



ASBN

Update

December 2018 • Volume 22 • Number 5 • www.arsbn.org

**WHAT HAPPENS TO MY
MULTISTATE
ARKANSAS
NURSING LICENSE
WHEN I MOVE OUT OF STATE?**

ALSO IN THIS EDITION:
**WHAT IS
PROFESSIONAL
CONDUCT?**

**NURSES DAY
AT THE CAPITOL:
FEBRUARY 11, 2019**

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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

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Address Change? Name Change? Question?
In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank You.

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ASBN Update www.arsbn.org

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The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.



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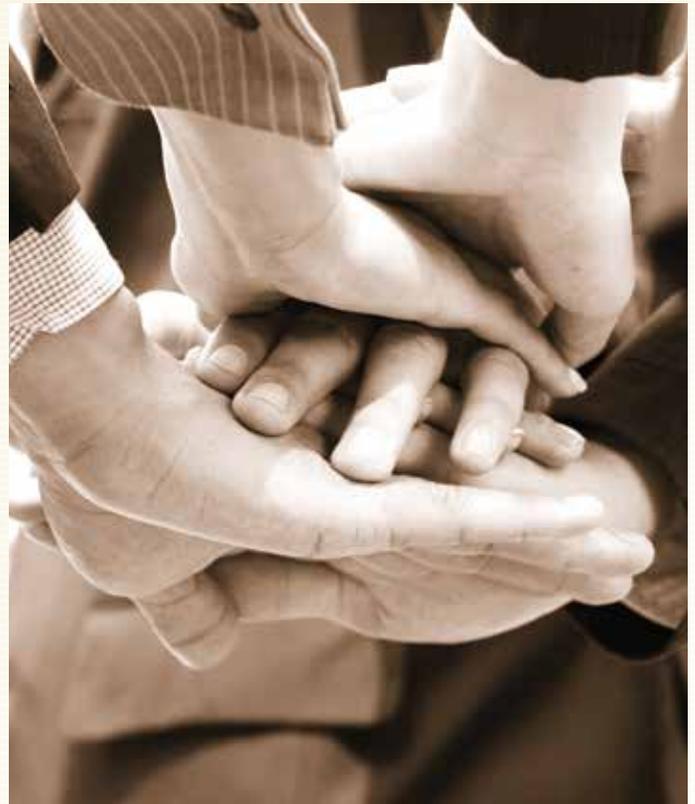
TOGETHER, WE CAN DO SO MUCH!

It is that time again — another legislative session begins in January. During the session our legislators will make new laws which affect the citizens of Arkansas. Back in the 1800s the general public had little knowledge of what was happening in government due to limited communication. Their communication was generally word of mouth — imagine a world without the telephone, internet, email, Facebook, Twitter, Snapchat and all the other means we use to communicate. In today's world, anyone can log on to the General Assembly's website to see what bills have been filed, the progress of each bill and when the legislators are meeting. You can even watch some of the meetings through live streaming video. All of this access allows you, as a citizen, to have the ability to stay informed and voice your opinion to those you elected to make our laws.

During each legislative session I get on my soap box and ask, beg, plead and do anything else I can think of to get nurses involved. Arkansas has approximately 55,000 actively licensed nurses. There is power in numbers, and if we speak up we can influence how our legislators vote on the issues that come before them. This influence should always begin with education. You cannot assume the legislators know the issues that affect nursing practice. There are so many bills presented to them, it is humanly impossible to be an expert on every issue. They may have a general understanding, but often lack the fine details. This is where you come in. Contact your legislators and educate them on the issues and why they are important to you.

Do you know who is the Senator and Representative for your district? I applaud you if you do. However, if you are not sure, it is easy to find out this information by logging into states.org/find_your_legislator. Part of their job is to listen to the concerns of the constituents who elected them into the office.

There will be multiple bills filed that affect nursing practice. Other bills may not directly affect your practice



now, but could in the future. Some of the bills will be good for nursing and others will not be in our best interest and could even be detrimental to providing safe patient care. You can see all bills filed on the General Assembly website at www.arkleg.state.ar.us. Another good website to follow the nursing related bills is Nurses for Arkansas at <http://www.nursesforarkansas.com>.

Helen Keller offered very good advice, "Alone we can do little. Together we can do much." Take her advice and let's work together to make nursing practice in Arkansas the best in the United States.

Sue A. Tedford



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2019 BOARD DATES

January 9Hearings
January 10. Business Meeting
February 13Hearings
February 14Hearings
March 26-28. . . NCSBN Mid-year
Meeting, San Antonio, TX
April 10.Hearings
April 11Hearings
May 8Hearings
May 9 Business Meeting
June 5Hearings
June 6 . . Board Strategic Planning
July 10.Hearings
July 11Hearings
August 21-23NCSBN Annual
Meeting, Chicago, IL
September 11Hearings
September 12. . Business Meeting
October 9Hearings
October 10Hearings
November 13Hearings
November 14Hearings

Special Notice about the Arkansas State Board of Nursing Magazine

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the *ASBN Update's* contents. Please contact LouAnn Walker at the Board office (501.686.2715) if you have questions about any of the articles in this magazine.



Standing, L to R: Renee Mihalko-Corbitt, APRN; Janice Ivers, RN; Melanie Garner, LPN; Rachel Sims, RN; Lance Lindow, RN; Stacie Hipp, APRN; Pamela Leal, RN, Rep. of the Older Population; Haley Strunk, LPN; Neldia Dycus, RN. Seated, L to R: Mike Burdine, RN, Treasurer; Yolanda Green, LPN, Vice President; Ramonda Housh, APRN, President; Kaci Bohn, Ph.D., Consumer Representative, Secretary

BOARD BUSINESS

Vice President Lance Lindow presided over the hearings held on October 10-11 and November 14-15.

NURSES DAY AT THE CAPITOL FEBRUARY 11, 2019

Activities begin at 8:30 a.m. on the 2nd floor of the Rotunda at the State Capitol.

Nurses who are planning on attending are encouraged to go to nursesforarkansas.com to get the latest updates on proposed legislation and talking points. The Arkansas Center for Nursing will be there with buttons for all nurses to wear so we are clearly identified as a nurse.





