OREGON BOARD OF NURSING
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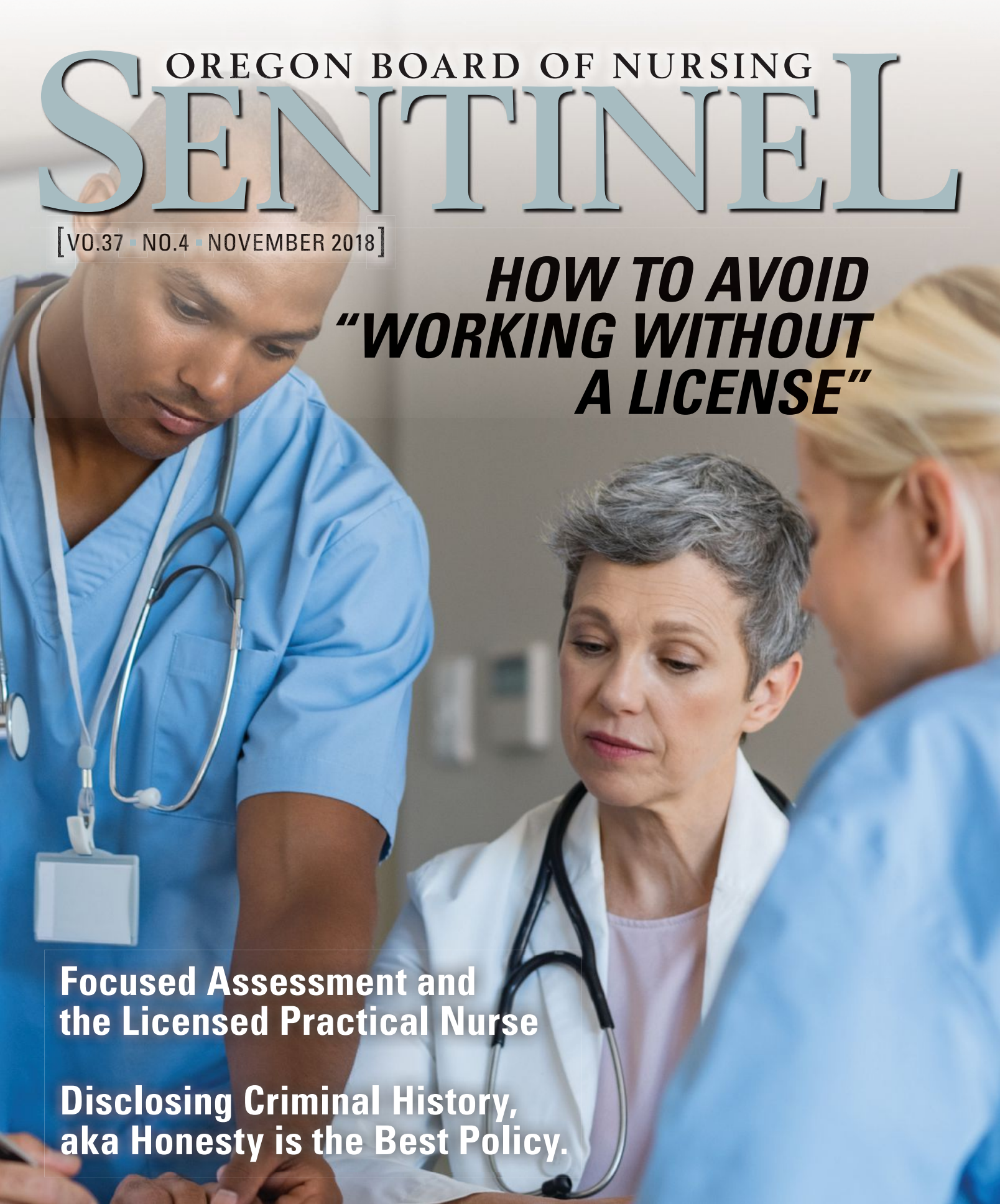
HOW TO AVOID "WORKING WITHOUT A LICENSE"



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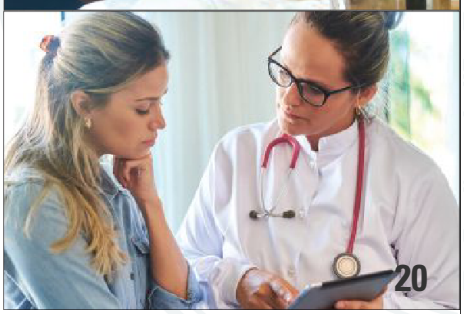

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By OSBN Executive Director ***Ruby Jason, MSN, RN, NEA-BC***

HOW TO AVOID "WORKING WITHOUT A LICENSE"

Oregon Revised Statute 678.101 states that every nurse and nursing assistant must renew their license **before** 12:01 am on the day of their birthday in an odd year if the nurse was born in an odd year, and in an even year if the nurse was born in an even year. Please note that it says 12:01 am on the date of your birthday; renewing it on your birthday will be too late. This renewal methodology also explains why initial licenses may only be valid for as short as six months or as long as 30 months. The Nurse Practice Act (NPA) does not allow for pro-rated licensing fees. If you need to renew your license at the six-month mark, you must pay the full renewal fee. This will only occur on your initial renewal, after that you will fall into the odd-even year cycle.

Once you apply for renewal, it does not mean that your license has been instantly renewed. The Board runs all renewal applications through the Law Enforcement Data System (LEDS) to see if there were any arrests, citations, etc. for the applicant that were not previously reported to the Board. If there is a "hit" then Board staff will review the LEDS report and compare that to the information the applicant disclosed on her/his renewal application. The NPA requires a licensee to report any felony arrests and misdemeanor convictions within 10 days of the occurrence. Dependent upon the situation and the disclosure, your renewal may take several days to complete. Your license is not renewed until the Board has completed its process.

If you do not renew on time, even within a few hours of the 12:01 am deadline, you will be assessed a $100 "in-lieu-of-civil-penalty fee," also known as the delinquent fee. It is a violation of the NPA for you not to renew on time, and the Board can assess the licensee a $50 per day civil penalty fine for each day worked without a valid license. In 2012, the Board determined that the number of late renewals was significant enough that assessing a civil penalty on each late renewal was not an effective use of Board resources. The Board decided that if the licensee renewed their license within 60 days of expiration the penalty will be $100.

If the licensee renews after 61 days post license expiration, the license will cease to be a renewal and becomes a "re-activation." This requires not only the $100 fee, but also new fingerprints and a determination of how many days past 61 days you actually worked without a license. At that time the Board assesses the $50 per day penalty. In some cases, these civil penalties have amounted in the thousands of dollars. If you are assessed a civil penalty, it is considered a Board disciplinary action and will be placed on our license verification page for the life of your license.

Licensees have stated that they were late because they did not receive a reminder from the Board. The Board sends out renewal reminders to your e-mail address of record 90 days before your license expires, again at 60 days, 30 days, and 15 days. The Board does not send reminders via postcards or other physical mail services. However, the Board sends out reminders as a courtesy only. Not receiving a reminder from the Board does not exempt a licensee from the late renewal penalty and fees.

It is important for licensees to maintain their up-to-date contact information with the Board. Newly graduated applicants often list their school e-mail address as their contact e-mail. The school will deactivate this e-mail address soon after graduation. If this is the only e-mail we have on file with you, then any Board correspondence will be

sent to that e-mail address. This is also applicable if the Board needs to contact you regarding a complaint about your nursing practice. If you do not keep your information up to date and the Board cannot contact you about any item of Board business, including investigations, the Board has the authority to suspend your license for failure to cooperate with a Board investigation.

NURSES LICENSED BY ENDORSEMENT WORKING IN OREGON OR NOT?

By Oregon Center for Nursing Executive Director ***Jana R. Bitton, MPA***

Since 2014, there has been a marked increase in the number of nurses obtaining licenses in Oregon through the process of endorsement. In fact, between July 2014 and August 2017, more than 14,000 nurses obtained their license via endorsement. This influx of nurses spurs many questions, but particularly, "Where are these nurses working?"

Oregon's registered nurses (RNs) obtain their licenses by one of two methods—exam or endorsement. Nurses licensed by endorsement are nurses who have been issued a license in another state before requesting an Oregon license. Since 2012, the number of RNs licensed in Oregon by endorsement has been greater than the number licensed by exam.

A wide held belief is that nurses licensing by endorsement are doing so to be able to provide care in Oregon. A recent study by the Oregon Center for Nursing (OCN) demonstrates this is not the case. Licensing data provided by the Board of Nursing showed that 62 percent of nurses licensing by endorsement neither live nor work in Oregon.

To investigate the issue further, OCN conducted a sample survey to learn more about the practice plans of these nurses. Survey results showed that 40 percent of respondents had no plans to work in Oregon. There were also signs that globalization of the health care industry (telehealth, case management, triage, etc.) may be, in part, responsible for the growth in nurses licensed by endorsement. Forty-four percent obtained their Oregon license because it was an employer requirement and 28 percent of respondents did not work in the state but did serve Oregon residents.

OCN intends to pay close attention to this trend as it continues to learn more about nurses who are licensed but not living in Oregon.

To view or download the "Oregon Nurses Licensed by Endorsement" fact sheet or other reports on Oregon's nursing workforce, visit www.oregoncenterfornursing.org and click on "Publications."

