

# 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 | : | <b>FINAL DECISION AND ORDER</b> |
|                                  | : |                                 |
| DAREN B. SOBEL, R.N.,            | : | LS07100415NUR                   |
| RESPONDENT.                      | : |                                 |

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Division of Enforcement Cases #06 NUR 389, 07 NUR 286

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

Daren B. Sobel, R.N.  
8115 N 18<sup>th</sup> St. # 134  
Phoenix, AZ 85020

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

**PROCEDURAL HISTORY**

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. Daren B. Sobel, R.N. (dob: Sept. 18, 1961) is and was at all times relevant to the facts set forth herein a professional nurse licensed in the State of Wisconsin pursuant to license #1411219. This license was first granted on June 26, 2002. Under the Nurse Licensure Compact, Respondent is able to practice in Arizona with his Wisconsin license.

2. On June 14, 2006 Respondent, while employed as a professional nurse at the Phoenix Memorial Hospital in Phoenix, Arizona. Respondent withdrew 6mgs of the Schedule II controlled substance hydromorphone from hospital stock purportedly for administration to a patient, but only documented that 4mgs were administered on the patient's Medication Administration Record ("MAR"). Respondent self-administered the other 2mg, without permission or authorization, and the patient was charged for the full 6mg.

3. On June, 15, 2006 Respondent, while employed as a professional nurse at the Phoenix Memorial Hospital, Respondent withdrew 400mgs of meperidine, a Schedule II controlled substance, from hospital stock purportedly for administration to a patient, but only documented that 250mgs were administered on the patient's MAR. Respondent self-administered the other 150mg, without permission or authorization, and the patient was charged for the full 400mg.

4. On June 18, 2006 Respondent, while employed as a professional nurse in the emergency room of the Phoenix Memorial Hospital, withdrew from hospital stock both lorazepam, a Schedule III controlled substance, and hydromorphone, purportedly for five different patients. Respondent withdrew 2mgs of lorazepam but only documented that 1mg was administered on a patient MAR. Respondent withdrew 12mgs of hydromorphone, but only documented that 3mgs were administered on patient MARs. The balance of each was self-administered, without permission or authorization, and the patients were charged for the amounts not administered to them.

5. On June 26, 2006 Respondent, while employed as a professional nurse at the West Valley Hospital in Glendale, Arizona, diverted the controlled substance hydromorphone for his personal use. Four vials of hydromorphone were missing and could not be accounted for; Respondent did not have permission or authorization to take or keep these.

6. On July 9, 2006 Respondent, while employed as a professional nurse at the Bowell Memorial Hospital in Arizona, diverted the Schedule II controlled substance morphine from four different patients for his personal use. Respondent withdrew 118mgs of morphine from the PYXIS system, but only documented that 10mgs were administered on patient MARs. Respondent later self-administered the 108mg, without permission or authorization, and the patients were charged for the amounts not administered to them.

7. On September 22, 2006 Respondent, while employed as a professional nurse at the St. Luke's Medical Center in Phoenix, Arizona, diverted the controlled substance morphine from two different patients for his personal use. Respondent withdrew 70mgs of morphine from the PYXIS system, but only documented that 59mgs had been administered on patient MARs. Respondent later self-administered the 11mg, without permission or authorization, and the patients were charged for the amounts not administered to them.

8. On September 23, 2006 Respondent, while employed as a professional nurse at the St. Luke's Medical Center, diverted the controlled substance morphine from two different patients for his personal use. Respondent withdrew 68mgs of morphine from the PYXIS system, but only documented that 27mgs had been administered on patient MARs. Respondent later self-administered the 41mg, without permission or authorization, and the patients were charged for the amounts not administered to them.

9. Following an evaluation at Carl T. Hayden Veterans Administration Medical Center in Phoenix, Arizona, Respondent was diagnosed with Narcotic/Opiate Dependence and Alcohol Dependence. From August 3, 2006, through November 2, 2006, Respondent participated in treatment for his condition through the Intensive Outpatient Program at the same facility.

10. Respondent currently resides in Arizona and, in May, 2007, returned to practice at federal facilities there, using his Wisconsin license. On June 8 and 9, 2007, respondent worked at the San Carlos Indian Hospital, San Carlos, AZ; he diverted diazepam, morphine, and lorazepam for his own use, and then again entered Crossroads East, Phoenix, AZ, a rehabilitation facility. Respondent is not currently engaged in nursing practice.

### **CONCLUSIONS OF LAW**

A. The Wisconsin Board of Nursing has jurisdiction to act in this matter pursuant to Wis. Stat. § 441.07(1)(b),(c), and (d), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5)

B. The conduct described in paragraphs 2 through 8, above, violated Wis. Adm. Code §§ N 7.03(2) and N 7.04(2) and (15). 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, effective the date of this Order:

### **SUSPENSION**

A.1. The license of Daren B. Sobel, R.N., to practice as a professional nurse in the State of Wisconsin is SUSPENDED for an indefinite period.

