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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

CAROL J. McKEOWN, R.N.,
RESPONDENT.

:
:
: FINAL DECISION AND ORDER
: ORDER 0000102
:

Division of Enforcement Case # 09 NUR 267

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

Carol J. McKeown, R.N.
514 Cornelia Street
Janesville, WI 53545

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Board of Nursing
Department of Regulation & Licensing
1400 East Washington Avenue
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 of Nursing. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Carol J. McKeown, R.N., Respondent, date of birth June 18, 1948, is licensed by the Wisconsin Board of Nursing as a registered nurse in the state of Wisconsin pursuant to license number 59005, which was first granted November 16, 1973.
2. Respondent's last address reported to the Department of Regulation and Licensing is 514 Cornelia Street, Janesville, WI 53545.
3. At all relevant times, Respondent was employed as a registered nurse on a dementia unit at a nursing home. As part of her job duties, Respondent provided nursing care to Ms. A

(DOB 9/10/25). Ms. A was admitted to the facility on October 20, 2006, with diagnoses including Alzheimer's disease, behavioral issues, anxiety and paranoia.

4. At 4:00 a.m. on May 26, 2009, a nursing assistant found Ms. A lying face down on the floor beside her bed and alerted Respondent. Respondent and the nursing assistant rolled Ms. A over. Ms. A remained unresponsive for a minute or two while Respondent and the nursing assistant applied ice to a hematoma that was forming near Ms. A's eye. Ms. A's blood pressure was 86/94 and the remaining neuro checks were normal. Respondent and the nursing assistant put Ms. A back into bed.

5. Respondent stated that she planned to closely monitor Ms. A with one-on-one supervision by a nursing assistant. However, the facility uses the AMDA (American Medical Directors Association) guidelines for its standards of practice related to a significant condition change. These guidelines direct staff to immediately call 911 when a resident falls and loses consciousness. Respondent failed to do so.

6. At 4:10 a.m., Respondent noted that Ms. A had an 8 cm x 4 cm hematoma on her face. It was bleeding and purple and eventually extended from the whole side of her face to the back of her head. Ms. A complained of strong head pain. Respondent did not take Ms. A's vital signs and did not call Ms. A's physician or 911. Instead, Respondent placed Ms. A's name in the MD log book for the physician to examine her during morning rounds, usually between 10:00 a.m. and noon.

7. At 4:40 a.m., Ms. A was agitated and complaining of pain all over. She repeatedly tried to crawl out of bed. Staff gave Ms. A Tylenol for the pain and Lorazepam for her agitation. The Lorazepam could have masked symptoms of a head injury.

8. Ms. A was calmer at 6:30 a.m. Her blood pressure was 120/61 and her pupils were equal in size. The dayshift LPN noted that Ms. A's vital signs were 'OK', that Ms. A continued to complain of a headache, and that her pupils reacted equally but slowly to light.

9. At 8:00 a.m., Ms. A vomited at the breakfast table and was complaining of a severe headache. The RN on duty notified the nursing supervisor and called and left a message for Ms. A's physician. At 8:30 a.m., Ms. A's physician called back and ordered that Ms. A be taken to the Mercy Hospital Emergency Room in Janesville for evaluation of her head injury.

10. Due to the extent of her head injury, Ms. A was then taken by Med Flight to UW-Hospital in Madison. Ms. A was subsequently diagnosed with a subarachnoid hematoma. The family was notified and declined surgery. Ms. A remained at UW-Hospital until May 29 when she was returned to Rock Haven.

11. Respondent's failure to call 911 or notify Ms. A's physician immediately after finding Ms. A unresponsive after a fall resulted in a delayed diagnosis and treatment of a potentially serious head injury.

12. In July and August 2009, Respondent attended in-service trainings regarding accurate assessment and recognition of which health concerns require immediate MD

notification; in particular, recognition of the seriousness of head injuries, timely assessment, frequency of neurological checks and recognition of changes in neurological status.

CONCLUSIONS OF LAW

1. The Wisconsin Board of Nursing has jurisdiction to act in this matter, pursuant to Wis. Stat. § 441.07, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).
2. Respondent, by engaging in the conduct set out above, has committed negligence as defined by Wis. Adm. Code § N 7.03(1)(c) which subjects Respondent to discipline pursuant to Wis. Stat. § 441.07(1)(c).

ORDER

IT IS ORDERED:

1. Respondent, Carol J. McKeown, R.N., is REPRIMANDED for the above conduct.
2. Respondent shall, within 120 days of the date of this Order, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of Five Hundred Dollars (\$500.00), pursuant to Wis. Stat. § 440.22(2).
3. Payment shall be mailed or delivered to:
Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817
4. In the event that Respondent fails to pay costs as ordered, Respondent's license may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.
5. This Order is effective on the date of its signing.

Wisconsin Board of Nursing

By: Karen Sui
A Member of the Board

3/25/10
Date