

# Nebraska Nursing NEWS

Volume 28 • Number 4 / Winter 2011

A Family Affair

## Recovery from Addiction

Scope of Practice

## The Role of the LPN

2012 Board Meeting Schedule

The Nurse Licensure Compact

Department of Health & Human Services

**DHHS**

N E B R A S K A

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BOARD OF NURSING

*Teaching was in her family.  
But for Wanda, Nursing was in her Heart.*

*Wanda*

*RN – Mother/Baby*

Wanda has been a Staff RN at BryanLGH for 21 years. While working on the Mother/Baby unit, she has found that not only is she a fit with her co-workers, she has also found a connection with the patients.

Wanda shares these words of wisdom for those looking to get into nursing: “Look deep into your heart.” For Wanda, her position is about serving and helping others. She says, “You need a passion for people, and caring for and about them. All of the experiences you go through provide a learning opportunity. Some are good. Some are not. But you continue to learn each and every day.”

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# Nebraska Nursing NEWS

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## Executive Director's Message

*Diana Baker*



At this change in the season, many things are happening in the nursing communities that have expected changes. The release of the Institute of Medicine (IOM) report earlier in the year has precipitated an excitement for many nurses that has evolved into the creation and acceptance of the Nebraska Regional Action Coalition (NeRAC). This group has the charge to address recommendations in the IOM report and work towards educational and practice changes in Nebraska. Our Center for Nursing has finally implemented the Center for Nursing Foundation that will work towards gaining financial support in order to be a partner with the NeBRAC and to fulfill needed activities to address the nursing shortage in coming years. We have also had a change in Board membership this past year due to the death of Susan James and the resignation of Pam Johnson and Don Osentowski. You may have noticed new members, Maxine Guy, LPN and Wendy McCarty, public member. We welcomed Jane Carmody in the December meeting and will greet Kelley Hasenauer in February 2012.

I am facing my own personal change in that I will be retiring from my nursing career on December 16, 2011. After my brief time as Executive Director of the Nebraska Board of Nursing, I will

be accepting a new assignment to take care of myself and my family in a very new and different way. I am looking forward to retirement and to new adventures, but I first must thank a number of people who have made my life with the Board of Nursing enjoyable and productive.

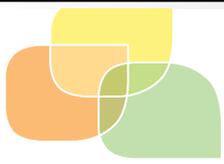
- Karen Bowen, Practice Consultant, has been invaluable to me during this time. She is a nurse with strong character and resolve, and has helped me learn the intricacies of regulation in Nebraska.
- Sheila Exstrom, Education Consultant, was actually my first "boss" in Nebraska way back in 1975 when I worked as an LPN and then RN at Immanuel Medical Center in Omaha. Sheila's knowledge about the nursing education in Nebraska will be very difficult to replicate.
- My licensing specialists in Nursing and Nursing Support have been patient with me while I was learning. They have become good friends and are people that I admire. They all work very hard to get licenses processed, letters written, registries maintained, and generally keep everything on track.
- The members of the

Board of Nursing are to be admired. Nurses in Nebraska do not realize the number of hours these dedicated people devote to their responsibilities on the Board and still have families and jobs. Their mission to the health, safety and welfare of the citizens of Nebraska is exemplary.

- The members of the Center for Nursing Board are tireless. These are the people behind the scenes that are keeping the pulse on the nursing shortages in Nebraska. Juan Ramirez is the statistical analyst who makes sense out of the surveys each renewal period and writes the Annual Report. Juan is an amazing and wonderful friend.
- And of course, the scores of friends that I have made in the Licensure Unit who have provided a strong shoulder, a listening ear, and plenty of moral support.

Nursing has been a major part of my life for the past 43 years, and I hope that the upcoming years in retirement will be as fruitful, educational, and will bring as many interesting people into my life.

