

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
WITH VARIANCE**

**SHAWNA J. RUFF, R.N.
RESPONDENT.**

DHA Case No. SPS-15-0050
DLSC Case No. 13 NUR 675

0004439

BACKGROUND

On November 3, 2015, Administrative Law Judge Jennifer Nashold (ALJ), Division of Hearings and Appeals, issued a Proposed Decision and Order (PDO) in the above referenced matter. The PDO was mailed to all parties. No objections to the PDO were filed. On December 10, 2015, the Board of Nursing (Board) met to consider the merits of the PDO. The Board voted to approve the PDO with variance. The PDO is attached hereto and incorporated in its entirety into this Final Decision and Order with Variance (Order).

VARIANCE

Pursuant to Wis. Stat. §§ 440.035(1) and 441.07, the Board is the regulatory authority and final decision maker governing disciplinary matters of those credentialed by the Board. The matter at hand is characterized as a class 2 proceeding pursuant to Wis. Stat. § 227.01(3)(b). The Board may make modifications to a PDO, in a class 2 proceeding, pursuant to Wis. Stat. § 227.46(2), provided the Board's decision includes an explanation of the basis for each variance.

In the present case, the Board adopts the PDO in its entirety except for the following variances:

1. In the section titled, "DISCUSSION AND CONCLUSIONS OF LAW" under the subsection titled, "Discipline" found on page five (5) of the PDO, the Board removes the third (3rd) paragraph and replaces it with the following three (3) paragraphs:

The recommended discipline is warranted. Additionally, Respondent shall practice only under the direct supervision of a licensed nurse or other licensed health care professional pre-approved by the Board or its designee. Respondent shall also arrange for written reports from her supervisor(s) to be provided to the Department Monitor on a quarterly basis, beginning 90 days from the date of employment.

Respondent's removal of fentanyl from the Facility demonstrates either an intentional diversion of medication or an extremely careless handling of a controlled substance. The fact that during the very same shift, Respondent also pretended to dispose of a fentanyl patch in the sharps container in the presence of another nurse makes it less

likely that her removal of the fentanyl patch from the Facility was an innocent mistake. The only way to protect the public from the Respondent's gross incompetence or intentional diversion is by appraising all employers of this action and limiting the work setting to one in which she cannot access controlled substances.

Furthermore, because Respondent's acts demonstrate deceptive conduct, while working, and in the presence of other employees, the Board finds it necessary to ensure Respondent is closely supervised and therefore may only work under direct supervision. Respondent's supervisor shall also submit quarterly reports to the Board to keep the Board apprised of Respondent's adherence to the terms of this Order and to ensure the protection of the public and the rehabilitation of Respondent.

2. The "ORDER" section found on pages seven through ten (7-10) is removed and replaced with the following:

ORDER

For the reasons set forth above, IT IS ORDERED:

1. Respondent Shawna J. Ruff is REPRIMANDED.
2. Respondent's license 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. For a period of at least two years from the date of this Order:
 - i. Respondent shall enroll and participate in a drug monitoring program which is approved by the Department (Approved Program).
 - ii. 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 a drug monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:
 1. Contact with the Approved Program as directed on a daily basis, including vacations, weekends, and holidays.
 2. 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.
 3. The Approved Program shall require testing of specimens at a frequency of not less than 49 times per year, for the first year of this Order. After the first year, Respondent may petition the Board

on an annual basis for a modification of the frequency of tests. The Board may adjust the frequency of testing on its own initiative at any time.

- iii. 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 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, the Board or its designee. Copies of these release shall immediately be filed with the Department Monitor.
- iv. Respondent shall report to the Department Monitor all prescription medications and drugs taken by Respondent. 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, Respondent shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.
- v. Respondent shall provide the Department Monitor with a list of over-the-counter medications and drugs that she may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances, create false positive screening results, or interfere with Respondent's treatment and rehabilitation, shall not be taken unless ordered by a physician, in which case the drug must be reported as described in paragraph 2.a.iv.
- vi. All positive test results are presumed valid and may result in automatic suspension of licensure by the Board or the Board's designee. Respondent must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.
- vii. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances, Respondent 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.
- viii. Respondent shall practice only in a work setting pre-approved by the Board or its designee.

