

**NORTH CAROLINA BOARD OF NURSING  
REGULAR BOARD MEETING**

**January 18, 2019  
MINUTES**

**Time and Place of Meeting** A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on January 18, 2019. Meeting convened at 9:00 a.m.

**Presiding** Frank DeMarco, RN

**Members Present** Martha Ann Harrell, Public Member  
Pam Edwards, RN  
Lisa Hallman, RN  
Lori Lewis, LPN  
Glenda Parker, RN  
Yolanda VanRiel, RN  
Becky Ezell, RN  
Sharon Moore, RN  
Arlene Imes, LPN  
Ann Marie Milner, RN  
Jody Capps, LPN  
Pat Campbell, RN Public Member

**Members Absent** Ashley Stinson, Public Member

**Staff Present** Julia George, RN, Chief Executive Officer  
Anna Choi, General Counsel  
Gayle Bellamy, Chief Financial Officer  
Angela Ellis, Chief Administrative Officer  
Crystal Tillman, Director, Education and Practice  
Amy Fitzhugh, Chief Legal Officer  
Chandra Graves, Executive Assistant

**Ethics Awareness and Conflict of Interest** Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified

**Consent Agenda** The Consent Agenda be approved as presented.  
**MOTION:** That the Consent Agenda be approved as presented.  
VanRiel/Passed.

The following items were accepted/approved by adoption of the Consent Agenda:

- Minutes of October 18, 2018 (Board Meeting)
- Minutes of October 19, 2018 (Administrative Hearings)
- Minutes of November 29, 2018 (Administrative Hearings)
- Minutes of December 18, 2018 (Administrative Hearings)

- Board Governance Committee
  - (a) Summary of Activities
  - (b) BOES Update (FYI)
  - (c) 360 Evaluation Tool (FYI)
- Chief Executive Officer
  - (a) NC Office of Emergency Medical Services Advisory Council
  - (b) NC Department of Health Human Services Prescription Drug Abuse Advisory Committee
- Education and Practice Committee
  - (a) Education Program Activity (Attachment A)
  - (b) NCLEX Quarterly Pass Rates (Attachment B)
- Licensure Review Panels
  - (a) Licensure Review Panel Report (Attachment C)
- Settlement Committee
  - (a) Summary of Activities (Attachment D)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment E)
  - (a) Administrative Actions on Non-Hearing Disciplinary Activities
  - (b) Administrative Actions on Non-Hearing Compliance Matters
  - (c) Administrative Actions on Non-Hearing Practice Matters
- Drug Monitoring Programs
  - (a) Program Statistics
- Joint Sub Committee
  - (a) NP Compliance Review
- Midwifery Committee
  - (a) Summary of Activities

Meeting Agenda	<p>The Meeting Agenda be adopted as presented.  <b>MOTION:</b> That the Meeting Agenda be adopted as presented.          VanRiel/Passed.</p>
Open Comment Period	<p>No requests to address the Board.</p>
Finance Committee	<ul style="list-style-type: none"> <li>• Received and reviewed Summary of Activities to include 1<sup>st</sup> Quarter Financials and review of investments as presented by Jessica Christie and Wes Thomas with Wells Fargo Advisors.</li> <li>• Received and reviewed request for designation of funds for IT Operations, Office Operations, Fixed Asset Replacement and Research Projects.  <b>MOTION:</b> That the Board approve designation of \$628,174 of unrestricted net assets for future funding needs as presented.          Committee Recommendation/Passed</li> </ul>
Board Governance	<p>Received and reviewed proposed Board Assessment Action Plan for 2019. (Attachment F)  <b>MOTION:</b> That the Board approve the Board Assessment Action Plan for 2019 as presented.          Committee Recommendation/Passed</p>

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| Chief Executive Officer                | <p>Received updates as follows:</p> <ul style="list-style-type: none"><li>• Board of Nursing and the NCNA Legislative Team will collaborate to introduce legislation in the long session of the General Assembly.</li><li>• The online Compliant Evaluation was developed to receive and process complaints timely. Due to the success of this tool other states including South Carolina and Illinois have requested to use the tool.</li><li>• The Medical Board issued a statement regarding safe medication disposal. A link has been added to the Board of Nursing website for reference.</li><li>• Dr. Morris Kleiner from the University Minnesota is a researcher of regulation. His research includes the non-value of regulation and the use of regulation for public protection. Dr. Kleiner has connected with David Benton with NCSBN to learn more about regulation.</li><li>• Received and reviewed updates on the Strategic Plan to include: Rules re-adoption complete; introduction of legislation for technical changes and the completion of the transition from ENS System to the e-Notify System. (Attachment G)</li><li>• Erin Fraher, Cheryl Jones and staff from the SHEPS Center gave a presentation on The Supply and Demand for Nurses in North Carolina.</li><li>• Received a verbal report on the NC Action Coalition FON Listening Session to include the collaboration of this group to discuss common issues to include faculty shortages.</li><li>• Melissa McDonald, recent graduate of the NCSBN Institute of Regulatory Excellence (IRE) presented her project Non-Disciplinary Consent Orders.</li></ul> |
| Education & Practice                   | <ul style="list-style-type: none"><li>• Received and reviewed Summary of Activities from the Education and Practice Committee to include the NCLEX Results.</li><li>• Received and reviewed the 2018 End of Year NCLEX Pass Rates. (Attachment H)</li><li>• Received and reviewed report of Approval Status Changes related to Annual NCLEX Results. (Attachment I)<br/><b>MOTION:</b> That the Board approve the Status Changes related to Annual NCLEX Results as presented.<br/>Ezell/Passed</li><li>• Received a update on Nursing Faculty (FYI)</li><li>• Received and reviewed report on the work of the Research Committee.</li></ul>   |
| Ad Hoc Committee for Discipline Review | <ul style="list-style-type: none"><li>• Received and reviewed Summary of Activities from the Ad Hoc Committee for Discipline Review.</li><li>• Received and reviewed the Failure to Maintain Standards Protocol. (Attachment J)<br/><b>MOTION:</b> That the Board approve the Failure to Maintain Standards Protocol<br/>Committee Recommendation/Passed</li><li>• Received and reviewed the Inappropriate Interaction (Verbal or Physical) Protocol. (Attachment K)</li></ul>   |

**MOTION:** That the Board approve the Inappropriate Interaction (Verbal or Physical) Protocol.

Committee Recommendation/Passed

- Received and reviewed the Delegation/Supervision Protocol. (Attachment L)

**MOTION:** That the Board approve the Delegation/Supervision Protocol.  
Committee Recommendation/Passed

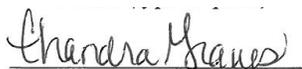
Adjournment

**MOTION:** 12:19 pm Meeting be adjourned.  
Harrell/Passed.

Minutes respectfully submitted by:

January 31, 2019

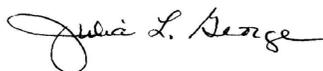
Date Submitted



Chandra Graves  
Executive Assistant

May 24, 2019

Date Approved



Julia L. George, RN, MSN, FRE  
Chief Executive Officer

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## ATTACHMENT A - Education Program Activity

### Ratification of Full Approval Status

- University of North Carolina – Wilmington, Wilmington – BSN

### Ratification to Approve the Following Enrollment Expansions

- Brunswick Community College, Bolivia – ADN, increase enrollment by 15 for a total program enrollment of 75 students beginning September 2019
- ECPI, Greensboro – LPN, increase enrollment by 30 for a total program enrollment of 160 students beginning December 1, 2018
- Rowan-Cabarrus Community College, Salisbury – ADN, increase enrollment by 20 for a total program enrollment of 200 students beginning January 2019

### Notification of Alternate Scheduling Options:

- Central Carolina Community College, Sanford – Advanced Placement LPN to ADN
- Halifax Community College, Weldon – Advanced Placement LPN to ADN
- Mitchell Community College, Statesville – Paramedic to ADN program option
- Robeson Community College, Lumberton – Paramedic to ADN program option

### Notification of Program Closing:

- Umanah Healthcare Institute, Charlotte – NAI Proprietary School

### FYI Accreditation Decisions by CNEA (Initial or Continuing Approval – Next Visit)

- Forsyth Technical Community College, Winston-Salem – LPN – Pre-Accreditation Status Granted – February 2020
- Pitt Community College, Greenville – ADN – Pre-Accreditation Status Granted – June 2020
- Stanly Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2020

### FYI Accreditation Decisions by ACEN (Initial or Continuing Approval - Next Visit)

- Cabarrus College of Health Sciences, Concord – ADN – Continuing approval
- Carolinas College of Health Sciences, Charlotte – ADN – Continuing approval
- Fayetteville Technical Community College, Fayetteville – ADN – Continuing approval with conditions

### FYI Accreditation Decisions by CCNE (Initial or Continuing Approval – Next Visit)

- Barton College, Wilson – BSN – Continuing approval – Spring 2028
- Pfeiffer University, Misenheimer – BSN – Continuing approval – Spring 2028

NCBON 2018 RN Quarterly Report

01/01/2018 through 12/31/2018

First-Time Candidates in All Jurisdictions

Gray fill = no candidates

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NC - ALAMANCE COMMUNITY COLLEGE - ADN (US19402700)	GRAHAM					24	23	1	96%	7	7	0	100%					31	30	1	97%
NC - APPALACHIAN STATE UNIVERSITY - BS (US19502100)	BOONE					35	35	0	100%	3	3	0	100%					38	38	0	100%
NC - ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE - ADN (US19404900)	ASHEVILLE	26	23	3	88%	58	55	3	95%	1	1	0	100%					85	79	6	93%
NC - BARTON COLLEGE - BS (US19508800)	WILSON					27	24	3	89%	1	1	0	100%					28	25	3	89%
NC - BEAUFORT COMMUNITY COLLEGE - ADN (US19404000)	WASHINGTON					36	28	8	78%	8	5	3	63%	1	0	1	0%	45	33	12	73%
NC - BLADEN COMMUNITY COLLEGE - ADN (US19400700)	DUBLIN					24	23	1	96%	6	6	0	100%					30	29	1	97%
NC - BLUE RIDGE COMMUNITY COLLEGE - ADN (US19400900)	FLAT ROCK	1	0	1	0%	28	21	7	75%	7	6	1	86%					36	27	9	75%
NC - BRUNSWICK COMMUNITY COLLEGE - ADN (US19405000)	SUPPLY					23	22	1	96%									23	22	1	96%
NC - CABARRUS COLLEGE OF HEALTH SCIENCES - ADN (US19405500)	CONCORD	34	33	1	97%	38	38	0	100%	3	3	0	100%					75	74	1	99%
NC - CALDWELL COMMUNITY COLLEGE - ADN (US19402500)	HUDSON					29	29	0	100%	2	2	0	100%					31	31	0	100%
NC - CAMPBELL UNIVERSITY -BS (US19509300)	BUIES CREEK					42	42	0	100%	2	2	0	100%					44	44	0	100%
NC - CAPE FEAR COMMUNITY COLLEGE - ADN (US19401300)	WILMINGTON					66	66	0	100%	3	3	0	100%					69	69	0	100%
NC - CAROLINAS COLLEGE OF HEALTH SCIENCES - ADN (US19401600)	CHARLOTTE	54	53	1	98%	49	46	3	94%	3	3	0	100%					106	102	4	96%