*Diana Baker RN MSN*



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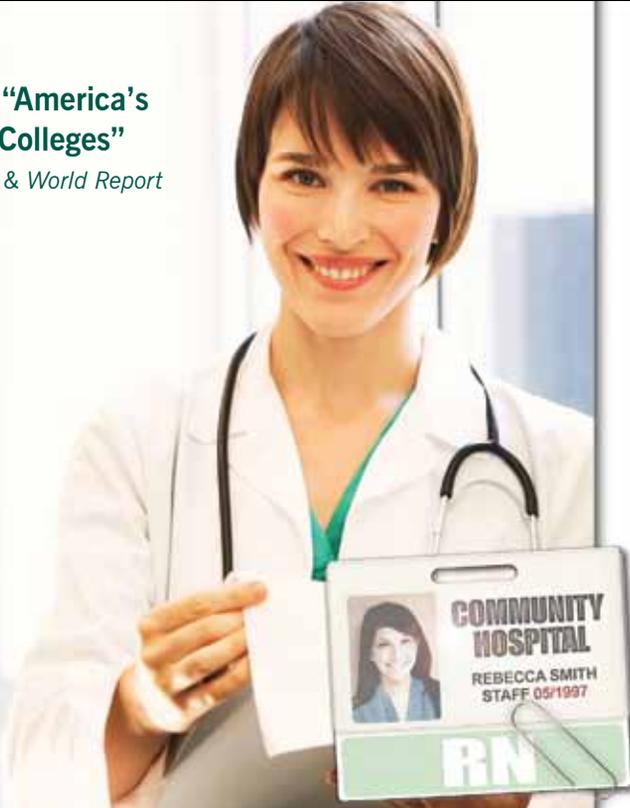
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## Nebraska Board of Nursing

## Meeting Schedule 2012

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at <http://www.dhhs.ne.gov/crl/brdmtgs.htm> or you may obtain an agenda by phoning (402) 471-4376 or emailing [Jennifer.vanepere@nebraska.gov](mailto:Jennifer.vanepere@nebraska.gov).

Day/Date	Time	Meeting	Location
<b>January</b>			
Wednesday, January 11	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>NSOB Room 1Y</b>
Thursday, January 12	8:30 a.m.	<b>Board meeting</b> <i>(Discipline case review-most of meeting in closed session)</i>	<b>Gold's Room 531</b>
<b>February</b>			
Thursday, February 9	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>
<b>March</b>			
Wednesday, March 7	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>NSOB Room 1Y</b>
Thursday, March 8	8:30 a.m.	<b>Board meeting</b> <i>(Discipline case review-most of meeting in closed session)</i>	<b>Gold's Room 531</b>
Monday, March 12 – Wednesday, March 14		<b>NCSBN Midyear meeting</b>	<b>Chicago</b>
<b>April</b>			
Thursday, April 12	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>



## President's Message

*Crystal Higgins, RN MSN*

As we begin the New Year, "change is in the air."

Health care reform and change; Nursing education and change; Nursing practice and change. Where do you fit in? As a consumer, provider of care, or nurse educator – begin to look at the way your role might be changing.

It seems that nurses cannot ever agree on **what** or **how** to change, whether it is nursing education or who should provide what care to patients. You will get a lot of opinions on what needs to change in nursing, but solutions are not as easy to come by.

In reviewing the change models, I am reminded of these simple steps: 1. Change needs to be planned; 2. Change needs to be prepared for, and 3.

Implementation of change needs to go forward according to some process.

It all sounds so simple at the start. Describe where you are now and where you want to be, and then develop a plan of how to get from here to there. What needs to change? Do we need to change the way we educate nurses? Do we need to change the way we plan and provide care for patients? Do we need to change how patients access health care?

Several authors describe change as "tinkering with nursing." Plan to "tinker" a lot before and during the process of implementing change. We have been changing nursing since Florence Nightengale.

Set realistic expectations for success. Our world, society, and our profession are in constant change. We need to be

realistic and identify what needs to be changed for the better, and not be so focused on what we cannot change.

I found these quotes which cover the process adequately. "Change is such hard work." (Billy Crystal). But the one I like the best is, "Change before you have to." (Jack Welch).

Be a part of the plan in "tinkering" with the nursing profession. Join your professional group or association in leading the change. Don't be that person who says "When did that change?"

Think about change and how you will work at it this year to take better care of your patients, your profession and yourself.

*Crystal R. Higgins*

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## Recovery from Addiction is a Family Affair\*\*

Addiction is a disease that can adversely affect the families, patients or clients, and others in relationship to those who are addicted. Here are some excerpts from the comments of the spouse of an addicted health care professional who had utilized the Nebraska Licensee Assistance Program (NE LAP) services.

*My husband is a health care professional who was addicted to opiates. Once discovered, no longer could I believe a word he said. All of his tangled lies, his inconsistent behavior, rage, paranoia, fits of anger, lack of motivation, sadness, accidents,.... I knew safety precautions were necessary. Not only to protect our children and myself, but I felt a deep responsibility to the patients he was caring for. Something had to be done. It was crystal clear. I had an obligation to the patients that my husband was caring for.*

*This is where the NE LAP program came into our lives. My husband was told about the NE LAP program in a meeting which he then shared with me. We both agreed this was a good idea. His reasoning for going into the program was to protect his professional license before he was caught. For me, it was a way to protect the patients. My husband was never forced into the NE LAP program, he voluntarily signed up. I still remember that day sitting in the parking lot. He almost*

