature and seriousness of the conviction. After receipt of all the required documentation, including fingerprint reports, your application will be presented to the Board for final disposition.
- Affirmative answers for questions 3-5 are evaluated individually once all information is received.

Your application is valid for 1 year from the date received by the Board, at which time it will lapse if it is incomplete. Fingerprint reports are valid for 6 months from the date they are received by the Board.

It is important that you carefully read the screening questions and answer truthfully prior to signing and submitting your application to the Board. Once the Board receives the application it cannot be amended or altered. Answering "no" to a question when the answer should have been "Yes" is considered submission of a fraudulent application and is subject to disciplinary action by the Board that may include denial of your application for licensure/certification. Denial of your application for licensure/certification is considered disciplinary action and will be publicly reported in the Board's disciplinary actions list and to various disciplinary databanks.

Be informed and be honest when you make initial application or apply for renewal of your license or certificate.

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Don't Submit A Fraudulent Application!

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.

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Meet the Staff Gail Trujillo

Gail Trujillo

Gail Trujillo is the Board's newest employee. She began work as the receptionist for the Board's Reno office site in late August, 2008.

In between answering telephone calls, Gail greets and assists people who walk into the office. She is also responsible for mailing out both initial and renewal applications as well as scanning documents into the Board's database.

Gail was born and raised in Hawthorne, Nevada. She graduated from Mineral County High School and then relocated to Reno to attend



Gail Trujillo

Truckee Meadows Community College. Gail will graduate with an Associate Degree in December, 2008.

She plans on pursuing a Bachelor's degree at the University of Nevada, Reno upon graduation.

"I am most impressed at how efficient everyone is here. Ideas and plans are not only thought of, but also put into action," Trujillo says.

In her free time, Gail enjoys sports, whether it's watching a UNR volleyball game or playing basketball at a neighborhood park.

We welcome Gail as part of the Board staff team. She has quickly become an excellent representative of the Board's mission to protect the public and to provide excellent customer service.

We have moved!!! Please note our new mailing address below.



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WHAT'S MY PIN NUMBER?

One of the most common inquiries the Board receives from nurses and CNAs is “what is my PIN number for online renewal?” In the past, this number has been a randomly generated number and changed every renewal cycle. The Board’s online renewal system has been revised and until further notice, your PIN is the last 4 digits of your Social Security number (SSN). Nurses who hold an APN, CRNA, or EMS certificate will use the last 4 digits of their SSN to renew all licenses/certificates online; there is no longer a separate PIN for advanced practice certificates.

A reminder postcard is sent to all renewing nurses and CNAs approximately two months in advance of your renewal date. With the recent change to the online renewal system, you won’t need to wait for the postcard in order to renew your license online! (As a reminder, your license/certificate always expires on your birthday every other year. Licenses/certificates are generally valid for two years but your initial renewal period may be different based on when your license/certificate was issued.)

COMING SOON!!! A new online renewal system is currently being developed for the Board. In addition to allowing nurses/CNAs to renew online, the new system will allow people who don’t currently hold a Nevada license/certificate to apply for one online. The new online system will also allow nurses/CNAs to select their own PIN. Watch for more information in early 2009.

Haven't Practiced For Five Years?

Nurses must take a refresher course

According to NAC 632.192 (4): An applicant for renewal of a license who has not practiced nursing during the immediately preceding five-year period must complete a course or program approved by the board if he has otherwise satisfied the requirements for renewal set forth in this chapter and chapter 632 of NRS.

For more information and a list of approved refresher course providers, please visit the Board’s website or call the Board office.

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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

NOTE: At press time, the Governor had yet to appoint or re-appoint members to replace those whose terms expire October 31, 2008. The most current information on members of the Nevada State Board of Nursing is available on the Board's website www.nursingboard.state.nv.us.



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



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



Betty Carlgren, LPN
Secretary, LPN Member
Term expires 10/31/2009



Belen Gabato, MS, RN
RN Member
Term expires 10/31/2011



Sandra Halley
Consumer Member
Term expires 10/31/2009



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



Carrie McMurray, CNA
CNA Member
Term expires 10/31/2011

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.



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Mailing List Reminder

You can request to be removed

The Board sells its mailing lists to various organizations, based on their applications. Examples include the Nevada Nurses Association, which mails its newsletter *RNformation* to all actively licensed Nevada nurses; continuing education providers; uniform companies; and researchers. If you wish to remove your address from the Board's mailing list, you may do so by making a request in writing.

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

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▲ LICENSE NUMBER ▲

▲ DATE OF BIRTH ▲

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Disciplinary and Licensure/Certification

Actions taken by the Nevada State Board of Nursing for the period of July 25, 2008 through September 25, 2008

Please note some disciplinary orders by the Board may not be effective yet due to legal notice requirements. Please call the Board office to obtain further information regarding the effective dates of these outcomes.

