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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF NURSING

TIME: 9:15 A.M.

Board Room B
One Penn Center
2601 North Third Street
Harrisburg, Pennsylvania 17110

Wednesday, September 12, 2018

State Board of Nursing
September 12, 2018

BOARD/COMMISSION MEMBERS:

Linda L. Kmetz, PhD, RN, Chairperson
Ian J. Harlow, Commissioner of Professional and
Occupational Affairs - Absent
Ann Michele Coughlin, MBA, MSN, RN, Vice Chair
Suzanne Hendricks, BSBH, RN, LPN
Sue E. Hertzler, LPN
Linda A. Kerns, Esquire, Public Member
Kessey J. Kieselhorst, MPA, RD, LDN, CPHQ
Sherri Luchs, RN - Absent
Kristin Malady, BSN, RN
John M. O'Donnell, DrPH, RN, CRNA, MSN
Jason R. Owen, Esquire, Public Member
Bridget E. Vincent, MSN, CRNP, APN-BC, CCRN

BUREAU/DEPARTMENT PERSONNEL:

Judith Pachter Schulder, Esquire, Board Counsel
Megan E. Castor, Esquire, Board Counsel
Carol Clarke Smith, Esquire, Board Counsel
Margaret Sheaffer, Esquire, Board Prosecutor
Co-Liaison
T'rese Evancho, Esquire, Board Prosecutor
Co-Liaison
Jason Anderson, Esquire, Board Prosecutor
J. Karl Geschwindt, Esquire, Board Prosecutor
Keith Bashore, Esquire, Board Prosecutor
Anthony Cox, Esquire Board Prosecutor
Heather McCarthy, Esquire, Board Prosecutor
William Newport, Esquire, Board Prosecutor
Timothy Smith, Esquire, Board Prosecutor
Erin Fure, Esquire, Board Prosecutor,
Ricky Lewis, Esquire, Board Prosecutor
Adam Morris, Esquire, Board Prosecutor
David Schertz, Esquire, Board Prosecutor
Matthew Sniscak, Esquire, Board Prosecutor
Cynthia K. Miller, Board Administrator
Laurette Keiser, MSN, RN, Executive Secretary
Sue Petula, Ph.D., MSN, RN, NEA-BC, FRE, Nursing
Education Advisor
Wendy Miller, MSN, RN, Nursing Practice Advisor
Leslie House, MSN, RN, Nursing Practice Advisor

State Board of Nursing
September 12, 2018 (Continued)

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ALSO PRESENT:

- Nancy Houghton, CCIO-PNP and PAPNA
- Joan Campagna, RN, CCRN, President, Jersey Nurses Economic Security Organization
- Anna Brickman, Esquire
- Greg Francis, Esquire
- Jennifer Sporay, RDN-AP, CSO, LDN, CNSC, PA Academy of Nutrition and Dietetics
- Britte Earp, Ridge Policy Group
- Kathie Simpson, RN, Executive Director, PNAP
- Pamela Getting Stauffer, RN
- Mary Marshall, Director, Workforce & Professional Services, The Hospital and Healthsystem Association of Pennsylvania
- Jenn Eden, Education Affiliates
- Lori Sokolowsky, Education Affiliates
- Michael Siget, Esquire, Legislative and Regulatory Counsel, PA Medical Society
- Kevin Knipe, MSW, LSW, CCDP, Diplomate Program Manager, PHMP
- Dr. Rachel Levine, Physician General and Secretary of Health

1 ***

2 State Board of Nursing

3 September 12, 2018

4 ***

5 The regularly scheduled meeting of the State
6 Board of Nursing was held on Wednesday, September 12,
7 2018. Linda L. Kmetz, PhD, RN, Chairperson, called
8 the meeting to order at 9:15 a.m. Sue E. Hertzler,
9 LPN, was not present at the commencement of the
10 meeting.

11 Dr. Kmetz reviewed the emergency evacuation
12 procedures for One Penn Center.

13 ***

14 [Members of the Board and staff introduced themselves
15 as well as visitors in attendance. Dr. Kmetz called
16 for a moment of silence for Board Member Robert E.
17 Ames, who recently passed away.]

18 ***

19 Adoption of the Agenda

20 CHAIRPERSON KMETZ:

21 I call for adoption of today's agenda?

22 DR. O'DONNELL:

23 So moved.

24 MS. MALADY:

25 Second.

1 CHAIRPERSON KMETZ:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried unanimously.]

5 ***

6 Adoption of Minutes

7 CHAIRPERSON KMETZ:

8 Minutes of January 19, any additions or
9 corrections? Hearing none, may I have a
10 motion for approval?

11 MS. COUGHLIN:

12 So moved.

13 MS. HENDRICKS:

14 Second.

15 CHAIR KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously.]

19 ***

20 Report of Prosecutorial Division

21 [Chairperson Kmetz noted that Item Nos. 3 through 27
22 were VRP Consent Agreements.]

23 ***

24 [Jason Anderson, Esquire, Board Prosecutor, presented
25 Consent Agreements for File No. 16-51-10946; File No.

1 17-51-00006; File No. 17-51-06624; File No. 17-51-
2 014087; File No. 17-51-09477; and File No. 18-51-
3 03167.

4 Members Hendricks and Kerns recused from
5 discussion on File No. 16-51-10946; File No. 17-51-
6 00006; File No. 17-51-06624; File No. 17-51-09477; and
7 File No. 18-51-03167.]

8 ***
9 [Keith E. Bashore, Esquire, Board Prosecutor,
10 presented a Consent Agreement for File No. 17-51-
11 10802.

12 Members Hendricks and Kerns recused from
13 discussion on the matter.]

14 ***
15 [Anthony D. Cox, Jr., Esquire, Board Prosecutor,
16 presented Consent Agreements for File No. 17-51-11460;
17 File No. 18-51-00650; and File No. 18-51-00783.]

18 ***
19 [T'rese Evancho, Esquire, Board Prosecutor, presented
20 Consent Agreements for File No. 17-51-11029 and File
21 No. 18-51-004428.

22 Greg Francis, Esquire, Counsel for Respondent,
23 was also present for the discussion on File No. 17-51-
24 11029.]

25 ***

1 [Sue E. Hertzler, LPN, entered the meeting at 9:24
2 a.m.]

3 ***

4 [T'rese Evancho, Esquire, Board Prosecutor, on behalf
5 of Lindsay Szymanski, Esquire, Board Prosecutor,
6 presented Consent Agreements for File No. 15-51-07345;
7 File No. 16-51-09477; and File No. 18-51-01690.

8 Members Coughlin and Hendricks recused from
9 discussion on File No. 16-51-09477. Members
10 Hendricks, Kerns and Hertzler recused from discussion
11 on File No. 18-51-01690.]

12 ***

13 Appointment - Opioid Guidelines Presentation

14 [Dr. Rachel Levine, Physician General and Secretary of
15 Health, presented updated and new opioid guidelines
16 for the Board's consideration.

17 Dr. Levine stated the data indicates that over
18 5,400 lives were lost to overdoses in 2017. She
19 referred to pending legislation in the House and
20 Senate that would allow the Secretary of Health or the
21 Governor to declare a public health emergency.

22 Dr. Levine stated the current disaster protocol
23 allows 14 agencies to assemble in a command center
24 structure at the Pennsylvania Emergency Management
25 Association. She referred to a website called the

1 Pennsylvania Opioid Data Dashboard that summarizes
2 three response pillars, including prevention, rescue,
3 and treatment.

4 She discussed ways in which opioids are essential
5 to the practice of medicine but also noted that
6 opioids have been significantly overprescribed. Dr.
7 Levine specified that opioids need to be prescribed
8 more carefully and judiciously.

9 Dr. Levine commented that medical schools have
10 already been alerted to set core competencies for
11 graduating medical students.

