

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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FILE COPY

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :

RENNARD B. MUMFORD, R.N., :
RESPONDENT. :

FINAL DECISION
AND ORDER

ORDER 0001803

The parties to this action for the purposes of Wis. Stats. sec. 227.16 are:

Rennard B. Mumford, R.N.
Route 1, Box 117
Desoto, Wisconsin 54624

Board of Nursing
P. O. Box 8936
Madison, Wisconsin 53708-8936

Department of Regulation & Licensing
Division of Enforcement
P. O. Box 8936
Madison, Wisconsin 53708-8936

A party aggrieved by this decision may petition the Board for rehearing within twenty (20) days after service of this decision pursuant to Wis. Stats. sec. 227.12. The petition in this instance would be captioned with Rennard B. Mumford as the respondent.

A party aggrieved by this decision who is a resident of this state may also petition for judicial review by filing the petition in the office of the clerk of the circuit court for the county where the party aggrieved resides within thirty (30) days after service of this decision. A party aggrieved by this decision who is not a resident of this state must file the petition for judicial review in the office of the clerk of circuit court for Dane County. A party aggrieved must also serve the Board and other parties with a copy of the petition for judicial review within thirty (30) days after service of this decision pursuant to Wis. Stats. sec. 227.16. The party to be named as respondent in the petition is the State of Wisconsin Board of Nursing.

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

Accordingly, the Board in this matter adopts the attached Stipulation.

Therefore, it is hereby ORDERED:

The Board of Nursing accepts the voluntary surrender of the license to practice as a registered nurse of Rennard B. Mumford. Mr. Mumford may reapply for licensure at any time following the date of this Order.

In conjunction with any reapplication by Mr. Mumford, the Board may consider the allegations of the complaint in this action as true. The Board may in addition review the attached 9/20/83 report by Jane Houlihan on Mr. Mumford's treatment at LaCrosse Lutheran Hospital. This report includes copies of the "Aftercare-Discharge Summary" and "Discharge Summary and Aftercare Plan" for Mr. Mumford. The complaint and report are incorporated by reference into this order.

BOARD OF NURSING

By: 

A Member of the Board

11-16-84
Date

SMG:aaz
108-967

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST

RENNARD B. MUMFORD, R.N.,
RESPONDENT.

STIPULATION

It is hereby stipulated between Rennard B. Mumford, R.N., personally on his own behalf, and Steven M. Gloe, attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows:

1. This stipulation shall be presented to the Board of Nursing to form the basis for the Final Decision and Order in this matter.
2. Mr. Mumford understands that by signing this stipulation he voluntarily and knowingly waives his rights, including: the right to a hearing on the allegations against him, at which time the state has the burden of proving those allegations by clear, satisfactory and convincing evidence; the right to confront and cross-examine the witnesses against him; the right to call witnesses on his behalf and to compel their attendance by subpoena; the right to testify himself; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to enter the Final Decision; the right to petition for rehearing; and all other applicable rights afforded to Mr. Mumford under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes and the Wisconsin Administrative Code.
3. Mr. Mumford agrees to the adoption of the attached Final Decision and Order by the Board of Nursing.
4. If the terms of this stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this stipulation and the matter shall be returned to the Division of Enforcement for further proceedings.
5. If the Board accepts the terms of this stipulation, the parties to this stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties.
6. Mr. Mumford hereby agrees to surrender his license to practice as a registered nurse in the State of Wisconsin. Mr. Mumford's current licensure card is attached to this stipulation. If the Board does not accept this stipulation, the license of Mr. Mumford shall be returned to him with the notice of the Board's decision not to accept this stipulation.

7. The Division of Enforcement joins Mr. Mumford in recommending the Board of Nursing adopt this stipulation and issue the attached Final Decision and Order.

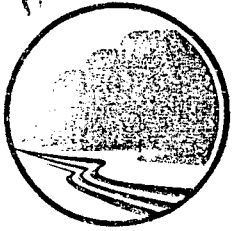
10-14-84
Date

Rennard B. Mumford
Rennard B. Mumford, R.N.

