

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST

JANICE LYNN RAIDEN, R.N.

FINAL DECISION AND ORDER

Respondent

LS9908121NUR

REPLACING erroneous FINAL DECISION AND ORDER FILED ON SEPTEMBER 7, 2000

The parties in this matter under § 227.44, Stats., and for purposes of review under § 227.53, Stats., are:

Janice Lynn Raiden

250 Edwards Boulevard, #7

Lake Geneva, WI 53147

Board of Nursing

P.O. Box 8935

Madison, WI 53708-8935

Department of Regulation & Licensing

Division of Enforcement

P.O. Box 8935

Madison, Wisconsin 53708

This matter was commenced by the filing of a Notice of Hearing on August 19, 1999. A hearing was held in the matter on November 9-10, 1999. Atty. James W. Harris appeared on behalf of the Department of Regulation and Licensing, Division of Enforcement. Atty. Robert J. Lightfoot II, Murphy & Desmond, S.C., appeared on behalf of the respondent. The hearing transcript was filed on November 30, 1999.

The Administrative Law Judge filed her Proposed Decision in the matter on June 30, 2000. The Division of Enforcement filed Complainant's Objections on July 10, 2000, and Respondent by Attorney Lightfoot, filed her Objections on July 14.

The Board of Nursing considered the matter at its meeting of September 1, 2000. At that time, the board accepted the recommended Findings of Fact and Conclusions of Law. The board did not accept the recommended Order, instead voting to adopt the Order suggested by the Division of Enforcement in its Objections. Owing to an administrative oversight, however, the Proposed Decision was executed and was filed on September 7, 2000. The oversight was not discovered until September 8, 2000. Accordingly, this Final Decision and Order correctly reflects the board's action in the matter, and is hereby substituted nunc pro tunc for the Final Decision and Order dated September 1, 2000, which is to be considered void and of no effect.

Based upon the entire record in this matter, the Board of Nursing makes the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Janice Lynn Raiden (d.o.b., 09/05/58), is licensed as a registered nurse in the State of Wisconsin. This license, #109774, was first granted on April 17, 1992.

2. Respondent's most recent address on file with the Wisconsin Board of Nursing is 250 Edwards Boulevard., #7, Lake Geneva, Wisconsin 53147.

3. On December 24, 1998, Ms. Raiden was an agency nurse with Temps Plus Staffing and was assigned as a registered nurse at Lakeland Medical Center, Elkhorn, Wisconsin. As a temporary agency nurse, Ms. Raiden was not granted direct access privileges with the Center's PYXIS medication dispensing system.

4. On December 24, 1998, Ms. Raiden was responsible for the care of MB, a patient at the Medical Center. MB had a valid physician's order for meperidine 50-75, q 4 hours, prn. The PYXIS record for patient MB on December 24, 1998, indicates the following:

07:37 50 mg. meperidine withdrawn by nurse KK (Kristina Kushner Stalker)

09:02 75 mg. meperidine withdrawn by nurse CB (Charmaine Breunig)

11:16 75 mg. meperidine withdrawn by nurse DW (Deborah Wendt)

13:24 75 mg. meperidine withdrawn by nurse KK (Kristina Kushner Stalker)

14:20 100 mg. meperidine withdrawn by nurse DW (Deborah Wendt)

16:55 75 mg. meperidine withdrawn by nurse JK (Jennifer Kleist)

5. At some point in time during the morning of December 24, 1998, Ms. Raiden made a request to Kristina Kushner Stalker, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system for a patient. Ms. Stalker withdrew 50 mg. meperidine from the PYXIS at 07:37 and gave it to Ms. Raiden.

6. At some point in time during the morning of December 24, 1998, Ms. Raiden made a request to Charmaine Breunig, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system for patient MB. Ms. Breunig withdrew 75 mg. meperidine from the PYXIS at 09:02 and gave it to Ms. Raiden.