What Happens to My MULTISTATE ARKANSAS NURSING LICENSE *When I* **MOVE OUT OF STATE?**



The Arkansas State Board of Nursing frequently receives calls from Arkansas nurses who are moving and changing their primary state of residence (PSOR) to another state. The registered nurses (RNs) and licensed practical or vocational nurses (LPN/LVNs) are only able to hold a multistate license in one state at a time, the declared PSOR. The nurse is responsible for submitting an application for endorsement to the board of nursing in the new PSOR and notifying Arkansas State Board of Nursing of the new address.

What happens to an Arkansas multistate license depends on what state the nurse is moving to and if that state is a member or not a member of the Nurse Licensure Compact (NLC).

If the nurse moves PSOR to a state that does not participate in or has not enacted the NLC, that state is referred to as a noncompact state. Once a license is issued in the noncompact state, the Arkansas multistate license

is changed to a single state license that is valid only in Arkansas. An Arkansas single state license does not entitle the nurse to practice nursing in any other compact or noncompact state.

If the nurse moves PSOR to a state that participates in the NLC, that state is referred to as a compact state. The nurse would be moving from one compact state (Arkansas) to a new compact state. The nurse should immediately submit an endorsement application for multistate license review to the new compact state. Once the new multistate license is issued, the Arkansas multistate license will be inactivated.

It is important to note that when a nurse changes PSOR, proof of residency may be required. Sources that may be used to verify PSOR may include driver's license, federal income tax return, or voter registration. Additional information regarding the Compact is located at www.arsbn.org. Click on the Compact tab.



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ADVANCED PRACTICE REGISTERED NURSE (APRN) DECISION MAKING MODEL

The Arkansas State Board of Nursing (ASBN) staff frequently receive calls regarding APRN scope of practice (SOP) issues. Most often APRNs are asking for clarification regarding a specific task/function. In the past, the APRN was referred to the **Decision Making Model, Position Statement 98-6**. The Board approved this Decision Making Model November 1998. It is an excellent model for the registered nurse and the licensed practical nurse. However, it does not meet the complex needs of the APRN.

A new **APRN Decision Making Model** was approved by the Board on September 13, 2018. This model was adapted with permission from the Kentucky Board of Nursing Scope of Practice Decision-Making Model for APRNs, Iowa Board of Nursing Scope of Practice Decision Making Model for Advanced Registered Nurse Practitioners, and the American Nurses Association Scope-of-Practice Decision Making Model for CNPs and CNSs. This model's algorithm directs the APRNs query as the original model. The APRN continues through the algorithm as long as a stop sign is not encountered.

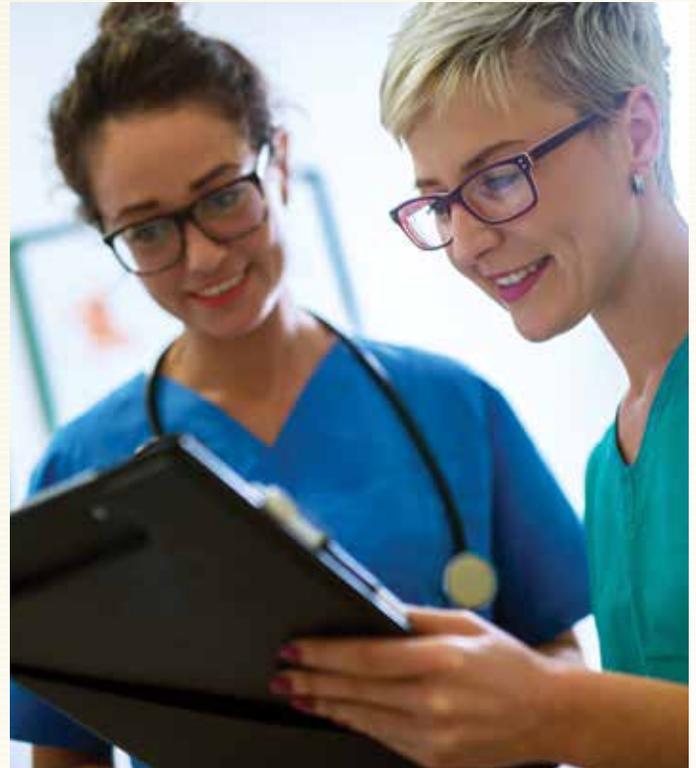
IDENTIFY, DESCRIBE, CLARIFY TASK

The APRN Decision Making Model begins by asking the APRN to identify, describe, or clarify the task under consideration and then to review the APRN scope of practice based on the ASBN *Nurse Practice Act (NPA)* and ASBN *Rules*. As an example, the APRN may want to determine whether suturing is within their scope.

ASBN SCOPE OF PRACTICE

The APRN SOP is found in ASBN *Rules*, Chapter 4, Section I. It states:

"The advanced practice registered nurse shall practice in a manner consistent with the definition of the practice of advanced practice registered nursing set forth in Arkansas Code Annotated §17-87-102 (4),(5),(6),(7),(8), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these rules. The



advanced practice registered nurse (APRN) may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained."

As you can see, the definition covers all four roles of APRNs and is not specific to any specific role.

EXPRESSLY PROHIBITED

Is this task/function expressly prohibited by the ASBN *NPA*, ASBN *Rules*, or any other law or policy? Is this task declared as the practice of medicine by the Medical Practice Act? If the answer is yes, the task/function is outside the SOP of the APRN. Refer to a professional qualified to perform the task/function. If the task/function is not expressly prohibited by the ASBN *NPA*, ASBN *Rules* or any other law or policy, then consider the next question.

EDUCATIONAL PREPARATION AND NATIONAL CERTIFICATION SPECIALTY AREA

Is this task/function included in the SOP based on APRN educational preparation and national certification specialty area? Remember, our task/function to consider is suturing. The APRN must declare their role and specialty, if applicable. Consider this task/function for the certified nurse practitioner with a specialty in psych/mental health. This APRN would probably encounter the stop sign at this point.

If unsure, the APRN must determine if the task/function is consistent with APRN education, certification, population foci, national standards of practice, current APRN competencies, current nursing literature and research, policies and procedures, institution, accreditation standards, information on certification test content outline, or role delineation study.