10. 17. 84
Date

Steven M. Gloe
Steven M. Gloe, Attorney
Division of Enforcement

SMG:aaz
6986



LA CROSSE LUTHERAN HOSPITAL

1910 SOUTH AVENUE / LA CROSSE, WISCONSIN 54601-9980 / (608) 785-0530

September 20, 1983

Mr. Juan Flores, Investigator
Division of Enforcement
Wisconsin Department of Regulation and Licensing
1400 E. Washington Avenue, P. O. Box 8936
Madison, Wisconsin 53708

Re: Rennard Mumford

Dear Mr. Flores:

This is in reponse to your letter dated September 8, 1983 regarding Rennard "Brett" Mumford's treatment at La Crosse Lutheran Hospital. You asked four specific questions in your letter, and I will respond in like form:

1. I have access to Mr. Mumford's patient records--both inpatient and outpatient. I have enclosed the inpatient admitting diagnosis and discharge summary as you requested. I have also enclosed the agreed to Aftercare Program Mr. Mumford signed upon leaving the Residential Treatment Center.
2. Mr. Mumford was referred to me by the Residential Treatment Center (R.T.C.) He was diagnosed as being primary narcotic abuse--specifically Demerol and Morphine, and secondary diagnosis of cannabis abuse. I saw Mr. Mumford on May 25, 1983, eight days after his discharge from the Residential Treatment Center. At that time, he reported that he had already smoked marijuana on one occasion and was around people who smoke marijuana daily. During that session, I emphasized the need to attend N.A. and A.A. and reminded him that he has a lot to lose if he continued using. I told him I wanted to begin writing an outpatient treatment plan with him. I gave him an outpatient format to peruse before the next appointment. This format was to help him begin to articulate outpatient goals.
3. I saw Mr. Mumford on two occasions. It is my opinion that Mr. Mumford learned little from his experience. It is my opinion that the staff was unsuccessful in breaking through Mr. Mumford's ego defense mechanisms and that he was continuing to intellectualize and rationalize away the severity of his abuse and the critical nature of his situation.

Mr. Mumford came into my office on one more occasion (June 2, 1983) beyond the May 25, 1983 date. On this occasion Mr. Mumford reported that he had looked at the format I'd given him, and there really wasn't much he had to work on in any areas of his life i.e. socially, emotionally, mentally, physically or spiritually. Brett reported he hadn't attended either A.A. or N.A. meetings because he was "busy collecting mushrooms." I reminded Mr. Mumford

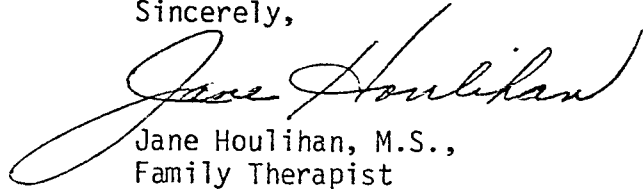
September 20, 1983

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that he was the consumer coming to me in this situation and that if and when he decided he wanted to use my expertise that he reschedule. In other words, I was not going to try to convince him to come in if he maintained there was no purpose for therapy. Mr. Mumford did not reschedule with me.

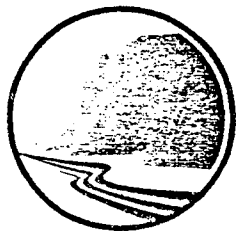
4. Yes, Mr. Mumford is registered as an outpatient client with La Crosse Lutheran Hospital. No, Mr. Mumford's program was not monitored by the hospital. He monitored his own Aftercare Program. I believe Mr. Mumford stopped seeing me because he believed seeing me was unnecessary. It's my opinion that Mr. Mumford could not safely return to the practice of nursing. I don't believe he has genuinely addressed his dependency.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jane Houlihan".

Jane Houlihan, M.S.,
Family Therapist
Regional Center for
Chemical Dependency Treatment

JH:mg



LA CROSSE LUTHERAN HOSPITAL

Clinic Number 40 44 49

DOB: 6/14/51

1910 SOUTH AVENUE / LA CROSSE, WISCONSIN 54601-9980 / (608) 785-0530

CHEMICAL DEPENDENCY SERVICES RESIDENTIAL INPATIENT TREATMENT CENTER

PSYCHOLOGICAL-SOCIOLOGICAL/CHEMICAL USE/AFTERCARE-DISCHARGE SUMMARY

Name Mumford, Rennard Brett Date of Adm. 4/25/83 Date of Dis. _____
Address Rt. 1 Box 117 Phone (608) 648-3699 Bus. _____
Desota, WI. Treatment Completed? _____ Yes _____ No
XX Insurance _____ Unified Board (_____) _____ Self-Pay
Discharged to: _____ Self _____ Family _____ Friend _____ Agency _____

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- I. Psychological - Sociological Summary
- II. Chemical Use Summary
- III. Aftercare - Discharge Summary

I. PSYCHOLOGICAL - SOCIOLOGICAL SUMMARY

Introduction:

Patient is a 31 year old single male caucasian referred to LaCrosse Lutheran Hospital's Residential Treatment Center by Aaron Fairbanks, Employee Assistance Representative of the same hospital. Patient is a LaCrosse Lutheran Hospital employee who has worked for two years as a staff nurse. He was recently fired for stealing narcotics from the floor he worked on. Patient states he began stealing dosages of demerol and morphine during the last one and one half months. Patient states not knowing why he did this as he views himself as a straight and honest person. He also states he is not chemically dependent and has not ever abused alcohol or narcotics in the past. He does admit that he abuses cannabis occasionally. He has lived with his girlfriend for the last eight years.