*backed out, his career was on the line. He had to get clean and the motivation of losing his license was everything to him.*

*Every morning my husband would call-in to listen for his number for drug testing. If his number was called, he would drive to get tested. For 12 months the LAP monitored his progress. For 12 months, my husband's professional license was on the line. He had to stay clean. The NE LAP program; Valley Hope 30 days in-patient care; close friends through Valley Hope; meetings; family; and rekindling his faith in God all played important roles in my husband's recovery.*

*It's been 8 months without the NE LAP program. My husband says he is clean. I will always have doubts. The NE LAP program gave me some sense of sanity through this horrible ordeal.\*\**

According to NCADD\*, "alcoholism and drug addiction affects the whole family—young, teenage, or grownup children; wives or husbands; brothers or sisters; parents or other relatives and friends. One family member addicted to alcohol and drugs means the whole family suffers." NCADD also states, "People recovering from alcoholism and drug addiction, their families, and their children can and often do achieve optimum levels of health and functioning, but this achievement is best measured in

years rather than days, weeks, or months. In the process of recovery, families are strengthened through increased levels of genuine intimacy and families are better able to cope with life's challenges. Over time, the discipline of recovery can bring the family together to be the healthiest its ever been!"

The NE LAP encourages health care professionals with alcohol or drug problems to seek treatment and prevent these problems from hurting their families. For those health care professionals who are already in recovery, we encourage them to steadfastly ensure their continued recovery for themselves and their families. Together they can have a family that is "the healthiest its ever been!"

\*National Council on Alcoholism and Drug Dependence (NCADD) ([www.ncadd.org](http://www.ncadd.org))

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*If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment, please contact the NE LAP at (800) 851-2336 or (402) 8055 or visit our website at [www.lapne.org](http://www.lapne.org). If you would like to schedule an educational presentation on alcohol/drug addiction and the health service professional, please ask for Judi Leibrock, NE LAP Coordinator.*

## *Update on the Center for Regulatory Excellence Transition Grant*

By Peggy L. Hawkins,  
PhD, RN, CNE

The Center for Regulatory Excellence provided a two-year grant to study transition to practice of new RN and LPN graduates in rural and urban settings at acute and long-term care facilities in Nebraska. The project is nearing completion and should conclude in March of 2012.

The major research aim is to determine whether educational modules and preceptor development make a difference in new graduate transition to practice. During the control phase, new nursing graduates, preceptors of new graduates, and managers of new graduates completed surveys on several aspects of transition to nursing practice. Educational modules and preceptor programs were provided to 239 preceptors at 19 consented facilities. New graduates, their preceptors, and managers are currently completing the final surveys. In addition to the survey data, new graduates were shadowed throughout the state to observe the new nursing graduate work experience.

The Task Force made up of members from the following organizations will review results of the study in early 2013: Nebraska Board of Nursing, Licensed Practical Nursing Association of Nebraska, Nebraska Organization of Nurse Leaders, Nebraska Nurses Association, and the Nebraska Assembly of Nursing Deans and Directors. The Task Force role is to consider recommendations based on data from the project. Upon completion of the final report to the Center for Regulatory Excellence, study results will be available in Nebraska Nurse. Contact the Project Director, Peggy Hawkins, with any questions at [Peggy.Hawkins@nebraska.gov](mailto:Peggy.Hawkins@nebraska.gov) or call 402-334-7136.



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172 NAC 5 -Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations and Insurers

# Summary of Mandatory Reporting Requirements

Must be reported in writing within 30 days of occurrence/action

Immune from criminal or civil liability (except self)

Must have first hand knowledge.

WHAT TO REPORT	WHO IS TO REPORT
1. Practice without License.	All Professionals
2. Gross Incompetence. 3. Pattern of Negligent Conduct. 4. Unprofessional Conduct. 5. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability. 6. Violations of Other Regulatory Provisions of the Profession.	All Professionals report Others of the SAME Profession*
7. Gross Incompetence. 8. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability.	All Professionals ---Self-Reporting
9. Loss of Voluntary Limitation of Privileges 10. Resignation of Staff 11. Loss of Employment 12. Licensure Denial 13. Loss of Membership in Professional Organization 14. Adverse Action pertaining to Professional Liability coverage. 15. Licensure Discipline/Settlement/Voluntary Surrender/Limitation in any State or Jurisdiction. 16. Conviction of Felony or Misdemeanor in this or any other State or Jurisdiction.	Due to Alleged Incompetence, Negligence, Unethical .... or Unprofessional Conduct, or Physical, Mental, or Chemical Impairment.  All Professionals report Others of a DIFFERENT Profession*
17. Payments made due to Adverse Judgment, Settlement, or Award. 18. Adverse Action affecting privileges or memberships. *** See above	Health Facilities, Peer Review Organizations, and Professional Association
19. Violation of Regulatory Provisions Governing a given Profession.** 20. Payments made due to Adverse Judgement, Settlement, or Award. 21. Adverse Action affecting coverage.	Insurers
22. Convictions of Felony or Misdemeanor involving Use, Sale, Distribution,-Administration, or Dispensing controlled substances, Alcohol or Chemical Impairment, or Substance Abuse. 23. Judgments from claims of professional liability.	Clerk of County or District Court