12 Dr. Levine stated opioid prescriptions have
13 decreased by 20 percent in two years through these
14 opioid stewardship efforts, but opioids continue to be
15 prescribed to patients with certain types of chronic
16 pain.

17 The rescue effort involves the medication
18 Naloxone. \$5 million is in the 2017-2018 budget for
19 Naloxone for first responders and police.

20 Dr. Levine outlined treatment efforts, including
21 summits taking place throughout the state. She noted
22 45 Centers of Excellence for patients with Medicaid as
23 well as 8 Pennsylvania Coordinated Medication-Assisted
24 Treatments (PAC-MAT).

25 Dr. Levine referred to four prescribing

1 guidelines: a new guideline for Safe Prescribing for
2 Workers' Compensation and revisions to current
3 guidelines for chronic non-cancer pain, pediatrics and
4 adolescents and OB/GYN changes concerning the
5 treatment of pain during pregnancy and the use of
6 opioids in the treatment of pain in women who are
7 breastfeeding.

8 The Workers' Compensation guideline, already
9 approved by the State Board of Medicine, includes the
10 treatment of acute, subacute, and postoperative pain;
11 treatment of chronic pain; and helping people return
12 to work.

13 Guideline revisions were discussed, including
14 information regarding Codeine and Tramadol, assessing
15 acute pain in younger and communication impaired
16 patients, nonopioid pain treatment, and specialty
17 consultation.

18 Nonopioid treatment options that were added to
19 the chronic non-cancer pain guidelines include
20 acetaminophen, nonsteroidal anti-inflammatories, anti-
21 seizure medicines, SSRIs, local anesthetics, medical
22 marijuana, cognitive behavioral therapy, mindfulness-
23 based therapy, physical and occupational therapy,
24 massage, Yoga and Tai-Chi, interventional radiology
25 and therapy, epidural steroid injections, osteopathic

1 and chiropractic treatment, and acupuncture.

2 Dr. Levine emphasized two groups of patients,
3 chronic non-cancer pain patients and those who have
4 been on chronic opioids for an extended length of
5 time.

6 Dr. Michael Ashburn, Professor at the University
7 of Pennsylvania Medical School and Director of the
8 Pain Clinic at Penn Medicine, was noted as one of the
9 primary authors of the guidelines. Dr. Levine
10 commented on the collaboration of the state with
11 counties, other states, and law enforcement and
12 receives financial support from federal government
13 grants.]

14 MS. PACHTER SCHULDER:

15 Is there a motion to affirm the
16 Prescribing Guideline on Safe Prescribing
17 for Workmen's Compensation and to affirm
18 revised Obstetrics & Gynecology Opioid
19 Prescribing Guidelines, Prescribing
20 Guidelines for the Treatment of Chronic
21 Non-cancer Pain, and Safe Prescribing of
22 Opioids in the Pediatrics and Adolescent
23 Population?

24 MR. OWEN:

25 So moved.

1 MS. MALADY:

2 Second.

3 CHAIRPERSON KMETZ:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried unanimously.]

7 ***

8 [Dr. Levine also noted revisions to the emergency
9 department, dental, and pharmacist guidelines. New
10 guidelines currently being drafted include How to
11 Treat Pain in Patients Who Are Dependent on Opioids.
12 Future guidelines will include those for patients with
13 sickle cell disease. There was discussion related to
14 future guidelines for postoperative pain and the task
15 force committed to that matter. Dr. Levine suggested
16 that Board members discuss the possibility of working
17 on CRNP guidelines with the Commissioner.

18 Dr. Levine stated because of the Prescription
19 Drug Monitoring Program, doctor shopping in
20 Pennsylvania has been eliminated. She referred to a
21 hotline available to provide assistance or address
22 concerns regarding oneself, a family member or a
23 patient. Dr. Levine noted synthetic fentanyl produced
24 in laboratories in Asia as the most recent leading
25 cause of death.]

1 ***

2 Report of Prosecutorial Division (Continued)

3 [Erin K. Fure, Esquire, Board Prosecutor, presented a
4 Consent Agreement for File No. 18-51-00654.]

5 ***

6 [J. Karl Geschwindt, Esquire, Board Prosecutor,
7 presented Consent Agreements for File No. 12-51-02640,
8 File No. 16-51-04257, File No. 16-51-09968, and File
9 No. 16-51-11349.]

10 Members Hendricks and Kerns recused from
11 discussion on File No. 16-51-11349.]

12 ***

13 [Ricky Lewis, Esquire, Board Prosecutor, presented a
14 Consent Agreement for File Nos. 17-51-02504 and 17-51-
15 11261. File No. 18-51-004559 was withdrawn.]

16 ***

17 [Heather J. McCarthy, Esquire, Board Prosecutor,
18 presented Consent Agreements for File No. 17-51-06952
19 and File No. 17-51-09459.]

20 Members Hendricks and Kerns recused from
21 discussion on both matters.]

22 ***

23 [Adam Morris, Esquire, Board Prosecutor, presented
24 Consent Agreements for File No. 17-51-011723, File No.
25 17-51-13480, File No. 18-51-00689, and File No. 18-51-

1 03616.

2 Members Hendricks and Kerns recused from
3 discussion on File No. 17-51-13480 and File No. 18-51-
4 03616. Members Hendricks, Kerns and Hertzler recused
5 from discussion on File No. 18-51-00689.]

6 ***

7 [William Newport, Esquire, Board Prosecutor, presented
8 Consent Agreements for File No. 16-51-10893 and File
9 No. 17-51-06161.]

10 Members Hendricks and Kerns recused from
11 discussion on File No. 17-51-06161.]

12 ***

13 [David J. Schertz, Esquire, Board Prosecutor,
14 presented Consent Agreements for File No. 18-51-004305
15 and File No. 18-51-005929.]

16 ***

17 [Margaret Sheaffer, Esquire, Board Prosecutor,
18 presented Consent Agreements for File No. 18-51-
19 004369, File No. 18-51-004790 and File No. 18-51-
20 005965.]

21 Members Hendricks and Kerns recused from
22 discussion on File No. 18-51-004369.]

23 ***

24 [Timothy Smith, Esquire, Board Prosecutor, presented a
25 Consent Agreement for File No. 17-51-08890.]

1 ***
2 [Matthew Sniscak, Esquire, Board Prosecutor, presented
3 a Consent Agreement for File No. 18-51-01916.

4 Members Hendricks and Kerns recused from
5 discussion on the matter.]

6 ***
7 Regulation Update - Regulations Status Summary
8 [Judith Pachter Schulder, Esquire, Board Counsel,
9 stated the RN/PN committee meeting would be held to
10 discuss revisions to the nursing education program
11 regulations. There was no further updates on the
12 other regulations.]

13 ***
14 Legislative Update - Pennsylvania Update
15 [Judith Pachter Schulder, Esquire, Board Counsel,
16 noted that the legislature was in recess for the
17 summer.]

18 ***
19 Legislative Update - National Update
20 [Judith Pachter Schulder, Esquire, Board Counsel,
21 referred members to the legislative updates from NCSBN
22 for further review.]

23 ***
24 Report of Board Chairperson - No Report

25 ***

1 Report of Commissioner - No Report

2 ***

3 Report of Committees

4 Probable Cause Committee

5 [Suzanne Hendricks, BSBH, RN, LPN, reported that the
6 Probable Cause Committee moved on the following items:
7 21 Petitions for Appropriate Relief and 55 Petitions
8 for Mental and Physical Examination. There were no
9 Petitions for Immediate Temporary Suspension.]

10 ***

11 Application Review Committee

12 [Ann Michele Coughlin, MBA, MSN, RN, Vice Chair,
13 stated the Application Review Committee met and
14 reviewed applications.]

15 ***

16 Advanced Practice Committee

17 [John M. O'Donnell, DrPH, RN, CRNA, MSN, invited the
18 advanced practice representatives to report on their
19 efforts or any potential movement relevant to
20 legislation at the next Board meeting.]