- ix. Respondent shall provide her nursing employer with a copy of this Order before engaging in any nursing employment.
 - x. Respondent shall not work as a nurse or other health care provider in a setting in which she has access to controlled substances.
 - xi. Respondent shall practice only under the direct supervision of a licensed nurse or other licensed health care professional pre-approved by the Board or its designee.
 - xii. It is Respondent's responsibility to arrange for written reports from her supervisor(s) to be provided to the Department Monitor on a quarterly basis, beginning 90 days from the date of employment. These reports shall assess Respondent's work performance, and shall include the number of hours of active nursing practice worked during that quarter.
- b. 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 only 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.
 - c. The Board or its designee may, without hearing, suspend Respondent's nursing license upon receipt of information that Respondent is in substantial or repeated violation of any provision of this Order. A substantial violation includes, but is not limited to, a positive drug screen. A repeated violation is defined as the multiple violations of the same provision or violation of more than one provision.
 - d. The Board or its designee may terminate the suspension if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the suspension to be terminated. Whether to terminate the suspension shall be wholly in the discretion of the Board or its designee.
 - e. After two (2) years from the date of this Order, Respondent may petition the Board for the modification or termination of this limitation. The Board may grant or deny the petition, in its discretion, or may modify this Order as it sees fit.
3. Respondent's license to practice nursing in the State of Wisconsin and her privilege to practice in Wisconsin pursuant to the Nurse Licensure Compact, is further LIMITED as follows:
- a. Within 90 days of the date of this Order, Respondent shall at her own expense, successfully complete five (5) hours of education on the topic of documentation; six (6) hours of education on medication errors; and three (3) hours on the topic of professionalism and ethics in nursing offered by a provider pre-approved by

the Board's monitoring liaison, including taking and passing any exam offered for the courses.

- b. Respondent shall submit proof of successful completion of the education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.
 - c. This limitation shall be removed from Respondent's license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.
4. Requests for approval of courses, proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

DEPARTMENT MONITOR
Department of Safety and Professional Services
Division of Legal Services & Compliance
1400 East Washington Ave., P.O. Box 7190
Madison, WI 53707-7190
Telephone: (608) 267-3817; Fax: (608) 266-2264
dpsmonitoring@wi.gov

5. In the event that Applicant violates any term of this Order, 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 the Order. The Board may, in addition and/or in the alternative, refer any violation of this Order to the Division of Legal Services and Compliance for further investigation and action.

IT IS FURTHER ORDERED that Respondent shall pay all recoverable costs in this matter in an amount to be established, pursuant to Wis. Admin. Code § SPS 2.18.

IT IS FURTHER ORDERED that the terms of this Order are effective the date the Final Decision and Order is signed by the Board.

Dated at Madison, Wisconsin this 17th day of December, 2015.

By: Paul Abeglen
A Member of the Board 



Before The
State Of Wisconsin
DIVISION OF HEARINGS AND APPEALS

In the Matter of Disciplinary Proceedings Against
Shawna J. Ruff, R.N., Respondent

DHA Case No. SPS-15-0050
DLSC Case No. 13 NUR 675

PROPOSED DECISION AND ORDER

The parties to this proceeding for purposes of Wis. Stat §§ 227.47(1) and 227.53 are:

Shawna J. Ruff, R.N.
905 Langlade Avenue
Green Bay, WI 54304-0213

Wisconsin Board of Nursing
P.O. Box 8366
Madison, WI 53708-8366

Department of Safety and Professional Services, Division of Legal Services and
Compliance, by

Attorney Kim M. Kluck
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

PROCEDURAL HISTORY

These proceedings were initiated when the Department of Safety and Professional Services (Department), Division of Legal Services and Compliance (Division), filed a formal Complaint against Respondent Shawna J. Ruff (Respondent), alleging that Respondent had engaged in one count of negligent conduct and one count of unprofessional conduct. The Division served Respondent on May 28, 2015 by sending a copy of the Notice of Hearing and Complaint to her last known address on file with the Department via certified and regular mail. Respondent filed an Answer to the Division's Complaint on June 22, 2015, denying negligent conduct and unprofessional conduct.

