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The Washington Nursing Commission News circulation includes over 100,000 licensed nurses and student nurses in Washington.
Message from the Chair
Tracy Rude, LPN
Chair, Nursing Care Quality Assurance Commission

There are no changes this year in leadership of the commission. In May, I ran unopposed for the chair position. Mary Baroni and Lois Hoell were both re-elected as vice chair and secretary-treasurer, respectively. I am looking forward to beginning another year together.

We are working with advanced registered nurse practitioners on the Health Care Authority’s interpretation of the Centers for Medicare and Medicaid Services (CMS) rule requiring a physician’s signature for advanced registered nurse practitioners, certified nurse midwives, and physician assistants ordering durable and non-durable medical equipment for home health clients. Necessary items for delivery of medication such as insulin syringes and glucometers are exempt from this rule. Washington state advanced registered nurse practitioners have full scope of practice. This has become an issue requiring work with stakeholders, federal regulators, and legislators to resolve as quickly as possible.

We are also continuing our nursing assistant work. There is a proviso in the final state budget for this activity. We are looking at curriculum, training, testing, the competency exam, and NCQAC’s authority for licensing and discipline. We are also working on legislation to move nursing assistant regulation under NCQAC.

Another topic of broad stakeholder discussion is the idea of apprenticeship in nursing education. The Washington Center for Nursing is organizing meetings to discuss this issue. Paula Meyer, Mary Baroni, Lois Hoell, and I will represent the commission at the meetings.

I am happy to report, due to the diligence from our budget secretary, Kathy Anderson, we have been able to secure our full spending authority to hire additional disciplinary staff members. The increase in complaints and investigations has driven this need to secure more staff members to address the increased workload. There will not be a fee increase with this activity. The NCQAC funding has been available; we just needed permission from Governor Inslee to spend it. I do commend staff members for stepping up and doing the extra work required to provide public protection while we went through the approval process.

We have a couple of vacancies in the commission. Our public member, Renee Ruiz, moved out of state and our community college representative, Gerianne Babbo, resigned from her position on the commission to join NCQAC as a staff member in the education unit. Mindy Schaffner retired from NCQAC as the associate director of education. I am hopeful the position can be filled by the time this newsletter reaches you.
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WASHINGTON NURSING COMMISSION NEWS 5
The 2018 Legislature required the Nursing Care Quality Assurance Commission (NCQAC) to submit a report on the staffing crisis in long-term care. The “Long-Term Care Workforce Development Report to Governor Inslee and the Legislature,” completed in December 2018, included recommendations to improve the staffing numbers at all levels of nursing. The 2019 Legislature provided funding for the NCQAC to continue this work through the biennium, requiring an interim and final report on progress and outcomes achieved. The Steering Workgroup that developed the 2018 report included:

- Senator Steve Conway and Representative Eileen Cody
- Adult Family Home Council of Washington (AFHC)
- American Indian Health Commission for Washington State (AIHC)
- Department of Social and Health Services (DSHS)
- Department of Health (DOH)
- Nursing Care Quality Assurance Commission (NCQAC)
- Service Employees International Union (SEIU 775)
- Washington Apprenticeship and Training Council (Department of Labor and Industries)
- Washington State Board of Community and Technical Colleges (SBCTC)
- Washington State Long-Term Care Ombuds
- Washington State Nurses Association (WSNA)
- Washington Health Care Association (WHCA)

Report recommendations included changing the curriculum for the certified nursing assistant program. The NCQAC worked with the Department of Health and the Department of Social and Health Services (DSHS) to improve the curriculum to address the needs of long-term care residents. The group recognized the need to integrate components into the basic requirements currently offered as additional or specialty classes required in community-based care settings. These classes address care of people with mental health issues, dementia, and developmental disabilities. The group also recognized the differences in certified nursing assistant scope of practice across the health care system. Nurse delegation in community-based care settings allows a registered nurse to delegate certified nursing assistants to provide insulin injections after completing specialized education and training. In nursing homes, certified nursing assistants may not provide insulin injections, but may administer other medications after completing a course and passing a medication assistant certification examination. In hospitals, certified nursing assistants may not perform insulin injections nor administer medications. This difference in the scope of certified nursing assistant work is confusing for patients, nurses and nursing assistants. The Long-Term Care Workforce Development Workgroup supported changes in legislation addressing the scope of certified nursing assistants’ work across the health care system.