21 ***

22 RN/PN Practice, Education, & Regulation

23 [Linda L. Kmetz, PhD, RN, Chairman, stated the RN/PN
24 Practice, Education and Regulation meeting will be
25 held later in the day.]

1 ***

2 Dietitian-Nutritionist - No Report

3 ***

4 IT & Communication Issues - No Report

5 ***

6 Report of Board Members Who Attended a Meeting on
7 Behalf of the Board

8 [Linda L. Kmetz, PhD, RN, Chairperson, reported that
9 she and Ms. Coughlin attended the National Council of
10 State Boards of Nursing (NCSBN) 2018 Annual Meeting.
11 She sadly noted that Ms. Coughlin was defeated in her
12 run for NCSBN Director at Large as she was part of a
13 huge field of well-known candidates.]

14 ***

15 Report of Executive Secretary

16 [Laurette Keiser, MSN, RN, Executive Secretary,
17 informed the Board that the LDN renewals deadline was
18 the end of September and the RN renewals deadline was
19 the end of October.

20 Ms. Keiser announced that Marilyn Teeter, former
21 Nursing Education Advisor, returned to the State Board
22 of Nursing as an annuitant.

23 She referred Board members to the NCSBN Delegate
24 Assembly Summary and videos for further review.]

25 ***

1 Old Business

2 [Laurette Keiser, MSN, RN, Executive Secretary, noted
3 the Commissioner's approval of the visit to the
4 simulation lab at WISER to enhance Board member
5 knowledge about the use of simulation in nursing
6 education. Dr. O'Donnell suggested November 12, 2018,
7 or November 26, 2018, as dates for visiting, but he
8 will contact Dr. Paul Phrampus, Director of WISER, to
9 confirm his availability on those dates. The
10 Commissioner and other members were invited to
11 attend.]

12 ***

13 New Business

14 NCSBN Basic Board of Nursing Investigator Training
15 (BONIT)

16 [Laurette Keiser, MSN, RN, Executive Secretary, noted
17 that a motion was needed to send an investigator to
18 this event scheduled for October 2 through October 4,
19 2018, in Rosemont, Illinois.]

20 MR. OWEN:

21 I so move that we send an investigator.

22 DR. O'DONNELL:

23 Second.

24 CHAIRPERSON KMETZ:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried unanimously.]

3 ***

4 2018 International Nurse Regulator Collaborative
5 Symposium

6 [Laurette Keiser, MSN, RN, Executive Secretary, noted
7 that the 2018 International Nurse Regulator
8 Collaborative Symposium was scheduled the same week as
9 the Board's October meeting.]

10 ***

11 NCSBN Simulation Guideline Workshops

12 [John M. O'Donnell, DrPH, RN, CRNA, MSN, had
13 discussion regarding the guidelines offered at the
14 workshops, including the use of simulation within
15 programs, the implementation of the guidelines,
16 applying the Standards of Best Practice, and the
17 benefits of the Society for Stimulation in Healthcare
18 (SSH) as a developmental pathway for simulation
19 instructors.]

20 Chairperson Kmetz commented on Dr. O'Donnell's
21 run for President of the SSH.]

22 ***

23 [The Board recessed from 10:12 a.m. until 10:24 a.m.]

24 ***

25 Appointment - PNAP/PHMP Annual Report and Practice

1 Site Restriction Discussion

2 [Kathie Simpson, Executive Director, Pennsylvania
3 Nurse Peer Assistance Program (PNAP), and Kevin Knipe,
4 Program Manager, Professional Health Monitoring
5 Program (PHMP), presented their 2017 Annual Report and
6 continued their previous discussion about the Board
7 interpreting and clarifying the monitored practice
8 language in PHMP Consent Agreements. The Board was
9 also requested to support the American Nurses
10 Association's position statement on substance use by
11 nurses and nursing students.

12 Ms. Simpson noted 1,099 open current clients as
13 of December 31st, 2017, 962 of which were being
14 monitored under a PNAP contract, 12 percent
15 confidentially monitored by PNAP only, and 88 percent
16 dually monitored by PHMP and PNAP. She stated, at any
17 given time, typically 130 to 150 were pending in the
18 referral process.

19 Ms. Simpson stated, since the inception of the
20 Program on May 17, 2009, 8,588 nurses have contacted
21 PNAP, 10 percent of whom chose not to participate, and
22 that number has climbed to 13 percent this year.

23 With regard to PNAP referrals by discipline, Ms.
24 Simpson stated of the nurses being monitored, 72% are
25 RNs; 30% are LPNs; 1.5% are CRNPs, and less than 1%

1 are dietitians.

2 The average age was noted to be 41 years old,
3 with 81 percent female and 19 percent male. She
4 discussed referral sources from complaints included
5 employers, a review of criminal actions on JNET

6 At the end of 2017, 56.4% of the nurses being
7 monitored have criminal convictions or criminal
8 charges pending and 64.4% of those charges were DUIs
9 not related to diversion. Ms. Simpson stated 28
10 nurses were charged with felonies under the Controlled
11 Substance, Drug, Device and Cosmetic Act (Drug Act),
12 and 98 misdemeanors under the Drug Act, 9 misdemeanors
13 under the Pharmacy Act, 37 other misdemeanors, and 328
14 DUIs. She indicated that 43 nurse still have criminal
15 charges pending.

16 Ms. Simpson reported that 41% of those referred
17 in 2017 and 20% since inception did not meet the
18 diagnostic criteria for monitoring. Thirty one
19 entered into contracts due to a diagnosed psychiatric
20 disorder without a substance abuse disorder.

21 Ms. Simpson referred the Board to the substances
22 that the monitored nurses were using: 51% for opiates,
23 81 have used Fentanyl, down from 106 the year before,
24 95 have used heroin, down from 112 the year before.
25 This is the first year 7 nurses died from a Fentanyl

1 or heroin overdose, which may be attributed to the
2 opioid epidemic.

3 Ms. Simpson stated that 173 nurses relapsed while
4 under contract, which represents a 13.2% rate in 2017.

5 She noted that monitored nurses are subject to at
6 least one random PEth testing that detects the
7 ingestion of alcohol up to three to four weeks prior
8 to the test.

9 Mr. Knipe explained the PEth tests are a very
10 useful and effective evaluation tool, especially with
11 the DUI population. He explained that a PEth test is
12 a blood test used to measure the metabolite of alcohol
13 and can detect controlled drinking a few days or two
14 weeks later. Ms. Simpson noted these tests identify a
15 relapse earlier and the nurse is able to get back into
16 treatment.

17 It was noted that the National Institute of Drug
18 Addiction reports a 40 to 60 relapse rate, and further
19 noted that Pennsylvania has been identified as one of
20 the top two peer assistance programs.

21 Ms. Simpson discussed the relapses in more detail
22 by noting that 34 involved opiates and 93 involved
23 alcohol. The six who relapsed after the use of Nyquil
24 were given a three-year extension as opposed to the
25 six-month extension.

1 Mr. Knipe stated the participants are informed of
2 the dangers in terms of what can and cannot be used.
3 Ms. Simpson commented that participants are educated
4 in depth with regard to the contract. Mr. Knipe noted
5 that the prohibition against avoiding all substances
6 containing alcohol, including alcohol in food or
7 beverages, medications, chemical solutions, cleaning
8 solutions, gasoline, hand sanitizers or other skin
9 preparations is part of the Agreement He noted the
10 incidental use language would not be considered as a
11 valid explanation. There was discussion concerning
12 the language in the agreements regarding the use of
13 Nyquil. Mr. Knipe stated participants are not
14 prevented from getting appropriate treatment for a
15 condition, but need to make sure there is a diagnosis
16 to support prescriptions containing alcohol and that
17 the healthcare practitioner treating that participant
18 is aware of that person's history and has considered
19 products that are nonalcoholic. Ms. Simpson stated a
20 PNAP participant who is prescribed opiates must keep a
21 medication administration log that is faxed to the
22 case manager.

