

## 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/wscga>

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STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF THE	:	ORDER IMPOSING
DISCIPLINARY PROCEEDINGS AGAINST	:	ADDITIONAL LIMITATIONS
	:	
ANGEL PARKINSON, L.P.N.,	:	ORDER 0000396
RESPONDENT.	:	

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TO: ANGEL PARKINSON, L.P.N.,  
MILWAUKEE WI 53218

On September 2, 2010, the Wisconsin Board of Nursing (“Board”) issued a Final Decision and Order (“Order”) limiting Respondent’s practical nursing license with certain terms and conditions including, but not limited to, completion of an assessment by an approved mental health provider experienced in evaluating health care practitioners’ fitness for duty. The Order further states that Respondent’s license shall be limited in a manner to address any concerns the Board has with the conduct set out in the Order’s findings of fact and to address any recommendations resulting from the assessment.

On January 12, 2023, the Board reviewed and accepted the report resulting from Respondent’s fitness for duty assessment. Based on the assessor’s recommendations, the following is entered:

ORDER

1. Respondent’s practical nursing license (#33770-31) is further LIMITED as follows:

**Treatment Required**

A.1. Within thirty (30) days from the date of the Order, Respondent shall enter into, and shall continue psychotherapy treatment addressing coping strategies and stress management with a treater acceptable to the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.

A.2. Respondent shall immediately provide Treater with a copy of this Order and all other subsequent orders.

A.3. Treater shall be responsible for coordinating Respondent'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 (See #2 below). If Treater is unable or unwilling to serve as required by this Order, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.

A.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater but not less than two (2) sessions per month. Therapy may end only with the approval of the Board or its designee, after receiving a petition for modification as required by D.5., below.

A.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in Psychotherapy treatment.

### **Practice Limitations**

A.6. Respondent shall practice only under the direct supervision of a licensed nurse or other licensed health care professional, approved by the Board or its designee, who has received a copy of this Order.

A.7. Respondent shall practice only in a work setting pre-approved by the Board or its designee. Requests for pre-approval 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 and any subsequent orders modifying this original Order have been received and that the restrictions will be accommodated.

A.8. Respondent shall provide a copy of this Order, and any subsequent order modifying this original Order, immediately to supervisory personnel at all settings where Respondent works as a nurse or care giver or provides health care, currently or in the future. Within fourteen (14) days from the date of this Order, including any subsequent order modifying this original Order, Respondent shall provide the Department Monitor with written acknowledgment from the employer that a copy of this Order, and any subsequent order modifying this original Order, have been received and that the restrictions will be accommodated.

A.9. It is Respondent's responsibility to arrange for quarterly written reports to be submitted to the Department Monitor from his or her supervisor at each setting in which Respondent practiced nursing in the previous quarter. These reports shall be submitted as directed by the Department Monitor, and shall assess Respondent's work performance, and shall include the number of hours of active nursing practice worked during that quarter. If a report indicates less than satisfactory performance, the Board may institute appropriate corrective limitations, or may revoke a stay of the suspension, in its discretion.

A.10. Respondent shall report to the Board any change of employment status, residence, mailing address, email address, or telephone number within five (5) days of the date of a change. This report shall not be considered formal change of address notification pursuant to Wis. Stat. § 440.11.

**Petitions for Modification of Limitations or Termination of Order**

A.11. Respondent may petition the Board on an annual basis for modification of the terms of this Order; however, no such petition for modification shall occur earlier than two (2) years from the date of the Order. Any petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications 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 Respondent shall not have a right to any further hearings or proceedings on the denial.

A.12. Respondent may petition the Board for termination of this Order after demonstrating three (3) years of successful compliance with all terms. The Board may, on its own motion, grant a full Wisconsin license at any time.

2. Any requests, petitions, reports and other information required by all orders 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  
Fax (608) 266-2264  
DSPSMonitoring@wisconsin.gov

- 3. All terms and conditions of the Order remain in full force and effect.
- 4. This order is effective the date of its signing.

WISCONSIN BOARD OF NURSING

By: Robert Weinman (by JRW)  
A Member of the Board

January 20, 2023  
Date