



BOARD *of* NURSING MISSISSIPPI

vol.1 ■ no.3 ■ apr. 2009

AN EXCLUSION
to the Duty to Report

**LPNs and
ASSESSMENTS**



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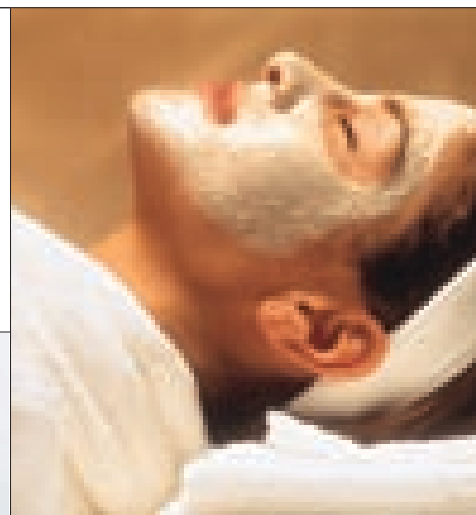
Nancy Herrin, *Editor*

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MISSION...

The mission of the Mississippi Board of Nursing is to protect the public through the process of licensure and regulation of nursing.



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LETTER from the EXECUTIVE DIRECTOR

MELINDA RUSH, DSN, FNP



"THE FUTURE BELONGS TO THOSE WHO PREPARE FOR IT"

A quote from Ralph Waldo Emerson, "*the future belongs to those who prepare for it*," has apparently become the motto for the Mississippi Board of Nursing. We have been very busy preparing and planning for the future with new projects, new programs and additional staff.

Online renewal was offered once again for those of you registered nurses and advanced practice registered nurses who recently renewed. The renewal process went as planned with 85 percent renewing online. A total of 36,548 registered nurses renewed, and 2,024 advanced practice registered nurses were certified as of January.

The Board was pleased with the first online renewal for the advanced practice registered nurse certification process, but we are planning revisions to the system to further streamline this process. The Board is also considering suggestions for changing the time for renewal. We are looking at **the possibility** of moving the renewal period to March, April, and May. This would eliminate the interference of three holidays within the renewal period - Thanksgiving, Christmas and New Years. As you all know, the stress and chaos of the holiday season already brings pressure to our lives, and the addition of licensure fees and deadlines only adds to the stress; therefore, moving the renewal period to a less hectic time of the year would facilitate a more positive outcome!

Looking into the future, the Board is planning for a paperless license system. This movement is being driven by identity theft, fraud and imposterism, employer ability to rely upon online licensure as primary source verification,

The Board of Nursing is growing as the demands of the nursing population grow.



and the reduction of costs and errors associated with printed wallet cards. Some boards of nursing who have gone paperless over the last few years are Texas, Maryland, Maine, New Hampshire, New Mexico and Ohio. As of January 2009, our online verification was expanded to allow nurses and employers to view license expiration dates and original issue dates for nurses. This will assist nurses and

employers in a paperless license system. We will research and adequately prepare you, the health care community and all related entities before we take action and follow through with this endeavor.

Our first certified hemodialysis technicians (CHTs) took the certification examination and received certification from the Board of Nursing in February 2009. Due to the state wide efforts for education and national certification by the dialysis technicians and their employers, hemodialysis technicians will become certified and then Board-approved for cannulation during 2009. These efforts are a result of legislation passed in the 2006 Mississippi legislative session (Mississippi Nursing Practice Law § 73-15-101) and a 2010 requirement by the Centers for Medicare and Medicaid Services (CMS) that all hemodialysis technicians be certified.

The Board of Nursing is growing as the demands of the nursing population grow. During 2008, we responded to approximately 3,000 requests regarding practice; conducted 125 hearings; disciplined 379 nurses; monitored 336 nurses in the recovering nurse program; completed 1,222 investigations; and in addition to renewing over 36,000 registered nurses, issued licensure to 2,683 nurses by examination, 957 by endorsement and 703 by reinstatement. Are we busy? Yes, we are. Part of our growth includes plans to move our office into a new location on November 1, 2009. I will give you more information as the time draws near. The staff and the Board members are very excited in anticipation of the move.

We will keep you updated on the progress of new projects and programs.

ANN RICKS, RN, BSN

DIRECTOR of INVESTIGATIONS



LPNs and ASSESSMENTS

The investigative division of the Board of Nursing frequently receives reports in the form of complaints that a LPN did not complete her *assessment* of wounds, skin and other bodily functions. Those persons making these allegations known to the Board are doing so with the best of intentions however misinformed. Once we receive these allegations, it provides the Board staff with an opportunity to educate those persons reporting the event. It is outside the scope of practice of a LPN to perform assessments.

concise to demonstrate what was recorded by each individual.

