

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING  
IN THE MATTER OF THE DISCIPLINARY  
PROCEEDINGS AGAINST:

JANIS BEA ANTON, RN,  
RESPONDENT

FINAL DECISION AND ORDER  
LS0106011NUR

Division of Enforcement Case No's. 99 NUR 327 & 99 NUR 349

The parties to this action for the purposes of section 227.53 of the Wisconsin statutes are:

Janis Bea Anton  
N2742 State Road 67  
Delavan WI 53115

Board of Nursing  
PO Box 8935  
Madison, WI 53708-8935

Department of Regulation and Licensing  
Division of Enforcement  
PO 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. Janis Bea Anton (D.O.B. 04/02/51) is duly licensed as a registered nurse in the state of Wisconsin (license #30-56802). This license was granted on 11/03/72.
2. Respondent's most recent address on file with the Wisconsin Board of Nursing is N2742 State Road 67, Delavan, WI 53115.
3. At all times relevant to this action, Respondent was working as a registered nurse at Lakeland Nursing Home, W3930 County Road NN, Elkhorn, WI 53121.
4. On or about October 16, 1999 at 0300 hours Respondent charted the following for resident AM.  
"c/o "chest pain". Pointed to center of chest as location of pain. Stated pain went "straight through" to her back. Also stated she's had cardiac problems before and this felt the same. BP 150/60 (L) pulse=80 and slightly irregular. Given Tylenol ii (only order she had). Had difficulty swallowing pills. Stated "those won't help". Then stated pain was now near (R) shoulder and still went to her back."
5. At 0500 on October 16, 1999, Respondent charted the following for resident AM.

Stated pain was more intense. Schedule pain medication given. Appeared to not be uncomfortable. Respiration even and easy. Had been laying on her (R) side all night because she refuses to turn to other side. Was repositioned, as much as she would allow, several times during the night.

6. Respondent did not contact a physician on October 16, 1999 regarding the status of AM.

7. On or about November 3, 1999, Respondent failed to perform a urological assessment on CM, a resident assigned to her care. CM was on 24-hour sheet for observation following a urological procedure. Respondent did not document on this resident during her shift.

8. On or about November 14, 2000 at approximately 0400 hours CNA staff left a message for Respondent regarding TS, a 24-year-old quadriplegic male with Down's syndrome. TS had a high potential for urinary tract infections. The CNAs indicated that TS was not feeling well, that he had a temperature of 100.7, that he had 400cc dark amber urine output and was complaining of pain.

9. Respondent charted administration of Tylenol to TS at 0615 hours as her only intervention. Respondent did not contact TS's physician during her shift in regard to this patient's status.

10. For the sole purpose of resolution of this matter, Respondent consents to issuance of the following Conclusions of Law and Order.

### CONCLUSIONS OF LAW

1. The Wisconsin Board of Nursing has jurisdiction over this matter, pursuant to sec. 441.07, Stats.

2. The Wisconsin Board of Nursing is authorized to enter into the attached stipulation, pursuant to sec. 227.44(5), Stats.

3. The conduct described above constitutes a basis for discipline under secs. 441.07(1). Furthermore, the Findings of Fact set forth above in paragraphs above constitute an agency finding of neglect within the meaning of secs. 48.685 and 50.065, Stats.

## **ORDER**

**NOW, THEREFORE, IT IS HEREBY ORDERED** that the Wisconsin nursing license of Janis Bea Anton (license #56802) is LIMITED as follows:

### **Education**

1. Within nine [9] months from the date of this Order, Respondent shall submit documentation acceptable to the Board of successful completion of at least twelve (12) hours of continuing education or other training acceptable to the Board in the areas of patient management, assessment and intervention (including setting priorities of patient care) and/ or legal responsibilities of nursing (including reporting of change of patient status and nursing documentation.) To be acceptable, the course or training shall be pre-approved by a member or designated agent of the Board of Nursing. Acceptable documentation shall include certification from the sponsoring organization as well as a statement signed by Respondent verifying her attendance and completion of course requirements.

### **Required reporting**

2. For a period of at least one [1] year from the date of this Order, Respondent shall arrange for quarterly reports from her nursing employer(s) reporting the terms and conditions of her employment and evaluating her work performance. These reports shall be submitted to the Department Monitor in the Department of Regulation and Licensing Division of Enforcement.

3. Respondent shall notify the Department Monitor of any change of employment during the time in which the Order is in effect. Notification shall occur within fifteen (15) days of a change of employment and shall include an explanation of the reasons for the change.

4. Until otherwise ordered by the Board

a. Respondent shall practice only in settings where she works under supervision by another nurse or other licensed health care professional;

b. Respondent shall refrain from nursing employment as visiting nurse or other home care practitioner; and

c. Until Respondent submits submission of successful completion of the continuing education referred to in ¶1, above, Respondent shall refrain from employment as a charge nurse.

### **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 reports and coordinating all requests for approval of education or other petitions. The Department Monitor may be reached as follows:

Department Monitor

Division of Enforcement

PO Box 8935

Madison, WI 53708-8935

FAX (608) 266-2264

### **Termination of restrictions**

6. Upon completion of: one [1] year of complete, successful and continuous compliance with the terms of this Order that includes one [1] year of nursing employment under the terms of this Order; Respondent may petition the Board to revise or eliminate any of the above conditions. Denial in whole or in part of a petition under this paragraph shall not constitute denial of a license and shall not give rise to a contested case within the meaning of Wis. Stats. §§227.01(3) and 227.42.

### **SUMMARY SUSPENSION**

**7. In the event that Respondent fails to timely comply with the education requirements set forth above, her license to practice as a registered nurse shall be SUSPENDED, without further notice or hearing, until she has complied with the terms of this Order. Violation of any of the other terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license pursuant to the procedures set forth in Wis. Admin. Code RL Ch. 6. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order.**

### **Effective date of Order**

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

BOARD OF NURSING

By: Ann Brewer

6-1-01

On behalf of the Board

Date