

Nevada State Board of
NURSING NEWS

June 2008



Members of the Nevada State Board of Nursing

Top row from L-R:

Betty McKay, LPN

Helen Vos, RN

Sandra Halley

Bottom row from L-R:

Mary Ann Lambert, RN

Carrie McMurray, CNA

Belen Gabato, RN

Doreen Begley, RN

Attention:

**The Nurse Practice Act
has been updated!!**

**Research in Support
of Patient Safety**

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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.

Debra Scott, MSN, RN, APN
Executive Director

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



Message from Board Member Mary Ann Lambert

AS I COMPLETE this last year of my eight years on the Nevada State Board of Nursing, I am humbled by all the learning I have done. I would like to thank Governor Guinn for appointing and reappointing me to this hard-working, important board. I would like to thank Cookie Bible who was my mentor for this extraordinary adventure. With her vast array of experience and knowledge of Nevada, the NSBN and the Nurse Practice Act, she shared and encouraged me to learn more. Also, thanks to those who, along the way, had an impact on me learning other important aspects of being a nursing board member; Ellie Lopez-Bowlan for Diversity, Patty Shutt for the LPN view of regulation, Dorothy Perkins for CNA perspectives, and Tammy Barengo and Joe Cortez for always reminding us we were there to protect the public.

As an educator, I expect myself to know a wide variety of information. Querying students, I always learn, but I had not expected the breadth and length of the learning curve I have experienced by being a nursing board member. I had expected some of the disciplinary topics, the discussions about regulations and continuing education scenarios. But, I had little expectation of the amount of work, reading the board packet and knowing what to look up for reference in the Nurse Practice Act, let alone what questions to ask. I am always impressed with the NSBN staff and their expertise in regulation. They procure information for us to read and they follow up allow-

ing us to have the latest data with which to make good decisions.

At my very first meeting, I was surprised by a nurse who came to the meeting because she was on the agenda. It was her seventh year on a disciplinary contract for drug issues and she was to be released from her contract. When her name was called, she asked to address the board. She talked about her addiction and how hard it had been for her at first, how she had relapsed, twice, and how the board had been fair in extending her contract another year each time. Then came the surprise. She thanked the board, one member in particular, who had believed in her and had inspired her after her last relapse. She said "we" had saved her life and, "we" had saved the lives of her children. She said she truly believed she would not have been alive and her children would be on the streets if it had not been for the contract that kept her striving to do her best. It ended years of addiction and gave her back the privilege of practicing nursing.

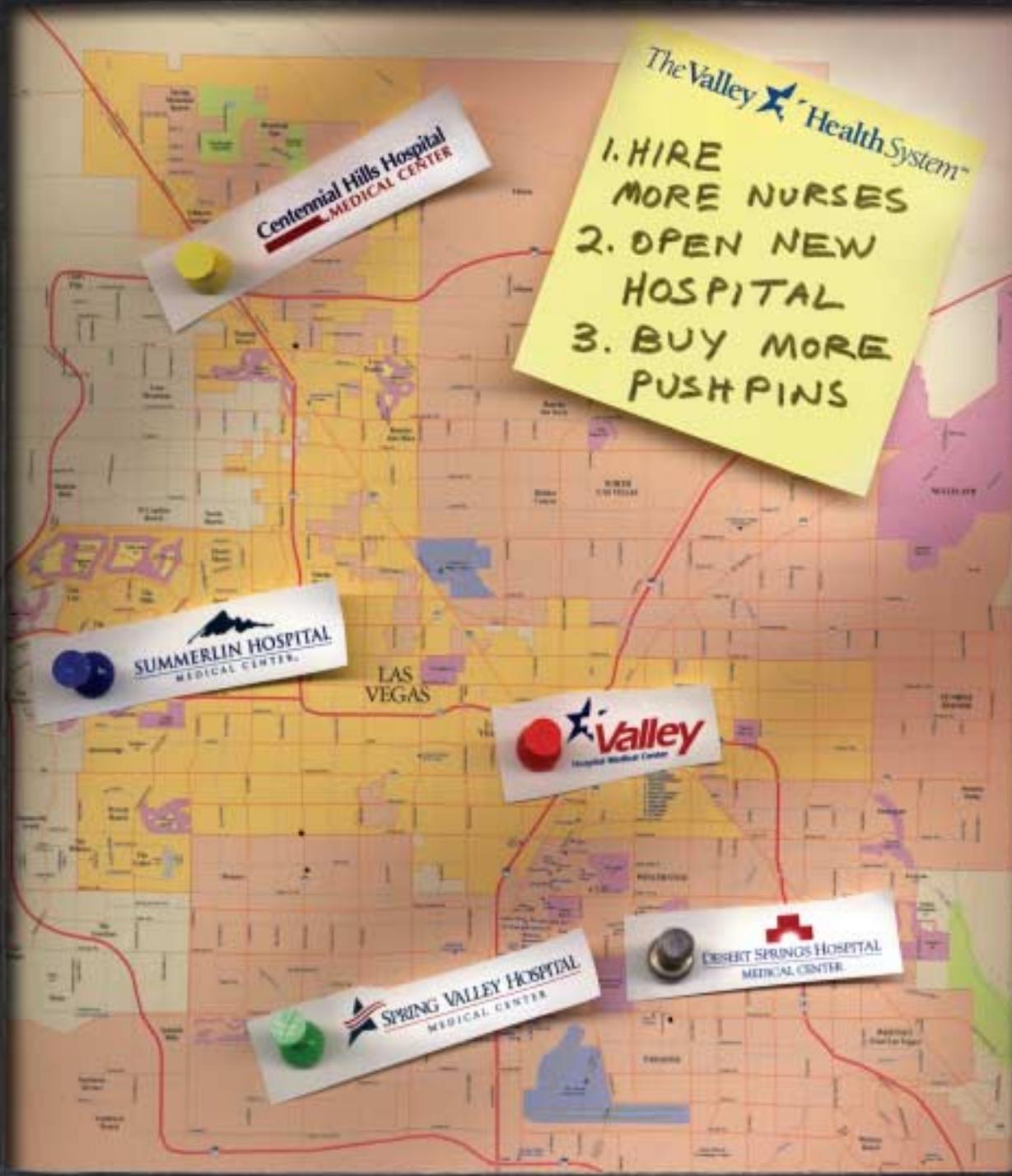
It was a lesson to me that there was a reason I was selected to serve the state of Nevada on this board. It is really about the public, sometimes nurses are that public. It is about "unconditional positive regard" for the patient or client and protecting them from harm. As an educator, it is also about teaching people to be quality nurses in schools of nursing, to be the kind of nurses we all want taking care of us or our families.

