

## AGENDA

**BOARD OF NURSING**  
**July 11, 2013 – 8:00 a.m.**  
**Room 474 and**  
**Hearing Room 403 – 4th Floor**  
Heber M. Wells Building  
160 E. 300 S. Salt Lake City, Utah

*This agenda is subject to change up to 24 hours prior to the meeting.*

### **ADMINISTRATIVE BUSINESS:**

- 1. Sign Per Diem
- 2. Call Meeting to Order.
- 3. Review and approve May 9, 2013 minutes

### **BOARD BUSINESS:**

- 8:15 a.m. - Julia Gillingham, new Order
- 8:30 a.m. - Rules Discussion
- 8:40 a.m. - Connie Call, Compliance report

### **HEARING: Room 403**

- 9:00 a.m. – Kevin Blachely

### **NEXT MEETING:**

August 8, 2013: Hearing - Steven Booth

Meetings scheduled for the next quarter: September 12, 2013 (Hearing scheduled);  
October 10, 2013; November 14, 2013 and December 12, 2013.

**Note:** In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

# REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

- \_\_\_ I am, PEGGY BROWN, chairperson of the BOARD OF NURSING.
- \_\_\_ I would like to call this meeting of the BOARD OF NURSING to order.
- \_\_\_ It is now (time) 8:08 (am / pm) on JULY 11, 2013.
- \_\_\_ This meeting is being held in room 403 of the HEBER WELLS BUILDING in SALT LAKE CITY UT.
- \_\_\_ Notice of this meeting was provided as required under Utah's Open Meeting laws.
- \_\_\_ In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.
- \_\_\_ In compliance with Utah's Open Meeting laws, minutes will also be prepared of this meeting and will be posted to the Utah Public Notice Website. Appropriately marked "pending approval" minutes will be posted no later than 30 days after the close of the meeting and "approved" minutes no later than three business days after approval.
- \_\_\_ The following Board members are in attendance:

	YES	NO
<u>PEGGY BROWN</u> , Chairperson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>RALPH PITTMAN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>CESCILEE RALL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>MARIE PARTRIDGE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>SUSAN KIRBY</u>	<input type="checkbox"/>	Excused
<u>DIANA PARRISH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>JOHN KILLPACK</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ALISA BANGERTER</u>	<input type="checkbox"/>	Excused
<u>BARBARA JEFFRIES</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>SHERI PALMER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>(VACANT)</u>	<input type="checkbox"/>	<input type="checkbox"/>

- \_\_\_ The following Board members are absent: (Refer to the above list.)
- \_\_\_ The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Debra Hobbins</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Connie Call</u> , Compliance Specialist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

- \_\_\_ We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.
- As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.
- Board motions and votes will be recorded in the minutes.
- Let us now proceed with the agenda.
- \_\_\_ (End of the Meeting) It is now (time) 12:21 (am / pm), and this meeting is adjourned.

**MINUTES**

**UTAH  
BOARD OF NURSING  
MEETING**

**May 9, 2013**

**Room 474 – 4<sup>th</sup> Floor – 8:30 a.m.  
Heber Wells Building  
Salt Lake City, UT 84111**

**CONVENED:** 8:40 a.m.

**ADJOURNED:** 5:36 p.m.

**Bureau Manager:**  
**Board Secretary:**

Debra Hobbins  
Shirlene Kimball

**Conducting:**

Peggy Brown, Chair

**Board Members Present:**

Peggy Brown  
Cescilee Rall  
Diana Parrish  
Ralph Pittman  
Alisa Bangerter  
Barbara Jeffries  
Sheri Palmer  
John Killpack  
Sue Kirby

**Board Members Excused:**

Marie Partridge

**Division Staff:**

Irene Woodford, Division Investigator  
Connie Call, Compliance Specialist

**Guests:**

Linda Hoffman, Intermountain Medical Center  
Jody Thomas for Cheryl Jensen  
Randy Vail, Division of Workforce Services

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS**

March 14, 2013 Minutes:

Ms. Parrish made a motion to approve the March 14, 2013 minutes with corrections. Ms. Jeffries seconded the motion. All Board members voted in favor.

April 11, 2013 Minutes:

Mr. Pittman made a motion to approve the April 11,

2013 minutes with corrections. Ms. Bangerter seconded the motion. Mr. Killpack, Ms. Kirby and Ms. Palmer abstained. All other Board members voted in favor of the motion.

Environmental Scan,  
Dr. Hobbins:

Dr. Hobbins discussed with the Board the language in the amended Order regarding probationers who have not worked in nursing for a year or more. A non-disciplinary limited Stipulation and Order will be offered to those probationers who are not currently looking for work. The Stipulation and Order would read the probationer shall not practice until he/she submits a written request to the Division and Board of Nursing indicating that they are seeking nursing employment as a nurse and request that the practice limitation be lifted. The signing of the Stipulation and Order will stop everything associated with the probation and the probationer will not have a license to practice. When the probationer finds nursing employment, the limitation would be lifted and the probation would continue.

Ms. Brown stated it would be nice if there were a license for those individuals who want to keep a license, but have retired.

Dr. Hobbins indicated the June Hearing has been moved to September. Board members agree that the June meeting be canceled. There will be a hearing at the August 8, 2013 meeting. Ms. Palmer and Ms. Kirby will be excused.

Meeting closed in accordance with the Open and Public Meetings Act, 52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual.

Mr. Pittman made a motion to close the meeting in accordance with the Open and Public Meetings Act, 52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual. Ms. Rall seconded the motion. All Board members voted in favor of closing the meeting. Meeting closed at 9:16 a.m. The meeting was opened at 10:06 a.m.

Christine Suriano,  
New application:

Ms. Suriano met with the Board to discuss her yes answer on her RN application. After discussion regarding the circumstances regarding the yes answer on the application, Mr. Killpack made a motion to allow Ms. Suriano to sit for the NCLEX examination. Before issuing a license, Ms. Suriano must pass the

examination, complete a thinking errors course, an ethics course, obtain a physical evaluation and have the practitioner submit a fitness for duty evaluation, a psychological evaluation. The Division must approve the evaluator. Based on the psychological evaluation results, the Division will either issue a full license or place Ms. Suriano on a two-year probation. Ms. Jeffries seconded the motion. All Board members voted in favor of the motion.

Cheryl Jensen, Randy Vail  
Her request:

Ms. Jensen met with the Board to request her Order be amended and allow direct patient care. Mr. Vail, Ms. Jensen's job coach from Work Force Services met with the Board to discuss the difficulties Ms. Jensen is facing when trying to find a nursing position. Mr. Vail stated the terminology in the Order makes Ms. Jensen appear to be a high liability for the employer. He stated she has applied for nine positions in the last six weeks. Ms. Jensen stated all of her urine screens have been negative and feels she would be able to find a job if she was allowed direct patient care. Ms. Jensen also indicated she would like to change from direct on-site supervision to general on-site supervision. Mr. Killpack stated there is a concern if she is in a position where she has access to controlled substances and the supervisor is not aware of the signs of diversion. Ms. Jensen stated she has been on probation for two years and wants the opportunity to prove she has changed and wants to practice nursing, not just be a case manager.

Mr. Pittman made a motion to amend her Order to allow her to have direct patient care under direct supervision, with all the standard terms and conditions, no home health. Ms. Rall seconded the motion. Mr. Killpack indicated she can not work alone, and would have to have another nurse available in the same building. Mr. Pittman amended his motion to have direct supervision of an RN. All Board members voted in favor.

Connie Call, Compliance report.  
Meeting closed in accordance with the Open and Public Meetings Act, 52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual

Mr. Pittman made a motion to close the meeting in accordance with the Open and Public Meetings Act, 52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual. Mr. Killpack seconded the motion. All Board members voted in favor of the motion. The

meeting was closed at 10:48 a.m. The meeting was opened at 11:03 a.m.

Group 1  
Conducting: Marie Partridge  
Secretary: Shirlene Kimball

Board members present: Cescilee Rall, Marie Partridge and Ralph Pittman.

Susan Merryweather,  
No nursing employment:

Ms. Kirby explained the limited Stipulation and Order that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Merryweather stated she has worked hard to keep her license and is actively looking for a nursing position. She stated she does not want to give up the license. Ms. Merryweather stated she calls into Affinity everyday and has remained in compliance. She indicated she keeps up to date with continuing education. Ms. Merryweather stated she will consider the offer and let Ms. Call know of her decision. **Ms. Merryweather is in compliance with the terms and conditions of her Order.**

Vaiola Panter,  
No nursing employment:

Mr. Killpack explained the limited Stipulation and Order amendment that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Panter stated she is actively looking for a nursing position and would not be interested in signing an amendment at this time. Ms. Panter is requesting she be allowed to work in the home health setting. Her sobriety date is May 18, 2011. She stated she has occasional thoughts of relapse, but has not relapsed. **Ms. Panter is in compliance with the terms and conditions of her Order.**

Susan Cluff,  
No nursing employment, telephone interview:

Ms. Cluff missed two urine screens since her last meeting. She stated she contacted Ms. Call regarding the missed screens. Ms. Rall explained the limited status Order amendment that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Cluff stated she has spoken with the Board before and thought it would take longer to get the license back if she decided to place the license on a limited status. She stated she is actively looking for a position and is not interested in signing the amendment at this point. She indicated she will contact Ms. Call if she decides to go with the limited status. Ms. Cluff reported her sobriety date is July 2012. She indicated she has had no thoughts of

relapse and has not relapsed. **Ms. Cluff is out of compliance due to the two missed urine screens, February 26, 2013 and April 4, 2013.**

Teresa Williams,  
No nursing employment:

Mr. Killpack explained the limited status Order amendment that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Williams questioned whether or not it will show up as suspended on the web site. Mr. Killpack stated it would not be a suspended license. Ms. Williams was informed that if she doesn't sign the amendment, she will have to begin drug testing again. Ms. Williams stated she is looking for nursing employment, but will consider the amendment and will contact Ms. Call if she decides to sign the Order. Mr. Killpack stated if she does not sign the amended Order, she would be placed back on the urine screens. She stated she understands. Ms. Williams stated her sobriety date is 2006. Ms. Williams indicated she has no thoughts of relapse and has not relapsed. **Ms. Williams is in compliance with the terms and conditions of her Order.**