OCN is a nonprofit organization created by nursing leaders in 2002. OCN facilitates research and collaboration for Oregon's nursing workforce to support informed, well prepared, diverse, and exceptional nursing professionals. Recognized by the Oregon state legislature as a state advisory for nursing workforce issues, OCN fulfills its mission through nurse workforce research, building partnerships, and promoting nursing and healthcare. For more information about OCN, please visit www.oregoncenterfornursing.org.

By OSBN RN/LPN Practice Policy Analyst ***Gretchen Koch, MSN, RN***

YOU ASK, WE ANSWER

QUESTION: *Is it within RN scope of practice to discuss lab results with patients?*

ANSWER: The Nurse Practice Act does not contain standards related to communicating lab values to patients. While there is nothing in the Nurse Practice Act that prohibits the RN from sharing lab values with a patient, it is important to think through the logical questions that may come from the patient based on what is shared.

For example, if the RN is sharing lab values that were obtained for the purpose of confirming or ruling out a medical diagnosis, the patient will most likely ask whether or not she or he has the medical condition. It is not the role of the RN to respond to this type of query. It would be a very different situation to provide lab values to a client on a typical pre-op screen where everything is normal or for on-going tracking of particular therapy for a known condition. If your facility doesn't have a particular policy on how the follow-up on lab values happens, it would behoove you to have such a process discussed and policy developed.

QUESTION: *Am I allowed to give nursing advice to my client who is calling from out-of-state? They are in Arizona for the fall and winter months.*

ANSWER: An Oregon RN license is only valid for practice with persons physically located within the borders of our state. When you deliver nursing services to persons outside of Oregon, be it in-person or through the use of telehealth technologies (e.g. the telephone), your practice falls under the jurisdiction of the state or US territory where the client is located. Whether or not that state or US territory recognizes/acknowledges your Oregon nursing license is completely up to that state's nursing regulatory agency (and associated laws).

QUESTION: *Is it within my scope of practice as an LPN to assess and stage a pressure injury in a nursing facility?*

ANSWER:
It depends. The Nurse Practice Act is written broadly to cover nursing in all settings and does not include lists of allowed or prohibited tasks/procedures that may be associated with client care in a specific practice setting. In all cases, the nurse may accept only those assignments for which they have the needed knowledge, skills, abilities, and competency to perform safely.

When a licensed nurse needs to think through whether or not an activity, role, or intervention is within their own scope and appropriate to carry out, the Board has published the Scope of Practice Decision-Making Guideline for All Licensed Nurses. This decision-making guideline is available through the OSBN website at any time at www.oregon.gov/OSBN/pages/position_papers.aspx.

The Scope of Practice Decision Making model cues a licensee to clarify or describe the specific role, intervention, or activity in question. Then, the model presents a series of specific and sequential questions to which the licensee must respond. Depending on a licensee's response to the first question, one of two things will happen:

1. Progression through the model will be stopped as it will have been determined that the role/intervention/activity is not within the scope of the Oregon licensee, or
2. The licensee will continue to the next question.

It is only when a licensee's response to each question allows progression through all the questions, and the licensee has an affirmative response to the final question, that the licensee may engage in the role, intervention, or activity to acceptable and prevailing standards of safe nursing care.

Considerations as you proceed: First, your authority to engage in nursing practice with any client occurs when the RN directs your implementation of the RN's established plan of care for a specific client. This means that the RN has previously assessed the client, developed a plan of care for the client, and then directs or assigns implementation of the established plan of care to you. If a client's pressure injury is new and not

identified within established plan of care, the assessment and staging of the injury must be deferred to the RN.

Second, assuming the presence of the pressure injury is contained within the established plan of care for a client, the RN-level *comprehensive assessment* may be the more appropriate level of nursing assessment due to the wide-ranging data pertinent to the injury (e.g., the client's nutritional status, movement, circulation, metabolism, continence, diet, pain, lab values, co-morbidities, etc.) collected, analyzed, and synthesized. There may also be Centers for Medicare and Medicaid Services regulations specifying the level of nursing licensure required for the specific activity in question.

QUESTION: *I was recently floated to a busy medical/surgical floor where medication orders for pain control are frequent and often consist of intravenously administered Schedule II medications such as Demerol and Dilaudid. These medication orders are written to include increasing the dosage to effect or until the patient reports a specific level of pain. The pharmacy stocks the floor's automated dispensing unit (ADU) with multi dose vials of these medications. I noticed that one of the RNs pulled these multi dose medication vials patients at the beginning of the shift and appeared to dose her patients from the vials throughout the shift. When I directly asked her about what I observed, she says she does it to save time (by not having to hike to the ADU every time the patient needs another dose) and money (the patient is charged for the whole vial anyway). She also states this cuts down on having to waste medication as it all gets used.*

My practice is to pull the medication for the patient from the ADU, administer the ordered dose, and then waste any unused medication with another RN as a witness. If my patient needs an additional dose, I pull a new vial and repeat. Who is right?

ANSWER: You are. At a minimum, it sounds like the RN in question has developed an illegal workaround and is engaging in sloppy practice. Those multi dose vials of Schedule II controlled medications that the RN is accumulating in her pocket during the shift bring with them multiple laws, regulations, and standards courtesy of: the United States Drug Enforcement Administration (DEA) and the Controlled Substances Act; Centers for Medicare and Medicaid Services (CMS); Oregon Health Authority; the Oregon Board of Pharmacy; and, the Oregon State Board of Nursing.

While a discussion of each applicable law, regulation, and standard greatly exceeds the scope of this response, do know that they apply to activities including the production, storage, and distribution of controlled substances; practitioner prescription and dispensing; pharmacy storage, labeling, and dispensing; the nurse who accepts and implements an order for the controlled substance; billing for medications; etc. These are the laws, regulations, and standards to which your hospital's chief nursing officer (CNO), risk management personnel, legal counsel, and others have developed organizational policy related to accessing multi dose vials from the automated dispensing unit, administering IV narcotics from multi dose vials, and narcotics wasting. I can state that if your actions as described are reflective of your hospital's policies related to the administration of controlled medication to a patient from multi dose via and controlled medication wasting, your employer has developed the policies in adherence with the aforementioned laws, regulations and standards and by doing so is promoting safe and legal nursing practice.

This also means that if a complaint was made to the Board of the individual RN in question, the facts of the case would most likely reveal that the RN has failed to administer medications in a manner consistent with state and federal laws which in conduct derogatory to the practice of nursing. The facts of the case may also reveal other derogatory conduct by the RN such as theft or diversion of a controlled substance or improper billing practices for which the Board must notify the agency with jurisdiction over the activity.

By OSBN Investigations Manager ***Jacy Gamble,*** *and Nurse Investigators* ***Maria Parish*** *and* ***Dante Messina***

DISCIPLINARY CASE STUDIES

Although disciplinary action taken by the Board is a matter of public record, the identity of the nurses referenced in this article will remain confidential.

CASE STUDY #1

Nurse A was employed in a post-anesthesia care unit of a hospital. Nurse A submitted a self-report to the Board admitting that he had diverted opiate pain medication for his personal use. A prescription audit showed that Nurse A's Fentanyl and Dilaudid withdrawal rate was significantly higher than that of his peers, and a review of the corresponding charts showed he "wasted" a larger than expected amount of drugs. Nurse A submitted to a drug screening test which detected Fentanyl in his system.

Nurse A admitted that for over a year he had used Fentanyl and Dilaudid that was left over after administering the patient's dose, replacing the missing medication with saline when he had the waste witnessed by a colleague. On occasion he withdrew medication under a patient's name, but took it for his personal use. Nurse A admitted that he was using the drugs while on duty. There were no reports that Nurse A had deprived patients of needed medication or pain relief. Nurse A voluntarily signed an Interim Consent Order (ICO), agreeing to withdraw from nursing practice until further order of the Board, and entered treatment for opiate use disorder.

The Board determined that Nurse A violated the Nurse Practice Act by his unauthorized removal of drugs from the workplace, using a controlled substance without a prescription, inaccurate recordkeeping, and practicing nursing when impaired by use of drugs. The Board took into consideration the nurse's self-report, his compliance with treatment, and his agreement to refrain from practice pending the Board's decision. Nurse A was granted enrollment in the confidential Health Professionals' Services Program (HPSP) for monitoring for four years. HPSP participation includes no access to narcotics for a period to be determined by the Board, work setting restrictions, direct supervision of practice, abstinence from drugs and alcohol (verified by random urine drug screens), and ongoing treatment and recovery support.

CASE STUDY #2

Nurse B was employed as a Licensed Practical Nurse at a nursing home that terminated her employment after discovering discrepancies in her charting, many of which existed between her entries in the narcotic logs, the medication administration records (MARs), and her resident progress notes. A review of residents' records revealed that some of the narcotic medications that Nurse B charted as "logged out" were not recorded as administered on the MARs. Nurse B also regularly logged out double the prescribed amount of narcotic medication (both scheduled medications and "as needed").

When Board staff reviewed this "double dose" charting with Nurse B, she stated that she was diverting the extra medication for her own use; however, she indicated that she may have accidentally overmedicated some residents. Nurse B stated that while she was working, she diverted pills of hydrocodone and oxycodone as well as liquid morphine and Dilaudid, which she injected at work; however, she did not believe that she ever caused direct patient harm.

Nurse B revealed to Board staff that she had a history of narcotic diversion in another state as well as a recent history of substance abuse treatment and being in an Impaired Provider Monitoring program, both of which were followed by relapse. Nurse B signed an ICO, agreeing to withdraw voluntarily from nursing practice until further order of the Board.