If the answer is yes the task is consistent with the above, the APRN can consider the task within the scope of licensure not necessarily the SOP at this time. The APRN would then move to the next question.

ACCEPTED "STANDARD OF CARE"

Is the performance of the task/function within the accepted "standard of care" which would be provided in similar circumstances by reasonable and prudent APRNs who have similar training and experience? This would be determined by a literature review.

EVIDENCE OF KNOWLEDGE, SKILL, EDUCATION

Do you have the required knowledge, skill, education and experience to do the activity or task? Can you produce documentation or evidence that you have the knowledge, current skills, education, and experience to do the activity or task? Do you have

evidence of a didactic educational process? Do you have documented evidence of competency?

ACCOUNTABILITY

Are you prepared to manage the consequences and accept accountability for your actions? Can you defend yourself if an adverse event occurs? This would include not only a patient complaint but also a medical malpractice claim.

PATIENT WITHOUT HARM

Is it reasonable to expect the patient will be safe/without harm

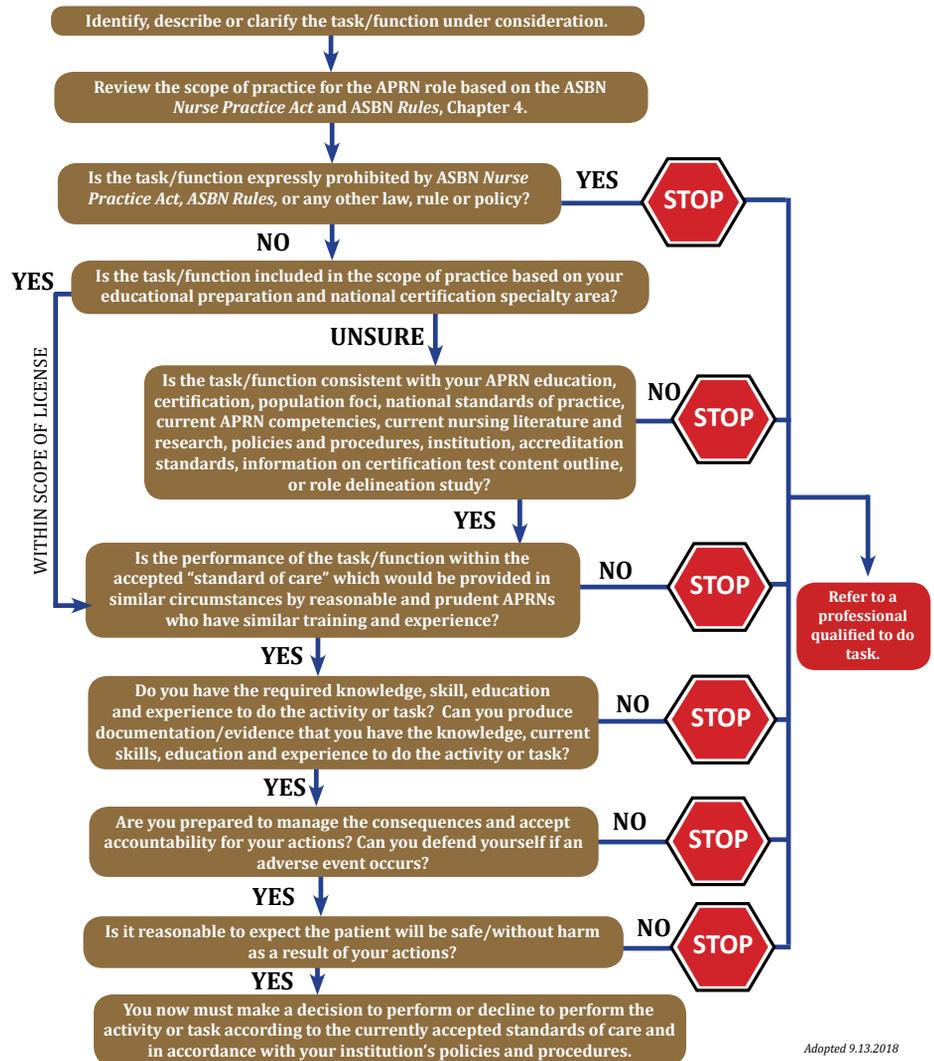
as a result of your actions?

DECISION

You must now make a decision to perform or decline to perform the activity or task according to the currently accepted standards of care and in accordance with your institution's policies and procedures.

Learn to work through this model. Be sure that you can defend any decision to perform or refuse an act. Once the act is performed, you are legally accountable. Contact the Advanced Practice Department with any questions.

Arkansas State Board of Nursing ADVANCED PRACTICE REGISTERED NURSE (APRN) SCOPE OF PRACTICE DECISION MAKING MODEL



Adopted 9.13.2018
Acknowledgements: Adapted with permission from Kentucky Board of Nursing Scope of Practice Decision-Making Model for APRNs, 2/88; Iowa Board of Nursing Scope of Practice Decision Making Model for Advanced Registered Nurse Practitioners; American Nurses Association Scope-of-Practice Decision Making Model for CNPs and CNS.



Are You a **PATIENT ADVOCATE?**

What is the first principle taught to new nursing students? The first thing I remember from UALR, all those years ago, is that the primary role of a nurse is that of patient advocate. If the decisions we make and the duties we perform are steeped in this philosophy we will perform at a higher level of patient care.

My wife recently had foot surgery as an outpatient at the facility where I am employed. We arrived at 0630 as scheduled. Two nurses from the day surgery staff arrived to get her ready. One tackled the tedious task of entering her data in the electronic medical record while the other helped her get dressed, started the IV and so forth. One of them mentioned that she was running a little behind. I certainly understood. These days it seems that a nurse who isn't at least a little behind runs the risk of being sent home to reduce payroll costs! Nevertheless, my wife was ready in just a few minutes. She was then transported to the pre-op holding area to meet with anesthesia staff and sign consent.

At that point I waited just like every other consumer of health care in our society does. I know all the risks of such procedures and I know and trust the competence of the people who were caring for my wife. After an hour, the operating room nurse called to give me an update. She said everything was fine and told me that the anesthesia provider had performed a popliteal nerve block in the pre-operative holding area prior to the start of surgery. She said the case was well underway and things were fine.