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NC - CARTERET COMMUNITY COLLEGE - ADN (US19406200)	MOREHEAD CITY					14	13	1	93%	2	2	0	100%					16	15	1	94%
NC - CATAWBA VALLEY COMMUNITY COLLEGE - ADN (US19402000)	HICKORY					29	28	1	97%	2	2	0	100%					31	30	1	97%
NC - CENTRAL CAROLINA COMMUNITY COLLEGE - ADN (US19402300)	SANFORD					37	31	6	84%	4	3	1	75%					41	34	7	83%
NC - CENTRAL PIEDMONT COMMUNITY COLLEGE - ADN (US19406100)	CHARLOTTE	25	23	2	92%	21	21	0	100%	16	16	0	100%					62	60	2	97%
NC - CHAMBERLAIN COLLEGE OF NURSING - BS (US19509700)	CHARLOTTE					7	7	0	100%	2	2	0	100%	5	5	0	100%	14	14	0	100%
NC - COASTAL CAROLINA COMMUNITY COLLEGE - ADN (US19403100)	JACKSONVILLE					30	28	2	93%	3	3	0	100%					33	31	2	94%
NC - COLLEGE OF THE ALBEMARLE - ADN (US19404400)	ELIZABETH CITY					27	26	1	96%	1	1	0	100%					28	27	1	96%
NC - CRAVEN COMMUNITY COLLEGE - ADN (US19403600)	NEW BERN					45	39	6	87%	2	1	1	50%					47	40	7	85%
NC - DAVIDSON COUNTY COMMUNITY COLLEGE - ADN (US19404800)	LEXINGTON					47	44	3	94%	12	12	0	100%	1	1	0	100%	60	57	3	95%
NC - DUKE UNIVERSITY - ACCELERATED - BS (US19500500)	DURHAM	48	48	0	100%	64	63	1	98%	12	11	1	92%	27	27	0	100%	151	149	2	99%
NC - DURHAM TECHNICAL COMMUNITY COLLEGE - ADN (US19401000)	DURHAM					36	29	7	81%	25	19	6	76%	2	1	1	50%	63	49	14	78%
NC - EAST CAROLINA UNIVERSITY - BS (US19506200)	GREENVILLE	111	110	1	99%	112	110	2	98%	2	2	0	100%	2	2	0	100%	227	224	3	99%
NC - ECPI UNIVERSITY -CHARLOTTE - AAS (US19403200)	CHARLOTTE	12	12	0	100%					10	10	0	100%	8	7	1	88%	30	29	1	97%

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NC - EDGECOMBE COMMUNITY COLLEGE - ADN (US19405100)	ROCKY MOUNT					33	28	5	85%	5	5	0	100%					38	33	5	87%
NC - FAYETTEVILLE STATE UNIVERSITY - BS (US19501100)	FAYETTEVILLE	26	25	1	96%	15	15	0	100%	7	7	0	100%					48	47	1	98%
NC - FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE - ADN (US19400200)	FAYETTEVILLE					36	32	4	89%	18	18	0	100%	2	2	0	100%	56	52	4	93%
NC - Foothills Nursing Consortium - ADN (US19401700)	SPINDALE					49	48	1	98%	5	4	1	80%					55	52	3	95%
NC - FORSYTH TECHNICAL COMMUNITY COLLEGE - ADN (US19403500)	WINSTON SALEM	56	55	1	98%	61	59	2	97%	4	4	0	100%					121	118	3	98%
NC - GARDNER-WEBB UNIVERSITY - ADN (US19400500)	BOILING SPRINGS					19	16	3	84%	5	4	1	80%	2	1	1	50%	26	21	5	81%
NC - GARDNER-WEBB UNIVERSITY - BS (US19501800)	BOILING SPRINGS					13	13	0	100%	10	10	0	100%	1	0	1	0%	24	23	1	96%
NC - GASTON COLLEGE - ADN (US19403900)	DALLAS	1	0	1	0%	73	69	4	95%	73	69	4	95%	2	2	0	100%	76	71	5	93%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE - ADN (US19404600)	JAMESTOWN	56	34	22	61%	31	27	4	87%	22	16	6	73%					109	77	32	71%
NC - HALIFAX COMMUNITY COLLEGE - ADN (US19405600)	WELDON					6	5	1	83%	1	1	0	100%					7	6	1	86%
NC - JAMESSPRUNT COMMUNITY COLLEGE - ADN (US19404300)	KENANSVILLE					6	6	0	100%	2	2	0	100%					8	8	0	100%
NC - JOHNSTON COMMUNITY COLLEGE - ADN (US19402600)	SMITHFIELD					50	49	1	98%	3	3	0	100%					53	52	1	98%
NC - LEES-MCRAE COLLEGE -BS (US19509500)	BANNER ELK					14	10	4	71%	2	1	1	50%	2	0	2	0%	18	11	7	61%

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NC - LENOIR COMMUNITY COLLEGE - ADN (US19401100)	KINSTON					24	18	6	75%									24	18	6	75%
NC - LENOIR RHYNE UNIVERSITY - BS (US19508900)	HICKORY					25	23	2	92%	2	2	0	100%	1	1	0	100%	28	26	2	93%
NC - MARS HILL UNIVERSITY -BS (US19509900)	MARS HILL					15	12	3	80%	1	1	0	100%					16	13	3	81%
NC - MAYLAND COMMUNITY COLLEGE - ADN (US19405400)	SPRUCE PINE					17	13	4	76%	3	3	0	100%					20	16	4	80%
NC - METHODIST UNIVERSITY (US19500000)	FAYETTEVILLE	1	1	0	100%	19	19	0	100%	8	7	1	88%					29	28	1	97%
NC - MITCHELL COMMUNITY COLLEGE - ADN (US19402200)	STATESVILLE					34	32	2	94%	7	7	0	100%					41	39	2	95%
NC - NASH COMMUNITY COLLEGE - ADN (US19405200)	ROCKY MOUNT					41	35	6	85%	5	4	1	80%					46	39	7	85%
NC - NC AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - BS (US19506600)	GREENSBORO	14	13	1	93%	5	4	1	80%	5	4	1	80%					24	21	3	88%
NC - NORTH CAROLINA CENTRAL UNIVERSITY - BS (US19500100)	DURHAM	17	10	7	59%	8	8	0	100%	26	22	4	85%	2	2	0	100%	53	42	11	79%
NC - NORTHEASTERN UNIVERSITY - BS (US19510100)	CHARLOTTE					6	6	0	100%	6	6	0	100%	3	1	2	33%	15	13	2	87%
NC - PFEIFFER UNIVERSITY -BS (US19501500)	MISENHEIMER					18	12	6	67%									18	12	6	67%
NC - PIEDMONT COMMUNITY COLLEGE - ADN (US19401200)	ROXBORO	1	1	0	100%	21	18	3	86%	13	13	0	100%					35	32	3	91%
NC - PITT COMMUNITY COLLEGE - ADN (US19402900)	GREENVILLE					74	63	11	85%	8	8	0	100%					82	71	11	87%

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NC - QUEENS UNIVERSITY OF CHARLOTTE - PRESBYTERIAN -BS (US19505100)	CHARLOTTE	28	28	0	100%	58	57	1	98%	2	2	0	100%	1	1	0	100%	89	88	1	99%
NC - RANDOLPH COMMUNITY COLLEGE - ADN (US19401900)	ASHEBORO					22	20	2	91%	1	1	0	100%					23	21	2	91%
NC - REGION A NURSING CONSORTIUM - ADN (US19402100)	CLYDE					26	22	4	85%	8	4	4	50%	1	1	0	100%	35	27	8	77%
NC - RICHMOND COMMUNITY COLLEGE - ADN (US19402800)	HAMLET					18	17	1	94%									18	17	1	94%
NC - ROANOKE-CHOWAN COMMUNITY COLLEGE - ADN (US19404500)	AHOSKIE					3	3	0	100%	9	9	0	100%					12	12	0	100%
NC - ROBESON COMMUNITY COLLEGE - ADN (US19400100)	LUMBERTON					15	15	0	100%					1	1	0	100%	16	16	0	100%
NC - ROCKINGHAM COMMUNITY COLLEGE - ADN (US19400400)	WENTWORTH					13	12	1	92%	7	6	1	86%					20	18	2	90%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE - ADN (US19404200)	SALISBURY					33	31	2	94%	12	11	1	92%					45	42	3	93%
NC - SAMPSON COMMUNITY COLLEGE - ADN (US19403800)	CLINTON					43	38	5	88%	2	2	0	100%					45	40	5	89%
NC - SANDHILLS COMMUNITY COLLEGE - ADN (US19400000)	PINEHURST					52	48	4	92%	6	4	2	67%	1	0	1	0%	59	52	7	88%
NC - SOUTH COLLEGE - ADN (US19407000)	ASHEVILLE					20	18	2	90%									20	18	2	90%
NC - SOUTH PIEDMONT COMMUNITY COLLEGE - ADN (US19406000)	MONROE					27	25	2	93%									27	25	2	93%
NC - SOUTH UNIVERSITY - HIGH POINT - BS (US19509100)	HIGH POINT	7	7	0	100%	2	2	0	100%	18	17	1	94%					27	26	1	96%

