

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

**September 20, 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 September 20, 2019. Meeting convened at 8:59 a.m.
Presiding	Frank DeMarco, RN
Members Present	Yolanda VanRiel, RN Martha Ann Harrell, Public Member Pam Edwards, RN Lisa Hallman, RN Jodi Capps, LPN Glenda Parker, RN Lori Lewis, LPN Arlene Imes, LPN Becky Ezell, RN Ashley Stinson, Public Member Sharon Moore, RN Ann Marie Milner, RN Pat Campbell, Public Member
Staff Present	Julie George, RN Chief Executive Officer Anna Choi, General Counsel Gayle Bellamy, Chief Financial Officer Angela Ellis, Chief Administrative Officer Amy Fitzhugh, Chief Legal Officer Crystal Tillman, Director, Education and Practice 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. Milner/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of May 24, 2019 Board Meeting• Minutes of May 23, 2019 Administrative Hearings• Minutes of July 25, 2019 Administrative Hearings• August 21, 2019 Called Special Meeting• Board Governance Committee

- (a) Summary of Activities
- (b) BOES Update (FYI)
- (c) Board Assessment Action Plan Update (FYI)
- (d) Results of Semi-Annual Debriefing (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
 - (c) 2019 Election Report (FYI)
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
 - (b) NCLEX Quarterly Pass Rates (Attachment B)
 - (c) Review of Position Statements (Attachment C)
 - Infusion Therapy-Insertion-Access Procedures
 - Staffing and Patient/Client Safety
 - Complementary Therapies
 - Medication Aide Education & Role in Long Term Care/Skilled Nursing Facilities vs Adult Care Settings
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment D)
- Settlement Committee
 - (a) Summary of Activities (Attachment E)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment F)
 - (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
- Meetings/Conferences/Liaison Activities

Meeting Agenda	<p>The Meeting Agenda be accepted as amended.</p> <p>MOTION: That the Meeting Agenda be accepted as amended Lewis/Passed.</p>
Open Comment Period	<p>The following individual addressed the Board during Open Comment Period.</p> <p>Janet Holmes is a CNA and Medication Aide. Ms. Holmes discussed the need for employment opportunities and pay based on her education and experience</p>
Election of Officers	<p>Ann Marie Milner, Chair of the Nominating Committee, presented the Slate of Candidates for the Chair and Vice-Chair positions for 2020. Candidate for Chair Martha Ann Harrell, Public Member. Candidates for Vice-Chair: Glenda Parker, RN; Pamela Edwards, RN. No Nominations were received from the floor.</p> <p>MOTION: That the Board accept the Slate of Candidates for Chair and Vice-Chair as presented and elect Martha Ann Harrell, Chair by acclamation. Committee Recommendation/Passed</p>

Finance Committee	<p>Received and reviewed Summary of Activities to include 4th Quarter Financials and review of investments as presented by Wes Thomas with Wells Fargo Advisors.</p> <p>Received and reviewed proposed revisions to Policy F9 Purchase of Goods and Services.</p> <p>MOTION: That the Board approve a revision to the Fiscal Policy F9 Purchase of Goods and Services as presented.</p> <p>Committee Recommendation/Passed</p>
Board Governance	<p>Review of “Your Vote Counts” Election Video.</p>
Chief Executive Officer	<p>Received updates as follows:</p> <ul style="list-style-type: none">• Verbal report regarding Pre-Determination of Licensure based on the change in 93B effective October 1. MOTION: That the Board designate predetermination of licensure to Licensure Review Panel or Chief Executive Officer. Ezell/Passed• Verbal report regarding International Nurse Regulator Collaborative (INRC) in Singapore• Verbal report regarding NCSBN Annual Meeting/Delegate Assembly• Watts School of Nursing is now Watts College of Nursing
Strategic Plan Update	<p>Received and reviewed the Strategic Plan Update</p>
Performance Measures Scorecard	<p>Staff provided update on Performance Measures Scorecard for FY18/19</p>
Legislative Update	<p>Received and reviewed Legislative Update</p>
Northern Marianas College Overview	<p>Received and reviewed Northern Marianas College Overview presented by Crystal Tillman</p>
Education & Practice	<ul style="list-style-type: none">• Received and reviewed Summary of Activities to include request for extension of charge LPN Scope of Practice Review MOTION: That the Board approve the request for extension of charge LPN Scope of Practice through 2020. Committee Recommendation/Passed
Ad Hoc Committee for Discipline Review	<p>Received and reviewed Summary of Activities from the Ad Hoc Committee for Discipline Review.</p> <ul style="list-style-type: none">• Received and reviewed the Behavioral Health Protocol. MOTION: That the Board accept and approve Behavioral Health Protocol Committee Recommendation/Passed• Received and reviewed the DWI Protocol. MOTION: That the Board accept and approve the DWI Protocol. Committee Recommendation/Passed

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- Received and reviewed the Marijuana Protocol.
MOTION: That the Board accept and approve the Marijuana Protocol.
Committee Recommendation/Passed
- Received and reviewed the Practicing Without a License Prior to Endorsement Protocol.
MOTION: That the Board accept and approve the Practicing Without a License Prior to Endorsement Protocol.
Committee Recommendation/Passed

Results of Election of Officer Ann Marie Milner announced the results of Chair and Vice-Chair election for the year 2020 as follows:

Martha Ann Harrell, Public Member elected chair by acclamation
Vice Chair: Pam Edwards, RN

Miscellaneous Resolutions and plaques were presented to Frank DeMarco, Yolanda VanRiel, Pat Campbell, Jodi Capps whose terms expire December 31, 2019. (Attachment P)

Further, plaques were presented to Frank DeMarco and Yolanda VanRiel recognizing their service in 2019 as Chair and Vice-Chair respectively.

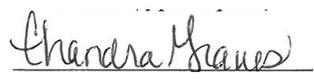
Closed Session **MOTION:** 11:45 am Executive Session for discussion of Legal and Personnel Matters.
Harrell/Passed

Open Session **MOTION:** 12:37 pm Open Session

Adjournment **MOTION:** 12:43 pm Meeting be adjourned.
Stinson/Passed

Minutes respectfully submitted by:

October 2, 2019
Date Submitted


Chandra Graves, Executive Assistant

January 17, 2020
Date Approved


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

ATTACHMENT A – Education Program Activity

Ratification of Determination of Program Approval Status:

- South University, High Point – BSN
- Asheville-Buncombe Technical Community College, Asheville – ADN

Ratification of Approved Enrollment Expansions:

- Robeson Community College, Lumberton – ADN, increase enrollment by 38 for a total program enrollment of 120 students beginning August 2019
- Sampson Community College, Clinton – ADN, increase enrollment by 15 for a total program enrollment of 105 students beginning August 2019
- Wingate University, Wingate – BSN, increase enrollment by 19 for a total program enrollment of 59 students beginning August 2019

Ratification of Approval of NA II Courses:

- Roanoke Chowan Community College, Ahoskie – Continuing Education Traditional Hybrid

Notification of Alternate Scheduling Options:

- Foothills Nursing Consortium Advanced Placement LPN to ADN

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

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-Accreditation Status Granted – June 2021
- Forsyth Technical Community College, Winston-Salem – LPN – Pre-Accreditation Status Granted – February 2020
- Robeson Community College, Lumberton – ADN – Pre-Accreditation Status Granted – June 2021
- Stanly Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2020
- Wilkes Community College, Wilkesboro – ADN – Pre-Accreditation Status Granted – June 2022

FYI Accreditation Decisions by ACEN (Initial or Continuing Approval) – Next Visit:

- Gaston Community College, Lincolnton – LPN – Continuing Accreditation – Removal of Conditions Status – Fall 2024