On June 17, 2015, the undersigned Administrative Law Judge (ALJ) issued a Notice of Telephone Prehearing Conference which set a telephone prehearing conference for June 29, 2015. At the June 29, 2015 conference, the parties agreed to a hearing date and related deadlines.

A hearing date was set for October 14, 2015 at 10:00 a.m. Respondent failed to appear at the hearing. The Division's attorney moved for default judgment pursuant to Wis. Admin. Code § SPS 2.14 based on Respondent's failure to appear at the hearing. At approximately 10:15 a.m., the ALJ went on the record and granted the Division's motion for default based on Respondent's failure to appear.

On October 14, 2015, the ALJ issued a Notice of Default and Order against Respondent, requiring the Division to file a recommended proposed decision and order by October 29, 2015, which the Division filed on October 26, 2015.

FINDINGS OF FACT

Facts Related to the Alleged Violations

Findings of Fact 1-12 are taken from the Division's Complaint against Respondent filed in this matter.

1. Respondent Shawna J. Ruff, R.N. (DOB November 19, 1978), is licensed in the State of Wisconsin as a professional nurse, having license number 162339-30, first issued on May 1, 2008 and current through February 29, 2016.

2. Respondent's most recent address on file with the Department is 905 Langlade Avenue, Green Bay, Wisconsin 54304-6213.

3. At all times relevant to this proceeding, Respondent was employed as a professional nurse at a residential living facility (Facility), located in Green Bay, Wisconsin.

4. On December 2, 2013, Respondent performed a narcotic count with the oncoming nurse. That nurse noted that one of the 25 mcg fentanyl patches was not accounted for in the book. Respondent advised that she needed to waste a 25 mcg patch (new one) so that the count would be on. In the oncoming nurse's presence, Respondent placed a folded piece of tape, which purportedly covered the fentanyl patch, into the sharps box.

5. A later search of the sharps box revealed that the piece of tape placed in the box did not have a fentanyl patch affixed to it and that Respondent merely put a piece of tape into the sharps box.

6. Also during the course of the narcotic count at shift change, the oncoming nurse noticed that one 50 mcg fentanyl patch was missing. Respondent told her that she merely forgot to sign a 50 mcg fentanyl patch out. Respondent then signed out a patch on the narcotic count sheet, making the count correct.

7. Respondent then removed another 50 mcg fentanyl patch, but did not sign it out. The oncoming nurse thought that Respondent had signed it out and did not notice that the count was now off again. It was not until the end of Respondent's shift that another nurse noticed that the count was off.

8. The Facility administration contacted Respondent, who had already gone home, about the missing 50 mcg fentanyl patch. Respondent stated that she had found a fentanyl patch in her pocket and returned to the Facility with the patch. Respondent could not explain how the fentanyl patch came to be in her pocket.

9. On December 3, 2013, Facility staff noticed that a patch which Respondent had purportedly placed on a patient the day before (based on the date written on the tape covering the patch) appeared to be more than several days old due to discoloration and deterioration. Facility policy required that fentanyl patches be dated and signed. Respondent, however, had signed and dated the piece of tape covering the fentanyl patch.

10. On December 14, 2013, Respondent presented to the emergency room (ER) at a hospital in Green Bay, Wisconsin, with complaints of nausea and vomiting. The ER physician ordered a drug screen along with diagnostic tests. The drug screen results were positive for the presence of an amphetamine for which Respondent did not have a valid prescription.

11. Pursuant to Wis. Stat. § 961.16(3)(f), fentanyl is a schedule II controlled substance for which, under the circumstances at issue, a prescription is required pursuant to Wis. Stat. § 961.38(2).

12. Pursuant to Wis. Stat. § 961.16(5)(a), an amphetamine is a schedule II controlled substance for which, under the circumstances at issue, a prescription is required pursuant to Wis. Stat. § 961.38(2).

Facts Related to Default

13. The Complaint and Notice of Hearing in this matter were served on Respondent on May 28, 2015, by both certified and regular mail, consistent with Wis. Admin. Code § SPS 2.08. The Notice of Hearing stated that Respondent was required to file an Answer to the Complaint within 20 days. The Respondent filed her Answer on June 22, 2015 and it was deemed timely.