Lillian Howell,  
No nursing employment:

Ms. Howell reported things are going well. Ms. Rall explained the limited Stipulation and Order amendment that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Howell indicated she has not worked since 2003, however, keeps the license current with continuing education. Ms. Howell stated she is actively looking for nursing employment but will consider the option. She will contact Ms. Call with her decision. She reported her sobriety date is 2009. She stated she does not have any thoughts of relapse and has not relapsed. Ms. Howell stated she called into Affinity, but it showed she missed calling in. She checked her computer and let Ms. Call know she had called in. She indicated this happened twice and stated she was very upset. Ms. Howell submitted the paperwork indicating this had happened and the paperwork will be provided to Ms. Call for follow-up. **Ms. Howell is in compliance with the terms and conditions of her Order.**

Sandy Piatt,  
Non-compliant:

Ms. Piatt was requested to meet with the Board due to missing three Affinity check-ins. Ms. Piatt stated she doesn't have an excuse for missing twice. She

indicated on the third one, she called in late, so it shows as a missed called. She was called for a urine screen on that day. She indicated she contacted Ms. Call and was informed she would be considered out of compliance. She has a set an alarm on her computer at work as a reminder, but forgets to call in on the weekend. Mr. Pittman reminded her to remain in compliance. All paperwork has been submitted, it is only the missed drug screen and missed calling in. Mr. Pittman indicated the Committee will recommend a \$100.00 for non-compliance. Ms. Piatt reported her sobriety date is December 22, 2004. She stated she has no thoughts of relapse and has not relapsed. **Ms. Piatt is out of compliance with the terms and conditions of her Order.**

Betty Long,  
Annual interview:

Ms. Long met with the Committee for her annual interview. Ms. Long reported she is doing well and is working at Ogden Regional Hospital. She reported her sobriety date is January 15, 2009. She reported she speaks with her sponsor approximately every other week. Committee members will recommend early termination of probation. **Ms. Long is in compliance with the terms and conditions of her Order.**

Tyler Miller,  
No nursing employment:

Mr. Miller did not appear for his scheduled interview. **Mr. Miller is out of compliance with the terms and conditions of his probation.**

Julie Willardson,  
Non-compliance:

Ms. Willardson missed calling into Affinity and had a dilute urine screen. Ms. Willardson stated she called Ms. Call because she was unaware of the low creatin, and Ms. Call told her it was okay, but just be careful when testing not to drink too much water. Ms. Willardson also stated she missed calling in after being up all night with a sick child. Ms. Kirby questioned if she has a contingency plan for when this happens again. Ms. Willardson stated she feels she is doing well. Mr. Killpack stated some people in recovery get complacent, and then they get into trouble. The Committee just wants her to be careful and not to become complacent. Mr. Pittman stated the Board looks at the pattern and the Board does not want to see a pattern of non-compliance. Ms. Willardson stated she is trying hard to remain in compliance and is offended that the Board insinuated that she is not trying to be in compliance. Ms. Willardson stated she

has never been given the opportunity to speak with the Board, she is always told her request will be taken to the Board. She is only invited to meet with the Board when the Board perceives she is in trouble or out of compliance. Mr. Pittman stated he did not insinuate that she was not trying. Ms. Willardson stated she is very upset, she has asked to be able to work in clinical placement as part of her employment at the nursing school. She indicated her Order does not require her to work in an APRN practice and to prescribe. She stated she understands the Board wanting to monitor her in the situation that got her into trouble, but stated she is not ready to return to that setting. Dr. Hobbins stated she is sorry that Ms. Willardson is struggling, the Board wants her to succeed, but we did not put her license at risk. Ms. Willardson stated she is angry because she has asked so many times to be allowed to meet with the Board to discuss her requests, and she is told no. Dr. Hobbins stated she reviews all her correspondence and does not recall Ms. Willardson requesting a meeting with the Board. Ms. Willardson stated it was in her self-assessment reports and in emails sent to Ms. Call. Dr. Hobbins indicated it is Division policy that probationers who want to meet with the Board are given that opportunity.

Ms. Willardson stated she wants to meet with preceptors in the role as a clinical coordinator. Committee members indicated they will recommend to the Board to allow her to work in the role as a clinical coordinator to meet with the preceptor. Ms. Willardson also questioned how many hours she has to work as an APRN. Dr. Hobbins indicated the order does not require a specific number of hours; however, if she works as an RN, the Committee is not sure the hours will count. Dr. Hobbins will check to see if she works as an RN if it counts toward the probation. Mr. Killpack stated her anger should not be directed to the Board. Ms. Willardson stated she fully accepts responsibility; however, she just wants the probation over. She reported her life is great, just "freaking great" and thought she was coming in for a six-month review and did not know she was out of compliance. **Ms. Willardson is out of compliance with the terms and conditions of her Order.**

Mathew Clyde.

Mr. Clyde explained the circumstances that brought

him before the Board. Mr. Clyde stated he understands the terms and conditions of the Stipulation and Order. Mr. Clyde stated he is considering moving to Oregon. Mr. Clyde reported his sobriety date for alcohol is January 2009. Committee members questioned why he received the same medication from two prescribers within a several day period. Mr. Clyde stated he went to the dentist who offered to prescribe the oxycodone and did not mention his prescribing practitioner had just prescribed him the same medication. Mr. Clyde questioned when he could request termination of probation. Mr. Killpack explained the probation process. Mr. Clyde stated he has thoughts of relapse but has not relapsed. **Mr. Clyde is in compliance with the terms and conditions of his Order.**

Nina Manning,  
New Order:

Ms. Manning was asked to explain the circumstances that brought her before the Board. She stated she was wondering why herself, her only issue was two years ago when she used her mother's credit cards without permission. Dr. Hobbins questioned where the doctor shopping charge came from. Ms. Manning indicated she was in the Diversion program from 2008 to 2010 and had several surgeries during that period. She stated she feels that is where the doctor shopping charge may have come from. Ms. Manning was also issued a letter of concern May 2012 due to missing medications from a hospice patient. Mr. Pittman read the facts as stated in the Order. Mr. Pittman reminded Ms. Manning that she signed the Stipulation and Order and agreed with the charges. Mr. Pittman indicated the Board reviewed her evaluation and it did not meet the requirement. She will need to complete a new evaluation by July 7, 2013. Ms. Manning stated she just completed her jail term and is on probation with the Courts. She indicated she does the urine screens through them and asked how to do urine screens through Affinity. She stated she is becoming overwhelmed with everything in the Order. Dr. Hobbins questioned whether she read the Order before signing? Ms. Manning stated she read it, was scared and may not have read the Order as thoroughly as she should have. Ms. Manning stated she now understands the terms and conditions of the Order. **Ms. Manning is in compliance with the terms and conditions of her Order.**

Group Two  
Minute taker: Connie Call

Tina Godbe,  
No nursing employment:

Board members present: Peggy Brown, Diane Parrish, Barbara Jeffries and Alisa Bangerter.

Ms. Godbe met with the Committee to discuss the non-disciplinary limitation Stipulation and Order that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Godbe stated she will review the Order and let Ms. Call know of her decision.

Karen Sharp,  
No nursing employment:

Ms. Sharp met with the Committee to discuss the non-disciplinary limitation Stipulation and Order the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Sharp reported she is currently looking for nursing employment and is not interested in the limited license. She questioned how to keep the license current if she is not working. Committee members indicated she will need to complete 30 hours of continuing education courses. **Ms. Sharp is in compliance with the terms and conditions of her Order.**

Kellie Roring,  
No nursing employment:

Ms. Roring signed the non-disciplinary limitation Stipulation and Order. She did not need to appear for the interview.

Veronica Banks,  
No nursing employment:

Ms. Banks met with the Committee to discuss the non-disciplinary limitation Stipulation and Order that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Ms. Banks indicated she is currently seeking nursing employment and wants to continue with her probation.

Michael Ross,  
No nursing employment:

Mr. Ross could not make appointment and was excused. Ms. Call discussed with Mr. Ross the non-disciplinary limitation Stipulation and Order that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Mr. Ross indicated he is looking for nursing employment and does not want to take advantage of the limited license at this time.

Jaimee Anderson,  
Quarterly interview:

Ms. Anderson stated this last quarter has been challenging due to problems with her son. She reported she continues to work at Mt. Olympus, has a

sponsor and meets with her support group once a week. Ms. Anderson reported her sobriety date is November 13, 2011. **Ms. Anderson is in compliance with the terms and conditions of her Order.**

Rod Cromar,  
Quarterly interview:

Mr. Cromar reported his sobriety date is March or April 2011; however, he actually feels his sobriety date was 17 years ago. Ms. Parrish stated he previously reported his sobriety date as April 19, 2011. Mr. Cromar stated he took the Tramadol, but if he were going to relapse, he would know he was relapsing and would have some fun. Mr. Cromar requested termination of attendance at 12-Step and PIR meetings. He stated he is more comfortable meeting and working with his sponsor than he is with 12-Step or PIR meetings. He stated he still does not participate in the meetings; he is just filling a chair. Mr. Cromar stated he is not taking any medications not lawfully prescribed for him. Committee members will recommend denial of his request to terminate 12-Step and PIR meeting attendance. **Mr. Cromar is currently in compliance with the terms and conditions of his Order.**

Dale Hullinger,  
No nursing employment:

Mr. Hullinger met with the Committee to discuss the non-disciplinary limitation Stipulation and Order that the Division/Board is offering for probationers who have not worked in nursing for a year or more. Mr. Hullinger indicated he is currently seeking nursing employment and wants to continue with the probation.

Stacia Thorkelson,  
Non-compliance:

Ms. Thorkelson has missed calling into Affinity and explained she had been moving and missed calling. Committee members indicated Ms. Thorkelson will be fined for non-compliance each time she is out of compliance, and the fines would increase in dollar amount. She stated she understands, but feels she will never be as perfect as the Board expects her to be. Ms. Thorkleson stated she has lost her passion for nursing. Committee members will recommend no fine for this non-compliance. **Ms. Thorkleson is out of compliance for terms and conditions of her probation.**

Camille Hyatt,  
New Order:

Ms. Hyatt explained the circumstances that brought her before the Board. Ms. Hyatt stated she is not sure whether or not she wants to find a nursing position.