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

- University of North Carolina at Wilmington, Wilmington – BSN – Accreditation Continued – Fall 2028

FYI Program Name Change

- Watts School of Nursing to Watts College of Nursing

ATTACHMENT B – NCLEX 1st Quarter Pass Rates

NCBON 2019 RN Quarterly Report
1/1/2019 – 3/31/2019

Program	City	01/01/2019 - 03/31/2019				Grand Total			
		Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
NC - ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE - ADN (US19404900)	ASHEVILLE	41	38	3	93%	41	38	3	93%
NC - BEAUFORT COMMUNITY COLLEGE - ADN (US19404000)	WASHINGTON	1	1	0	100%	1	1	0	100%
NC - CABARRUS COLLEGE OF HEALTH SCIENCES - ADN (US19405500)	CONCORD	32	30	2	94%	32	30	2	94%
NC - CAROLINAS COLLEGE OF HEALTH SCIENCES - ADN (US19401600)	CHARLOTTE	59	58	1	98%	59	58	1	98%
NC - CENTRAL CAROLINA COMMUNITY COLLEGE - ADN (US19402300)	SANFORD	1	0	1	0%	1	0	1	0%
NC - CENTRAL PIEDMONT COMMUNITY COLLEGE - ADN (US19406100)	CHARLOTTE	39	39	0	100%	39	39	0	100%
NC - CHAMBERLAIN COLLEGE OF NURSING - BS (US19509700)	CHARLOTTE	7	7	0	100%	7	7	0	100%
NC - DUKE UNIVERSITY -ACCELERATED - BS (US19500500)	DURHAM	54	54	0	100%	54	54	0	100%
NC - EAST CAROLINA UNIVERSITY - BS (US19506200)	GREENVILLE	140	138	2	99%	140	138	2	99%
NC - ECPI UNIVERSITY -CHARLOTTE - AAS (US19403200)	CHARLOTTE	18	18	0	100%	18	18	0	100%
NC - EDGECOMBE COMMUNITY COLLEGE - ADN (US19405100)	ROCKY MOUNT	2	1	1	50%	2	1	1	50%
NC - FAYETTEVILLE STATE UNIVERSITY BS (US19501100)	FAYETTEVILLE	22	22	0	100%	22	22	0	100%
NC - FORSYTH TECHNICAL COMMUNITY COLLEGE - ADN (US19403500)	WINSTON SALEM	53	52	1	98%	53	52	1	98%
NC - GARDNER-WEBB UNIVERSITY - BS (US19501800)	BOILING SPRINGS	2	2	0	100%	2	2	0	100%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE - ADN (US19404600)	JAMESTOWN	37	30	7	81%	37	30	7	81%

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Program	City	01/01/2019 - 03/31/2019				Grand Total			
		Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
NC - NC AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - BS (US19506600)	GREENSBORO	24	24	0	100%	24	24	0	100%
NC - NORTH CAROLINA CENTRAL UNIVERSITY - BS (US19500100)	DURHAM	18	17	1	94%	18	17	1	94%
NC - NORTHEASTERN UNIVERSITY - BS (US19510100)	CHARLOTTE	21	18	3	86%	21	18	3	86%
NC - QUEENS UNIVERSITY OF CHARLOTTE - PRESBYTERIAN -BS (US19505100)	CHARLOTTE	25	25	0	100%	25	25	0	100%
NC - SOUTH UNIVERSITY - HIGH POINT - BS (US19509100)	HIGH POINT	9	8	1	89%	9	8	1	89%
NC - SURRY COMMUNITY COLLEGE - ADN (US19404700)	DOBSON	1	1	0	100%	1	1	0	100%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500200)	WILMINGTON	43	40	3	93%	43	40	3	93%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500800)	CHARLOTTE	47	42	5	89%	47	42	5	89%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506400)	GREENSBORO	1	1	0	100%	1	1	0	100%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506800)	CHAPEL HILL	4	2	2	50%	4	2	2	50%
NC - WAKE TECHNICAL COMMUNITY COLLEGE - ADN (US19403700)	RALEIGH	48	47	1	98%	48	47	1	98%
NC- WATTS SCHOOL OF NURSING - DPL (US19309500)	DURHAM	33	31	2	94%	33	31	2	94%
NC - WESTERN CAROLINA UNIVERSITY - BS (US19504500)	CULLOWHEE	57	56	1	98%	57	56	1	98%
NC - WILSON COMMUNITY COLLEGE - ADN (US19405300)	WILSON	1	1	0	100%	1	1	0	100%
NC - WINSTON-SALEM STATE UNIVERSITY - BS (US19506000)	WINSTON SALEM	27	25	2	93%	27	25	2	93%

NCBON 2019 LPN Quarterly Report 1/1/2019 – 3/31/2019

Program	City	1/1/2019 -3/31/2019				Grand total			
		Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
NC - BEAUFORT COMMUNITY COLLEGE (US19101500)	WASHINGTON	3	2	1	67%	3	2	1	67%
COMMUNITY COLLEGE (US19105800)	MOCKSVILLE	2	2	0	100%	2	2	0	100%
NC - ECPI UNIVERSITY - CHARLOTTE (US19105500)	CHARLOTTE	5	5	0	100%	5	5	0	100%

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NC - ECPI UNIVERSITY - GREENSBORO (US19103500)	GREENSBORO	18	14	4	78%	18	14	4	78%
NC - ECPI UNIVERSITY - RALEIGH (US19102700)	RALEIGH	16	12	4	75%	16	12	4	75%
TECHNICAL COMMUNITY COLLEGE (US19108700)	FAYETTEVILLE	1	0	1	0%	1	0	1	0%
NC - ISOTHERMAL COMMUNITY COLLEGE (US19100000)	SPINDALE	5	5	0	100%	5	5	0	100%
NC - MAYLAND COMMUNITY COLLEGE (US19110000)	SPRUCE PINE	7	7	0	100%	7	7	0	100%
NC - MCDOWELL TECHNICAL COMMUNITY COLLEGE (US19104800)	MARION	2	2	0	100%	2	2	0	100%
NC - ROCKINGHAM COMMUNITY COLLEGE (US19101000)	WENTWORTH	1	1	0	100%	1	1	0	100%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE (US19107600)	SALISBURY	1	1	0	100%	1	1	0	100%
NC - SOUTHEASTERN COMMUNITY COLLEGE (US19106700)	WHITEVILLE	9	9	0	100%	9	9	0	100%
NC - SURRY COMMUNITY COLLEGE (US19101600)	DOBSON	9	9	0	100%	9	9	0	100%



COMPLEMENTARY THERAPIES

POSITION STATEMENT
for RN and LPN Practice

Attachment A

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

ISSUE

Complementary therapies refer to a broad range of modalities such as, but not limited to, massage therapy, therapeutic touch, biofeedback, magnet therapy, reflexology, imagery, hypnosis, aromatherapy, and acupuncture. Some of these therapies are inherent in basic nursing practice while others require additional education/training prior to performing them. Complementary therapies are intended to be used in conjunction with the existing treatment plan, not to replace it.

BOTH RN AND LPN ROLES

A. It is within scope of practice to perform complementary therapies provided the licensee-nurse, RN or LPN, has:

1. Documented knowledge, skill, and competency necessary to carry out the therapy in a safe manner, and
2. Employing agency's policies and procedures support nurse's use of complementary therapies.

