# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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## STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF

DISCIPLINARY PROCEEDINGS AGAINST

FINAL DECISION AND ORDER

ANGELA F. SCHWARTZ, R.N.,

LS0407295NUR

RESPONDENT.

Division of Enforcement Case # 02 NUR 228

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

Angela F. Schwartz, R.N. 618 Pine St. Antigo, WI 54409

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 of Nursing. 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. Angela F. Schwartz (D.O.B. 6/02/47) is duly licensed as a registered nurse in the state of Wisconsin (license # 117703). This license was first granted on August 17, 1994.
- 2. Respondent's most recent address on file with the Department of Regulation and Licensing is 618 Pine Street, Antigo, WI 54409.
- 3. At all relevant times Respondent worked as a registered nurse at Langlade Memorial Hospital, 112 E. 5<sup>th</sup> Avenue, Antigo, WI 54409.
- 4. Respondent made a series of medication errors at Langlade Memorial Hospital in 2002, as follows:
  - (a) Patient A.G. had a physician order for Roxanol 1 cc every two hours as needed. On May 30, 2002, Respondent administered 18cc of Roxanol to patient A.G. The error was discovered three hours later during a narcotics count. A.G. had slow respirations, but was otherwise unharmed.
  - (b) On June 3, 2002, Langlade Memorial Hospital placed Respondent on a Corrective Action Plan, which included clinical mentoring with staff and practice guidelines. The following medication errors were noted by staff:

- i. Respondent left the medication cart unlocked 50% of the time;
- ii. Respondent did not consistently identify the patients via wristband or verbally asking them;
- iii. Respondent did not inform patients of the name of the medications, the purpose and/or side effects of the medications.
- (c) On June 26, 2002, Respondent did not mix Protonix prior to dispensing the infusion and dispensed a dose of Ancef without mixing it to activate it.
- (d) On July 1, 2002, Respondent did not report a change of condition on a patient who had a critical lab result, nor did she contact the physician or the family.
- 5. Respondent admits she made the Roxanol medication error, but questions whether she made the other medication errors and denies failing to report the lab result. She claims that hospital policy did not require her to lock the medication cart at all times, she knew her patients, and she informed patients regarding all new medications.
- 6. For the 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 to act in this matter pursuant to §441.07(1)(c), Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.
- 2. The conduct described above constitutes negligence pursuant to Wis. Adm. code § N 7.03(1) and Respondent therefore is subject to discipline pursuant to §441.07(1)(c), Wis. Stats.

#### **ORDER**

#### IT IS ORDERED:

- 1. The stipulation of the parties is approved.
- 2. Respondent's license shall be LIMITED as follows:

#### **Practice restrictions**

- 3. Until otherwise ordered by the Board
  - (a) Respondent shall practice only in settings where she works under direct supervision acceptable to the Board. Respondent shall obtain approval of a work setting prior to commencement of nursing duties;
  - (b) Respondent shall refrain from nursing employment as a pool nurse or visiting nurse (or other home care practitioner); and
  - (c) Respondent shall refrain from working as a charge nurse.

#### **Required reporting**

4. For a period of at least two [2] years 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.

5. Respondent shall notify the Department Monitor of any change of nursing 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.

#### **Continuing education**

- 6. Within ninety [90] days from the date of this order, Respondent shall submit acceptable documentation of successful completion of the University of Wisconsin School of Nursing continuing education program entitled "Legal Issues for Nurses in Today's Health Care Environment," or of completion of other training pre-approved by the Board.
- 7. Within three (3) months from the effective date of this Order, Respondent shall submit documentation of successful completion of at least six (6) additional hours of continuing nursing education pre-approved by the Board in the subject areas of medication administration.
- 8. Respondent shall be responsible for all expenses incurred for training and other reporting as required by this order.
- 9. Acceptable documentation shall include:
  - (a) Certification from the sponsoring organization;
  - (b) A statement signed by Respondent verifying her attendance at and completion of course requirements, as well as (if required by the Board) a statement signed by a proctor approved by the Board verifying Respondent's attendance and completion of course requirements; and
  - (c) If requested by the Department Monitor, proof of successful completion of a post-test acceptable to the Board and/ or submission of other documentation of course content comprehension acceptable to the Board.

# **Department Monitor**

10. 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

## **Petition for Termination of restrictions**

11. Upon completion of: two [2] years of complete, successful and continuous compliance with the terms of this limitation that includes two [2] years 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

12. 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.

#### Costs

13. Within ninety (90) days from date of this Order, the Respondent shall pay to the Department of Regulation and Licensing COSTS of the investigation and prosecution of this action in the sum of \$1,100. Payment shall be made by certified check or money order, made payable to the Wisconsin Department of Regulation and Licensing and submitted to the Department Monitor.

## Effective date of Order

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

Dated at Madison, Wisconsin this 29th day of July, 2004.

# STATE OF WISCONSIN BOARD OF NURSING

Jacqueline Johnsrud 7-29-04 Member of the Board Date