

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
DAWN M. TJADEN, R.N.,	:	
RESPONDENT.	:	ORDER 0001071

Division of Enforcement Case # 11 NUR 280

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

Dawn M. Tjaden, R.N.
641 Mina Court
Mahtomedi, MN 55115

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. Dawn Tjaden, R.N., (DOB 05/25/1955) was licensed as a professional nurse in the State of Wisconsin (license # 98481). This license was first granted on November 5, 1987 and expired February 28, 2010.

2. Respondent's most recent address on file with the Wisconsin Board of Nursing is 641 Mina Court, Mahtomedi, MN 55115.

3. On June 2, 2011, the Minnesota Board of Nursing adopted a Stipulation and Consent Order in which Respondent voluntarily surrendered her registration certificate to practice professional nursing in the State of Minnesota. The order was based on the following facts:

- a. On October 29, 1993, Respondent was charged with driving while under the influence of alcohol ("DWI") in Washington County, Minnesota. On December 2, 1993, Respondent pleaded not guilty to the DWI charge. On April 4, 1994, Respondent pleaded guilty and was convicted of the amended charge of careless driving.
- b. From 1995 through 2004, while Respondent worked as a nurse providing home health care for pediatric patients and boarding care for ventilator dependent patients, Respondent's use of alcohol became problematic and adversely impacted her practice.
- c. From 2005 to December 2006, Respondent did not practice as a nurse related to personal injury. Respondent's alcohol use escalated to drinking on a daily basis.
- d. In 2009, while Respondent was employed by a long term care facility, Respondent was counseled for poor job performance, missing documentation, unprofessional communication with staff and resident families, discussing confidential resident care issues in common areas, and absenteeism.
- e. On July 1, 2009, Respondent presented for duty as a nurse with the odor of alcohol. Respondent submitted a toxicology screen that tested positive for alcohol. Respondent resigned her employment on July 2, 2009.
- f. On July 15 2009, Respondent entered an inpatient chemical dependency treatment program for alcohol dependence. Respondent was also diagnosed with post traumatic stress disorder ("PTSD") and received counseling for ongoing grief issues and chronic pain.
- g. On July 31, 2009, Respondent self-reported to the Health Professionals Services Program ("HPSP") and on September 14, 2009, Respondent signed a Participation Agreement. Respondent began monitoring in accordance with the terms of her Monitoring Plan, which was based on her alcohol dependence, and required her to, among other things, abstain, comply with toxicology screens, and comply with quarterly reports.
- h. On January 19, 2011, Respondent submitted a urine specimen for toxicology screening that was out of temperature range, suggestive of specimen tampering.
- i. On January 26, 2011, Respondent was discharged from the HPSP for noncompliance, including missed quarterly reports due on October 15, 2010, and January 15, 2011, and possible specimen tampering.
- j. At the conference with the Review Panel and in her written response, Respondent denied tampering with the urine specimen submitted on January 26, 2011. Respondent reported she has remained sober since July 15, 2009. Respondent admitted her use of alcohol had affected her nursing practice but stated her personal stressors also contributed. Respondent stated she had a difficult time transitioning back into nursing after her leave in 2005 and 2006. In addition, Respondent experienced several significant losses in 2009, which has exacerbated her PTSD

symptoms. Respondent has not returned to nursing practice and is not certain of her plans to return to practice in the future.

4. Respondent may petition for reinstatement of her registration to practice professional nursing in the State of Minnesota after 12 months from the date of the Order and after she meets the following conditions:

- a. Respondent is able to demonstrate by a preponderance of the evidence that Respondent is capable of practicing professional nursing in a fit and competent manner, has participated in a minimum of six months of individual counseling, has maintained stable mental health for a minimum of six months, is successfully participating in a program of chemical dependency rehabilitation, and has been sober and free from mood-altering chemicals during 12 months immediately preceding her petition. At the time of Respondent's petition, Respondent shall meet with a Board Review Panel.
- b. Prior to meeting with the Board Review Panel, Respondent shall:
 1. Submit a Self-Report;
 2. Submit Reports Verifying Sobriety;
 3. Submit a Report from Employer;
 4. Submit a Report from Mental Health Treatment Professional;
 5. Submit a Report from Health Care Professional;
 6. Complete a Chemical Dependency Evaluation;
 7. Comply with Chemical Dependency Evaluator's Recommendations;
 8. If requested, complete a Mental Health Evaluation;
 9. Comply with Mental Health Evaluator's Recommendations;
 10. Submit to random alcohol and drug screens as directed by the Board;
 11. Complete and sign health records waivers and chemical dependency treatment records waivers; and
 12. Meet all reregistration requirements in effect at the time of petition for reinstatement.