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NC - SOUTHEASTERN COMMUNITY COLLEGE - ADN (US19400600)	WHITEVILLE	24	21	3	88%	22	18	4	82%	7	5	2	71%					53	44	9	83%
NC - SOUTHWESTERN COMMUNITY COLLEGE - ADN (US19407400)	SYLVA					33	26	7	79%	4	2	2	50%	1	1	0	100%	38	29	9	76%
NC - STANLY COMMUNITY COLLEGE - ADN (US19400800)	ALBEMARLE					25	24	1	96%	7	7	0	100%					32	31	1	97%
NC - SURRY COMMUNITY COLLEGE - ADN (US19404700)	DOBSON					32	32	0	100%	4	4	0	100%					36	36	0	100%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500200)	WILMINGTON	36	36	0	100%	45	41	4	91%	4	2	2	50%	2	2	0	100%	87	81	6	93%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500800)	CHARLOTTE	48	45	3	94%	47	46	1	98%	8	7	1	88%	1	1	0	100%	104	99	5	95%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506400)	GREENSBORO	1	0	1	0%	103	100	3	97%	10	8	2	80%					114	108	6	95%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506800)	CHAPEL HILL	5	5	0	100%	148	142	6	96%	20	19	1	95%					173	166	7	96%
NC - UNIVERSITY OF NORTH CAROLINA - PEMBROKE - BS (US19504600)	PEMBROKE					41	40	1	98%	4	4	0	100%	1	1	0	100%	46	45	1	98%
NC - VANCE-GRANVILLE COMMUNITY COLLEGE - ADN (US19401500)	HENDERSON	2	1	1	50%	33	31	2	94%	1	0	1	0%					36	32	4	89%
NC - WAKE TECHNICAL COMMUNITY COLLEGE - ADN (US19403700)	RALEIGH	65	64	1	98%	56	55	1	98%	9	8	1	89%	15	15	0	100%	145	142	3	98%
NC- WATTS SCHOOL OF NURSING - DPL (US19309500)	DURHAM	25	24	1	96%	25	21	4	84%	14	11	3	79%	1	0	1	0%	65	56	9	86%
NC - WAYNE COMMUNITY COLLEGE - ADN (US19404100)	GOLDSBORO					36	33	3	92%	1	1	0	100%					37	34	3	92%

NCBON 2018 RN Quarterly Report

01/01/2018 through 12/31/2018

First-Time Candidates in All Jurisdictions

Gray fill = no candidates

Program	City	01/01/2018 - 03/31/2018				04/01/2018 - 06/30/2018				07/01/2018 - 09/30/2018				10/01/2018-12/31/2018				Grand Total			
		Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate
NC - WESTERN CAROLINA UNIVERSITY - BS (US19504500)	CULLOWHEE	52	52	0	100%	20	19	1	95%					2	2	0	100%	72	71	1	99%
NC - WESTERN PIEDMONT COMMUNITY COLLEGE - ADN (US19400300)	MORGANTON					31	30	1	97%									31	30	1	97%
NC - WILKES COMMUNITY COLLEGE - ADN (US19402400)	WILKESBORO					22	22	0	100%	1	1	0	100%					23	23	0	100%
NC - WILSON COMMUNITY COLLEGE - ADN (US19405300)	WILSON					19	17	2	89%	3	3	0	100%					22	20	2	91%
NC - WINGATE UNIVERSITY-BSN (US19500400)	WINGATE					18	18	0	100%	1	1	0	100%					19	19	0	100%
NC - WINSTON-SALEM STATE UNIVERSITY - BS (US19506000)	WINSTON SALEM	15	12	3	80%	50	48	2	96%	44	39	5	89%					109	99	10	91%

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

NCBON 2018 LPN Quarterly Report

01/01/01/2018 through 12/31/2018

First-Time Candidates in All Jurisdictions

Gray fill = no candidates

Program	City	01/01/2018 - 03/31/2018				04/01/2018 - 06/30/2018				07/01/2018 - 09/30/2018				2018-12/31/2018				Grand total			
		Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate
NC - BEAUFORT COMMUNITY COLLEGE (US19101500)	WASHINGTON									12	12	0	100%	4	4	0	100%	16	16	0	100%
NC - BLADEN COMMUNITY COLLEGE (US19103900)	DUBLIN									20	20	0	100%	6	6	0	100%	26	26	0	100%
NC - BRUNSWICK COMMUNITY COLLEGE (US19104300)	SUPPLY					11	11	0	100%									11	11	0	100%
NC - CAPE FEAR COMMUNITY COLLEGE (US19107800)	WILMINGTON									23	23	0	100%	1	1	0	100%	24	24	0	100%
NC - CARTERET COMMUNITY COLLEGE (US19107000)	MOREHEAD CITY					1	0	1	0%									1	0	1	0%
NC - CENTRAL CAROLINA COMMUNITY COLLEGE (US19108300)	SANFORD					1	1	0	100%	29	28	1	97%	4	4	0	100%	34	33	1	97%
NC - CLEVELAND COMMUNITY COLLEGE (US19109000)	SHELBY									6	6	0	100%	2	1	1	50%	8	7	1	88%
NC - COASTAL CAROLINA COMMUNITY COLLEGE (US19107400)	JACKSONVILLE					10	10	0	100%	9	8	1	89%					19	18	1	95%
NC - COLLEGE OF THE ALBEMARLE (US19109700)	ELIZABETH CITY									14	14	0	100%					14	14	0	100%
NC - CRAVEN COMMUNITY COLLEGE (US19107700)	NEW BERN	1	1	0	100%					5	4	1	80%	2	2	0	100%	8	7	1	88%
NC - DAVIDSON COUNTY COMMUNITY COLLEGE (US19105800)	MOCKSVILLE									17	17	0	100%	3	2	1	67%	20	19	1	95%
NC - DURHAM TECHNICAL COMMUNITY COLLEGE (US19105600)	DURHAM	1	1	0	100%					22	22	0	100%	7	7	0	100%	30	30	0	100%

NCBON 2018 LPN Quarterly Report

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NC - ECPI UNIVERSITY - CHARLOTTE (US19105500)	CHARLOTTE	17	17	0	100%	7	7	0	100%	11	11	0	100%	24	24	0	100%	59	59	0	100%
NC - ECPI UNIVERSITY - GREENSBORO (US19103500)	GREENSBORO	8	8	0	100%	22	19	3	86%	18	16	2	89%	16	16	0	100%	64	59	5	92%
NC - ECPI UNIVERSITY -RALEIGH (US19102700)	RALEIGH	8	8	0	100%	18	17	1	94%	12	9	3	75%	7	6	1	86%	45	40	5	89%
NC - EDGECOMBE COMMUNITY COLLEGE (US19103000)	ROCKY MOUNT									5	5	0	100%					5	5	0	100%
NC - FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE (US19108700)	FAYETTEVILLE	2	1	1	50%	1	0	1	0%	19	17	2	89%	33	31	2	94%	55	49	6	89%
NC - FORSYTH TECHNICAL COMMUNITY COLLEGE (US19109800)	WINSTON SALEM	1	1	0	100%					59	52	7	88%	5	4	1	80%	65	57	8	88%
NC - GASTON COLLEGE (US19101400)	DALLAS									46	46	0	100%					46	46	0	100%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE (US19109300)	JAMESTOWN					1	1	0	100%	5	5	0	100%	7	7	0	100%	13	13	0	100%
NC - HALIFAX COMMUNITY COLLEGE (US19103300)	WELDON									7	7	0	100%					7	7	0	100%
NC - ISOTHERMAL COMMUNITY COLLEGE (US19100000)	SPINDALE									27	26	1	96%					27	26	1	96%
NC- JAMES SPRUNT COMMUNITY COLLEGE (US19101700)	KENANSVILLE									5	5	0	100%	1	1	0	100%	6	6	0	100%
NC - LENOIR COMMUNITY COLLEGE (US19100400)	KINSTON									11	11	0	100%	1	1	0	100%	12	12	0	100%
NC - MAYLAND COMMUNITY COLLEGE (US19110000)	SPRUCE PINE	11	11	0	100%													11	11	0	100%

NCBON 2018 LPN Quarterly Report

01/01/2018 through 12/31/2018

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NC - MCDOWELL TECHNICAL COMMUNITY COLLEGE (US19104800)	MARION									22	22	0	100%	5	5	0	100%	27	27	0	100%
NC- MONTGOMERY COMMUNITY COLLEGE (US19106100)	TROY					26	26	0	100%					1	1	0	100%	27	27	0	100%
NC - NASH COMMUNITY COLLEGE (US19103100)	ROCKY MOUNT									4	3	1	75%	2	2	0	100%	6	5	1	83%
NC - RICHMOND COMMUNITY COLLEGE (US19102800)	HAMLET									10	10	0	100%					10	10	0	100%
NC - ROBESON COMMUNITY COLLEGE (US19106900)	LUMBERTON									16	16	0	100%	1	1	0	100%	17	17	0	100%
NC - ROCKINGHAM COMMUNITY COLLEGE (US19101000)	WENTWORTH					1	0	1	0%	14	13	1	93%	6	5	1	83%	21	18	3	86%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE (US19107600)	SALISBURY	1	1	0	100%					10	10	0	100%	4	4	0	100%	15	15	0	100%
NC - SAMPSON COMMUNITY COLLEGE (US19101800)	CLINTON									17	15	2	88%					17	15	2	88%
NC - SOUTH PIEDMONT COMMUNITY COLLEGE (US19106300)	POLKTON									9	8	1	89%	2	2	0	100%	11	10	1	91%
NC - SOUTHEASTERN COMMUNITY COLLEGE (US19106700)	WHITEVILLE	15	13	2	87%	2	2	0	100%					3	3	0	100%	20	18	2	90%
NC - SURRY COMMUNITY COLLEGE (US19101600)	DOBSON	9	9	0	100%													9	9	0	100%

NCBON 2018 LPN Quarterly Report

01/01/01/2018 through 12/31/2018

First-Time Candidates in All Jurisdictions

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		01/01/2018 - 03/31/2018				04/01/2018 - 06/30/2018				07/01/2018 - 09/30/2018				10/01/2018 - 12/31/2018				Grand total			
Program	City	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate
NC - VANCE-GRANVILLE COMMUNITY COLLEGE (US19100800)	HENDERSON									15	12	3	80%					15	12	3	80%
NC - WAYNE COMMUNITY COLLEGE (US19105300)	GOLDSBORO	1	1	0	100%					17	17	0	100%	2	2	0	100%	20	20	0	100%
NC - WILSON COMMUNITY COLLEGE (US19103200)	WILSON									15	13	2	87%					15	13	2	87%

The numbers included in the report reflect  
the most up-to-date and accurate numbers  
at the time the report was generated.

