

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF APPLICATION FOR	:	
A PRACTICAL NURSE LICENSE	:	ORDER GRANTING
	:	LIMITED LICENSE
BEVERLY KERKSTRA	:	
APPLICANT	:	

0004993

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

BEVERLY KERKSTRA
W6869 LANE #2.5
MENOMINEE, MI 49858

BOARD OF NURSING
1400 EAST WASHINGTON AVENUE
P.O. BOX 8935
MADISON, WI 53708-8935

FINDINGS OF FACT

- I. Beverly Kerkstra (Applicant) has filed an application (#573810) for a credential to practice as a Licensed Practical Nurse (LPN) in Wisconsin via endorsement.
- II. Information received in the application process reflects that the Applicant was granted a license as an LPN in Michigan on or about July 20, 2001. Applicant's Michigan license status at this time is "active" and there are no discipline records for her Michigan LPN license.
- III. Additional information received in the application process demonstrates that Applicant was terminated from her employment as an LPN at Roubal Care and Rehab (Roubal) in Stephenson, MI on or about June 22, 2016.
 - A. The discharge documentation states that the Applicant deliberately made falsified records.
 - B. The supervisor's remarks state that the Applicant had multiple occurrences of Hydrocodone being signed out on the narcotics sheet, but not signed out on the resident medication records. The supervisor also stated that the Applicant had multiple occurrences of Hydrocodone being signed out as given at a specific time, but elsewhere in chart documentation, the Hydrocodone was signed as being given at another time. The supervisor concluded that falsifying documentation is grounds for termination of employment.

C. The Applicant states that at Roubel she did both computerized and paper charting. When doing med pass, she gave a med and charted it by handwriting in the narcotic record, but forgot to enter it into the MAR computer entry. Applicant states she went back into the computer to make the entry, but forgot to hit the "late entry key." Applicant states she did not intentionally try to chart inaccurately.

IV. The facts and circumstances relating to Applicant's termination from Roubel have raised concerns with the Board regarding the Applicant's ability to practice nursing in conformity to minimal standards of acceptable practice.

CONCLUSIONS OF LAW

I. The Board has jurisdiction over this matter pursuant to Wis. Stat. § 441.06(1m) and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. §§ 15.08(5)(c) and 227.44(5).

ORDER

NOW, THEREFORE, IT IS ORDERED that BEVERLY KERKSTRA is GRANTED A LICENSED PRACTICAL NURSE LICENSE subject to the following LIMITATIONS, TERMS AND CONDITIONS:

CONDITIONS AND LIMITATIONS

Practice Limitations

1. Applicant shall provide a copy of this Order and any future Orders to her employer's human resources department and direct supervisor at all settings where Applicant works as a LPN or care giver or provides health care, currently or in the future, during the duration of the limited license.
2. It is Applicant's responsibility to arrange for written reports from her direct supervisor to be provided to the Department of Safety and Professional Services Monitor (Department Monitor) on a quarterly basis. These reports shall assess Applicant's work performance, attendance and include the number of hours of active nursing practice worked during that quarter.
3. Pursuant to Nurse Licensure Compact regulations, Applicant'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 Board and the regulatory board in the state in which Applicant proposes to practice.
4. Applicant shall report to the Department Monitor any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

MISCELLANEOUS

Department Monitor

5. 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

6. Applicant is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Applicant shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Applicant.
7. Applicant shall report to the Board any change of employment status, residence, address or telephone number within five days of the date of the change.

Petitions for Modification of Limitations or Termination of Order

8. Applicant may petition the Board or its designee for modification or termination of the terms of this Order after completion of one (1) year of practice as an LPN in compliance with all terms and conditions of this Order. "Practice in compliance" includes the timely submission of work reports, the content of which are satisfactory to the Board. A denial of such a petition for modification shall not be deemed a denial of a credential under Wis. Stat. §§ 227.01(3) or 227.42, or Wis. Admin. Code ch. SPS 1, and shall not be subject to any right to further hearing to appeal.

Costs of Compliance

9. 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.

Dated at Madison, Wisconsin this 26 day of October, 2016

WISCONSIN BOARD OF NURSING

By:


A Member of the Board

DW

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF APPLICATION FOR :
A PRACTICAL NURSE LICENSE :

BEVERLY KERKSTRA :
APPLICANT :

STIPULATION

0004993

~~It is hereby stipulated between~~ the above-referenced Applicant and the State of Wisconsin Board of Nursing (Board) as follows:

The Applicant has filed an application for a Licensed Practical Nurse license. Information received by the Board has raised concerns about this applicant's ability to practice nursing in conformity to minimal standards of acceptable practice. Based upon the information of record, the Board agrees to issue and the Applicant agrees to accept a Limited License as a Licensed Practical Nurse subject to the terms and conditions set forth in the attached Order.

Dated this 20th day of October, 2016

Beverly Kerkstra
Beverly Kerkstra, Applicant

STATE OF WISCONSIN
BOARD OF NURSING

Dated this 20 day of October, 2016

By:

[Signature]
Member of the Board