5. If Respondent fails to comply or violates the Stipulation and Consent Order the Review Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding or by bringing the matter directly to the Board by scheduling a hearing before the Board.

CONCLUSIONS OF LAW

By the conduct described above, respondent is subject to disciplinary action against her license to practice as a nurse in the state of Wisconsin, pursuant to Wis. Stat. § 441.07(1)(d), and Wis. Admin. Code §§ N 7.04(1), (2) and (7).

ORDER

IT IS ORDERED:

1. The SURRENDER by Dawn M. Tjaden of her right to renew her license, #98481, to practice as a professional nurse in the State of Wisconsin is hereby ACCEPTED. Respondent shall not practice nursing, including under the Nurse Licensure Compact, without the express permission of the Board.

2. Respondent may petition for reinstatement of her license to practice professional nursing no sooner than 12 months from the date of this Order and when Respondent is able to demonstrate by a preponderance of the evidence that Respondent is capable of practicing professional nursing in a fit and competent manner, has participated in a minimum of six months of individual counseling, has maintained stable mental health for a minimum of six months, is successfully participating in a program of chemical dependency rehabilitation, and has been sober and free from mood-altering chemicals during the 12 months immediately preceding her petition. At the time of Respondent's petition, Respondent demonstrate that she has complied with, at a minimum, the following:

- a. Self-Report. Respondent shall submit to the Board a report from Respondent herself. The report shall provide and address:
 1. Respondent's sobriety, including the date Respondent last used mood-altering chemicals, including alcohol, and the circumstances surrounding any use while this Order is in effect;
 2. Respondent's treatment and participation in a chemical dependency rehabilitation program, including weekly attendance at a chemical dependency support group such as Alcoholic Anonymous ("AA") during the 12 months preceding the petition; evidence of participation shall include, but need not be limited to, attendance sheets on a form provided by the Board which have been legibly signed or initialed by a participant who attended the weekly meeting;
 3. Respondent's physical and mental health status, treatment plans, medications, and compliance with treatment recommendations;
 4. Respondent's work schedule and the type of employment in which Respondent has been involved;
 5. Respondent's preparations to enter into a nursing refresher course with a clinical component;
 6. Respondent's future plans in nursing and the steps she has taken to prepare herself to return to nursing practice; and
 7. Any other information Respondent believes would assist the Board in its ultimate review of this matter;
- b. Reports Verifying Sobriety. Respondent shall cause to be submitted to the Board reports from two adult persons, at least one of whom is not related to Respondent by blood or marriage, who can attest to Respondent's sobriety. Each report shall provide and address:
 1. Respondent's regular participation in a chemical dependency support group such as AA or other structured chemical dependency rehabilitation program;

2. Respondent's sobriety, including the date she last used mood-altering chemicals, including alcohol; and
 3. Any other information the reporter believes would assist the Board in its ultimate review of this matter.
- c. Report from Employer. Respondent shall cause to be submitted to the Board a report from Respondent's employer(s) during the 12 months preceding the petition. The report shall be submitted at the time Respondent petitions and shall provide and address:
1. Respondent's sobriety;
 2. Respondent's ability to perform assigned tasks;
 3. Respondent's attendance and reliability;
 4. Respondent's ability to handle stress;
 5. The average number of hours Respondent worked each week; and
 6. Any other information the employer believes would assist the Board in its ultimate review of this matter.
- d. Report from Mental Health Treatment Professional. Respondent shall cause to be submitted to the Board reports from all mental health treatment professionals whom Respondent consults while this Order is in effect. Respondent shall show evidence she has complied with mental health counseling for a minimum of six months and has made progresses in addressing the established treatment goals. The reports shall be submitted to the Board at the time Respondent petitions and shall provide and address:
1. Verification the mental health professional has reviewed this Stipulation and Consent Order;
 2. Identification of a plan of treatment, including any medications, devised for Respondent;
 3. A statement of the involvement between Respondent and the mental health professional, including the number and frequency of meetings;
 4. Respondent's progress with therapy and compliance with the treatment plan;
 5. Respondent's awareness of her personal problems;
 6. The mental health professional's conclusion as to the need for continuing therapy and Respondent's discontinuance of therapy; and
 7. Any other information the mental health professional believes would assist the Board in its ultimate review of this matter.
- e. Report from Health Care Professional. Respondent shall cause to be submitted to the Board a report from any health care professional whom Respondent consults for physical health, mental health or chemical dependency treatment while this Order is in effect. The reports shall be submitted at the time Respondent petitions and shall provide and address:
1. Verification the health care professional has reviewed this Stipulation and Consent Order;
 2. Identification of diagnoses and any plans of treatment, including medications, devised for Respondent;
 3. Respondent's progress with therapy and compliance with the treatment plan;
 4. A statement regarding Respondent's mental health status;
 5. A statement regarding Respondent's sobriety;
 6. Recommendations for additional treatment, therapy, or monitoring; and