B. When complementary therapy is used as a nursing intervention, this should be:

1. Reflected in the patient-client's plan of care, and
2. Documented in the patient-client's medical record consistent with requirements for reporting and recording

NOTES

1. **Any state or local laws, which require licensure to perform the complementary therapy, must be followed.** For example, massage may be utilized as a nursing care intervention but a massage license is required to offer, provide, or practice massage in a broader context.
2. **Acupuncture can only be performed if the individual is licensed to perform this modality in North Carolina consistent with NC GENERAL STATUTES 90, Article 30 (Practice of Acupuncture).**
3. Licensed nNurses are held responsible and accountable for practicing at all times within the scope associated with their highest level of active licensure. Refer to "Practicing at Level Other Than Highest



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Licensure/Approval/Recognition Position Statement for RN, LPN, and APRN Practice” available at www.ncbon.com for ~~more detail~~ **additional information**.

REFERENCES

[G.S. 90-171.20 \(7\) \(b & h\) and \(8\) \(b & f\) – Nursing Practice Act](#)

[21 NCAC 36.0224 \(d\) and \(f\) – ~~RN Rule~~Components of Nursing Practice for the Registered Nurse](#)

[21 NCAC 36.0225 \(d\) and \(f\) – ~~LPN Rule~~Components of Nursing Practice for the Licensed Practical Nurse](#)

Approved: 5/2001,

Revised: 4/2006, 4/2007; 5/2009; 11/2009; 5/2016, **9/2019**

Reviewed: 2/2013



**MEDICATION AIDE EDUCATION & ROLE IN
LONG TERM CARE/SKILLED NURSING FACILITIES
VS ADULT CARE SETTINGS**

POSITION STATEMENT
for RN and LPN Practice

Attachment C

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Nursing law permits the delegation of tasks to unlicensed assistive personnel (UAP) including the medication aide by the **registered nurse (RN)** and **licensed practical nurse (LPN)**.

RN Role:

The **registered nurse RN** has the overall responsibility and accountability for assessing the capabilities of the medication aide to include **validation** of the medication aide's qualifications, knowledge, and competence in skills in carrying out the **technical** role of medication administration. In addition, the **registered nurse RN** is responsible for providing the medication aide with ongoing supervision, teaching, and evaluation.

LPN Role:

The **licensed practical nurse LPN** is accountable for her/his decision to delegate medication administration to a qualified medication aide. The **licensed practical nurse LPN** oversees the performance of the medication aide, verifying that tasks have been performed as delegated to the medication aide and in accordance with the established standards of practice.

Both RN and LPN Roles:

IMPORTANT: All on-going assessment, interpretation and decision-making required relative to clients receiving medications must be carried out by the **licensed nurse. (please reference Medication Administration – Continuum of Care on last page of this document).**

In order for the **licensed** nurse (RN or LPN) to delegate activities to a medication aide the following criteria must be met:

Tasks may be delegated to an unlicensed person which:

- (1) frequently recur in the daily care of a client or group of clients;
- (2) are performed according to an established sequence of steps;
- (3) involve little or no modification from one client-care situation to another;



- (4) may be performed with a predictable outcome; and
- (5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.

For item (4) above, the “predictable outcome” expected is the application of the six (6) rights of medication administration: right medication, right patient, right dose, right time, right route, and right documentation. The **licensed** nurse may only delegate **technical** aspects of medication administration to the medication aide.

The **licensed** nurse may not delegate the professional judgment or decision-making responsibility to the medication aide which includes:

- (1) recognizing side effects;
- (2) recognizing toxic effects;
- (3) recognizing allergic reactions;
- (4) recognizing immediate desired effects;
- (5) recognizing unusual and unexpected effects;
- (6) recognizing changes in client’s condition that contraindicates continued administration of the medication;
- (7) anticipating those effects which may rapidly endanger a client’s life or well-being; and making judgments and decisions concerning actions to take in the event such untoward effects occur

UAP Role:

Medication aides may be employed in long term care/skilled nursing facilities (nursing homes). Medication aides employed in long term care/skilled nursing facilities must have:

- (1) completed the 24-hour training program approved by the NC Board of Nursing,
- (2) passed a State-administered competency exam, and
- (3) be listed on the NC Medication Aide Registry and the Nurse Aide I Registry which are both maintained by the NC Division of Health Service Regulation’s Health Care Personnel Registry Section.

Medication aides who pass medications in long term care/skilled nursing facilities should not be confused with medication aides who pass medications in adult care settings (including assisted living facilities).

Medication aides who pass medications in adult care settings (informally referred to as medication technicians [med techs]) are listed on a separate Medication Aide Registry maintained by the NC Division of Health Service Regulation’s Adult Care Licensure Section.

The differences between the medication aide in a long-term care/skilled nursing facility and the medication aide in an adult care setting related to education, testing, and performance of activities are as follows:

MED AIDE IN LONG TERM CARE/SKILLED NURSING FACILITY	MED AIDE IN ADULT CARE SETTING
PREREQUISITES	
High school diploma/GED is required (validated at time of training)	No requirement for high school diploma/GED.
TRAINING REQUIREMENTS	



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<p>Successful completion of the 24-hour medication aide training program approved by the NC Board of Nursing – 21 NCAC 36 .0403(d)(1) is required (validated at time of testing)</p>	<p>Successful completion of the 5-hour DHHS – approved training prior to administering medications and complete the 10-hour DHHS – approved training within 60 days, OR complete the 15 hours of DHHS –approved training prior to administering medications. (Unless verification of employment as a medication aide within past 24 months & passed the State written exam prior to 10/01/2013.) <u>§ 131D-4.5B. Adult care home medication aides; training and competency evaluation requirements.</u></p> <p>Note: Individuals who have completed the 24-hour Board of Nursing-approved Medication Aide course and are currently listed on the NC Medication Aide Registry are not required to complete the 5/10 or 15-hour training. However, they must complete Section 3 of the Infection Control course because the 24-hour training <i>does not include injections or blood glucose monitoring</i>. They also must complete all Adult Care Licensure testing and competency requirements. (see below)</p>
<p>MED AIDE IN LONG TERM CARE/SKILLED NURSING FACILITY</p>	<p>MED AIDE IN ADULT CARE SETTING</p>
<p>LISTING REQUIREMENTS</p>	
<p>Listing on the NC Division of Health Service Regulation Medication Aide Registry - 21 NCAC 36 .0403(d)(3) is required. The listing is maintained by the Health Care Personnel Registry/Center for Aide Regulation and Education Branch. Additionally, the medication aide must have no substantiated findings on the N.C. Health Care Personnel Registry. Employer responsible for validation.</p> <p>The medication aide employed in a long-term care/skilled nursing facility must also be listed on the Nurse Aide I Registry which is maintained by the NC Division of Health Service Regulation’s Health Care Personnel Registry Section. Employer responsible for validation.</p>	<p>Listing on the state Medication Aide Registry maintained by the DHSR Adult Care Licensure Section is required. (The listing provides information on results of the written Medication Aide Exam for Adult Care Homes. If an individual is not listed upon employment, an individual must pass the written exam within 60 days of hire as medication staff.)</p> <p>Additionally, the medication aide must have no substantiated findings on the N.C. Health Care Personnel Registry. Employer responsible for validation.</p>
<p>PRIOR TO FUNCTIONING IN ROLE</p>	
<p>Before allowing a medication aide to administer medications, the long-term care/skilled nursing facility employer must conduct a clinical skills validation for those medication tasks to be performed in the facility. The validation must be conducted by a registered nurseRN – 10A NCAC 130 .0202 (a). Employer responsible for validation</p>	<p>In addition to meeting the training requirements as noted above, before allowing a medication aide to administer medications, the adult care facility employer must conduct a clinical skills validation for those medication tasks to be performed in the facility. The validation must be conducted by a registered nurseRN or registered pharmacist using the Medication Administration Skills Validation Form - 10A NCAC 13F/G .0503 (e), G.S. 131D-4.5B.</p>
<p>FOR ADDITIONAL INFORMATION</p>	