7. At some point in time during the morning of December 24, 1998, Ms. Raiden made a request to Deborah Wendt, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system for patient MB. Ms. Wendt withdrew 75 mg. meperidine from the PYXIS at 11:16 and gave it to Ms. Raiden.

8. At some point in time during the afternoon of December 24, 1998, Ms. Raiden made a request to Kristina Kushner Stalker, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system for a patient. Ms. Stalker withdrew 75 mg. meperidine from the PYXIS at 13:24 and gave it to Ms. Raiden.

9. At some point in time during the afternoon of December 24, 1998, Ms. Raiden made a request to Deborah Wendt, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system for patient MB. Ms. Wendt withdrew 100 mg. meperidine from the PYXIS at 14:20 and gave it to Ms. Raiden.

10. At some point in time during the afternoon of December 24, 1998, Ms. Raiden made a request to Jennifer Kleist, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system for patient MB. Ms. Kleist withdrew 75 mg. meperidine from the PYXIS at 16:55 and gave it to Ms. Raiden.

11. Documentation in the Medication Administration Record ("MAR") for Patient MB indicates that 3 doses of meperidine were given to MB on December 24, 1998. One dose was given to MB at 7:00, one at 10:00 and one at 15:35 (3:30 p.m.).

12. Of the 6 doses of meperidine that Ms. Raiden received for MB from staff nurses who withdrew them from the PYXIS medication dispensing system on December 24, 1998, Ms. Raiden diverted at least 3 doses for her own purposes.

13. On December 24, 1998, Ms. Raiden was responsible for the care of DD, a patient at the Medical Center. DD did not have a valid physician's order for meperidine.

14. At some point in time during the afternoon of December 24, 1998, Ms. Raiden made a request to Melissa Lee, a registered nurse at the Medical Center, to withdraw meperidine from the PYXIS medication dispensing system

for patient DD. Ms. Lee withdrew 75 mg. meperidine from the PYXIS at 14:52 and gave it to Ms. Raiden.

15. Ms. Raiden diverted the dose of meperidine that she received for MB from Nurse Melissa Lee on December 24, 1998, for her own purposes.

16. Part of Ms. Raiden's duties as a registered nurse at the Medical Center on December 24, 1998 was to chart patient assessments and nurses' notes. On at least 3 occasions, the charge nurse asked Ms. Raiden to complete her charting of patient assessments and nurses' notes, but she failed to do so.

CONCLUSIONS OF LAW

1. The Board of Nursing has jurisdiction in this matter pursuant to s. 441.07 (1), Stats., and ch. N 7, Wis. Adm. Code.

2. By having engaged in conduct as described in Findings of Fact 4-12 herein, respondent violated s. 441.07 (1) (b) and (d), Stats., and s. N 7.04 (2) and (15), Wis. Adm. Code.

3. By having engaged in conduct as described in Findings of Fact 14-15 herein, respondent violated s. 441.07 (1) (b) and (d), Stats., and s. N 7.04 (2) and (15), Wis. Adm. Code.

4. By having engaged in conduct as described in Findings of Fact 16 herein, respondent violated s. 441.07 (1) (d), Stats.

ORDER

NOW, THEREFORE, IT IS ORDERED that the license of Janice Lynn Raiden to practice as a registered nurse be, and hereby is, SUSPENDED for an INDEFINITE PERIOD of time.

IT IS FURTHER ORDERED that:

(1) Petition for Stay. Respondent may apply at any time to the Board for a stay of suspension for a period of three months, conditioned upon compliance with the conditions and limitations outlined below. In conjunction with such petition, Ms. Raiden shall submit documentation of a medical, psychological, and AODA evaluation performed by a health care provider acceptable to the Board, to determine Respondent's fitness to safely and competently resume practice as a registered nurse. The evaluator shall submit a written report of his or her findings directly to the Board, which shall include: 1) any diagnosis, 2) recommendations, if any, for treatment, 3) an evaluation of Respondent's level of cooperation during the assessment process, 4) prognosis.