7. Any other information the physician believes would assist the Board in its ultimate review of this matter.
- f. Chemical Dependency Evaluation. Within 60 days prior to petition, Respondent shall complete a chemical dependency evaluation performed by a chemical dependency treatment professional. Respondent shall submit, or cause to be submitted, the credentials of the chemical dependency evaluator for review and preapproval by Board staff for purposed of this evaluation. Respondent is responsible for the costs of the evaluation. The evaluator must contact a minimum of three collateral sources prior to completion of the evaluation. The results of the evaluation shall be sent directly to the Board and must include a statement verifying the evaluator has reviewed this Order and all evaluation and treatment records deemed pertinent by the Board and the evaluator prior to the evaluation.
- g. Compliance with Evaluator's Recommendations. Respondent shall comply with any recommendations for additional evaluation and treatment made by the chemical dependency evaluator.
- h. Mental Health Evaluation. Within 60 days of petition, if requested by the Board, Respondent shall complete a mental health evaluation performed by a psychiatrist or a licensed psychologist. Respondent shall submit, or cause to be submitted, the credentials of the evaluator for review and pre-approval by Board staff for purposes of this evaluation. Respondent is responsible for the cost of the evaluation. The results shall be sent directly to the Board and shall provide and address:
1. Verification the evaluator has reviewed a copy of this Stipulation and Order and all evaluation and treatment records deemed pertinent by the Board and the evaluator;
 2. Diagnosis and any recommended treatment plan;
 3. Respondent's ability to handle stress;
 4. Recommendations for additional evaluation and treatment; and
 5. Any other information the evaluator believes would assist the Board in its ultimate review of this matter.
- i. Compliance with Evaluator's Recommendations. Respondent shall comply with any recommendations for additional evaluation and treatment made by the mental health evaluator.
- j. Random Alcohol and Drug Screens. At any time during the petition process the Board may direct Respondent, without prior notice, to submit to laboratory hair, blood, and urine screenings to determine the presence or absence of alcohol or drugs. Respondent agrees to abstain from substances known to interfere with the toxicology screening process, including but not limited to certain foods, beverages, over-the-counter medications, and other products that contain poppy seeds, hempseeds, and ethyl alcohol. Examples include but are not limited to, nonalcoholic beer or wine; some desserts, salad dressings, soups and herbal remedies; and hand sanitizing and mouthwash products. Respondent shall arrange with her employer for release from work for purposes of fulfilling the requirements of the laboratory screening. The Board may contact Respondent by telephone, letter, or through personal contact by an agent to direct her/him to submit to the tests within two hours after she is contacted by the Board. The hair, blood, and urine screens shall be: (1) observed in their drawing; (2) handled through legal chain-of-custody methods; and (3) paid for by Licensee. The results of the screens shall be reported directly to the Board. The

biological fluid testing shall take place at a location determined by the Department Monitor.

- k. Waivers. At any time while this Stipulation and Order is in effect and at the request of the Board, Respondent shall complete and sign health records waivers and chemical dependency treatment records waivers supplied by the Board to allow representatives of the Board to discuss Respondent's case with and to obtain written evaluations and reports and copies of all Respondent's health, mental health, or chemical dependency records from her physician, mental health professional/therapist, chemical dependency counselor, or others from whom Respondent has sought or obtained treatment, support, or assistance.
- l. Reregistration Requirements. Respondent shall meet all reregistrations requirements in effect at the time of her petition for reinstatement, including but not limited to completing the appropriate application, payment of the requisite fees, and completing any necessary continuing education requirements.
- m. Additional Information. Respondent shall provide any additional information relevant to her petition reasonably requested by the Board.

3. If Respondent ever petitions the Board for reinstatement of her license or applies for any credential, whether to grant a license and whether to impose any limitations or restrictions on any license granted shall be in the discretion of the Board.

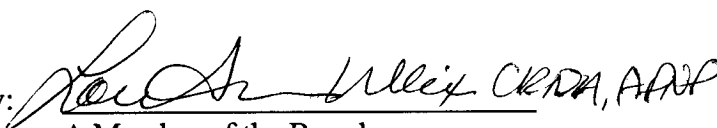
4. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Wisconsin Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817

5. The costs of investigating and prosecuting this matter have been waived. If Respondent ever makes application to the Board for any credential, Respondent shall pay the costs in the amount of \$200.00, prior to becoming licensed, pursuant to Wis. Stat. § 440.22(2).

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

Wisconsin Board of Nursing

By:  9/1/11
A Member of the Board Date

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