The Long-Term Care Workgroup also explored the number of licensed practical nurses (LPNs). Members frequently expressed concerns with the decrease in our state. In the past five years, the number of newly licensed LPNs each year decreased 14 percent. According to NCQAC annual education reports, fewer people are entering LPN programs and most people entering the LPN programs are there...
because they were not able to enter highly competitive registered nurse (RN) programs. The number of LPNs in Washington state is decreasing as demand simultaneously increases with the growth of the aging population. The Long-Term Care Workgroup also found the demand for RNs increasing. The Legislature recently required 24/7 RN coverage at all skilled nursing facilities. DSHS grants waivers to skilled nursing facilities for up to two years when they cannot meet this requirement. Waiver expirations are rapidly approaching. No extension is available for these facilities. Recruiting and retaining RNs in long-term care challenges the skilled nursing facilities. Finding data supporting decisions for the Long-Term Care Workgroup became challenging. The state provides population data as a predictor for long-term care needs. There is no standardization for vacancy rates at skilled nursing facilities or for collecting data from assisted living facilities and adult family homes. Therefore, collecting meaningful vacancy rates to determine the demand for nursing assistants, LPNs and RNs, was not reliable across the health care system.

The Long-Term Care Workgroup continues to meet, and to develop detailed plans to address the workforce demands and scope of practice concerns. The NCQAC, working with the DOH, will submit the interim and final reports. Once completed, the NCQAC posts the reports on its homepage at https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.

1 https://www.doh.wa.gov/Portals/1/Documents/6000/669402.pdf

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Doesn’t it feel good to check something off of your to do list?

Well on April 5th, our agency had the opportunity to officially mark Tobacco and Vape 21 off of our policy to do list. I personally felt a huge sense of pride and gratitude for our partners and program staff in accomplishing this goal that we have been working towards for over five years. With the legislature passing Tobacco and Vape 21 and Governor Inslee signing it into law, the age of tobacco and vapor product sales will raise from the age of 18 to 21.

As nurses, you already have a major role in screening for tobacco use and encouraging cessation treatment. As a trusted health care provider, you have the opportunity to inspire behavior change in those who are currently using tobacco and vape products.

Why is it necessary to raise the age of purchase?

Yes it’s true that fewer young people are smoking cigarettes, but they are increasingly using e-cigarettes (or vapor products), like JUUL. In fact, one in three high school seniors currently uses tobacco or vapor products compared to 2002 when use was one in four. The tobacco industry excels at creating vapor product flavorings, innovative packaging, and marketing to youth! Many do not know that vapor products contain nicotine and have health risks.

Developing brains are more susceptible to nicotine addiction. The younger someone is when he or she starts using nicotine, the easier it is to become addicted and the harder it is to quit. We also know that most 15 to 17 year olds get their cigarettes and vapor products from their friends, older siblings, and coworkers, those who are between the ages of 18 and 21 years old. Raising the age of purchase to 21 cuts off these social sources. The Institute of Medicine found that, compared to age 19, raising the age of purchase to 21 is four times more effective in reducing overall tobacco use.

This law is an important step in preventing youth tobacco use and nicotine addiction.

So, now that the bill has passed, what’s next?

The new law goes into effect on January 1, 2020. New signs will be posted at retailers of tobacco and vapor products and retailers will get education on the new law and their role in equitable enforcement of purchase and possession laws for youth.

As funding permits, we will also be collaborating with partners on educating communities about Tobacco and Vape 21 and promoting the Washington State Tobacco Quitline (1-800-QUIT-NOW) and 2Morrow Health smartphone app (www.doh.wa.gov/quit) for 18- to 20-year-olds. For now, I encourage you to review the tobacco cessation tools for healthcare providers on the Department of Health website.

Schools are in a uniquely powerful position to play a major role in reducing the use of tobacco and vapor products by youth. With that in mind, our partners will be working with schools to strengthen tobacco and vapor product policies, and provide education, resources, and curricula for schools.