Ms. Brown explained the non-disciplinary limitation Stipulation and Order. Ms. Hyatt submitted paperwork that was placed into her file. She reported her sobriety date is April 11, 2013. **Ms. Hyatt is in compliance with the terms and conditions of her Order.**

Lunch Break at 2:08 p.m.  
Reconvened at 2:24 p.m.:

Rules discussion,  
Jennie Jonsson, Administrative Law Judge  
present:

Dr. Hobbins reported the Education Committee worked on Rule at their last meeting. She indicated the definition of direct supervision will be eliminated and the DOPL rule for supervision will be added. She reported she will go through and put the fines in order according to the Act.

R156-31b-609(2). Discussion regarding out of state programs that want to place students in Utah clinicals. The faculty needs to be licensed in Utah or have a compact license. Ms. Kirby stated the preceptor would be licensed, but questioned whether the faculty member would need to be licensed in Utah.

R156-31b-701. Mr. Killpack discussed delegation and the nurse not being able to delegate to a non-nurse. Ms. Brown stated delegation to a non-nurse would require a statute change. Ms. Palmer stated programs teach students to delegate nursing tasks. Board members expressed concern that the agencies are making the decision and the policies. Mr. Walker stated this would require a statute change. Mr. Walker indicated that in the umbrella chapter, there is an exemption for students, but beyond that, there is no authority for an exemption from licensure. He indicated the Act is not clear regarding delegation of nursing tasks to unlicensed personnel. It references unlicensed assistive personnel, but there is no exemption. There needs to be a policy change regarding what should a nurse be allowed to delegate to unlicensed assistive personnel. Ms. Brown questioned if we need to address the rules now, or wait until the statute is changed since the statute does use the term and it assumes there will be an unlicensed assistive personnel. Mr. Walker stated the Board could begin to discuss what can be delegated. Ms. Brown questioned what about the medical assistant

and the medical technicians. Dr. Hobbins indicated the Medical Practice Act allows for the medical assistant, the Nurse Practice Act does not. Mr. Walker stated the statute should determine the skeleton and the rule clarifies the statute. There needs to be some interface between other professions and discussion within the industry. Mr. Killpack stated nurses do not realize they are violating the Nurse Practice Act by delegating to the MA, CNA, and EMT.

Ms. Parrish made a motion to approve the Rules with the suggested changes. Ms. Palmer seconded the Motion. All Board members voted in favor of the motion.

Committee reports:

**Sandy Piatt** missed calling Affinity April 2, 4, 24, 2013 and missed a urine screen on April 24, 2013. Committee members recommend a \$100.00 fine for non-compliance. All Board members voted in favor of the recommendation.

**Tyler Miller** did not appear for his interview and Ms. Call will contact him to find out why he did not meet with the Board. Mr. Miller continues to remain out of compliance.

**Betty Long.** Committee members recommend termination of probation. All Board members voted in favor of the recommendation.

**Julie Willardson.** Ms. Willardson would like to act as a clinical coordinator for the nursing program and questioned if working as an RN would count toward the APRN probation. Board members indicated that teaching is not counting toward the probation. Mr. Killpack stated Ms. Willardson is out of compliance, and feels her probation needs to be extended. Dr. Hobbins indicated we have never informed her that teaching will not count toward the probation and if there is any confusion, the probationer gets the benefit of the doubt. Mr. Pittman stated that it is the same thing every time she comes in. She says she is sorry, will not do it again, but then she does. He stated he does not feel she is taking the probation seriously. Dr. Hobbins indicated in order to extend the probation an informal proceeding would need to be held. Mr. Killpack recommended an informal proceeding based

on continued lack of compliance, her attitude and lack of progress. Ms. Kirby stated we can not punish her for not finding a job in the practice setting and her Order doesn't say she has to practice as an APRN to count. Mr. Killpack stated we did give her approval to work in the school setting. Technically, she is meeting the hours requirement and the Order does not require working in the clinic setting. She also can work as an RN. Mr. Killpack indicated he still feels her probation needs to be extended to protect the public. Dr. Hobbins indicated she was surprised at the meltdown because Ms. Willardson is here not on probation as an addict, but because of bad judgment for writing herself a prescription for medication that had been prescribed to her. Mr. Killpack recommended an informal proceeding to address the issues. The motion was seconded by Mr. Pittman. All Board members voted in favor of the motion. Board members also discussed allowing Ms. Willardson to meet with preceptors and coordinating clinical placement for students. Ms. Brown stated she would be by herself for a period of time. Ms. Parrish stated she does not feel we should grant a request if we will be going to an informal proceeding for non-compliance. Ms. Rall stated our goal is to wake her up, not to get her fired. We are just talking about coordinating the preceptorship. Mr. Pittman stated he also agrees we should not grant an additional request at this time. Dr. Hobbins stated it is not a privilege; it is a continuation of the educator role. Mr. Killpack made a motion to allow Ms. Willardson to act as coordinator for preceptor since it is a continuation of the education role. Ms. Rall seconded the motion. All Board members voted in favor of the motion.

**Rod Cromar** has requested termination of attendance at 12-Step or PIR meetings. Committee members recommend denying the request. All Board members voted in favor of the denial.

Probationer requests:

**Lauren Moger:** Mr. Pittman made a motion to close the meeting in accordance with the Open and Public Meetings Act, 52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual. Mr. Killpack seconded the motion. All Board members voted in favor of closing the meeting. Meeting closed 5: 15 p.m. The meeting was

reopened at 5:29 p.m. Mr. Killpack made a motion to have Ms. Moger follow the recommendations from the January 2013 evaluation and follow the ASAM level 1.0 general outpatient substance abuse treatment program. The evaluator does need to submit a fitness for duty report. Ms. Parrish seconded the motion. All Board members voted in favor of the motion.

**Robin Walker:** Mr. Killpack made a motion to follow Dr. Suttor's recommendation, receive ongoing reports, complete a thinking errors course and submit a fitness to practice recommendation. Mr. Pittman seconded the motion. All Board members voted in favor of the motion.

**Julie Hall.** Mr. Killpack made a motion to deny the request for early termination due to the length of time on probation. Ms. Jeffries seconded the motion. All Board members voted in favor of the recommendation.

Mr. Pittman made a motion to accept the essay submitted **Lyndi Slack**. Ms. Palmer seconded the motion. All Board members voted in favor of the motion.

Next meeting:

The next meeting will be scheduled for July 11, 2013.

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

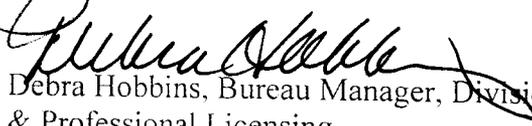
Date Approved

7/11/2013

Date Approved

7/11/2013

  
Peggy Brown, Chair, Utah Board of Nursing

  
Debra Hobbins, Bureau Manager, Division of Occupational  
& Professional Licensing

**R156. Commerce, Occupational and Professional Licensing.**

**R156-31b. Nurse Practice Act Rule.**

**R156-31b-101. Title.**

This rule is known as the "Nurse Practice Act Rule".

**R156-31b-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in this rule:

(1) "Accreditation" means full approval of a nurse prelicensing course of education by one of the following accrediting bodies:

- (a) the ACEN;
- (b) the CCNE; or
- (c) the COA.

(2) "ACEN" means the Accreditation Commission for Education in Nursing, Inc.

(3) "APRN" means advanced practice registered nurse.

(4) "APRN-CRNA" means advanced practice registered nurse with registered nurse anesthetist certification.

(5) "Approved continuing education" in Subsection R156-31b-303(3) means:

(a) continuing education that has been approved by a nationally or internationally recognized approver of professional continuing education for health-related industries;

(b) nursing education courses offered by an approved education program as defined in Subsection R156-31b-102(6); and

(c) training or educational presentations offered by the Division.

(6) "Approved education program" means any nursing education program that meets the standards established in Section 58-31b-601 or Section R156-31b-602.

(7) "CCNE" means the Commission on Collegiate Nursing Education.

(8) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

(9) "COA" means the Council of Accreditation of Nurse Anesthesia Education Programs.

(10) "Comprehensive nursing assessment," as used in Section R156-31b-704, means:

(a) conducting extensive initial and ongoing data collection:

(i) for individuals, families, groups or communities; and

(ii) addressing anticipated changes in patient conditions as well as emergent changes in patient health status;

(b) recognizing alterations to previous patient conditions;

(c) synthesizing the biological, psychological, spiritual, and social aspects of the patient's condition;

(d) evaluating the impact of nursing care; and

(e) using data generated from the assessments conducted pursuant to this Subsection (a)-(d)

to:

(i) make independent decisions regarding patient health care needs;

(ii) plan nursing interventions;

(iii) evaluate any possible need for different interventions; and

(iv) evaluate any possible need to communicate and consult with other health team members.

(11) "Contact hour" in the context of continuing education means 60 minutes.

**Deleted:** ~~... (1) "Academic year", as used in Section R156-31b-601, means:¶~~  
~~... (a) three quarters, with each quarter consisting of at least 10 weeks of instruction; ¶~~  
~~... (b) two semesters, with each semester consisting of at least 14 weeks of instruction; or ¶~~  
~~... (c) 900 clock hours.¶~~

(12) "Delegate," as used in Sections R156-31b-701 and 701a, means to transfer to another person the authority to perform a selected nursing task in a selected situation.

(13) "Delegatee," as used in Sections R156-31b-701 and 701a, means one or more persons assigned by a delegator to act on the delegator's behalf.

(14) "Delegator," as used in Sections R156-31b-701 and 701a, means a person who assigns to another the authority to perform a nursing task on behalf of the delegator.

(15)(a) "Disruptive behavior" means conduct, whether verbal or physical, that:

(i) is demeaning, outrageous, or malicious;

(ii) occurs during the process of delivering patient care; and

(ii) places a patient at risk.