A few months later, the Board accepted Nurse B's voluntary surrender of her practical nursing license, due to her violations of the Nurse Practice Act. The Board determined that Nurse B violated the Nurse Practice Act by her unauthorized removal of drugs from the workplace, using a controlled substance without a prescription, inaccurate recordkeeping, and practicing nursing when impaired by use of drugs.

As a result of her actions as an LPN, Nurse B also was convicted of felony Criminal Mistreatment in the First Degree.

The Board discovered that while the ICO and the voluntary surrender were in effect, Nurse B had continued to work illegally as an LPN (imposter) for a company that had last verified her nursing license status just prior to her signing the ICO. That company eventually also discovered discrepancies in Nurse B's narcotic medication documentation and terminated her employment after she refused to undergo a drug screen.

The Board issued a Civil Penalty in the amount of $5,000 to Nurse B (who, at that point, no longer held a valid nursing license) for practicing nursing without a license and added her to the national database of known nurse imposters. As a result of her actions after her voluntary surrender, Nurse B was convicted of felony Tampering with Drug Records in a second criminal case.

By OSBN Policy Analyst for RN/LPN Practice ***Gretchen Koch, MSN, RN***

FOCUSED ASSESSMENT AND THE LICENSED PRACTICAL NURSE

The Board frequently receives questions from both registered nurses and licensed practical nurses alike regarding the LPN's practice privilege to conduct a focused nursing assessment. Questions such as: What is a focused nursing assessment? What does focused mean? To address these questions, this article will discuss the clinically directed practice role of the LPN and the correlation of focused nursing assessment within that role.

LPN's Clinically Directed Practice

The authority of an Oregon-licensed LPN to engage in nursing practice occurs when an RN, or a licensed independent practitioner such as a medical doctor (MD), directs the LPN's implementation of a client's plan of care. This means that the RN (or MD in certain settings) has previously assessed a client and developed a plan of care for the client, and then directs or assigns the LPN to assist in the implementation of the established plan of care for the client.

LPN and the Established Plan of Care

The LPN may accept and perform those activities within the established plan of care that fall within the LPN's individual scope of practice. Individual scope of practice means activities that fall within the broader scope of LPN practice allowed by the Nurse Practice Act for which the individual LPN possesses the knowledge, skills, abilities, and competencies to perform safely. When scope of practice questions arise, check the OSBN Scope of Practice decision tree on the OSBN website: https://www.oregon.gov/OSBN/pdfs/InterpretiveStatements/scope_decision_tree.pdf.

LPN's Focused Nursing Assessment

Activities that fall within broader LPN scope of practice include: (spoiler alert) *nursing assessment that is specific to problems identified within the established plan of care;* the performance of hands-on procedures or treatments; the administration of medications; client health teaching; and the provision of client comfort measures.

It is here where the meaning of focused nursing assessment reveals itself: it is the LPN's appraisal of the client's status related to problems and desired outcomes identified within the established plan of care. The LPN's appraisal is based on the LPN's collection of client data to which the LPN's knowledge drawn from a basic education in the social and physical sciences is applied.

When Problems Arise outside the Established Plan of Care

There may be times when the LPN encounters an issue with a client that is not included in, or that deviates from, the client's established plan of care. In such situations, the LPN must defer back to the RN (or MD) who will be able to provide comprehensive assessment of the client related to the problem and revised the plan of care to meet the client's new or changing needs. Only the RN or MD may change the plan of care for a client; the LPN cannot independently formulate a new plan of care outside of a client's known problems.

In Summary

The LPN's authority to engage in nursing practice occurs when an RN or MD directs the LPN's implementation of a client's established plan of care. This clinical directed and supervised practice role occurs within the parameters of the (RN's or MD's) established plan of care that directs the focus of the LPN's nursing assessment.

REFERENCES:
National Council of State Boards of Nursing (2012) NCSBN Model Act.
Oregon Secretary of State (2017). Oregon Revised Statute 678 – Nurses; Nursing Home Administrators.
Oregon Secretary of State (2017, August 1). Oregon Administrative Rules Chapter 851 Division 45: Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse.

By OSBN Executive Director ***Ruby Jason, MSN, RN, NEA-BC***

WHEN BLOOD DRAWS ARE REQUESTED BY LAW ENFORCEMENT

On July 26, 2017, University of Utah Hospital Emergency Department (ED) RN Alex Wubbles refused to draw blood from a sedated patient based upon her hospital's policy that a blood draw necessitated that (1) the patient be under arrest, or (2) the police have a warrant, or (3) the patient consents. In response, the Salt Lake City Police Department detective demanding the blood draw arrested her. The entire episode was recorded by the detective's body cam and the video has been seen around the world thousands of times.

The Oregon State Board of Nursing (OSBN) has received inquiries from Oregon licensees regarding Oregon's position on this situation. All licensees of the OSBN must abide by state laws, particularly those directly influencing the care of their patient.

The Nurse Practice Act does not address this issue because the issue is addressed in other state statutes and rules. It is important for all nurses to be aware of their organizational policies regarding obtaining tests at the request of law enforcement. These policies should not be in contradiction to state laws regarding law enforcement requests. Licensees of the OSBN, due to their licensure by the state, are obligated to abide by state laws. If a nurse finds that the organizational policy is in contradiction to state law, the nurse should bring this to the attention of those authorized by the organization to review and revise policy.

Oregon Revised Statute (ORS) 676.260 (Health care facility notification of blood alcohol level or presence of cannabis or controlled substance in blood; content of notice) states that:

"A health care facility providing care to a patient reasonably believed to be the operator of a motor vehicle involved in an accident shall notify any law enforcement officer who is at the healthcare facility and is acting in an official capacity in relation to the motor vehicle accident if the health care facility becomes aware as a result of any blood test performed in the course of treatment that:

1. *The blood alcohol level meets or exceeds those in ORS 813.010 (0.08, 0.04 for drivers of a commercial motor vehicle or and any amount if the person is under the age of 21)*
2. *Contains cannabis*
3. *Contains a controlled substance per ORS 475.005 (drug or precursor classified as a schedule II through V drug)*

If the healthcare facility reasonably suspects that the patient was involved in and was the operator of a vehicle involved in an accident and no law enforcement is present, the facility must make a report to the law enforcement of the county in which the accident occurred or the Oregon State Police dispatch center as soon as possible but no more than 72 hours after becoming aware of the results."

This means that law enforcement, regardless of whether an official is in the facility or not, must be made aware of the results of blood tests if the results indicate any substance described in 1-3 above. The patient does not need to be under arrest nor is a warrant necessary to communicate these test results to law enforcement.

Nurses should refer to ORS 676.260 through 676.300 for all statutory language regarding the requirements of reporting blood draw results for individuals who may have been or were the operators of a motor vehicle involved in an accident.

But what about a patient who is brought to the ED and is not conscious (as in the Utah case) or refuses to have blood drawn? As of 2017, Oregon Administrative Rule 813.100 states the following:

"Any person who operates a motor vehicle upon premises open to the public or the highways of this state shall be deemed to have given consent, subject to implied consent law, to a chemical test of the person's breath, or of the person's blood if the person is receiving medical care in a health care facility immediately after a motor vehicle accident, for the purpose of determining the alcoholic content of the person's blood if the person is arrested for driving a motor vehicle while under the effects of intoxicants."

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Therefore the following conditions must exist:

1. The accident occurred on public highway or other areas open to the public. An accident that occurs on private property does not apply.
2. The individual is under arrest.
3. The individual is a patient of the healthcare facility. This implies being registered as a patient and subject to a medical screening exam as per the Emergency Medical Treatment and Active Labor Act (EMTALA).

ORS 813.100 goes on to state that:

"The law enforcement official must inform the patient of the consequences and rights under ORA 813.130 (please review this rule for complete information). If the patient refuses after being informed of consequences and rights, the test shall not be performed. By refusing, the patient acknowledges the consequences with regard to driving privileges."

For the unconscious patient: ORS 813.140 states that taking samples from an unconscious patient is allowable if:

"The law enforcement official has probable cause to believe that the person was driving while under the influence of intoxicants and that evidence of the offense will be found in the person's blood or urine and the person is unconscious or otherwise in a condition rendering the person incapable of expressly consenting to the test or tests requested."

Therefore, if the patient is conscious, consent must be obtained; without consent the blood will not be drawn and the patient accepts the consequences of their decision. If the patient is unconscious or incapable of expressing consent, the law enforcement official can request specimen collection.

Nurses should carefully document, at a minimum and in addition to routine documentation, the situation regarding the patient's assessment, the arrest status of the patient, the interactions with law enforcement, as well as the patient's consent or the refusal of consent. If the patient is unconscious, then the documentation should contain the request of law enforcement, the name of the officer and jurisdiction, and that a specimen was drawn.

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By OSBN Communications Manager ***Barbara Holtry***

MEET THE TEAM

The Oregon State Board of Nursing is much more than just, "that place where you get your license renewed every two years." To achieve our mission of public protection, our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the *Sentinel,* we'll introduce you to two of the team members who make everything work.

KENDALE WILLIAMS

An Oregon native since she was young, OSBN Licensing Technician Kendale Williams loves to cook. "It's a passion of mine," she admits. "It's kind of a competition in my family to get me to cook for them."

Her family moved to Oregon from Arizona when she was five, and she grew up in Hillsboro. She attended the University of Oregon and Portland State University to earn her Bachelor of Science in psychology and sociology. When she was 21, she decided to move to Oklahoma City for "a taste of something different."

