# 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	: FINAL DECISION AND ORDER
PAMELA J. WOLFF, RN,	: LS0306064NUR
RESPONDENT.	:
The parties to this action for the purpo	oses of Wis. Stats. sec. 227.53 are:
Pamela J. Wolff, RN 3277 S. 13 <sup>th</sup> St. Milwaukee, WI 53215	
Wisconsin Board of Nursing	
P.O. Box 8935	
Madison, WI 53708-8935	
Department of Regulation and Licensing	9
Division of Enforcement	
P.O. Box 8935	
Madison, WI 53708-8935	
	terms and conditions of the attached Stipulation as the final of the Board. The Board has reviewed this Stipulation and
Accordingly, the Board in this matter a	dopts the attached Stipulation and makes the following:
FINDINGS OF FACT	

Pamela J. Wolff (D.O.B. 9/29/70) is duly licensed in the state of Wisconsin as a registered nurse

In file 01 NUR 241, on 9/18/01, at 6:45 pm, another nurse at the nursing home which employed

respondent discovered that respondent had signed a Medication Administration Record and taken other steps to indicate that six residents (all of whom had dementia) had already received their bedtime medications, which would normally be administered between 7:00 and 9:30 pm. Respondent denied any misconduct and stated that

1.

(license #116131). This license was first granted on 3/25/94.

she have the HS medications at 6:50 pm before going on her meal break. However, a colleague reported that respondent took her meal break at 6:30 pm, and the colleague began checking the medication cart at 6:45 pm. The Board finds respondent's denial to be non-credible, and the administration of HS medications at this hour to be inappropriate.

- 3. In file 02 NUR 39, on 2/6/02, three occasions respondent documented glucose readings for diabetic patients; respondent obtained the readings with a Glucometer which stores all results in its memory. A later check of the Glucometer memory revealed that one of the readings was not in the device's memory at all, and the other two results show substantial discrepancies between the Glucometer's memory and the reading charted by respondent. Respondent has stated that the Glucometer was malfunctioning and she actually obtained one of the readings on a different Glucometer, she may have misread a second reading inadvertently but in good faith, and the third reading as it appears on the Glucometer is actually of her own blood sugar and not the patient's (obtaining a reading of 561). However, there is no record in the Glucometer's memory which corresponds to the charted glucose level of the third patient. Further, on another occasion, respondent stated that the missing reading was due to her having re-programmed the device after making an entry error.
- 4. With respect to the reading of 561, the patient affected had a standing order that the physician was to be called if the glucose was over 450. The physician was not called. Respondent administered 8 units of regular insulin, which was the amount called for if the patient's glucose was the charted level of 361. Further, an examination of the chart shows that it appears that "561" was initially written in the chart, and then "361" was written on the chart on top of the original entry.
  - 5. In view of all of the above, the Board finds respondent's explanations non-credible.
- 6. On 3/14/02, respondent provided a sample of her urine for a pre-employment drug test. That sample tested positive for cocaine metabolites, at a level of 16,443 ng/ml. Respondent states that shortly before she provided the sample, she visited a relative who had been smoking crack cocaine at her residence, and that respondent may have inhaled "second hand smoke" from this activity. A competent expert has informed Board staff that this level indicates recent cocaine use, and cannot be the result of inhaling "second hand smoke." The Board finds respondent's explanation to be non-credible.
- 7. At the Board's request, respondent submitted to an outpatient dependence assessment. The result was that cocaine abuse could not be ruled out, but that respondent was not chemically dependent. AODA education and other recommendations were made.

# **CONCLUSION OF LAW**

By the conduct described above, respondent is subject to disciplinary action against her license to practice as a registered nurse in the state of Wisconsin, pursuant to Wis. Stats.  $\S441.07(1)(b)$ , (c) and (d), and Wis. Adm. Code  $\S\S$  N 7.03(1)(a), (b), (c), (d), and N 7.04(1), (6), and (15).

#### **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 Pamela J. Wolff to practice as a registered nurse in the state of Wisconsin is SUSPENDED for an INDEFINITE period.

The suspension is hereby 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 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 two 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 education program at a facility acceptable to the Board as respondent's Supervising Health Care Provider shal determine to be appropriate based upon the recommendations of the AODA assessor referred to the Findings of Fact, above. Respondent shall commence involvement in the drug and alcohol education program within 1! days of the date of the Final Decision and Order of the Board.

Therapy. Respondent shall participate in individual and/or group therapy sessions for the first year of the stayed suspension upon a schedule as recommended by AODA assessor referred to in the Findings of Fact, above. Such therapy shall continue beyond the first year, if recommended by the supervising physician or therapist, at a frequency recommended by the supervising physician or therapist and approved by the Board. 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 modification 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.

Education. Respondent shall, within one year of this Order, obtain the following education:

- a. Four hours in the area of diabetes management, glucose testing, diabetes medications and the short and long term health implications of hyper and hypoglycemia.
- b. Four hours in medication administration which address the special considerations involved in medicating the elderly and chronically ill.

The education shall be obtained through courses which shall be pre-approved by the Board, and respondent shall propose the courses to the Department Monitor before taking them.

# **Sobriety**

- 2. Respondent shall abstain from all personal use of controlled substances as defined in Sec. 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 o 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 persor 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

# **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 14 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 invalic 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 <u>all</u> 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)261-7938] 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 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 its terms, 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**

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; Site limitations**

- 16. Respondent is not restricted from access to or administration of controlled substances in her work setting at this time. However, the Board may Order such restrictions for cause, and Respondent agrees to comply.
- 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. Such setting shall not include any independent work site including but not limited to home health care or hospice care, nor shall respondent engage in pool or staffing agency employment.

# 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 partial costs of \$200, within 60 days of this Order.

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.

WISCONSIN BOARD OF NURSING

By: Linda Sanner 6-6-03

Date