

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF :  
DISCIPLINARY PROCEEDINGS AGAINST : **FINAL DECISION AND ORDER**  
:  
JOYCE A. MORAN R.N., : LS0405281NUR  
RESPONDENT. :

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The parties to this action for the purposes of § 227.53, Wis. Stats., are:

Joyce A. Moran RN  
505 S. Dickinson St. #1  
Madison, WI 53703

Wisconsin Board of Nursing  
P.O. Box 8935  
Madison, WI 53708-8935

Department of Regulation and Licensing  
Division of Enforcement  
P.O. Box 8935  
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Joyce Ann Moran (dob: 7/7/55) is and was at all times relevant to the facts set forth herein a professional nurse licensed in the State of Wisconsin pursuant to license #85839. This license was first granted 9/1/83.
2. Respondent denies, but the Board finds that on 12/17/99 and again on 12/26/99, and while employed as a professional nurse at Group Health Coop, respondent obtained a blank prescription order form signed and dated by a physician co-worker, with whom she did not have a physician-patient relationship. Respondent filled the forms out with orders for butalbital, a controlled substance, listing herself as the patient, and presented them to a pharmacy.
3. On 1/2/02, respondent was terminated from the Waunakee Manor Health Care Center for failing to properly document narcotic administration to patients with dementia, and improperly disposing of fentanyl patches and oxycodone products. Respondent denies that she committed any impropriety.
4. Respondent denies, but the Board finds that on 3/9/03 and 4/1/03, and while employed as a professional nurse at the Middleton Village Nursing and Rehabilitation Center, respondent was observed to have a distinct odor of an alcoholic beverage on her breath while on duty. On the later occasion, respondent was asked to provide a sample of urine to be tested for mood-altering substances, and she refused. On the earlier occasion, one tablet of morphine was missing from a patient in her care.
5. Following an admission to a Veterans Administration hospital on 5/3/03, respondent admitted to have been drinking regularly for approximately one year, and that she was at that time drinking approximately 750 ml of vodka per day. She was diagnosed with recurrent alcohol dependence, and was noted to have a history of opiate dependence.

6. On 8/30/03, respondent was admitted to the VA hospital in Madison, Wisconsin, for detoxification; a physician discovered that she had obtained multiple prescriptions for a butalbital combination product from multiple physicians and pharmacies, and had apparently obtained and consumed over 250 dosage units within the previous month. Respondent does have periodic migraine headaches, and was prescribed these products for treatment of migraine headaches, but her use was far in excess of what was prescribed or appropriate for this purpose. Respondent was also found to have unexplained amphetamine in her urine, and had sought and obtained meperidine at another hospital emergency department earlier that day. Respondent was also admitted for alcohol detoxification on October 3, 2003, and underwent several weeks of inpatient treatment for alcoholism at a specialized VA facility in October and November, 2003. Notwithstanding this treatment, she relapsed to the use of alcohol in December, 2003.

7. On 1/20/04, respondent was discharged from employment at City View Altercare, a nursing home, after being employed for only four months. An examination of records shows that on multiple occasions, respondent signed out opioids and benzodiazepines for residents but then did not note on the Medication Administration Record that they had been administered. On multiple occasions, these medications were charted as having been administered without documented need. Specifically:

(a) Respondent denies, but the Board finds that on 11/26/03, respondent reported to work with the distinct odor of an alcoholic beverage on her breath, and she was seen to make multiple trips to her car during her shift (which respondent states were for the purpose of smoking a cigarette while on break), and to have failed to complete routine documentation.

(b) On three occasions, respondent's controlled substance inventory counts were illegible or incorrect.

(c) Respondent stated to another staff person on 1/18/04 that she had destroyed the unused controlled substance supply (27 tablets of morphine 15mg) for patient R.P., but the documentation shows a signature of a witness who denies witnessing the destruction.

(d) On 1/19/04 and 1/20/04, respondent documented giving controlled substances to two competent residents who say that they did not receive any medication from respondent during the time period in question. Respondent states that she did give the medications, as documented.

(e) On 1/15/04, respondent charted administering an opioid pain medication to a resident, L.H., who is not able to communicate reliably because of dementia. This medication is charted as having been administered to this resident on multiple occasions by respondent between 12/22/03 and 1/19/04; other nurses rarely administer it. Respondent states that she gave all medications as charted.

(f) On multiple days between 12/25/03 and 1/20/04, respondent signed out a hydrocodone product for resident J.R., who has dementia; respondent did not document administration of the product on the MAR on 9 of the 13 occasions when the product was signed out. During this time period, no other nurse administered any of this product for the resident.

(g) On seven days between 1/12/04 and 1/20/04, respondent signed out lorazepam for resident M.B., a patient who says that he is not anxious and does not need this PRN medication. During this time period, no other nurse administered this medication to the patient; respondent also did not chart administration on the MAR. On 1/17/04, the medication is signed out at "22," or 10pm, by respondent. Respondent worked from 5:50am to 2:37pm on that day, according to timecard records. Respondent states that she gave all medications as charted.

