

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

**January 24, 2014
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 24, 2014. Meeting convened at 8:30 a.m.
Presiding	Peggy Walters, RN
Members Present	Pat Campbell, Public Member Maggie Conklin, Public Member Cheryl Duke, RN Sara Griffith, RN Martha Ann Harrell, Public Member Deborah Herring, RN (sworn into office January 23, 2014 – Attachment A) Takela Jeffries, LPN Jennifer Kaylor, RN Bobby Lowery, RN Sharon Moore, RN Bob Newsom, LPN (sworn into office January 23, 2014 – Attachment A) Jackie Ring, RN Carol Wilson, LPN
Staff Present	Julia George, RN, Executive Director Jack Nichols, General Counsel Anna Choi, General Counsel (arrived at 1:00 pm) Linda Burhans, Associate Executive Director – Education/Practice Brenda McDougal, Associate Executive Director - Operations Gayle Bellamy, Director of Finance Angela Ellis, Manager, Executive Office
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. Lowery/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of September 19, 2013 (Board Meeting)• Board Governance Committee<ul style="list-style-type: none">(a) Summary of Activities(b) Board Member Education Plan (FYI)(c) 2013 Board Assessment Action Plan Final Report (FYI)

- (d) Mail Referendum Regarding Board Assessment Tool (FYI)
- Finance Committee
 - (a) Summary of Activities
- Education and Practice Committee
 - (a) Education Program Activity (Attachment B)
 - (b) 2013 Third Quarter NCLEX Pass Rates
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment C)
- Hearing Committee
 - (a) Settlement Cases (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
- Meetings/Conferences/Liaison Activities:
 - (a) CAC Annual Meeting
 - (b) Council on Licensure Enforcement and Regulation (CLEAR) Annual Educational Conference
 - (c) Southern Regional Education Board (SREB)
 - (d) National Association of Drug Diversion Investigators (NADDI) Annual Conference
 - (e) NC Emergency Medical Services Advisory Council
 - (f) NC Curriculum Revision Project for Nursing Assistants
 - (g) NCNA Commission on Advanced Practice Nursing
 - (h) FARB Attorney Certification
 - (i) Basic Drug Diversion Conference

Meeting Agenda

The Meeting Agenda be adopted as presented.

MOTION: That the Meeting Agenda be adopted as presented.

Campbell/Passed.

Open Comment Period

The following individual addressed the Board during Open Comment Period:

- **Christina Stone:** Discussed concerns related to events surrounding the suspension of her NC nursing license

Finance Committee

- Sandy Newell, CPA with Bernard Robinson & Company presented the results of the annual financial audit. Result of the audit was an unqualified opinion as to the fairness, in all material respects, of the reporting of the financial position of the Board of Nursing in conformity with accounting principles generally accepted in the USA. There were no management letter comments from the auditors.

MOTION: That the Board accept the Audit Report as presented.
Committee Recommendation/Passed.

- Received and reviewed investments as presented by Wes Thomas, CFP with Wells Fargo Advisors

- Received and reviewed proposed revisions to Policy B5 Investments (Attachment F). Proposed revisions establish investment guidelines that incorporate prudent asset allocation and realistic rates of return.
MOTION: That the Board approve revisions to Policy B5 Investments which includes an asset allocation consisting of 80% invested in fixed income securities and 20% invested in equities.
Committee Recommendation/Passed.

- Board Governance
- Received and reviewed proposed Board Assessment Action Plan for 2014 (Attachment G).
MOTION:
 - Received and reviewed update from the Ad Hoc Committee on Board Composition and Tenure. Phases One, Two and Three of Data Collection are complete. The Ad Hoc Committee will review an analysis of the results at its next meeting along with all evidence-based data collected and present this information to the full Board. Final recommendations from the Ad Hoc Committee will be presented by September 2014.