Family of Origin:

Patient comes from an upper middle class family that has lived in different cities all over the United States. They have mainly resided in Arlington, Illinois, but due to father's position as a salesman in food technology the family has moved over 20 times to different cities. Father, age 60, has a degree in chemistry and has worked most of his life as a salesman. Mother, age 62, also has a degree and is a secretary. Patient has two older brothers ages 37 and 34. Patient states financial status has always been above average and discipline was described as moderate with father doing the brunt of it. He states that both parents are active Lutheran church members and that religion was moderately stressed when the children were younger. He describes his parent's relationship as above average. Patient recalls family get togethers as extremely happy, stating that "we all had good rapport." Patient went on to describe his family as all being very emotionally close, highly educated, and being successful. He continued to also describe both maternal and paternal grand-

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parents in terms of success, education, and type of work. He describes having immense pride and respect for both sets of grandparents. He states that there is no history of alcoholism anywhere in his family history.

Patient recalls his early grade school years as average. He describes himself as somewhat withdrawn and a follower among his friends. Patient went on to make the statement "our family interactions promoted self confidence, self actualization, self cultivation of interest in hobbies with good family-peer support." Patient described average relationships with peers and average grades. He did recall a few insignificant conflicts with teachers. It should be noted also that patient attended a variety of different schools throughout his childhood. He spent the most time in Arlington Heights, Illinois which was for five years. He also stated that his Senior year was spent in a different high school and he did not feel accepted by the students there. He graduated in 1969.

Current Family Lifestyle:

After graduation from high school patient then continued on at Iowa State University. He attended from 1969-1971 where during his Sophomore year he dropped out. For the next couple of years patient traveled and worked odd jobs. These jobs mainly centered around wood stove construction. He was also a welder until being laid off.

Patient met his girlfriend when he was 22 years old and has lived with her ever since. She is 28 years old and works as a secretary. Patient describes being exceptionally emotionally close to his girlfriend. He also states being very satisfied with the relationship and describes "good rapport, equal share of responsibility, open communication, and overall being happy." She has moved with him to various states during the last eight years. In 1979 patient began attending Western Wisconsin Technical Institute for a nursing degree. In 1981 he received his Associate Degree of Nursing. Also during that year he began working for Lutheran Hospital as a staff nurse. He describes always having had an interest in nursing.

Summary of Chemical Use:

Patient began experimenting with marijuana and alcohol at age 18. He states it was during that same year that he began frequent abuse of speed and marijuana. He states he was using these drugs about three to five times per week. He describes the cannabis as being "an alternative social lubricant to alcohol." Prior to entering treatment patient states he was drinking approximately a six pack per month and was smoking pot approximately twice a week. He describes abusing narcotics only in this last two months period. Legal consequences have been none. Physical effects of chemical abuse have been concealed chemical use and binges. Patient has lost his job due to his narcotic abuse. He also describes money problems due to his usage. He describes no other problems due to his chemical abuse. He describes his chemical use as an abnormal experience and states "how stupid can I get."

Psych-Social Assessment:

Patient came across as having excellent verbal and socialization skills. He tends to intellectualize and appears to have very little awareness of any feelings. He also has exceptionally long hair and spent considerable time defending his physical appearance. He appears to have little self acceptance himself. Patient needs to work on a basic education of chemical dependency, to understand and accept the illness concept, to begin learning to identify feelings, to develop a healthier self image, and to establish some healthy relationships. At this point patient's motivation appears to be that of making himself look good for the License Review Board and patient states that this is so. He also appears to be minimizing and denying his cannabis abuse.

Joanne Szatkowski B3.
Joanne Szatkowski B S

II. CHEMICAL USE ASSESSMENT

Based on a personal interview assessment, National Council on Alcoholism score of 7/26, and other testing, the diagnosis appears to be narcotic abuse specifically demerol and morphine with secondary diagnosis of cannabis abuse. At this point patient states his abuse of narcotics has been of such a short duration that he believes he may have other underlying problems versus being chemically dependent.