8. Respondent was arrested for operating a motor vehicle while influenced by an intoxicant on 4/5/04, following a collision where she struck two other vehicles from behind, in rapid succession, at approximately 4:00 PM. She was found to have a breath alcohol content of 0.1% by weight, and was subsequently convicted of this offense in the Municipal Court for the City of Madison, Wisconsin.

9. Respondent is currently in treatment. She has a record of 16 years of sobriety prior to 2002, and the Board has received a letter from her physician stating that respondent is presently able to practice in a safe and reliable manner, with a

structured monitoring system in place.

## CONCLUSIONS OF LAW

A. The Wisconsin Board of Nursing has jurisdiction to act in this matter pursuant to §441.07(1)(b)(c) and(d) Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

B. The conduct described in paragraphs 2 through 7, above, violated §§ N 7.03(2) and N 7.04(1), (2) and (15), Wis. Adm. Code. The conduct described in paragraph 6, above, also violated §450.11(7)(a), Wis. Stats. Such conduct constitutes unprofessional conduct within the meaning of the Code and statutes.

## ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED that effective on the date of this Order, the license of Joyce A. Moran to practice as a professional nurse in the state of Wisconsin is SUSPENDED for an INDEFINITE period. This suspension is STAYED for a period of three months, conditioned upon compliance with the conditions and limitations outlined below.

- a. Respondent may apply for consecutive three (3) month extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance with the conditions and limitations imposed on the respondent for rehabilitation and practice during the prior three (3) month period.
- b. The Board may without hearing deny an application for an 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 below.)

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

### **REHABILITATION, MONITORING AND TREATMENT**

#### **Treatment Required**

1. Respondent shall enroll and continue successful participation in all components of a drug and alcohol treatment program at a treatment facility acceptable to the Board as respondent's Supervising Health Care Provider shall determine to be appropriate for respondent's rehabilitation. Respondent shall commence involvement in the drug and alcohol rehabilitation program within 5 days of the date of the Final Decision and Order of the Board.

**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.** 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 two meetings per week. Attendance of Respondent at such meetings shall be verified and reported monthly to the supervising physician or therapist.

### **Sobriety**

2. Respondent shall abstain from all personal use of controlled substances as defined in §161.01(4), Stats. except when necessitated by a legitimate medical condition and then only with the prior approval of the Supervising Health Care Provider.
3. Respondent shall abstain from all personal use of alcohol.
4. 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**

5. 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) 267-3817  
department.monitor@drl.state.wi.us

### **Releases**

6. 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**

7. Within thirty (30) days from the date of the signing of this Order, respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the department pursuant to Wis. Adm. Code § RL 7.11, ("Approved Program").
  - a. The Department Monitor, Board or Board designee shall provide respondent with a list of Approved Programs, however, respondent is solely responsible for timely enrollment in any such Approved Program.
  - b. Unless otherwise ordered by the Board, the Approved Program shall require the testing of urine specimens at

a frequency of not less than 56 times per year.

- c. The Department Monitor, Board or Board designee shall determine the tests to be performed upon the urine specimens.
- d. Respondent shall comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program, including but not limited to;
  - (i.) contact with the Approved Program as directed on a daily basis, including weekends and holidays, and;
  - (ii.) production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- e. The Board in its discretion without a hearing and without further notice to respondent may modify this Order to require the submission of hair or breath specimens or that any urine or hair specimen be furnished in a directly witnessed manner.
- f. All expenses of enrollment and participation in the Approved Program shall be borne by respondent. Respondent shall keep any account for such payments current in all respects.
- g. For purposes of further Board action under this Order it is rebuttably presumed that all confirmed positive test results are valid. Respondent has the burden of proof to establish by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody which causes an invalid confirmed positive test result.

8. 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**

9. 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.

10. 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.

11. 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 drug and alcohol treatment program 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)267-3817, e-mail department.monitor@drl.state.wi.us] any violation or suspected violation of the Board's Final Decision and Order.

#### **Required reporting by Respondent**

12. 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**

13. 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 MODIFICATION OF TERMS**

14. 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 §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 §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**

15. 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**

#### **Controlled Substance Access**

16. 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.

17. 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, which shall not include agency or pool nursing, independent practice sites, or home health or hospice care nursing.

#### **Reporting Required**

18. 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**

19. 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.

20. 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.

IT IS FURTHER ORDERED: that respondent shall pay costs of \$2,600, before her license is next renewed.

**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, including additional screening, or other discipline. If the Board receives information from a professional who is treating the respondent or from the work supervisor that indicates that the respondent is not safe to practice, the Board may deny a Stay or suspend the license of the licensee**

This Order shall become effective upon the date of its signing.

WISCONSIN BOARD OF NURSING

Jacqueline Johnsrud  
Board Chair

11-04-04  
Date