Along the way, seven years ago, I

was elected to serve on the NCLEX Item Review Subcommittee for the National Council of State Boards of Nursing. This committee looks at test items at least 3-4 times yearly. We would review what seemed like thousands of test items in every four day session. We would find questions too difficult for entry level nurses and sometimes too simple that needed to be rewritten. It was also our assignment to find and refer items to other committees, items that were gender or ethnically sensitive. This committee has taught me more than I really wanted to know about psychometrics, computer-adaptive testing and evidence-based practice. But, it has enriched my view of entry level nursing practice, thereby, enhancing my knowledge of nursing education and the needs of nursing students about to graduate.

In this last four years, I keep thinking I have an idea of what will happen next and, at every meeting, I learn something new and can marvel at issues and situations yet to be solved. During these last few years, it has been important that I am attentive and decisive in deliberation of the new nursing schools coming in to Nevada. It is important to increase the number of nurses in Nevada, but the quality should not suffer just to increase numbers or to make money, public protection being the goal. I believe we, on the Nevada State Board of Nursing, have a commitment to the oversight of nursing schools so nurses will be safe with patients.

I have been outspoken about my beliefs about nursing education and its role in public protection. It is important that nursing programs also have this goal along with quality and lifelong learning as by-products. It is essential that future members of the Nevada State Board of Nursing continue to learn and add to their repertoire of information to keep the public safe and regulate the practice of nursing in Nevada. I hope I have done my part well.



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Quality healthcare close to home

Blowing the whistle is, in fact, a form of advocacy!

Code of Ethics Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Section 3.5: As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal or impaired practice by a member of the health care team or the health care system or any action on the part of others that places the rights or best interest of the patient in jeopardy." (ANA Code of Ethics with Interpretive Statements, 2001).

The State of Nevada is suffering an ongoing healthcare crisis related to allegations of substandard medical and nursing practices at a variety of clinics. When I first learned of the news that substandard care was allegedly provided for a long period of time at a facility that employed nurses, I struggled with the question of "How could this happen?". As the public outcry has continued, the question has been refined to be "How could this happen and nobody reported it?" That question remains unanswered today.

I have talked to no one that is not shocked, angered, and confused that patients have been harmed by healthcare professionals who forgot their values and integrity. This is an opportunity for each of us to take a step back and reevaluate our commitment to our role as patient advocate, identifying what may prevent us from putting our patients safety above all else.

Nurses are patient advocates. When a patient complains of pain, the patient's nurse takes the appropriate actions—simple, unarguable, and easily understood. More complicated, though is when a patient complains of a new symptom not covered by existing physician's orders, the nurse takes the appropriate actions by contacting the physician due to the change in status—again simple, unarguable, and easily understood. So, when a nurse sees another healthcare provider take such actions



Debra Scott, MSN, RN, APN

that jeopardizes the health or safety of her patient—violations of the Nurse Practice Act, the nurse must take the appropriate actions and notify the proper persons to protect the patient and to insure the offending healthcare provider does not endanger another patient in the future. Reporting violations of the Nurse Practice Act are actions of patient advocacy, in that, we are protecting our patient and, by reporting the offender, protecting future patients from harm.

Who is responsible for reporting violations of the Nurse Practice Act to the Nevada State Board of Nursing? You are—the licensed nurse or the certified nursing assistant. If not you, than who?

Who is at the bedside? Who is routinely familiar with the patient's medical record? Who sees the interactions that other healthcare providers have with the patient and their family? Who has knowledge of what goes on behind the scenes or when patients are unable to advocate for themselves? Who is at the heart of the culture of the practice site—a culture of patient advocacy or one that has forgotten our primary role?

These are questions of duty that highlight the importance of a nurse's role as advocate due our being the person most closely connected with the patient and with the patient's care. Therefore, it is the nurse who will most likely be in a position to report changes in a patient's status and any improper actions, by any healthcare provider, that may affect a patient.

In my role as a nurse and the executive director of a regulatory agency, I have looked to see if the law supports a nurse's duty to report any misconduct that might affect patient care. The Nurse Practice Act is riddled with references to the requirement for nurses to be advocates for our patients, both in its expectations for nurses and its definitions of unprofessional conduct. And, then I refer to the American Nurses Association, Code of Ethics, as stated above, which declares patient advocacy as primary to the profession of nursing and for nurses as individual practitioners.

In discussions with other nursing leaders in Nevada, I began to realize that it may be a lack of knowledge, clouded by fear that has prevented nurses from following their mandate to report unprofessional conduct when it confronts them in their practice settings.

Specifically, it has been reported that nurses fear retaliation by their employer or being "black balled" by other employers in the community for reporting

unprofessional behavior by another healthcare provider. It is this fear of retaliation that nurses have that may inhibit them from reporting others' misconduct to the Board. The basis for this fear has been described to me as, "If I am practicing at the site where the misconduct is occurring, will the Board come after me because I'm working there?" As an example, chief nurses enter a system that is fraught with practice issues or lacking in policies and procedures or a culture exists that does not support safe nursing practice. Those chief nurses are hesitant to report to the Board believing that they will be held responsible for what has happened prior to their tenure in the facility.

Unfortunately, I cannot completely allay nurses' fears by promising that a nurse won't be disciplined when there are questions about different incidents of misconduct and the possibility that the nurse has some relationship to the facts. I can say, however, that if a nurse is aware of a violation of the Nurse Practice Act, and does not report the violation to the proper persons, then that nurse is herself in violation of the Nurse Practice Act. That is the legal answer.