(b) "Disruptive behavior" does not include criticism that is offered in good faith with the aim of improving patient care.

(16) "Focused nursing assessment," as used in Section R156-31b-703, means an appraisal of a patient's status and situation at hand, generating data from which a registered nurse may:

(a) complete a comprehensive assessment; and

(b) determine who needs to be apprised of the information and according to what timeframe.

(17) "Foreign nurse education program" means any program that originates or occurs outside of the United States.

(18) "Individualized healthcare plan" or "IHP," as used in Section R156-31b-701a, means a written document that outlines the provision of student healthcare services intended to achieve specific student outcomes.

(19) "Licensure by equivalency" applies only to the licensed practical nurse credential and may be warranted if the person seeking licensure:

(a) has, within the two-year period preceding the date of application, successfully completed course work in a registered nurse program that meets the criteria established in Sections 58-31b-601 and R156-31b-602; or

(b)(i) is currently enrolled in a fully accredited registered nurse education program; and

(ii) has completed course work that is certified by the education program provider as being equivalent to the course work of an ACEN-accredited practical nursing program.

(20) "LPN" means licensed practical nurse.

(21) "MA-C" means medication aide - certified.

(22) "Medication" means any prescription or nonprescription drug as defined in Subsections 58-17b-102(39) and (61) of the Pharmacy Practice Act.

(23) "NLNAC" means the National League for Nursing Accrediting Commission, which as of May 6, 2013, became known as the Accreditation Commission for Education in Nursing, Inc.

(24) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.

(25) "Non-approved education program" means any nurse prelicensing course of study that does not meet the criteria of Section 58-31b-303, including a foreign nurse education program.

(26) "Nurse" means:

(a) an individual licensed under Title 58, Chapter 31b as:

(i) a licensed practical nurse;

(ii) a registered nurse;

(iii) an advanced practice registered nurse; or

- \_\_\_\_\_ (iv) an advanced practice registered nurse-certified registered nurse anesthetist; or
- \_\_\_\_\_ (b) a certified nurse midwife licensed under Title 58, Chapter 44a.
- \_\_\_\_\_ (27) "Other specified health care professionals", as used in Subsection 58-31b-102(15), means an individual who is permitted to direct the tasks of a licensed practical nurse, including:
  - \_\_\_\_\_ (a) an advanced practice registered nurse;
  - \_\_\_\_\_ (b) a certified nurse midwife;
  - \_\_\_\_\_ (c) a chiropractic physician;
  - \_\_\_\_\_ (d) a dentist;
  - \_\_\_\_\_ (e) an osteopathic physician;
  - \_\_\_\_\_ (f) a physician assistant;
  - \_\_\_\_\_ (g) a podiatric physician;
  - \_\_\_\_\_ (h) an optometrist;
  - \_\_\_\_\_ (i) a naturopathic physician; or
  - \_\_\_\_\_ (j) a mental health therapist as defined in Section 58-60-102(5).
- \_\_\_\_\_ (28) "Patient" means one or more individuals:
  - \_\_\_\_\_ (a) who receive medical and/or nursing care; and
  - \_\_\_\_\_ (b) to whom a licensee owes a duty of care.
- \_\_\_\_\_ (29) "Patient surrogate," as used in Subsection R156-31b-502(1)(d), means an individual who has legal authority to act on behalf of a patient when the patient is unable to act or make decisions unaided, including:
  - \_\_\_\_\_ (a) a parent;
  - \_\_\_\_\_ (b) a foster parent;
  - \_\_\_\_\_ (c) a legal guardian; or
  - \_\_\_\_\_ (d) a person legally designated as the patient's attorney in fact.
- \_\_\_\_\_ (30) "Psychiatric mental health nursing specialty," as used in Subsection 58-31b-302(4)(g), means an expertise in psychiatric mental health, whether as a nurse specialist or nurse practitioner.
- \_\_\_\_\_ (31) "Practitioner," as used in Sections R156-31b-701 and 701a, means a person authorized by law to prescribe treatment, medication, or medical devices.
- \_\_\_\_\_ (32) "RN" means a registered nurse.
- \_\_\_\_\_ (33) "School," as used in Section R156-31b-701a, means any private or public institution of primary or secondary education, including a charter school, pre-school, kindergarten, or special education program.
- \_\_\_\_\_ (34) "Supervision" is as defined in Section R156-1-102a(4).
- \_\_\_\_\_ (35) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b is further defined in Section R156-31b-502.

**R156-31b-103. Authority - Purpose.**

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 31b.

**R156-31b-104. Organization - Relationship to Rule R156-1.**

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

**R156-31b-201. Board of Nursing - Membership.**

In accordance with Subsection 58-31b-201(1), the Board membership shall comprise:

(1) at least six registered nurses, at least two of whom are actively involved in nursing education;

(2) at least one licensed practical nurse; and

(3) at least two advanced practice registered nurses, at least one of whom is an APRN-CRNA.

**R156-31b-202. Advisory Peer Education Committee created - Membership - Duties.**

(1) In accordance with Subsection 58-1-203(1)(f), there is created the Nursing Advisory Education Peer Committee.

(2) The duties and responsibilities of the Nursing Advisory Education Peer Committee are to:

(a) review applications for approval of nursing education programs; and

(b) monitor a nursing education program that is temporarily approved under Section R156-31b-602 as it progresses toward accreditation.

(3) The composition of the Nursing Education Peer Committee shall be:

(a) five RNs or APRNs actively involved in nursing education; and

(b) any member of the Board who wishes to serve on the committee.

**R156-31b-301. License Classifications - Professional Upgrade.**

Upon issuance by the division of an increased scope of practice license:

(1) the increased licensure supersedes the lesser license;

(2) the lesser license is automatically expired; and

(3) the licensee shall immediately destroy the lesser license.

**R156-31b-302a. Qualifications for Licensure - Education Requirements - Validation of Practice.**

(1) Pursuant to Section 58-1-302, an individual who has been licensed by another state may apply for licensure by endorsement by demonstrating:

(a) that the license issued by the other state is current, active, and in good standing as of the date of application; and

(b) that the prelicensing education completed by the applicant:

(i) if completed on or after May 14, 2013, meets the requirements of Section 58-31b-601;

(ii) if completed after January 1, 1987 and prior to May 14, 2013, is equivalent to prelicensing education that was approved by the Board as of the date of the applicant's graduation;

or  
(iii) if completed prior to January 1, 1987 in satisfaction of APRN license education requirements, constitutes a bachelor degree in nursing.

(2) An applicant from a foreign education program shall submit a CGFNS certification demonstrating that the program completed by the applicant is equivalent to an approved registered nurse education program.

(3) LPN licensure by equivalency. In accordance with Sections 58-31b-302(2)(e) and 58-31b-303, the education requirements for licensure are defined as follows:

(a) An applicant for licensure as an LPN by equivalency shall submit written verification from a fully accredited registered nurse education program to demonstrate that the applicant:

Deleted: or

- \_\_\_\_\_ (i) is currently enrolled; and
- \_\_\_\_\_ (ii) has completed course work that is equivalent to the course work of an ACEN-accredited practical nurse program.
- (4) An applicant from a foreign education program shall demonstrate that at least one of the following practice requirements has been met within the five-year period preceding the date of application:
  - \_\_\_\_\_ (a) the applicant has practiced as a nurse for a minimum of 960 hours;
  - \_\_\_\_\_ (b) the applicant has graduated from a nursing program and obtained a degree;
  - \_\_\_\_\_ (c) the applicant has completed a nationally-recognized refresher course;
  - \_\_\_\_\_ (d) the applicant has obtained an advanced (masters or doctorate) nursing degree; or
  - \_\_\_\_\_ (e) the applicant has qualified for and obtained a license upgrade (LPN to RN or RN to APRN).

**R156-31b-302b. Qualifications for Licensure - Experience Requirements for APRNs Specializing in Psychiatric Mental Health Nursing.**

- (1) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice, including mental health therapy.
  - (a) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.
  - (b) The remaining 3,000 hours shall:
    - (i) include a minimum of 1,000 hours of mental health therapy, with one hour of face-to-face supervision for every 20 hours of mental therapy services provided;
    - (ii) unless otherwise approved by the Board and Division, be completed while the individual seeking licensure is:
      - (A) employed by an approved health care provider; and
      - (B) under the supervision of an individual who meets the requirements of this Subsection
- (3).
  - (c) At least 2,000 hours must be completed under the supervision of:
    - (i) an APRN specializing in psychiatric mental health nursing; or
    - (ii) a licensed mental health therapist who is delegated by the supervising APRN to supervise selected clinical experiences under the general supervision of the supervising APRN.
- (2) An applicant who obtains all or part of the clinical practice hours outside of Utah may receive credit for that experience by demonstrating that the training completed is equivalent in all respects to the training required under this section.
- (3) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.
- (4) Duties and responsibilities of a supervisor include:
  - (a) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;
  - (b) supervising not more than three supervisees unless otherwise approved by the Division in collaboration with the Board; and
  - (c) submitting appropriate documentation to the Division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence

to practice.

(5) An applicant for licensure by endorsement as an APRN specializing in psychiatric mental health nursing under the provisions of Section 58-1-302 shall demonstrate compliance with the clinical practice in psychiatric and mental health nursing requirement under Subsection 58-31b-302(4)(g) by demonstrating that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three years immediately preceding the application for licensure.

**R156-31b-302c. Qualifications for Licensure - Examination Requirements.**

(1)(a) An applicant for licensure under Title 58, Chapter 31b shall pass the applicable licensure examination in no more than four attempts within five years of the applicant's date of graduation from the nurse education program.

(b) An individual who does not pass the applicable licensure examination pursuant to this Subsection (1)(a) shall complete another approved nursing education program before again attempting to pass the licensure examination.

(2) In accordance with Section 58-31b-302, the examination requirements for graduates of approved nursing programs are as follows:

(a) an applicant for licensure as an LPN or RN shall pass the applicable NCLEX examination; and

(b) an applicant for licensure as an APRN shall pass a national certification examination consistent with the applicant's educational specialty and administered by one of the following credentialing bodies:

(i) the American Nurses Credentialing Center Certification

(ii) the Pediatric Nursing Certification Board;

(iii) the American Academy of Nurse Practitioners;

(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;

(vi) the American Midwifery Certification Board, Inc.; or

(viii) the Council on Certification of Nurse Anesthetists.