A.2. Respondent shall mail or physically deliver all indicia of nursing licensure to the Department Monitor within 14 days of the effective date of this order.

A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years with the

terms of this Order, including at least 600 hours of active nursing for every year the suspension is stayed, the Board may grant a petition by the Respondent under paragraph D.4. for return of full licensure.

- A.4. The Board may, on its own motion or at the request of the Department Monitor, grant full licensure at any time.

### STAY OF SUSPENSION

- B1. The suspension shall be stayed upon Respondent petitioning the Board and providing proof, which is determined by the Board or its designee to be sufficient, that Respondent is in compliance with the provisions of Sections C and D of this Order.
- B.2. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
- (a) Mailing to Respondent's last-known address provided to the Department of Regulation and Licensing pursuant to Wis. Stat. § 440.11; or
  - (b) Actual notice to Respondent or Respondent's attorney.
- B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.
- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. RL 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

### CONDITIONS AND LIMITATIONS

#### Treatment Required

- C.1. Respondent shall enter into, and shall continue, in a drug and alcohol treatment program at a treatment facility (Treater) acceptable to the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater, but not less than twice per month for the first year. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

#### Releases

- C.6. Respondent shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Department of Regulation and Licensing, Division of Enforcement to: (a) obtain all urine, blood and hair specimen screen results and patient health care and treatment records and reports, and (b)

discuss the progress of Respondent's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

#### AA/NA Meetings

- C.7. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, at the frequency recommended by Treater, but no less than twice per week. Attendance of Respondent at such meetings shall be verified and reported monthly to Treater and the Department Monitor.

#### Sobriety

- C.8. Respondent shall abstain from all personal use of alcohol.
- C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Board or its designee.
- C.10. Respondent shall abstain from all use of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation.
- C.11. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to Treater and the Department Monitor within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. If Respondent has not provided a release as required by C.9 above, within 24 hours of a request by Treater or the Board or its designee, Respondent shall provide releases in compliance with state and federal laws. The releases shall authorize the person who prescribed, dispensed, administered or ordered the medication to discuss Respondent's treatment with, and provide copies of treatment records to, the requester.

#### Drug and Alcohol Screens

- C.12. 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 list of Approved Programs is available from the Department Monitor.
- C.13. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:
- (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
  - (b.) Production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.14. The Approved Program shall require the testing of urine specimens at a frequency of not less than 56 times per year, for the first year of this Order. After the first year, the frequency may be reduced only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.15. The Department Monitor, Board or Board designee shall determine the tests to be performed upon the specimens. 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 Treater or the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.16. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional urine specimens, (b) submit blood, hair or breath specimens, (c) furnish any specimen in a directly witnessed manner.
- C.17. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody.

C.18. The Approved Program shall submit information and reports to the Department Monitor in compliance with the requirements of Wis. Adm. Code § RL 7.11.

#### Practice Limitations

- C.19. Respondent shall not work as a nurse or other health care provider in a setting in which Respondent has access to controlled substances.
- C.20. Respondent shall practice only under the direct supervision of a licensed nurse or other licensed health care professional approved by the Board or its designee and only in a work setting pre-approved by the Board or its designee. Respondent may not work in a home health care, hospice, pool nursing, or agency setting.
- C.21. Respondent shall provide a copy of this Final Decision and Order and all other subsequent orders immediately to supervisory personnel at all settings where Respondent works as a nurse or care giver or provides health care, currently or in the future.
- C.22. It is Respondent's responsibility to arrange for written reports from supervisors to be provided to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance, and shall include the number of hours of active nursing practice worked during that quarter.
- C.23. 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.

### MISCELLANEOUS

#### Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor  
Wisconsin Department of Regulation and Licensing  
Division of Enforcement  
1400 East Washington Ave.  
P.O. Box 8935  
Madison, WI 53708-8935  
Fax: (608) 266-2264  
Telephone: (608) 267-3817  
department.monitor@drl.state.wi.us

#### Required Reporting by Respondent

- D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent. Additionally, every three (3) months the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

#### Change of Treater or Approved Program by Board

- D.3. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

#### Petitions for Modification of Limitations or Termination of Order

- D.4. Respondent may petition the Board for modification of the terms of this Order or termination, however no such petition for modification shall occur earlier than one year from the date of this Order and no such petition for termination shall occur other than in compliance with paragraph A.3. Any such petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis.

Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

- D.5. 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. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

- D.6. Respondent shall pay costs of \$1,000, to the Department of Regulation and Licensing, before January 5, 2008. In the event Respondent fails to timely submit any payment of costs, the Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

Additional Discipline

- D.7. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 441.07.

Dated at Madison, Wisconsin this October 4, 2007,

WISCONSIN BOARD OF NURSING, by:

Marilyn Kaufmann  
Chairperson