Once the initial assessment has been performed by the RN, observation and recording of the patient's ongoing status may be delegated to the appropriately prepared LPN. Prior to delegation and on an on-going basis, there must be documented evidence of the LPN's educational preparedness and

As stated in the Chapter III of the Mississippi Board of Nursing Rules and Regulations pursuant to the Mississippi Nursing Practice Law, "The RN shall be held accountable for the quality of nursing care given to patients." Section 73-15-5 (2) of the Mississippi Nursing Practice Law defines the practice of a RN to include the

It should be noted that the RN remains responsible for the clinical nursing record which reflects the patient's nursing care and progress and is accountable for communicating the patient's response to nursing interventions to other members of the health care team.



duty of assessment of patients based on the substantial knowledge obtained through the RNs educational preparedness. According to these stipulations, the RN is responsible and accountable for the assessment of patient's systems and the synthesis of the information obtained through such assessments. Information gleaned through the

assessments will provide the RN with the necessary components to prepare a nursing diagnosis, plan of care and objectives to meet the patient's needs. The LPN may assist the RN with collecting and recording data for the assessment. Information collected and recorded by the RN and LPN should be documented in such a manner that is clear and

competence. It should be noted that the RN remains responsible for the clinical nursing record which reflects the patient's nursing care and progress. Furthermore, the RN is responsible and accountable for communicating the patient's response to nursing interventions to other members of the health care team.



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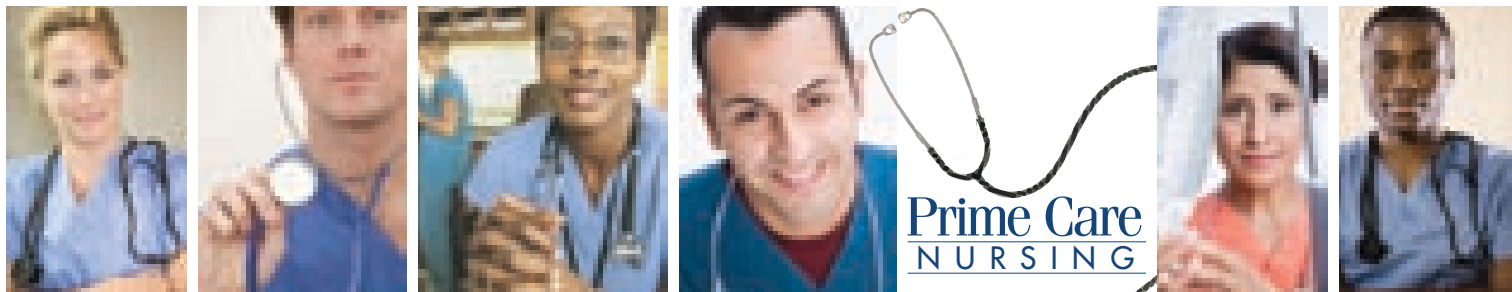
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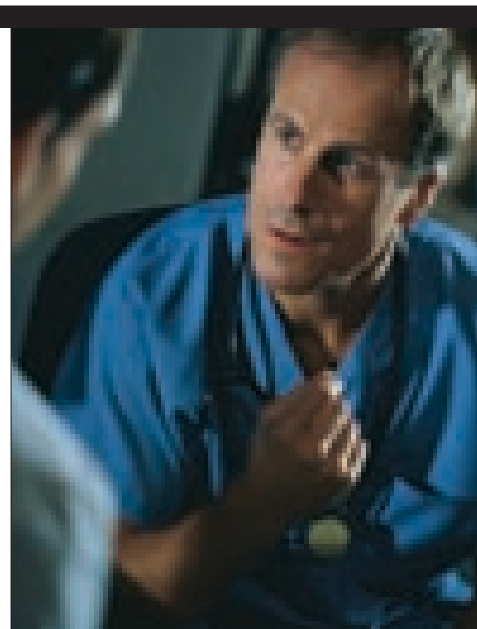
DIRECTOR of DISCIPLINARY DIVISION



Restoration Hearings

Not all matters that come before the hearing panel are punitive in nature. In fact, an estimated two percent (2%) of cases brought to hearing are brought upon application by the nurse requesting his or her license be restored. Restoration hearings are separate and distinct from the average disciplinary matter brought before the hearing panel. A nurse applicant who has requested a restoration hearing must follow certain processes and meet Board approved criteria before presenting his or her case to the Board panel.

compelling evidence to the Board that his or her license/privilege should be restored given the misconduct that resulted in the loss of the license/privilege. The most fundamental difference in a restoration hearing versus other disciplinary matters is the burden of proof. The **applicant**, not the state, bears the burden of proof. The applicant must show by clear and convincing evidence



The first requirement in the restoration process is particular to the time by which a nurse applicant can request restoration. The law mandates that a “revoked or suspended license may be reissued after one (1) year, at the discretion of the hearing panel. A revoked or suspended privilege to practice may be reinstated after one (1) year, at the discretion of the hearing panel” (MISS. CODE ANN. § 73-15-31(7) (1972, as amended)). Thus, should a nurse voluntary sur-

render a license or should the nurse’s license be revoked as a result of a Board hearing, a nurse can apply to have the license restored either one year from the date of the hearing or when a consent agreement has been ratified by the full Board. Typically, a nurse wanting the license restored will submit a written request for a restoration packet.