The surgeon updated me when he finished. The procedure went exactly as planned with no surprises or complications, and he was pleased with the result. Soon, my wife was out of surgery and in the recovery room. My colleagues allowed me to see her. After noting her perfect vital signs on the monitor, my question was, "Are you hurting?" Her pain level was zero on a scale of ten. This was great news. The nerve block was working. After a half hour or so in the recovery room, where she required no analgesics, we returned to the day surgery area. Her IV was discontinued, she got dressed, was fitted with her walking boot, and we headed home.

Once at home I learned what happened just prior to surgery. On arrival to the pre-op holding area she met her anesthesia provider, a CRNA, and signed the consent form.



Then another CRNA was summoned to perform the nerve block. As he was about to start, someone came in and said the people in the OR were ready and they needed to take her in. Heather, the circulating nurse, said her vote was to do the block because it was ordered. Wayne, the CRNA, said he had never been in such a hurry that he didn't have five minutes to do the right thing! I'm so grateful these two nurses acted as advocates for my wife. Because of them my wife was pain-free for the first 26 hours after her surgery and required no pain medication in that time. For a couple of days afterward, she did have quite a bit of pain, which we controlled with ice, elevation, and very little medication. As a PACU nurse, naturally I frequently asked her about her pain on a scale of one to ten. From about 26 hours post-op to about 72 hours post-op her pain was peaking around six to eight. After 72 hours her pain decreased to a peak level around four.

The benefit to the patient of the advocacy provided by these nurses can actually be quantified. The nerve block reduced the time the patient spent in severe pain (defined as greater than or equal to a level six on a scale of ten) from approximately 72 hours to 46 hours, a reduction of approximately 35 percent of the time spent in severe pain with a reduction in analgesia requirements.

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This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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What Is PROFESSIONAL CONDUCT?

Nurses are licensed professionals. Yes, nurses have spent countless hours at the library studying, logging clinical experiences minute by minute, and finally — the day comes when you receive notice of passing the licensure examination. What a journey. At times, as you develop during your career, some nurses become comfortable and settle into repetitive good and not so good habits. These are not necessarily bad nurses; often these are nurses with a strong passion for nursing. This driving passion may lead the nurse into gray areas that may ultimately lead to disciplinary action on their licensure. The nurse must never lose sight that they are a licensed professional.

Each profession has a code of professional conduct. For nursing, it is specified in the *Nurse Practice Act (NPA)* and *Rules*. This is the law that nurses must follow. It is codified in Ark. Code Ann. Title 17, Chapter 87. The *NPA* and *Rules*, Chapter 7, Section II, A., states,

“the Board shall have sole authority to deny, suspend, revoke, or limit any license or privilege to practice nursing, or certificate of prescriptive authority issued by the Board or applied for in accordance with the provisions of this chapter or otherwise discipline a licensee upon proof that the person is guilty of unprofessional conduct.”

In the *Rules*, Chapter 7, Section IV, No. 6, the term “unprofessional conduct” includes, but is not limited to, the conduct listed below:

- a. Failing to assess and evaluate a patient’s status or failing to institute nursing intervention, which might be required to stabilize a patient’s condition or prevent complications.
- b. Failing to accurately or intelligibly report or document a patient’s symptoms, responses, progress, medications, and/or treatments.
- c. Failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.
- d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.
- e. Failing to administer medications and/or treatments in a responsible manner.
- f. Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.
- g. Violating the confidentiality of information or knowledge concerning the patient except where required by law.
- h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.
- i. Leaving a nursing assignment without notifying appropriate personnel.
- j. Failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the *Arkansas Nurse Practice Act* or duly promulgated rules or orders.
- k. Delegating nursing care functions and/or responsibilities in violation of the *Arkansas Nurse Practice Act* and



the Arkansas State Board of Nursing *Rules*, Chapter 5.

- l. Failing to supervise persons to whom nursing functions are delegated or assigned.
- m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impairment.
- n. Failing to conform to the Universal Precautions for preventing the transmission of Human Immuno-deficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.
- o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.
- p. Failing or refusing a drug screen as requested by employer or Board.
- q. Engaging in acts of dishonesty, which relate to the practice of nursing.
- r. Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public.
- s. Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing.

- t. Failure to comply with the terms and conditions of the Letter of Reprimand, Board Order, Consent Agreement or the Alternative to Discipline contract.
- u. Any other conduct that, in the opinion of the Board, is likely to deceive, defraud, injure or harm a patient or the public by an act, practice, or omission that fails to conform to the accepted standards of the nursing profession.

Many nurses are surprised when they see this list of unprofessional conduct. For example, not wearing a name badge or failing to follow universal precautions are examples of unprofessional conduct, yet most nurses probably would not think of these actions as grievous violations that may result in discipline. Nevertheless, it is the law to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public. Wearing gloves protects the patient AND the nurse during invasive procedures. Many nurses would be surprised that the public does periodically register complaints on a nurse not wearing a name badge with the appropriate insignia.

Not administering medications to a patient is always recognized as unprofessional conduct. But when the

continued on page 16



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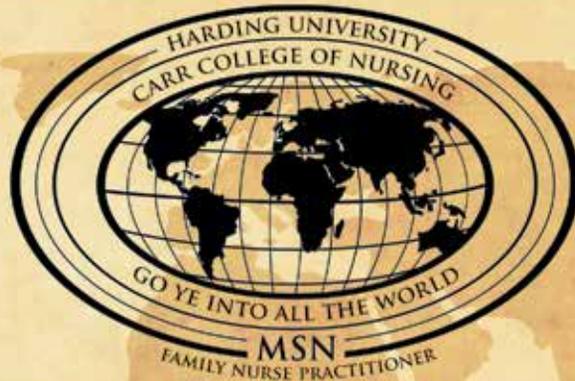
What Is Professional Conduct?

continued from page 15

nurse fails to document that the medications were not administered it is still unprofessional conduct — even when the nurse explains that the shift was busy, no overtime is allowed, or the computer system is new and the training was not adequate. Nonetheless, documentation errors are a violation of the *NPA* and *Rules*.

