

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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

KRISTEN ABRAMCZYK, R.N.,  
APPLICANT.

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ORDER GRANTING  
LIMITED LICENSE

**ORDER 0007100**

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

Kristen Abramczyk, R.N.  
Milwaukee WI 53219

Wisconsin Board of Nursing  
Department of Safety and Professional Services  
4822 Madison Yards Way  
P.O. Box 8935  
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the resolution of this renewal application. The Wisconsin Board of Nursing (Board) adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. On or about February 10, 2020, Kristen Abramczyk (Applicant) filed an application to renew her Wisconsin Registered Nurse credential (license number 146084-30).
2. Applicant resides in Wisconsin.
3. Information received in the application process reflects that Applicant has the following violations and convictions:
  - A. On or about November 13, 1999 – Underage Drinking, an ordinance violation.
  - B. Around 2014 – Operating While Intoxicated (OWI)-1st, an ordinance violation.
    - i. Applicant’s blood alcohol level was .28 and involved property damage in a car accident.

- C. On or about September 30, 2019 – OWI-2nd, a misdemeanor conviction.
- i. Applicant states she met a friend at a bar and played several games of pool. Applicant states she had too much to drink. Applicant decided to drive home, it was raining, she made a U-turn and slid into three (3) parked cars.
  - ii. According to the police report, Applicant was observed attempting to make a U-turn and appeared to have slammed on the gas causing her car to hit three (3) parked vehicles. Applicant had a strong odor of alcohol from her breath, her eyes were glassy, and her speech was slurred. Applicant admitted consuming three (3) glasses of whiskey at the bar.
  - iii. Applicant's Driver Safety Plan Status Report shows Applicant's Blood Alcohol Level was .351.
  - iv. Applicant's Intoxicated Driver Program Case Management IMPACT Assessment Findings for her Alcohol Level was "Suspected Dependency."
  - v. Applicant provided letters from her Licensed Professional Counselor and Clinical Substance Abuse Counselor. The letter dated August 10, 2019, provided a recommendation that Applicant "continue in treatment until completion. [Treatment] will offer sober living skills training necessary for success with her abstinence plan. Given a good response to the rest of her treatment, her prognosis is good."
  - vi. On June 26, 2020, Applicant provided the following current use statement, "I rarely drink alcohol at all anymore. Maybe a glass of wine on a holiday."

4. On August 5, 2020, the Board sent Applicant a letter expressing concerns relating to Applicant's 2019 OWI 2<sup>nd</sup> conviction, Applicant's high blood alcohol level of .351, and Applicant's statement of continued alcohol consumption despite her suspected alcohol dependence. The Board requested Applicant undergo an Alcohol and Other Drug Abuse (AODA) assessment. The AODA assessment found:

- A. Applicant stated she had a glass of wine at Thanksgiving in November of 2019, because of the social family expectation of drinking wine with meals. Applicant states she regrets this decision.
- B. Applicant recognizes alcohol has been a problem for her. Applicant expressed frustration at herself regarding these "bad decisions" that have her in the current situation. The AODA Assessor (Assessor) stated they spent time in the session discussing this as likely being more than "bad decisions."

- C. The Assessor stated “[Applicant] has a family history of problems with alcohol, had a high tolerance very early on in her drinking, has struggled to stay away from alcohol after having problems (after the first [OWI]), had very high [blood alcohol levels] for both of her [OWI]s, and has experienced significant legal consequences and therefore work consequences due to her drinking.” The Assessor also stated “[w]e discussed these pieces of information supporting an alcohol use disorder rather than just ‘bad decisions.’”
- D. The Assessor stated “[w]e discussed the long term need for abstinence as being the recommendation when one has an alcohol use disorder and the high likelihood that problems related to drinking will continue to come up if [Applicant] resumes drinking after restrictions are lifted. [Applicant] open to this.”
- E. The AODA assessment provided a Clinical Impression of Alcohol Use Disorder – Moderate – in Remission. The Assessor stated if Applicant abstains from alcohol use, she has a very good prognosis. The Assessor recommended Applicant:
  - i. continue to check in with a therapist monthly to continue to monitor Applicant’s progress, to build more understanding of addiction, and to encourage consideration of longer-term factors that may assist in an abstinence-based lifestyle, and
  - ii. regular attendance at self-help meetings.

5. The Board’s request for an AODA assessment also provided the Applicant an opportunity to provide the Board with an updated current use statement and more information about her recovery such as her date of sobriety, her sponsor or support system, her relapse prevention plan, whether she attends AA/NA or other support meetings, information about her treatment , and whether she currently attends therapy or counseling.