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**ATTACHMENT C**

The Licensure Review Panel met and submits the following report regarding actions taken:

Reviewed six (6)  
candidates for  
reinstatement

- David Carter, RN 233914 – Reinstate license with CDDP conditions
- Carlissa Renea Keitt, LPN 771110 – Reinstate license with CDDP conditions
- Tina Lewis, RN 108237 – Successfully complete RN Refresher Program then reinstate license with probationary conditions
- Carissa Marie Fields, RN 189474 – Reinstate license with probationary conditions
- Melissa Lynette McAnally, RN – 195820 – Reinstate license with CDDP conditions
- Cathy Dale Davenport, RN 195052 – Reinstate license with probationary conditions

Reviewed one (1)  
candidate for  
Licensure by  
Endorsement

- Gretchen Ann Phillips, RN Applicant – Issue license with CDDP conditions

Reviewed three (3)  
candidates for  
Extension of Time  
to Satisfy  
Probationary  
Conditions

- Beth Renee Soles, RN 197608 – Extension of twenty-four (24) months granted.
- Generoso Orsino Barcarse, RN 171771 – Extension of twenty-four (24) months granted
- Vicki Cain Lambert, RN 96371 – Extension of twenty-four (24) months granted

ATTACHMENT D

The following licensees accepted sanctions offered pursuant to their appearance before the Settlement Committee:

- Chinwe Minicent Iheme, NP 5007459 – Probationary Approval to Practice for six (6) months
- Jennifer Michelle Taylor, RN 246142 – Probationary conditions for twelve (12) months with drug screening
- Michael W. Pike, NP 5007522 – Reprimand with course requirement
- Peggy M. Bintz, NP 5000538 – Reprimand and probationary conditions for twelve (12) months
- Jennifer Leigh Cook, RN 184766 – Reprimand with course requirement
- Terra Michelle Boyd, RN 218240 – Probationary conditions for twelve (12) months with drug screening
- One (1) licensee accepted a Non-Disciplinary Consent Order
- One (1) licensee accepted participation in the Alternative Program
- One (1) licensee was issued a Letter of Concern

## ATTACHMENT E

Took the following actions regarding Non-Hearing activities by adoption of the Consent Agenda

**Ratified Probation:**

Rebecca Ann Ray, LPN 75714 – Diversions of Drugs

Laura Lynn Pilla, RN 137025 – Failure to Make Home Visits, Falsification of Medical Records

Clarence Michael Allen, RN 287941 – Criminal Conviction

**Ratified Probation with Drug Screening:**

Laura Frances McCabe Haynes, RN 102528 – Diversion of Drugs

**Ratified Reprimand:**

Ivonne Draughon, NP 5005568 – Inappropriate Prescribing

**Ratified Reprimand with Conditions:**

Ruby Pauline Cherry, LPN 20396 – Failure to Administer Prescribed Medications

Michael W. Pike, NP 5007522 – Inappropriate Interaction with Client, Inappropriate Prescribing

Jessica Ramirez-Trower, CNM 417 – Prescription Forgery/Fraud, Failure to Maintain Accurate Medical Records

Danielle J. Adams, LPN 83217 – Failure to Initiate CPR

Kristina Bernard, RN 300397 – Inappropriate Delegation

Jennifer Leigh Cook, RN 184766 – Sleep on Duty, Falsification of Medical Records

Chelsea Elizabeth Carter, RN 246594 – Falsification of Medical Records, Failure to Assess/Evaluate

Kela Elicia Wilson, LPN 86117 – Breach of Patient Confidentiality

Zachary Austin Chellew, RN 288030 – Failure to Assess/Evaluate, Falsification of Medical Records

Lisa Russell Barber, RN 122742 – Failure to Maintain Minimum Standards, Failure to Maintain Accurate Medical Records, Withhold Crucial Healthcare Information, Failure to Assess/Evaluate

**Ratified Suspension:**

Tammy Lynn Peterson, RN 18707 – DWI Conviction

Ashley Haislet Tokos, RN 208927 – Action in Another Jurisdiction

Sonya Renee Burnette, LPN 80235 – Failure to Administer Prescribed Medications

Andrea Lackey Kennedy, RN 239238 – Impaired on Duty

Adrian Ellison Nabb, RN 251379 – Diversion of Drugs, Positive Drug Screen

Diana K. Shockley, LPN 68855 – Positive Drug Screen

Brenda Strickland Pope, RN 155869 – Diversion of Drugs

Latisha Dawn Howell, RN 196501 – Diversion of Drugs

**Ratified Suspension of Privilege to Practice:**

Kristen Haldenwang, Tennessee, RN 190251 – Diversion of Drugs

**Ratified of Suspension with Conditions:**

Carla Hight Weaver, RN 170605 – Falsification of Application

**Ratified Suspension for Violation of Probationary Conditions:**

Genevieve Cofield, South Carolina RN 70681 – Failure to Complete Required Course

**Ratified Suspension for Violation of Drug Screening Probationary Conditions:**

Julie Joann Husske, RN 189656 – Positive Drug Screen

Jamie Alexandra Howell, RN 247293 – Failure to comply with drug screening requirements

**Ratified Suspension for Violation of Chemical Dependency Discipline Program Conditions:**

Deborah Woodward Marsh, RN 76836 – Failure to comply with drug screening requirements  
 Margaret Catherine Murphy, RN 259650 – Requested to Withdraw  
 Stacy Marie Wild, RN 264303 – Positive Drug Screen  
 Kimberly Ann Ammons, RN 257418 – Positive Drug Screen  
 Tammy Elizabeth Fowler, RN 178383 – Failure to comply with drug screening requirements

**Ratified Suspension for Violation of Alternative Program for Chemical Dependency Conditions:**

Linda Elaine Mitchiner, LPN 66360 – Failure to comply with treatment requirements  
 Shane Aaron Toomes, RN 172010, CRNA 2226 – Failure to comply with drug requirements  
 Aaron Mittelmeier, RN 292042 – Failure to comply with drug screening requirements  
 Amy Mustian Stroud, RN 152862 – Positive drug screen  
 Courtney Tate, RN 247753 – Request to withdraw  
 Christina Michelle Knight, RN 238524 – Positive drug screen  
 Jessica Lane, RN 203491 – Positive drug screen  
 Fred Samuel Justice, LPN 71135 – Request to withdraw

**Ratified Suspension for Violation of Intervention Program Conditions:**

Wendy Chappell Moore, RN 183104 – Failure to comply with drug screening requirements  
 Sheila Banner, RN 270015 – Failure to comply with drug screening requirements  
 Tammy Lynne Peterson, RN 187072 – Positive drug screen

**Ratified Voluntary Surrender:**

Linda Elaine Mitchiner, LPN 66360 – Diversion of Drugs, Criminal Conviction  
 Courtney Deana Tate, RN 247753 – Diversion of Drugs  
 Christina Michelle Knight, RN 238524 – Diversion of Drugs  
 Jessica Louise Lane, RN 203491 – Diversion of Drugs  
 Amy Mustian Stroud, RN 152862 – Impaired on Duty, Diversion of Drugs, Positive Drug Screen

**Ratified Dependency Discipline Program (CDDP):**

Rebecca Lea Brown, RN 153179 – Submitted One Year Sobriety Notebook  
 Angela Donnelle Woolard, RN 184231 – Submitted One Year Sobriety Notebook  
 Danny Bryant Nelson, Jr., RN 241919 – Impaired on Duty  
 Celia Susana Crosby, RN 199542 – Submitted One Year Sobriety Notebook  
 Deborah Peterson Butchello, RN 158685 – Submitted One Year Sobriety Notebook

**Successful Completion**

Alternative Program for Chemical Dependency	No. Successfully Completed
August 2018	5
September 2018	2
October 2018	4
November 2018	1

Intervention Program	No. Successfully Completed
August 2018	3
September 2018	2
October 2018	2
November 2018	1

Non-Disciplinary Consent Orders (Practice Improvement Matters)	No. Successfully Completed
August 2018	3

September 2018	2
October 2018	2
November 2018	3

Practitioner Remediation Enhancement Program (PREP)	No. Successfully Completed
August 2018	2
September 2018	3
October 2018	2
November 2018	0

**Ratified Probation Completed:**

Tiffany Lynn Hamilton, RN 283209 – 8/1/2018

**Ratified Probation with Drug Screen Completed:**

Amanda Leigh Jones, RN 225064 – 8/31/2018

Alisyn Marie Karwowki, RN 195907 – 10/4/2018

Kesha Humphries Jones, RN 214610 – 11/8/2018

Renyatta Gray, RN 215146 – 11/28/2018

**Ratified Chemical Dependency Discipline Program (CDDP) Completed:**

Derek Ned Watson, RN 187335 – 8/2/2018

Lisa Dawn Rice, LPN 47807 – 10/3/2018

Wendy Marie Sneed, RN 27318 – 10/3/2018

Cheryl Ann Turner Mosley, RN 204148 – 10/16/2018

**Ratified Reprimand with Conditions Completed:**

Kristi Paige Tugwell, RN 139434 – 8/2/2018

Sue Fortag Barnett, NP 5001301 – 8/8/2018

Rhonda Renee Sharp, RN 263294 – 8/9/2018

Heather McPhail Maynor, NP 5006715 – 8/20/2018

Amanda Lyn Dube, LPN 63977 – 8/20/2018

Mary Jane Burkhalter, Virginia RN 0001203150 – 8/29/2018

Kristina Bernard, RN 300397 – 9/7/2018

Danielle J. Adams, LPN 83217 – 10/3/2018

Ruby Pauline Cherry, LPN 20396 – 10/4/2018

Jessica Ramirez-Trower, CNM 417 – 10/5/2018

Michael W. Pike, NP 5007522 – 10/9/2018

Jennifer Leigh Cook, RN 184766 – 10/15/2018

Lisa Russell Barber, RN 122742- 10/23/2018

Kela Elicia Wilson, LPN 86117 – 11/7/2018

Chelsea Elizabeth Carter, RN 246594 – 11/13/2018

Carla Hight Weaver, RN 170605 – 11/21/2018

Tandrea Hope Beddard, LPN 62780 – 11/26/2018

Zachary Austin Chellew, RN 288030 – 11/30/2018

**Ratified Actions of Non-Disciplinary Consent Orders:**

Administrative Actions	Number of Actions
Abandonment	1
Diversions of Drugs	3
Exceed Scope	3