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<p>For medication aide listing information contact: NC Medication Aide Registry 2709 Mail Service Center Raleigh, NC 27699-2709 Registry Staff: (919) 855-3969 (M-F, 8am –noon & 1 – 3pm) https://www.ncnar.org/ncma.html</p> <p>For list of medication aide instructors contact: North Carolina Board of Nursing 3724 National Drive – Ste 201 Raleigh, NC 27612 Staff: 919-782-3211 ext. 244 (M-F, 8:30am-5pm) www.ncbon.com</p>	<p>For information about working as a medication aide in an adult care setting, contact: Adult Care Licensure Section 2708 Mail Service Center Raleigh, NC 27699-2708 (919) 855-3793. (M-F, 8:30am - 4pm) or via email: AdultCare.ctu@dhhs.nc.gov http://www.ncdhhs.gov/dhsr/acls/medtech.html http://mats.dhhs.state.nc.us</p>
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Approved Medication Aide Activities (activities with “√” are allowed.)		
	Med Aide in Long term care/skilled nursing facility*	Med Aide in Adult Care Setting**
IM and IV Medications	No	No
Subcutaneous injections	No	√
Insulin	No	√
Anticoagulants	No	No
Inhalants	√	√
Nasal	√	√
Nebulizers	√	√****
Ophthalmic	√	√
Oral (liquid, sublingual)	√	√
Otic	√	√
Rectal	√	√****
Topical (including transdermal)	√	√
Vaginal	√	√****
Via G-tube	No***	√****

*Medication Aide in long term care/skilled nursing facility activities are referenced in the Medication Administration – A Medication Aide Training Course Instructor Manual. Facility policy may place additional limitations on activities.

**Medication Aide in Adult Care Settings activities are referenced in 10A NCAC 13F/G .1004 (p), .0403, .0503, .0504, and .0505. Facility policy may place additional limitations on activities.

***Exception: With additional education, medication administration by G-tube may be performed by NAIs that have completed the NAII G-tube Feeding Module and by NAIIs. These individuals must also receive formal education in G-tube medication administration from an RN, must have competence validated by an RN, and agency policies and procedures must be in place prior to delegation of this activity.

**** Medication aides in adult care settings may perform these medication administration tasks with additional training and validation. These medication administration tasks are not part of the basic medication training curriculum.



NOTES:

The Mental Health Licensure and Certification Section of the Division of Health Service Regulation is responsible for licensing and regulating mental health facilities in North Carolina. These facilities include: intermediate care facilities for individuals with intellectual disabilities (ICF/IID), and mental health group homes and outpatient facilities. See the Rules for Mental Health, Developmental Disabilities, and Substance Abuse Facilities and Services as set forth in 10A NCAC 27G.0209 for information concerning medication administration in these settings.

References:

[G.S. 131E-114.2 - Use of medication aides to perform technical aspects of medication administration \(Health Care Personnel Registry Law\)](#)

[§ G.S. 131D-4.5B. - Adult care home medication aides; training and competency evaluation requirements.](#)

[G.S. 90-171.56 – Nursing Practice Act Medication aide requirements \(Nursing Practice Act\)](#)

[10A NCAC 13F/G .0403 \(b\) – Qualifications of Medication Staff; 10A NCAC 13F/G .0503 Medication Staff and Competency Evaluation in Adult Care Homes](#)

[10A NCAC 13G.0403 - Qualifications of Medication Staff](#)

[10A NCAC 13F .0503 - Medication Administration Competency](#)

[10A NCAC 13G. 0503 - Medication Administration Competency Evaluation](#)

[21 NCAC 36 .0224 \(i\) and \(j\) – Components of Nursing Practice for the Registered Nurse \(RN Rules\)](#)

[21 NCAC 36.0225 \(d\) – Components of Nursing Practice for the Licensed Practical Nurse \(LPN Rules\)](#)

[21 NCAC 36.0221\(b\) and \(c\) – License Required](#)

Origin: 05/03

Revised 7/09, 4/09, 8/07; 3/10; 10/12; 2-2014, **9-2019**

Reviewed: 2-2013

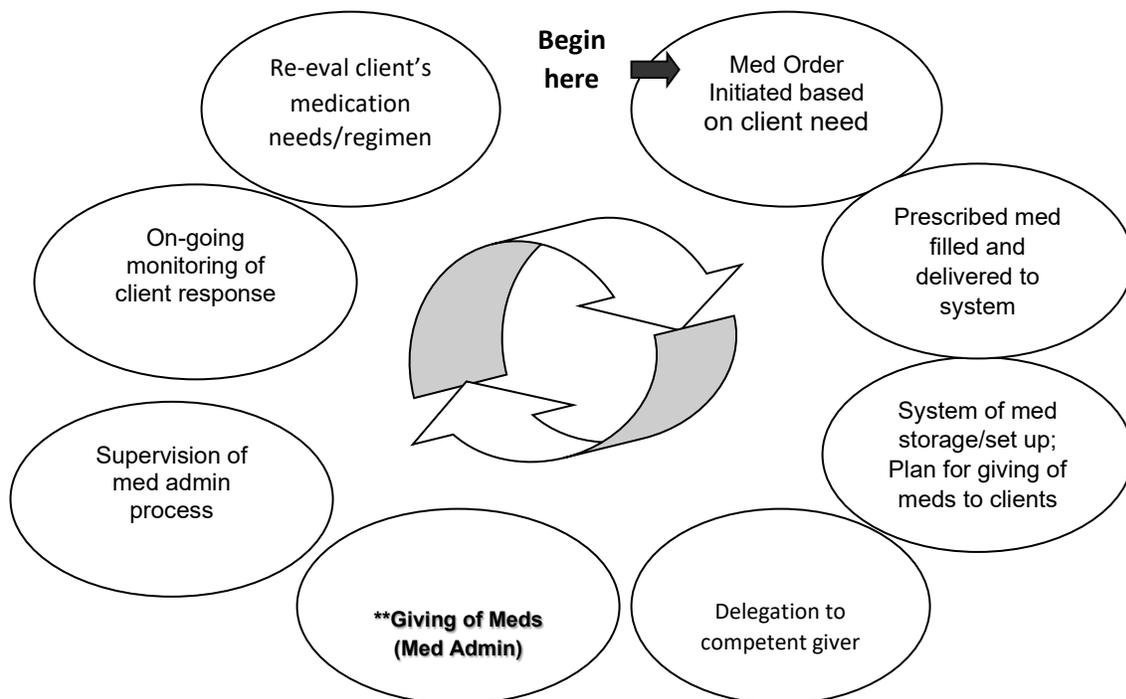
**Medication Administration
A CONTINUUM OF CARE**

The Medication Administration continuum begins with the initiation of the medication order based on client need and continues through seven other components ending with the re-evaluation of the client's medication needs/regimen. The component in bold print with the double asterisk (**) is the **only** aspect of the continuum that may be carried out by the appropriately qualified medication aide.

Within this framework and consistent with Administrative Rule 21 NCAC 36.0221 (b), the actual task of giving medications to a client is considered a technical activity that does not require the professional judgment of a **licensed** nurse. Thus, the performance of this **technical** task may be delegated to an appropriately qualified medication aide. **However, all on-going assessment, interpretation and decision-making required relative to clients receiving medications must be carried out by the **licensed** nurse.**

Accountability for any professional judgments or decision-making surrounding medication administration (i.e., deciding when to administer PRN meds, deciding when to withhold a medication) is the responsibility of the **licensed** nurse and may not be delegated to the medication aide.