- A. Applicant completed her court ordered treatment September 2019. Applicant stated her sobriety date is April 1, 2019, but also admitted to having a glass of wine after her sobriety date at Thanksgiving 2019. Applicant’s relapse prevention plan is to return to Cornerstone if she relapses. Applicant did not return to Cornerstone after her relapse in Thanksgiving 2019. Applicant does not have a sponsor, does not currently see a counselor, and does not currently attend support meetings.

6. Applicant did not timely report her OWI 2<sup>nd</sup> conviction to the Board.

7. In resolution of this matter, Applicant consents to the entry of the following Conclusions of Law and Order.

### CONCLUSIONS OF LAW

1. The Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 441.07 and is authorized to enter the attached Stipulation pursuant to Wis. Stat. §§ 15.08(5)(c) and 227.44(5).

2. By the conduct described in the Findings of Fact, Applicant engaged in acts which show the Registered Nurse, to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs, or mental incompetency. As a result, pursuant to Wis. Stat. § 441.07(1g)(c), the Board may deny or limit a nursing credential.

3. Applicant engaged in unprofessional conduct by failing to report her conviction to the Board within forty-eight (48) hours of entry of the judgment of conviction as required by Wis. Stat. §§ 440.03(13)(am), 441.07(1g)(b) & (d), and Wis. Admin. Code § SPS 4.09(2) and § N 7.03(1)(h).

4. Pursuant to Wis. Stat. § 440.08(4), the Board may deny the Applicant's application for renewal of her Registered Nurse credential to protect the public health, safety, or welfare.

### ORDER

NOW, THEREFORE, IT IS ORDERED that Kristen Abramczyk's application to renew her REGISTERED NURSE CREDENTIAL (146084-30) is GRANTED subject to the following LIMITATIONS, TERMS AND CONDITIONS:

### CONDITIONS AND LIMITATIONS

#### Practice Limitations

- A.1. Applicant shall provide a copy of this Order, all previous Orders and any future Order to her employer's human resources department and direct supervisor at all settings where Applicant works as a Registered Nurse or care giver or provides health care, currently or in the future, during the duration of the limited license. Applicant shall provide the Department and Safety and Professional Services Monitor (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.
- A.2. It is Applicant's responsibility to arrange for written reports from her direct supervisor to be provided to the 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.
- A.3. Applicant shall not work in a home health care, hospice, pool nursing, assisted living, agency-setting, or as a nurse in a correctional setting.

- A.4. Applicant may work as provider in a setting in which Applicant has access to controlled substances. If Treater subsequently recommends restrictions on such access, the Board or its designee may impose such restrictions.
- A.5. Pursuant to Nurse Licensure Compact regulations, Applicant's nursing practice is limited to Wisconsin during the pendency of this Order.

#### Meetings

- A.6. Applicant shall attend Narcotics Anonymous meetings, Alcoholics Anonymous meetings, or other Board-approved equivalent program for recovering professionals, no less than twice per week. Applicant shall provide proof of attendance on a quarterly basis to the Department Monitor.

#### Mental Health Treatment Required

- A.7. Within thirty (30) days of the date of this Order, Applicant shall provide proof to the Department Monitor that Applicant is seeking mental health treatment with a mental health treatment provider (Treater), whose credential is in good standing, and approved by the Board. Applicant shall participate in, cooperate with, and follow all treatment recommended by Treater.
- A.8. Applicant shall immediately provide Treater with a copy of this Order and all other subsequent orders.
- A.9. Applicant's treatment shall include individual and/or group therapy sessions at a frequency to be determined by Treater, but not less than once a month. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification, including a recommendation from Treater expressly approving termination of therapy.
- A.10. Treater shall be responsible for coordinating Applicant's rehabilitation, alcohol/drug monitoring and treatment program as required under the term 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 Treater, Applicant shall immediately seek approval of a successor Treater by the Board or its designee.
- A.11. 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 the mental health treatment sessions, abstinence from all substances, and drug and alcohol testing. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

### Releases

- A.12. 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.