If you’d like more information on our agency’s work on tobacco and vape product prevention, you can visit our website at www.doh.wa.gov/youandyourfamily/tobacco.
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2019 Legislative Report

By Paula R. Meyer, MSN, RN, FRE
Executive Director, Nursing Care Quality Assurance Commission

The 2019 legislative session was an exciting year for the Nursing Commission and for nurses working in Washington State. Several bills passed the House and Senate, making their way to Governor Inslee’s desk for signature before the May cutoff date.

Engrossed Substitute House Bill 1094 relating to establishing compassionate care renewals for medical marijuana qualifying patients. This law allows providers, including ARNPs, to exempt qualifying patients from an in-person examination for renewal of their medical marijuana authorization and registration. Following an in-person examination, the provider may determine that in-person renewal would likely result in a severe hardship for the patient, and may complete subsequent physical examinations remotely. This new law takes effect July 28, 2019.

Substitute House Bill 1155 concerning meal and rest breaks, and mandatory overtime for certain health care employees. This bill passed on May 8, 2019, and requires hospitals to provide uninterrupted meal and rest breaks for licensed practical nurses, registered nurses, surgical technologists, diagnostic radiologic technologists, cardiovascular invasive specialists, respiratory care practitioners, and certified nursing assistants. The law also prohibits employers from requiring mandatory overtime, and from retaliating against employees refusing to work overtime. The effective date is January 1, 2020.

House Bill 1432 relating to hospital privileges for advanced registered nurse practitioners and physician assistants. Persistence was key with this bill. After three years of letters, emails, and testimony, ARNPs United of Washington State was successful in this bill becoming law. The law becomes effective July 28, 2019, and requires hospitals to hire and privilege ARNPs and PAs the same as physicians.

Engrossed Second Substitute House Bill 2158 creating a workforce education investment to train Washington students for Washington jobs. This bill passed on May 21, 2019, and establishes the Washington College Grant Program, the Workforce Education Investment Accountability and Oversight Board, and the Workforce Education Investment Account. In addition, section 5(5) of the law appropriates $40.8 million from the Workforce Education Investment Account to increase nurse educator salaries.

Substitute Senate Bill 5380 concerning opioid use disorder treatment, prevention, and related services. This was governor-requested legislation. It requires state agencies to increase evidence-based opioid use disorder treatment services, strengthen community partnerships, and expand use of the state Prescription Monitoring Program. Language in the law also requires prescribing boards and commissions, including the Nursing Commission, to amend or adopt rules requiring opioid prescribers to inform patients of their right to refuse an opioid prescription and the requirement for prescribers to document any patient refusal of opioids. The Nursing Commission must adopt the new ARNP requirement for patient notification by January 1, 2020. In anticipation of this rapid timeline, the Nursing Commission plans to open two separate rule packages this summer:

1. Expedited rulemaking (CR-105) to implement only section 10 directly from the new requirement in law.
2. Standard rulemaking (CR-101) to continue broad discussion with stakeholders surrounding the ARNP opioid prescribing rules.

Engrossed Substitute House Bill 1109 making 2019-2021 biennium operating appropriations. The state’s operating budget passed on May 21, 2019, and funding was included for the NCQAC decision package to address increased nursing complaints. Please note, this increase in funding does not affect nurse licensing fees. Additionally, funding was included for the NCQAC to continue the long-term care
workforce development workgroup that convened in 2018. The NCQAC is required to submit a report of the workgroup’s findings and recommendations to the governor and Legislature by November 15, 2019, and November 15, 2020.6

1 https://app.leg.wa.gov/billsummary?BillNumber=1094&Initiative=false&Year=2019
2 https://app.leg.wa.gov/billsummary?BillNumber=1155&Initiative=false&Year=2019
3 https://app.leg.wa.gov/billsummary?BillNumber=1432&Initiative=false&Year=2019
4 https://app.leg.wa.gov/billsummary?BillNumber=2158&Initiative=false&Year=2019
5 https://app.leg.wa.gov/billsummary?BillNumber=5380&Initiative=false&Year=2019
6 https://app.leg.wa.gov/billsummary?BillNumber=1109&Initiative=false&Year=2019
Mark your calendar for our second Washington State Immunization Summit! The goal of the summit is to enhance the effectiveness of health care professionals and systems statewide to promote and deliver immunizations.