\* Exceptions to reporting are: 1) If you are a spouse of the practitioner, 2) If you are providing treatment which means information is-protected by a practitioner-patient relationship (unless a danger to the public), 3) When a chemically impaired professional enters the Licensee Assistance Program, 4) When serving as a committee member or witness for a peer review activity.

\*\* Unless knowledge is based on confidential medical records.

**Send Written Report To:**  
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**Lincoln, NE 68509-4986**

## NA-MA Information

Actions against nurse aides and medication aides will no longer be reported in the Nursing News. Current information regarding nurse aides and medication aides can be found by accessing the License Information

System at [www.dhhs.ne.gov/lis/lisindex.htm](http://www.dhhs.ne.gov/lis/lisindex.htm) Click on License Lookup and follow the directions. You may contact the Nurse Aide Registry by e-mail at [nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov) or telephone at 402-471-0537 for

additional information. The Medication Aide Registry may be contacted by e-mail at [shane.bailey@nebraska.gov](mailto:shane.bailey@nebraska.gov) or by telephone at 402-471-4364 for additional information.

## Impact of the NCLEX-PN Passing Standard, Effective April 1, 2011

As of April 1, 2011, a new passing standard of -0.27 logits was implemented for the NCLEX-PN Examination. The new standard represents an increase of 0.10 logits from the previous passing standard of -0.37 logits. Per NCSBN policy, NCLEX passing standards are re-evaluated once every three years to

accommodate possible changes in entry-level nursing practices.

Preliminary impact data of the 2011 NCLEX-PN passing standard suggest that PN candidates are rising to the challenge of the higher passing standard. Among first-time U.S. candidates, the NCLEX-PN pass rate within three months of implementation of the new

passing standard is 82 percent. This represents a slight drop of 3 percent compared to the same time last year. Based on previous data, candidates generally recover from the pass rate drop within 18 months of the implementation of a higher passing standard and the pass rate returns to the level prior to the passing standard change.

A Health Care Professional's  
Resource Guide

## Alcohol and Drug Abuse and Addiction

The Health Care Professional's Resource Guide was developed by the Licensure Unit of the Nebraska Department of Health and Human Services, Division of Public Health and the Nebraska Licensee Assistance Program for the purpose of providing information about alcohol and drug abuse and addiction. The guide provides information on how to recognize the signs and symptoms of the disease, steps on how to intervene, recovery, relapse prevention and return-to-work considerations. If you would like a copy of the guide, contact Ruth Schuldt, RN Licensure Compliance Monitor at 402-471-0313 or at [ruth.schuldt@nebraska.gov](mailto:ruth.schuldt@nebraska.gov).



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Scope of Practice

# The Role of the LPN

Frequently the Board receives calls seeking clarification regarding the role and scope of practice of the LPN. It appears that both RNs and LPNs may forget that although the LPN works in home health or nursing homes during times when the RN is not in the facility, LPNs are not allowed to work independently. Here are some reminders for licensed nurses and agency administrators working with LPNs.

An LPN may not work independently without supervision in any setting. When reviewing §38-2211, the definition of “practice of nursing by a licensed practical nurse” states, (1) Practice of Nursing by a licensed practical nurse means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skill acquired through an approved program of practical nursing. A Licensed Practical Nurse may function at the direction of a licensed practitioner or registered nurse.

In order to satisfy this requirement, the LPN must have a formal relationship established and maintained with an authorized supervisory person at all times while providing nursing services. Such a relationship is established through employment, and requires the supervisor to be available to go to the practice site if necessary.

A very helpful chart can be found in 172 NAC 99-003, Provisions of Nursing Care. These regulations include the minimum standards for nursing care responsibilities of licensed nurses within the framework of the nursing process. A brief summary of this chart indicates that an LPN:

- Contributes to the assessment of health status of individuals by collecting basic data consistent with the educational preparation of the LPN.
- Contributes to establishing nursing diagnoses which identifies patient needs.

- Participates in the plan of care for individuals.
- Provides care for individuals whose conditions are stable and predictable.
- Contributes to the evaluation of the response of individuals to nursing care through documentation and communication to appropriate members of the health care team, and contributing to modifications of care based on the evaluation.