(3) An applicant for licensure as an LPN or RN from a non-approved nursing program shall:

(a) in accordance with Section 58-31b-303 and pursuant to this Subsection (1)(a), pass the applicable NCLEX examination; and

(b) no later than [redacted] following the date of application, achieve a passing score [redacted] on an approved English proficiency test, unless a substantial part of the applicant's nursing program of study, as determined by the Board, was conducted in English.

Deleted: I

Deleted: an applicant for licensure as an LPN or RN from a non-approved nursing program shall

Deleted: in addition to satisfying all other requirements for licensure

(4)(a) An applicant for certification as an MA-C shall pass the NCSBN Medication Aide Certification Examination (MACE):

(i) within six months of completing the approved training program; and

(ii) in no more than three attempts.

(b) An individual who is unable to pass the MACE pursuant to this Subsection (4)(a) shall retake the approved training program before again attempting to pass the examination.

(5) The examinations required under this Section are national exams and cannot be challenged before the Division.

**R156-31b-303. Renewal Cycle - Procedures.**

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308a.

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

(3) Each applicant for renewal shall comply with the following continuing competence requirements:

(a) An LPN or RN shall complete one of the following during the two-year period immediately preceding the date of application for renewal:

(i) licensed practice for not less than 400 hours;

(ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or

(iii) completion of 30 contact hours of approved continuing education hours.

(b) An APRN shall comply with the following:

(i) be currently certified or recertified in the licensee's specialty area of practice; or

(ii) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice.

(c) An MA-C shall complete eight contact hours of approved continuing education related to medications or medication administration during the two-year period immediately preceding the application for renewal.

(4) In addition to complying with the applicable continuing education requirement as outlined in this Subsection (3), any licensee who is authorized to prescribe controlled substances shall comply with Section R156-37-402 and Section 58-37-6.5.

**R156-31b-306. Inactive Licensure, Reinstatement, and Relicensure.**

(1) An individual whose inactive or lapsed license was issued by another state or country shall comply with Section R156-31b-302a in addition to meeting the requirements of this section.

(2) As to an RN or LPN license, an individual seeking license reinstatement or relicensure shall document current competency to practice as a nurse as follows:

(a) an individual who has not practiced as a nurse for up to five years shall document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);

(b) an individual who has not practiced as a nurse for more than five years but less than eight years shall:

(i) pass the required examinations as defined in Section R156-31b-302c within the six-month period following the date of application for licensure; or

(ii) successfully complete an approved re-entry program;

(c) an individual who has not practiced as a nurse for more than eight years but less than 10 years shall:

(i) pass the required examinations as defined in Section R156-31b-302c within the six-month period following the date of application for licensure; and

(ii) successfully complete an approved re-entry program; and

(d) an individual who has not practiced as a nurse for 10 years or more shall:

(i) successfully complete an approved nursing education program; and

(ii) pass the required examinations as defined in Section R156-31b-302c within the six-

**Deleted: R156-31b-304. Temporary Licensure.**

A temporary license issued in accordance with Section 58-1-303 to a graduate of a foreign nursing education program may be issued for a period of time not to exceed one year from the date of issuance and shall not be renewed or extended.

¶

month period following the date of application for licensure.

(3) As to an APRN license, an individual seeking license activation, license reinstatement or relicensure shall document current competency by:

- (a) passing the required examinations as defined in Section R156-31b-302c; and
- (b) obtaining current certification or recertification in the individual's specialty area.

(4) The Division may waive the reinstatement fee for an individual who:

- (a) obtains licensure in Utah;
- (b) thereafter moves to a Nurse Licensure Compact party state and maintains continuous licensure there; and
- (c) later returns to reside in Utah.

**R156-31b-309. Intern Licensure.**

(1) In accordance with Section 58-31b-306, and unless this Subsection (2) or (3) applies, an intern license expires the earlier of:

- (a) 180 days from the date of issuance;
- (b) 30 days after the Division receives notice pursuant to this Subsection (4) that the applicant has failed the licensing examination; or
- (c) upon issuance of an APRN license.

(2) If an intern is applying for licensure as an APRN specializing in psychiatric mental health nursing, the intern license expires three years from the date of issuance.

(3) The Division in collaboration with the Board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

(4) It is the professional responsibility of an APRN Intern:

- (a) to inform the Division of examination results within ten calendar days of receipt; and
- (b) to cause the examination agency to send the examination results directly to the Division.

**Deleted: (a)**

**Deleted: one**

**Deleted: unless the individual timely applies for annual renewal.†**  
**... (b) An individual may renew an intern license a maximum of four times pursuant to this Subsection (2)(a)**

**R156-31b-402. Administrative Penalties.**

In accordance with Subsections 58-31b-102(1) and 58-31b-402(1), unless otherwise ordered by the presiding officer, the following fine schedule shall apply.

(1) Using a protected title:

- initial offense: \$100 - \$600
- subsequent offense(s): \$250 - \$1,000

(2) Using any title that would cause a reasonable person to believe the user is licensed under this chapter:

- initial offense: \$100 - \$5000
- subsequent offense(s): \$200 - \$1,000

(3) Conducting a nursing education program in the state for the purpose of qualifying individuals for licensure without Board approval:

- initial offense: \$1,000 - \$6,000
- subsequent offense(s): \$5,000 - \$20,000

(4) Practicing or attempting to practice nursing without a license or in violation of restrictions that have been placed on a license:

- initial offense: \$500 - \$4,000
- subsequent offense(s): \$2,000 - \$20,000

- (5) Impersonating a licensee, or practicing under a false name:  
initial offense: \$500 - \$4,000  
subsequent offense(s): \$2,000 - \$20,000
- (6) Knowingly employing an unlicensed person:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$1,000 - \$10,000
- (7) Knowingly permitting the use of a license by another person:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$1,000 - \$10,000
- (8) Obtaining a passing score, applying for or obtaining a license, or otherwise dealing with the Division or Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission:  
initial offense: \$500 - \$4,000  
subsequent offense(s): \$2,000 - \$20,000
- (9) violating or aiding or abetting any other person to violate any statute, rule, or order regulating nursing:  
initial offense: \$200 - \$4,000  
subsequent offense(s): \$500 - \$10,000
- (10) violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard:  
initial offense: \$500 - \$4,000  
subsequent offense(s): \$2,000 - \$20,000
- (11) Engaging in conduct that results in convictions of, or a plea of nolo contendere, or a plea of guilty or nolo contendere held in abeyance to a crime of moral turpitude or other crime:  
initial offense: \$500 - \$4,000  
subsequent offense(s): \$2,000 - \$20,000
- (12) Engaging in conduct that results in disciplinary action by any other jurisdiction or regulatory authority:  
initial offense: \$100 - \$1,000  
subsequent offense(s): \$200 - \$2,000
- (13) Engaging in conduct, including the use of intoxicants, drugs to the extent that the conduct does or may impair the ability to safely engage in practice as a nurse:  
initial offense: \$100 - \$1,000  
subsequent offense(s): \$200 - \$2,000
- (14) Practicing or attempting to practice as a nurse when physically or mentally unfit to do so:  
initial offense: \$100 - \$1,000  
subsequent offense(s): \$200 - \$2,000
- (15) Practicing or attempting to practice as a nurse through gross incompetence, gross negligence, or a pattern of incompetency or negligence:  
initial offense: \$500 - \$4,000  
subsequent offense(s): \$2,000 - \$20,000
- (16) Practicing or attempting to practice as a nurse by any form of action or communication which is false, misleading, deceptive, or fraudulent:  
initial offense: \$100 - \$1,000

- \_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (17) Practicing or attempting to practice as a nurse beyond the individual's scope of competency, abilities, or education:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (18) Practicing or attempting to practice as a nurse beyond the scope of licensure:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (19) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's practice:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (20) Failure to safeguard a patient's right to privacy:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (21) Failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (22) Engaging in sexual relations with a patient:  
\_\_\_\_\_ initial offense: \$5,000 - \$20,000  
\_\_\_\_\_ subsequent offense(s): \$20,000
- \_\_\_\_\_ (23) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug:  
\_\_\_\_\_ initial offense: \$200 - \$2,000  
\_\_\_\_\_ subsequent offense(s): \$500 - \$4,000
- \_\_\_\_\_ (24) Unauthorized taking or personal use of nursing supplies from an employer:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (25) Unauthorized taking or personal use of a patient's personal property:  
\_\_\_\_\_ initial offense: \$200 - \$2,000  
\_\_\_\_\_ subsequent offense(s): \$500 - \$4,000
- \_\_\_\_\_ (26) Knowingly entering false or misleading information into a medical record or altering a medical record:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (27) Unlawful or inappropriate delegation of nursing care:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (28) Failure to exercise appropriate supervision:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000
- \_\_\_\_\_ (29) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice:  
\_\_\_\_\_ initial offense: \$100 - \$1,000  
\_\_\_\_\_ subsequent offense(s): \$200 - \$2,000

- (30) Failure to file or impeding the filing of required reports:  
initial offense: \$100 - \$1,000  
subsequent offense(s): \$200 - \$2,000
- (31) Breach of confidentiality:  
initial offense: \$200 - \$2,000  
subsequent offense(s): \$500 - \$4,000
- (32) Failure to pay a penalty:  
Double the original penalty amount up to \$20,000
- (33) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$500 - \$4,000
- (34) Failure to confine practice within the limits of competency:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$500 - \$4,000
- (35) Any other conduct which constitutes unprofessional or unlawful conduct:  
initial offense: \$100 - \$1,000  
subsequent offense(s): \$200 - \$2,000
- (36) Engaging in a sexual relationship with a patient surrogate:  
initial offense: \$1,000 - \$10,000  
subsequent offense(s): \$5,000 - \$20,000
- (37) Engaging in practice in a disruptive manner:  
initial offense: \$100 - \$1,000  
subsequent offense(s): \$200 - \$2,000.