Memorandum within the restoration packet states the Board will restore a license/privilege only if the applicant can present

why the nursing license should be restored. The Board panel considers all evidence and testimony presented in light of that burden. Consequently, the Board panel does not restore a license to every nurse applicant. The denial of an application to renew an existing license shall be treated in all respects as a revocation. (MISS. CODE ANN. § 73-15-31(7) (1972, as amended)).

Many of the applicants who come before the hearing panel have lost their license due

to drug and/or alcohol related offenses. The **application** provides that at least one (1) year immediately prior to the restoration hearing, documented sobriety must be submitted. Evidence of documented sobriety includes but is not limited to the following:

1. Verification of attendance of AA/NA meetings, or some other Board-approved twelve step program, a minimum of three (3) per week sent to the Board in writing monthly.
2. Copies of random urine and blood screens.
3. Copies of any and all prescriptions for medications when prescribed, including previous and current prescriptions.
4. Evaluation for chemical dependency by an agency approved by the Board and to follow all recommendations, if any.

The Mississippi Board of Nursing contracts with a Board-approved company to facilitate random urine and blood screens. Information related to participation is included in the restoration packet.

Should a nurse voluntarily surrender a license or should the nurse's license be revoked as a result of a Board hearing, a nurse can apply to have the license restored either one year from the date of the hearing or when a consent agreement has been ratified by the full Board.

The Board panel, when determining whether or not to restore a license, may also consider such other following factors: applicant's fitness to practice safely, efforts of rehabilitation, remorse, continuing education and whether reissuance would present any undue risk to the public.

The process of restoration should not be confused with reinstatement of licenses. Reinstatement of licenses pertains to licenses that have lapsed, have been on inactive status, etc. The restoration process involves a license that has been revoked or voluntarily surrendered by the nurse.

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LINDA SULLIVAN, DSN, FNP-BC, PNP-BC

DIRECTOR of ADVANCED PRACTICE



LOOKING GOOD: The Role of the APRN in the Aesthetic Clinic

It used to be that when you wanted to look good, you went to the beauty parlor, and when you needed a check-up, you went to the clinic. But now, with more advanced practice registered nurses (APRNs) becoming involved in the practice of medical aesthetics, it may be possible to enjoy a one stop shopping approach to looking good. As the baby boomers, who hold about 75 percent of the nations wealth and number approximately 79 million, continue to age, *refreshing* one's appearance becomes a goal which in today's society is more affordable and acceptable.

situation where the public needs to beware. For the APRN considering this avenue of care, they must first be adequately trained in the myriad of procedures that are associated with aesthetic medicine in order to receive a Board-approved protocol.

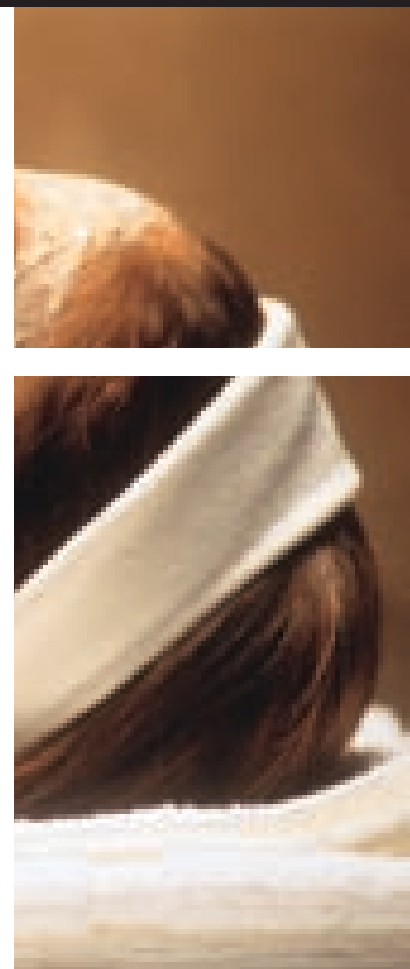
One important factor for the APRN practicing in Mississippi is being knowledgeable about what services are permitted within their scope of practice. Currently, the rules are different from state to state, and while in

Aesthetic medicine is generally thought of as that branch of medicine that is relatively new and deals with all the problems of aging, utilizing knowledge in dermatology, cosmetology, endocrinology and phlebectomy as well as other specific areas such as laser or hair transplantation and removal. Initially, plastic surgeons and dermatologist cornered this market, but now, due to shrinking reimbursement levels, a plethora of other health care providers have begun to provide these same services. Because this is a field that is expanding exponentially, and one in which the competition is especially fierce, it is important for providers to be competent, reasonable in their rates and have done the appropriate research to make this practice a desirable one for patients to come to.