The ethical answer is that if a nurse is aware of a violation of the Nurse Practice Act and does not report the violation to the proper persons, then that nurse is failing to act as a nurse advocate for the patient.

In my attempt to allay your fears . . .

If it is the nurses' fear of how the Board processes complaints and investigation that interferes with their reporting within their chain of command and eventually to the appropriate authorities, let me take this opportunity to explain that process and what is considered in the processing of complaints by Board staff and eventually, in the deliberations of the Board members.

How are we informed of the possible misconduct of nurses? There are many ways that this information comes to the Board. Sometimes, not often, we get complaints from the nurse involved in the misconduct themselves. We call this a "self report". We may get written complaints from chief nurses, from nurses'

If a nurse is aware of a violation of the Nurse Practice Act, and does not report the violation to the proper persons, then that nurse is herself in violation of the Nurse Practice Act.

colleagues, from patients, from family members of patients or nurses, from other state agencies, from law enforcement, and from other state nursing boards, to name a few. We receive other state agency survey reports naming a nurse, complaints that have been sent to other healthcare licensing boards that name a nurse, or complaints from attorneys who are investigating the conduct related to a pending administrative, civil, or criminal case.

The process of submitting a complaint is fairly straightforward. (In this issue of NSBN News, we have given you a short explanation of how to report a coworker or your chief nurse even if you don't have a complaint form.) When Board staff receive a complaint that is in writing, names a nurse or CNA licensed or certified in Nevada, is signed by the nurse who is making the allegations, and describes conduct which, on its face, would be a violation of the Nurse Practice Act, the information is reviewed by our director of operations. She ascertains that all components are present to meet the legal requirements for opening an investigation and assesses the level of danger to the public. The higher the potential for immediate patient harm, the higher the priority of the investigation. If the complaint is at a medium priority level, the complaint is assigned to a nurse investigator. If there is a need for an immediate intervention by Board staff, our attorney, our Board president, and administrative staff get involved.

Investigation of the initial allegations is geared to establishing the facts of the

case. Gathering information occurs through the subpoena authority of the Board and numerous interviews with those who have first hand knowledge or have directly witnessed the nurse's behavior. A notice of investigation letter is sent to the nurse who is the subject of the complaint, informing her of her due process rights and giving her the opportunity to tell her side of the story. There are times when, upon receiving the nurse's response to this letter, we are able to close the complaint. Another letter is sent to the nurse who lodged the complaint stating that the complaint met the legal requirements to investigate.

The investigation often includes requests for personnel records, policies and procedures, staffing records, medical records, witness statements, and any other information that may give insight into the basis of the complaint to establish the facts of the case. The subpoenas are directed to the chief nurse, unless the chief nurse is the subject of the complaint. During this time, the fact that there is an ongoing investigation is kept confidential by all involved. If the complaint is lodged against the chief nurse, the subpoenas are sent to the administrator of the facility or agency.

Complaint investigations encompass a variety of perspectives in pursuit of the facts. The Board takes many things into consideration when evaluating the results of the investigation. The questions that are asked include the following:

Is the public in potential or real danger of being harmed by the conduct of the nurse?

What is the pattern of behavior of the nurse? Is this a one-time mistake or a pattern of misconduct?

Is the conduct a result of incompetence, of impairment, of laziness, of burnout?

Is there evidence to support what the intent of the nurse was?

Is this a new nurse or a seasoned nurse?

Was there adequate orientation and supervision of the nurse?

Was the staffing appropriate?

What other factors were involved? Other disciplines? Other departments?

Where there a breakdown in communication that resulted in practice breakdown?

The Board utilizes three levels of

review of the findings of the investigation. Each level assesses the most important question, “Is the public in potential or real danger of being harmed by the conduct of the nurse?” The answer is not always an easy one, but we look for the following information:

- Was there immediate intervention by the chain of command in the form of internal discipline, dissemination of vital information to the appropriate people—administration, physicians, the patient and the patient’s family involved in the conduct, and reporting to the appropriate authorities?
- Was there timely policy review and appropriate revisions made?
- Was there formal root cause analysis done?
- Was there immediate remediation in the form of education and direction?
- Was the facility’s investigation exhaustive and timely?
- Was the event a system’s error beyond the control of the nurse involved?
- Had the nurse involved attempted to rectify a similar situation in the past and had not been supported by nursing administration?

The important factor is documentation of the answer to those serious questions. If the answer is yes to some or all of the above questions, and there is documentation to substantiate what was done, oftentimes no discipline results. The complaint is closed and the file remains confidential.

It really comes down to what we all learned in nursing school—if it’s not documented, it didn’t happen. This refers even to documentation outside of the patient’s medical record. Keep your own documentation in the form of dates, times, names of witnesses who can testify to the facts, sign-in sheets for inservices, policies that provide a basis for the process that occurred in the nurse’s endeavors to provide safe care. When the time comes to show the process you went through to address practice concerns, you will have a personal record.

It has been my experience that no nurse who reported a problem has been disciplined by the Board where there was evidence to prove that the actions she took were those that a reasonable and prudent nurse would have taken in a similar situation. The Board wants to work with nurses to protect the public against unsafe nursing practice. We cannot do it alone.



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Filing a Complaint Against a Nurse or Nursing Assistant Coworker

The Board of Nursing is the state regulatory agency that issues your license/certificate, regulates your practice, conducts investigations and may impose discipline against a licensee or

certificate holder. These regulatory functions are the process by which the Board fulfills its mission to protect the public's health, safety and welfare through effective regulation of nursing.

A Nurse's Responsibility to Report to the Board

If you know of a violation of the Nevada Nurse Practice Act by a coworker, including your chief nurse, you must evaluate your responsibility to report to the Board. Know that if you submit a complaint to the Board, the nurse or nursing assistant is always given due process. A thorough investigation will take place before a determination is made to close the complaint, or to impose any disciplinary action. You may want to review the Nevada State Board of Nursing News, December 2007 article that specifically addresses this issue and is available on the Board's web site. Review NRS 632.472, the state law that addresses mandatory reporting. When you are in doubt about what to report, always contact the Board for clarification.