(2) Board Action. Upon its determination that Ms. Raiden can safely and competently return to the active practice of nursing, the Board may stay the suspension for a period of three (3) months, conditioned upon compliance with the conditions and limitations set forth herein.

(a) Respondent may apply for consecutive three (3) months extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance with the conditions and limitations imposed upon respondent's practice during the prior three (3) month period.

(b) The Board may without hearing deny an application for extension of the stay, or commence other appropriate action, upon receipt of information that respondent has violated any of the terms or conditions of this Order. If the Board denies the petition by the respondent for an extension, the Board shall afford an opportunity for hearing in accordance with the procedures set forth in ch. RL 1, Wis. Adm. Code upon timely receipt of a request for hearing.

(c) Upon a showing by respondent of continuous, successful compliance for a period of at least five years of active practice with the terms of this order and compliance with all other terms of this Order, the Board may grant a petition by the Respondent for return of full licensure. (See ¶24, below.)

IT IS FURTHER ORDERED, that the license to practice of Respondent shall be LIMITED as follows:

REMEDIAL EDUCATION

1. Within six months of the date of this Order Respondent shall certify to the Board of Nursing the successful completion of an approved course of education in medication administration and documentation, an approved

course in medical record documentation and an approved course in nursing ethics. Respondent shall submit course outlines for approval by a Board designee within two months of the date of this Order. The course outlines shall contain the name of the institution providing the instruction, the name of the instructor, and the course content. Until the filing of the certification of successful completion of the required training, Respondent shall not engage in medication administration except under the direct supervision of another registered nurse.

TREATMENT REQUIRED

2. In the event that the evaluation of Respondent results in a diagnosis which requires treatment, Respondent shall immediately enroll and continue successful participation in all components of a mental health, or drug and alcohol treatment program as recommended, at a treatment facility acceptable to the Board for Respondent's rehabilitation.

Therapy. The rehabilitation program shall include and Respondent shall participate in individual and/or group therapy sessions for the first year of the stayed suspension upon a schedule as recommended by the supervising physician or therapist, but not less than once weekly. Such therapy shall be conducted by the supervising physician or therapist, or another qualified physician or therapist as designated by the supervising physician or therapist and acceptable to the Board. After the first year of stayed suspension, this requirement for therapy sessions may be modified only upon written petition, and a written recommendation by the supervising physician or therapist expressly supporting the modifications sought. A denial of such petition for modification shall not be deemed a denial of the license under §§ 227.01(3) or 227.42, Wis. Stats., or ch. RL 1, Wis. Adm. Code, and shall not be subject to any right to further hearing or appeal.

AA/NA Meetings. In the event the evaluation of Respondent results in a diagnosis of chemical abuse or chemical dependence, Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, upon a frequency as recommended by the supervising physician or therapist, but not less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to the supervising physician or therapist.

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SOBRIETY

3. Respondent shall abstain from all personal use of controlled substances as defined in Sec. 961.01(4), Stats. except when necessitated by a legitimate medical condition and then only with the prior approval of the Supervising Health Care Provider.

4. Respondent shall abstain from all personal use of alcohol.

5. Respondent shall in addition refrain from the consumption of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, or which may create false positive screening results, or which may interfere with respondent's treatment and rehabilitation. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by respondent to the Supervising Health Care Provider within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Within 24 hours of a request by the Supervising Health Care Provider or the Board or its designee, Respondent shall provide releases which comply with state and federal laws authorizing release of all health care records by the person who prescribed, dispensed, administered or ordered this medication for respondent. These releases shall also authorize the Supervising Health Care Provider, the Board or its designee to discuss the Respondent's health care with the person who prescribed, dispensed, administered or ordered this medication. The terms of this paragraph shall not be deemed to modify or negate Respondent's obligations as set forth in this Order.