Bailey, Kevin, RN22053: Agreement for Reprimand, Fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Benes, Sharon, RN27362: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, (24) failing to collaborate with health care team, and (27) customary standards of practice.

Bentley-Wright, Kristi, RN34867: Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

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.

Berlanga, Jose, RN34509: Agreement for Probation for violation of NRS 632.320 (4) gross negligence, incompetence, or recklessness, (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Breese, Tiffany, CNA018200: Order of Reprimand, Fine of \$50, and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Butte, Diane, CNA018160: Denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Callum, Calruth, LPN applicant: Denied for violation of NRS 632.320 (2) criminal convictions.

Cowans, Livia, LPN applicant: Denied for violation of NRS 632.320 (2) criminal conviction.

Eckert, Cheryl, RN17321: Agreement for Reprimand, Fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Farmer, Steven, CNA021509: Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (28) causing harm to a patient, and (29) sexual contact with a patient or client.

Fedrizzi, Kristin, RN39194: Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol.

Gardner, Leah, RN21437: Agreement for

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, (14) failing to comply with Board order, and NAC 632.890 (9) impaired practice, (10) positive drug screen on duty, (18) diversion of equipment or drugs, and (35) failing to comply.

Gonzalez, Lillian, RN40812: Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording/falsifying, and (27) customary standards of practice.

Goodall, Janice, CNA020646: Agreement for Reprimand, fine of \$50 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Gray, Julie, RN39670: Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Greedy, Carey, RN28227: Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Haden, Robert, LPN11102: Agreement for Reprimand, Fine of \$200 and classes for

violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Hall, Lori, RN50507: Probation continues and should there be any violation the license is immediately suspended pending final disposition by the Board of violating NRS 632.320 (7) unprofessional conduct, and NAC 632.923 (35) failing to comply.

Higgins, Toniko, CNA applicant: Denied for violation of NRS 632.320 (1) fraudulent application, and (2) criminal convictions.

Johnson, Beatriz, RN32341: Agreement for Fine of \$100 and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Kamara, Mohamed, RN54830: Order of Reprimand and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (38) professional boundaries.

Kelly, April, CNA017186: Denied for violation of NRS 632.320 (2) criminal convictions.

Kidd, Sharon, RN28609: Agreement for Reprimand, Fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Kolett, Arthur, RN57230: Order of Reprimand and class for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Lawson, Janet, RN25590: Agreement for Reprimand, Fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Lenzini, Danijela, RN28153: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Leveille, Teresita, RN06061: Agreement for Fine of \$400 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license/certificate.

Lewis, Geraldine, RN35085: Agreement for Reprimand, Fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Linder, Nancy, RN22722: Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) criminal conviction, and (5) controlled substances and/or alcohol.

Maanao, Peter, RN55114: Order of Probation for violation of NRS 632.320 (2) criminal convictions.

Marotta, Melody, RN applicant: Denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs.

McCarthy, David, LPN10600: Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

McGuinness, Genevieve, RN52296: Agreement for Probation for violation of NRS 632.320 (11) falsified information to obtain controlled substance.

Metcalf, Rebecca, LPN02160: Order of Reprimand and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Mortensen, Martin, LPN10497: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

Moskowitz, Alan, RN48532: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, and (27) customary standards.

Murray, Joseph, RN47074: Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Nubel, Aviva, RN applicant: Denied for violation of NRS 632.320 (12) action in another state.

Payton, Bettye, CNA001480: Agreement for Reprimand, Fine of \$50 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Pierobello, Michael, RN48507: Denied for violations of NRS 632.320 (1) fraudulent application, and (2) criminal conviction.

Robinson, Kimberly, RN44713: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying.

Rosales, Meredith, LPN12092: Agreement for Reprimand, Fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Rousseau-Henley, Annette, RN51142: Agreement for Fine of \$400 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license/certificate.

Sesay, Alimatu, CNA021956: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (33) abuse/neglect of a patient.

Shanahan, Judi, RN applicant: Agreement for Probation for violation of NRS 632.320

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.

(5) controlled substances and/or alcohol, and (12) action in another state.

Simmons, Lisa, CNA017672: Agreement for Reprimand, Fine of \$50 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Smith, Nancy, LPN08186: Agreement for Reprimand, fine of \$200 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Terry, Danielle, CNA applicant: Denied for violation of NRS 632.320 (1) fraudulent application, and (2) criminal convictions.

Velasquez, Gloria, LPN12804: Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, (14) failing to comply with a Board order, and NAC 632.890 (27) customary standards, and (35) failing to comply.

Youngblood, Jodi, CNA022128: Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) criminal conviction, (14) failing to comply with Board order, and NAC 632.890 (35) failing to comply.

Zerbe, Barbara, RN47826: Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs.

Zichosch, Adrienne, RN51248: Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, and (27) customary standards of practice.

Citations for Practice Without A License/Certificate

Harris, Norma

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.



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