She lived there for 10 years and worked for the state's Behavioral Health Board and the Department of Rehabilitation Services. "It was similar to what we do here," she explains. "We licensed marital and family therapists and Licensed Practical Counselors." She also handled contracts and procurements for people with disabilities.

Williams' family convinced her to return to the Portland area in 2016. "I enjoyed it in Oklahoma, but it was too far away for them." She briefly worked at a call center before joining the OSBN in 2017. She processes NCLEX exam applications from new nursing graduates, which includes reviewing transcripts for completion, processing exam results, and issuing licenses to those who pass the exam. She says she likes the structure of licensing and the Board's mission of public safety. "I also enjoy serving the public and providing customer service," she says. "It goes back to my degree, really—working with people and providing human services. We serve such a diverse community; it's one of my favorite things about working here."

In addition to cooking, she also enjoys spending time with her family and camping. "It's one of my favorite things about being back in Oregon. I love to cook outdoors; it's so peaceful." Her father is one of her biggest foodie fans. "He still sends me recipes," she says. "I made my first omelet—bacon, cheese, onions, and mushrooms—when I was five, and he was so proud of me. It's still my favorite omelet."

JOHN ETHERINGTON

After spending most of his life in land-locked states, OSBN Licensing and Fiscal Manager John Etherington says he enjoys living—and the fishing—in Oregon. "You can't beat fresh fish!"

Originally from Burley, Idaho, he grew up in Rock Springs, Wyoming, before moving to Utah to attend college when he was 18. He received a Bachelor's of

Science degree in Accounting from Stevens-Henager College in Provo. "The school had a fairly new nursing program at the time, and they kept trying to find people to stick—to practice injections on," he says with a laugh. "I don't like needles, so I never volunteered."

But he does like math. "I like the organization and structure of accounting," he explains. "Math is simple; it's the complexity of organizing the numbers and making sure they go in the right category that's challenging."

Etherington and his wife thought Utah would be the place to settle down and raise their family, but after he graduated, they decided it wasn't for them. He visited a friend in Oregon and thought the West Coast sounded like a good idea. "Portland was just the right size," he explains. They moved in 2004.

After briefly working as an accountant for a glass shop, he entered state service by joining the Oregon Liquor Control Commission. He worked as an OLCC accountant for 10 years.

When the Board of Nursing's accountant left in 2014, Etherington's OLCC supervisor recommended him for a job rotation. About four months later, the OSBN hired him permanently. "It was a nice change of pace," he says. He was promoted to Licensing/ Fiscal Manager in 2015.

Etherington develops the biennial budget, performs audits to ensure the fiscal wellbeing of the agency, and performs full cycle accounting. He also works to ensure that policies reflect the customer's viewpoint, and that license applications are processed as quickly as possible. "That's the most important thing for all of us here; that Oregonians have the services they expect and that they feel safe."

He spends his free time camping and traveling around Oregon with his wife and two children. "I like to fish out of Depot Bay for tuna and salmon with my dad and my son. We've seen whales," he says. "Definitely not something I would have seen in Utah!"

By OSBN Executive Director ***Ruby Jason, MSN, RN, NEA-BC***

HEALTHCARE PROVIDER INCENTIVES FOR SERVICE TO UNDERSERVED COMMUNITIES

The 2017 Oregon Legislature approved House Bill 3261, establishing the Healthcare Provider Incentives Program within the Oregon Health Authority (OHA) to support access to care for underserved communities throughout Oregon. The program offers various incentives, which include loan repayment, loan forgiveness, and insurance subsidies to both students and providers who commit to serving patients in underserved areas of the state. This program is overseen by OHA and is being administered in partnership with the Oregon Office of Rural Health. This is currently open only to Nurse Practitioner students and licensees. For more qualification information, please access the following website:
For loan repayment: http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/loan-repayment/index.cfm.
For loan forgiveness: http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/loan-forgiveness/pclf.cfm.
For insurance subsidies: http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/rural-insurance-subsidy.cfm.

Required Registration For Providers Who Write Prescriptions For OHP Members:

Effective September 1, 2018, the Oregon Health Authority (OHA) will only pay for pharmacy claims when they include the National Provider Identifier (NPI) of an OHA enrolled prescriber. This applies to paper, point of sale, and provider web-based portal claims to OHA.

Any provider who writes prescriptions for OHP members must enroll with OHA. You can find information on how to enroll at: https://www.oregon.gov.oha/HSD/OHP/Pages/Provider-Enroll.aspx.

If you do not prescribe for OHP members, you do not have to register.

Nurse Practice Act Divisions Related to Nurse Practitioners (NP), Clinical Nurse Specialists (CNS), and Certified Registered Nurse Anesthetists (CRNA) Undergoing Significant Revision:

During the February 2018 Board meeting, the Board directed staff to begin the process of reviewing divisions of the Nurse Practice Act related to the education programs, qualifications for licensure, and scope and standards for practice for NP, CNS, and CRNA licensees. The Board also provided direction that these separate divisions be consolidated. As per Oregon Public Meeting Law, Board staff provided public notice of the formation of a task force to review and implement this process. The task force was selected from letters of interest received prior to the deadline and the resulting task force has met three times. The task force has suggested that the divisions follow the same categorization as the RN/LPN and CNA/CMA divisions in that one division is related to approval of Oregon education programs, a second division related to qualifications for licensure, and a third division to address the standards and scope of practice for APRNs (NP, CNS, CRNA). The Board will receive frequent updates and the final draft will be presented for public hearing once the Board approves the work of the Task Force. As of this edition of the Sentinel, there is no anticipated completion date.

Prescriptive Authority Booklet:

Upon initial licensure, each advanced practice nurse with prescriptive privileges is required to attest to having read the current Prescriptive Authority Booklet posted on the Board website. It has been noted that while attestation is 100 percent, it is not uncommon for Board staff to discover that while the APRN has attested to the reading of this booklet, there is little actual compliance with this licensure requirement. To this end, the Board has directed staff to:

1. place the booklet into a format that will require testing of contents and submission of completion certification prior to being awarded prescription privileges,
2. format the information so it can be easily updated as prescription rules and regulations are changed either by the Board of Pharmacy (BOP) and the Board of Nursing, and
3. require APRNs to re-read and obtain a

completion certificate each renewal cycle.

Updates to guidelines for opioid prescribing, changes to state laws propagated by the state legislature, changes in Board of Pharmacy (BOP) regulations related to dispensing and other BOP jurisdictional changes, along with information consistent with current OSBN regulations necessitate that APRNs stay up-to-date with the latest statutes and rules regarding prescription privileges. This booklet is not intended to provide you with "Best Practice" recommendations; the role of the Board is to inform its licensees of regulatory standards. The Board expects all APRNs to keep up with "Best Practice" methods based upon current nursing and healthcare literature.

What type of cases involving APRNs is the Board currently seeing?

When investigating complaints against any licensee, Board investigators review patient records, personnel records, and other relevant documents to determine whether the standards of patient care as described in the scope and standards division of each APRN specialty were adhered to. The Board looks for the linkage between the assessment of the patient, the diagnosis, the plan for treatment, the planned interventions, and how the plan will be evaluated (follow-up). The Board must see these components to determine if the APRN has met the standards of the Nurse Practice Act (NPA). Board investigators consult with a variety of APRN subject matter experts on advanced practice cases regarding documentation standards, etc.

Documentation records are the major tool used by the Board to determine if the APRN has indeed acted in a manner as described by the complainant or if the APRN has acted in accordance with the Practice Act. Unless significantly contradicted by professional and community care standards, the Board is primarily concerned with adherence to the NPA, not in determining the accuracy of the diagnosis or the plan of treatment.

Cases involving the following are most frequently seen by the Board:

- Patients on various long-term medications now being tapered. Complaints will describe that the NP/CNS is not taking into consideration the length of time the patient has been prescribed the medication and how tapering will affect their quality of life. The Board would expect to see the previously described standards of documentation regarding the plan for this patient.
- Determining a plan of care with little to no perceived assessment. These complaints center around the patient/family perception of how much time was spent and the quality of the interactions they expect from a healthcare provider. The Board would expect to see documentation of how the provider met the standards of documentation. The Board does not determine the extent of the visit, unless there is evidence that the billing for the visit is clearly more extended than the documentation indicates.
- Complaints that a particular APRN is practicing out of scope. The population scope of an APRN is defined by rule in the Nurse Practice Act. The Board will obtain patient records to determine if the patient is within the definition of the population of the APRN license. This type of complaint is frequently associated with NPs who have multiple national certifications in various patient populations and have a current scope of practice that is narrowly defined by patient age or gender. In Oregon, these certifications do not qualify an NP to portray to the public that they are **legally** capable of providing care. Oregon requires any NP to have either a graduate degree as an NP in the specific population or a post-master's degree in another population focus other than that the original degree. Then both national certification and an Oregon NP license for each population the practitioner will incorporate into their practice is required. The Board has concluded that lack of access to care does not justify unqualified care. Numerous online post-master's certificate programs exist for any NP who wishes to expand their scope of practice.

Recent Licensure Statistics:

As of October 1, 2018:

NP: 4,428 | CNS: 189 | CRNA: 657

The following data is collected only for NPs:

Most Licensed NP Type: Family Nurse Practitioner (2,405)
Least Licensed NP Type: Pediatric Acute Care (10)
Oregon County with the Most NPs: Multnomah (667)
(based upon licensee self- disclosed information)
Oregon County with the Fewest NPs: Sherman (1)
(based upon licensee self- disclosed information)

NCSBN
Leading Regulatory Excellence

Jason Inducted to NCSBN Institute of Regulatory Excellence

The National Council of State Boards of Nursing (NCSBN) inducted OSBN Executive Director Ruby R. Jason, MSN, RN, NEA-BC into its 12th group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE). The IRE induction ceremonies were held during the NCSBN Annual Meeting and Delegate Assembly held in Minneapolis Aug. 15-17, 2018. Jason's paper was entitled, "Risks, Threats, and Challenges Impacting the Decision to Report Impaired Nursing Practice."