An RN of an employing agency is responsible to verify the knowledge, skill, and competency of all nurses in the agency before assigning a nurse to a patient. Prior to the LPN accepting an assignment, an RN must have assessed the patient, verified that health care provider orders are in place and appropriate, determined the plan of care, and identified those skills needed by the assigned nurse. To match the patient with an LPN, the patient’s clinical condition must be determined to be “stable” by the RN. Also, the complexity of the required nursing activities and their potential threat to patient well-being must be considered. Once the match of patient need and nurse skill set is completed the assignment can be made.

After the appropriate assignment has been made, the LPN continues to work under supervision. In addition, an RN must be routinely available to evaluate the patient’s response to care provided, and to make needed modifications to the plan of care, or to discharge the patient from the service.

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# LPN Renewal Summary 2011

The 2011 LPN renewal period ended October 31. All LPN licenses that were not renewed prior to that date have expired. There were 6,571 LPNs that renewed their licenses.

Renewal notices were mailed the first part of August. However, many LPNs waited until the last minute to renew. The last week of October, there were still over 2,000 LPNs that had not renewed. This number of last minute renewals has increased from the 2009 renewal period. In 2009, our staff processed more than 1,400 renewal applications the last week of renewal. One reason we heard frequently for waiting until the last minute or not renewing in time was the renewal fee. The fee has not increased since the last renewal period. If a nurse starts now and saves approximately \$5 a month, in two years they will have the renewal fee.

Renewal notice postcards are mailed to LPNs at the address we currently have on file. Hundreds of these cards were returned for incorrect addresses. When a licensee fails to maintain a current address with the department, it results in delayed or non-delivery of the renewal notice, extra cost to the department for printing, paper, postage and a significant amount of staff time during an already busy time.

The LPNs who did not renew in time and whose licenses expired are required to reinstate their licenses. Since November 1, there have been 95 LPNs that have applied to reinstate

their licenses. They are also required to attest to the number of days practiced after October 31. Practice on an expired license results in the assessment of an administrative penalty of \$10 for each day practiced prior to reinstating the license. We continue to receive reinstatement applications from LPNs that did not renew their licenses prior to the expiration date.

In 2003, the first year we had online renewal for LPNs, only 21% used the online renewal. That increased in 2005 to 54%. The 2007 online renewal numbers were similar to those in 2005. In 2009 76% of LPNs renewed online.

This year we had 84% of the LPNs and 89% of the LPN-Cs renew their licenses online.

Please remember to make sure we have your current mailing address. The address we have for you in our licensing system is where all communication from the Department is sent including the Nursing News. You can call our office at (402) 471-4376 to change your address.



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# NCSBN Corner – The Nurse Licensure Compact

Recently, there have been an unusual number of calls regarding Nurse Licensure Compact (NLC) laws, and it seems that many nurses do not understand the Licensure Compact at all. In order to avoid possible fines and/or disciplinary action, information regarding the NLC is listed below. This information is also available on the National Council of State Boards of Nursing (NCSBN) website at [www.ncsbn.com](http://www.ncsbn.com).

## Background

..The Nurse Licensure Compact (NLC) allows a nurse (registered nurse [RN] and licensed practical/vocational nurse [LPN/VN]) to have one multistate license in the nurse's primary state of residency (the home state) and practice in other compact states (remote states), while subject to each state's practice laws and discipline.

..Lawful practice requires that a nurse be licensed or have the privilege to practice in the state where the patient is located at the time care is directed or service is rendered. This pertains to practice by physical or electronic means.

..Nurses holding a multistate license are allowed to practice across state lines, except when practice is limited to the home state

due to a restriction on the license or some level of disciplinary action.

..Advanced practice registered nurses (APRNs) are not included in this compact. APRNs must apply for licensure in each state in which they practice unless exempted when employed in a federal facility.

..To view a map of compact states, visit [www.ncsbn.org/nlc](http://www.ncsbn.org/nlc).

## Employer Verification of a Nurse's Licensure Status

..Employers need to verify the licensure status of all nurses seeking employment. Many state boards of nursing (BONs) are paperless and no longer issue a wallet-size license card. NCSBN's online verification system, Nursys, provides licensure data obtained directly from the licensure systems of BONs through frequent database updates.

..It is important to verify licenses online with Nursys or with the state BON where the nurse is licensed.

..All NLC states provide licensure data to Nursys. Many, but not all non-NLC states provide licensure data to Nursys. To view a map of Nursys licensure-participating BONs, visit <https://www.nursys.com/NLV/LicenseVerificationJurisdictions.aspx>.