Another example of unprofessional conduct is practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of a physical, psychological, or mental impairment. This does not mean you have to be a drug addict or intoxicated at work. It can mean working while fatigued. Working while impaired may have devastating results to a patient no matter what the cause. Nurses often defend that they were told if they did not come into work, they would be terminated, so they went to work with little or no sleep, ill, or under extreme personal stressors. In hindsight, the nurse may recognize the risk they had taken. Did the nurse learn from this experience and understand how dangerous this practice is? If not, then the opportunity exists that nurse will continue this russian roulette pattern until there is patient harm, a reportable event to the Board of Nursing, or both.

Take the time to review what is considered unprofessional conduct. This information will surprise some new nurses and may serve as a wake-up call for seasoned nurses. You, as the nurse, hold the responsibility for your own practice. You are the license holder. **YOU ARE THE PROFESSIONAL.**



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SAFE SLEEP GUIDELINES FOR INFANTS



In 2016, 306 babies died in Arkansas before their first birthday. The sudden unexplained infant death (SUID) rate per 100,000 live births in Arkansas was 196, compared to the national rate of 91 per 100,000 live births. The 2016 sudden infant death syndrome (SIDS) — one type of SUID — rate per 100,000 live births in Arkansas was 154, compared to 38 in the United States.

Approximately one in every four infant deaths were sleep-related. Unsafe sleep environment deaths are preventable.

The American Academy of Pediatrics updated recommendations in 2016 to reduce the risk of sleep-related deaths. Their recommendations include:

- Infants sleep in the parents' room, close to the parents' bed, on a separate surface designed for infants, ideally for the first year or at least for the first six months.
- Use a firm sleep surface in a crib, bassinet or play yard that is approved by the U.S. Consumer Product Safety Commission. Mattress should fit snugly with no gaps or spaces between mattress and crib frame.
- Place infants in a supine position for every sleep, by every caregiver, until the child reaches one year of age. Side sleeping is not safe and not advised.
- Do not put soft objects, toys, loose bedding, blankets,

pillows or crib-bumper pads in an infant's sleep area because they can cover the infant's face, head or neck and cause suffocation, entrapment or strangulation.

- Do not cover the infant's head and be sure that sleepwear does not over-heat the infant. Use a sleep sack or wearable blanket if extra warmth is needed.
- Do not let an infant sleep in a carrier, sling, car seat or stroller because it increases the risk of suffocation.

The Arkansas Department of Health is leading the state's efforts to reduce sleep-related infant deaths. Arkansas is one of four states chosen to be part of the Safe Sleep Collaborative Improvement and Innovation Network (Safe Sleep CoIIN), funded by the National Institute for Children's Health Quality and Health Resources and Services Administration. Multiple organizations have joined the CoIIN team with a common goal of increasing education and awareness of unsafe sleep environments and decreasing sleep-related deaths. The team provides education for those who care for infants including parents, childcare providers, grandparents, foster parents and babysitters to overcome barriers to behavior change. Health care providers should screen for and recommend safe sleep practices at each visit up to one year

of age. Provide information about low-cost/free cribs or play yards to families who do not have a safe sleep space for their infant.

Follow the ABCs of safe sleep and save a life:

- Alone
- Back sleeping only
- Crib

Nurses who want to learn more about this life-saving topic can visit <https://www1.nichd.nih.gov/cbt/sids/nursececourse/Welcome.aspx>. This online, free continuing education opportunity covers Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death, the latest research on SIDS and other sleep-related causes of infant death and ways to reduce the risks of infant mortality. The course also provides ways you can communicate risk-reduction messages and teach parents and caregivers to keep their babies safe and healthy.

REFERENCES

1. <http://www.cdc.gov/SIDS/>
2. U.S. Data Source: CDC/NCHS, National Vital Statistics System, <https://www.cdc.gov/sids/data.htm>
3. Arkansas Data Source: NCHS Linked Birth/Infant Death Records on CDC WONDER On-line Database (2007-2015); Linked Birth/Infant Death Files, Health Statistics Branch, Arkansas Department of Health (2016)
4. Moon RY; AAP Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Evidence base for 2016 updated recommendations for a safe infant sleeping environment. Pediatrics. 2016; 138(5): e20162940



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Your license renewal fee is not something you want to pay twice because you weren't sure if your payment was received. It is also something you do not want to let lapse because you thought it worked when it didn't. So, if you are uncertain if you have completed the online process because you did not see a confirmation page, it is a good idea to check with the board to make sure your payment was received.

The best way to ensure your online license renewal is successful is to:

- read carefully
- answer everything
- double check before you submit
- print your confirmation page