14. The ALJ scheduled a telephone prehearing conference for June 29, 2015 at which the parties agreed to a hearing date and related deadlines. A hearing date of October 14, 2015 was set during the prehearing conference.

15. The ALJ issued a Prehearing Conference and Scheduling Order on June 29, 2015, scheduling the hearing for October 14, 2015, and establishing deadlines related to the hearing.

16. On October 14, 2015, the hearing was held and Respondent did not appear. The Division moved for default pursuant to Wis. Admin. Code § SPS 2.14 and Wis. Admin. Code § HA 1.07(3), which the ALJ granted.

17. On October 14, 2015, the ALJ issued a Notice of Default and Order which required the Division to file no later than October 29, 2015 its recommended proposed decision and order.

18. The Division timely filed its recommended proposed decision and order.

19. Respondent did not file a response to the Notice of Default or to the Division's recommended proposed decision and order.

DISCUSSION AND CONCLUSIONS OF LAW

Default

As stated in the October 14, 2015 Notice of Default and Order, Respondent is in default for failing to appear at the hearing held on October 14, 2015. As a result, an order may be entered against her on the basis of the Complaint and other evidence. *See* Wis. Admin. Code § SPS 2.14; Wis. Admin. Code § HA 1.07(3).

Violations

The Wisconsin Board of Nursing (Board) has jurisdiction over this matter pursuant to Wis. Stat. § 441.07. Following an investigation and disciplinary hearing, the Board may revoke, limit, suspend or deny a renewal of a license of the registered nurse, if the Board determines that the nurse has violated any provision of subchapter I of Chapter 441 of the Wisconsin Statutes or any administrative rule adopted by the Board under that subchapter, or if the licensee has engaged in negligence or has committed "misconduct or unprofessional conduct." Wis. Stat. § 441.07(1)(b),(c) and (d), respectively (2011-2012).

As used in Wis. Stat. § 441.07(c), negligence is defined as "a substantial departure from the standard of care ordinarily exercised by a competent licensee," and includes "committing an act or omission demonstrating a failure to maintain competence in practice and methods of nursing care." Wis. Admin. Code § N 7.03(1)(b).¹ By the conduct described in paragraphs 4 through 9, above, Respondent engaged in negligent conduct as defined by Wis. Admin. Code § N 7.03(1)(b).

As used in Wis. Stat. § 441.07(d), the phrase "misconduct or unprofessional conduct" is defined as "any practice or behavior which violates the minimum standards of the profession necessary for the protection of the health, safety or welfare of a patient or the public," and includes "administering, supplying or obtaining any drug other than in the course of legitimate practice or as otherwise prohibited by law." Wis. Admin. Code § N 7.04(2). By the conduct described in paragraph 10, above, Respondent engaged in misconduct or unprofessional conduct as defined in Wis. Admin. Code § N 7.04(2).

As a result of the above violations, Respondent is subject to discipline pursuant to Wis. Stat. § 441.07(1)(b), (c) and (d).

¹ References to Wis. Admin. Code §§ N 7.03 and 7.04 refer to the code as it existed before August 1, 2014.

Discipline

The three purposes of discipline are: (1) to promote the rehabilitation of the licensee; (2) to protect the public from other instances of misconduct; and (3) to deter other licensees from engaging in similar conduct. *State v. Aldrich*, 71 Wis. 2d 206, 237 N.W.2d 689 (1976).

The Division recommends that Respondent be reprimanded and that her license be limited for a two-year period. The limitations, set forth in the Order section below, include a two-year period of drug monitoring; that Respondent abstain from using controlled substances unless legitimately prescribed; that she undergo drug screens not less than 49 times per year; and that she work only in settings approved by the Board and not in any setting where she will have access to controlled substances. In addition, Respondent would be required to successfully complete education on issues of documentation, medication errors, and professionalism/ethics.

The recommended discipline is warranted. Respondent's removal of fentanyl from the Facility demonstrates either an intentional diversion of medication or an extremely careless handling of a controlled substance. The fact that during that very same shift, Respondent also pretended to dispose of a fentanyl patch in the sharps container in the presence of another nurse makes it less likely that her removal of the fentanyl patch from the Facility was an innocent mistake. The only way to protect the public from Respondent's gross incompetence or intentional diversion is by apprising all employers of this action and limiting the work setting to one in which she cannot access controlled substances.