..For those states that submit licensure data to Nursys, employers can verify a nurse's license and receive a Licensure Quick Confirm report at no cost by visiting [www.nursys.com](http://www.nursys.com). The report will contain the nurse's name, jurisdiction, license type, license number, compact status (multistate/ single state), license status, expiration date, discipline against license and discipline against privilege to practice.

..For those states that do not submit licensure data to Nursys, employers can verify a nurse's license via a BON's website, however, they will not have access to the licensee's licensure, discipline or privilege to practice status in other states.

..To verify temporary licenses, employers must contact the BON that issued the temporary license.

## Definitions

..**Compact:** An interstate agreement between two or more states established for the purpose of remedying a particular problem of multistate concern (*Black's Law Dictionary*).

..**Party or Compact State:** Any state that has adopted the NLC.

..**Home State:** The party state that serves as the nurse's primary state of residence.

..**Primary State of Residence:** The state in which a nurse declares a principal residence for legal purposes. Sources used to verify a nurse's primary residence may include driver's license, federal income tax return, Military Form #2058 or voter registration.

..**Remote State:** A party state other than the home state where the patient is located at



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the time nursing care is provided or in the case of nursing practice not involving a patient, a party state where the recipient of nursing practice is located.

..**Nursys**: A database with a free public access website ([www.nursys.com](http://www.nursys.com)) that contains the licensure and disciplinary information of all licensed RNs and LPN/VNs, as contributed by party states.

### Licensure and Privileges

..A nurse licensed in a compact state must meet the licensure requirements in the primary state of residence (home state). When practicing on a privilege in a remote state, the nurse is accountable for complying with the nurse practice act of that state.

..Compact states may issue a multistate or a single state license. Employers should verify licensure status online.

..A nurse with an active multistate license in good standing has the privilege to practice in any of the remote states.

..The NLC laws allow for the nurse to **hold only one active** multistate license in his or her primary state of residence. Employers should not require the nurse who holds an active multistate license to apply for licensure in a remote state when the nurse has lawfully declared a primary state of residence based on where he or she pays federal income tax, votes and holds a drivers license.

..A nurse who holds a license issued by a state that is not a member of the NLC has a single-state license that is only valid in that state.

..While under some levels of disciplinary action, multistate privileges may be removed and the nurse's practice may be restricted to the home state.

### Requirements When A Nurse Moves

..When a nurse declares a different compact state as his or her primary state of residence, the nurse must apply for licensure by endorsement in the new state of residency.

..When a nurse changes primary state of residency by moving from one compact state to another, the nurse can practice on the former license for up to 30 days. The 30-day period begins on the nurse's first day of employment. If the licensee begins employment before changing the primary state of residency, the 30 days begins upon the date that the licensee establishes a new primary state of residency. Obtaining a drivers license in the new state, for example, would signify the establishment of a new primary state of residency. The nurse is required to apply for licensure

by endorsement and complete a declaration of primary state of residency in the new home state, whereby a new multistate license is issued and the former license is made inactive.

..Licensure renewal cycles vary state to state. Nurses are required to promptly declare a new state of residency when they obtain a new drivers license, change where federal taxes are paid or register to vote and must not wait for their license to lapse or expire in the prior home state.

### Complaints

To report a nurse practice violation, contact the BON where the nurse is practicing or report the information to the BON in the home state of licensure.



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# Licensure Actions

The following is a list of licensure actions taken between August 1, 2011 and October 30, 2011

Additional information regarding the actions identified below is available on our website at [www.nebraska.gov/LISSearch/search.cgi](http://www.nebraska.gov/LISSearch/search.cgi). To view a copy of the disciplinary/non-disciplinary action click on "View Scanned Documents" once in the License Details Section of the search.

The information may also be requested by e-mail at [jennifer.vanepere@nebraska.gov](mailto:jennifer.vanepere@nebraska.gov).