23 It was noted that of the PNAP-monitored nurses
24 who relapsed have returned to practice within 11 and a
25 half months. The average time between lifting the

1 controlled substance restriction and the relapse was
2 12.4 months. Ms. Simpson noted that only 1 of the 31
3 nurses who returned to practice had diverted again
4 from the workplace.

5 Regarding PNAP violations, Ms. Simpson stated 127
6 violated their contract and were remanded to the legal
7 division by PHMP and refused to continue monitoring
8 with PNAP; 149 who violated while under contract were
9 remanded to the legal division by PHMP and continued
10 monitoring with PNAP for a total of 276 with
11 violations.

12 Ms. Simpson referred the Board to the PNAP
13 Referrals and Outcomes. Ms. Simpson stated 31
14 participants enrolled to document for reinstatement
15 but could not fulfill the requirements. She commented
16 that when people are documenting for reinstatement,
17 the Board requires 36 months of verifiable documented
18 recovery and monthly drug screens. 174 successfully
19 completed their contracts with 10 coming back after
20 successfully completing their contract or a 5.7
21 recidivism rate.

22 Ms. Pachter Schulder inquired whether PNAP was
23 still recommending three years of DMU for applicants,
24 supported by PNAP and already monitored, following
25 reinstatement. Ms. Simpson responded that typically

1 three years of monitoring is recommended because those
2 applicants have not been able to practice yet due to
3 their inability to demonstrate their ability to
4 practice safely and competently.

5 Ms. Simpson further noted that of the monitored
6 nurses, 710 were permitted to return to practice and
7 624 have returned.

8 Ms. Simpson referred the Board to PNAP's
9 statistics in the Report for Getting Nurses Back to
10 Work. 1,546 nurses with an active license who were
11 being monitored or have successfully completed PNAP
12 are employed. 86 have been permitted to return to
13 practice and are seeking employment. She noted the
14 employment rate as being up 5 percent from 2015.

15 It was noted that PNAP provided testimony to the
16 Board in 12 cases and assisted in working out
17 agreements between licensees and prosecuting attorneys
18 in 31 cases. PNAP hopes to continue to provide
19 documentation so that a participant who has violated a
20 VRP could then be put on probation. Ms. Simpson noted
21 that suspension would result in the participant being
22 placed on a Medicare and Medicaid exclusion list for a
23 minimum of five years or longer and that participant
24 would be unable to practice in any facility that
25 receives Medicare or Medicaid funds. She commented

1 that many of the judges and district attorneys now
2 recognize PNAP and its documented rehabilitation
3 efforts and often reduce those charges.

4

5 PNAP and PHMP asked the Board to interpret and
6 clarify language in the monitoring consent agreements.

7 Mr. Knipe noted, at the Board's December 2017
8 meeting, that he had provided information to the Board
9 with regard to why PHMP was monitoring nurses and how
10 decisions were made relative to lifting some of the
11 restrictions that the Board agreements and orders
12 placed on VRP and DMU nurse participants. He referred
13 Board members to the document requesting that the
14 Board members interpret and clarify the language in
15 the monitoring consent agreements for further
16 discussion.

17 Mr. Knipe explained that the first part provides
18 an overview of the standard language of consent
19 agreements used for PHMP cases. He noted the second
20 part provides an overview of how PNAP and PHMP are
21 currently monitoring the nurse participants, including
22 not allowing the participant to receive PHMP approval
23 to administer controlled substances for at least a
24 six-month period, not authorizing the participant to
25 work in a restricted area until that participant

1 submits to at least one year of monitored practice and
2 not considering a nurse participant to function as a
3 supervisor for the duration of the monitoring
4 agreement.

5 Questions regarding workplace monitoring
6 requirements have arisen especially involving the
7 direct supervision requirement and its limitation of
8 job opportunities for nurses, especially in the areas
9 of school nurses and home health.

10 Ms. Simpson commented that PNAP has been
11 inundated recently concerning this supervision matter
12 and would really like the Board of Nursing to define
13 the qualifications of a supervisor.

14

15 Ms. Simpson provided an example of a participant who
16 has met the criteria to return to work having
17 previously worked in the Intensive Care Unit or
18 Operating Room but was told to return to work in
19 med/surg first, which these days could afford more of
20 a risk.

21 Ms. Simpson referred to language from the
22 Pharmacy Practice Act that indicates that a pharmacist
23 does not require the physical presence of a supervisor
24 when returning to the workplace, but requires that a
25 supervisor be available telephonically or

1 electronically for consultation.

2 Ms. Pachter Schulder questioned the purpose of
3 direct supervision. Mr. Knipe noted the premise
4 around direct supervision was not something PHMP asked
5 the Board to put into the agreement but was something
6 that the Board decided was appropriate.

7 Ms. Pachter Schulder noted that since inclusion
8 of the provision was Board-driven and not a desire on
9 behalf of PNAP or PHMP, the Board will consider
10 whether to continue the restriction. She requested a
11 recommendation with regard to practice locations.

12 Ms. Simpson stated, in her capacity as President-
13 Elect for the National Organization of Alternative
14 Programs, she has consulted with other states. She
15 commented that some of the states have been more
16 proactive than others with regard to the changes in
17 nursing. She commented that as Director of the
18 Pharmacy Program she does not see the volume of cases
19 as seen in nurses, that the pharmacists tend to be
20 more compliant.

21 Ms. Simpson further commented that the data over
22 the past nine years has proven the success of the
23 program. She therefore recommended that matters be
24 reviewed on a case-by-case basis and recommended that
25 no nurse be allowed to do homecare or any direct

1 patient care totally unsupervised.

2 She believes that if a participant meets the
3 criteria to return to practice, the participant
4 returns without the controlled substance restriction
5 to the practice of their experience.

6 Ms. Simpson noted her interpretation of the
7 supervision provision was that RNs cannot be the
8 director of nursing but could be the charge nurse on
9 three to eleven to make assignments. She commented
10 that even though that was a supervisory role, an
11 individual cannot work in a nursing home unless
12 another RN was in the building.

13 Mr. Knipe was asked to make recommendations with
14 regard to restrictions attached to settings. He noted
15 that PHMP had no recommendation. Ms. Pachter Schulder
16 inquired if it would be satisfactory if the Board
17 would eliminate them all, except for home health and
18 private duty which PNAP would oppose. Mr. Knipe
19 stated the request of the Board would be carried out
20 per the agreement as it pertains to the monitoring,
21 supervision and practice of nurse.

22 Dr. O'Donnell commented that both PNAP and PHMP
23 help nurses get back to practice under the current
24 restrictions. He noted the reduction of restrictions
25 would be a potential risk to the people being

1 monitored and should be thought about carefully.

2 Also, Dr. O'Donnell would like to review the
3 information from an evidence-based standpoint to make
4 an informed decision. He also had concerns regarding
5 the supervisory component.

6 Mr. Knipe responded with his approach from the
7 standpoint that the participant has to prove their
8 ability to practice safely and further responded that
9 modification is the issue. Mr. Knipe does not feel
10 that evidence-based materials exist.

11 Ms. Simpson discussed the consistent 3 percent
12 relapse rate for pharmacists and indicated they go
13 back to work after three months doing inpatient rehab,
14 outpatient rehab, meeting criteria and begin
15 dispensing narcotics without direct supervision. She
16 also talked about the required healthcare professional
17 group therapy meetings attended by both pharmacists
18 and nurses. Ms. Simpson recommended the controlled
19 substance restriction placed on participants be lifted
20 after all compliances have been met.