The following are examples of violations that should always be reported to the Board, but know that this list is not all inclusive and each incident must be evaluated carefully for compliance with mandatory reporting statute:

- Positive drug screens;
- Impaired practice;
- Drug diversion or narcotic documentation discrepancies;
- Any violation that results in client death;
- Any violation that results in patient harm that requires additional hospitalization or medical intervention that otherwise would not have been necessary;
- Patient abandonment.



How to File a Complaint

A Coworker Complaint Report form is available on the Board's web site, or you may simply write a letter to the Board with the following information:

- The full name of the nurse or nursing assistant, including license type (APN, CRNA, RN, LPN, CNA) and number if you know it.
- The date(s) the event or incident occurred, including the approximate time of day or shift, and where it took place (facility and/or specific location).
- What specifically happened? Was anyone else present or

aware and their names; Was a client involved and the name of the client.

- Provide any documentation you are legally able to obtain that supports the complaint, for example a witness statement from others or medical records.
- Your full name, address and phone number(s)

Mail your complaint to:

5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6547,
Fax to: 775-688-2628, and/or
E-mail to: nursingboard@nsbn.state.nv.us

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

May 21-23, 2008 - Las Vegas

July 16-18, 2008 (Annual Business Meeting) – Zephyr Cove

September 17-19, 2008 - Las Vegas

November 19-21, 2008 – Reno

January 14-16, 2009 – Las Vegas

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)

May 20, 2008
August 26, 2008
November 4, 2008

CNA Advisory Committee (one)

May 1, 2008
July 31, 2008
November 4, 2008

Disability Advisory Committee (none)

Recent appointments: Sandra Deveny, MSN, APNC
October 28, 2008 - Reno

Education Advisory Committee (one)

Recent re-appointment: Patsy Ruchala, DNSc, RN, Douglas Turner, PhD, CRNA, CNA, RN
August 15, 2008
October 24, 2008

Nursing Practice Advisory Committee (none)

June 10, 2008
August 12, 2008
October 14, 2008
December 9, 2008

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.

Governor Appoints New Consumer Board Member

Board welcomes Sandra Halley

Governor Jim Gibbons recently appointed Sandra Halley to the Nevada State Board of Nursing. Ms. Halley brings a wealth of experience as a community volunteer and the unique consumer perspective to the Board.

Sandra Halley

Halley has spent most of her adult life as a community volunteer. She served four years on the Our Lady of Snows School Board. She was a member of the Junior League of Reno and spent ten years as a member of the Board of Trustees of the Nevada Museum of Art. She was the vice president of and spent ten years on the Reno Philharmonic Board of Trustees. She was a member of the Advisory Board of the College of Arts and Sciences at the University of Nevada, Reno, where she was also a member of the Scholarship Selection Committee. She served as a member of the Public Relations Committee for the Judicial College. She was appointed by Governor Guinn to the State Board of



Sandra Halley

Museums and History and has now been appointed by Governor Gibbons to the Nevada State Board of Nursing.

Halley graduated from the University of Nevada in 1967 with a degree in history and English and had what she terms a “brief” teaching career at Sparks High

School before her children were born. She greatly enjoyed teaching English and Latin. She has four grown children and five grandchildren. Halley’s husband was the late James Halley, an attorney with Woodburn and Wedge in Reno.

Halley brings a depth of understanding of the role of consumer of nursing services based on her recent experiences during her husband’s terminal illness. She shares, “Having dealt with my husband’s cancer for six years, I experienced such wonderful care from the nurses I encountered. I have so much respect for the profession. What could have been such a horrible experience was made as good as it could be because of the nurses who cared for my husband and our family. They’ve changed my life in such a positive way.”

Halley expresses excitement about her new challenge of serving the citizens of Nevada by participating in the regulation of individuals who practice nursing in our state. We sincerely welcome her appointment to our Board and appreciate her enthusiasm and commitment to serving the citizens of Nevada.

REMINDER TO APNs: Changing Your Collaborating Physician or Practice Site? You Need To Notify The Board

If you are changing collaborating physicians, you must notify the Board office by using the form letter located on our website. Copy the letter on your practice site’s letterhead and have it signed by your collaborating physician and by you. Don’t forget to put your practice location on the agreement.

If you are currently collaborating with another physician, but adding a new physician and practice site, you must indicate that you are

adding an additional physician to your current one.

If you are adding a new physician, but deleting another, you must indicate that you are no longer collaborating with the former physician and are no longer at that practice site. This information can be done as an attachment.

Whenever you add a new collaborating physician, the physician must also notify the Board of Medical Examiners that requires completion

of another agreement for them. The NSBN will not accept the BOME agreement as notification of your changing physicians.

You should always have a copy of your collaborating physicians’ agreements and a copy of the form sent to the Board of Medical Examiners at your practice site. If a continuing education audit is requested, you will readily be able to provide copies of those documents for review by the Board.

ATTENTION:

The Nurse Practice Act has been updated!!

A GROUP OF new Nevada State Board of Nursing regulations were filed on April 17, 2008 with the Secretary of State that 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 revision to NAC 632.040 changed the definition of a “contact hour” of continuing education from 50 minutes to 60 minutes. The Board changed this definition to coincide with the national standard of a 60-minute contact hour. Providers of continuing education in Nevada should especially take note of this change.

The addition to NAC 632.0605, the definition of “nurse midwife” describes the organized formal program of training that a nurse midwife must complete to be certified as an advanced practice nurse in Nevada. National certification programs include several aspects of care provided by the nurse midwife. The programs include the areas of pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and the gynecological and *primary health* needs of women. This is not a broadening of the nurse midwife’s scope of practice, but instead intends to describe the components of their educational programs.

The change in NAC 632.170 deletes one of the requirements for a registered nurse who applies for licensure by endorsement (one who has already been licensed in another state and applies for licensure in Nevada). A registered nurse no longer must have a current license from another state when applying for a license in



Nevada. By policy, the Board may impose any number of conditions on a nurse who does not have a current license upon application. Those conditions may include taking a refresher course, having a period of monitored practice, or being required to take the national nursing examination (NCLEX). Final disposition of the application will be considered at a public Board meeting.