Licensee	Date of Action	Action	Violation
Jeannie Linder RN 51089	8/9/11	Suspension	Violation of current license probationary conditions Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment
Jay Baker RN 68592	8/11/11	Revocation	Dishonorable Conduct Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Personal use of Dilaudid belonging to nursing employer
Sara Lussier, aka Hughes RN 59178	8/11/11	Censure	Conviction of a felony which has a rational connection with the fitness or capacity of the licensee to practice the profession
Angie Roby RN 53240	8/11/11	Censure \$500 civil penalty	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Sara Kumm LPN 21819	8/11/11	Censure	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Kathleen Roof LPN 19664	8/11/11	Censure \$500 civil penalty	Violation of terms of probation
Sheila Carroll LPN 16603	8/11/11	Censure	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession Failure to report nursing employment termination in accordance with state mandatory reporting law
Bernadette Smith RN 55186	8/25/11	Censure Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Larry Troshynski RN 49830 APRN-CRNA 100724	8/25/11	Suspension	Unprofessional Conduct-Committing any act which endangers patient safety or welfare Failure to report nursing employment termination in accordance with state mandatory reporting law Disciplinary action in another state
Chantell Dunn LPN 21511	8/25/11	Probation	Alcohol Abuse Failure to comply with treatment program recommendations
Debra Ward LPN 14560	8/25/11	Censure \$500 civil penalty	Misrepresentation of material facts in procuring or attempting to procure a license Dishonorable Conduct Conviction of a misdemeanor which has a rational connection with fitness to practice the profession Failure to report misdemeanor conviction in accordance with the state mandatory reporting law
Rosemarie Buhlmann LPN 19353 LPN-C 1132	8/25/11	Suspension	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Paul Adekunle LPN 19767	9/1/11	Suspension	Alcohol Dependence Unprofessional Conduct-Practice of the profession while ability to practice was impaired by alcohol Failure to comply with aftercare treatment recommendations
Amber Hansen LPN 23389	9/1/11	Initial license issued on probation	Alcohol dependence Misdemeanor convictions which have a rational connection with fitness to practice the profession
Christina Payne LPN 17373	9/1/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law

Licensee	Date of Action	Action	Violation
Christine Kaczmarczyk RN 49398	9/1/11	Reinstatement on Probation	Previous disciplinary action
Jill McGinley RN 38015	9/11/11	Non-disciplinary Assurance of Compliance	Practice beyond authorized scope
Eleanor Liekhus RN 56300	9/11/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which licensed
Abele Gbeteglo LPN 21796	9/11/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record
Mickie Clark LPN 4350	9/16/11	Non-disciplinary Assurance of Compliance	Practice of the profession beyond authorized scope
Frances West LPN 18381	9/17/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record
Kelly Allison 51384	9/22/11	Suspension	Violation of license probation conditions
Nancy Childe-Blackman RN 66688	9/22/11	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Deborah Chunn RN 34160	9/22/11	Censure	Unprofessional Conduct-Departure or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Lori Dilocker RN 41935	9/22/11	Suspension	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Carla Garrelts RN 66217	9/22/11	Censure Limitation	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Katina Hafi RN 54103	9/22/11	Censure	Misrepresentation of material facts in procuring a license
Kristen Palser RN 50503	09/22/11	Reinstatement on Probation	Previous disciplinary action
Shon Peterson RN 59281	9/22/11	Censure Civil Penalty	Violation of probationary conditions
Pamela Curtis LPN 11388	9/22/11	Censure	Violation of an Order issued by the Department
Gloria Hensley LPN 16869 LPN-C 1192	9/22/11	Probation	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Tracy Knorr LPN 14515	9/22/11	Suspension	Departure from or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Delores Shaffer LPN 5280	9/22/11	Censure	Practice beyond authorized scope
Nicole Smith LPN 20109	9/22/11	Revocation	Failure to pay an administrative penalty for practicing without a valid license
Nancy Esch RN 60825	9/28/11	Suspension	Opioid dependence Dishonorable Conduct-Diversion of Controlled Substances Violation of the Uniform Controlled Substances Act
Lena Bullington RN 63172	10/5/11	Suspension	Abuse of, dependence on, or active addiction to alcohol, . . . . Practice of the profession while the ability to practice is impaired by alcohol. Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Wendy Liston RN 62498	10/9/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care
Angela Burns RN 63280	10/12/11	Suspension Probation	Dishonorable Conduct-Abuse of or dependence on . . . . any controlled substance Unprofessional Conduct Violation of the Uniform Controlled Substances Act-Theft of controlled substances from place of nursing employment
Debra Gentleman RN 34634	10/12/11	Suspension	Dishonorable Conduct Opioid Dependence Violation of the Uniform Controlled Substances Act
Kerri Paasch RN 66788	10/12/11	Censure	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession

Licensee	Date of Action	Action	Violation
Jessica Emery LPN 18666	10/12/11	Probation	Abuse of, dependence on, or active addiction to alcohol . . . Conviction of a misdemeanor which has a rational connection with fitness to practice
Robin Gannon LPN 16392	10/12/11	Probation	Conviction of a misdemeanor which has a rational connection with fitness to practice the profession Diagnosis of Alcohol Dependence Failure to report misdemeanor convictions in accordance with state mandatory reporting law
Mary Fowler LPN 20143	10/21/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed
Henrietta Stemley LPN 16907	10/24/11	Non-disciplinary Assurance of Compliance	Failure to report nursing employment termination in accordance with state mandatory reporting law
Roxie Alred RN 34151	10/27/11	Censure	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
John LaPesh LPN 22662	10/27/11	Censure	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Dawn Mason LPN 21815	10/27/11	Censure Civil Penalty	Unprofessional Conduct-Failure to safeguard patient's dignity and right to privacy