21 With regard to participants working from home as
22 case managers or permitted to work from home during
23 inclement weather, Ms. Simpson provided an example of
24 nurses working in a facility and, due to inclement
25 weather, the facility was closed. The nurses were not

1 allowed to work from home, because there was no direct
2 supervision. She inquired if those nurses could then
3 accept a position as manager of employee health or
4 utilization review where there was no direct patient
5 care.

6 Ms. Pachter Schulder suggested that the Board
7 review the pharmacy agreement to review the
8 differences from the nurse agreement.

9 Mr. Knipe explained that direct supervision
10 limits a nurse to a facility-based practice where a
11 supervisor is available within the facility they are
12 practicing, not necessarily eyed the entire time
13 period but within the facility.

14 Ms. Pachter Schulder stated the Board would
15 accept any evidence-based information for review. It
16 will also review the pharmacy agreements to determine
17 the differences. She noted that Ms. Keiser
18 recommended that a subcommittee be formed to review
19 the agreements and report back for further discussion.

20 Ms. Simpson commented that Pennsylvania, Florida,
21 California, and Louisiana compiled statistics. She
22 attempted to replicate a survey conducted by a
23 representative from Massachusetts who had done one for
24 the physicians' program. Ms. Simpson can provide
25 additional examples if requested.

1 Ms. Hendricks volunteered to Chair. Ms.
2 Hertzler, Ms. Vincent, and Ms. Coughlin volunteered to
3 participate on the committee to review the
4 agreements.]

5 ***
6 [Megan E. Castor, Esquire, Board Counsel, exited the
7 meeting at 11:28 a.m.]

8 ***
9 Committee Meetings
10 RN/PN Practice, Education and Regulation Committee
11 [Judith Pachter Schulder, Esquire, Board Counsel,
12 reminded the Board that more than a year and a half
13 ago, it reviewed the nursing education program
14 regulations and decided to consolidate all of the
15 education provisions in the regulations and put them
16 together in one chapter. She noted that in light of
17 PALS and reviewing processes operationally, the
18 revisions were reviewed again.

19 She stated, additionally, the Board had had
20 increased experience with licenses on provisional
21 status and the need in the regulations to consider the
22 restrictions that the Board may or may not have the
23 authority to impose. Ms. Pachter Schulder noted there
24 had been numerous meetings with herself, Dr. Petula,
25 Dr. Holt, and Ms. Keiser to review the matter.

1 Ms. Pachter Schulder referred to 21.916,
2 Accreditation, that requires both programmatic and
3 institutional accreditation. The timeframe was
4 decreased from a 10-year implementation to three years
5 of publication. There was discussion regarding a
6 recommendation that within 30 days of obtaining
7 accreditation, that the Board would receive a copy of
8 the notice of accreditation and the site visit of the
9 accreditation, that failure to obtain or maintain
10 accreditation or if denied accreditation can result in
11 Board approval being withdrawn and that a list of
12 accreditation agencies would be posted by the Board.

13 The Board discussed approval processes and that
14 the current regulations have a separate provision for
15 the three types of approvals: Initial, provisional
16 and full approval. In the revision the approval
17 statuses are moved to the definitions.

18 Ms. Pachter Schulder referred to Minimum
19 Standards for Nursing Education Programs, Section
20 21.915, Standards, for further discussion. She stated
21 the current regulations have only one minimum
22 standard, to achieve a minimum pass rate. In the
23 revision, there are an additional 13 standards,
24 matching the requirements for establishment of a
25 program. For example, the nursing education program

1 must be housed within a controlling institution that
2 is authorized to provide that education. Ms. Pachter
3 Schulder provided an example that if the Pennsylvania
4 Department of Education (PDE) approval is lost, that
5 would be failure to meet a standard. Also, a
6 systematic evaluation plan must be maintained,
7 deficiencies must be remediated and policies have to
8 be enforced.

9 Another new standard would require that faculty
10 be competent and that competence must be maintained
11 with regard to licensure, national certification and
12 other educational credentials. There must be
13 sufficient faculties, facilities and clinical agencies
14 to meet the needs of the students enrolled.

15
16 Ms. Pachter Schulder asked the Board to consider
17 whether there should be a minimum retention rate for
18 the programs. The Committee also recommends
19 several prohibitions: a program cannot utilize
20 students to meet staffing needs in healthcare
21 facilities, may not have more than two administrators
22 in an academic year unless due to an emergency or
23 engage in fraud, deceit or material misrepresentation.

24

25 She discussed the initial approval that occurs

1 after the Board votes and then the need for Board
2 staff to physically review the location. Once a
3 graduating class achieves the minimum pass rate and
4 meets standards and accreditation, it then meets full
5 approval status. If in the process there are minimum
6 standard issues, a program may go into provisional
7 status that could take it back then to either initial
8 or full status.

9 Ms. Pachter Schulder referred to 21.911(b), for
10 discussion of changes in approval status. Under
11 21.915(a)(1), a nursing education program would be
12 placed on provisional status if it did not meet
13 minimum pass rates. Under 21.915(a)(2), the program's
14 approval status could be removed if there is no
15 accreditation. As an example, Ms. Pachter Schulder
16 referred to the recent ACICS accreditation issue
17 regarding implementation of the change in status.

18
19 In 21.915(a)(3) a controlling institution that
20 loses its authority to operate as a nursing education
21 program from PDE and would be placed on provisional
22 status and could be subject to removal by the Board.
23 The other standards in 21.915(a)(4) to (a)(12) that
24 were discussed previously would require hearings.

25 She stated those programs on provisional status

1 would need to notify the applicant and students in the
2 program within 30 days of the status of the program
3 with a copy of the notice submitted to the Board.

4 The Board also discussed revisions to proposed
5 21.911,
6 21.912, 21.913 and 21.914. Ms. Pachter Schulder
7 referred members to 21.912(c) for review of the list
8 of restrictions related to a nursing education program
9 on provisional status. These restrictions would
10 prohibit the admission of another class, the addition
11 of cohorts or program option, the addition of any
12 delivery methods, the addition of another specialty or
13 degree, the addition of any more program sites, limit
14 the size of a class or cohort, and require the program
15 to submit quarterly reports with regard to steps being
16 taken to remediate any deficiency.

17 There was discussion regarding the length of
18 provisional status that originally was two years,
19 depending on the length of the program. Ms. Pachter
20 Schulder stated that under the new standard the Board
21 could extend the provisional status following
22 submission of evidence and presentation by the
23 administrator that the program was making demonstrable
24 progress towards correcting deficiencies.

25 Under proposed 21.912(g) once the minimum

1 standards were met, the program would go to full
2 approval status if accreditation was obtained or
3 initial approval status if accreditation was not yet
4 obtained. Ms. Pachter Schulder explained that this
5 means a program would go back to initial status until
6 accreditation was obtained.

7 Ms. Pachter Schulder asked the Board to consider
8 whether any more standards should be added and what
9 the retention rate should be. She noted that the
10 recommendation regarding the retention rate was a
11 struggle for the committee in light of program
12 administrators' discussions in the past that due to
13 the unique nature of their program, some people
14 accepted into the program were successful and some
15 were not, so there was the inability for retention.
16 Ms. Pachter Schulder referred to a PBS presentation
17 regarding LaGuardia University that discussed the
18 school's low retention rate.]

19 ***

20 [Linda A. Kerns, Esquire, Public Member, exited the
21 meeting at 11:54 a.m.]

22 ***

23 [Dr. Petula noted that in reviewing report data the
24 average retention rate was approximately 28 percent.
25 She referred to different types of schools having more

1 stringent academics requirements.

2 Dr. Kmetz commented that these recommendations
3 really mirror the recommendations of ACEN. She noted
4 that PDE defines retention as completion of the
5 program within one and a half times the length of the
6 program.

7]

8 ***

9 [Linda A. Kerns, Esquire, Public Member, re-entered
10 the meeting at 11:57 a.m.]

11 ***

12 [Retention rates were noted to be decreasing yearly.
13 Board members discussed accreditation concerns as it
14 relates to retention rates. Ms. Pachter Schulder
15 suggested that another section may have to be added
16 addressing reasons why retention rates have not been
17 met.