Continuum of Care for Clients Receiving Medications



****Focus of Medication Aide Role Development**



STAFFING AND PATIENT/CLIENT SAFETY

POSITION STATEMENT
for RN and LPN Practice

Attachment D

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Introduction:

Licensed nurses (RNs, LPNs) and RN managers/administrators are accountable for the provision of safe nursing care to their clients. Nursing law and rules mandate that licensed nurses RNs and LPNs accept only those assignments that the nurse is safe and competent to perform. Nursing law and rules also mandate that RN managers/administrators remain available for direct participation in nursing care; delegate responsibility or assign nursing care functions to qualified personnel; and retain accountability for nursing care given by all personnel to whom that care is assigned and delegated. During periods of under-staffing or limited numbers of well-qualified staff, it is essential that RN managers/administrators and nursing staff work together to provide safe care to all clients in a manner consistent with nursing law and rules. Clear communication is essential to arrive at solutions that best focus on client care needs without compromising either patient safety or a nurse's license. Short Staffing and Extended Work Hours pose considerable challenges for licensed nurses RNs and LPNs and managers/administrators. Concerns about client Abandonment and Neglect are often related to these challenges and to situations of Emergency Preparedness and Workplace Violence.

Issue: EXTENDED WORK HOURS

The Board receives frequent inquiries concerning the number of hours a licensed nurse (RN or LPN) may work during a 24-hour period and still maintain client safety. Although the Board regulates only the practice of the individual licensed nurses RNs and LPNs and has no jurisdiction over employer/employee issues such as work hours, it is appropriate that the Board provide guidance to licensed nurses RNs and LPNs in addressing this concern through the following interpretation of nursing law and rules.

RN & LPN Role:

1. Inherent in the mandate to accept only those assignments that the licensed nurse RN or LPN is safe and competent to perform is the expectation that the licensed nurse RN or LPN will not accept any assignment for which she/he may be unsafe due to lack of sleep, fatigue, or prolonged work hours.

2. Nursing law and rules mandate that the RN manager/administrator is accountable for assessing the capabilities of personnel in relation to client need and plan of nursing care, prior to assigning nursing activities, to assure personnel are qualified to assume such responsibilities and to perform such functions.
3. It is imperative that ~~licensed nurses~~ **RNs, LPNs** and RN managers/administrators give thoughtful consideration to the evidence that extended work hours may adversely impact client safety and carefully consider safety to practice prior to giving or accepting an assignment.
4. Cumulative work hours resulting from multiple work commitments or from scheduled work hours in combination with actual hours worked while fulfilling “on-call” assignments must be considered carefully by ~~licensed nurses~~ **RNs, LPNs** and RN managers/administrators.
5. Based on existing evidence, caution should be exercised whenever an assignment is expected to exceed 12 hours in a 24-hour time period or 60 hours in a 7-day time period.

Note: The NC Board of Nursing and the Division of Health Service Regulation have issued a [Joint Position Statement on Nursing Work Environments](#) that may provide additional guidance.

Issue: SHORT STAFFING

When a ~~licensed nurse~~ **(RN or LPN)** comes on duty to find that the mix or number of staff is not adequate to meet the nursing care needs of the clients, the nurse should contact the immediate supervisor before accepting the assignment to report the unsafe situation and ask for assistance in planning care based on the available resources within the agency. Such assistance may include, but is not limited to:

- a. acquiring additional or a different mix of staff;
- b. negotiating “periodic” assistance from the immediate supervisor or another staff member for delivery of specific client care activities;
- c. prioritizing the client care activities that will be delivered during that shift or tour of duty; and/or,
- d. notifying other health care providers regarding the limitations in providing optimal care during periods of understaffing; **and**
- e. **accurately documenting the care delivered to the clients.**

RN & LPN Role:

1. The RN manager/administrator is responsible and accountable to assure adequate nursing care resources are available.
2. The ~~licensed nurse~~ **RN or LPN** is accountable for the care that he/she provides to the client, as well as all nursing care delegated or assigned to other staff members.
3. Although it may be impossible to deliver the type of nursing care that would be provided with a full complement and appropriate mix of staff, there are certain activities that must be carried out regardless of staffing. These activities include:
 - a. accurately administering medications and implementing critical medical treatment regimens;
 - b. protecting clients at risk from harming themselves;

- c. monitoring clients' responses to medical and nursing interventions consistent with each client's health care problem(s);
- d. notifying the physician, **NP, PA, nurse practitioner, physician's assistant** or other responsible healthcare provider of deteriorating or unexpected changes in a client's status; and
- e. accurately documenting the care delivered to the clients.**

Issue: RN MANAGER/ADMINISTRATOR ROLE IN EXTENDED WORK HOURS AND SHORT STAFFING

During periods of understaffing, the RN manager/administrator may have to reassign staff to different client care areas as well as approve extended tours of duty (e.g., double shifts) for **licensed nurses (RNs or LPNs)** who volunteer or agree to work extra hours/shifts.

1. If a nurse has agreed to extend his/her hours of duty due to short staffing, but has informed the RN manager/administrator of a limit to the extra hours they will work, the RN manager/administrator is responsible to provide a nurse who can accept the report and responsibility for the clients from the over-time nurse at the agreed-upon time.
2. If a replacement nurse cannot be found, the RN manager/administrator is responsible for providing the coverage.
3. Failure of the RN manager/administrator to respond to calls from the nurse on duty does not alleviate her/him of responsibility for providing coverage or of the accountability for the care of the clients.
4. Nursing laws and rules require that the RN manager/administrator assess the capabilities and competence of any nurse before assigning client care responsibilities to her/him. When the RN manager/administrator has or should have reason to believe that the **licensed nurse RN or LPN** is impaired due to physical (including illness, fatigue, and sleep deprivation) or psychological conditions, the assignment of extended tours of duty, mandated overtime, or scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments is not appropriate.

Issue: ABANDONMENT

Abandonment can only occur after the **licensed nurse (RN or LPN)** has come on duty for the shift, received a report including status/needs of assigned clients and other assigned responsibilities, and accepted his/her client care assignment. There is no routine answer to the question, "*When does the nurse's duty to a client begin?*" The focus in nursing law and rules is on the relationship and responsibility of the nurse to the client, not to the employer or employment setting. If the nurse does not accept the assignment, then the nurse's relationship and responsibility to and for the client is not established.

RN & LPN Role:

1. Once the **licensed nurse RN or LPN** has accepted an assignment, she/he remains responsible and

accountable for client care and safety until another qualified licensed nurse RN or LPN or other qualified person has accepted responsibility for that client.

- a. This transfer of responsibility includes a report of client status and may vary based on work setting and client care needs including, but not limited to: at the end of a scheduled acute care or skilled nursing shift; when a nurse leaves a work area for a limited purpose (e.g., to transport another client or take a break); or when a home care nurse is not making a scheduled visit.
- b. In home care settings, this transfer of responsibility may include release to client self-care or transfer of care to an authorized/approved/trained caregiver as provided for in the client plan of care.

2. A violation of nursing law and rules may result from abandoning an assigned client who is in need of nursing care, without making reasonable arrangements for the continuation of equivalent care, and providing adequate notification to the immediate supervisor. It is advisable that adequate notification of the arrangements made for the equivalent client care and/ or negotiation for such continuation include the immediate supervisor/manager.

3. However, when a nurse refuses to remain on duty for an extra shift or partial shift beyond his/her established schedule, it is not considered abandonment when the nurse leaves at the end of the regular shift, providing she/he has appropriately reported off client status to another nurse or authorized/approved/trained caregiver and has given management notice that the nurse is leaving.

4. On-call assignments require availability and response of the nurse within agency guidelines. Failure of a nurse to respond and report for on-call client care responsibilities without adequate notification to the immediate supervisor, or failure of an on-call RN supervisor/manager/administrator to respond to a call from client care staff, may result in a violation of nursing law and rules for abandonment.