Currently, nationwide, three percent of all APRN owned practices focus on aesthetics. Each day, a new spa or health care facility specializing in the care of the skin is opened, and the question that each patient needs to know is, "Do they know what they are doing?" While some of these providers are well qualified, others may not be - so it is a



Chemical peels and microdermabrasion are commonly used to treat acne, melasma, rosacea and fine lines, and the procedures are safe and fairly inexpensive.





the most common solutions used in sclerotherapy, and the most common side effect is a temporary pigment change in the area. In many states, the APRN may use laser therapy to treat spider veins and telangiectasias, but this too is not allowed.

For the APRN considering this avenue of care, they must first be adequately trained in the myriad procedures that are associated with aesthetic medicine in order to receive a Board-approved protocol.

The Board of Nursing is currently working to explore the boundaries of what the APRN can and cannot do in this state. Because the well-being of the public is foremost in the mission of the Board, this area continues to be explored, and well-defined boundaries will be delineated within the next few months so as to decrease any confusion related to this area. The Board is asking that those currently in the field of aesthetics please contact them and share their expertise in the current state of aesthetics, and we are asking for volunteers to serve on an ad hoc committee to delineate this scope for the APRN. We would like to hear from volunteers to discuss and research what is and what is not allowed in this and other states and will collaborate with our physician partners to also explore what are the appropriate training, continuing educational requirements and boundaries for the APRN. If you would like to become part of this team, please contact Dr. Linda Sullivan at 601-944-4851 or lsullivan@msbn.state.ms.us, as we plan to assemble this group by the end of April 2009.

New frontiers are exciting and challenging, and the field of aesthetics is exploding with new modalities and opportunities for health care providers. We invite you to help us provide guidelines that will ensure the safety and well-being of the public and provide the highest standards of care and treatment for your patients.

one they may be able to perform laser hair removal, other states may not. Currently, the administration of BoNTA (Botox), dermal fillers and laser hair removal, cellulite reduction, body shaping, spider vein treatment and acne treatments are all procedures that may be provided by the aesthetic APRN. **However**, in the state of Mississippi, only after documented training can the APRN perform laser hair removal, Botox injections, microdermabrasion and/or chemical peel.

While dermal fillers and BoNTA are some of the simplest procedures to learn, in this state, we currently do **not** have the permission to administer **dermal fillers**. Hair removal by laser is allowed in Mississippi and is also relatively easy to learn. The laser itself however is expensive, often times costing between \$3,000 and \$4,000 per month to lease. In Mississippi, laser hair removal is within the scope of the APRN.

Chemical peels and microdermabrasion are commonly used to treat acne, melasma, rosacea and fine lines, and the procedures are safe and fairly inexpensive. Microdermabrasion, not to exceed moderate settings, and

chemical peels are also within the scope of practice for the APRN and can be used to treat common conditions including acne, melasma, rosacea and fine lines. Microdermabrasion provides a mechanical exfoliation of the skin, and while useful for most conditions, should not be utilized for those with rosacea as it may be too irritating. Both procedures may also be performed in order to add moisture to the skin.

Chemical peels, a method of resurfacing the skin, vary in intensity and effect from superficial to deep penetration, and in this state, the advanced practice nurse may not exceed 10 percent when performing these procedures. Chemical peels require adequate training so as not to cause adverse effects when performing this procedure such as post inflammatory or prolonged healing time, infection and post performance hyper pigmentation.

At this time, sclerotherapy is **not** allowed in this state, but many states do allow this procedure to be performed by the APRN. It requires the injection of an irritating solution to eliminate medium sized veins. Hypertonic solutions along with various detergents are

WEB sites:

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Members of the Mississippi Board of Nursing. Left to right, front row: Dianne Harrison-Bell, LPN; Cathy Williamson, RN, CNM; Emily Pharr, LPN; Opal Ezell, LPN. Second Row: Dr. Virginia Crawford, physician representative; Helen Amos, LPN; Nadara Cole, consumer representative. Third row: Mazie Whalen, RN; Merlene Myrick, RN, treasurer; G. Dwayne Self, CRNA, president; Debbie Ricks, RN, secretary; and Jane Jones, RN.


2009 calendar

June 3-4, 2009 June 5, 2009	Hearings Business
July 22-23, 2009 July 24, 2009	Hearings Business
September 30, 2009 October 1, 2009 October 2, 2009	Hearings Hearings Business
December 2-3, 2009 December 4, 2009	Hearings Business

Disciplinary hearings and business meetings are conducted at 1935 Lakeland Drive, Jackson. The first two days of the meetings are for disciplinary hearings, and the last day is for business and committee meetings.

All hearings and meetings are open to the public. The first 30 minutes of each business meeting is designated as an open forum during which any individual may address the Board on matters related to nursing. Participation in this forum may be scheduled upon written request.

The above dates and places are subject to change at the Board's discretion.



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-Anonymous

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JANE TALLANT, RN, MSN

DIRECTOR of RECOVERING NURSE PROGRAM AND COMPLIANCE



An Exclusion to the **DUTY TO REPORT**

I never thought I would be in a position to have a favorite part of the Nursing Practice Law, but that is exactly where I find myself today. Not only do I walk around carrying a copy of the law wherever I go, but I can show you right where my favorite part is! How strange is that?