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Disciplinary Actions

OCTOBER 2018

The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by

the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Adams Kyndal Jewell	R096408	Benton	Probation – 1 year	(a)(6)(p)	October 10, 2018
Ashabranner Lisa Marie Wilson	L038072	Manila	Probation – 3 years	(a)(4), (a)(6)(u)	October 10, 2018
Bates Tonia Denise James	L045668	White Hall	Letter of Reprimand	(a)(6)(c)	September 26, 2018
Bishop Billy Ben	L056265	Conway	Probation – 1 year	(a)(1), (a)(6)(u), and (a)(9)(e)	October 10, 2018
Blumreich Paul Steven	C002705, R067228	Little Rock	Probation Status Removed		September 20, 2018
Brown Alyssa Ann	L051562	Ozark	Probation Status Removed		September 20, 2018
Coker Rhonda Louise	L025798	Spiro, OK	Letter of Reprimand	(a)(2)(a)(h)(o)	September 18, 2018
Collins Julia Gay Flud	L049315	Jasper	Letter of Reprimand	(a)(6)(a)(b)(c)	October 9, 2018
Collums Racheal Marie	L058186	Altus	Suspension – 2 years	(a)(2), (a)(4), (a)(6)(c)(o)	October 11, 2018
Farahjood David Lee	R066782	Rogers	Probation Status Removed		September 20, 2018
Forga Jill Kathleen Hutchinson Forga Schaap	R042571	Springdale	Reinstate to Probation – 2 years	(a)(4), (a)(9)(e)	October 10, 2018
Foster Catherine Therese	R100938	Williford	Probation – 1 year	(a)(2)	October 10, 2018
Fowler Lindsey A.	R096946	Maud, TX	Suspension – 6 months	Terms and Conditions	October 10, 2018
Frey Nicole Michelle Marie	R101784	Little Rock	Voluntary Surrender	(a)(6)	October 11, 2018
Gage April Dawn	R099480, L053855	Hot Springs	Probation – 1 year	(a)(6)(p)	October 10, 2018
Gibson Stephanie Darlene Wilson Honey Cruch Wilson Combs	L036703	Newport	Voluntary Surrender	(a)(6)(a)(c)(e)(m)	September 27, 2018
Grandison Karen	R096633	Hot Springs	Probation Status Removed		September 20, 2018
Hambuchen Rachel Leigh	R101495	Conway	Voluntary Surrender	(a)(6)	October 3, 2018
Higginbottom Bobbie J.	L047642	Murfreesboro	Voluntary Surrender	(a)(6)(c)(d)(e)	September 20, 2018
Hollis Robin Lynette Weatherford Olsen	L026568	Jonesboro	Letter of Reprimand	(a)(6)(a)(b)(c)	October 9, 2018
Huffman Burna Lynn Davis	R033798	Russellville	Suspension	(a)(4), (a)(6)(p), (a)(7)	October 10, 2018
Hughes Katherine Marie	R085457	Bismarck	Suspension – 6 months	Terms and Conditions	October 10, 2018
Jordan Christopher Lee	L055695	Fayetteville	Probation – 3 years	(a)(1)(f), Terms and Conditions	October 11, 2018
Matyja James John	R068905	Conway	Voluntary Surrender	(a)(2), (a)(4)	September 28, 2018
McGhee Mary Elizabeth	L052555	Hope	Probation – 3 years	(a)(4) and (a)(6)(u)	October 10, 2018
Moss Margaret Christen Curtis	R040884	Stuttgart	Probation Status Removed		September 20, 2018

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Mullen	Leigh Michelle	R092538, L052471	Walnut Ridge	Suspension – 2 years	Terms and Conditions	October 11, 2018
Newton	Salena Sue Smith	L041350	Van Buren	Voluntary Surrender	(a)(9)(a)	September 17, 2018
Pham	Tiffany	R102699	Fayetteville	Letter of Reprimand	(a)(6)(e)(h)	September 26, 2018
Pittman	Asa	C002669, R069602	Little Rock	Probation Status Removed		September 20, 2018
Ramos-Rodriguez	Carlos	L053412	Rogers	Letter of Reprimand	(a)(6)	October 9, 2018
Reep	Amy Lynne Kimbrell	R044311	El Dorado	Probation Status Removed		September 20, 2018
Reeves	Patricia Von Jordan	L033301	Floral	Voluntary Surrender	(a)(6)(d)	September 26, 2018
Rhude	Melissa D. Rathke Norman	R051569	North Little Rock	Probation Status Removed		September 20, 2018
Roberts	Debbie Ann	L057605	Jonesboro	Letter of Reprimand	(a)(6)(e)	July 26, 2018
Rorie	Ashley Diane	R103204	Batesville	Probation – 2 years	(a)(4), (a)(6)(d), (m) and (p)	October 10, 2018
Roseberry	Secillia Elaine Russell	R105247	Edgemont	Probation Status Removed		September 20, 2018
Rushing	Sherrie Paulette Jetton Bruce Benefield Roose	R039702	Jonesboro	Probation – 2 years	(a)(4), (a)(6)(p) and (a)(9)(e)	October 10, 2018
Schneider	Jessica Denise Bauman	R100735, L045930	Greenland	Probation – 1 year	Terms and Conditions	October 10, 2018
Searcy	Morgan Leigh	L057329	Kingsland	Probation – 1 year	(a)(6)(p)	October 11, 2018
Shehane	Megan Louise	L054604	El Dorado	Probation – 1 year	(a)(6)(p)	October 10, 2018
Smith	Allyson Shea	R103436	Keiser	Voluntary Surrender	(a)(6)	September 25, 2018
Stuckey	Amy Christine	R066500, L033195	Bryant	Suspension	(a)(4), (a)(6)(p)	October 10, 2018

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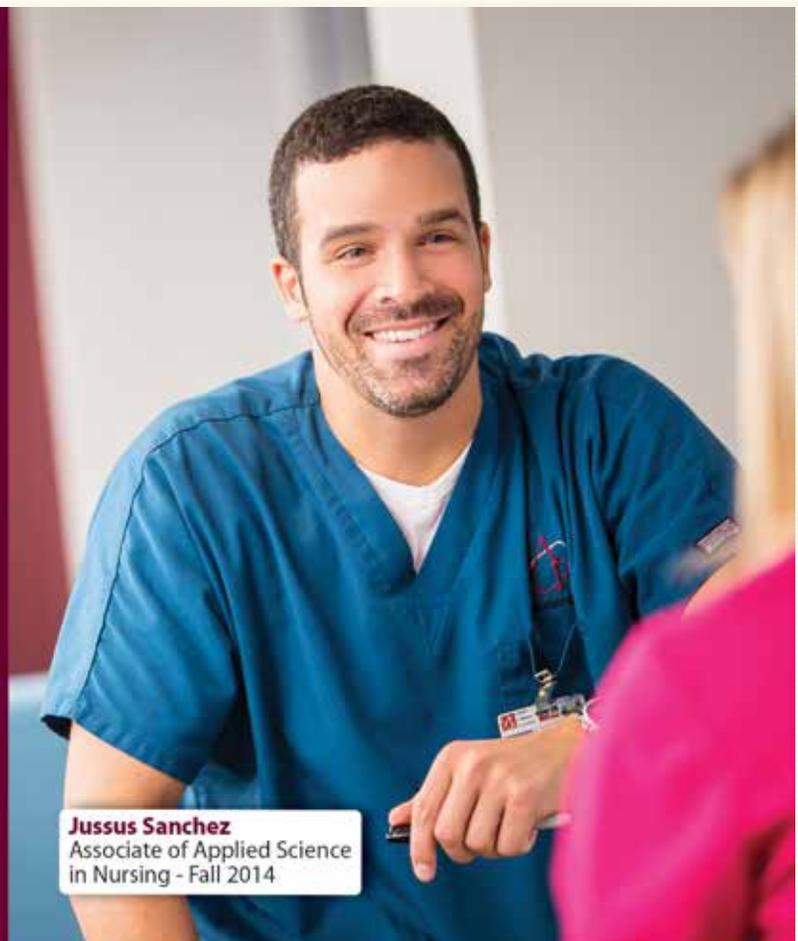
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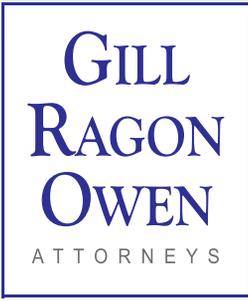
Continued from page 23