Jeanne Szatkowski BS
Jeanne Szatkowski, B.S.
Intake Coordinator

JS:bs

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REGIONAL CENTER FOR CRIMINAL DEPENDENCY TREATMENT
RESIDENTIAL INPATIENT TREATMENT CENTER

DISCHARGE SUMMARY and AFTERCARE PLAN

Client's Name: Mumford, Rennard (Brett)
Address: Rt. 1, Box 117, De Soto, Wis 54624

Age: 31

Initial Contact:

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Disch. Date: 5/17/83

I. Results of Initial Assessment:

Patient is a 31 year old, single, male caucasian referred to La Crosse Lutheran Hospital's Residential Treatment Center by Aaron Fairbanks, Employees Assistance Program of the same hospital. Presenting problems: Long term cannabis abuse followed by abuse of Demerol and morphine during the last two months. Upon entering treatment patient stated he felt he was not chemically dependent and did not feel he abused alcohol, narcotics or any mood-altering substances.

II. Testing and Assessment Findings:

Testing and results are as follows:

1. Self-Esteem Index indicates patient is out of touch (delusional?), needs to present most positive image to others, compulsive, cautious, strong need for control, security needs (well-masked), avoid confrontation at first and validate as individual has little sense of self-acceptance.
2. Beck Depression Scale indicates a score of 3 which is normal.
3. California Psychological Inventory indicates patient is a very bright, socially skilled individual who has many positive personality characteristics. The three outstanding qualities which appear in his profile are high intelligence, self-control and independence. Test indicates a dependent/independent paradox of this person being intelluctually independent and non-conforming while being somewhat dependent emotionally. Scores further indicate this person to have tremendous potential if he can face his chemical dependency, accept it, and get on with his life.
4. National Council on Alcoholism indicates the following. This test was based on Cannabis, score of 7/24 early stages of chemical dependency.

Identified treatment issues:

1. Excessive cannabis abuse, narcotics/cannabis.
2. Interpersonal problems, including the following, assertiveness, rationalizing feelings, anger.
3. Vocational problems.
4. Nursing License revoked.
5. Spiritual problems, lack of spirituality.

III. Clinical Resume, course and progress with regard to each identified problem:

Patient participated satisfactorily in all treatment activities to include:

1. 21 day inpatient treatment program.
2. 12 Group Therapy sessions.
3. 4 Individual Sessions.
4. Completion of all reading materials.
5. 6 Group Treatment Planning sessions.
6. 12 Lectures.
7. 1st and 5th Step presentations.
8. Alcoholic's Anonymous and Narcotics Anonymous attendance.
9. Assertiveness training.
10. Stress Management

REGIONAL CENTER FOR CRITICAL DEPENDENCY TREATMENT
RESIDENTIAL INPATIENT TREATMENT CENTER

DISCHARGE SUMMARY and AFTERCARE PLAN

Client's Name: Mumford, Rennard (Brett) Age: 31 Clinic No.: 40 44 49
Address: Rt. 1, Box 117, De Soto, Wis 54624 Initial Contact: 4/25/83 Disch. Date: 5/17/83

III. Clinical Resume, course and progress with regard to each identified problem:

11. Communication Skills Building.
12. Anger therapy, including meditation skills building.
13. Employer Conference.
14. Daily meditation skills building for spirituality.

Initially patient seen as minimizing narcotics and cannabis abuse and was seen as defensive and somewhat resistant. Patient appeared to do well with group therapy and interaction with peers. Patient progressed to the point of workable acceptance of his responsibility and consequences of his narcotics and cannabis abuse as it related to the issues outlined above. Patient appeared to make changes in his apparent passive affect and began to join in a positive manner with staff and group peers. These changes however, appeared to be more of a manipulation/compliance behavior than an acceptance of his addiction.

IV. Final Primary and Secondary Diagnosis:

Based on staff input, my observations and interview plus assessment and tests, it is my impression that the diagnosis is:

Primary: Narcotics Abuse, specifically Demerol and morphine
Secondary: Cannabis Abuse.

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V. Prognosis and Recommendations for Aftercare:

Prognosis is poor.

Recommendations include:

1. One Narcotics Anonymous meeting at Coulee Council on Alcoholism per week.
2. One Alcoholic's Anonymous meeting at La Crosse Lutheran Hospital per week.
3. One Alcoholic's Anonymous and Narcotics Anonymous sponsor within one month of discharge.
4. Outpatient Counseling with Jane Houlihan of La Crosse Lutheran Hospital.
5. Any participation in Aftercare Growth Group or any other groups will be on an as needed basis from recommendations by Jane Houlihan.
6. Patient will be trying to re-establish his nursing credentials or if that is impossible get more education for a new career, which will be investigated upon finding out that nursing credentials cannot be obtained.
7. Patient is okay financially and his ongoing relationship with his girlfriend of eight years is satisfactory. Patient also has ample hobbies and activities for his free time. One problem for patient would be having to drive 30 to 40 miles to get to meetings, although patient is willing to do this.
8. Also Couple's Counseling may be in order but that will be up to Jane Houlihan.


Signature - John Johnson
Alcoholism Counselor

May 26, 1983
Date