As nurses, one of our responsibilities is to report to the Board facts known regarding the incompetent or illegal practice of any RN or LPN. It is one of the mechanisms by which we hold our profession to a high standard. However, there is an exclusion to that duty to

report. It is found in the Mississippi Board of Nursing Rules and Regulations, Chapter II, 1.2 (r), which is my favorite part, the reporting of chemically dependent nurses who have sought and complied with treatment for chemical dependency provided that no other

provision of the Mississippi Nursing Practice Law and Rules and Regulations has been violated.

So what does that mean? If you know of a nurse who has a problem with drugs and/or alcohol, encourage that nurse to go and get help! Chemical dependency is a disease that almost always gets worse unless it is adequately treated. The disease is chronic, progressive, has a predictable course, and can be fatal. Without help, a nurse who is suffering with the symptoms of dependency will eventually reach the point where nursing practice is seriously compromised. By getting appropriate help for chemical depen-

Impaired nursing practice is a very serious issue and takes a toll on our profession every day. All nurses need to be aware of the signs and symptoms of drug abuse and dependency. But we also have a duty to help our colleagues and to support them when they seek treatment for chemical dependency.

dependency, the progression of the disease can be halted BEFORE it begins to impact the health and safety of the people of Mississippi. Early detection and treatment of substance use disorders has been shown to protect the public from impaired nursing practice.

So how might that work? Let's say there is a nurse who has been diagnosed with alcoholism and enters into a treatment program for chemical dependency. The nurse has never come to work under the influence of alcohol or drugs and has not misappropriated any medication from work. The employer reports that the nurse is a good employee, and there are no issues of concern about nursing practice. The nurse remains in treatment until discharged and then begins to attend AA meetings as recommended in the aftercare plan. That nurse needs to be encouraged to continue with the treatment plan and commended for getting help BEFORE it started to impact nursing practice.

As a way of supporting each other and also protecting our profession from the dangerous results of drug abuse, it makes sense, doesn't it? Mississippi Code Ann. Section 73-15-29 (1) (l), Chapter II, 1.2 (r) says that unprofessional conduct shall include failure to report to the Board facts known regarding incompetent or illegal practice of any RN or LPN. But is also says the following: "Excluded from this requirement is the reporting of chemically dependent nurses who have sought and complied with treatment for chemical dependency provided that no other provision of the Mississippi Nursing Practice Law and Rules and Regulations has been violated." Hurrah! That is most definitely my favorite part.

If you are uncertain about how this impacts your duty to report, call the Board office. We welcome the opportunity to discuss this further. It is a conversation I have had many times in the course of my duties as director of the Recovering Nurse Program. Impaired nursing practice is a very serious issue and takes a toll on our profession every day. All nurses need to be aware of the signs and symptoms of drug abuse and dependency. But we also have a duty to help our colleagues and to support them when they seek treatment for chemical dependency. It is another way to hold our profession to a high standard. So please, go get help NOW, before it is too late!



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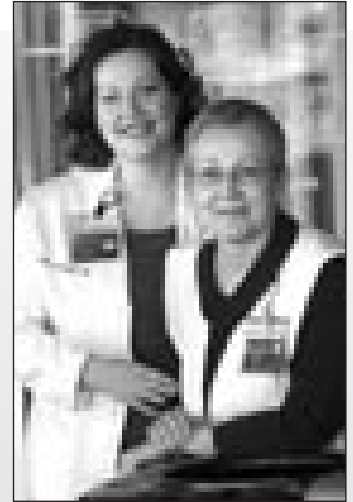
Judy Ellis always knew nursing was the career for her, and so did her daughter, Claire Harrelson. Judy serves as a certified case manager at NMMC. Claire is the nursing coordinator/educator for the Heartburn Center of Mississippi on NMMC's campus.

Both know nursing is their life calling.

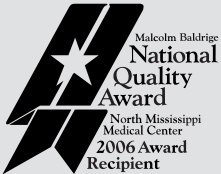
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MULTI-STATE **license**



Mississippi entered the Nurse Licensure Compact (NLC), also referred to as the Compact, on July 1, 2001. Participation in the NLC enables the Mississippi Board of Nursing to issue a multi-state license that provides privileges for registered nurses (RNs) or licensed practical nurses (LPNs) in other NLC participating states. When I first received a multi-state license in 2001, I like many of you, did not know exactly what it meant, but I thought it was a good idea. Now that Mississippi is approaching its nine (9) year anniversary date as a participant in the NLC, many still have questions about the purpose and benefit.

To qualify for a Mississippi issued multi-state license, the state of primary residency must be Mississippi. In order to have the benefit of a multi-state license, the NLC requires that the nurse be licensed in the state in which he/she permanently resides.

PURPOSE

The NLC uses a mutual recognition model for nursing licenses that allows a LPN or RN to have one license in his/her state of residency and to practice in other states, subject to each state's practice law and regulation. This is similar to the driver's license recognition model across state lines. Under the NLC, a nurse may practice across state lines unless otherwise restricted.