5. It is not considered abandonment under Board of Nursing regulations if a nurse is “no call, no show”; resigns without fulfilling a previously posted work schedule; or reports for work but then declines an assignment.

Issue: NEGLECT

Neglect occurs when a licensed nurse (RN or LPN) fails to provide client care as ordered and/or as indicated by client status. Neglect may include, but is not limited to, failure to assess/evaluate clients; failure to maintain standards of care; failure to administer ordered medication or treatments; failure to perform cardio-respiratory resuscitation (CPR) unless a do not resuscitate order is in place; failure to make scheduled home care visits; and, sleeping on duty.

RN & LPN Role:

1. Once the RN or LPN licensed nurse has accepted an assignment, she/he remains responsible and accountable for comprehensive (RN) or focused (LPN) client care and safety based on nursing scope of practice; standards of nursing care and practice; physician, nurse practitioner, or physician’s assistant orders; and agency policies and procedures.
2. A violation of nursing law and rules may result from neglecting a client who is in need of nursing care.



Issue: EMERGENCY PREPAREDNESS AND WORKPLACE VIOLENCE

Licensed nurses (RNs and LPNs) have a duty to care for clients and have a professional responsibility to not abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse's own life during an emergency, including but not limited to, disasters, infectious disease outbreaks, bioterrorism events, and workplace violence. Workplace violence includes a broad spectrum of behaviors that include violent acts by strangers, clients, visitors, and/or coworkers that result in a concern for personal and client safety. Standards of nursing practice, nursing ethical guidelines, and agency policies and procedures approved by nursing management/administration should provide guidance for appropriate actions in such situations. These situations are challenging for all nurses and their employers, therefore the Board recommends policies and procedures be developed, and periodically reviewed to provide clear guidance and direction to nurses in order for clients to receive safe and effective care.

References:

[G.S. 90-171.20 \(7\) & \(8\) – Nursing Practice Act](#)

[21 NCAC 36.0224 \(a\) \(i\) & \(j\) - RN Rule Components of Nursing Practice for the Registered Nurse](#)

[21 NCAC 36.0225 \(a\) - LPN Rule Components of Nursing Practice for the Licensed Practical Nurse](#)

[21 NCAC 36.0217 \(c\) \(5\) & \(9\) – Revocation, Suspension, or Denial of Licensure Investigations; Disciplinary Hearings](#)

NCBON Position Statement – Accepting an Assignment - www.ncbon.com

NCBON/NC DHSR Joint Statement on Nursing Work Environments – www.ncbon.com – Practice – Position Statements

ANA Code of Ethics for Nurses (2015)

ANA Position Statement on “[Risk and Responsibility in Providing Nursing Care](#)” (June 2015)

Origin: 9-90

Revised: 1-91; 12-96; 3-20-02; 4-07; 9-07; 5-09; 3-10; 5-16; 9-2016; 9-2019

Reviewed: 2-2013



INFUSION THERAPY/INSERTION/ACCESS PROCEDURES

POSITION STATEMENT
for RN, LPN, AND UAP Practice

Attachment B

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

The following table outlines the Board approved Infusion Therapy, Insertion, and Access Procedures based on current practice standards. (Note the exceptions for LPN Practice on Page 2 of 2.) **IMPORTANT: BEFORE assigning, delegating, or accepting responsibility for any of these procedures, agency policies/procedures, formal education/training, and competency validation for the authorized level of provider MUST first be in place.**

The determination of scope of practice or of the appropriateness of delegation to UAP for a specific activity requires consideration of the standards of practice, evidence-based support, and appropriateness of the activity in a particular setting for a specific client or client population.

For assistance with scope of practice questions, review the NCBON Scope of Practice Decision Tree for the RN and LPN. For assistance with delegation questions, review the NCBON Decision Tree for Delegation to UAP. (Both decision trees are available at www.ncbon.com in the Nursing Practice-Position Statements and Decision Trees section.)

Activity	Procedure	RN	LPN	UAP**
Collection of blood samples	Phlebotomy/venous access	X	X	X*
	Arterial puncture	X	X	
	Central line access/implanted port access	X	X	
	PICC Line/Midline Catheter access	X	X	
Pressure monitoring and manipulation of catheters	Pulmonary artery wedge pressures/Cardiac outputs	X		
	Central Venous Pressure	X		
Assistive Activities	Assemble/flush tubing during set up	X	X	X
	Monitor flow rate	X	X	X
	Site care/dressing change	X	X	X
Infusion device insertion	Peripheral vein	X	X	
	Femoral vein cannulation	X		
	Jugular vein cannulation	X		
	Umbilical artery	X		



	Umbilical vein	X		
	Intraosseous	X	X	
	Peripheral insertion of Central Catheter (PICC) line	X		
	Peripheral Insertion of Midline Catheter	X		
	Arterial Cannulation/ Arterial Line Insertion	X		
Access infusion device to administer Medication, Fluid, or Blood Products (see LPN exceptions on next page)	IV Push	X	X	
	Peripheral route	X	X	
	PICC line	X	X	
	Midline catheter	X	X	
	Central catheter/implanted port	X	X	
	Epidural/Caudal catheter	X		
	Intrathecal catheter	X	X	
	Intraosseous	X	X	
	Intraoral infiltrates	X		
Activity	Procedure	RN	LPN	UAP**
Access infusion device to administer Medication, Fluid, or Blood Products (see LPN exceptions below)	Body cavity/organ via existing access device	X	◇	
	Cranial intraventricular via reservoir	X	X	
Removal of infusion device	Peripheral	X	X	X
	PICC line	X	X	
	Midline catheter	X	X	
	Central venous/arterial catheters	X	X	
	Epidural/Caudal catheter	X	X	
	Intrathecal catheter	X	X	
	Intraosseous	X	X	

Exceptions for LPN Practice: Due to the level of client assessment, evaluation and professional judgment required, **licensed practical nurses LPNs** are **not** approved to administer IV thrombolytic medications, IV conscious sedation medications, or IV Pitocin (during the labor/delivery phase). (LPN's are also **not** approved to administer prostaglandin suppositories.) The administration of all other medications by the LPN is determined by facility policies and procedures.

The **licensed practical nurse LPN** requires continuous availability of a registered nurse who is able to be on site when necessary.

***Note:** The performance of venipuncture for lab samples is a non-nursing function that can be performed by educated, competent licensed and unlicensed personnel.

◇ Both RN and LPNs can infuse fluids and medications into the stomach and bladder per physician order.

****Notes regarding Delegation to UAP (Unlicensed Assistive Personnel):**

1. The **Nurse Aide II** Curriculum includes Infusion Assistive Activities (i.e., assemble/flush tubing during set-up; monitor flow rate; and site care/dressing change) and Removal of Peripheral IV Access Devices as listed on this table for UAP delegation. Before delegation of these tasks to an **NAII** or an **NAI+4** educated and approved to perform these



activities using the NAI curriculum, the RN must validate competence and assure agency policies and procedures are in place.

2. **Before** delegation of Infusion Assistive Activities (i.e., assemble/flush tubing during set-up; monitor flow rate; and site care/dressing change) and Removal of Peripheral IV Access Devices as listed on this table to **Nurse Aide Is** or **other UAP**, formal education by an RN in performing these activities (using the NCBON-approved NAI Curriculum) is required in addition to RN validation of competence and assurance that agency policies and procedures are in place.
3. It is NOT PERMITTED for RNs and LPNs to delegate Infusion Therapy and Access Procedure activities beyond those noted on this chart to UAP.
4. Delegation of the technical task of medication administration to UAP via intravenous (IV), epidural/caudal, intrathecal, intraosseous, intraoral, cranial intraventricular, or body cavity/organ routes is NOT PERMITTED within current standards of practice.