Topics will include the measles outbreak, vaccination schedule updates, addressing vaccine safety, vaccine hesitancy communication and the Washington State Immunization Information System.

Various forms of Continuing Education credits will be offered and scholarship opportunities will be available.

Hosted by WithinReach with support from the Washington State Department of Health, through a grant offered by the Group Health Foundation.

For registration details and more information:
https://waimmzsummit.eventbrite.com

SAVE THE DATE
OCTOBER 8, 2019
Washington State Immunization Summit
Lynnwood Convention Center

We invite all participants in the Washington State Immunization Summit to help us create a safe, positive experience for everyone. Disruptive behavior will not be tolerated and those who violate these rules will result in forfeited registration and be expelled from the event at the sole discretion of WithinReach.

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Opioid Use Disorder – Medication Assisted Treatment: Nurse Care Managers and Scope of Practice

At the May 10, 2019, Nursing Care Quality Assurance Commission (NCQAC) business meeting, the Nursing Care Quality Assurance Commission determined it is within the scope of practice of an appropriately prepared and competent registered nurse care manager to follow approved standing orders for patients receiving medication assisted treatment (MAT) for opioid use disorder such as buprenorphine, methadone, and naltrexone. The commission made the decision based on several documents it had previously approved, including the following:

- Prevention and Treatment of Opioid-Related Overdoses
- Public Health Nurses: Dispensing Medications/Devices for Prophylactic and Therapeutic Treatment of Communicable Diseases and Reproductive Health
- Registered Nurse and Licensed Practical Nurse Scope of Practice
- Standing Orders and Verbal Orders

Federal law requires Drug Enforcement Administration registration to prescribe controlled substances. A unique regulatory regime applies to methadone and buprenorphine when they are used to treat opioid dependence. When methadone is used to treat opioid dependence, it must be dispensed by a federally certified Substance Abuse and Mental Health Services Administration (SAMHSA) opioid treatment center (OTP) through the U.S. Department of Health and Human Services. The OTP must be licensed by the state and have a DEA registration. The prescriber must also have the federal buprenorphine waiver through SAMHSA to prescribe buprenorphine.

Washington state laws and regulations do not prohibit a registered nurse from performing the initial assessment following standing orders to begin MAT for opioid use disorder. However, the DEA interprets that it is not within the scope of the RN to perform the initial assessment following standing orders. The Ryan Haight Act of 2008 requires an in-person medical evaluation by a qualified practitioner before prescribing medications for MAT. The act currently allows for controlled substance prescriptions via telehealth only in certain circumstances:

- The patient is being presented in a DEA-registered hospital or clinic.
- In a non-DEA registered facility or by a provider where patients might seek access to a remote provider. An example is a patient who is seen by an advanced registered nurse practitioner (ARNP) who does not have the buprenorphine waiver. The ARNP may perform the initial evaluation required, and a qualified remote provider may prescribe the buprenorphine via telehealth.


Substance Abuse and Mental Health Services Administration – Medication Assisted Treatment: https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines

1 https://www.doh.wa.gov/Portals/1/Documents/6000/NCAO8.pdf
Scope of Practice Decision Tree
Identify, describe, or clarify the activity, intervention, or role under consideration

- Is the activity, intervention, or role prohibited by Washington state nursing laws and rules/regulations or any other applicable laws, rules/regulations, or accreditation standards or professional nursing scope and standards? **YES** STOP

- Is performing the activity, intervention, or role consistent with evidence-based nursing and health care literature? **NO** STOP

- Are there practice setting policies and procedures in place to support performing the activity, intervention, or role? **YES**

- Has the nurse completed the necessary education to safely perform the activity, intervention or role? **NO** STOP

- Is there documented evidence of the nurse's current competence (knowledge, skills, abilities, and judgements) to safely perform the activity, intervention, or role? **YES**

- Does the nurse have the appropriate resources to perform the activity, intervention, or role in the practice setting? **NO** STOP