The change to NAC 632.190 allows an agency that administers the certified nursing assistant examination to charge from \$10-90 for the written exam and another \$90.00 for the manual skills certification exam. This change was instituted in response to requests from the colleges due to the high cost of administering the manual exam that utilizes registered nurses as proctors.

Another addition to NAC 632.190 allows the Board to charge \$15.00 for the capture of fingerprints on the electronic equipment used in both of the Board's office sites. The additional amount charged at the time the fingerprints are captured is forwarded to the Department of Public Safety and the Federal Bureau of Investigation for processing of the criminal history report.

The Board's CNA Advisory Committee suggested the revisions to NAC 632.193 that allow for a certified nursing assistant to attest that she has completed at least 40 hours of employment as a nursing assistant. The Board decreased the practice requirement for a CNA on renewal from 400 hours in a two-year period to *40 hours of employment providing nursing services for monetary compensation under the direct supervision of a licensed nurse*. This change will allow CNAs to renew their certificate while still protecting the public. It also allows the Board to audit the documentation showing that the CNA has met the renewal requirements on a random basis.

In regards to advanced practitioners of nursing, NAC 632.257 was changed to allow the APN to list the *classes* of drugs rather than the individual medications that she is allowed to prescribe in her collaborative protocols. This change was suggested by the Board's Advanced Practice Advisory Committee who recognized the difficulty of keeping up with specific new drugs in their protocols. They recommended the APN list the

classes of drugs that she could prescribe within her practice specialty.

In regards to nursing education, NAC 632.675 was revised to redefine the requirements for the level of education required for clinical faculty in a program of nursing to coincide with a new statute that was passed during the 2007 Legislative Session. It provides for a program of nursing to *hire a person who holds a bachelor's degree in nursing and who has at least 5 years of nursing experience in patient care as an instructor for clinical practice or in the program's skills laboratory*.

Again, referring to nursing education, NAC 632.685 was amended by adding that a nursing program's curriculum *must contain theory and clinical experiences that are integrated throughout the program of nursing*. The Board's Education Advisory Committee believes that this integration will enhance the education experience for the student.

The addition of "registered nurse" to NAC 632.726 clarified that the administrator of a training program for nursing assistants will be a registered nurse.

The Board responded to requests from the nursing community by adding to NAC 632.890 that nurses may not discriminate on the basis of race, religious creed, color, national origin, age, disability, ancestry, and sex by adding *sexual orientation* to the list. This coincides with other healthcare boards' requirements in Nevada.

In addition, in NAC 632.890, the Board added to the list of behaviors for which a nurse or nursing assistant may be found guilty of unprofessional conduct, *engaging in a pattern of conduct that demonstrates failure to exercise the knowledge, skills, and abilities using the methods ordinarily exercised by a reasonable and prudent nurse to protect the public*. This allows the Board to discipline nurses who demonstrate a pattern of misconduct.

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.

Nevada State Board of NURSING NEWS



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Patient Safety Through Research

■ by *Roseann Colosimo, PhD, MSN, RN*

Education Consultant for the Nevada State Board of Nursing

The National Council of State Boards of Nursing (NCSBN) is putting increased emphasis on developing evidenced based regulations in nursing. Nursing is under explosive pressures to change because of the worldwide shortage of nurses. The migration of nurses is a critical issue for Nevada especially in Southern Nevada. Dr. Philip Xu of the University of Nevada Las Vegas (UNLV) describes four broad themes associated with the transition of internationally educated nurses (IEN).

1. Language and communication challenges
2. Differences in nursing practices
3. Marginalization, discrimination and racism
4. Cultural displacement and adjustment.

Dr. Xu from UNLV Nursing, Dr. Jay Shen from UNLV Public Health and Margaret Covelli C.N.O. of Spring Valley Hospital along with Debra Scott of the Nevada State Board of Nursing put together a grant proposal to the NCSBN. The grant proposal cites the transition of internationally educated nurses as an important regulatory issue. International nurses typically complete the same orientation as new graduate nurses or new employees to a hospital. These orientation programs rarely contain communication /language training. The specific aim of the project is to develop an evidenced based communicative proficiency pro-

gram to minimize threats to patient safety and quality of care during the transition of internationally educated nurses into the U.S.

In talking with internationally educated nurses during development of the study, the researchers found that many nurses described the difficulty with telephone communication. The internationally educated nurses speak English as a second language. They meet the requirements of the National Council of State Boards of Nursing and the Nevada State Board of Nursing for speaking English, but may lack linguistic competence. Linguistic competence

refers to the technical issues of pronunciation, rhyme and stress. Sometimes this is compounded by a heavy accent. Dr. Vickie Holmes has developed an accent reduction course for foreign-born medical professionals that will be utilized. Telephone communication with physicians, nurses and families may be very difficult in the early stages of the IEN transition.

The study is titled "Effects of a A Post-Hire Communicative Proficiency/Competence Training Program for Internationally-educated Nurses". It is funded for \$300,000 over two years through a grant from the NCSBN. It is our hope that this project will provide an education program for the internationally educated nurses that will yield benefits for the nurse and the patient. Of course, if the program is successful, Nevada will be able to share this method of supporting the transition of internationally educated nurses and improve patient safety throughout the country.

The Nevada State Board of Nursing is always seeking to work collaboratively with nursing practice and education to improve the safety of nursing practice for all the citizens of Nevada. We believe that our involvement in this project will improve the transition of internationally educated nurses and subsequently improve patient safety.





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CASE STUDIES ON VIOLATIONS OF THE NEVADA NURSE PRACTICE ACT

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

Chief nurses have the responsibility to ensure safe and effective nursing practice is carried out within their facility or agency. A chief nurse or director of nursing's responsibility broadens to encompass not only their own nursing practice, but also the nursing practice of every licensed and certified nurse/nursing assistant within the facility or agency. A registered nurse, as the chief administrative nurse, and the responsibilities of the chief nurse are outlined in the Nevada Nurse Practice Act, NRS 632.240, NAC 632.224, and NAC 632.252. The following case studies specifically address areas wherein chief nurses failed to fulfill their responsibilities.



The following case studies were drawn from the actual records of the Nevada State Board of Nursing. The names have been changed and details condensed.