Failure to Assess/Evaluate	1
Failure to Maintain Accurate Records	1
Failure to Maintain License	1
Failure to Maintain Minimum Standards	2
Falsification of Application	1
Falsification of Documentation	1
Positive Drug Screen	1
Withhold Crucial Healthcare Information	2

**Ratified Remediation of Enhancement Program (PREP):**

Administrative Action	Number of Actions
Diversion of Drugs	1
Exceed Scope	4
Failure to Maintain Accurate Records	1
Failure to Maintain Minimum Standards	1
Falsification of Documentation	1

**Ratified Letters of Concern:**

Administrative Action	Number of Actions
Abandonment	1
Action in Another Jurisdiction	5
Breach of Patient Confidentiality	2
Criminal Conviction	4
Diversion of Drugs	18
DWI Conviction	24
Exceed Scope	6
Failure to Administer Prescribed Medications	1
Failure to Assess/Evaluate	4
Failure to Maintain Accurate Records	2
Failure to Maintain License	2
Failure to Maintain Minimum Standards	7
Failure to Perform Prescribed Treatments	1
Failure to Supervise	2
Falsification of Application	3
Falsification of Medical Records	3
Impaired on Duty	3
Inappropriate Interaction with Client	8
Positive Drug Screen	6
Prescription Forgery/Fraud	1
Sleep on Duty	2
Theft of Facility Property	2
Withhold Crucial Healthcare Information	1

**Ratified Cautionary Letters:**

Administrative Action	Number of Actions
Failure to Maintain Minimum Standards	2
Fraud	2

Inappropriate Verbal Interaction with Client	2
Misrepresentation of Credentials	1

**Ratified Cautionary Letter for Unlicensed Practice:**

Administrative Action	Number of Actions
Misrepresentation of Licensure Credentials	1

**Ratified Alternative Program for Chemical Dependency:**

Administrative Action	Number of Actions
Diversion of Drugs	7
DWI Conviction	2
Falsification of Medical Records	1
Impaired on Duty	2
Positive Drug Screen	4
Prescription Forgery/Fraud	1

**Ratified Intervention Program (IP):**

Administrative Action	Number of Actions
Diversion of Drugs	1
DWI Conviction	1
Impaired on Duty	1
Positive Drug Screen	7

## ATTACHMENT F

## Board Assessment Action Plan

**CALENDAR YEAR 2019**

<b>Objective</b>	<b>Action Taken</b>	<b>Status/ Completion Date</b>
1. Educate Board Members on Just Culture	Schedule education session	Consider for March 21-22, 2019 Education Session
2. Educate Board Members on Legal Principles, Protocols and Rules of Order	Schedule education session	Consider March 21-22, 2019 Education Session
3. Educate Board members on regulatory processes	Schedule education session	Consider March 21-22, 2019 Education Session
4. Educate Board members on CEO position description and process and procedures for CEO search		Consider October 2019 Board Retreat

## 2018 – 2021 Strategic Plan



**Mission:** Protect the public by regulating the practice of nursing.  
**Vision:** Exemplary nursing care for all.  
**Values:** Professionalism, Accountability, Commitment, Equity



## 2018 – 2021 Strategic Plan



**Mission:** Protect the public by regulating the practice of nursing.  
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### Strategic Initiative #1

Enhance public protection through the Board's proactive leadership

Objective	Target	Target Date	Measured By	Progress
A. Ensuring equitable, efficient, and effective regulatory processes.	1. Continue review and revision of protocols with continued priority focus on standard of care. (AGF; AM)	1. Ongoing	1. Completion of review and implementation of designated protocol(s)	<p>At the February Ad Hoc Discipline Meeting, Documentation, Drug and Neglect Protocols were recommended for approval to the May Board Meeting and they were approved.</p> <p>At the May Ad Hoc Discipline Meeting, the Theft, Fraud and Exceeding Scope Protocols were recommended for approval and were approved at the September Board Meeting.</p> <p>At the November Ad Hoc Discipline Meeting the Failure to Maintain Standards, Inappropriate Interaction and Delegation/Supervision Protocols were recommended for approval and will be presented at the January Board Meeting. (AGF)</p>

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #1

Enhance public protection through the Board's proactive leadership

Objective	Target	Target Date	Measured By	Progress
	2. Review and revise regulatory policies with Ad hoc Discipline Committee. (AGF; AM)	2. Ongoing	2. Review/revision and implementation of designated policies.	<p>At the May Ad Hoc Discipline Meeting, the policies for Withholding Information, Falsification of Renewal Applications and Falsification of Initial/Endorsement/ and Reinstatement were recommended for approval and were approved at the September Board Meeting.</p> <p>Work to begin in January on all regulatory policies after the rules have been readopted with revisions. (AGF)</p>
	3. Complete periodic rule review and revise rules as needed for re-adoption. (AE; AGF)	3. 2018	<p>3. *Completion of periodic rule review (sunset review) process within timeline assigned by Rules Review Commission;</p> <p>*Completion of rule re-adoption December 2018.</p>	<p>In May, Board voted to approve re-adoption packet. Rules published in July 2<sup>nd</sup> <i>NC Register</i>. Public Hearing held July 26<sup>th</sup>. Public comment period ended August 31<sup>st</sup>. Board voted to approve re-adoption package at Oct Board meeting. Permanent Rules submitted to OAH. Request for Technical Changes received from OAH attorney without reasonable deadline. OAH granted extension for review. On Dec 13<sup>th</sup>, re-adoption</p>

## 2018 – 2021 Strategic Plan



**Mission:** Protect the public by regulating the practice of nursing.  
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**Values:** Professionalism, Accountability, Commitment, Equity

### Strategic Initiative #1

Enhance public protection through the Board's proactive leadership

Objective	Target	Target Date	Measured By	Progress
				packet approved with effective date of January 1, 2019.
	4. Perform positively compared to benchmarks for cycle time in licensure and investigations. (TG; AGF; AM)	4. Ongoing	4. *Positive performance compared to benchmarks for licensure: cycle time for licensure by exam, licensure by endorsement, licensure renewal; *Positive performance compared to benchmarks for investigation cycle time, case closure time.	Performance measure for Investigations: 90% of the time average investigative cycle time < 130 days. For months July-October the goal was met at 100%.  Performance measure for Legal Proceeding: 90% of the time average case closure time is <150 days. For months July-October the goal was met at 100%. (AGF)
B. Achieve legislative change that advances the mission/vision.	1. Build relationships with stakeholders to support modernization of the Nursing Practice Act. (JG; DK)	1. 2018	1. *Identification of key stakeholders by Quarter 4, 2018; *List and assign primary contact person to contacts to encourage support of the NPA modernization; *Monitor ongoing contact needs with identified stakeholders/ sponsors.	Ongoing

## 2018 – 2021 Strategic Plan



**Mission:** Protect the public by regulating the practice of nursing.  
**Vision:** Exemplary nursing care for all.  
**Values:** Professionalism, Accountability, Commitment, Equity

### Strategic Initiative #1

#### Enhance public protection through the Board's proactive leadership

Objective	Target	Target Date	Measured By	Progress
C. Ensuring adequate resources to fund programs, services and operations through maintaining a strong financial position.	1. Perform positively compared to benchmarks for net position, net revenue, liquidity, investment performance, liability/assets, revenue/expenses, and operating revenue. (GB; JG)	1. FY 2017-2018	1. Positive performance compared to benchmarks for Net Position, Net Revenue, Liquidity, Investment Performance, Liability/Assets and Revenue/Expenses.	<ul style="list-style-type: none"> <li>◆ Revenue totaled \$9.90 million; expenditures totaled \$9.15 million. Revenue was up 3.4% over same period last year and expenditures were up 4.5%.</li> <li>◆ For FY2017-2018 net position increased by \$740,567 (6.5%).</li> <li>◆ Operating reserve as of 06/30/2018 was 61.6%; (Target is 50%)</li> <li>◆ Total liabilities as a % of total assets to measure debt ratio was 41.73% (Target is &lt;50%)</li> <li>◆ Cash &amp; investments compared to current liabilities as a measure of liquidity was 3.29:1 (Target is 2:1)</li> <li>◆ Investment performance averages 4.3% per year (Target 3%)</li> </ul>
D. Increase the visibility and impact of the organization.	1. Proactively engage identified stakeholders to ensure NCBON is represented in discussions/issues	1. Ongoing	1. *By August 2018: evaluate current visibility and impact in relevant	Education and Practice consultants present throughout the state, and continue to expand opportunities to

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #1

Enhance public protection through the Board's proactive leadership

Objective	Target	Target Date	Measured By	Progress
	related to nursing regulation. (All Administrative Council)		<p>arenas, and determine additional opportunities.</p> <p>*By December 2018 design strategies for increasing visibility and impact;</p> <p>*2019 Implement strategies;</p> <p>*2020 Evaluate effectiveness of new strategies and determine next steps.</p>	<p>reach out to LPN groups, school nurses, and public health; BL and CT poster presentation at NCSBN Scientific Symposium; JL presentation at NCNA Annual Meeting; JL attended SREB conference to re-establish relationships with southern region representatives. JR established contact and will be meeting with new Executive Director of NCONL. JR invited to be keynote speaker at AHEC multidisciplinary preceptor conference in April 2019.</p> <p>Evaluation and data collection related to opportunities is continuing.</p> <p>Amy presented at the NCSBN Discipline Case Management Conference in June. (AGF)</p>

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #2 Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
A. Conduct and utilize research that expands evidence for regulation.	1. Active participation in NCSBN IRE Program. (LB; JR)	1. 2019-2021	1. Enroll one new participant in IRE cohort in 2019, 2020, and 2021.	NCSBN eliminating IRE program. New Leadership opportunities TBD.  JL and AH interested in applying for new program.
	2. Disseminate research outcomes. (LB, JR)	2. Ongoing	2. At least one publication, poster, or conference presentation each year 2018 - 2021.	Research Committee members collaborating on two manuscripts for submission to JNR – one qualitative and one quantitative focus related to NP Regulatory Compliance. BL presented poster developed by research committee members at NCSBN scientific symposium. JL presented her dissertation results using TERCAP data at NCNA Annual Meeting.