The IRE began in 2004 with the purpose of providing boards of nursing (BONs) with high-quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together BONs to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of BONs in the 50 states, the District of Columbia, and four U.S. territories—American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands. There are also 30 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards, including the OSBN, protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.8 million licensed nurses.

By OSBN Training & Assessment Policy Analyst ***Debra K. Buck, MS, RN, Lynda Crandall, BSN, RN*** *and* ***Heather Ball, MOVE Intern***

No-Cost Online Training in Person-Centered Care

Making Oregon Vital for Elders (MOVE) was established in 2005. It is one of 26 state coalitions endeavoring to implement the values of the Pioneer Network, a national advocacy organization devoted to altering the culture of aging in America.

MOVE has developed an online training course that teaches the fundamentals of providing person-centered or person-directed care. The one-hour, interactive course, *Let's Get Real: Being Person-Centered in a Task-Oriented World*, is intended for caregivers, CNAs, administrators and others who deliver care and support to older adults across a variety of settings. It was created by MOVE with funding from the Oregon Department of Human Services Quality Care Fund.

The training presents and supports the vital practices of person-centered care using a self-reflection tool called TRACK. It includes personal stories built on actual experiences in different care settings, including nursing homes, assisted living, memory care, adult care homes and home care that demonstrate how TRACK can be used when providing care for older adults. *Applications of Person Centered Care Study guides*, intended for self-study or group discussions, are offered for each type of care setting.

This training is approved for one continuing education unit (CEU) for nursing home administrators, adult foster homes, and community based care (assisted living and residential care). A certificate of completion from MOVE will be emailed to you once you have completed the evaluation and final quiz.

The course can be accessed at http://www.orculturechange.org/resources/online-training-program/.

By OSBN Training & Assessment Policy Analyst ***Debra K. Buck, MS, RN***

UPDATE: REVIEW OF PROPOSED CHANGES TO DIVISION 62 CONTINUES

The review of Division 62 is continuing with both external and internal stakeholders. At the September 2018 Board meeting, the Board voted to move forward with a rule hearing on the recommended changes to Division 62. A rule hearing on the proposed revisions is anticipated at the November 2018 Board meeting. The draft rules can be found at http://www.oregon.gov/OSBN/pages/draft_policies_rules.aspx. Proposed changes include:

- Relocation of information on name, address, and employer of record and Certified Nursing Assistant (CNA) Registry to beginning of Division 62;
- Deletion of references to CNA 2 categories;
- Clarification on when an individual can be hired to perform nursing assistant duties in a licensed nursing facility;
- Removal of limits on eligibility for certification;
- Addition of aeronautical medic training for CNA 1 Certification eligibility;
- Clearer explanation on process for an individual enrolled in an approved nursing program in the United States (U.S.) to obtain CNA 1 and CNA 2 Certification;
- Interpretation on paid employment requirements for CNAs;
- Requirement of 75 clinical hours in nursing assistant level one training or a combination of clinical hours and CNA employment hours to equal 75 hours for eligibility to take CNA 2 training;
- Provision for individuals who have graduated from an approved nursing program in the U.S. to obtain their Oregon CNA 2;
- Separation of renewal and reactivation information;

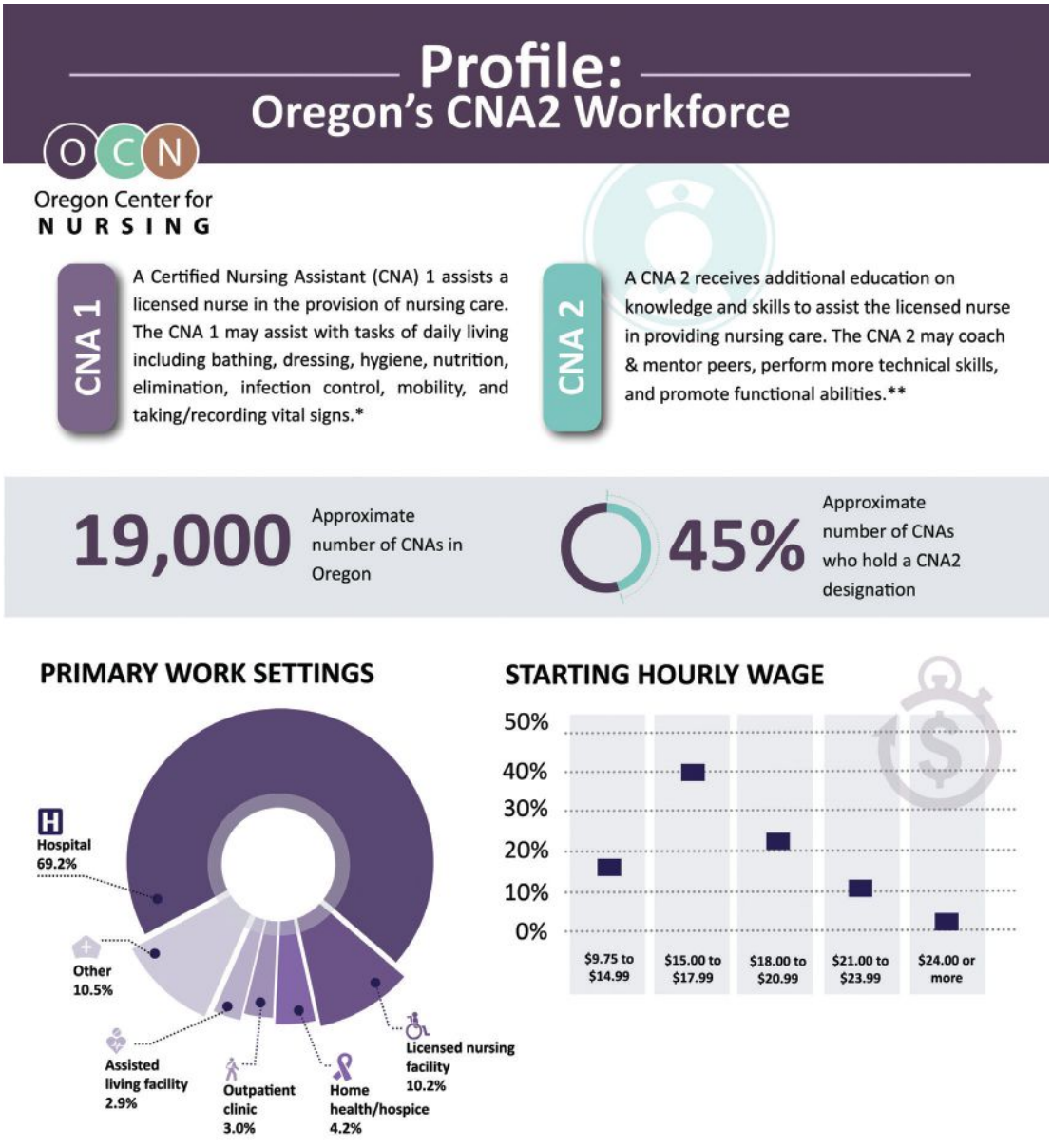
- Option for an individual who previously held Oregon CNA to reactivate their Oregon certification if they have been certified and working in another state;
- Addition of CNA re-entry section;
- Change in process for an individual enrolled in an approved nursing program in the U.S. to obtain Oregon Certified Medication Aide (CMA) certification;
- Increase in the period of eligibility for CMA examination from one year to two years after completion of medication aide training program;
- Inclusion of CMA reactivation, re-entry, and reinstatement sections; and
- Other minor changes recommended to add clarity and organization for ease of reading or to correct grammar and punctuation.

If you have any comments or concerns, please contact Debra K. Buck, MS, RN at debra.buck@state.or.us or 971-673-0636.

By OSBN Training & Assessment Policy Analyst ***Debra K. Buck, MS, RN***

CNA 2 SURVEY FINDINGS

Between January and March 2018, the Board collaborated with the Oregon Center for Nursing to survey Oregon CNA 2s and CNA 2 educators and employers regarding work settings, hourly wages, duties performed, and more. Please refer to the infographic for some results from the CNA 2 surveys. More information is available from the OCN at 503-342-4048.