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If you do not have access to the Internet, please contact the Licensure Unit for information or questions concerning:

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### **Medication Aide Renewals and Applications**

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### **Medication Aide Registry**

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# 1991 Twenty Years Ago in Nursing News

- The board actions included:
  - Approved for public hearing Chapter 99 Regulations Defining Appropriate Delegation to Licensed Practical Nurses
  - Issued an advisory opinion on Delegation within the Dialysis Unit
  - Approved for public hearing proposed Regulations for Certification and Temporary Certification of Nurse Practitioner, Nurse Practitioners Anesthetists, and Nurse Midwives
- Guidelines for determining scope of practice and a decision-making model for determining scope of practice were highlighted in an article
- The Annual Delegate Assembly of the National Council of State Boards of Nursing was held July 29 – August 2, 1991. Highlights included:
  - Approved Computer Adaptive Testing (CAT) as the examination method for all National Council Licensure Examinations
  - Authorized the Board of Directors to negotiate an extension of the contract with CTB Macmillan/McGraw-Hill for paper and pencil administration, if necessary during the transition to CAT
  - Adopted Conceptual Framework on Continued Competence
- The NCLEX-PN was administered April 16, 1991
  - There were 144 first time candidates
  - Nebraska pass rate was 94.4%
  - National pass rate was 85.8%
- Total numbers of licensed nurses:
  - 16,362 Registered Nurses (currently 24,975)
  - 6,870 Licensed Practical Nurses (currently 6,648)
  - 32 Certified Nurse Practitioners (currently 1,021)
  - 255 Certified Registered Nurse Anesthetists (currently 497)



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Actions against nurse aides and medication aides will no longer be reported in the Nursing News. Current information regarding nurse aides and medication aides can be found by accessing the License Information System at [dhhs.NE.gov/publichealth/Pages/lis\\_lisindex.aspx](http://dhhs.NE.gov/publichealth/Pages/lis_lisindex.aspx). Click on License Search and follow the directions. You may contact the Nurse Aide Registry by e-mail at [nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov) or telephone at 402-471-0537. The Medication Aide Registry may be contacted by e-mail at [teresa.luse@nebraska.gov](mailto:teresa.luse@nebraska.gov) or by telephone at 402-471-4364 for additional information.

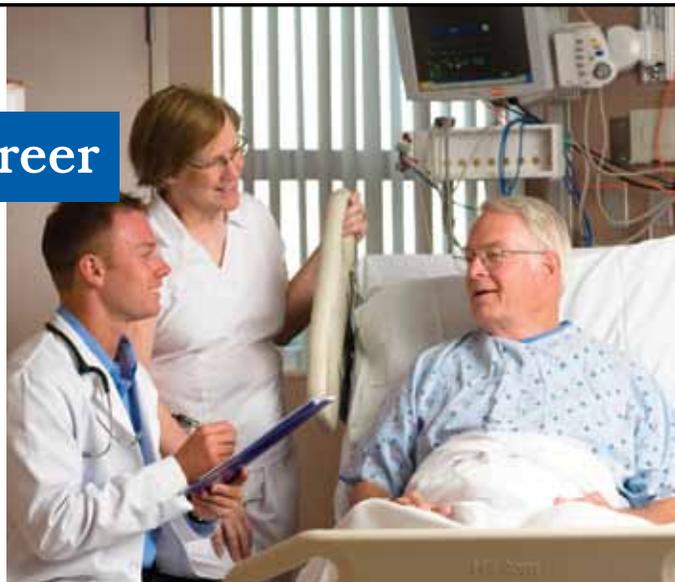
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Sunday, April 22, 2012	New Orleans, Louisiana	--	04:00 PM
Monday, April 23, 2012	Fun Day At Sea	--	--
Tuesday, April 24, 2012	Fun Day At Sea	--	--
Wednesday, April 25, 2012	Montego Bay, Jamaica	09:00 AM	06:00 PM
Thursday, April 26, 2012	Georgetown, Grand Cayman	07:00 AM	04:00 PM
Friday, April 27, 2012	Cozumel, Mexico	10:00 AM	05:00 PM
Saturday, April 28, 2012	Fun Day At Sea	--	--
Sunday, April 29, 2012	New Orleans, Louisiana	08:00 AM	--



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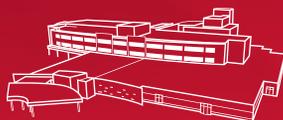
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