18 Board members were referred to Section 21.917,
19 Minimum Student Admission Requirements, for further
20 discussion. She asked for feedback from Board members
21 with regard to the way the standard was written and as
22 it applies to CRNPs, was it acceptable to have a
23 Temporary Practice Permit (TPP) or should a license be
24 required?

25 Ms. Pachter Schulder stated that under Section

1 (a)(2) of the standard, a letter would be obtained
2 stating the student registered in the Commonwealth has
3 met academic requirements for a BSN and, therefore,
4 would be permitted to be given a license or temporary
5 permit. The Committee thought that it was acceptable
6 to have a TPP as it was the equivalent of having a
7 license.

8 The Board discussed Section 21.961(c) involving
9 nursing education program handbooks. The
10 recommendation is that they detail the steps to be
11 completed, including a prelicensure testing in order
12 for the program to transmit the nursing verification
13 to the Board. It was noted that another provision is
14 needed to clarify that a student must pass the course
15 and cannot take another kind of test, including a
16 licensure predictor test, in lieu of passing the
17 course.]

18 ***

19 [Pursuant to Section 708(a)(5) of the Sunshine Act,
20 the Board entered into Executive Session with Judith
21 Pachter Schulder, Esquire, at 12:24 p.m. for the
22 purpose of conducting quasi-judicial deliberations on
23 matters that are pending before the Board. The Board
24 returned to open session at 2:28 p.m.]

25 ***

1 So moved.

2 MS. COUGHLIN:

3 Second.

4 CHAIRPERSON KMETZ:

5 All those in favor? Opposed?

6 Abstentions?

7 [The motion carried unanimously.]

8 ***

9 MS. PACHTER SCHULDER:

10 Is there a motion to approve the
11 following Consent Agreements for which
12 there are no abstentions: 17-51-014087,
13 18-51-00650, 18-51-00783, 17-51-11029,
14 18-51-004428, 18-51-00654, 12-51-02640,
15 16-51-04257, 16-51-09968, 17-51-02504 &
16 17-51-11261, 17-51-011723, 16-51-10893,
17 18-51-004305, 18-51-005929, 18-51-
18 004790, 18-51-005965, 17-51-08890, and
19 15-51-07345?

20 MR. OWEN:

21 So moved.

22 MS. HENDRICKS:

23 Second.

24 CHAIRPERSON KMETZ:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried unanimously.]

3 MS. PACHTER SCHULDER:

4 The Respondent's name for File No. 17-
5 51-014087 is Molly Faye Caves, LPN. The
6 Respondent's name for File No. 18-51-
7 00650 is Irene Lakacauskis Bogdan, RN.
8 The Respondent's name for File No. 18-
9 51-00783 is Jamie Victoria Stevenson,
10 CRNP, RN. The Respondent's name for
11 File No. 17-51-11029 is Megan Marie
12 Dunn, RN. The Respondent's name for
13 File No. 18-51-004428 is William S.
14 McGrath, RN. The Respondent's name for
15 File No. 18-51-00654 is David James
16 Reidy, RN. The Respondent's name for
17 File No. 12-51-02640 is Patricia Bartle
18 McGill, RN. The Respondent's name for
19 File No. 16-51-04257 is Lisa Marie
20 Grover, RN. The Respondent's name for
21 File No. 16-51-09968 is Randi Paul
22 Altmark, RN. The Respondent's name for
23 File No. 17-51-02504 & 17-51-11261 is
24 Dean C. Shuck, RN. The Respondent's name
25 for File No. 17-51-011723 is Ruth Ann

1 Canfield, RN. The Respondent's name for
2 File No. 16-51-10893 is Jenna P. Pick,
3 LPN. The Respondent's name for File No.
4 18-51-004305 is Hillary Jayne Skipper,
5 LPN. The Respondent's name for File No.
6 18-51-005929 is Melissa Suzanne Whiting,
7 LPN. The Respondent's name for File No.
8 18-51-004790 is Veronica J. Schollaert,
9 RN. The Respondent's name for File No.
10 18-51-005965 is Barbara Andreassi
11 Werner, RN. The Respondent's name for
12 File No. 17-51-08890 is Lashawn M.
13 Mosley, RN. The Respondent's name for
14 File No. 15-51-07345 is Ellen Dillinger
15 Nicholson, LPN.

16 ***

17 MS. PACHTER SCHULDER:

18 Is there a motion to adopt the following
19 Consent Agreements for which Members
20 Hendricks and Kerns were recused: 16-
21 51-10946, 17-51-00006, 17-51-06624, 17-
22 51-09477, 18-51-03167, 17-51-10802, 16-
23 51-11349, 17-51-06952, 17-51-09459, 17-
24 51-13480, 18-51-03616, 17-51-06161, 18-
25 51-004369, and 18-51-01916?

1 MR. OWEN:

2 So moved.

3 MS. HENDRICKS:

4 Second.

5 CHAIRPERSON KMETZ:

6 All those in favor? Opposed?

7 Abstentions?

8 [The motion carried. Members Hendricks and Kerns
9 recused from deliberations and voting on the motion.]

10 MS. PACHTER SCHULDER:

11 The Respondent's name for File No. 16-
12 51-10946 is Misty Marie Stevenson, LPN.
13 The Respondent's name for File No. 17-
14 51-00006 is Neil A. Briggs, LPN. The
15 Respondent's name for File No. 17-51-
16 06624 is Lori Christine Duncan, LDN.
17 The Respondent's name for File No. 17-
18 51-09477 is Megan Hawkins, RN. The
19 Respondent's name for File No. 18-51-
20 03167 is Patricia Ann Farrell, RN. The
21 Respondent's name for File No. 17-51-
22 10802 is Jessica Christine Hemphill, RN.
23 The Respondent's name for File No. 16-
24 51-11349 is Michael J. Kotch, RN. The
25 Respondent's name for File No. 17-51-

1 06952 is Karen L Phillips, RN. The
2 Respondent's name for File No. 17-51-
3 09459 is Kimberly Ann Curnutt, RN, LPN.
4 The Respondent's name for File No. 17-
5 51-13480 is Angela Streeper, RN. The
6 Respondent's name for File No. 18-51-
7 03616 is Sheryl A. Forster, RN. The
8 Respondent's name for File No. 17-51-
9 06161 is Mark J. Herkert, RN. The
10 Respondent's name for File No. 18-51-
11 004369 is Erica Marie Bauer, RN. The
12 Respondent's name for File No. 18-51-
13 01916 is Rebecca Rose Woodring, RN, LPN.

14 ***

15 MS. PACHTER SCHULDER:

16 Is there a motion to adopt the following
17 Consent Agreements for which Members
18 Hendricks, Kerns, and Hertzler were
19 recused: 18-51-00689 and 18-51-01690?

20
21 MR. OWEN:

22 So moved.

23 DR. O'DONNELL:

24 Second.

25 CHAIRPERSON KMETZ:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried. Members Hendricks, Kerns, and
4 Hertzler recused from deliberations and voting on the
5 motion.]

6 MS. PACHTER SCHULDER:

7 The Respondent's name for File No. 18-
8 51-00689 is Elizabeth Lee Miller, RN.

9 The Respondent's name for File No. 18-
10 51-01690 is Allen R. Latherow, LPN.

11 ***

12 MS. PACHTER SCHULDER:

13 Item No. 44 has been withdrawn.

14 Is there a motion to deny the
15 request for reconsideration on the
16 Request for Stay in the matter of Miriam
17 Eileen Ashby, LPN, File No. 15-51-13108?

18 MR. OWEN:

19 So moved.

20 MS. KIESELHORST:

21 Second.

22 CHAIRPERSON KMETZ:

23 All those in favor? Opposed?

24 Abstentions?

25 [The motion carried unanimously.]