DEPARTMENT MONITOR

6. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including receiving and coordinating all reports and petitions, and requesting additional monitoring and surveillance. The Department Monitor may be reached as follows:

Department Monitor

Department of Regulation Division of Enforcement

P.O. Box 8935

Madison, WI 53708-8935

FAX (608) 266-2264

TEL. (608) 261-7938

RELEASES

7. Respondent shall provide and keep on file with the Supervising Health Care Provider, all treatment facilities and personnel, laboratories and collections sites current releases which comply with state and federal laws authorizing release of all urine, blood and hair specimen screen results and medical and treatment records and reports to, and permitting the Supervising Health Care Provider and all treating physicians and therapists to disclose and discuss the progress of respondent's treatment and rehabilitation with the Board or any member thereof, or with any employee of the Department of Regulation and Licensing acting under the authority of the Board. Copies of these releases shall be filed simultaneously with the Department Monitor.

DRUG AND ALCOHOL SCREENS

8. In the event that the evaluation of Respondent results in a diagnosis of chemical abuse or chemical dependence, Respondent shall supply on at least a weekly basis, random monitored urine, blood or hair specimens as the Supervising Health Care Provider shall direct. The Supervising Health Care Provider (or designee) shall request the specimens from Respondent and these requests shall be random with respect to the hour of the day and the day of the week. In addition, the Board or its designee may at any time request a random monitored urine, blood or hair specimen from Respondent by directing the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement to contact Respondent and request Respondent provide a specimen. To prevent the respondent's ability to predict that no further screens will be required for a given period (because the minimum frequency for that period has been met), the program of monitoring shall require respondent to provide in each quarter at least two (2) random screenings in excess of the minimums specified in this Order.

9. Respondent shall keep the Supervising Health Care Provider informed of Respondent's location and shall be available for contact by the Supervising Health Care Provider at all times.

10. All requested urine, blood or hair specimens shall be provided by Respondent within five (5) hours of the request for the specimen. All urine specimen collections shall be a split sample accomplished by dividing urine from a single void into two specimen bottles. The total volume of the split sample shall be at least 45 ml. of urine. All split sample urine specimens, blood specimens and hair specimens shall be collected, monitored and chain of custody maintained in conformity with the collection, monitoring and chain of custody procedures set forth in 49 CFR Part 40. Urine specimen collections shall be by direct observation if:

a. The Respondent must provide an additional specimen because Respondent's initial specimen was outside of the normal temperature range (32.5 - 37.7 C/90.5 - 99.8 F) and respondent refuses to have an oral body temperature measurement or respondent does provide an oral body temperature measurement and the reading varies by more than 1 C/1.8 F from the temperature of the urine specimen;

b. Respondent's last provided specimen was determined by the laboratory to have a specific gravity of less than 1.003 and creatinine concentration below 0.2 g/l;

c. The collection site person observes Respondent acting in such a manner to provide reason to believe that Respondent may have attempted or may attempt to substitute or adulterate the specimen. The collection site person, if he or she believes that the initial urine specimen may have been adulterated or a substitution made, shall direct Respondent to provide an additional observed urine specimen;

d. The last provided specimen resulted in a positive or suspected positive test result for the presence of controlled substances; or

e. The Board (or any member of the Board), the Department Monitor, or Respondent's Supervising Health Care Provider directs that the urine specimen collection be by direct observation.

If either of the above conditions (a) or (c) requires collection of an additional observed urine specimen, the collection of the subsequent specimen shall be accomplished within the required five (5) hours of the request for the initial specimen; the collection of the initial specimen shall not satisfy the requirement that the urine specimen be collected within five (5) hours of the request for the initial specimen.

11. The drug and alcohol treatment program in which Respondent is enrolled shall at all times utilize a United States Department of Health and Human Services certified laboratory for the analysis of all specimens collected from Respondent.