**R156-31b-502. Unprofessional Conduct.**

- (1) "Unprofessional conduct" includes:
- (a) failing to destroy a license that has expired due to the issuance and receipt of an increased scope of practice license;
- (b) knowingly accepting or retaining a license that has been issued pursuant to a mistake or on the basis of erroneous information;
- (c) an RN or LPN issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17b-620, or as may be otherwise legally permissible;
- (d) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:
- (i) that standards of nursing practice are established and carried out;
- (ii) that safe and effective nursing care is provided to patients;
- (iii) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients; or
- (iv) that the nurses employed by the agency have the knowledge, skills, ability and current competence to carry out the requirements of their jobs;
- (e) engaging in sexual contact with a patient surrogate concurrent with the nurse/patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:
- (i) did not result in any form of abuse or exploitation of the surrogate or patient; and
- (ii) did not adversely alter or affect in any way;

- (A) the nurse's professional judgment in treating the patient;
- (B) the nature of the nurse's relationship with the surrogate; or
- (C) the nature of the nurse's relationship with the patient relationship; and
- (f) engaging in disruptive behavior in the practice of nursing.

(2) In accordance with a prescribing practitioner's order and an IHP, a nurse who follows the delegation rule as provided in Sections R156-31b-701 and R156-31b-701a and delegates or trains an unlicensed assistive person to administer medications under Sections 53A-11-601, R156-31b-701 and R156-31b-701a shall not be considered to have engaged in unprofessional conduct for inappropriate delegation.

**R156-31b-602. Requirements for Limited-time Approval of Non-Accredited Nursing Education Programs.**

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(1) Pursuant to Section 58-31b-601(2), a nursing education program may, prior to obtaining an accreditation described in Section 58-31b-601(1), qualify for a limited time as an approved education program as follows:

(a) if the program provider demonstrates that application for accreditation has been made to the ACEN or CCNE, from the date on which a nursing course is first offered through the following 12-month period; or

(b) if the program provider demonstrates that application for accreditation has been made to the COA, from the first day on which a nursing course is offered through completion of the COA initial review process.

(2)(a) A program that is granted limited-time approval pursuant to this Subsection (1) shall retain that approval if, during the applicable time period outlined in Subsection (1):

Deleted: interim

- (i) it achieves candidate status with the ACEN;
- (ii) it achieves applicant status with the CCNE; or
- (iii) it successfully completes the COA initial review process.

(b) A program that meets the qualifications described in this Subsection (2)(a) shall retain its limited-time approval until such time as the accrediting body makes a final determination on the program's application for accreditation.

Deleted: interim

(3) The provider of a program that receives limited-time approval pursuant to this Subsection (1)-(2) shall, pursuant to this Subsection (4), disclose to each student who enrolls:

Deleted: interim

- (a) that program accreditation is pending;
- (b) that any education completed prior to the accrediting body's final determination will satisfy, at least in part, state requirements for prelicensing education; and
- (c) that, if the program fails to achieve accreditation, any student who has not yet graduated will be unable to complete a nurse prelicensing education program through the provider.

(4) The disclosure required by this Subsection (3) shall:

- (a) be signed by each student who enrolls with the provider; and
- (b) at a minimum, state the following: "The nursing program in which you are enrolling has not yet been accredited. The program is being reviewed by the (accrediting body). Any education you complete prior to a final determination by the (accrediting body) will satisfy associated state requirements for licensure. However, if the (accrediting body) ultimately determines that the program does not qualify for accreditation, you will need to transfer into a different program in order to complete your nurse prelicensing education. There is no guarantee that another institution will accept you as a transfer student. If you are accepted, there is no guarantee that the institution

you attend will accept the education you have completed at (name of institution providing disclosure) for credit toward graduation."

**R156-31b-609. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.**

A nursing education program provider located in another state that desires to use Utah health care facilities for clinical experiences for one or more students shall, prior to placing a student, demonstrate to the satisfaction of the Board that:

- (1) the program has been approved by the home state Board of Nursing;
- (2) the program has been fully accredited by the ACEN, CCNE, or COA; and
- (3) the program is affiliated with an institution of higher education.

**R156-31b-701. Delegation of Nursing Tasks.**

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

(1)(a) The delegator retains accountability for the appropriate delegation of tasks and for the nursing care of the patient.

(b) The delegator may not delegate to unlicensed assistive personnel, including a physician's medical assistant, any task requiring the specialized knowledge, judgment, or skill of a licensed nurse.

(c) Before determining which, if any, nursing tasks may be delegated, the delegator shall make a focused nursing assessment of the circumstances, including:

- (i) verification and evaluation of the orders;
- (ii) assessment of:
  - (A) the patient's nursing care needs;
  - (B) the complexity and frequency of the required nursing care;
  - (C) the stability of the patient;
  - (D) any immediate risk to the patient if the task is not carried out;
  - (E) the delegatee's training, knowledge, skills, and abilities;
  - (F) the complexity, irreversibility, predictability of outcome, and potential for harm inherent in the task being delegated;
  - (G) the availability and accessibility of resources, including appropriate equipment, adequate supplies, and other appropriate health care personnel to meet the patient's nursing care needs; and
  - (H) the availability of adequate supervision of the delegatee.

(d) A delegator may not delegate a task that is:

- (i) outside the area of the delegator's responsibility;
- (ii) outside the delegator's personal knowledge, skills, or ability; or
- (iii) beyond the ability or competence of the delegatee to perform:
  - (A) as personally known by the delegator; and
  - (B) as evaluated according to generally accepted nursing practice standards of health, safety, and reasonable prudence.

(e) In delegating a nursing task, the delegator shall:

- (i) provide instruction and direction necessary to allow the delegatee to safely perform the specific task;
- (ii) provide ongoing supervision and evaluation of the delegatee who is performing the

task;

(iii) explain the delegation to ensure that the delegatee understands which patient is to be treated, and according to what time frame;

(iv) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task;

(v) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee; and

(vi)(A) evaluate the following factors to determine the degree of supervision required to ensure safe care:

(I) the stability and condition of the patient;

(II) the training, capability, and willingness of the delegatee to perform the delegated task;

(III) the nature of the task being delegated; and

(V) the proximity and availability of the delegator to the delegatee when the task will be performed; and

(B) ensure that the delegator or another qualified nurse is readily available either in person or by telecommunication to:

(I) evaluate the patient's health status;

(II) evaluate the performance of the delegated task;

(III) determine whether goals are being met; and

(IV) determine the appropriateness of continuing delegation of the task.

(2) Nursing tasks that may be delegated shall meet the following criteria as applied to each specific patient situation:

(a) be considered routine care for the specific patient;

(b) pose little potential hazard for the patient;

(c) be generally expected to produce a predictable outcome for the patient;

(d) be administered according to a previously developed plan of care; and

(e) be limited to those tasks that do not inherently involve nursing judgment that cannot be separated from the procedure.

(3) If the nurse, upon review of the patient's condition, the complexity of the task, the ability of the proposed delegatee, and other criteria established in this Subsection, determines that the proposed delegatee cannot safely provide the requisite care, the nurse shall not delegate the task to such proposed delegatee.

(4) A delegatee may not:

(a) further delegate to another person any task delegated to the individual by the delegator;

or

(b) expand the scope of the delegated task without the express permission of the delegator.

**R156-31b-701a. Delegation of Nursing Tasks in a School Setting.**

In addition to the delegation rule found in Section R156-31b-701, the delegation of tasks in a school setting is further defined, clarified, or established as follows:

Deleted: nursing

(1) Before a nurse may delegate a nursing task that is required to be performed within a school setting, the nurse shall:

(a) develop, in conjunction with the applicable student, parent(s) or parent surrogate(s), educator(s), and healthcare provider(s) an IHP; and

(b) ensure that the IHP is available to school personnel.

(2) Any task being delegated by a school nurse shall be identified within the patient's current IHP.

(3)(a) A school nurse shall personally train any unlicensed person who will be delegated the task of administering medication to a student.

(b) The training required under this Subsection (3)(a) shall be performed at least annually.

(c) A school nurse may not delegate to an unlicensed person the administration of any medication:

(i) with known, frequent side effects that can be life threatening; or

(ii) that requires the student's vital signs or oxygen saturation to be monitored before, during or after administration of the drug;

(iii) that is being administered as a first dose:

(A) of a new medication; or

(B) after a dosage change; or

(iv) that requires nursing assessment or judgment prior to or immediately after administration.

(d) In addition to delegating other nursing tasks pursuant to this rule, a school nurse may delegate to an unlicensed person who has been properly trained regarding a student's IHP:

(i) the routine provision of a scheduled or correction dosage of insulin; and

(ii) the administration of glucagon in an emergency situation, as prescribed by the practitioner's order or specified in the IHP.

**R156-31b-702. Scope of Practice – RN and APRN.**

(1) The lawful scope of practice for an RN employed by a department of health includes:

(a) implementing standing orders and protocols;

(b) completing and providing to a patient prescriptions that have been prepared and signed by a physician in accordance with the provisions of Section 58-17b-620.

(2) An APRN who chooses to change or expand from a primary focus of practice shall, at the request of the Division, document competency within that expanded practice based on education, experience and certification. The burden to demonstrate competency rests upon the licensee.

(3)(a) An individual licensed as an APRN may practice within the scope of practice of an RN.

(b) An individual licensed as an APRN may practice within the scope of practice of an LPN.

(4) An individual licensed in good standing in Utah as either an APRN or a CRNA and residing in this state, may practice as an RN in any Compact state.