The protection of the public and Respondent's rehabilitation also require drug monitoring to make sure that Respondent is ingesting only those medications that she has legitimately been prescribed. In the event that Respondent's mishandling of fentanyl is the result of a skills or knowledge deficiency, requiring Respondent to complete education in the areas of medication errors and documentation will also serve the goals of rehabilitation and protection of the public. If, after two years, Respondent demonstrates that she has not improperly ingested any controlled substances and can again be trusted with working in a setting in which she has access to controlled substances, the Board may remove the limitations on her work setting and access to controlled substances.

Reprimanding Respondent and imposing the above limitations on her license will also serve to deter other licensees from mishandling controlled substances and from ingesting controlled substances which have not been prescribed to them.

This discipline is also consistent with prior discipline imposed by the Board for conduct in which a nurse failed to properly handle medications and obtained any drug other than in the course of legitimate practice or as otherwise prohibited by law. For example, in *In The Matter of Disciplinary Proceedings Against Julie F. Rabe, R.N.*, Case No. 0003300 (July 10, 2014), the Board limited a nurse's license where the nurse tested positive for hydrocodone when she did not have a valid prescription for hydrocodone and was also disciplined by another jurisdiction for failing to properly administer and waste medications and failing to document the same. The limitations, which were for a period of at least two years, required the nurse to undergo drug screens not less than 49 times a year; abstain from use of controlled substances unless prescribed

by a practitioner for a legitimate reason; report all prescription medications taken; and complete continuing education on the topics of document and medication administration.²

Based on the facts of this case, the factors set forth in *Aldrich*, and prior Board decisions, the discipline requested by the Division is appropriate.

Costs

The Department has the authority to assess costs pursuant to Wis. Stat. § 440.22.

The factors to be considered in assessing full costs are: (1) the number of counts charged, contested, and proven; (2) the nature and seriousness of the misconduct; (3) the level of discipline sought by the parties; (4) the respondent's cooperation with the disciplinary process; (5) prior discipline, if any; (6) the fact that the department is a "program revenue" agency, whose operating costs are funded by the revenue received from credentials, and the fairness of imposing the costs of disciplining a few members of the profession on the vast majority of the credential holders who have not engaged in misconduct; and (7) any other relevant circumstances. *See In the Matter of Disciplinary Proceedings Against Elizabeth Buenzli-Fritz*, LS0802183CHI (Aug. 14, 2008).

The Division requests that Respondent be ordered to pay the full costs of its investigation and of these proceedings. Imposition of full costs on Respondent is appropriate. The factual allegations were deemed admitted and proven and there is no argument to apportion any counts that were unproven, or that certain factual findings were investigated and litigated that were unnecessary. The underlying conduct was serious and demonstrates that Respondent likely intentionally removed a fentanyl patch from the Facility and perpetrated a ruse using a piece of tape to misappropriate another fentanyl patch. In addition, Respondent has ingested a controlled substance for which she did not have a prescription.

The discipline recommended by the Division, while not the most severe that could be recommended, reprimands Respondent and imposes significant restrictions on her license. With respect to Respondent's level of cooperation in this proceeding, I note that while Respondent filed an Answer to the Complaint denying misconduct and participated in a telephone prehearing conference, she did not bother to show up at the hearing and present evidence on her own behalf. This failure to participate in the hearing demonstrates a lack of appreciation of her misconduct and a refusal to accept responsibility for her actions.

Finally, given the fact that the Department is a "program revenue" agency, whose operating costs are funded by the revenue received for licensees, fairness dictates imposing the costs of disciplining Respondent upon Respondent and not on fellow members of the nursing profession who have not engaged in such conduct.

² The Division states that the nurse in *Rabe* was reprimanded. However, there is no indication of a reprimand in the decision. The Division also states that the nurse was required to undergo alcohol screens in addition to drug screens. Only drug screens were ordered in *Rabe*, and the same is true here. To the extent the Division referenced alcohol testing in its recommended proposed decision in this case, those references have not been adopted in this decision.