- Would a reasonable and prudent nurse perform the activity, intervention, or role in the setting? **YES**

- Is the nurse prepared to accept accountability for the activity, intervention, or role and for the related outcomes? **NO** STOP

**The nurse may perform the activity, intervention, or role to acceptable and prevailing standards of safe nursing care.**


Contact Us: NursingPracticeConsultation.ncqac@doh.wa.gov or 360-236-4725

DOH 669-305 March 3, 2017
The Nursing Care Quality Assurance Commission (Commission) is excited to announce the Washington State Nursing Jurisprudence Module developed in partnership with the National Council of State Boards of Nursing (NCSBN)!

Course information
The Nurse Practice Act - Washington v1.0 course examines the laws and rules for nursing practice that govern nursing licensure. The course may be of interest to recent nurse graduates or any nurse who wants to satisfy continuing education requirements while learning about nursing laws and regulations.

Course objectives:
• State the purpose of the Washington state nursing laws and regulations.
• Discuss the role of the Nursing Commission.
• Understand what constitutes grounds for discipline.
• Describe Commission resources for impaired practitioners.
• Understand and apply the scope of practice decision tree in your practice setting.

This is an online self-study course. The cost is $15 and registration with NCSBN is required. You will receive 2.0 hours of continuing education upon successful completion. See the Nurse Practice Act - Washington v1.0 course webpage to get started.

For questions, email Margaret.Holm@doh.wa.gov or Shana.Johnny@doh.wa.gov.

UPCOMING COMMISSION MEETINGS

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<td>September 13, 2019</td>
<td>Business Meeting</td>
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<tr>
<td>November 8, 2019</td>
<td>Business Meeting</td>
<td>SeaTac/Kent, WA</td>
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Sonequa Martin-Green, SU2C Ambassador

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Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501(c)(3) charitable organization.
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The following is a list of stipulations to informal disposition taken between November 1, 2018, and May 31, 2019. For more information, please see Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) or contact Customer Service at (360) 236-4703.

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<td>Negligence</td>
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<tr>
<td>Lindberg, Sha'Lee K., RN</td>
<td>02/13/19</td>
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<td>Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Koch, Grace A., RN</td>
<td>02/21/19</td>
<td>Probation</td>
<td>License disciplinary action taken by a federal, state or local licensing authority</td>
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<tr>
<td>Herrdon, Charles, RN</td>
<td>03/28/19</td>
<td>Probation</td>
<td>Alcohol and other substance abuse; License suspension by a federal, state or local licensing authority</td>
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<tr>
<td>Spring, Roxanne G., RN, ARNP</td>
<td>03/29/19</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Bullard, Paul G., RN</td>
<td>04/04/19</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Nora, Patricia G., RN, ARNP</td>
<td>04/12/19</td>
<td>Conditions</td>
<td>Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Dworsky, Baila, RN</td>
<td>04/18/19</td>
<td>Conditions</td>
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<tr>
<td>Layton, Charles, RN</td>
<td>04/26/19</td>
<td>Probation</td>
<td>Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Gomez, Maria Cristina L., LPN</td>
<td>04/30/19</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Delphy, Michele R., RN</td>
<td>05/01/19</td>
<td>Probation</td>
<td>Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Sage, Diana M., RN</td>
<td>05/09/19</td>
<td>Conditions</td>
<td>Criminal conviction; Diversion of controlled substance</td>
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<tr>
<td>Holmes, Debra M., RN</td>
<td>05/16/19</td>
<td>Probation</td>
<td>License suspension by a federal, state or local licensing authority</td>
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<tr>
<td>Wigginton, LD, RN</td>
<td>05/23/19</td>
<td>Probation</td>
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The following is a list of formal licensure actions taken between November 1, 2018, and May 31, 2019. For more information, please see Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) or contact Customer Service at (360) 236-4703.

