

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST

DEBRA L. BEHSELICH, L.P.N.,
RESPONDENT.

:
:
: FINAL DECISION AND ORDER
:
: **ORDER 0000745**

Division of Enforcement Case # 10 NUR 674

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

Debra L. Behselich, L.P.N.
2827 E. 3rd St.
Superior, WI 54880

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 in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Debra L. Behselich, L.P.N., (DOB 08/29/1959) is licensed as a practical nurse in the State of Wisconsin (license # 31-311093). This license was first granted on March 25, 2009.

2. Respondent's most recent address on file with the Wisconsin Board of Nursing is 2827 E. 3rd Street, Superior, Wisconsin, 54880.

3. At all relevant times, Respondent was working in a Minnesota nursing home under her Wisconsin nursing license.

4. On or about January 15, 2010, Respondent was counseled for failing to follow the facility's policies regarding handling of narcotics. Respondent represented the count as correct when it was not, and refused to sign the medication error report.

5. On or about January 28, 2010, Respondent failed to administer scheduled doses of methadone and Lortab because she failed to read the orders for the medications on the paper medication administration record.

6. On or about April 3, 2010, Respondent administered 100 units of Lantus insulin to a patient when six units were ordered.

7. On or about May 30, 2010, Respondent administered a narcotic to the wrong resident; she withdrew a tablet of methadone from one resident's supply and documented administering it to that resident, but actually administered it to a different resident.

8. On or about June 2, 2010, Respondent administered 22 units of Novolin insulin to a patient who was not due for insulin at that time.

9. On or about July 1, 2010, Respondent administered eight 5-mg tablets of oxycodone to a resident, when the order was for 40-mg OxyContin. Respondent also withdrew a tablet containing 10-mg oxycodone but did not document administering it.

10. On or about July 9, 2010, Respondent's employment was terminated for continued medication errors.

11. On or about December 3, 2010, the Minnesota Board of Nursing took action against Respondent's privilege to practice in Minnesota, requiring:

- (a) continuing education in documentation, medication errors, and sharpening critical thinking skills;
- (b) One-on-one consultation with a nurse consultant, preapproved by the board, in the areas of using critical thinking skills, time management and prioritization in a busy environment, managing interruptions, complex medication passes and how to organize, and maintaining complete, timely and accurate documentation.
- (c) Proof of compliance with any recommendations for additional education made by the nurse consultant; and

- (d) A report of at least four pages addressing what she learned and achieved, and how she will apply her knowledge to her current and future nursing practice.

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. The conduct described in paragraphs 3-11 above constitutes a violation of Wisconsin Administrative Code § N 7.03(1) and subjects Respondent to discipline pursuant to Wis. Stat. § 441.07(1)(c).

ORDER

IT IS ORDERED:

1. Debra L. Behselich, L.P.N., is REPRIMANDED.
2. The license of Debra L. Behselich, L.P.N., to practice nursing in the state of Wisconsin, and her privilege to practice in Wisconsin pursuant to the Nurse Licensure Compact, are LIMITED as follows:
 - a. Within six months of the date of the Minnesota Board of Nursing order, Respondent shall provide the Wisconsin Board of Nursing with proof of completion of all corrective action ordered by the Minnesota Board of Nursing.
 - b. Respondent shall provide her nursing employers with a copy of this Order before engaging in any nursing employment.
 - c. For a period of at least two (2) years from the date of this order, Respondent shall work only under direct supervision, and only in a work setting pre-approved by the Board. Respondent shall not work in a home health, agency or pool position.
 - d. 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.
 - e. Pursuant to Uniform Nurse Licensure Compact regulations, Respondent's nursing practice is limited to Wisconsin during the pendency of this limitation. This requirement may be waived upon the prior written authorization of both the Wisconsin Board of

Nursing and the regulatory board in the state in which Respondent proposes to practice.

- f. 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.

4. Respondent shall, within ninety (90) days of the date of this Order, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of Two Hundred Dollars (\$200.00) pursuant to Wis. Stat. § 440.22(2).

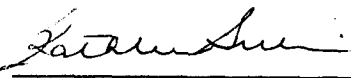
5. All petitions, payments, reports and other correspondence shall be mailed or delivered to:

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

6. Violation of any of the 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. 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. 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.

7. This Order is effective on the date of its signing.

Wisconsin Board of Nursing

By: 
A Member of the Board

3-24-11
Date