- Executive Director
- Received updates as follows:
- Provided update on 2013 initiatives to include launch of the new licensure system (DORIS: Database of Regulatory Information Systems); revision of on-line applications; launch of re-designed website; re-design of on-line Legal Scope of Practice course; national recognition of *Bulletin* to include publication of CE articles and requests to re-publish article on "Social Media" written by Crystal Harris; development of workshop for experienced program directors; review of State Records Retention schedule related to electronic documents; completion of one (1) research project; review of position statements; successful audit by FBI/SBI for criminal background checks; Citizen Advocacy Center review of discipline processes; staff development, talent management and leadership classes developed internally; formalized onboarding process; accomplishments of SEATS (Staff Engagement and Team Spirit), specifically activities of Community Outreach team.
 - Recognized Jennifer Lewis for entrance into PhD program.
 - Recognized Melissa McDonald for completion of a Masters in Human Resource Development.
 - Provided update on data from the SHEPS Center related to trends in supply.
 - Received and reviewed National Council State Boards of Nursing (NCSBN) 2013-2014 Environmental Scan
 - Polly Johnson, CEO of the Foundation for Nursing Excellence and Co-lead of the Coordinating Council, presented an update on the activities of the Future of Nursing Action Coalition
 - Received and reviewed 2013 Strategic Plan Roadmap Year End Report.
 - Received and reviewed 2014 Strategic Plan Roadmap.
MOTION: That the Board approve the 2014 Strategic Plan Roadmap as presented.

Conklin/Passed.

- Received and reviewed proposed changes to 21 NCAC 36. 0228 Clinical Nurse Specialist Practice (Attachment H) to make recognition by the Board required rather than voluntary for clinical nurse specialist practice in North Carolina.

MOTION: That the Board approve proposed changes to 21 NCAC 36. 0228 Clinical Nurse Specialist Practice to make recognition by the Board required for practice at the CNS level. Further, direct staff to proceed with the rule-making process.

Duke/Passed.

- Received and reviewed final report from the Citizen Advocacy Center (CAC) review of discipline programs. The Ad Hoc Committee for Discipline Review directed staff to draft an action plan for addressing recommendations within the report.
- Received verbal report from the Ad Hoc Committee for Discipline Review. Ad Hoc Committee which met on January 22nd. The Committee reviewed the CAC report and discussed issues related to criminal charges/convictions, falsification, addictionologist evaluations, intervention program, suspension time.

Education & Practice

- Received and reviewed summary of activities from the Education and Practice Committee. Committee requested approval to convene an extra meeting in February 2014 for the purpose of completing its delegation charge related to Unlicensed Assistive Personnel (UAP).

MOTION: That the Board approve an extra meeting for the Education and Practice Committee in February 2014 for the purpose of completing its delegation charge related to UAP.

Committee Recommendation/Passed.

- Received and reviewed Education Consultant's report regarding Campbell University, Buies Creek – BSN - Application to Establish a BSN program.

MOTION: That Campbell University be granted initial approval for a Bachelor of Science in Nursing program and approved for 100 students beginning August 2014.

Campbell/Passed.

- Received and reviewed proposed revisions to NCBON Position Statements (Attachment I) as follows: Adult Care Settings, Delegation: Non-Nursing Functions; RN Scope of Practice; and, LPN Scope of Practice.

MOTION: That the Board approve proposed changes to position statements as outlined above.

Committee Recommendation/Passed.

- Received and reviewed proposed Joint Statement on Nursing Scope of Practice in Opioid Treatment Programs

MOTION: That the Board approve the proposed Joint Statement on Nursing Scope of Practice in Opioid Treatment Programs.

Committee Recommendation/Passed.

- Received and reviewed update on the Ad Hoc Committee for Nursing

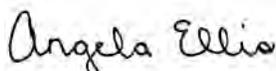
Education Faculty Qualifications.

MOTION: That the Board approve a maximum of three meetings in 2014, with Committee recommendations presented for consideration no later than the May 2014 Board meeting.
Committee Recommendation/Passed.

Drug Monitoring Programs	Received and reviewed final report of the CAC study of the Alternative Program as presented by staff.
Presentation: "First in Nursing. A Journey of Regulatory Excellence: The North Carolina Board of Nursing 1903 – 2013"	Peggy Walters presented a Resolution of Appreciation to Dr. Shirley Toney in recognition of her collaboration with the North Carolina Board of Nursing on publication of "First in Nursing. A Journey of Regulatory Excellence: The North Carolina Board of Nursing 1903 – 2013" (Attachment J).
Executive Session	MOTION: 1:00 pm Executive Session for discussion of legal matters. Lowery/Passed
Open Session	MOTION: 1:45 pm Open Session Conklin/Passed
Adjournment	MOTION: 1:45 pm Meeting be adjourned. Lowery/Passed.