Lack of documentation: A case study

Derrick was the chief nursing officer of a facility for approximately one year. He had been a nurse for several years, however this was his first job as a chief nurse. Via another state agency, the Board of Nursing was notified that there were unaccounted for narcotics and a lack of documentation surrounding this issue at Derrick's facility. Approximately twenty narcotic tablets were not properly accounted for.

It was discovered that narcotic counts were being performed sporadically within the facility, chart checks were not being performed routinely, and documenta-

tion of internal processes related to any unaccounted for narcotics was lacking. Derrick could not produce documentation to support his performing the functions of the chief nurse in regards to this critical issue. It was common knowledge among the nursing staff that narcotic counts were not being conducted routinely.

What went wrong?

Derrick asserted he had performed an internal investigation but was unable to produce the evidence to support this. He was unable to produce documentation of in-services performed related to narcotic counts or pharmacy procedures, documentation of employee counseling notices he claimed he

gave, or any QA meeting minutes where the issue was allegedly discussed. A few staff verbally supported that Derrick had conducted some in-services, though dates and exact topics were not clear. Derrick was overwhelmed in his position and let critical issues slide.

Conclusion:

Derrick resigned his position as chief nurse. Derrick met with the Board and acknowledged he failed to perform the duties of the chief nurse in that he failed to ensure nursing staff counted and administered controlled substances according to policy. The Board publicly reprimanded Derrick. Lack of experience or being overwhelmed in a position does not negate the responsibilities of the chief nurse.

Violations of the Nurse Practice Act:

Violations of the Nurse Practice Act:
NRS 632.320 (7) unprofessional conduct, and
NAC 632.890 (30) failing to fulfill chief nurse duties.

Failing to supervise: A case study

Janice was a seasoned chief nurse. Janice entered into an agreement with the Board of Nursing to supervise Jeff, a nurse who was on a disciplinary probation for chemical dependency. Janice was required to ensure Jeff practiced within the terms and conditions of his probation while under her supervision, which included no access to controlled substances. Job site approval was granted by the Board's Compliance Coordinator based on Janice's agreement to supervise Jeff.

Jeff reported to the Board that for approximately four months while being supervised by Janice he was allowed to have access to controlled substances. It was discovered that Janice was aware that Jeff had access to controlled substances, and that there had been a question of a few narcotic tablets that were not properly accounted for while Jeff was on duty. Nursing staff that gave or took report from Jeff stated they were unaware that Jeff could not have access to controlled substances, and it was routine to count narcotics with him and hand off the narcotic keys to him at change of shift. The nurses became aware that Jeff had controlled substance restrictions only

after the narcotic discrepancies were reported to Janice, and a new policy was then instituted that other nurses would do the narcotic count and keep the keys. Controlled drug records indicated Jeff administered controlled substances to patients.

What went wrong?

Janice agreed as the chief nurse to supervise Jeff while he was on a disciplinary probation. Janice had full disclosure of the terms and conditions of the probation and her responsibilities in accepting supervision. Janice submitted monthly supervisor reports to the Board attesting that Jeff was in compliance with his probation and had no access to narcotics. Issues regarding unaccounted for narcotics while Jeff was on duty were not reported to the Board. Janice did not ensure that there were nursing procedures in place to ensure safe and effective nursing care was being provided related to Jeff having no access to controlled substances.

Conclusion:

A formal hearing was held before the Board. Janice did not appear at the hearing and the facts of the case were determined to be true. The Board ordered that Janice be publicly reprimanded, and that she complete courses in legal ethics, professional accountability, chemical dependency and codependency within six months. Janice was aware of the Board order but failed to comply with the requirements, and the Board suspended Janice's license. Jeff relapsed and voluntarily surrendered his nursing license.

Violations of the Nurse Practice Act:

Janice – NRS 632.320 (7) unprofessional conduct, NAC 632.890 (7) failing to supervise, and NRS 632.320 (14) failing to comply with Board order.

Jeff – NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and (14) failing to comply with Board order, and NAC 632.890 (10) positive drug screen on duty.

The Board processes and resolves complaints against nurses and nursing assistants with an objective, nonbiased approach. What weighs heaviest in its decisions to discipline an individual is how to intervene to protect the public. As described in these case studies, the Board's interventions are intended to fulfill its primary mission – to protect the public's health, safety and welfare through effective regulation of nursing.

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tion from the Board's website or call for an application to be mailed to you.

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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

Michelle Wray and Ariadna Ramos Zavala

Michelle Wray

Wray moved to Las Vegas from Erie, Pennsylvania in January, 2007. She began working in the Board's Las Vegas office in August, 2007, in her position as Fingerprint Assistant. What she likes best about working for the Board is her chance to help protect the general public and to help the nurses and CNAs when they have questions about the



Michelle Wray

licensing process. She is truly invested in making sure that individuals who have applied for a license in Nevada get the best possible service when submitting their fingerprints via the Board's electronic capture process. She stresses that, in order to ensure that they will be fingerprinted as quickly as possible, it is important to make an appointment. The Board's Las Vegas office is very busy with walk-ins and she assists those with

appointments first. Wray's other duties are to assist the Board's customers by responding to inquires, requests for information, and giving the appropriate referrals when Board staff are unable to assist.

Wray received her bachelors degree in Criminal Justice and has worked as an adult parole and probation officer in Pennsylvania. As an officer, she is experienced in fingerprinting. She was assigned to the DNA/fingerprinting unit where she was responsible for taking the DNA/fingerprints of convicted felons for the Pennsylvania database.

Wray spends her leisure time with "Pebblez", her new papillon puppy and her fiancé, Bob. They both adore the new addition to their "family" despite the puppy's penchant for mischief and mayhem.

Ariadna Ramos Zavala

Ramos Zavala began working at the Nevada State Board of Nursing in August, 2007, in the position of receptionist in the Board's Las Vegas office.

Ramos Zavala's duties as receptionist are to assist all of the Board's customers by answering any questions they have in regards to nursing licenses and certifications. She processes licensure renewals, applications for licensure and certification, provides program support for all of the Board functions, and provides Spanish-speaking services for consumers.