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #2 Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
B. Facilitate innovations in education and practice.	1. Enhance data collection for academic progression pathways with SHEPS. (TP, JR, CT)	1. Ongoing	1. *2018 Identify data collection requirements; *2019 implement data collection; *2020 evaluate effectiveness and any needed revisions.	Collaborating with SHEPS to determine data collection needs  Ongoing work.
C. Ensure current and evolving roles and responsibilities of nursing align with regulation.	1. Determine need for Review/analysis of LPN scope. (LB, JR, CT)	1. 2019	1. Comparison summary of LPN scope of practice from current sources presented at Education/Practice Committee meeting with next steps to be determined at that time.	Board approved 2019 charge for E&P Committee to examine LPN scope. Work on this charge will begin at the first meeting in 2019 on March 20.

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #2 Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
	2. Examine roles of direct care givers, including NAs. (LB; JR)	2. 8/2018-12/2019	2. *August 2018: Identify collaborative partners to examine this issue; *September – December 2018 determine data gathering strategies; *2019 gather, analyze data with report to Board at January 2020 meeting.	Will review following examination of LPN scope – new target 2020. Preliminary literature search completed by Duke MSN student under guidance of LB during fall semester.

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #2 Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
D. Identify and address issues regarding the opioid crisis.	1. Educate nurses regarding the issues surrounding substance use disorder among nurses. (JR, KP, CT, BL, AM, KP)	1. Ongoing	1. *January – June 2018 identify issues requiring additional education for nurses; *June- December 2018 create educational materials and determine best methods for providing access/use of materials; *2019 implement educational materials; *2020-2021 evaluate effectiveness and revise as necessary.	Information posted on NCBON website. Issues raised with practice consultants being monitored for trends.  Angie presented at the National Association of Drug Diversion Investigators Conference. Alison attended the 2 <sup>nd</sup> Annual National Opioid Crisis Management Congress in September. Kathleen co-authored a series of articles with Bobby addressing national crisis related to Opioids. Articles publishing in the Nursing Bulletin Fall 2017, Winter 2018 and Summer 2018. (AGF)

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #2 Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
	2. Collaborate with stakeholders to implement prevention strategies to improve safe prescribing practices. (JR, CT, BL)	2. Ongoing	2. *Continue collaboration efforts with stakeholders (e.g. SBI, DEA, FDA, NCCSRS, DHSR, other health professions and boards; *Serve on committees dealing with the opioid crisis (Opioid Prescription Drug Abuse Advisory Committee, Prevention and Public Awareness Workgroup, etc.); *Create/disseminate educational materials/advisory statements to NCBON constituents.	BL serves on committees; OPDAAC meets regularly Information posted on NCBON website  Continued participation on Opioid Prescription Drug Abuse Advisory Committee (OPDAAC) and on Coalition for Model Opioid Practices (CFMOP).

## 2018 – 2021 Strategic Plan



**Mission:** Protect the public by regulating the practice of nursing.  
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### Strategic Initiative #3 Foster mobility and facilitate access to safe nursing care

Objective	Target	Target Date	Measured By	Progress
A. Implement the enhanced Nurse Licensure Compact (eNLC).	1. Align policies and procedures with eNLC. (TG, AGF, MM)	1. 2018	1. Operational policies and procedures aligned with eNLC URL procedures January 2018; Implementation of eNLC Quarter 1, 2018.	Staff mapped processes in Licensure and to begin to develop NLC policies along with all regulatory policies in January 2019. Additionally, the NLC Commissioners appointed Amy as the Chair of the Policy Committee. (AGF)
	2. Transition from ENS to e-Notify. (TP)	2. Quarter 1, 2018	2. Transition to e-Notify complete by end of Quarter 3, 2018.	Final transition from ENS to e-Notify went live 10/05/18. Most ENS institutional users switched well before 10/05. Institutional participation increased by 384% to 246 as of 10/22, and another 192% to 472 with 19,064 total nurses enrolled as of 12/14/18. Developing marketing strategy to promote e-Notify usage by institutions and individual licensees. NOTE: ENS is still available for NAIL's, which are not in Nursys.

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #3 Foster mobility and facilitate access to safe nursing care

Objective	Target	Target Date	Measured By	Progress
	3. Assess readiness for APRN compact. (DK; JG; BL)	3. Ongoing	3. *Identify support and opposition; *Identify possible ways to mitigate opposition; *Identify possible legislative sponsor(s).	Ongoing. BL to attend NCSBN APRN consensus forum in April 2019.
B. Facilitate the safe and effective practice of nurses using telehealth and emerging technologies.	1. Establish baseline data related to nursing regulation issues in the use of telehealth and emerging technologies. (JR, TP, TG, AF, DK)	1. Ongoing	1. 2018 Education/Practice Committee Review and/or revision of telehealth position statement; *July-December 2019 research committee create and analyze survey of nurses regarding issues related to use of technology; *Report results to Board at January 2020 meeting.	Revisions approved at September Board Meeting. Revised position statement posted on website.  Work to continue in 2019 as indicated.

## 2018 – 2021 Strategic Plan



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### Strategic Initiative #3 Foster mobility and facilitate access to safe nursing care

Objective	Target	Target Date	Measured By	Progress
C. Conduct and disseminate a supply and demand workforce study.	1. Design and implement a supply/demand workforce study for RNs and LPNs. (BL, LB)	1. Design and conduct study 2018; *Analyze and disseminate data 2019.	1. *Completion of study design by September 2018; *Completion of data gathering by December 2018; *Completion of data analysis by August 2019; *Dissemination of study results by December 2019.	Collaborating with SHEPS to conduct workforce study.  Ongoing
	2. Collect a minimum data set (MDS) established by NCSBN, SHEPs, and National Forum of State Workforce Centers on licensure and renewal applications. (TP, TG, RB)	2. Initial revision 2019 and then ongoing review and revision as necessary.	2. Implementation of revised applications for initial and renewal license application by 2 <sup>nd</sup> quarter 2019.	Evaluating new MDS (File Layout 5.3) provided by NCSBN to identify RN/LPN/APRN application changes. Collaborating with SHEPS to determine new MDS data collection needs. Will forward feedback to NCSBN 1 <sup>st</sup> quarter 2019.

**North Carolina Board of Nursing  
NCLEX RN 1<sup>st</sup> Time Testing Pass Rate  
3-YEAR AVERAGE 2016-2018**

Registered Nurse (RN)	Type	2016	2017	2018	3-Year Average 2016-2018
<b>National Pass Rate Current Year</b>	<b>RN-All</b>	85	87	88	87
<b>NC Pass Rate (95% of National Standard)</b>	<b>RN-All</b>	81	83	84	83
<b>Program-Bachelor of Science in Nursing (BSN)</b>					
Registered Nurse (RN)	Type	2016	2017	2018	3-Year Average 2016-2018
<i>National BSN Pass Rate</i>		88	90	92	90
<i>NC BSN Pass Rate Averages</i>		90	93	95	93
Appalachian University	BSN	97	91	100	96
Barton College	BSN	72	95	89	85
Campbell University	BSN	**	**	100	100
Chamberlain University	BSN	**	**	100	100
Duke University	BSN	95	98	99	97
East Carolina University	BSN	96	96	99	97
Fayetteville State University	BSN	95	93	98	95
Gardner-Webb University	BSN	100	100	96	99
Lees-McRae College	BSN	**	60	61	61
Lenoir-Rhyne College	BSN	93	97	93	94
Mars Hill University	BSN	**	**	81	81
Methodist University	BSN	55	75	97	76
NC A&T State University	BSN	92	90	88	90
NC Central University	BSN	68	82	79	76
Northeastern University	BSN	**	**	87	87
Pfeiffer University	BSN	94	88	67	83
Queens University of Charlotte	BSN	96	96	99	97
UNC-Chapel Hill	BSN	96	97	96	96
UNC-Charlotte	BSN	92	92	95	93
UNC-Greensboro	BSN	88	97	95	93
UNC-Pembroke	BSN	87	81	98	89
UNC-Wilmington	BSN	95	97	93	95
Western Carolina University	BSN	99	96	99	98
Wingate University	BSN	100	100	100	100
Winston-Salem State University	BSN	94	89	91	91
<b>National Diploma Pass Rate</b>					
<i>National Diploma Pass Rate</i>		85	90	89	88
<i>NC Diploma Pass Rate Averages</i>		100	97	86	94
Watts School of Nursing	DIP-RN	100	97	86	94