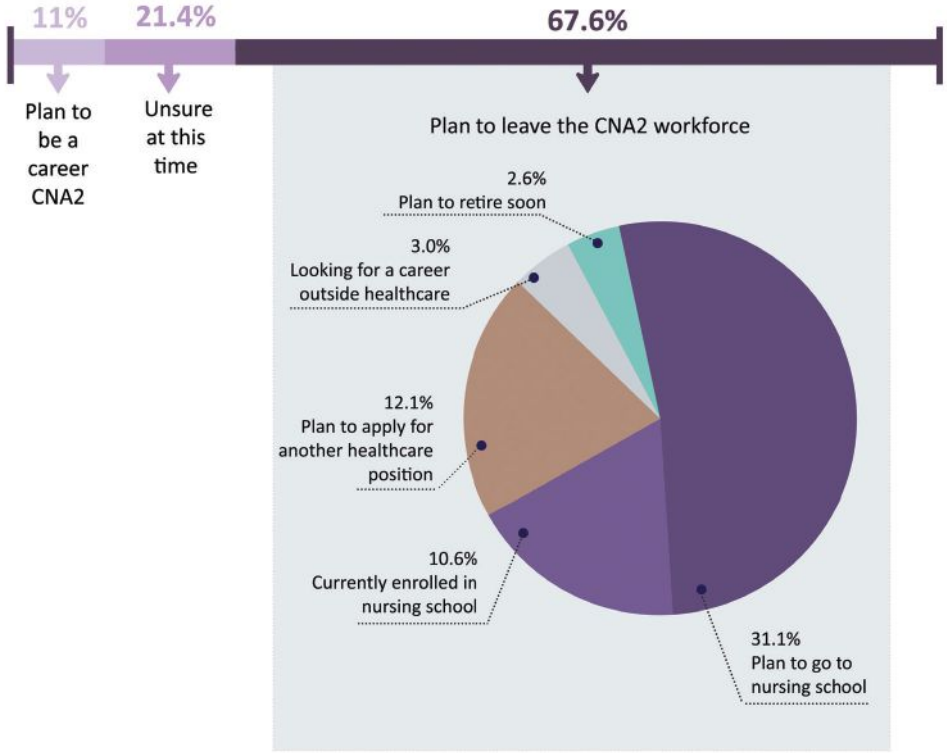
TOP JOB DUTIES
HOSPITALS VS LICENSED NURSING FACILITIES

HOSPITALS		LICENSED NURSING FACILITIES
Emptying, measuring & recording output from drainage devices	1	Adjusting oxygen rate of flow
Fingerstick capillary blood testing	2	Emptying, measuring & recording output from drainage devices
Bladder scanning	3	Turning on and off CPAP or BiPAP devices
Placing electrodes/leads	4	Use of adaptive, assistive, and therapeutic equipment: ankle and foot orthotics, braces, splints, etc.
Discontinuing Foley catheters	5	Performing range of motion on persons with complex medical problems

TOP 3 REASONS FOR STAYING IN A CNA2 POSITION

1. FLEXIBLE WORK SCHEDULE
2. TEAMWORK OF CO-WORKERS
3. PAY AND BENEFITS

FUTURE CAREER PLANS



* A complete list of the CNA 1 authorized duties can be found at OAR 851-063-0030(1) in Division 63 of the Oregon Nurse Practice Act located at https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3942.
** A complete list of the CNA 2 authorized duties can be found at OAR 851-063-0035(1) in Division 63 of the Oregon Nurse Practice Act located at https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3942.

Sources:
D. Buck, personal communication, August 27, 2018.
Oregon State Board of Nursing. Survey of CNA2 Workforce. February 2018.

|oregoncenterfornursing.org|

DISCIPLINARY **ACTIONS**

Actions taken in July, August, and September 2018. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Aida Apple	095000314RN	Reprimand	7-11-18	Demonstrated incidents of abusive behavior and failing to conform to the essential standards of acceptable nursing practice.
Lois D. Ashe	087000316RN	Probation	8-8-18	12-month probation. Failing to accurately document, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Anthony E. Baldacci	200742895RN 200850023NP	Voluntary Surrender	7-11-18	Failing to properly assess and document client assessment when prescribing drugs.
Kacie L. Banta	CNA Applicant	Voluntary Withdrawal	9-12-18	Using intoxicants to the extent or in a manner injurious to herself or others.
Peggy L. Barber	200540366RN	Voluntary Surrender	9-12-18	Violating the terms and conditions of a Board Order.
Michael D. Batiste	201609345CNA	Voluntary Surrender	9-12-18	Violating privacy rights and failing to respect the dignity of the client.
Savannah O. Bible	CNA Applicant	Application Denied	7-11-18	Failing to provide requested documents and failing to fully cooperate with the Board during the course of an investigation.
Charles L. Blankenship	CNA Applicant	Application Denied	9-12-18	Failing to cooperate with the Board during the course of an investigation and demonstrated incidents of reckless behavior
James J. Body	200742322RN	Voluntary Surrender	7-11-18	Violating the terms and conditions of a Board Order.
Todd A. Boone	201393498CNA	Suspension	8-8-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Steven W. Boshart	201708716CNA	Voluntary Surrender	9-12-18	Violating the terms and conditions of a Board Order.
Allen R. Brewer-Nielsen	000034579CNA	Suspension	9-12-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Carrie S. Briggs	200540983RN	Voluntary Surrender	7-11-18	Violating the terms and conditions of a Board Order.
Riley M. Burgess	CNA Applicant	Application Denied	7-11-18	Failing to provide requested documents and failing to fully cooperate with the Board during the course of an investigation.
Brooke L. Call	201143301RN	Suspension/ Probation	9-12-18	30-day suspension with conditions, followed by one year of probation. Practicing nursing while impaired, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Krista J. Carter	201603087RN	Probation	7-11-18	24-month probation. Fraud in the practice of nursing, entering inaccurate information into a record, using intoxicants to the extent injurious to herself or others, and unauthorized removal of drugs from the workplace.
Patricia N. Case	200811913CNA	Suspension	7-11-18	Minimum of 14 days for failing to cooperate with the Board during the course of an investigation.
Bernadette H. Castro	201703773LPN	Suspension	7-11-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Catie E. Cejka	200930436LPN/ 201140365RN	Revocation	9-12-18	Stealing property from a client, obtaining unauthorized medications, and failing to cooperate with the Board during the course of an investigation.
Eva Chapin	200330050LPN	Voluntary Surrender	9-12-18	Violating the terms and conditions of a Board Order.
Jena D. Christiansen	200742215RN	Voluntary Withdrawal	9-12-18	Using intoxicants to the extent or in a manner injurious to herself or others.
Carrie L. Christie	200742530RN	Probation	8-8-18	24-month probation. Previous conviction and using intoxicants to the extent injurious to herself or others. Probation is dependent on completion of re-entry requirements.
Robyn N. Colombe	CNA Applicant	Application Denied	7-11-18	Failing to provide requested documents and failing to fully cooperate with the Board during the course of an investigation.
Falon N. Connors	201010507CNA 201500909CMA/	Application Denied	9-12-18	Failing to report an arrest and conviction for a felony crime within 10 days of the arrest, misrepresentation in applying for a certificate, and failing to cooperate with the Board during the course of an investigation.
Erin R. Courtney	201243212RN	Revocation	8-8-18	Practicing nursing while impaired and failing to comply with the terms and conditions of the Health Professionals' Services Program.

Name	License Number	Discipline	Effective Date	Violations
Denese T. Crosbie	099006335RN	Suspension/ Probation	9-12-18	14-day suspension with conditions, followed by one year of probation. Engaging in violent, abusive, or threatening behavior towards a co-worker and relating to the delivery of safe nursing services, and failing to communicate client status information to members of the health care team.
Sandra D. Croyle	097000640RN	Voluntary Surrender	7-11-18	Failing to accurately document nursing interventions, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Diane R. Davis	201030372LPN	Voluntary Surrender	9-12-18	Practicing when unable due to a physical impairment.
Melissa A. DeCarlo	201393859LPN	Voluntary Surrender	8-8-18	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Natalie deClare	201603531CNA	Suspension	8-8-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Rhonda L. Dement	201130645LPN	Voluntary Surrender	7-11-18	Obtaining and administering unauthorized prescription medications.
Rosario A. Doctolero	200212958CNA/ 200320147CMA	Voluntary Surrender	8-8-18	Diverting drugs and using intoxicants to the extent injurious to herself or others.
Jeanette M. Duncan	201405088CNA	Application Denied	9-12-18	Misrepresentation during the application process, using intoxicants to the extent or in a manner dangerous to herself or others, and failing to cooperate with the Board during the course of an investigation.
Rosanna W. Eason	088003140RN	Reprimand	9-12-18	Using social media to post protected client data, and failing to respect the dignity and rights of clients.
Lois J. Ellard	000030100CNA/ 000030100CMA	Voluntary Surrender	8-8-18	Physical impairment.
Charles A. Fanto	097006868RN	Probation	9-12-18	12-month probation. Failing to document client care information, and failing to conform to the essential standards of acceptable nursing practice.
Clayton T. Fountain	CNA Applicant	Application Denied	9-12-18	Misrepresentation during the certification process, and failing to cooperate with the Board during the course of an investigation.
Katherine A. Foutch	RN Applicant	Voluntary Withdrawal	8-8-18	Using intoxicants to the extent injurious to herself or others.
Dixie B. Fowler	200440967RN	Voluntary Surrender	9-12-18	Practicing nursing when unable due to a mental impairment.
Veronica R. Fuggins	201703764LPN	Reprimand	9-12-18	Performing acts beyond her authorized scope, and entering inaccurate documentation into a health record.
Aqeel A. Furqan	089006130RN	Application Denied	7-11-18	Failing to answer questions truthfully and misrepresentation during the licensure process.
CJ D. Gettle	CNA Applicant	Application Denied	8-8-18	Misrepresentation during the certification process and failing to fully cooperate with the Board during the course of an investigation.
Kelley R. Girouard	201609431CNA	Reprimand	9-12-18	Violating a person's rights of privacy and confidentiality.
Julie A. Hagan	201400058LPN	Reprimand	8-8-18	Inaccurate and incomplete recordkeeping, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Danielle A. N. Halbrook	201242432RN	Revocation	7-11-18	Violating the terms and conditions of a Board Order.
Mary T. Harrison	RN/CNS Applicant	Voluntary Withdrawal	9-12-18	Misrepresentation during the licensure process, and failing to answer questions truthfully.
Kristina J. Hanson	201404996CNA	Suspension	8-8-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Katharine M. Hayes	096000451RN	Reprimand/ Civil Penalty	9-12-18	$2,500 civil penalty. Practicing nursing without a current license.
Melissa J. Hayes	201601945RN	Voluntary Surrender	9-12-18	Practicing nursing when unable due to a mental impairment.
Curt B. Howard	RN Applicant	Voluntary Withdrawal	7-11-18	Conviction of a crime that bears a demonstrable relationship to the practice of nursing, and past discipline in Arizona.
Shelby L. Huebner	200942720RN	Civil Penalty	8-3-18	$1,025 civil penalty. Practicing nursing without a current license.
Brianna M. Huizar	201702342CNA	Revocation	9-12-18	Conviction of a crime that bears demonstrable relationship to the duties of a CNA, and failing to cooperate with the Board during the course of an investigation.
Jeannette L. Hulse	201705591CNA	Reprimand	7-11-18	Failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel.
Jodee L. N. Hunter	201041389RN	Application Denied	7-11-18	Using intoxicants to an extent or in a manner injurious to herself or others.