**R156-31b-703a. Standards of Professional Accountability.**

The following standards apply equally to the LPN, RN, APRN, and APRN-CRNA credentials. In demonstrating professional accountability, a licensee shall:

(1) practice within the legal boundaries that apply to nursing;

(2) comply with all applicable statutes and rules;

(3) demonstrate honesty and integrity in nursing practice;

(4) base nursing decisions on nursing knowledge and skills, and the needs of patients;

(5) seek clarification of orders when needed;

- (6) obtain orientation/training competency when encountering new equipment and technology or unfamiliar care situations;
- (7) demonstrate attentiveness in delivering nursing care;
- (8) implement patient care, including medication administration, properly and in a timely manner;
- (9) document care provided;
- (10) communicate to other health team members relevant and timely patient information, including:
  - (i) patient status and progress;
  - (ii) patient response or lack of response to therapies;
  - (iii) significant changes in patient condition; and
  - (iv) patient needs;
- (11) take preventive measures to protect patient, others, and self;
- (12) respect patients' rights, concerns, decisions, and dignity;
- (13) promote a safe patient environment;
- (14) maintain appropriate professional boundaries;
- (15) contribute to the implementation of an integrated health care plan;
- (16) respect patient property and the property of others;
- (17) protect confidential information unless obligated by law to disclose the information.
- (18) accept responsibility for individual nursing actions, competence, decisions and behavior in the course of nursing practice;
- (19) maintain continued competence through ongoing learning and application of knowledge in each patient's interest; and
- (20) when functioning in a nursing program educator (faculty) role:
  - (a) teach current theory, principles of nursing practice, and nursing management;
  - (b) ensure that content and student clinical experiences are consistent with current statutes and rules;
  - (c) supervise students who provide nursing services; and
  - (d) evaluate student scholastic and clinical performance against expected program outcomes.

**R156-31b-703b. Scope of Nursing Practice Implementation – LPN and RN.**

- (1) LPN. An LPN may be expected to:
  - (a) conduct a focused nursing assessment;
  - (b) plan for episodic nursing care;
  - (c) conduct patient surveillance and monitoring;
  - (d) assist in identifying patient needs;
  - (e) assist in evaluating nursing care; and
  - (f) participate in nursing management by:
    - (i) assigning nursing activities to other LPNs;
    - (ii) delegating nursing activities for stable patients to unlicensed assistive personnel;
    - (iii) observing nursing measures and providing feedback to nursing managers; and
    - (iv) observing and communicating outcomes of delegated and assigned activities;
- (2) RN. An RN may be expected to:
  - (a) conduct a comprehensive nursing assessment;

- \_\_\_\_\_ (b) detect faulty or missing patient information;
- \_\_\_\_\_ (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual, and social aspects of the patient's condition;
- \_\_\_\_\_ (d) utilize broad and complete analyses to plan strategies of nursing care and nursing interventions that are integrated within each patient's overall health care plan;
- \_\_\_\_\_ (e) demonstrate appropriate decision making, critical thinking, and clinical judgment to make independent nursing decisions and to identify health care needs;
- \_\_\_\_\_ (f) correctly identify changes in each patient's health status;
- \_\_\_\_\_ (g) comprehend clinical implications of patient signs, symptoms, and changes as part of ongoing or emergent situations;
- \_\_\_\_\_ (h) critically evaluate the impact of nursing care, the patient's response to therapy, and the need for alternative interventions;
- \_\_\_\_\_ (i) intervene on behalf of a patient when problems are identified so as to revise a care plan as needed;
- \_\_\_\_\_ (j) appropriately advocate for patients by:
  - \_\_\_\_\_ (i) respecting patients' rights, concerns, decisions, and dignity;
  - \_\_\_\_\_ (ii) identifying patient needs;
  - \_\_\_\_\_ (iii) attending to patient concerns or requests;
  - \_\_\_\_\_ (iv) promoting a safe and therapeutic environment by:
    - \_\_\_\_\_ (i) providing appropriate monitoring and surveillance of the care environment;
    - \_\_\_\_\_ (ii) identifying unsafe care situations; and
    - \_\_\_\_\_ (iii) correcting problems or referring problems to appropriate management level when needed;
- \_\_\_\_\_ (k) communicate with other health team members regarding patient choices, concerns, and special needs, including:
  - \_\_\_\_\_ (i) patient status and progress;
  - \_\_\_\_\_ (ii) patient response or lack of response to therapies; and
  - \_\_\_\_\_ (iii) significant changes in patient condition;
- \_\_\_\_\_ (l) demonstrate the ability to responsibly organize, manage, and supervise the practice of nursing by:
  - \_\_\_\_\_ (i) delegating nursing tasks pursuant to the requirements and boundaries of R156-31b-701 and 701a; and
  - \_\_\_\_\_ (ii) matching patient needs with personnel qualifications, available resources, and appropriate supervision;
- \_\_\_\_\_ (m) teach and counsel patient families regarding an applicable health care regimen, including general information about health and medical conditions, specific procedures, wellness, and prevention;
  - \_\_\_\_\_ (n) if acting as a chief administrative nurse:
    - \_\_\_\_\_ (i) ensure that organizational policies, procedures, and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care;
    - \_\_\_\_\_ (ii)(A) assess the knowledge, skills, and abilities of nursing staff and assistive personnel; and
    - \_\_\_\_\_ (B) ensure all personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level; and
    - \_\_\_\_\_ (iii) ensure that thorough and accurate documentation of personnel records, staff

development, quality assurance, and other aspects of the nursing organization are maintained.

**R156-31b-801. Medication Aide - Certified - Formulary and Protocols.**

In accordance with Subsection 58-31b-102(12)(b)(i), the formulary and protocols for an MA-C to administer routine medications are as follows.

(1) Under the supervision of a licensed nurse as defined in Subsection R156-31b-102(41), an MA-C may:

- (a) administer over-the-counter medication;
- (b) administer prescription medications:
  - (i) if expressly instructed to do so by the supervising nurse; and
  - (ii) via approved routes as listed in Subsection 58-31b-102(17)(b);
- (c) turn oxygen on and off at a predetermined, established flow rate;
- (d) destroy medications per facility policy;
- (e) assist a patient with self administration; and
- (f) account for controlled substances with another MA-C or nurse.

(2) An MA-C may not administer medication via the following routes:

- (a) central lines;
- (b) colostomy;
- (c) intramuscular;
- (d) subcutaneous;
- (e) intrathecal;
- (f) intravenous;
- (g) nasogastric;
- (h) nonmetered inhaler;
- (i) intradermal;
- (j) urethral;
- (k) epidural;
- (l) endotracheal; or
- (m) gastronomy or jejunostomy tubes.

(3) An MA-C may not administer the following kinds of medications:

- (a) barium and other diagnostic contrast;
- (b) chemotherapeutic agents except oral maintenance chemotherapy;
- (c) medication pumps including client controlled analgesia; and
- (d) nitroglycerin paste.

(4) An MA-C may not:

- (a) administer any medication that requires nursing assessment or judgment prior to administration, through on-going evaluation, or during follow-up;
- (b) receive written or verbal orders;
- (c) transcribe orders from the medical record;
- (d) conduct patient or resident assessments or evaluations;
- (e) engage in patient or resident teaching activities regarding medications unless expressly instructed to do so by the supervising nurse;
- (f) calculate drug doses, or administer any medication that requires a medication calculation to determine the appropriate dose;
- (g) administer the first dose of a new medication or a dosage change, unless expressly

instructed to do so by the supervising nurse; or

(h) account for controlled substances, unless assisted by another MA-C or a nurse.

(5) In accordance with Section R156-31b-701, a nurse may refuse to delegate the administration of medications to a specific patient or in a specific situation.

(6) A nurse practicing in a facility that is required to provide nursing services 24 hours per day shall not supervise more than two MA-Cs per shift.

(7) A nurse providing nursing services in a facility that is not required to provide nursing services 24 hours per day may supervise as many as four MA-Cs per shift.

**R156-31b-802. Medication Aide - Certified - Approval of Training Programs.**

In accordance with Subsection 58-31b-601(3), the minimum standards for an MA-C training program to be approved by the Division in collaboration with the Board and the process to obtain approval are established as follows.

(1) All training programs shall be approved by the Division in collaboration with the Board and shall obtain approval prior to the program being implemented.

(2) Training programs may be offered by an educational institution, a health care facility, or a health care association.

(3) The program shall consist of at least:

(a) 60 clock hours of didactic (classroom) training that is consistent with the model curriculum in Section R156-31b-803; and

(b) 40 hours of practical training within a long-term care facility.

(4) The classroom instructor shall:

(a)(i) have a current, active, unencumbered LPN, RN, or APRN license or multistate privilege to practice nursing in Utah; and

(ii) have at least one year of clinical experience; or

(b)(i) be an approved certified nurse aide (CNA) instructor who has completed a "Train the Trainer" program recognized by the Utah Nursing Assistant Registry; and

(ii) have at least one year of clinical experience.

(5)(a) The on-site practical training experience instructor shall meet the following criteria:

(i)(A) have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah; and

(B) have at least one year of clinical experience; or

(ii)(A) be an approved certified nurse aide CNA instructor who has completed a "Train the Trainer" program recognized by the Utah Nursing Assistant Registry; and

(B) have at least one year of clinical experience.

(b) The practical training instructor-to-student ratio shall be:

(i) 1:2 if the instructor is working one-on-one with the student to administer medications;

or

(ii) 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse.

(c) The on-site practical training experience instructor shall be on site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience.

(6) An entity seeking approval to provide an MA-C training program shall:

(a) submit to the Division a complete application form prescribed by the Division;

(b) provide evidence of adequate and appropriate trainers and resources to provide the training program, including a well-stocked clinical skills lab or the equivalent;

(c) submit to the Division a copy of the proposed training curriculum and an attestation that the proposed curriculum is consistent with the model curriculum referenced in Section R156-31b-803;

(d) document minimal admission requirements, which shall include:

(i) an earned high school diploma or successful passage of the general educational development (GED) test;

(ii) current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry;

(iii) at least 2,000 hours of experience completed:

(A) as a certified nurse aide working in a long-term care setting; and

(B) within the two-year period preceding the date of application to the training program;  
and

(iv) current cardiopulmonary resuscitation (CPR) certification.

**R156-31b-803. Medication Aide - Certified - Model Curriculum.**

A school that offers a medication aide certification program shall follow the "Medication Assistant-Certified (MA-C) Model Curriculum" adopted by the National Council of State Boards of Nursing's Delegate Assembly on August 9, 2007, which is hereby adopted and incorporated by reference.