Ramos Zavala's favorite part of working for the Board is that "it has been a great pleasure, just the fact that

we are a public agency and that we have the opportunity to help the diversified community that we have in Las Vegas. It's just like an extension of a big family, everyone knows each other's work and we help each other whenever possible. I feel that we communicate well with each other."

Ramos Zavala provides support to nurses, CNAs, and other in the community stating, "No question is extra. We



Ariadna Ramos Zavala

will answer every one of them. . . because if it matters to you, it definitely matters to us. Please ask the question so that we can do the best to help you."

Ramos Zavala became a naturalized United States citizen in 2006, born in Mexicali, Mexico. She has lived in Las Vegas for 14 years. She is married to Gabino, and is the proud mother of two beautiful children, Adilene (7 years) and Fernando (3 years).

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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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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!

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

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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Disciplinary and Licensure/Certification

Actions taken by the Nevada State Board of Nursing for the period of November 8, 2007 through March 14, 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.

Aaron, Janet, LPN12719 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Andion, Erle, RN applicant Order of Probation for violation of NRS.632.320 (2) criminal convictions.

Aragones, Virginia, LPN08323 Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Bachmeier, Todd, RN28204 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.

Banks, Shanda, CNA009785 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.

Baro, Cecilia, CNA000573 Agreement for 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.

Bartoldo, Thomas, CNA017365 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.

Benedix, Silke, CNA Applicant Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, and (5) controlled substances and/or alcohol.

Bowman, Samuel, RN applicant Application denied for violation of NRS 632.320 (2) criminal convictions.

Callanta, Rowena, RN43492 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.

Clark, Deana, RN40927 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Clemens, Alice, CNA applicant Application denied for violation of NRS 632.320 (1) fraudulent application, and (2) criminal convictions.

Cooper, Sheila, CNA020291 Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as a condition of employment.

Corrigan, Karyl, RN20716 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.

Creevey, Glenda, CNA002352 Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment.

Cui, Anna, LPN11180 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.

Curry, Roni, RN39102 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.

Cyphert-Beller, Constance, RN18411 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (8) failing to safeguard.

DeBry, Merrilee, RN37974 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.

Dedici, Lorraine, CNA017339 Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Deuel, Joann, RN Applicant Denied for violation of NRS 632.320 (1) fraudulent application, (2) criminal convictions, and (12) action in another state.

Domingo, Raquel, RN35326 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice, and (28) causing harm to a resident.

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

Dulay, Chelito, LPN13081 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, and (27) customary standards.

Ennis, Denise, LPN09220 Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with Board order.

Essex, Jesse Ann, CNA020850 Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances, (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Ewell, Julie, RN26594 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) performing acts beyond the scope of practice.

Francisco, Amy, CNA019287 Order of Suspension for violation of NRS 632.320 (14) failing to comply with Board order.

Frein, Randy, LPN11966 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.

Frein, Randy, LPN11966 Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Fultz, Chanell, CNA applicant Application denied 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

Funaki, Semisi, CNA017045 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.

Funaki, Semisi, CNA017045 Revoked for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Gali, Nancy, RN32643 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

Gallardo, Barbara, RN40966 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 failing to provide continuing education to the Board.

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.

Garciano, Mercy, RN47156 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards, and (30) failing to fulfill chief nurse duties.

George, Marsha, RN42625 Order of Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Graham, Cynthia, RN24864 Agreement for Fine of \$300 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active license.

Groendyke, Diana, RN35287 Order of Suspension for violation of NRS 632.320 (14) failing to comply with Board order.

Hagenbuch, Laurie, RN33250 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

Hall, Asuncion, RN56824 Application denied for violation of NRS 632.320 (1) fraudulent application, and (12) action in another state.

Hall, Geraldine, CNA applicant Application denied for violation of NRS 632.320 (1) fraudulent application, (2) criminal conviction, and (7) unprofessional conduct, and NAC 632.890 (36) practice without a license/certificate.

Harris, Thelma, LPN12906 Order of Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Hasbrouck, Heather, RN41951 Order of Suspension for violation of NRS 632.320 (14) failing to comply with Board order.

Hawk, Genevieve, RN44636 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.

Hayes, Tammy, CNA013019 Order of Revocation for violation of NRS 632.320 (14) failing to comply with Board order.

Hernandez, Ana, CNA020216 Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active certificate.

Hicks, Paula, RN37350 Order of Revocation for violation of NRS 632.320 (14) failing to comply with Board order.

Hodgins, Terri, CNA003170 Agreement for Reprimand for violation of NRS 632.320 (2) criminal conviction, and (13) deceive, defraud or endanger a patient or the general public.

Hoeg, Ricky, CNA012785 Renewal application denied for violation of NRS 632.320 (1) fraudulent application, (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Hodgins, Terri, CNA003170 Agreement for Reprimand for violation of NRS 632.320 (2) criminal conviction, and (13) deceive, defraud or endanger a patient or the general public.

Jerome, Gloria, CNA018481 Voluntary Surrender of Certificate for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (10) positive drug screen on duty.

Johnson, Keisha, CNA004300 Order of Suspension for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Joseph, Barbara, CNA005635 Agreement for Fine of \$100 and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without active certificate.

Kailiuli, Jennifer, RN37691 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

Kazlaskia, Jennifer, RN46760 Agreement for Reprimand for violation of NRS 632.320 (5) uses any controlled substances, dangerous drugs or intoxicating liquor, (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

Kim, Lupe, RN51581 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards.

Kirschner, Michael, CNA004532 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.

Ladroma, Maris, LPN09222 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, and (27) failing to perform nursing functions in a manner consistent with established or customary standards.

Laita, Frederick, LPN12967 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.

Lang, Terri, RN53207 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, (13) deceive, defraud or endanger a patient, and NAC 632.890 (18) diversion of equipment or drugs.

Leasure, Shannon, RN40888, APN000872 Agreement for Suspension and Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, and (13) deceive, defraud or endanger a patient or the general public.

Lykins, Erica, RN49190 Order of Reprimand and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Martin, Sandra, CNA020577 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment.

May, Thelma, RN18526 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (8) failing to safeguard.