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MS. PACHTER SCHULDER:

Is there a motion to adopt the following
Consent Agreement for which Members
Coughlin and Hendricks recused: 16-51-
09477?

MR. OWEN:

So moved.

MS. HERTZLER:

Second.

CHAIRPERSON KMETZ:

All those in favor? Opposed?
Abstentions?

[The motion carried unanimously.]

MS. PACHTER SCHULDER:

The Respondent's name for File No. 16-51-
09477 is Kendall T. Frazier, RN.

MS. PACHTER SCHULDER:

Is there a motion to deny the request to
modify the Consent Agreement in the
matter of Michael A. Lancetta, RN?

MR. OWEN:

So moved.

MS. COUGHLIN:

1 Second.

2 CHAIRPERSON KMETZ:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried unanimously.]

6 ***

7 MS. PACHTER SCHULDER:

8 Is there a motion to deny the Consent
9 Agreement in 17-51-11460?

10 MR. OWEN:

11 So moved.

12 DR. O'DONNELL:

13 Second.

14 CHAIRPERSON KMETZ:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried unanimously.]

18 ***

19 MS. PACHTER SCHULDER:

20 Patricia Nutt, RN, that's 14-51-06936,
21 is there a motion to authorize Counsel
22 to prepare an Adjudication and Order?

23 MS. COUGHLIN:

24 So moved.

25 MS. HENDRICKS:

1 Second.

2 CHAIRPERSON KMETZ:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried unanimously.]

6 ***

7 MS. PACHTER SCHULDER:

8 On the Motions to Enter Default and Deem
9 Facts Admitted and Motions for Judgment
10 on the Pleadings, Item No. 83, which is
11 Angela Streeper, RN, and 96, Ruth Ann
12 Canfield, RN, we now do not need to take
13 any further action on, because we have
14 approved the Consent Agreement.

15 Is there a motion to Enter Default
16 and Deem Facts Admitted and authorize
17 Counsel to prepare an Adjudication and
18 Order in the matter of Casey Swisher,
19 LPN, 17-51-08805, for which Members
20 Hendricks and Hertzler are recused?

21 DR. O'DONNELL:

22 So moved.

23 MS. COUGHLIN:

24 Second.

25 CHAIRPERSON KMETZ:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried. Members Hendricks and Hertzler
4 recused from deliberations and voting on the motion.]

5 ***

6 MS. PACHTER SCHULDER:

7 Is there a motion to Enter Default and
8 Deem Facts Admitted and authorize
9 Counsel to prepare Adjudications and
10 Orders for the following matters for
11 which Members Hendricks and Kerns are
12 recused: Jessica Silva, LPN, 16-51-
13 12264; Lisa M. Doffin, LPN, 17-51-10470;
14 and Courtney Engle, RN, 17-51-10602?

15 MR. OWEN:

16 So moved.

17 MS. HERTZLER:

18 Second.

19 CHAIRPERSON KMETZ:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried. Members Hendricks and Kerns
23 recused from deliberations and voting on the motion.]

24 ***

25 MS. PACHTER SCHULDER:

1 Is there a motion to Enter Default and
2 Deem Facts Admitted and authorize
3 Counsel to prepare an Adjudications and
4 Orders in the matters which have no
5 recusals: Kelly Jinno, LPN, 18-51-
6 004434; Justin Taylor, LPN, 17-51-02051;
7 Vasilike Sylvestri aka Vasilike Pappas,
8 RN, 17-51-05034; Jessica Vance, LPN, 17-
9 51-013515; Paige Holwood, RN, 18-51-
10 00646; Leslie Stempin, RN, 17-51-03893;
11 Kristi Sheets, RN, 16-51-07382; Pamela
12 Smith, LPN, 16-51-14257; Danielle
13 Georgette Brown, RN, 17-51-08811;
14 Jennifer Ann Fillinger, RN, 17-51-07497;
15 Michelle E. Hendrickson, LPN, 16-51-
16 08367; and Rhonda L. Eppinger, RN, 16-
17 51-02632?

18 MR. OWEN:

19 So moved.

20 MS. HENDRICKS:

21 Second.

22 CHAIRPERSON KMETZ:

23 All those in favor? Opposed?

24 Abstentions?

25 [The motion carried unanimously.]

1 ***

2 MS. PACHTER SCHULDER:

3 Is there a motion to Enter Default and
4 Deem Facts Admitted and authorize
5 Counsel to prepare an Adjudication and
6 Order in the matter of Jeffery W.
7 Judson, RN, 18-51-00005, for which
8 Members Hendricks, Hertzler, and Kerns
9 are recused?

10 MS. COUGHLIN:

11 So moved.

12 MR. OWEN:

13 Second.

14 CHAIRPERSON KMETZ:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried. Members Hendricks, Hertzler, and
18 Kerns recused from deliberations and voting on the
19 motion.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to authorize Counsel
23 to prepare Adjudications and Orders in
24 the matters of David Adenaike, RN, 15-
25 51-13782; Leslie R. McGuire, LPN, 17-51-

1 [The motion carried. Members Hendricks and Kerns
2 recused from deliberations and voting on the motion.]

3 ***

4 MS. PACHTER SCHULDER:

5 Is there a motion to adopt the Hearing
6 Examiner's Proposal and substitute a
7 Board Order in the matters of Theolonius
8 Dutton, RN, 18-51-00936; Linda
9 Kalinowski Jedju, RN, 16-51-02170; and
10 Patience Marie Paskman, RN, 17-51-07696?

11 MR. OWEN:

12 So moved.

13 MS. HENDRICKS:

14 Second.

15 CHAIRPERSON KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously.]

19 ***

20 MS. PACHTER SCHULDER:

21 Is there a motion to issue a Memorandum
22 and Order in the matter of Rebecca
23 Wilson, RN, 16-51-00660?

24 MR. OWEN:

25 So moved.

1 MS. HENDRICKS:

2 Second.

3 CHAIRPERSON KMETZ:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried unanimously.]

7 ***

8 MS. PACHTER SCHULDER:

9 Is there a motion to adopt the Hearing
10 Examiner's Proposal for Rachael Stull,
11 LPN, 16-51-07659, for which Members
12 Coughlin and Hendricks are recused?

13 DR. O'DONNELL:

14 So moved.

15 MR. OWEN:

16 Second.

17 CHAIRPERSON KMETZ:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Members Coughlin and Hendricks
21 recused from deliberations and voting on the motion.]

22 ***

23 MS. PACHTER SCHULDER:

24 Is there a motion to adopt the Hearing
25 Examiner's Proposals for which there are

1 no recusals in Lyndora Jackson, RN, 17-
2 51-07301; Natalie Grubbs, LPN, 17-51-
3 06198; and Jaxson Schaefer, RN, 16-51-
4 07275?

5 MS. HENDRICKS:

6 So moved.

7 MS. KIESELHORST:

8 Second.

9 CHAIRPERSON KMETZ:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried unanimously.]

13 ***

14 MS. PACHTER SCHULDER:

15 Is there a motion to adopt the following
16 Draft Adjudication and Order for which
17 Members Coughlin, Hendricks, and Malady
18 are recused: Brandon Almand, RN, 16-51-
19 08054?

20 MR. OWEN:

21 So moved.

22 MS. HERTZLER:

23 Second.

24 CHAIRPERSON KMETZ:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried. Members Coughlin, Hendricks, and
3 Malady recused from deliberation and voting on the
4 motion.]