Origin: 5/98

Revised: 6/91, 6/00, 3/02, 4/07; 10/07; 2/09; 5/09; 8/09; 12/09; 8/11; 5/14; 9/14; 6/16; **9/19**

Reviewed: 2/13

ATTACHMENT D

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

- | | |
|--|---|
| Reviewed eight (8) candidates for reinstatement | <ul style="list-style-type: none">• Tina Marie Williams, LPN 61668 – Reinstatement denied; shall see psychiatrist; should be off Xanax for a minimum of three (3) months; must comply with drug screening and shall return to LRP• Debbie Best Brown, RN 217232 – Reinstatement denied; shall submit one (1) year Sobriety Notebook• Diana Elizabeth Sanders, RN 194617 – Reinstatement denied; shall submit one (1) year Sobriety Notebook• Jordan Johnson, RN 271375 – Reinstate license with probationary conditions• Moriam Mojisola Kaka, RN 191779 – Reinstate license• Bridget Keenan Black, RN 254477 – Reinstate license with probationary conditions• Melinda Kay Button, LPN 64191 – Reinstatement License subject to the conditions of the CDDP• Tito Mario Mejia, RN 122379 – Reinstate license subject to the conditions of the CDDP; must complete the refresher course |
| Reviewed two (2) candidates for Licensure by Endorsement | <ul style="list-style-type: none">• Brooke Goodman, RN Applicant – Issue unencumbered NC single state license• Aaron Phillip Monast, RN Applicant – Denied licensure |
| Reviewed three (3) candidates for Initial Licensure | <ul style="list-style-type: none">• Kerri Buckner, RN Applicant – Issue license with probationary conditions• Maria Annetta McCain, LPN Applicant – Issue license• Henrietta D. Riddick, LPN Applicant – Issue license |

ATTACHMENT E

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

- David W. Payne, SC RN 44300 – Suspension of Privilege to Practice for minimum of twelve (12) months
- Sharon Denise Morgan, RN 186231, NP 5009085 – Reprimand and Probationary Conditions for twelve (12) months (NP only)
- Afton Akers McPeak, VA RN 0001237693 – Suspension of Privilege to Practice for minimum of twelve (12) months
- Tosha Briles, RN 156935, NP 5008698 – Reprimand and Probationary Conditions for twelve (12) months (NP only)
- Alicia Maroney Miranda, RN 239488 – Chemical Dependency Discipline Program
- Susan Marie Waite, RN 288905 – Reprimand with course requirement
- Lean Burroughs Overton, LPN 61473 – Suspension for minimum of twelve (12) months

ATTACHMENT F

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

Ratified Reprimand and Probation:

Felicia Oxendine Hinnant, LPN 84948 – Criminal Conviction

Ratified Probation:

Candace Beshears Wilcox, RN 269658 – Diversion of Drugs

Jordan Johnson, RN 271375 – Diversion of Drugs

Amanda Carter Baalke, RN 290024 – Failure to Maintain Accurate Medical Record

Ratified Probation with Drug Screening:

Ashley Nichols, RN 276256 – Diversion of Drugs, Positive Drug Screen

Timothy Allen Ramsey, Jr., RN 259225 – Impaired on Duty, Positive Drug Screen

Caitlin Ferro, RN 303035 – Diversion of Drugs, Positive Drug Screen

Peggy Jetton Ayers, RN 70651 – Positive Drug Screen

Ratified Reprimand:

Albert Lynn Robinson, RN 112243 – Criminal Conviction, Falsification of Application

Nicole Renee Walker, RN 206066 – Action in Another Jurisdiction

Ratified Reprimand with Conditions:

Denny Ray Stegall, RN 128943 – Failure to Maintain Minimum Standards, Inappropriate Interaction with Client

April Diane Honeycutt, RN 78804 – Exceed Scope, Failure to Maintain Accurate Records, Failure to Maintain Minimum Standards

Sharon Denise Morgan, NP 5009085 – Inappropriate Prescribing, Inappropriate Interaction with Client

Rhonda Cooper Bridget, NP 5004259 – Abandonment, Failure to Maintain Minimum Standards, Inappropriate Prescribing

Camilla Venable McLamb, LPN 46186 – Failure to Initiate CPR

Mary Patricia Martin, RN 217177 – Failure to Maintain License

Marika Creel Loveless, RN 310412 – Failure to Maintain License

Rebecca Jan Ritch, RN 116247 – Inappropriate Interaction with Client

Tosha Medlin Briles, NP 5008698 – Inappropriate Delegation, Failure to Maintain Minimum Standards, Practice Without a License

Susan Marie Waite, RN 288905 – Failure to Maintain License

Taryn Nicole Treadway, LPN 84209 – Falsify Medical Record

Allison Marie Locklear, RN 254302 – Falsify Medical Record

Brooke Goodman, RN 313016 – Practicing Beyond Scope

Ratified of Suspension:

Melicent Cooper Ramsey, RN 219482 – Action in Another Jurisdiction

Dana Grizzle Campbell, RN 252498 – Impaired on Duty, Positive Drug Screen

Elizabeth Anne Todd, NP 5003242 – Inappropriate Interaction with Client, Breach Patient Confidentiality

Robin Lynette Pharr, LPN 86380 – Impaired on Duty

Cherie Sizemore Lee, RN 130959 – Impaired on Duty

Angela Sanders Meadows, LPN 60146 – Sleep on Duty

April Ann Beatty, RN 251660 – Inappropriate Interaction with Client

Denise Blake, RN 265799 – Action in Another Jurisdiction

Wendolyn Marie Black, LPN 87440 – Falsification of Application

Mercedes Hoeflich Haase, RN 223378 – Diversion of Drugs

Minutes, Regular Board Meeting, NC Board of Nursing 09/20/2019

Jessie Strong Barrett, RN 219796 – Impaired on Duty, Diversion of Drugs, Neglect, Failure to Maintain Medical Record, Falsifying Client Record
Melissa Elizabeth Chacona, RN 188495 – Diversion of Drugs
Susan Elaine Childers, RN 189843 – Positive Drug Screen

Ratified Suspension of Privilege to Practice:

Bonnie Foster, South Carolina LPN 49668 – Diversion of Drugs, Positive Drug Screen
David W. Payne, South Carolina, LPN 44300 – Falsification of Documentation, Abandonment
Afton Akers Mcpeak, Virginia RN 001237693 – Diversion of Drugs
Chandra Howard, South Carolina RN 227134 – Impaired on Duty, Positive Drug Screen
Norma Weekley, South Carolina LPN 43057 – Inappropriate Interaction with Client

Ratified Suspension with Conditions:

Kristin Elizabeth McGinty, NP 5005094 – Inappropriate Prescribing

Ratified Suspension for Violation of Probationary Conditions:

Dana Grizzle Campbell, RN 252498 – Failed, positive drug screen
Angela Sanders Meadow, LPN 60146 – Requested to Withdraw
Brigida Talaski Amos, LPN 66675 – Failed to complete conditions
Cathy Dale Davenport, RN 195052 – Failed, positive drug screen
John Cory Ballinger, RN 257133 – Failure to comply with drug screening requirements
Melisa Kay Bradsher, LPN 71469 – Failure to comply
Terra Michelle Boyd, RN 218240 – Failed, positive drug screen
Leah Burroughs Overton, LPN 61473 – Impairment on duty, positive drug screen
Lauren Michelle Moore, RN 247346 – Failure to comply with drug screening requirements

Ratified Suspension for Violation of Chemical Dependency Discipline Program Conditions:

