

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:

<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscca>

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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 pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Applicant violated Wis. Admin. Code § N 7.03(2) and subjects Applicant to discipline pursuant to Wis. Stat. § 441.07 (1g).

### ORDER

NOW, THEREFORE, IT IS ORDERED, that JOHN VITRANO is GRANTED a LICENSED PRACTICAL NURSING LICENSE subject to the following LIMITATIONS, TERMS, AND CONDITIONS.

### CONDITIONS AND LIMITATIONS

#### Practice Limitations

- A.1. Applicant shall provide a copy of this Order to his employer's human resources department and direct supervisor at all settings where Applicant works as a practical nurse or care giver or provides health care, currently or in the future, during the duration of the limited license.
- A.2. Applicant shall only practice under the direct supervision of another licensed nurse or physician, who must monitor Applicant's access to controlled substances.
- A.3. It is Applicant's responsibility to arrange for written reports from his direct supervisor to be provided to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Applicant's work performance, ability to administer controlled substances and shall include the number of hours of active nursing practice worked during that quarter.
- A.4. Applicant 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.
- A.5. Applicant shall provide and keep on file, all treatment facilities, personnel, laboratories and collection sites current release complying with state and federal laws. The releases shall allow the Board and any employee of the Department of Safety and Professional Services to: (a) obtain all urine, blood and hair specimen screen results, patient health care, treatment records and reports, and (b) discuss the process of Applicant's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

#### Treatment

- A.6. Applicant shall continue to attend his current treatment program at West Grove Clinic, LLC or an equivalent program no less than once per month. Attendance at the clinic shall be verified and reported monthly to Department Monitor.

#### Drug and Alcohol Screens

- A.7. Applicant shall participation in a drug and alcohol monitoring program which is approved by the Department Monitor ("Approved Program").

- A.8. Applicant 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, blood, sweat, fingernail, hair, saliva or other specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- A.9. The Approved Program shall require the testing of specimens at a frequency of not less than one urine screen per month, for at least two full years. The first urine screen must be within 30 days of the date of this Order. Applicant may petition the Board on an annual basis, after two full years of compliance, for a modification of the frequency of tests. The board may adjust the frequency of testing on its own initiative at any time.
- A.10. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances or alcohol, Applicant shall promptly submit to additional tests or examinations as the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- A.11. In addition to any requirement of the Approved Program, the Board or its designee may require Applicant 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.
- A.12. All confirmed positive test results shall be presumed to be valid. Applicant must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.

#### Sobriety

- A.13. Applicant shall abstain from all personal use of alcohol.
- A.14. Applicant 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. Applicant shall disclose Applicant's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Applicant 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 Applicant's treatment with, and provide copies of treatment records to, the Board or its designee. Copies of these releases shall immediately be filed with the Department Monitor.

- A.15. Applicant shall abstain from all use of over-the-counter medications or other substances (including but not limited to natural substances such as poppy seeds) which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Applicant's treatment and rehabilitation.
- A.16. Applicant shall report to the Department Monitor all prescription medications and drugs taken by Applicant. Reports must be received within 24 hours of ingestion or administration of the medication or drug, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Each time the prescription is filled or refilled, Applicant shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.
- A.17. Applicant shall provide the Department Monitor with a list of over-the-counter medications and drugs that they may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Applicant's rehabilitation, shall not be taken unless ordered by a physician.

#### MISCELLANEOUS

##### Department Monitor

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

Department Monitor  
Department of Safety and Professional Services  
1400 E. Washington Ave.  
P.O. Box 7190, Madison, WI 53707-7190  
Telephone (608) 267-3817; Fax (608) 266-2264  
DSPSMonitoring@wisconsin.gov

##### Required Reporting by Applicant

- B.2. Applicant is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Compliance with this Order includes, but is not limited to, written work reports acceptable to the Board. Written work reports that contain deficiencies in work performance may, within the discretion of the Board, be found unacceptable. Applicant shall promptly notify the Department Monitor of any failures of the Approved Program or collection sites to conform to the terms and conditions of this Order. Applicant

shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Applicant.

- B.3. Every three (3) months the Applicant shall notify the Department Monitor of the Applicant's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

Petitions for Modification of Limitations or Termination of Order

- B.4. Applicant may petition the Board on an annual basis for modification of the terms of this Order, starting after two full years of compliance of this Order. 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 Applicant shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

- B.5. Applicant 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.

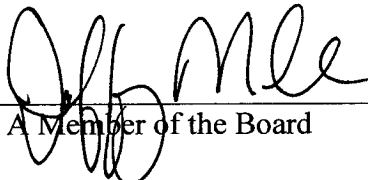
Additional Discipline

- B.6. Violation of any terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Applicant'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 Applicant fails to submit reports as ordered, Applicant's license may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Applicant has complied with the terms of this order.

Dated at Madison, Wisconsin this 6<sup>th</sup> day of March 2015

WISCONSIN BOARD OF NURSING

By:

  
A Member of the Board DW

STATE OF WISCONSIN  
BEFORE THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

IN THE MATTER OF APPLICATION FOR  
A LICENSED PRACTICAL NURSE LICENSE

JOHN VITRANO,  
APPLICANT.

STIPULATION

0003780

It is hereby stipulated between the above-referenced Applicant and the State of Wisconsin Department of Safety and Professional Services as follows:

The Applicant has filed an application for a practical nurse. Information received by the Department reflects a basis for denial of the application for a credential. Based upon the information of record, the Department agrees to issue and the Applicant agrees to accept an Order Granting a Limited License as a practical nurse subject to the terms and conditions set forth in the attached Order.

Dated this 6 day of March, 2015

John Vitrano LPN  
John Vitrano, Applicant

STATE OF WISCONSIN  
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Dated this 6 day of March, 2015

By: STATE OF WISCONSIN  
BOARD OF NURSING

[Signature]  
Member of the Board