

# 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:

TIFFANY RAE KLAVER, L.P.N.,	FINAL DECISION AND ORDER
RESPONDENT	LS0110092NUR

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**01 NUR 141**

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

Tiffany Rae Klaver  
374 S. Ellis Avenue  
Peshtigo, WI 54157

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. Tiffany Rae Klaver (dob: 12/29/70) is and was at all times relevant to the facts set forth herein a licensed practical nurse licensed in the State of Wisconsin pursuant to license # 34087 . This license was first granted April 1, 1997.
2. On June 15, 2001, and while employed as a practical nurse at Renaissance Assisted Living, Peshtigo, Wisconsin, Respondent diverted 67 tablets of the controlled substance, morphine, from the supply of a deceased patient, to use in a suicide gesture. The tablets were not consumed, and Respondent sought psychiatric assistance.
3. Following an evaluation at Bellin Health Respondent was diagnosed with major depression, single episode. Respondent has participated in treatment for her condition at Bellin Health.

CONCLUSIONS OF LAW

4. 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.

5. The conduct described in paragraphs 2 and 3, above, violated § N 7.03(3) and N 7.04(1), (2) and (15) Wis. Adm. Code. 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 Tiffany Rae Klaver is REPRIMANDED for her unprofessional conduct.

IT IS FURTHER ORDERED, that the license to practice of respondent shall be LIMITED for a period of two years as follows:

### **MONITORING AND TREATMENT**

#### **Treatment Required**

1. Respondent shall continue successful participation in all components of a mental health 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.

Therapy. The rehabilitation program shall include and respondent shall participate in individual and/or group therapy sessions for the first year of the monitoring period upon a schedule as recommended by the supervising physician or therapist, but not less than once each two weeks. 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.

#### **Sobriety**

2. 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.

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

#### **Department Monitor**

4. 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

#### **Releases**

5. Respondent shall provide and keep on file with the Supervising Health Care Provider, all treatment facilities current releases which comply with state and federal laws authorizing release of all 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 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.

### **Required Reporting by Supervising Health Care Provider**

6. 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 treatment. 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] any violation or suspected violation of the Board's Final Decision and Order.

### **Required reporting by Respondent**

7. 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 to conform to the terms and conditions of this Order.

### **Required reporting by Nursing Employer**

8. Respondent shall arrange for her nursing 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.

## **PETITIONS FOR MODIFICATION OF TERMS**

9. 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 two years of continuous active professional practice under this Order and without violation of the terms thereof, 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**

10. Respondent shall be responsible for all costs and expenses incurred in conjunction with the compliance with the terms of this Order.

### **Change in Address or Work Status**

11. 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.

12. 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.

**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.**

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

By: Ann Brewer

11-1-01

Board Chair

Date