**KEY: licensing, nurses**

**Date of Enactment or Last Substantive Amendment: July 8, 2010**

**Notice of Continuation: March 18, 2013**

**Authorizing, and Implemented or Interpreted Law: 58-31b-101; 58-1-106(1)(a); 58-1-202(1)(a)**

## BOARD OF NURSING NON-COMPLIANCE REPORT – JULY 11, 2013

### PROBATIONERS BEING SEEN BY BOARD

**Julia Gillingham 2013-186:** Initial Interview. She met with compliance staff and is requesting the narcotic restriction be lifted from her Order to help her obtain employment. (The Board needs to approve her essay.)

### QUARTERLY PROBATIONERS NOT BEING SEEN BY BOARD

**Amy Nau 2012-210:** Drug screens not required. She submitted all of her required paperwork. *Compliant*

**Betsy Ross 2013-115:** Surrender document was sent to her.

**\*Christopher Singer 2012-473:** One drug screen in June was dilute so additional tests were added. He submitted his paperwork but only attended one 12-Step and one PIR meeting last month. (He was told in a letter dated May 7, 2013 from Ms. Kimball that he was required to attend one meeting a week, submit a Substance Use Disorder Evaluation completed after the June 2012 DUI charge, a BCI report, and a letter from his attorney clarifying the number of DUI's received. None of this information has been submitted to the Division as of July 9, 2013.) CSD is okay as he has no new scripts. *Non-Compliant*

**Debra Davenport/Tyler 2010-427:** Drug screens are not required. She submitted all of her required paperwork. *Compliant*

**Debra Pittman 2012-532:** Drug screens are not required. She has submitted all of her required paperwork. *Compliant*

**Destine Banta 2013-119:** Drug screens were negative. She submitted all of her required paperwork. CSD is okay as she submitted all prescriptions. *Compliant*

**Heather Holmes 2011-242:** Drug screens are all negative. Received all required paperwork. CSD is okay as she has submitted her prescriptions. *Compliant*

**Jill Smith 2012-114:** Drug screens were prescription positive. I received all of her required paperwork. CSD is okay as there were no new scripts this past quarter. *Compliant*

**Joanne Somers 2011-188:** Drug screens are not required. She submitted all required paperwork. *Compliant*

**Katie Blackham 2012-199:** I tried to reach her by telephone to find out what her plans are.

**\*Katy Roach 2011-244:** She had one dilute drug screen in June and additional screens have been scheduled. She submitted all of her paperwork except her employer report. CSD is okay as she has submitted all required prescriptions. *Non-Compliant*

**\*Marc Hancock 2011-162:** All drug screens were negative. He submitted his employer report and 12/PIR meetings attendance but they were late. He failed to submit his self-assessment. He only attended one 12-Step meeting in June and no PIR in May. CSD filled a script 5/15/13 but never submitted it to the Division. *Non-Compliant* (Referring him for an Informal Adjudicative Proceeding.)

**Melanie Larsen 2011-236:** Drug screens are all negative. Received all required paperwork. CSD is okay as there were no new scripts for the past quarter. *Compliant*

**\*Monica Murdock 2012-324:** Drug screens were negative except for one on 5/8/13. She submitted her paperwork but it was submitted late on 7/6 and 7/8, 2013. (The Division is referring her for an Informal Adjudicative Proceeding.) *Non-Compliant*

**\*Sam Bellacomo 2010-197:** He has had a couple of abnormal UA's for a low creatinine. I have emailed him about watching his fluid intake before testing or testing earlier in the day. He has submitted all of his paperwork except for his therapy report. CSD is okay as he has not received any scripts this past quarter. *Non-Compliant*

**Susan Merryweather 2001-19:** All drug screens are prescription positive. She submitted all required paperwork. CSD is okay as she has submitted all prescriptions. *Compliant*

**Tina Godbe 2011-387:** Drug screens were all negative. She submitted all paperwork except her employer report. CSD is okay as she submitted all of her scripts.

**\*Vaiola Panter 2011-194:** Drug screens are negative. She submitted all of her required paperwork. Still need prescription receipts for medications filled 5/31/13 and 6/3/13. *Non-Compliant*

#### **MONTHLY PROBATIONERS NOT MEETING WITH THE BOARD:**

**Dana Swindell 2012-464:** Drug screens not required. Submitted all required paperwork. *Compliant*

**Traci Lujan 2012-418:** All drug screens are prescription positive. She submitted all required paperwork. CSD is okay as she has submitted all scripts. *Compliant*

**Tige Hazleton 2013-26:** All drug screens are all negative. He has submitted all required paperwork. CSD is okay as there were no new scripts this past month. *Compliant*

**\*Karrie Larson 2013-66:** She had a positive drug screen on 6/3/13 and has no explanation unless it is something she took over-the-counter or poppy seeds. The Division has asked Affinity to run a GCMS on this test and we are waiting for the results. She submitted her self-assessment and PIR/12-Step attendance but no therapy report or employer report. *Non-Compliant*

**Robin Walker 2012-463:** Drug screens not required. She has submitted all required paperwork. *Compliant*

**\*Traci Johnson 2013-67:** Drug screens not required. She submitted all required paperwork. We need one prescription. *Non-Compliant*

**\*Lyndi Slack 2013-62:** Drug screens are all negative. She submitted her self-assessment, 12-Step and PIR attendance but no therapy or employer report. CSD is okay s there were no new scripts. *Non-Compliant* (Referred for an Informal Adjudicative Proceeding.)

### **NEW PROBATIONERS AWAITING THEIR INITIAL INTERVIEW WITH THE BOARD**

**Christy Porter 2013-211:** Has met with compliance staff.

**Sara Calderas 2013-228:** Sent a non-compliance letter because she has not contacted the Division to meet with compliance staff. If she doesn't respond then the Division will consider an Informal Adjudicative Procedure.

**Toni Pettit 2013-192:** Sent a non-compliance letter because she has not contacted the Division to meet with compliance staff. If she doesn't respond then the Division will consider an Informal Adjudicative Procedure.

**Peggy Jacobsen-VanDam 2013-226:** Met with compliance staff.

**Todd Powell 2013-265:** Has met with compliance staff.

**Brian Stokes 2013-262:** Has met with compliance staff.

## NURSING BOARD SPECIAL COMPLIANCE REPORT JULY 2013

### Special Requests

**Suzanne Menatti/Irish 2009-159:** She is requesting her narcotic restriction be lifted. She has been employed at Highland Ridge for six months and her employer reports are above average and average. She has been compliant with submitting her paperwork except she was confused when she went to quarterly reporting so her June reports were late except for her 12-Step/PIR attendance and they were on time. **(Amend Order to allow access to pass and count for narcotics/Dr. Hobbins.)**

**Tyge Hazleton 2013-25:** He is requesting his narcotic restriction be lifted. He has been on probation four months and working for three months. He has always been compliant with his paperwork **(Denied request, too early in his monitoring/Dr. Hobbins.)**

**Dale Hullinger 2009-358:** Requesting he be allowed to work home health care. Drug screens have been negative or prescription positive. He is on Cyclobenzaprine, Gabapentin, Tramadol. He has submitted all of his paperwork on time and is compliant at this time. **(Upon receipt of a job description from the home health facility, a letter from the supervisor stating they understand he cannot go into homes, and he will work only in the office, the Board and Division will consider this request at that time.)**

**Destine Banta 2013-119 :** Received her evaluation and need the Boards opinion on whether she needs to be in treatment or attend 12-Step or PIR meetings. **(Amending her Order stating she is not required to attend therapy. She is required to attend 12-Step and PIR meetings and continue drug testing.)**

**Betsy Ross 2013-115:** Received her psychological/substance assessment. Compliance needs to know if she is required to attend therapy or 12-Step meetings. Need a fitness for duty from the psych evaluator. **(She submitted a letter requesting she be allowed to surrender her license. The surrender document has been sent.)**

**Karrie Larsen 2013-66:** On June 3, 2013 her drug screen was positive for morphine. She had no scrips validating the positive morphine. I have in her file a copy of the drug screen, her explanation (which states she has no idea) and a list of all medications she is on. **(The Division is requesting a GCMS on this drug screen through Affinity.)**

**Tina L'Estrange 2011-142:** Request terminate therapy. Received a therapy report from her therapist recommending discharge from therapy. **(Amend her Order to terminate therapy at the request of her therapist/Dr. Hobbins approved the termination.)**

**Joanne Somers 2011-188:** Request terminate therapy. Received a therapy report from her therapist stating she does not require ongoing regular therapy appointments. **(Amend her Order to terminate therapy at the request of her therapist/Dr. Hobbins approved the termination.)**

**Teresa Williams 2006-120:** To have three prescribers Dr. Graham to call in her Xanax only and Dr. Francis do all others except Dr. Clemens to do the Suboxone, **(Dr. Hobbins approved her to have three prescribers.)**

### Initial Interviews

**Julia Gillingham 2013-186:** Initial interview. She met with compliance staff and is requesting the narcotic restriction be lifted from her Order. **(She will be meeting with the Board on July 11, 2013 and the Division will not consider her request until her evals have been submitted to the Division.)**

**Sara Calderas 2013-228:** Initial interview. She has not contacted compliance to meet and review her Order. **(Sent a non-compliance letter because she has failed to contact compliance staff for an interview to review her Order.)**

**Christy Proctor 2013-211:** Initial interview. She met with compliance staff and reviewed her Order June 6, 2013. **(Needs to be scheduled to meet with the Board for her Initial Interview. Her first months paperwork was late but she did submit it.)**

**Toni Pettit 2013-192:** Initial interview. She has not contacted compliance to meet and review her Order. **(Sending a non-compliance letter because she has failed to contact compliance staff for an interview to review her Order. I reminded her it has to be to the division by the 1<sup>st</sup> day of the month.)**

### Informal Adjudicative Proceedings

**Lyndi Slack 2013-62:** Scheduled for October 2013.

**Rebecca Davis 2009-61/2012-365/2013—6:** Need to discussed further before scheduling.

**Monica Murdock 2012-324:** Scheduled for October 2013.

**Julie Willardson 2012-5:** Need to schedule

**Marc Hancock 2011-162:** Scheduled for October 2013.