Accordingly, Respondent shall pay the full costs of this proceeding.

ORDER

For the reasons set forth above, IT IS ORDERED:

1. Respondent Shawna J. Ruff is REPRIMANDED.
2. Respondent's license 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. For a period of at least two years from the date of this Order:
 - i. Respondent shall enroll and participate in a drug monitoring program which is approved by the Department (Approved Program).
 - ii. 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 monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:
 1. Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
 2. Production of a urine, blood, sweat, fingernail, hair, saliva or other specimen at a collection site designated by the Approved Program within five hours of notification of a test.
 3. The Approved Program shall require the testing of specimens at a frequency of not less than 49 times per year, for the first year of this Order. After the first year, Respondent may petition the Board on an annual basis for a modification of the frequency of tests. The Board may adjust the frequency of testing on its own initiative at any time.
 - iii. 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 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, the Board or its designee. Copies of these releases shall immediately be filed with the Department Monitor.

- iv. Respondent shall report to the Department Monitor all prescription medications and drugs taken by Respondent. 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, Respondent shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.
- v. Respondent shall provide the Department Monitor with a list of over-the-counter medications and drugs that she may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances, create false positive screening results, or interfere with Respondent's treatment and rehabilitation, shall not be taken unless ordered by a physician, in which case the drug must be reported as described in the paragraph 2(a)iv.
- vi. All positive test results are presumed valid and may result in automatic suspension of licensure by the Board or the Board's designee. Respondent must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.
- vii. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances, Respondent 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. Respondent shall provide her nursing employer with a copy of this Order before engaging in any nursing employment.
- viii. Respondent shall practice only in a work setting pre-approved by the Board or its designee.
- ix. Respondent shall provide her nursing employer with a copy of this Order before engaging in any nursing employment.
- x. Respondent shall not work as a nurse or other health care provider in a setting in which she has access to controlled substances.

- b. 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 only 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.
- c. The Board or its designee may, without hearing, suspend Respondent's nursing license upon receipt of information that Respondent is in substantial or repeated violation of any provision of this Order. A substantial violation includes, but is not limited to, a positive drug screen. A repeated violation is defined as the multiple violations of the same provision or violation of more than one provision.
- d. The Board or its designee may terminate the suspension if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the suspension to be terminated. Whether to terminate the suspension shall be wholly in the discretion of the Board or its designee.
- e. After two years from the date of this Order, Respondent may petition the Board for the modification or termination of this limitation. The Board may grant or deny the petition, in its discretion, or may modify this Order as it sees fit.

3. Respondent's license to practice nursing in the State of Wisconsin and her privilege to practice in Wisconsin pursuant to the Nurse Licensure Compact, is further LIMITED as follows:

- a. Within 90 days of the date of this Order, Respondent shall at her own expense, successfully complete five hours of education on the topic of documentation; six hours of education on medication errors; and three hours on the topic of professionalism and ethics in nursing offered by a provider pre-approved by the Board's monitoring liaison, including taking and passing any exam offered for the courses.
- b. Respondent shall submit proof of successful completion of the education in the form of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department, and also may not be used in future attempts to upgrade a credential in Wisconsin.
- c. This limitation shall be removed from Respondent's license after satisfying the Board or its designee that Respondent has successfully completed all of the ordered education.

4. Request of approval of courses, proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

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

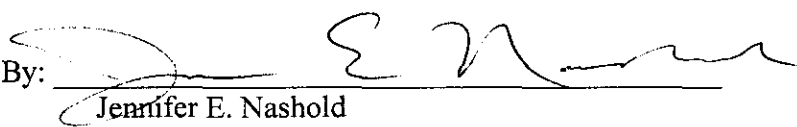
IT IS FURTHER ORDERED that Respondent shall pay all recoverable costs in this matter in an amount to be established, pursuant to Wis. Admin. Code § SPS 2.18.

IT IS FURTHER ORDERED that the terms of this Order are effective the date the Final Decision and Order is signed by the Board.

Dated at Madison, Wisconsin on November 3, 2015.

STATE OF WISCONSIN
DIVISION OF HEARINGS AND APPEALS
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By: _____


Jennifer E. Nashold
Administrative Law Judge