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Thomas	Kristi Michelle Turner DeLee	L058146	Paragould	Revoked	(a)(2), (a)(4), (a)(6)(j) (p)(f); §312(e)(32)	October 10, 2018
Vanduwe	Cynthia Ann Nagle	R066736	Cherokee Village	Letter of Reprimand	(a)(4), (a)(9)(a)	October 5, 2018
Vann	Leslie Alexander Kell	R068300	Bella Vista	Probation Status Removed		September 20, 2018
Vrentas	Christina Jo	R097730	Chester	Voluntary Surrender	(a)(6)	October 3, 2018
Wilson	Kathleen Ann Peterson Connor	R072534	Jacksonville	Voluntary Surrender	(a)(9)(a)	October 8, 2018

Licensure and Disciplinary Proceedings
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EOE

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Alls	Ruth Viologail Gilbert	R094437	Sallisaw, OK	Voluntary Surrender	(a)(6)(t)	October 29, 2018
Baker	Jennifer Sue Hays Allen	R069641, L033762	Hope	Probation – 3 years	(a)(4) and (a)(6)(p)	November 14, 2018
Ball	Tara Rachelle	R096662	Benton	Probation – 1 year	(a)(6)(p)	November 14, 2018
Boullie	Kellie Jean Ruff Hart	R072606	Pine Bluff	Suspension – 2 years	Terms and Conditions	November 14, 2018
Brann	Megan Lynn Geisler	R087409	Brinkley	Letter of Reprimand	(a)(1), (a)(2)	October 18, 2018
Britt	Eric Lance	L052334	Mena	Letter of Reprimand	(a)(6)(c)	November 14, 2018
Brown	Montana L.	R082988	Drasco	Probation Status Removed		October 17, 2018
Burnett	Elizabeth Nicole	L052618	Blytheville	Probation Status Removed		October 22, 2018
Champlin	Jenny Rebecca Bowen Roberson	L038988	Hindsville	Probation Status Removed		October 22, 2018
Clark	Kelsie Robin	L060369	Jonesboro	Letter of Reprimand	(a)(6)(g)	November 15, 2018
Coggins	Jackie Gaylen	R095271, L051307	Oxford	Suspension – 2 years	(a)(2), (a)(4), (a)(6)(j)(m)	November 15, 2018
Coleman	Jeremy Nicholas	RN Applicant	Alexander	Probation – 1 year	(a)(2)	November 14, 2018
Cox	Shelly Wryn Delaney Lee	L049124	Delight	Suspension – 2 years	(a)(4), (a)(6)(p)	November 15, 2018
Deckard	Joseph Alan	L054373	Pearcy	Probation – 3 years	(a)(4), (a)(6)(u), and (a)(9)(e)	November 14, 2018
Delk	Alexis Eli	R062909, L034419	Grapevine	Voluntary Surrender	(a)(4), (a)(6)(c)(e)	October 15, 2018
DiMattia	Emanuele Paul	R090898	Colwich, KS	Suspension	(a)(7)	November 14, 2018
Dominey	Amy Marie Moore	L056169	Hermitage	Letter of Reprimand	(a)(6)	October 16, 2018

