

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
RENEWAL OF REGISTERED NURSE
LICENSE

FORREST TRIMMEL,
APPLICANT.

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:

ORDER GRANTING
LIMITED LICENSE

0005986

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

Forrest Trimmel
4819 North Lydell Avenue
Glendale, WI 53217

Wisconsin Board of Nursing
P.O. Box 7190
Madison, WI 53707-7190

FINDINGS OF FACT

1. Forrest Trimmel (Applicant) filed an application for renewal of his Wisconsin Registered Nurse license (no. 109963-30). Such license, first issued to Applicant on May 7, 1992, was scheduled for renewal by February 28, 2018. Applicant's request to renew was timely.
2. Applicant's most recent address on file with the Wisconsin Department of Safety and Professional Services is 4819 North Lydell Avenue, Glendale, Wisconsin 53217.
3. Information received in the application process reflects the following:
 - a. On or about October 16, 1985, Applicant was convicted of one (1) count of Obstructing an Officer, a misdemeanor.
 - b. On or about February 27, 2018, Applicant was convicted of one (1) count of Operating While Intoxicated 1st, an ordinance. Applicant's AODA diagnosis is "Controlled Substance Dependency in Remission."

CONCLUSIONS OF LAW

1. The Board 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. §§ 15.08(5)(c) and 227.44(5).

2. Applicant's OWI 1st violation and subsequent diagnosis of "Controlled Substance Dependency in Remission" demonstrate Applicant is unfit or incompetent by reason of alcohol or other drugs pursuant to Wis. Stat. §§ 441.07(1g)(b), (c), and (d); and Wis. Admin. Code § N 7.03(6)(f).

3. Limitations upon Applicant's license are necessary to ensure that he is fit and competent to practice as a Registered Nurse.

ORDER

1. The attached Stipulation is accepted.

2. Applicant's renewal of his Registered Nurse license is granted subject to the following limitations.

3. The Registered Nurse license issued to Applicant (license no. 109963-30) to practice nursing in the State of Wisconsin, and his privilege to practice in Wisconsin pursuant to the Enhanced Nurse Licensure Compact, is LIMITED as follows:

a. For a period of at least two (2) years from the date of this Order:

- i. Applicant shall establish treatment with a Treater acceptable to the Board or its designee. Applicant shall participate in, cooperate with, and follow all treatment recommended by Treater.
- ii. Applicant shall immediately provide Treater with a copy of this Order and all other subsequent orders.
- iii. Treater shall be responsible for coordinating Applicant's rehabilitation and treatment as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor. If Treater is unable or unwilling to serve as required by this Order, Applicant shall immediately seek approval of a successor Treater by the Board or its designee.
- iv. The treatment program shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only with the approval of the Board or its designee, after receiving a petition for modification as required by paragraph No. 9, below.

- v. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Applicant's progress in drug and alcohol treatment.
- vi. Applicant shall enroll and participate in a drug and alcohol monitoring program which is approved by the Department (Approved Program). Enrollment shall occur within thirty (30) calendar days from the date of this Order.
- vii. At the time Applicant enrolls in the Approved Program, 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 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 the testing of specimens at a frequency of not less than twenty eight (28) urine screens and one (1) hair test per year, for at least the first year of this Order. Thereafter, the Board may adjust the frequency of testing on its own initiative at any time.
- viii. 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.
- ix. Applicant shall report to the Department Monitor all prescription medications and drugs taken by Applicant. Reports must be received within twenty-four (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.

- x. Applicant shall provide the Department Monitor with a list of over-the-counter medications and drugs that Applicant 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 Applicant'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 3(a)iv.
- xi. All positive test results are presumed valid and may result in automatic suspension of licensure by the Board or the Board's designee. Applicant must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.
- xii. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances, 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.
- xiii. Applicant shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Division to: (a) obtain all urine, blood and hair specimen screen results and patient health care and treatment records and reports, and (b) discuss the progress of Applicant's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

4. Applicant shall provide Applicant's nursing employer with a copy of this Order before engaging in, or continuing to engage in, any nursing employment. Applicant shall provide the Department Monitor with written acknowledgment from each nursing employer that a copy of this Order has been received. Such acknowledgment shall be provided to the Department Monitor within fourteen (14) days of beginning new employment and/or within fourteen (14) days of the date of this Order for employment current as of the date of this Order.

5. Applicant may not work as a nurse or other health care provider in a setting in which Applicant has access to controlled substances.

6. Applicant shall practice only in a work setting pre-approved by the Board or its designee. Requests for preapproval must be accompanied by a current job description, name and contact information of the direct supervisor, and written acknowledgment from the employer that a copy of this Order has been received and that the restrictions will be accommodated.

7. 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 failures of the Treater, treatment facility, 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.

8. 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. Additionally, every three (3) months, Applicant shall notify the Department Monitor of 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.

9. The Board or its designee may, without further notice or hearing, SUSPEND Applicant's nursing license upon receipt of information that Applicant is in violation of any provision of this Order. The Board or its designee may, in conjunction with the suspension, prohibit Applicant from seeking termination of the suspension for a specified period of time.

10. The Board or its designee may terminate the suspension if provided with sufficient information that Applicant 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.

11. The Board may refer any violation of this Order to the Division of Legal Services and Compliance for investigation and action.

12. Applicant may petition the Board on an annual basis for a modification of the terms of this Order, but no petition for modification shall be considered sooner than one (1) year from the date of this Order. After two (2) consecutive years of successful compliance, including at least 600 hours of active nursing practice each year, Applicant may petition the Board for return of full licensure. The Board may grant or deny any petition, in its discretion, or may modify this Order as it sees fit.

13. 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.

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

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

You may also submit this information via DSPS' Case Management System here:

<https://app.wi.gov/DSPSMonitoring>

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

WISCONSIN BOARD OF NURSING

by:

Paul Abegglen
A Member of the Board

12/11/18
Date

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF APPLICATION FOR
RENEWAL OF A REGISTERED NURSE
LICENSE

FORREST TRIMMEL,
APPLICANT.

STIPULATION

0005986

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

1. The Applicant has filed an application to renew a Registered Nurse license.
2. Information received by the Board reflects a basis for denial of the renewal of the licensure.
3. Based upon the information of record herein, the Board agrees to issue, and the Applicant agrees to accept, an Order granting a renewal of license as a Registered Nurse, subject to the terms and conditions set forth in the attached Order adopting the Stipulation.
4. Applicant understands that by signing this Stipulation, Applicant voluntarily and knowingly waives the following rights:
 - the right to request a hearing related to the denial of the application;
 - the right to confront and cross-examine the witnesses against Applicant;
 - the right to call witnesses on Applicant's behalf and to compel their attendance by subpoena;
 - the right to testify on Applicant's own behalf;
 - the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
 - the right to petition for rehearing; and
 - all other applicable rights afforded to the Applicant under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.
5. Applicant is aware of Applicant's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation.

6. Applicant agrees to the adoption of the attached Order Granting Limited License by the Board. The parties to the Stipulation consent to the entry of the attached Order Granting Limited License without further notice, appearance, or consent of the parties.
7. Applicant waives all rights to any appeal of the Board's Order, as adopted in the form as attached.
8. Applicant is informed that the Order Granting Limited License is a public record and will be published in accordance with standard procedure

Forrest Trimmel

Forrest Trimmel, Applicant
4819 North Lydell Avenue
Glendale, WI 53217
License no. 109963-30

Dec 4 2018

Date

Paul A. Berggren

A Member of the Board of Nursing
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

12/11/18

Date