**North Carolina Board of Nursing  
NCLEX RN 1<sup>st</sup> Time Testing Pass Rate  
3-YEAR AVERAGE 2016-2018**

<b>Registered Nurse (RN)</b>	<b>Type</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>3-Year Average 2016-2018</b>
<i>National Associate Degree Pass Rate</i>		82	84	85	84
<i>NC Associate Degree Pass Rate Averages</i>		90	91	91	91
Alamance CC	AD	88	79	97	88
Asheville-Buncombe Tech CC	AD	93	96	93	94
Beaufort County CC	AD	80	70	73	74
Bladen CC	AD	90	84	97	90
Blue Ridge CC	AD	89	90	75	85
Brunswick CC	AD	100	95	96	97
Cabarrus College of Health Science	AD	86	94	99	93
Caldwell CC	AD	86	100	100	95
Cape Fear CC	AD	100	97	100	99
Carolinas College of Health Science	AD	93	98	96	96
Carteret CC	AD	92	94	94	93
Catawba Valley CC	AD	96	97	97	97
Central Carolina CC	AD	78	44	83	68
Central Piedmont CC	AD	96	94	97	96
Coastal Carolina CC	AD	89	96	94	93
College of the Albemarle	AD	97	100	96	98
Craven CC	AD	93	92	85	90
Davidson County CC	AD	96	98	95	96
Durham Tech CC	AD	76	76	78	77
ECPI University-Charlotte	AD	100	89	97	95
Edgecombe CC	AD	83	78	87	83
Fayetteville Tech CC	AD	91	100	93	95
Foothills Nursing Consortium	AD	98	89	95	94
Forsyth Tech CC	AD	95	95	98	96
Gardner-Webb University	AD	79	93	81	84
Gaston College	AD	100	98	93	97
Guilford Tech CC	AD	94	85	71	83
Halifax CC	AD	86	100	86	91
James Sprunt CC	AD	93	94	100	96
Johnston CC	AD	100	98	98	99
Lenoir CC	AD	100	95	75	90
Mayland CC	AD	82	94	80	85
Mitchell CC	AD	97	100	95	97
Nash CC	AD	86	88	85	86
Piedmont CC	AD	81	65	91	79
Pitt CC	AD	90	92	87	90
Randolph CC	AD	79	93	91	88
Region A Nsg Consortium	AD	83	88	77	83

**North Carolina Board of Nursing  
NCLEX RN 1<sup>st</sup> Time Testing Pass Rate  
3-YEAR AVERAGE 2016-2018**

Registered Nurse (RN)	Type	2016	2017	2018	3-Year Average 2016-2018
Richmond CC	AD	90	100	94	95
Roanoke-Chowan CC	AD	64	78	100	81
Robeson CC	AD	100	100	100	100
Rockingham CC	AD	100	88	90	93
Rowan-Cabarrus CC	AD	96	88	93	92
Sampson CC	AD	94	83	89	89
Sandhills CC	AD	100	92	88	93
South College	AD	64	80	90	78
South Piedmont CC	AD	96	89	93	93
Southeastern CC	AD	75	83	83	80
Southwestern CC	AD	96	82	76	85
Stanly CC	AD	90	88	97	92
Surry CC	AD	96	95	100	97
Vance-Granville CC	AD	90	88	89	89
Wake Tech CC	AD	97	98	98	98
Wayne CC	AD	100	93	92	95
Western Piedmont CC	AD	93	100	97	97
Wilkes CC	AD	90	63	100	84
Wilson CC	AD	89	97	91	92

CC = Community College

\*\* = New Program

Below Three-Year Average

Meets or Above Standard

**North Carolina Board of Nursing  
NCLEX PN 1<sup>st</sup> Time Testing Pass Rate  
3-YEAR AVERAGE 2016-2018**

Practical Nurse (PN)	Type	2016	2017	2018	3-Year Average 2016-2018
<b>National Pass Rate Current Year</b>	<b>PN-All</b>	84	84	86	85
<b>NC Pass Rate (95% of National Standard)</b>	<b>PN-All</b>	80	80	82	81
<b>Program-Diploma (Dip-PN)</b>					
<i>NC Diploma-PN Pass Rate Averages</i>	<b>PN-All</b>	92	95	95	94
Practical Nurse (PN)	Type	2016	2017	2018	3-Year Average 2016-2018
Beaufort County CC	Dip-PN	80	95	100	92
Bladen CC	Dip-PN	95	96	100	97
Brunswick CC	Dip-PN	100	100	100	100
Cape Fear CC	Dip-PN	100	100	100	100
Central Carolina CC	Dip-PN	70	90	97	86
Cleveland CC	Dip-PN	100	100	88	96
Coastal Carolina CC	Dip-PN	94	88	95	92
College of the Albemarle	Dip-PN	90	100	100	97
Craven CC	Dip-PN	92	100	88	93
Davidson County CC	Dip-PN	100	92	95	96
Durham Tech CC	Dip-PN	100	97	100	99
ECPI-Charlotte	Dip-PN	95	98	100	98
ECPI-Greensboro	Dip-PN	89	78	92	86
ECPI-Raleigh	Dip-PN	82	95	89	89
Edgecombe CC	Dip-PN	100	100	100	100
Fayetteville Tech CC	Dip-PN	85	95	89	90
Forsyth Tech CC	Dip-PN	96	92	88	92
Gaston College	Dip-PN	100	100	100	100
Guilford Tech CC	Dip-PN	100	86	100	95
Halifax CC	Dip-PN	71	80	100	84
Isothermal CC	Dip-PN	63	100	96	86
James Sprunt CC	Dip-PN	100	100	100	100
Lenoir CC	Dip-PN	100	100	100	100
McDowell Tech CC	Dip-PN	97	91	100	96
Mayland CC	Dip-PN	**	**	100	100
Montgomery CC	Dip-PN	83	97	100	93
Nash CC	Dip-PN	88	82	83	84
Richmond CC	Dip-PN	100	100	100	100
Robeson CC	Dip-PN	100	100	100	100
Rockingham CC	Dip-PN	100	92	86	93
Rowan-Cabarrus CC	Dip-PN	100	100	100	100
Sampson CC	Dip-PN	100	100	88	96
South Piedmont CC	Dip-PN	90	93	91	91

**North Carolina Board of Nursing  
 NCLEX PN 1<sup>st</sup> Time Testing Pass Rate  
 3-YEAR AVERAGE 2016-2018**

Practical Nurse (PN)	Type	2016	2017	2018	3-Year Average 2016-2018
Southeastern CC	Dip-PN	97	100	90	96
Surry CC	Dip-PN	100	100	100	100
Vance-Granville CC	Dip-PN	91	88	80	86
Wayne CC	Dip-PN	100	100	100	100
Wilson CC	Dip-PN	100	100	87	96

CC = Community College

\*\* = New Program

Below Three-Year Average

Meets or Above Standard



**Agenda M17**  
**2018 End of Year NCLEX Pass Rates**  
**January 2019**  
**Meeting**

**APPROVAL OF STATUS CHANGES RELATED TO ANNUAL NCLEX RESULTS**

**ISSUE:** Non-compliance with National Council Licensure Examination (NCLEX) pass rates as required by APPROVAL OF NURSING PROGRAMS – STUDENTS 21 NCAC 36 .0320 (e). *The nursing program shall maintain a three-year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.*

**BACKGROUND:**

For 2016-2018, the three-year average Registered Nurse (RN) national pass rate is 87%; 95% standard for NC is 83%.

For 2016-2018, the three-year average Practical Nurse (PN) national pass rate is 85%; 95% standard for NC is 81%.

The three-year average pass rate is calculated by dividing the total number of 1<sup>st</sup> time test passers (during the three-year period January 1, 2016 through December 31, 2018) by the total number of 1<sup>st</sup> time test takers.

Nursing education programs not in compliance with APPROVAL OF NURSING PROGRAMS – STUDENTS 21 NCAC 36 .0320 (e) as quoted above are subject to the provisions of EP-17 NCLEX Pass Rate Below Standard. A new program will be evaluated based upon the single year pass rate in year 1 and the two-year average pass rate in year 2, until a 3-year average is available.

**Provision 1:** When the NCLEX pass rate is below the **three-year average** Standard for the **first year** a written improvement plan, which includes a comprehensive evaluation plan, for the next calendar year is required.

The following programs will be required to submit an improvement plan report to the NC BON by March 1, 2019.

**First Year Below Standard: Improvement Plan**

<b>Program Current Year Pass Rate</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Three-Year Average</b>
Mars Hill University-BSN	**	**	81	81
Southeastern CC-AD	75	83	83	80

CC=Community College

\*\*=New Program

**Below Three-Year Average Standard**



**Agenda M17**  
**2018 End of Year NCLEX Pass Rates**  
**January 2019**  
**Meeting**

**Provision 2:** When the NCLEX pass rate is below the **three-year average** Standard for **two consecutive years**, the program status is changed to Warning Status. Key points of the nursing education program's improvement plan are posted with the Warning Status. Board staff conduct a focused review of the program.

The following programs will be changed to Warning Status and be notified of the deadline for the improvement report submission to the NCBN.

**Second Year Below Standard: Warning Status**

Program Current Year Pass Rate	2016	2017	2018	Three-Year Average
Lees McCrae College-BSN	**	60	61	61
Beaufort CC-AD	80	70	73	74
Central Carolina CC-AD	78	44	83	68
Durham Tech CC-AD	76	76	78	77
Piedmont CC-AD	81	65	91	79

**Second Year Below Standard, with Progressive Continuous Improvement and Exceeding Current Year Pass Rate: Continue Program on Improvement Plan**

Methodist University-BSN	55	75	97	76
Roanoke-Chowan CC-AD	64	78	100	81

**Provision 3:** When the NCLEX pass rate is below the **three-year average** Standard for **three consecutive years**, the program is issued a Published Consent Order by the Board.

**Third Year Below Standard: Public Consent Order**

Program Current Year Pass Rate	2016	2017	2018	Three-Year Average
*NC Central University-BSN	68	82	79	76

\*History:

Year	Single Year Pass Rate	3-Year Average Pass Rate	Action
2010	79		
2011	81		
2012	93	84	None
2013	70	81	Improvement Plan
2014	90	84	None
2015	68	76	Improvement Plan
2016	68	75	NDCO
2017	82	73	Warning
2018	79	76	Public

Below 95% of National Standard

CC=Community College

\*\*=New Program

Below Three-Year Average Standard

Meets or Above Current Year Standard



**Agenda M17**  
**2018 End of Year NCLEX Pass Rates**  
**January 2019**  
**Meeting**

### NURSING EDUCATION PROGRAM IMPROVEMENTS

**Provision 4:** When a nursing education program on Warning Status demonstrates significant progress in meeting the NCLEX Standard, it will be returned to or maintained on Full Approval Status. Significant progress is demonstrated by achievement of a current year pass rate that meets or exceeds 95% of the current year national pass rate (RN-84%, LPN-82%).