Name	License Number	Discipline	Effective Date	Violations
Theresa A. Hutcherson	200941748RN	Probation	7-11-18	24-month probation. Inaccurate recordkeeping, using intoxicants to the extent injurious to herself or others, and failing to conform to the essential standards of acceptable nursing practice.
Hannah M. James	201310354CNA	Voluntary Surrender	9-12-18	Demonstrated incidents of dishonesty and the unauthorized removal of money from any setting.
Jessica J. James	200212318CNA	Voluntary Surrender	9-12-18	Violating the terms and conditions of a Board Order.
Cali J. Johnson	200641671RN	Voluntary Surrender	9-12-18	Violating the terms and conditions of a Board Order.
Jason Johnson	201702572RN	Revocation	8-8-18	Misrepresentation during the licensure process, failing to answer questions truthfully, and failing to cooperate with the Board during the course of an investigation.
Tavia L. Johnson	200340632RN	Probation	7-11-18	Conditional upon the licensee's successful completion of a re-entry program. 24-month probation for using intoxicants to the extent injurious to herself or others, and failing to conform to the essential standards of acceptable nursing practice.
Susan A. King	RN/NP Applicant	Voluntary Withdrawal	9-12-18	Failing to provide requested documents and failing to cooperate during the course of an investigation.
Annalou Llarenas	201609403CNA	Suspension	9-12-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Benyahman S. Lunn	201141817RN	Voluntary Surrender	9-12-18	Using intoxicants to the extent or in a manner dangerous to himself or others.
Vladimir Makarchuk	201011667CNA	Revocation	7-11-18	Performing authorized duties while impaired, failing to provide requested documents, and failing to cooperate with the Board during the course of an investigation.
Olin B. J. Martin	RN Applicant	Application Denied	7-11-18	Failing to answer questions truthfully and a conviction of a crime that bears a demonstrable relationship to the practice of nursing.
Zena S. Martin	LPN Applicant	Voluntary Withdrawal	8-8-18	Misrepresentation during the licensure process, and failing to answer questions truthfully.
Mary C. McAllister	079031693RN	Civil Penalty	7-19-18	$1,875 civil penalty. Practicing nursing without a current license.
Lori B. McMurtrey	094003136RN	Voluntary Surrender	8-8-18	Violating the terms and conditions of a Board Order.
Michael S. Murphy	201390480RN	Suspension	9-12-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Amanda N. Nipper	201401175RN	Voluntary Surrender	9-12-18	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
David W. Norton	200340356RN	Reprimand	9-12-18	Engaging in abusive or threatening behavior toward co-workers.
Shirley R. Orr	000037168RN	Civil Penalty	7-19-18	$2,500 civil penalty. Practicing nursing without a current license.
Anastasiya P. Petrova	CNA Applicant	Application Denied	9-12-18	Misrepresentation during the certification process, failing to answer question truthfully, and failing to provide requested documents.
Darlena R. Pike	201150132NP	Reprimand	8-8-18	Reprimand with conditions. Failing to establish professional boundaries with a client, and failing to conform to the essential standards of acceptable nursing practice.
Shirley J. Pillster	079043543RN	Civil Penalty	9/13/18	$2,500 civil penalty. Practicing nursing without a current license.
Sylvia M. Quesada	093006090RN	Civil Penalty	8-8-18	$5,000 civil penalty. Practicing nursing without a current license.
Garrett C. Quinn	201607198CNA	Revocation	9-12-18	Failing to implement the plan of care developed by the RN, failing to report changes in a person's status, and performing acts beyond his authorized duties.
James S. Rantala	081001579RN	Voluntary Surrender	8-8-18	Failing to accurately document nursing interventions, and performing acts beyond his authorized scope.
Ellie Faith M. Renfro	200830129LPN	Suspension	7-11-18	Minimum of 14 days for failing to cooperate with the Board during the course of an investigation.
Zaneta L. Revels	201130433LPN	Revocation	9-12-18	Falsifying documentation and data, engaging in abusive behavior toward a co-worker, and failing to comply with the terms and conditions of the Health Professionals' Services Program.
Christi L. Russell	091000394RN	Probation	8-8-18	24-month probation. Misrepresentation during the licensure process, using intoxicants to the extent injurious to herself or others, and possessing unauthorized drugs.
Kenneth D. Schaffer	201701360RN	Suspension/ Probation	8-8-18	Six-month suspension, to be followed by 24 months of probation. Practicing while impaired, using intoxicants to the extent injurious to himself or others, failing to answer questions truthfully, and failing to conform to the essential standards of acceptable nursing practice.
David R. Sell	200241292RN	Reprimand	9-12-18	Implementing policies that jeopardize client safety, and failing to conform to the essential standards of acceptable nursing practice.

Name	License Number	Discipline	Effective Date	Violations
Tracina K. Stewart	200540066RN	Reprimand	7-11-18	Failing to maintain professional boundaries and violating a person's rights of privacy.
Leeanne M. Sutton	200340150RN	Voluntary Surrender	8-8-18	Using intoxicants to the extent injurious to herself or others.
Leanna L. Taft	201112993CNA	Suspension	8-8-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Mondonkilibe L. Tchadja	201604778CNA	Revocation	7-11-18	Conviction of a crime that bears a demonstrable relationship to CNA duties, failing to report his arrest to the Board within 10 days, failing to answer questions truthfully, and failing to provide requested documents.
Amber M. Thompson	201806868CNA	Probation	8-8-18	24-month probation. Using intoxicants to the extent injurious to herself or others.
Sage Thompson	200441424RN	Voluntary Surrender	7-11-18	Violating the terms and conditions of a Board Order.
Tierra J. Treloggen	201506721CNA	Reprimand	9-12-18	Leaving and failing to complete a CNA assignment without properly notifying appropriate supervisory personnel.
Erica Trent	201806869CNA	Probation	8-8-18	24-month probation. Using intoxicants to the extent injurious to herself or others.
Joyce A. Trogdon	079011344RN	Civil Penalty	7-16-18	$1,600 civil penalty. Practicing nursing without a current license.
Bobijo Wheelock	201141845RN	Reprimand	9-12-18	Violating a person's rights of privacy and confidentiality.
Ami E. White	097000265RN	Reprimand	9-12-18	Performing acts beyond her authorized scope, failing to establish professional boundaries with a client, and failing to administer medications in a lawful manner.
Jean M. Wilson-Schneider	081001619RN	Civil Penalty	9-12-18	$5,000 civil penalty. Practicing nursing without a current license.
Christine Winn	RN Applicant	Voluntary Withdrawal	7-11-18	Pending legal charges that bear a demonstrable relationship to the practice of nursing.
Mallory H. Wright	201042567RN	Suspension	9-12-18	Minimum of 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Stephanie C. Yates	201702009CNA	Reprimand	7-11-18	Failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel.

2018 OSBN BOARD MEMBERS

KATHLEEN CHINN, RN, FNP
PRESIDENT-ELECT

Term: 1/1/16 – 12/31/18

Ms. Chinn is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and Master's degrees from Oregon Health Sciences University in Portland, Ore. She resides in Eugene, Ore.

ANNETTE COLE, RN

Term: 1/1/18 – 12/31/20

Ms. Cole is the Vice President of Patient Care Services and Chief Nursing Officer at Sky Lakes Medical Center in Klamath Falls and has 30 years of nursing experience. She received her Bachelors of Science in Nursing degree from the Oregon Institute of Technology in Klamath Falls, Ore., and her Masters of Science in Nursing and Health Care Administration degree from the University of Phoenix. Ms. Cole serves in the Nurse Administrator position on the Board. She resides in Klamath Falls.

ADRIENNE ENGHOUSE, RN

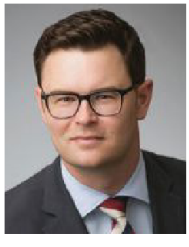
Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Enghouse is a Staff Nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore. She serves in one of two direct-care RN positions on the Board. She received her Associate Degree in Nursing from Mount Hood Community College in Gresham, Ore., and resides in Portland, Ore.