MULTI-STATE LICENSE

To qualify for a Mississippi issued multi-state license, the state of primary residency must be Mississippi. In order to have the benefit of a multi-state license, the NLC requires that the nurse be licensed in the state in which he/she permanently resides. When a multi-state license is issued, the state of permanent residency is called the home state, and the other NLC states are then referred to as party states. For the purposes of this article, Mississippi would be considered the home state. Often times, the meaning of a multi-state license can be confusing for those that travel or relocate.



SINGLE STATE LICENSE

Confusion also exists among nurses that reside in a non-participating NLC state, who apply for licensure in Mississippi and receive a single state license. Although Mississippi currently belongs to the NLC and recognizes the mutual recognition model, we also use the single state licensure model for those nurses who do not qualify for multi-state licensure. If the state of primary residency is

a state other than Mississippi, and the state does not participate in the NLC, a single state license valid only in Mississippi will be issued. A single state license may also be issued in cases of license restrictions due to disciplinary proceedings.

JURISDICTION

In addition, party states may, in accordance with state due process laws, limit or revoke

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the multi-state licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of the public. If a party state takes such action, licensure information will be communicated promptly to the home state. Based on actions of a party state, a remote state may take adverse action affecting the multi-state privilege to practice within that state.

THINGS TO REMEMBER ABOUT A MULTI-STATE LICENSE:

1. You must legally reside in a NLC state to be eligible for a multi-state license.
2. A multi-state license to practice as a RN or LPN issued by the Mississippi Board of Nursing is also recognized by each NLC party state as authorizing a multi-state license privilege to practice.
3. Every RN or LPN practicing in a party state must comply with the state practice laws in which the patient is located at the time care is rendered.
4. The practice of nursing in a party state subjects the nurse to the jurisdiction of the party state's nursing board and courts, as well as laws.
5. The NLC does not affect additional requirements imposed by states for advanced practice; however, the RN or LPN privilege will be recognized by other party states.
6. A RN or LPN residing in a non-party state may apply for a Mississippi license by endorsement and will receive a single state license. To apply for license by endorsement the following must be submitted:
 - Mississippi Board of Nursing endorsement application;
 - License verification from the original state of license;
 - Official transcript from an accredited nursing program; and
 - Applicable non-refundable application fee.
7. Individuals whose primary state is a party state, that is not Mississippi, will need to apply for licensure in the state of primary residency. A multi-state license may be issued if all licensure requirements are

The following states participate in the NLC and are often referred to as the Compact:

1. Arizona	9. Maryland	17. South Carolina
2. Arkansas	10. Mississippi	18. South Dakota
3. Colorado	11. Nebraska	19. Tennessee
4. Delaware	12. New Hampshire	20. Texas
5. Idaho	13. New Mexico	21. Utah
6. Iowa	14. North Carolina	22. Virginia
7. Kentucky	15. North Dakota	23. Wisconsin
8. Maine	16. Rhode Island	



- met for that state.
8. A RN or LPN shall hold licensure in only one (1) NLC state at a time.
9. Individuals who declare or seek to change Mississippi to their primary state of residency shall submit a signed declaration and may be requested to include proof of residency such as, but not limited to:
 - Driver's license with a home address;
 - Voter registration card displaying a home address; or
 - Federal income tax return declaring the primary state of residence.

Mississippi may issue a multi-state license if all state licensure requirements are met.
10. A RN or LPN moving from Mississippi to another party state must obtain a license in the new home state; the license
- from Mississippi as the home state will no longer be valid.
11. A RN or LPN who has previously held a Mississippi license may apply for licensure by reinstatement and may receive a multi-state license if all requirements are met. To apply for **license by reinstatement**, the following must be submitted:
 - Mississippi Board of Nursing reinstatement application; and
 - Applicable non-refundable fee
12. A RN or LPN that has a multi-state license from another NLC state may practice in Mississippi provided the nurse has a valid multi-state license. It is the responsibility of the Mississippi employer to verify compact privilege status through the Mississippi Board of Nursing online license verification system.

**Licensure applications for reinstatement and endorsement are available at www.msbn.state.ms.us.*

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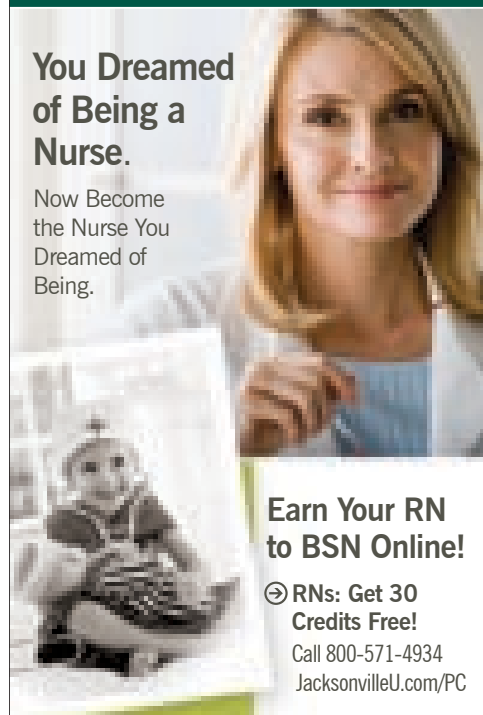


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The Mississippi Educational Consortium for Specialized Advanced Practice Nursing (MECSAPN) was established for the purpose of offering collaborative curricula for gerontological and psychiatric-mental health nurse practitioners.