12. The drug and alcohol treatment program in which Respondent is enrolled shall utilize only those urine, blood and hair specimen collection sites for collection of Respondent's urine, blood or hair specimens as comply with the United States Department of Transportation collection and chain of custody procedures set forth in 49 CFR Part

40.

13. The Supervising Health Care Provider, treatment facility, laboratory and collection site shall maintain a complete and fully documented chain of custody for each urine, blood or hair specimen collected from Respondent.

14. Every urine specimen collected from Respondent shall be analyzed at the time of collection for tampering by measurement of the temperature of the specimen and the oral temperature of Respondent. Every urine specimen collected from Respondent shall be further analyzed at the laboratory for tampering by measuring the creatinine concentration and the specific gravity of the specimen. The laboratory may at its discretion or at the direction of a Supervising Health Care Provider or the Board or any member thereof conduct additional tests to evaluate the urine specimen for tampering including, but not limited to, pH, color and odor.

15. Every urine, blood or hair specimen collected from Respondent shall be analyzed for alcohol, amphetamine, cocaine, opiates, phencyclidine, marijuana, methadone, propoxyphene, methaqualone, barbiturates, benzodiazepines or the metabolites thereof. The Board or its designated agent may at any time direct that screens for additional substances and their metabolites be conducted by scientific methods and instruments appropriate to detect the presence of these substances. The laboratory shall conduct confirmatory tests of positive or suspected positive test results by appropriate scientific methods and instruments including, but not limited to, gas chromatography and mass spectrometry.

16. All urine, blood or hair specimens remaining after testing shall be maintained in a manner necessary to preserve the integrity of the specimens for at least seven (7) days; and all positive or suspected positive urine, blood or hair specimens remaining after testing shall be so maintained for a period of at least one (1) year. The Supervising Health Care Provider or the Board or any member thereof may direct that the urine, blood or hair specimens be maintained for a longer period of time.

17. For the purpose of further actions affecting Respondent's license under this Order, it shall be presumed that all confirmed positive reports are valid. Respondent shall have the burden of proof to establish that the positive report was erroneous and that the respondent's specimen sample did not contain alcohol or controlled substances or their metabolites.

18. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Supervising Health Care Provider shall determine to be appropriate to clarify or confirm the positive or suspected positive urine, blood or hair specimen test results.

REQUIRED REPORTING BY SUPERVISING HEALTH CARE PROVIDER

AND LABORATORIES

19. The Supervising Health Care Provider shall report immediately to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement by FAX or telephonic communication: any failure of Respondent to provide a urine, blood or hair specimen within five (5) hours from the time it was requested; or of any inability to locate Respondent to request a specimen. The laboratory shall immediately report all urine specimens suspected to have been tampered with and all urine, blood or hair specimens which are positive or suspected positive for controlled substances or alcohol to the Department Monitor, and to the Supervising Health Care Provider.

20. The laboratory shall within 48 hours of completion of each drug or alcohol analysis mail the report from **all** specimens requested of Respondent under this Order to the Department Monitor (regardless of whether the laboratory analysis of the specimen was positive or negative for controlled substances, their metabolites or alcohol). Each report shall state the date and time the specimen was requested; the date and time the specimen was collected; the results of the tests performed to detect tampering; and the results of the laboratory analysis for the presence of controlled substances and alcohol.

21. The Supervising Health Care Provider shall submit formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the mental health or drug and alcohol treatment program, if any, recommended by the initial evaluation of Respondent ordered by the Board, and summarize the results of the urine, blood or hair specimen analyses. The Supervising Health Care Provider shall report immediately to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)261-7938] any violation or suspected violation of the Board's Final Decision and Order.

REQUIRED REPORTING BY RESPONDENT

22. Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order. It is the responsibility of Respondent to promptly notify the Department Monitor, of any suspected violations of

any of the terms and conditions of this Order, including any failures of the Supervising Health Care Provider, treatment facility, laboratory or collection sites to conform to the terms and conditions of this Order.