5 ***

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the Draft
8 Adjudications and Orders for which
9 Members Hendricks and Kerns are recused:
10 Deborah Bell, LPN, 17-51-12321; Megan
11 Boyd, LPN, 17-51-10225; Gregory
12 Carpenter, RN, PA, 16-51-06177; Joel
13 Chapman, LPN, 16-51-00536; Airica
14 Cooper, RN, 16-51-12730; Cayla Cygan,
15 LPN, 17-51-11499; Colleen Gaffney, RN
16 17-51-10517; Tammy Hernandez, RN, 16-51-
17 10156; Misty Hollenbach, LPN, 16-51-
18 08159; Joyce A. Paravate, RN, 17-51-
19 04753; Mark Elwood Persun, LPN, 17-51-
20 07092; Lynn Omelchenko, LPN, 17-51-
21 13760; Shannon M. Parrish, LPN, 17-51-
22 07643; Linda Ann Kelly, LPN, 17-51-
23 09879; Patrice M. Neville, LPN, 17-51-
24 13982; Pamela Stauffer, RN, 16-51-14674;
25 Angela Smith, RN, 17-51-02771, Mark

1 Solesky, RN, LPN, 17-51-09396; Jacquelyne
2 Stubna, RN, 17-51-11896; Rebecca
3 Troutman, LPN, 17-51-04147; Erin Walsh,
4 LPN, 17-51-00280; Jaime Shank, LPN, 17-
5 51-12786; and Lauren Smith, RN, 17-51-
6 02770?

7 MR. OWEN:

8 So moved.

9 DR. O'DONNELL:

10 Second.

11 CHAIRPERSON KMETZ:

12 All those in favor? Opposed?

13 Abstentions?

14 [The motion carried. Members Hendricks and Kerns
15 recused from deliberations and voting on the motion.]

16 ***

17 MS. PACHTER SCHULDER:

18 Is there a motion to adopt the following
19 Draft Adjudications and Orders for which
20 Members Coughlin and Kerns are recused:
21 Hope Carneval, LPN, 16-51-11790; and
22 Anthony John Marx, RN, 17-51-00212?

23 MR. OWEN:

24 So moved.

25 MS. HERTZLER:

1 Second.

2 CHAIRPERSON KMETZ:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried. Members Coughlin and Kerns
6 recused from deliberations and voting on the motion.]

7 ***

8 MS. PACHTER SCHULDER:

9 Is there a motion to adopt the following
10 Draft Adjudications and Orders for which
11 Members Coughlin and Hendricks are
12 recused: Amy Depenhart aka Nelms, RN,
13 LPN, 15-51-15174; Erica White, LPN, 15-
14 51-02608; and Chandra Wright, LPN, 15-
15 51-08633?

16 MR. OWEN:

17 So moved.

18 DR. O'DONNELL:

19 Second.

20 CHAIRPERSON KMETZ:

21 All those in favor? Opposed?

22 Abstentions?

23 [The motion carried. Members Coughlin and Hendricks
24 recused from deliberations and voting on the motion.]

25 ***

1 MS. PACHTER SCHULDER:

2 Is there a motion to adopt the following
3 Draft Adjudication and Order for which
4 Members Hertzler and Hendricks are
5 recused: Joseph Hriecenak, Jr., LPN,
6 17-51-02605?

7 MR. OWEN:

8 So moved.

9 MS. COUGHLIN:

10 Second.

11 CHAIRPERSON KMETZ:

12 All those in favor? Opposed?

13 Abstentions?

14 [The motion carried. Members Hertzler and Hendricks
15 recused from deliberations and voting on the motion.]

16 ***

17 MS. PACHTER SCHULDER:

18 Is there a motion to adopt the following
19 Draft Adjudications and Orders for which
20 Members Hendricks, Hertzler, and Kerns
21 are recused: Janet L. Roark, LPN, 17-
22 51-11624; Shane M. Olkus, RN, 17-51-
23 010584; Jamie Lynn McClland, RN, LPN,
24 17-51-014273; and Nicole Whipkey, RN,
25 17-51-13727?

1 MR. OWEN:

2 So moved.

3 DR. O'DONNELL:

4 Second.

5 CHAIRPERSON KMETZ:

6 All those in favor? Opposed?

7 Abstentions?

8 [The motion carried. Members Hendricks, Kerns, and
9 Hertzler recused from deliberations and voting on the
10 motion.]

11 ***

12 MS. PACHTER SCHULDER:

13 Is there a motion to adopt the following
14 Draft Adjudications and Orders: Linda
15 Bigay, RN, 16-51-09963; Lesa Collins,
16 RN, 16-51-11695; Blythe Crawley, LPN,
17 16-51-03300; Bobbi Dehner, LPN, 17-51-
18 06819; Rebekah Eckles, LPN, 16-51-06653;
19 Tracie Elam, LPN, 16-51-02033; William
20 Griffiths, RN, 18-51-00577; William
21 Hahner, RN, PTA, 16-51-14252; Jeanne
22 Hammond, LPN, 17-51-05447; Stacey
23 Hendricks, RN, 16-51-03648; Jennifer
24 Horvath, RN, 16-51-12150; Frederick J.
25 Maljan, RN, 16-51-05037; Maria E.

1 Lazzari, LPN, 17-51-04788; Nasheka Lee
2 Marchant, LPN, 17-51-00184; Kristen Iris
3 Mikos, RN, 17-51-07937; Kimberly N.
4 Reeves, RN, 16-51-00877; Karen Ann
5 Michel, RN, 17-51-06599; Margaret
6 Catherine Murphy, RN, 16-51-07266;
7 Christine Wood-Grattan, RN, 17-51-07797;
8 Aaron Thomas, RN, 17-51-07345; Sharron
9 Williams, LPN, 13-51-08815; Suzanne Van
10 Sciver, RN, 18-51-00617; Danette
11 Schaffhauser, LPN, 16-51-09871; Amy
12 Marie Amato, LPN, 15-51-12101; Sandra K.
13 Cockrell, RN, 17-51-08511; Regina
14 McGrath Gettys, RN, 17-51-08514; Foy L.
15 Hastings, RN, 13-51-07973; Carol A.
16 Hawbaker, LPN, 16-51-10441; Julie Lynn
17 King, LPN, 17-51-03512; Dana M. McAdams,
18 LPN, 16-51-14256; and Jill M. Rupp, RN,
19 17-51-07814?

20 MS. HENDRICKS:

21 So moved.

22 MR. OWEN:

23 Second.

24 CHAIRPERSON KMETZ:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried unanimously.]

3 ***

4 [Ms. Coughlin suggested that the Board send a
5 memorandum to Mr. Ames' family commemorating his
6 service on the Board.]

7 ***

8 Adjournment

9 MS. PACHTER SCHULDER:

10 May I have a motion for adjournment?

11 MR. OWEN:

12 So moved.

13 DR. O'DONNELL:

14 Second.

15 CHAIRPERSON KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously.]

19 ***

20 [There being no further business, the State Board of
21 Nursing Meeting adjourned at 2:50 p.m.]

22 ***

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Nursing meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Nursing meeting.



Adam Beck,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF NURSING
REFERENCE INDEX
September 12, 2018

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7	9:15	Official Call to Order
8		
9	9:16	Introduction of Board Members
10		
11	9:19	Adoption of Agenda
12		
13	9:20	Adoption of Minutes
14		
15	9:21	Report of Prosecutorial Division
16		
17	9:28	Appointment - Opioid Guidelines Presentation
18		
19		
20	9:58	Report of Prosecutorial Division (Continued)
21		
22		
23	10:02	Regulation Update
24		
25	10:03	Legislative Update
26		
27	10:03	Report of Committees
28		
29	10:04	Report of Board Members who Attended A Meeting on Behalf of the Board
30		
31		
32	10:05	Report of Executive Secretary
33		
34	10:08	Old Business/New Business
35		
36	10:12	Recess
37	10:24	Return to Open Session
38		
39	10:24	Appointment - PNAP Annual Report
40		
41	11:28	Committee Meeting - RN/PN Practice, Education & Regulation
42		
43		
44	12:24	Executive Session
45	2:28	Return to Open Session
46		
47	2:28	Motions
48		
49	2:50	Adjournment
50		