McCleery, Susan, RN44753 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (10) positive drug screen on duty.

McCoy, Elizabeth, CNA applicant Application denied for violation of NRS 632.320 (1) fraudulent application, (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice, and (28) causing harm to a resident.

McKnight, Linda, RN50418 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Mendell, David, LPN Applicant Denied for violation of NRS 632.320 (2) criminal convictions, and (12) action in another state.

Mills, Lavelle, CNA applicant Application denied for violation of NRS 632.320 (2) criminal conviction, (7) unprofessional conduct, and NAC 632.890 (33) abuse/neglect of a patient.

Mitchell, Brandi, RN13296 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.

Moisa, Lorraine, CNA0221512 Order of Revocation for violation of NRS 632.320 (14) failing to comply with Board order.

Monlux, Roxanne, RN27610 Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, (5) controlled substances and/or alcohol, and (12) action in another state.

Newell, Nowell, CNA Applicant Denied for violation of NRS 632.320 (2) criminal convictions.

Nielsen, Dana, RN17264 Order of Reprimand, Probation and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (38) professional boundaries.

Olson, Robin, RN30218 Order of Revocation 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.

Ontog, Ferdinand, LPN12819 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, and (27) customary standards of practice.

Pagar, Rosemarie, RN42719 Order of 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.

Pierobello, Michael, RN48507 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, and (20) inaccurate recording, falsifying.

Ponce, Marilu, CNA016971 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.

Quinn, Connie, RN10584 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.

Ralphe, Rebecca, RN45825 Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct and, NAC 632.890 (35) failing to comply with Board order.

Real, Lorrene, RN33547 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.

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.

Redondo, Ferdinand, RN36991 Agreement for Fine of \$100, and Classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Rico, Kimberly, RN22806 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.

Riordan, Mia, CNA020940 Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (2) criminal conviction.

Robbins, Dana, RN Applicant Order of Probation for violation of NRS 632.320 (2) criminal convictions, (5) controlled substance and/or alcohol, and (12) disciplinary action against certificate.

Rodriguez, Mariglo, RN56590 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.

Ruiz, Gabriela, CNA015901 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Saculles, Daniel, RN45884 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.

Sage, Shirley, RN34152 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards, and (28) causing harm to a patient.

Scampoli, Barbara, LPN applicant Application denied for violation of NRS 632.320 (12) action in another state

Schooley, Laura, RN43824 Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs.

Sherwell, Cheryl, RN55042 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Smart, Gene, RN42511 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, (20) inaccurate recording, falsifying, and (27) customary standards of practice.

Smith, Nancy, CNA015402 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, Regina McCloud, CNA applicant Denied for violation of NRS 632.320 (1) fraudulent application, and (2) criminal convictions.

Smith, Shirley, CNA013314 Order of Revocation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.415 (1) failure to provide continuing education, and NAC 632.890 (10) positive drug screen on duty.

St. Clair, Diane, CNA008513 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.

Styles, Mary, RN24069 Agreement for Probation 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.

Swanson, Lindsey, RN52792 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, and (27) customary standards.

Tavityan, Araks, RN52583 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

Toney, Zakeeyaw, RN33550 Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

Toscano, Badrakaliyah, CNA015212 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.

Toups, Roxanne, RN56015 Order of Summary Suspension pending a formal hearing or agreed settlement with the Board.

Tugaoen, Linda, CNA011955 Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active certificate.

Warner, Cathy, RN20036 Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct and, NAC 632.890 (35) failing to comply with Board order.

Whitaker, Janice, RN12054 Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Willett, Beverly, RN51051 Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, and (12) action in another state.

Williams, Kim, RN56133 Agreement for Reprimand NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Williams, Suzanne, RN07547 Order of Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (30) failing to fulfill chief nurse duties.

Wilson, Janet, RN31331 Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (21) obtain, possess, furnish prescription drugs without authorization.

Young, Annie, CNA016894 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.

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

Ericson, Karen, CNA017950 Physical abuse

Citations for Practice Without A License/Certificate

Lerz, Linda

Perez, Tanelle

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.

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

Fred Olmstead, General Counsel

Legal Counsel

Dean Estes, Accountant/Technology Officer

Budget, Accounting and Payroll
Technology Support, Programming

Roseann Colosimo, PhD, MSN, RN, Education Consultant

Nursing Education Programs

CNA Training Programs

Continuing Education Programs
Education Advisory Committee Chair
Advanced Practice and International Graduate
Document Analysis

Patty Shutt, LPN, Site Operations Supervisor

Las Vegas Site Supervision
Advanced Practice Certificate Processing

Marianne Kadlic, Executive Assistant

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

Adela Smith, Management Assistant

Assistant to the Accountant/Technology Officer
Initial and Renewal Applications
Financial File Management
Nursing Personnel Lists

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-BC, Senior Investigator

Complaint Investigations
Nursing Practice Questions

Lark Muncy, RN, Investigator

Complaint Investigations
Nursing Practice Questions

Kathleen Reynolds, BHS, RN, Compliance Coordinator

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

Marilyn Schmit, RN, Application Coordinator

Application Review
Fraudulent Application Screening

Licensure/Certification

Sarah Bowen, Licensure Specialist

Licensure Eligibility Questions
Endorsement and Examination Applications
Continuing Education Providers
International 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
International Nurse Graduates and Licensure Issues

Support

Christie Daliposon, Management Assistant

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

Cyndie Souza, Management Assistant

Discipline Investigative Support
Yes Answer and Fraudulent Application Processing
Endorsement Forms
Board Meeting Preparation
Nursys Data Entry

Sherrie Frederick, Fingerprint Specialist

Fingerprint Processing
Fingerprint Report Screening
Fingerprint Capture

Michelle Wray, Fingerprint Assistant

Fingerprint Capture
Program Support
Inquiries, Information and Referrals

Ariadna Ramos Zavala, Receptionist

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

Kiley Smith, Receptionist

Renewal Applications
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Licensure and Certification Applications

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- Observation
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- Concurrent Review Nurse
- Case Manager RN



Please send your resume to:

MountainView Hospital, Human Resources, 3100 N. Tenaya Way, Las Vegas, NV 89128.

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