<table>
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<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Formal Action</th>
<th>Violation</th>
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<tbody>
<tr>
<td>Smith, David A., RN</td>
<td>11/05/18</td>
<td>Reinstatement</td>
<td>Alcohol and other substance abuse; practicing beyond the scope of practice; violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Billups, Jill D., RN</td>
<td>11/05/18</td>
<td>Suspension</td>
<td>Diversion of controlled substance; violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Yearwood, David S., LPN</td>
<td>11/06/18</td>
<td>Suspension</td>
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<tr>
<td>Bellett, Dennis M., RN</td>
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<td>Probation</td>
<td>Failure to meet initial requirements of a license; license suspension by a federal, state or local licensing authority</td>
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<tr>
<td>Prajner, Barbara M., RN</td>
<td>11/09/18</td>
<td>Probation</td>
<td>Failure to meet initial requirements of a license; unable to practice safely by reason of physical illness or impairment</td>
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<tr>
<td>Moyer, Caroline D., LPN</td>
<td>11/14/18</td>
<td>Conditions</td>
<td>Diversion of controlled substance; narcotics violation; violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Willits, Kathryn A., ARNP</td>
<td>11/19/18</td>
<td>Suspension</td>
<td>Sexual misconduct; violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Hinsdale, Mindy L., RN</td>
<td>11/19/18</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Meteer, Elizabeth D., RN</td>
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<td>Jones, Thomas L., Jr, RN</td>
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<td>Conditions</td>
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<td>Fajmon, Cynthia D., RN</td>
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<td>Suspension</td>
<td>Alcohol and other substance abuse; marijuana and other substance abuse; violation of federal or state statutes, regulations or rules</td>
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<td>Licensee</td>
<td>Date of Action</td>
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<td>Violation</td>
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<td>Hirst, Samuel J., RN (RN00153006)</td>
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<td>Reinstatement</td>
<td>Alcohol and other substance abuse; diversion of controlled substance; fraud – unspecified; violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Ainsley, Patricia A., RN (RN00098894)</td>
<td>11/21/18</td>
<td>Reinstatement</td>
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<tr>
<td>Dumon, Andrea L., RN (RN60695786)</td>
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<td>Conditions</td>
<td>License disciplinary action taken by a federal, state or local licensing authority</td>
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<td>Porter, Chris L., RN, ARNP (RN00148053, AP30006421)</td>
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<td>Sontag, Abigail L., RN (RN60265120)</td>
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<td>Suspension</td>
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<td>Chapman, Barbara A., RN (RN60561206)</td>
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<td>Elkin, Patricia J., RN (RN00121327)</td>
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<td>Asor, Deborah M., RN (RN00125941)</td>
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<td>Bruner, Amy J., RN (RN60689362)</td>
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<td>Rohwasser, Deborah K., RN (RN60672285)</td>
<td>01/09/19</td>
<td>Suspension</td>
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<td>Koblinski, Tracy A., RN (RN60404146)</td>
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<td>Roubidoux, Mark M., RN, ARNP (RN00055168, AP30000765)</td>
<td>01/22/19</td>
<td>Suspension</td>
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<td>Archibald, Adam B., RN, ARNP (RN60171804, AP60180766)</td>
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<td>Revocation</td>
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<td>Noone, LeAnn C., RN (RN60020868)</td>
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<td>Reinstatement</td>
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<td>Martan, Jerri A., RN (RN00111689)</td>
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<td>Paulus, Victoria D., RN, ARNP (RN000115203, AP30004268)</td>
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<td>Ferrer, Michelle L., RN (RN60919011)</td>
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<td>Bushfield, Kathryn G., RN, ARNP (RN00099117, AP30000433)</td>
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<td>Bolt, Kristine L., RN (RN60391017)</td>
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<td>Perez, Larendra G., LPN (LP00046891)</td>
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<td>Neihart, Rosalie K., LPN (LP60308937)</td>
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<td>Robins, Sarah E., RN (RN00176672)</td>
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<td>Benkarski, Karen M., RN (RN60170070)</td>
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<td>Draper, Tamson K., RN (RN60525036)</td>
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<td>Morgan, Deborah A., RN (RN00121343)</td>
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<td>Conditions</td>
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<td>Grainger, Andrea R., RN (RN60183249)</td>
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<td>O’Connor, Kim M., LPN (LP00055499)</td>
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<td>Suspension</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Failure to cooperate with the disciplining authority</td>
</tr>
</tbody>
</table>
Fact:
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