FACILITY APPROVAL

23. If the Board determines that the Supervising Health Care Provider, treatment facility, laboratory or collection sites have failed to satisfy the terms and conditions of this Final Decision and Order, the Board may, at its sole discretion, direct that Respondent continue treatment and rehabilitation under the direction of another Supervising Health Care Provider, treatment facility, laboratory or collection site which will conform to the terms and conditions of this Final Decision and Order.

PETITIONS FOR MODIFICATIONS OF TERMS

24. Respondent may petition the Board for modification of the terms of this limited license . Any such petition shall be accompanied by a written recommendation from respondent's Supervising Health Care Provider expressly supporting the specific modifications sought. Denial of the petition in whole or in part shall not be considered a denial of a license within the meaning of Sec. 227.01(3)(a), Stats. and Respondent shall not have a right to any further hearings or proceedings on any denial in whole or in part of the petition for modification of the limited license.

After five years of continuous active professional practice under this Order and without relapse, and upon recommendation of the Supervising Health Care Provider , respondent may petition the Board for a termination of all limitations on the license, and restoration of an unlimited license. Such restoration shall be in the sole discretion of the Board, and denial of the petition in whole or in part shall not be considered a denial of a license within the meaning of Sec. 227.01(3)(a), Stats. and Respondent shall not have a right to any further hearings or proceedings on any denial in whole or in part of the petition for termination of the limitations and restoration of unlimited licensure.

EXPENSES OF TREATMENT AND MONITORING

25. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order.

PRACTICE LIMITATIONS

26. Respondent shall refrain from access to or the administration of controlled substances in her work setting until such time as access or administration is approved by the Board.

27. Respondent shall practice only under the general supervision of a licensed professional nurse or other licensed health care professional approved by the Board or in a work setting pre-approved by the Board or its designated agent.

Employment Reporting Required

28. Respondent shall arrange for her employer to provide formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance.

Change in Address or Work Status

29. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

30. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, and to any prospective employer when respondent applies for employment as a health care provider.

VIOLATIONS

Violation of any of the terms of this Order shall be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license; the Board in its discretion may in the alternative deny a stay of suspension of the license or impose additional conditions and limitations or other discipline.

IT IS FURTHER ORDERED that, pursuant to s. 440.22 Wis. Stats., the cost of this proceeding shall be assessed against the Respondent, and shall be payable to the Department of Regulation and Licensing.

EXPLANATION OF VARIANCE

The evidence clearly supports the findings made in this case that on December 24, 1998, at Lakeland Medical

Center, respondent diverted at least four doses of meperidine, a Schedule II Controlled Substance, for her own purposes. These findings just as clearly lead to an inference regarding respondent's possible drug impairment, and the recommended Order of the Administrative Law Judge quite properly requires that respondent submit to an evaluation by a health care provider satisfactory to the board evaluating her ability to safely and competently resume the practice of nursing. The recommended order does not, however, specifically provide that the evaluation include an AODA assessment, and does not provide for rehabilitative treatment other than therapy if the evaluation concludes that treatment is required. The order set forth herein modifies that portion of the Proposed decision to specify that the evaluation include medical, psychological and AODA assessments.

Next, if the evaluation concludes that a drug treatment program is indicated, the Order set forth herein requires the same rehabilitative regimen routinely ordered by the board in other cases where licensees are found to be in need of treatment for abuse of alcohol or controlled substances. This program, which has been ordered by the board in literally hundreds of such cases, has proven to be a highly efficacious rehabilitative approach, and a majority of nurses undergoing the limitations set forth in this Order have successfully returned to the full practice of nursing following completion of the program. There is every reason to believe that if respondent is found to require rehabilitative treatment, she will also be able to safely and competently return to the practice of her profession.

Dated this 8th day of September, 2000.

STATE OF WISCONSIN

BOARD OF NURSING

Ann Brewer, RN

Chair