Susan Smith Huff, RN 155157 – Failure to comply with drug screening requirements
Melicent Cooper Ramsey, RN 219482 – Requested to Withdraw
Chiara Long Sheppard, RN 196426 – Failed, positive drug screen
Denise Michelle Floyd, RN 237842 – Failed, positive drug screen
Nikki Leigh Vass, RN 211326 – Failed, positive drug screen
Brandon Wayne Hunter, RN 163081 – Failed, positive drug screen
Christina Michele Knight, RN 238524 – Failed, positive drug screen
Carlisa Renae Keitt, LPN 77110 – Failure to comply with drug screening requirements
Melissa Martin Hutchinson, RN 146358 – Requested to Withdraw
Sheila Rooker, RN 190138 – Failure to comply with drug screening requirements

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

Julie Bryant Caldwell, RN 245627 – Failed, positive drug screen
Cherie Sizemore Lee, RN 130959 – Failed, positive drug screen
Bridget Diane Poore, RN 272818 – Failed, positive drug screen
Nicole Ashley Capps, RN 246638 – Failed, positive drug screen
Rita Sue Combs, RN 208413 – Requested to Withdraw
Evelyn Lee Robinson, RN 293405 – Failure to comply with treatment requirements
Joshua Edison Hildebran, RN 238139 – Failed, positive drug screen

Ratified Suspension for Violation of Intervention Program Conditions:

Cuyler Von Wald, RN 289028 – Failed, positive drug screen
Euniece Robinson, RN 297123 – Failure to comply with drug screening requirements
Mary Lea Kinsey, RN 211041 – Failed, positive drug screen
Edmond John Rabil, RN 248847 – Failed, positive drug screen

Ratified for Suspension for Non-Payment of Child Support:

Minutes, Regular Board Meeting, NC Board of Nursing 09/20/2019

William Kevin Leverett, LPN 52959
Elizabeth Anne King, LPN 72553
Kwame Ahmad Andrews, LPN 68543
Angel Christina Scott, LPN 71155
Titus Adebayo Adegboye, RN 156050
Chasity Lekaye Lawlis, LPN 71137

Ratified Voluntary Surrender:

Sharon Kaye Harmon, CRNA 3765, RN 291939 – Diversion of Drugs, Positive Drug Screen
Elizabeth Jennine Walker, RN 226223 – Action in Another Jurisdiction
James Andrew Kuss, RN 77979 – Diversion of Drugs, Positive Drug Screen

Ratified Chemical Dependency Discipline Program (CDDP):

Billie Jo Jefferies, RN 170849 – Impaired on Duty, Positive Drug Screen
Amy Elizabeth Althiser, RN 271578 – Diversion of Drugs
Melissa Martin Hutchinson, RN 146358 – Action in Another Jurisdiction
Natasha Nicole Button, LPN 79524 – Diversion of Drugs
Tiffany Nicole Palmer, LPN 70898 – Diversion of Drugs, Criminal Conviction
Michael Holland, RN 276193 – Diversion of Drugs, Positive Drug Screen
Alicia Maroney Miranda, RN 239488 – Action in Another Jurisdiction
Tarneshia Lashey Womack, RN 203890 – Diversion of Drugs

Successful Completion of Non-Disciplinary Consent Orders & Programs

Alternative Program for Chemical Dependency	No. Successfully Completed
April 2019	1
May 2019	9
June 2019	2
July 2019	2

Intervention Program	No. Successfully Completed
April 2019	3
May 2019	5
June 2019	0
July 2019	3

Non-Disciplinary Consent Orders (Practice Improvement Matters)	No. Successfully Completed
April 2019	5
May 2019	2
June 2019	4
July 2019	6

Ratified Probation Completed:

Chancellor Marie Davis, LPN 81236
Jacqueline Campbell, LPN 78146
Cynthia Lisa Clough, LPN 83017
James Lewis Wright, NP 8008607
Sheree Danielle McWhorter, LPN 86524
Dwight Carson Whynot, RN 300430
Mildred Ajuchi Akachukwu, RN 294760

Ratified Probation with Drug Screen Completed:

Minutes, Regular Board Meeting, NC Board of Nursing 09/20/2019

John Arnold Sandru, RN 273253, CRNA 3220
Catherine Capps Stowe, RN 121423
Angela Wood Vaughan, RN 134600
Valeria Bryant Galloway, RN 147042
Teresa Ann Alford Tart, LPN 26717
Cheryl Denise Thomas, RN 102889
Cindi Webster Hardison, RN 171919
Cristyl Carmack Hewitt, LPN 67297

Ratified Chemical Dependency Discipline Program (CDDP) Completed:

Beverly Diane Bales, RN 131503
Kent Hendrickson, RN 284880
Sandra Jane Davey, RN 218566
Jody L. Drum, RN 134331
Cynthia Dale Pittman, RN 148642
Melissa Haislip Peterson, LPN 74260
Allison E. Amburn, RN 230253
Latasha Victoria Hathaway, LPN 65246

Ratified Reprimand with Conditions Completed:

Carl Ray Kiser, RN 181364
Patricia L. James, RN 234545
Amber Nicole Wood, LPN 86844
April Diane Honeycutt, RN 78804
Rhonda Cooper Bridget, NP 5004259
Mary Patricia Martin, RN 217177
Denny Ray Stegall, RN 128943
Susan Marie Waite, RN 288905
Nicole Renee Walker, RN 206066
Camillia Venable McLamb, LPN 46186
Marika Creel Loveless, RN 310412
Allison Marie Locklear, RN 254302
Taryn Nicole Treadway, LPN 84209

Ratified Actions of Non-Disciplinary Consent Orders:

Administrative Actions	Number of Actions
Diversion of Drugs	4
Exceeding Scope	2
Fail to Maintain Accurate Medical Record	8
Failure to Administer Prescribed Medications	1
Failure to Assess/Evaluate	1
Failure to Make Client Information Available	1
Failure to Maintain License	3
Failure to Maintain Minimum Standards	1
Falsification of Documentation	2
Falsification of Medical Records	1
Falsify Medical Record	1
Inappropriate Interaction with Client	1
Practice with Expired License	
Sleep on Duty	3
Withhold Crucial Healthcare Information	2

Ratified Letters of Concern:

Administrative Action	Number of Actions
Action in Another Jurisdiction	2
Breach of Patient Confidentiality	2
Criminal Conviction	1
Delegating Inappropriately	1
Diversion of Drugs	17
DWI Conviction	36
Exceed Scope	7
Failure to Administer Prescribed Medications	4
Failure to Assess/Evaluate	12
Failure to Initiate CPR	1
Failure to Maintain Accurate Records	3
Failure to Maintain Accurate Documentation	2
Failure to Make Home Visits	2
Failure to Maintain License	3
Failure to Supervise	1
Failure to Report Suspected Violations	1
Fail to Maintain Minimum Standards	12
Falsification of Application	4
Falsification of Documentation	10
Falsify Medical Records	3
Impaired on Duty	3
Inappropriate Delegation	1
Inappropriate Interaction with Client	5
Neglect	1
Positive Drug Screen	31
Sleep on Duty	4
Theft of Patient Property	1
Withhold Crucial Healthcare Information	4

Ratified Cautionary Letters:

Administrative Action	Number of Actions
Abandonment	3
Fraud	2
Exceeding Scope	1

Ratified Alternative Program for Chemical Dependency (AP):

Administrative Action	Number of Actions
Diversion of Drugs	6
DWI Conviction	2
Falsify Client Records	1
Impaired on Duty	7
Positive Drug Screen	3

Ratified Intervention Program (IP):

Administrative Action	Number of Actions
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Diversion of Drugs	1
DWI Conviction	1
Failure to Maintain Accurate Records	1
Impaired on Duty	1
Positive Drug Screen	9