The intent of the **MECSAPN** is to offer specialized advanced practice nursing clinical tracks that are accessible through all of the university graduate programs of the state. The students choosing these tracks are admitted, take core curriculum courses, and graduate from the NP programs of ASU, DSU, MUW, UMMC, or USM. The courses for the specialized clinical tracks are taught via distance learning by UMMC faculty. Graduates of BSN programs complete the MSN with an emphasis in Geriatric NP or Psychiatric Mental Health NP roles. Core courses can be taken at any consortium school.

Post-MSN and Post-FNP programs of study are available. FNP and ANPs receive 270 hours toward GNP clinical hours requirement.

MECSAPN is comprised of leading Schools of Nursing throughout Mississippi, that offer Advanced Practice Nursing Options. For more information on advancing your career as a Gerontological or Psychiatric Mental Health Nurse Practitioner, contact one of the following nursing programs:

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SCOPE OF PRACTICE Clarification for LPNs Working in a School Setting

In the previous edition of the Mississippi Board of Nursing magazine, it was indicated that a RN had to be physically present on the premises at all times. Below is clarification of the situations in which LPNs are functioning within their scope in the school setting.

- The RN provides evidence of on-going assessment of students and must be **available at all times** to respond to a change or potential change in condition. This would allow a RN supervisor to float between school settings provided the RN remains available to the LPN at all times. **OR**
- The LPN is working under the direct supervision of a RN who is physically present on the premises at all times the LPN is "on duty." The RN must perform the initial assessment of all students. The LPN may not administer medications to a student who has not been assessed by the RN prior the administration of the medication.

disciplinary SUMMARY

The following disciplinary actions were taken at hearings conducted by the Mississippi Board of Nursing February 4-5, 2009, or reflect actions accepted by the licensees or applicants by agreed order. All information contained in this summary is public.

NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
FEBRUARY 4-5, 2009			
Applewhite, Jennifer	P-274782 / R870211	Restricted Licensure for Minimum of (36) Months	Falsified or made incorrect entries on records
Ard, Amanda Lee	P-320131	Revocation	Failed to comply with Board orders
Barron, Laura	R-834432	Voluntary Surrender	Violated an order, rule or regulation of the Board
Blackmon, Rosie	P-262345	Medication Administration Course	Acted in a manner inconsistent with the health or safety of patients
Blackwell, Carrie	P316213	Revocation	Failed to comply with Board orders
Brown, James	R-877197	Voluntary Surrender	Failed to comply with Board orders
Busby, Melinda	R-754248	Voluntary Surrender	Violated an order, rule or regulation of the Board
Bush, Melissa	R-723444	Revocation	Falsified or made incorrect entries on records
Carroll, Nina	R-871972	Restricted Licensure for Minimum of (48) Months	Engaged in conduct likely to deceive, defraud or harm the public
Darby, Beverly	P-320867	Restricted Licensure for Minimum of (30) Months	Physical, mental or emotional condition
Darden, Patrick	P-318030	Voluntary Surrender	Engaged in conduct likely to deceive, defraud or harm the public/ Falsified or made incorrect entries on records
Donahoo, Kimberly	R-858374	Voluntary Surrender	Violated an order, rule or regulation of the Board
Dornan, John S.	R-321334	Suspension of Nurse Practitioner Certification for (1) year/ Restricted RN Licensure for a Minimum of (3) years	Addicted to or dependent on alcohol or other habit-forming drugs
Elkins, Ashley	P-316217	Revocation	Violated an order, rule or regulation of the Board
Ellis, Pamela	P-273141	Voluntary Surrender	Acted in manner inconsistent with the health or safety of patients/ Falsified or made incorrect entries on records
Eubanks, Jennifer	R-839172	Legal Aspects Workshop/Documentation Course	Acted in manner inconsistent with the health or safety of patient
Gipson, Bobby Ralph	R-675733	Revocation	License or privilege to practice suspended or revoked in another jurisdiction
Gray, Wendy	P-237558	Voluntary Surrender	Violated an order, rule or regulation of the Board
Guy, Crystal	R-775579	Reinstated with restrictions after meeting certain stipulations	Engaged in conduct likely to deceive, defraud or harm the public
Hansberry, Felicia	R-863354	Revocation	Falsified or made incorrect entries on records
Henly, Karen	R-868622	Revocation	Misappropriated drugs, supplies or equipment
Hipp, Katherine	P-322585	Voluntary Surrender	Violated an order, rule or regulation of the Board
Howell, Sally	P292218	Restricted License for (48) months with certain stipulations	Falsified or made incorrect entries on records; Addicted to or dependent on alcohol or other habit-forming drugs
Hudson, Denise	P-314590	Voluntary Surrender	Obtained or attempted to obtain controlled substances by unauthorized means
Jenkins, Bobbie Rene	R-860031	Legal Aspects Workshop	Falsified or made incorrect entries on records
Jones, Nora	R-735021	Documentation Course	Falsified or made incorrect entries on records
Jumper, Misty	R-869909	Voluntary Surrender	Violated an order, rule or regulation of the Board
Kemp, Lisa Kay	P-315250	Legal Aspects Workshop/Care of the Elderly Workshop	Acted in a manner inconsistent with the health or safety of patients
Lang, Patricia	P-319392	Revocation	Violated an order, rule or regulation of the Board
Langford, Thomas	R-878295	Formal Reprimand Legal Aspects Workshop	Falsified or made incorrect entries on records
Lence, Robert	R-850569	Dealing with Difficult Residents/Residents' Rights Course	Acted in a manner inconsistent with the health or safety of patients
Lowe, Cathy	P-318687	Voluntary Surrender	Possessed, obtained, furnished or administered drugs except as legally directed
Luttrell, Julia	P-315915	Formal Reprimand/Legal Aspects Workshop/ Documentation Course	Falsified or made incorrect entries on records
MacMillan, Stephen	R-867739	Voluntary Surrender	Violated an order, rule or regulation of the board
Manus, Melvin Mae	R-876399	Restricted Licensure for (12) months/Residents Rights/ Critical Thinking Course	Acted in a manner inconsistent with the health or safety of patients
Mata, Stacy	P-319850	Voluntary Surrender	Addicted to or dependent on alcohol or other habit-forming drugs
McPherson, Kimberly	R-872133	Voluntary Surrender	Violated an order, rule or regulation of the board
Miller, Charles	R-852312	Voluntary Surrender	Violated an order, rule or regulation of the board
Moon, Julie Ann	R-859721	Voluntary Surrender	License or privilege to practice suspended or revoked in another jurisdiction
Murrill, Kimberly	P-318594	Voluntary Surrender	Addicted to or dependent on alcohol or other habit-forming drugs
Nunaley, Danelle	RN Temporary Permit Applicant	Formal Reprimand	Engaged in conduct likely to deceive, defraud or harm the public
Null, Mary	R-856232	Revocation	Violated an order, rule or regulation of the Board
Pettigrew, Paula	P-307727	Legal Aspects Workshop/ Documentation/ Care of the Elderly Course	Acted in a manner inconsistent with the health or safety of patients

NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
Pope, Genna	P-320197	Revocation	Falsified or made incorrect entries on records/Addicted to or dependent on alcohol or other habit-forming drugs
Reed, Michael	P-315248	Voluntary Surrender	Falsified or made incorrect entries on records/Engaged in conduct likely to deceive, defraud or harm the public
Richardson, Latarsha	P-323924	Formal Reprimand	Falsified or made incorrect entries on records
Ricks, Melinda	RN Exam Applicant	Restricted License for (6) months/ Psychological Evaluation	Engaged in conduct likely to deceive, defraud or harm the public
Rhodes, Tina	P-317269	Revocation	Engaged in conduct likely to deceive, defraud or harm the public
Robins, April	R-860041	Suspension of Controlled Substance Prescriptive Authority/Restricted Nurse Practitioner Certification for a minimum of (36) months/Pharmacology Course Management of Patient with Chronic Pain Syndrome Course	Practiced nursing in a manner that fails to meet generally accepted standards of nursing
Rumble, Jena	R-875132	Voluntary Surrender	Addicted or dependent on alcohol or other habit-forming drugs
Salter, Michael	P-314289	Voluntary Surrender	Physical, mental or emotional condition
Sanders, Mitzy	R-676721	Voluntary Surrender	Violated an order, rule or regulation of the Board
Sanders, Susan	P-209376	Revocation	Engaged in conduct likely deceive, defraud or harm the public
Schraner, Bobbie	P-271093	Reinstatement Denied	Acted in manner inconsistent with the health or safety of patient
Stewart, Marcus	P-319063	Formal Reprimand/Surrender IV Certification	Practiced nursing beyond the authorized scope
Taylor, Claudia Tucker	R-723932	Restricted Licensure after meeting certain stipulations	Practiced nursing beyond the authorized scope/Acted in a manner inconsistent with the health or safety of patients
Tillman, Demetra	R-753276	License Reinstated with conditions	Violated an order, rule or regulation of the Board
Ulmer, Belinda	P-277415	Voluntary Surrender	Addicted to or dependent on alcohol or other habit forming drugs/Engaged in conduct likely deceive, defraud or harm the public
Wigginton, Jennifer	R-766773	Voluntary Surrender	Violated an order, rule or regulation of the Board

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