### 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 prescribing the controlled substance. Applicant shall, at the time the controlled substance is prescribed, 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, Treater and the Board or its designee. Copies of these releases shall immediately be filed with the Department Monitor. Applicant shall disclose the name and address of such practitioner to the Department Monitor within five (5) business days of receipt of a prescription for controlled substances.
- A.15. Applicant shall provide the Department Monitor with a list of over-the-counter medications and drugs that they may take from time to time. 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 or any products containing alcohol) which may mask consumption of controlled substances or of alcohol, create false positive screening results, or otherwise interfere with Applicant's test results, treatment or rehabilitation, unless ordered by a physician and approved by Treater, in which case the drug must be reported as described in paragraph A.16. It is Applicant's responsibility to educate himself or herself about the medications and substances which may violate this paragraph, and to avoid those medications and substances.
- A.16. 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 administration, fill, or refill of the medication(s) or drug(s), and shall identify the person(s) who prescribed, dispensed, administered, or ordered said medication(s) or drug(s). 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.

### Drug and Alcohol Screens

- A.17. Within 30 days of the date of this Order, Applicant shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the Department Monitor (Approved Program).
- A.18. At the time Applicant enrolled 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 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.19. The Approved Program shall require the testing of specimens at a frequency of not less than twenty-eight (28) times per year (one of which may be a hair test at the Board's discretion), for at least the first year of the Order. Thereafter the Board may adjust the frequency of testing on its own initiative at any time, and/or the Applicant may petition for a modification of the frequency per paragraph B.7. below.
- A.20. 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.21. 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.22. 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.
- A.23. The Approved Program shall submit information and reports to the Department Monitor as directed.



## 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  
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 online via DSPS's Monitoring Case management System, here: <https://dspsmonitoring.wi.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. 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.
- B.3. Applicant shall submit self-reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. The reports shall include a summary of Respondent's compliance with the terms and conditions of the Order in the previous quarter, Applicant's current address, and home telephone number.
- B.4. Applicant shall commit no new violations of law and shall report all law enforcement contacts leading to arrest, charge or conviction, including DWI/OWI and municipal/ordinance violations, to the Department Monitor within 48 hours of any such event, including any convictions resulting from pending charges.
- B.5. 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. This report shall be provided in addition to formal change of address notification pursuant to Wis. Stat. § 440.11.

### Change of Treater or Approved Program by Board

- B.6. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Applicant continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

- B.7. Applicant may petition the Board on an annual basis for modification of the terms of this Order, however, no petition for modification shall be considered sooner than 1 (one) year from the date of this Order. Any petition for modification shall be accompanied by a written recommendation from Applicant's Treater expressly supporting the specific modification(s) sought. 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.
- B.8. Applicant may petition the Board for termination of this Order after demonstrating two (2) consecutive years of continuous, successful compliance with the terms of the Order, including at least 600 hours of approved nursing practice each year. The Board may, on its own motion, grant full Wisconsin licensure at any time.

Costs of Compliance

- B.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. Being dropped from a program for non-payment is a violation of this Order.

Additional Discipline

- B.10. 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 provided proof, which is determined by the Board or its designee to be sufficient, that Applicant is in compliance 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.

Dated at Madison, Wisconsin this 12th day of November, 2020.

WISCONSIN BOARD OF NURSING

By:

 /CP  
A Member of the Board

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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

KRISTEN ABRAMCZYK, R.N.,  
APPLICANT.

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STIPULATION

**ORDER UUU7100**

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It is stipulated between Applicant and the Wisconsin Board of Nursing (Board) as follows:

1. Applicant filed an application to renew a Registered Nurse license.
2. Information received by the Board reflects a basis for denial of the renewal of licensure.
3. Based upon the information of record, the Board agrees to issue, and Applicant agrees to accept, an Order granting a renewal of the Registered Nurse license, 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 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.

9. Applicant is informed that the Order Granting Limited License is an encumbrance as defined by the Enhanced Nurse Licensure Compact (Compact) and Applicant's multistate license and/or privilege, if any, will be subject to all terms and conditions of the Compact.

  
Kristen Abramczyk, R.N.  
Milwaukee WI 53219  
License no. 146084-30

10/30/20  
Date

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A Member of the Board of Nursing  
Department of Safety and Professional Services  
P.O. Box 8935  
Madison, WI 53708-8935

\_\_\_\_\_  
Date

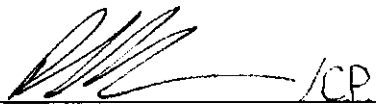
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Kristen Abramczyk, R.N.  
Milwaukee WI 53219  
License no. 146084-30

\_\_\_\_\_  
Date

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A Member of the Board of Nursing  
Department of Safety and Professional Services  
P.O. Box 8935  
Madison, WI 53708-8935

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11/12/2020  
Date