continued on page 26

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Disciplinary Actions

NOVEMBER 2018

Continued from page 23

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Doyle	Chrystal Lynn Jackson	L035766	Hot Springs	Suspension – 2 years	(a)(2), (a)(6)(u)	November 14, 2018
English	Larry Anthony	R101874	Ward	Probation – 2 years	(a)(6)(p)	November 14, 2018
Featherstone	Heather Michelle Klundt	L051643	Hope	Reinstatement		November 5, 2018
Fisher	Daniel Lee	R072380	Alma	Probation – 3 years	(a)(4), (a)(6)(d),(p) and (a)(9)(e)	November 14, 2018
Fleming	Erika K. Payne Mans	L055457	Blytheville	Suspension - 2 years	(a)(2), (a)(6)(d)	November 15, 2018
Hansen	Dawnal Sue McLard	R091251	Pearcy	Probation – 2 years	Terms and Conditions	November 14, 2018
Harrington	Hillary Ann	L052129	Decatur	Suspension - 2 years	(a)(4), (a)(6)(d)	November 14, 2018
Hinds	Gary Don	R052499	Jonesboro	Letter of Reprimand	(a)(6)(c)	October 24, 2018
Holmes	Debra Marie Scott Richardson	R052631, L015672	El Dorado	Probation – 1 year	(a)(6)(b) and (d)	November 14, 2018
Holt	Ragen M.	PN Applicant	Ft Smith	Probation – 1 year	(a)(2)	November 14, 2018
Hosman	Christy Diane Boudra Hogue	R055493	Jefferson	Suspension – 6 months	Terms and Conditions	November 14, 2018
Hunter	Richard Lee	L051153	Emmet	Voluntary Surrender	(a)(2), (a)(6)	October 23, 2018
Johnson	Terriane Marie	R087674, L046797	Mabelvale	Reinstatement to Probation (3 years)		October 17, 2018
Jones	Carra Marie Jones Bauer	R082991	Jonesboro	Probation – 3 years	(a)(4), (a)(6)(p) and (a)(9)(e)	November 14, 2018
Kaplon	John William	R084797	Little Rock	Voluntary Surrender	(a)(4), (a)(6)(c)	October 17, 2018
Karns	April Ann Cline	L040545	Altus	Voluntary Surrender	(a)(6)(t)	October 29, 2018
Kiersey	Michael Edward	C002755	Alicia	Reinstatement to Probation		November 6, 2018
Kuykendall	Lisa Renee Martin Hankins	R041000	Beebe	Voluntary Surrender	(a)(6)(t)	November 14, 2018
Larsen	Elizabeth Anne Isch Trusty Howard Rowe	R062710	Ozark	Voluntary Surrender	(a)(9)(a)	November 13, 2018
Leslie	Kathy I.	R083701	Benton	Probation Status Removed		October 22, 2018
Lewis	Ryan Wade	RN Applicant	Benton	Probation – 1 year	(a)(2) and (a)(4)	November 14, 2018
Martin	Miranda Lynn	L048212	Shady Point, OK	Letter of Reprimand	(a)(1), (a)(2)	October 18, 2018
Miller	Amber Nichol	R094174	Greenbrier	Suspension	Terms and Conditions	November 14, 2018
Moore	Amy Renee Richesin Fuller Richesin	R072296	Jacksonville	Probation Status Removed		October 22, 2018
Moore	Caryn	L055575	Little Rock	Letter of Reprimand	(a)(6)(b)(c)(d)(t)	November 7, 2018
Morris	Alicia Derae Rivers Bortell Clark	L035331	Crossett	Letter of Reprimand	(a)(6)(g)	November 7, 2018
Mullen	Leigh Michele	R092538, L052471	Walnut Ridge	Voluntary Surrender	(a)(9)(a)	November 15, 2018
Nace	Randolph Will	L058291	Little Rock	Probation Status Removed		October 22, 2018
Osborne	Ericka Nichole	L056587	Morrilton	Voluntary Surrender	(a)(9)(e)	November 15, 2018
Pennington	Kimberly Dee Griffin	R070202	Parkin	Suspension - 2 years	(a)(6)(p)	November 15, 2018
Ramos-Rodriguez	Carlos	L053412	Rogers	Suspension	Terms and Conditions	November 14, 2018
Robinson	Marsha Ruth	R050293	Quitman	Voluntary Surrender	(a)(6)(t)	November 6, 2018
Rognrud	Riley Nicole	L059095	Little Rock	Probation Status Removed		October 23, 2018
Smith	Stephanie Lee	R077448	Camden	Suspension - 2 years	Terms and Conditions	November 15, 2018
Sumey	April Elaine	L049889	Pine Bluff	Probation – 2 years	(a)(9)(a) and (e)	November 14, 2018
Swaim	Kelly Ann	PN Applicant	Royal	Probation – 1 year	(a)(2)	November 14, 2018
Swanson	Robert Paul	L057865	Gentry	Voluntary Surrender	(a)(2), (a)(3), (a)(4), (a)(6)(d)(q)(u)	November 5, 2018
Tosh	Bethany Allison Tosh Darr	A001883, R071948, PAC 1777	Jonesboro	Probation – (licensure and PAC) 4 years	(a)(2), (a)(4) and (a)(9)(e)	November 14, 2018
Townsend	James Keith	A003845, R08062, PAC003686	Bradford	Probation Status Removed		October 22, 2018

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Walston George Monroe	L053939	Hot Springs	Suspension – 2 years	(a)(6)(j)	November 15, 2018
Warner Michelle Renee	R095844	Spiro, OK	Letter of Reprimand	(a)(2)	October 18, 2018
Wilkes Amy Margaret Robinson	R093966	Huntsville	Voluntary Surrender	(a)(6)(t)	October 31, 2018
Williams Theresa Michelle Harris	L042127	Fayetteville	Reinstatement to Probation (3 years)		October 18, 2018
Worsham Ashlea Dawne	L059431	Benton	Probation Status Removed		October 22, 2018
Yancey Paula Rae Pogue Waggoner	L044534	Mabelvale	Voluntary Surrender	(a)(6)(t)	November 15, 2018

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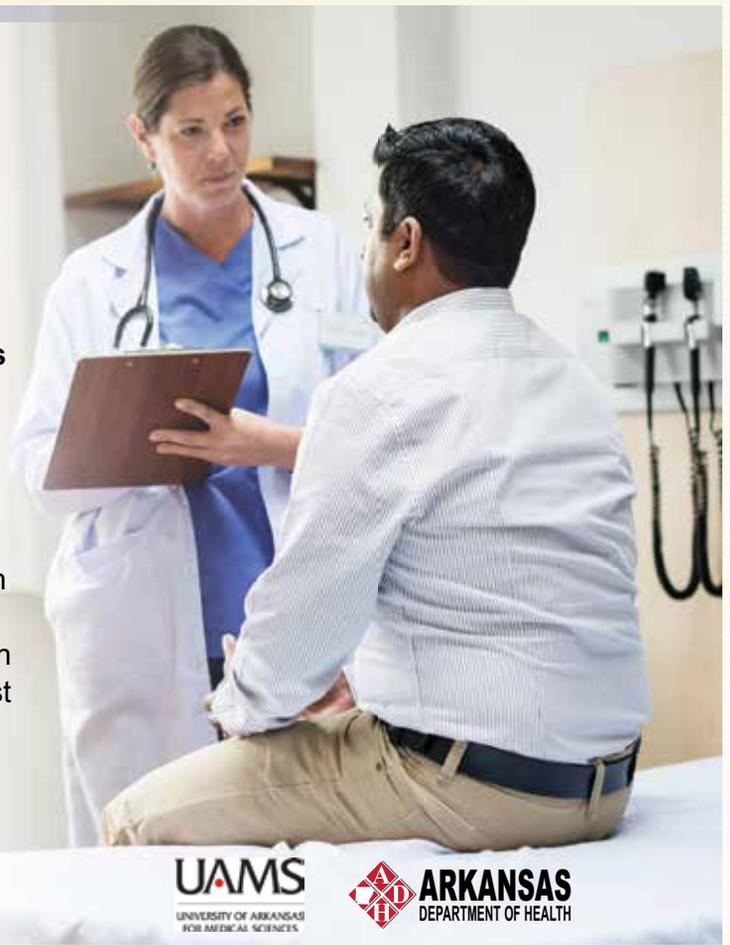
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