BARBARA GIBBS, LPN,

Terms: 5/1/13 – 12/31/15, 1/1/16 – 12/31/18

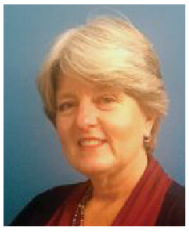
Ms. Gibbs is a staff nurse at Good Shepherd Medical Center in Hermiston, Ore., and received her degree from Blue Mountain Community College in Pendleton, Ore. She serves in the LPN position on the Board and has more than 30 years of nursing experience.



COLIN HUNTER, JD
PUBLIC MEMBER

Terms: 10/1/15 – 12/31/15, 1/1/16 – 12/31/18

Mr. Hunter is an attorney with the Angeli Law Group in Portland, Ore. He received his Bachelor's degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Mr. Hunter resides in Portland, Ore.



SHERYL OAKES CADDY, JD, MSN, RN, CNE

Term: 1/1/18 – 12/31/20

Ms. Oakes Caddy is Director of the Nursing Department at Linn-Benton Community College in Albany and has more than 30 years of nursing experience. She received her Associate of Science in Nursing from Linn-Benton Community College in Albany, Ore., her Bachelor of Science in Nursing from Oregon Health Sciences University in Portland, Ore., her Master of Science in Nursing from Walden University, Baltimore, Md., and her Doctor of Jurisprudence from Willamette University School of Law in Salem, Ore. Ms. Oakes Caddy serves in the Nurse Educator position on the Board and resides in Lebanon, Ore.

BOBBIE TURNIPSEED, RN
BOARD PRESIDENT

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Turnipseed is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed is one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.

RYAN WAYMAN
PUBLIC MEMBER

Terms: 4/1/13 – 12/31/15, 1/1/16 – 12/31/18

Mr. Wayman is one of two public members on the Board. He is the West Region Vice President at AXA Advisors and resides in Portland.

WILLIAM YOUNGREN, CNA
BOARD SECRETARY

Term: 6/1/16 – 12/31/18

Mr. Youngren is a Unit Clerk at Legacy Emanuel Medical Center in Portland and has been a nursing assistant since 2012. He received his Bachelor's Degree in English from Portland State University and his nursing assistant training from Portland Community College. Mr. Youngren resides in Portland, Ore.

2018/2019 OSBN BOARD MEETING DATES

November 13, 2018 **6:30 p.m.**
OSBN Board Meeting

November 14, 2018 **8:30 a.m.**
OSBN Board Meeting
(Primarily Executive Session)

November 15, 2018 **8:30 a.m.**
OSBN Board Meeting

December 12, 2018 **4:30 p.m.**
OSBN Board Meeting via Teleconference
(Primarily Executive Session)

January 9, 2019 **4:30 p.m.**
OSBN Board Meeting via Teleconference
(Primarily Executive Session)

February 12, 2019 **6:30 p.m.**
OSBN Board Meeting

February 13, 2019 **8:30 a.m.**
OSBN Board Meeting
(Primarily Executive Session)

February 14, 2019 **8:30 a.m.**
OSBN Board Meeting

Mach 13, 2019 **4:30 p.m.**
OSBN Board Meeting via Teleconference
(Primarily Executive Session)

April 9, 2019 **6:30 p.m.**
OSBN Board Meeting

April 10, 2019 **8:30 a.m.**
OSBN Board Meeting
(Primarily Executive Session)

April 11, 2019 **8:30 a.m.**
OSBN Board Meeting

May 8, 2019 **4:30 p.m.**
OSBN Board Meeting via Teleconference
(Primarily Executive Session)

June 11, 2019 **6:30 p.m.**
Board Meeting

June 12, 2019 **8:30 a.m.**
Board Meeting
(Primarily Executive Session)

June 13, 2019 **8:30 a.m.**
Board Meeting

July 10, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

August 14, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

September 10, 2019 **6:30 p.m.**
Board Meeting

September 11, 2019 **8:30 a.m.**
Board Meeting
(Primarily Executive Session)

September 12, 2019 **8:30 a.m.**
Board Meeting

September 13, 2019 **8:30 a.m.**
Board Work Session

October 9, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

November 12, 2019 **6:30 p.m.**
Board Meeting

November 13, 2019 **8:30 a.m.**
Board Meeting
(Primarily Executive Session)

December 18, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

All Board Meetings, except Executive Sessions, are open to the public.

All meetings are located at the OSBN Office 17938 SW Upper Boones Ferry Rd, Portland.

By OSBN Investigations Manager ***Jacy Gamble***

DISCLOSING CRIMINAL HISTORY,
AKA HONESTY IS THE BEST POLICY

The Oregon State Board of Nursing (OSBN) often receives questions from applicants for licensure regarding what criminal information needs to be disclosed on an application for licensure or certification. Whether the applicant is seeking initial licensure or is renewing/reactivating existing licenses, it is to her/his benefit to answer all questions to the fullest.

There are three types of application:

1. To become a licensed nurse or certified nursing assistant, you must first complete an initial application and submit it to OSBN.
2. If you are currently licensed or certified, you must submit renewal applications prior to the expiration date of your existing license or certificate.
3. For former nurses or nursing assistants who have expired or revoked licenses or certificates, you must complete a reactivation application.

Each application type contains several "disclosure questions." For initial applications, one of the questions relates to criminal history information and reads as follows, "Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense?" It is very important that applicants read the question carefully and accurately respond to the question. Any and all criminal citations, charges, and arrests must be disclosed, regardless of the length of time since the incident, whether or not the applicant was convicted, what jurisdiction it occurred in, how old the applicant was when the incident occurred, whether or not it was expunged, dismissed, set-aside, or any other action. Every initial applicant also must submit to a fingerprint criminal background check from the FBI. Through that background check process, previous criminal action will appear on the Law Enforcement Data System "LEDS" report. This includes criminal history within Oregon as well as in other states.

For renewal and reactivation applications, the criminal history disclosure question is slightly different and reads as follows, "Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense?" For this question, the renewal or reactivation applicant need only disclose any criminal history information that occurred since the date of their last renewal of their license or certificate.

Below are some Frequently Asked Questions (FAQ's) related to the criminal background check and what should be disclosed on an application:

1. **Q. I was arrested for a crime, but was never charged or convicted. Do I need to disclose that to the Board?**
   A. Yes. Even arrests that did not result in formal charges or a conviction must be disclosed.

2. **Q. I was arrested as a juvenile for a Minor in Possession (MIP); do I really need to disclose that arrest?**
   A. Yes. Any and all arrests, charges, or citations, no matter how old the applicant was at the time, must be disclosed.

3. **Q. I was charged with a crime, but went to court and the case was dismissed or I was found not guilty. Do I need to disclose that?**
   A. Yes. Even arrests or charges that ended with dismissal or a not guilty finding may appear on a LEDS report, and therefore, need to be disclosed.

4. **Q. I was convicted of Driving under the Influence of Intoxicants (DUII), went to court, and was ordered to diversion. I have since completed the terms of my diversion and the case was dismissed. Do I still need to disclose that, since it was dismissed?**

A. Yes. Again, you must disclose all arrests, charges, and convictions, including those that were dismissed.

5. **Q. I had a previous arrest or conviction, but it has since been expunged. Do I need to disclose that?**
   A. Yes. Even arrests or charges that were previously expunged may appear on a criminal history report, so they must be disclosed.

6. **Q. I was told by the court or my attorney that the arrest would not appear on my criminal record. Do I still need to disclose it?**
   A. Yes. As stated above, any and all criminal history must be disclosed.

7. **Q. I had a previous arrest or conviction, but it was many years ago. Do I still need to disclose it?**
   A. Yes. Even criminal history that occurred several years prior must be disclosed.

Also, any time that you disclose criminal history, it is important to include a detailed description of the incident(s), to include dates, times, where it occurred, the circumstances of the incident, and what the resolution was. If you have court or arrest records available, it would help to provide those with your application.

In cases where an application includes a disclosure of criminal history or generates a positive LEDS report, Board staff review the application and decide whether to forward the application to an investigator for further review. An investigator may contact you to request a detailed statement of the incident and obtain relevant records (arrest reports, court records, etc.) to determine the extent of the criminal history. The investigator will prepare a report for the Board so they can review the case and make a decision regarding licensure.

If you fail to disclose previous criminal history, your application will be assigned to a Board investigator who will ask you to explain the reasons for your failure to disclose, as well as request the documents and information discussed earlier. There are many reasons why applicants fail to disclose criminal history:

- Embarrassment or shame over the incident.
- A desire to "put the incident behind me."
- Forgetfulness.
- They don't think it will appear on their report.
- They misunderstand the disclosure requirements.
- An attempt to conceal the history from the Board.

When in doubt about whether or not to disclose a criminal history, you should err on the side of disclosure, even if you have disclosed it before. Failure to disclose criminal history information on an application can also lengthen the time it takes to obtain a license or certificate, due to the need to investigate the information.

A positive criminal history is not immediate grounds to deny a license or a renewal application. Each application is reviewed on a case-by-case basis, and the Board considers several factors when making a decision regarding licensure or certification. It is the responsibility of the Board to determine whether an applicant's criminal history has the potential to present a threat to the health and welfare of the public.

For more information, visit our website (www.oregon.gov/osbn) and click on "How a Criminal History Can Affect the Licensure Process."

ACHIEVE THE PINNACLE OF NURSING IN PORTLAND.

Oregon Health & Science University (OHSU) is Oregon's only academic health center and is nationally distinguished as a research university dedicated solely to advancing health sciences. *U.S. News and World Report* has released the 2018-2019 Best Hospitals list with OHSU ranking No. 1 in Oregon. For nurses, we offer many unique advantages. You will:

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