#### Resolution of Warning Status to Full Approval for 2018 End of Year NCLEX Pass Rates

Program Current Year Pass Rate meeting or exceed 95% of the national pass rate that is on Warning Status	2016	2017	2018	Three-Year Average
South College	64	80	90	78

#### Resolution of Non-Disciplinary Consent Order for 2018 End of Year NCLEX Pass Rates

Program Current Year Pass Rate	2016	2017	2018	Three-Year Average
Halifax CC-PN	71	80	100	84

#### Resolution of Improvement Plan for 2018 End of Year NCLEX Pass Rates

Program Current Year Pass Rate	2016	2017	2018	Three-Year Average
Edgecombe CC-AD	83	78	87	83
Wilkes CC-AD	90	63	100	84

#### Resolution of Pattern of Non-Compliance for 2018 End of Year NCLEX Pass Rates

Program Current Year Pass Rate	2016	2017	2018	Three-Year Average
Nash CC-AD	86	88	85	86

CC=Community College

\*\*=New Program

Below Three-Year Average Standard

Meets or Above Current Year Standard



## REGULATORY OPERATIONS POLICY MANUAL

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**POLICY NUMBER: EP-17**

**AREA: Education**

**AUTHORITY: GS 90-171.23 (B) (8) (10); 90-171.38 (a); 90-171.4021 NCAC  
36.0303 EXISTING NURSING PROGRAM (b) WARNING STATUS; NCAC  
36.0320 STUDENTS (e)**

**TOPIC: NCLEX (National Council Licensure Examination) pass rate below the Standard.**

**PURPOSE: To ensure that programs prepare graduates to practice safe and competent nursing care as measured by the licensing examination.**

**DATE APPROVED: January 26, 2007**

**DATE REVIEWED: OCTOBER 2018**

**Policy Statement/Standard/Procedure:**

The nursing program shall maintain a three-year average pass rate at or above 95 percent of the national three-year average pass rate for licensure level on first writing of the licensure examination for calendar years ending December 31.

NOTE: Programs on Initial Approval Status will be evaluated based upon the single year pass rate in year 1 and the two-year average pass rate in year 2, until a three-year average is available.

1. The first year the NCLEX pass rate for a nursing education program is below the three-year average Standard, (or programs on Initial Approval Status, below the two-year average pass rate or the single year pass rate), Board Staff issue a notice specifying the time frame in which the program must submit a written improvement plan, which includes a comprehensive evaluation plan, for the next calendar year.
2. When the NCLEX pass rate for a nursing education program is below the required three-year average standard for two consecutive years, the program status is changed to Warning Status. Key points of the nursing education program's improvement plan are posted with the Warning Status. Board Staff conduct a focused review of the program. The Board ratifies this action via the Consent Agenda at the next regularly scheduled Board Meeting.



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3. When a nursing education program on Warning Status demonstrates significant progress in meeting the NCLEX Standard, it is returned to or maintained on Full Approval Status. Significant progress is demonstrated by achievement of a current year pass rate that meets or exceeds 95% of the current year national pass rate.
  
4. When the NCLEX pass rate for a nursing education program is below the-required three-year average standard for three consecutive years, the program is issued a Public Consent Order by the Board.



**Agenda M21**  
**Failure to Maintain Standards Protocol**  
**January 2019**  
**Meeting**

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**ISSUE:** Failure to Maintain Standards Protocol (Attachment A)

**BACKGROUND:** The Failure to Maintain Standards Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

**RECOMMENDATION:** That the Board accept the amended Failure to Maintain Standards Protocol.

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## Sanctioning Guidelines: FAILURE TO MAINTAIN STANDARDS



Criteria		Sanctions to Consider
	<ul style="list-style-type: none"> <li>Insufficient evidence</li> </ul>	<b>No Further Action</b>
	<ul style="list-style-type: none"> <li>Isolated incident</li> <li>Minimal risk</li> </ul>	<b>Letter of Concern</b>
	<ul style="list-style-type: none"> <li>Minimal risk</li> <li>Acknowledges responsibility and need for remediation</li> <li>Inexperienced or practice drift</li> </ul>	<b>PREP</b>
	<ul style="list-style-type: none"> <li>At time of incident was aware that action or inaction was below the standard of care</li> <li>Action or inaction represents at-risk behavior</li> </ul>	<b>Non-Disciplinary Consent Order</b> *Courses-see below
	<ul style="list-style-type: none"> <li>At time of incident was aware that action or inaction was below the standard of care</li> <li>Potential change in nursing/medical treatment</li> <li>Action or inaction represents reckless behavior</li> </ul>	<p><b>Published Consent Order</b></p> <p>Reprimand with course-No aggravating factors</p> <p>12 month Probationary License</p> <p>3-12 month suspension-With aggravating factors</p> <ul style="list-style-type: none"> <li>May consider PL at reinstatement for 3 mo suspension</li> <li>No NAI, NAII or Med Aide</li> </ul> <p>May consider refresher course for substantial poor practice; or Fitness for Duty evaluation (for medical/psychological concerns)</p>
	<ul style="list-style-type: none"> <li>May be offered only at the onset or early stage of investigation with the Licensee acknowledging facts in a consent order related to the alleged activity</li> </ul>	<b>Voluntary Surrender</b>

Course Suggestions:	<ul style="list-style-type: none"> <li>Ethical Legal Decision Making</li> <li>Legal Scope of Practice category</li> <li>Critical Thinking category</li> <li>Assessment category</li> <li>Other courses that address practice deficit</li> </ul>
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Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.



**Agenda M22**  
**Inappropriate Interaction (Verbal or Physical)**  
**Protocol**  
**January 2019**  
**Meeting**

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**ISSUE:** Inappropriate Interaction (Verbal or Physical) Protocol (Attachment A)

**BACKGROUND:** The Inappropriate Interaction Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

**RECOMMENDATION:** That the Board accept the amended Inappropriate Interaction Protocol.

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## Sanctioning Guidelines: INAPPROPRIATE INTERACTION/ VERBAL or PHYSICAL

<b>Criteria</b>		<b>Sanctions to Consider</b>
	<ul style="list-style-type: none"> <li>• Insufficient evidence</li> <li>• Incident outside the course of nursing duties, such as interaction with coworker; no patient involvement</li> </ul>	<b>No Further Action</b>
	<ul style="list-style-type: none"> <li>• Verbal or physical interaction with patient may have been perceived as disrespectful</li> <li>• Inappropriate remarks made directly to the patient</li> <li>• Inappropriate or unprofessional conduct in the presence of patient</li> </ul>	<b>Letter of Concern</b>
	<ul style="list-style-type: none"> <li>• Ultimate goal was for positive outcome for patient</li> <li>• Acknowledges responsibility and need for remediation</li> </ul>	<b>PREP</b> (only for inappropriate <u>verbal</u> interaction)
	<ul style="list-style-type: none"> <li>• Inappropriate interaction with ultimate goal for positive outcome or patient safety</li> <li>• Inappropriate verbal interaction considered to be threatening, harassing, abusing or intimidating toward patient</li> <li>• Failed to recognize that interaction was inappropriate or effect of inappropriate interaction</li> </ul>	<b>Non-Disciplinary Consent Order</b> *Courses-see below
	<ul style="list-style-type: none"> <li>• Inappropriate deliberate physical interaction by nurse</li> <li>• Nurse provoked patient</li> <li>• Inappropriate verbal interaction considered to be threatening, harassing, abusing or intimidating toward patient</li> <li>• Patient required alteration in care plan or treatment as a result of the incident</li> </ul>	<b>Published Consent Order</b> Reprimand with course- No aggravating factors 12 month Probationary License 3-12 month suspension-With aggravating factors <ul style="list-style-type: none"> <li>○ May consider PL at reinstatement for 3 mos suspension</li> <li>○ No NAI, NAII or Med Aide</li> </ul>
	<ul style="list-style-type: none"> <li>• May be offered only at the onset or early stage of investigation with the Licensee acknowledging facts in a consent order related to the alleged activity</li> </ul>	<b>Voluntary Surrender</b>
Course Suggestions	<ul style="list-style-type: none"> <li>• Ethical Legal Decision Making</li> <li>• Assessment category (courses related to assaultive behavior and restraint use)</li> <li>• Communication category</li> <li>• Ethics and Professionalism category</li> </ul>	

Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.



**Agenda M23  
Delegation/Supervision Protocol  
January 2019  
Meeting**

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**ISSUE:** Delegation/Supervision Protocol (Attachment A)

**BACKGROUND:** The Delegation/Supervision Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

**RECOMMENDATION:** That the Board accept the amended Delegation/Supervision Protocol.

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## Sanctioning Guidelines: DELEGATION/SUPERVISION

Criteria		Sanctions to Consider
	<ul style="list-style-type: none"> <li>Not a nursing task</li> </ul>	<b>No Further Action</b>
	<ul style="list-style-type: none"> <li>Task done in the immediate presence of licensee</li> <li>Isolated incident with minimal risk</li> </ul>	<b>Letter of Concern</b>
	<ul style="list-style-type: none"> <li>Isolated incident with minimal risk</li> <li>Inexperienced or practice drift</li> <li>Acknowledges responsibility and need for remediation</li> </ul>	<b>PREP</b>
	<ul style="list-style-type: none"> <li>Failed to evaluate appropriateness of task</li> <li>Failed to ensure task was performed</li> <li>Need for supervision indicated</li> <li>Action or inaction represents at-risk behavior</li> </ul>	<b>Non-Disciplinary Consent Order</b> *Courses- see below
	<ul style="list-style-type: none"> <li>At time of incident was aware decision to delegate was inappropriate</li> <li>Need for supervision indicated</li> <li>Action or inaction represents reckless behavior</li> </ul>	<b>Published Consent Order</b> Reprimand with courses- No aggravating factors  12 month Probationary License  3-6 month suspension- With aggravating factors <ul style="list-style-type: none"> <li>May consider PL at reinstatement for 3 mo suspension</li> <li>No NAI, NAII or Med Aide</li> </ul>
	<ul style="list-style-type: none"> <li>May be offered only at the onset or early stage of investigation with the Licensee acknowledging facts in a consent order related to the alleged activity</li> </ul>	<b>Voluntary Surrender</b>
Course Suggestions:	<ul style="list-style-type: none"> <li>Delegation: Mastering the Process and Building the Team</li> <li>Understanding the Scope of Practice and The Role of the LPN</li> <li>Delegation: What are the Nurse's Responsibilities (Bulletin Article 2013)</li> </ul>	

Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.