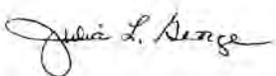
Minutes respectfully submitted by:

1/31/14
Date Submitted



Angela Ellis, Manager, Executive Office

5/30/14
Date Approved



Julia L. George, RN, MSN, FRE
Executive Director

ATTACHMENT A

	OATH OF OFFICE Administered: January 23, 2014
<p>I, <u>Deborah Herring</u>, do solemnly swear that I will support the Mission, Vision and Values of the North Carolina Board of Nursing.</p> <p>I, <u>Deborah Herring</u>, do solemnly and sincerely swear that I will be faithful and bear true allegiance to the State of North Carolina.</p> <p>I, <u>Deborah Herring</u>, do solemnly and sincerely swear that I will uphold the responsibility of the North Carolina Board of Nursing for public protection.</p> <p>I, <u>Deborah Herring</u>, do solemnly swear that I will adhere to the laws and rules governing the North Carolina Board of Nursing and truly execute the duties of my office.</p> <p>According to the best of my skill and ability, according to law, so help me God.</p>	
 Signature	
State of North Carolina County of <u>Wake</u>	
Sworn to and subscribed before me this the <u>23</u> day of <u>January</u> , 2014. <u>Grandra Graves</u> Notary Public	
My Commission Expires: <u>July 28, 2018</u>	
<small>Revised: January 2012</small>	

(SEAL)



OATH OF OFFICE

Administered: January 23, 2014

I, Robert Newsom, do solemnly swear that I will support the Mission, Vision and Values of the North Carolina Board of Nursing.

I, Robert Newsom, do solemnly and sincerely swear that I will be faithful and bear true allegiance to the State of North Carolina.

I, Robert Newsom, do solemnly and sincerely swear that I will uphold the responsibility of the North Carolina Board of Nursing for public protection.

I, Robert Newsom, do solemnly swear that I will adhere to the laws and rules governing the North Carolina Board of Nursing and truly execute the duties of my office.

According to the best of my skill and ability, according to law, so help me God.

Robert Newsom
Signature

State of North Carolina

County of Wake

Sworn to and subscribed before me this the 25 day of January, 2014.

Chandra Graves
Notary Public

My Commission Expires: July 28, 2018



(SEAL)

ATTACHMENT B**Ratification of Full Approval Status**

- Roanoke-Chowan Community College, Ahoskie – ADN
- Vance-Granville Community College, Henderson – ADN
- Vance-Granville Community College, Henderson – PN
- Wake Technical Community College, Raleigh, ADN
- Wilkes Community College, Wilkesboro – ADN

FYI Accreditation Decisions by CCNE

- Barton College, Wilson, BSN – next visit Spring 2018
- Duke University, Durham, BSN – next visit Spring 2023

FYI Accreditation Decisions by ACEN

- Catawba Valley Community College, Hickory – ADN – next visit Spring 2021
- Davidson County Community College, Lexington – ADN – next visit Spring 2021 if Follow-Up Report is accepted
- Randolph Community College, Asheboro – ADN – next visit Spring 2021 if Follow-Up Report is accepted
- Wayne Community College, Goldsboro – ADN – next visit Spring 2021
- Wayne Community College, Goldsboro – PN – next visit Spring 2021

ATTACHMENT C

The Licensure Review Panel met on September 12, 2013 and submits the following report regarding actions taken:

Reviewed 8
candidates for
reinstatement

- Wendy S. Hammonds, RN# 201846: license will be reinstated with probationary conditions; must complete “Ethical Legal Decision Making Course” and “Professional Documentation – Safe, Effective & Legal Course”. ACCEPTED
- John Albert Hopper, Jr. NC RN# 184422/GA RN#: Revised probationary conditions. ACCEPTED
- Janet Kathryn Petitt, LPN # 66706: Must sign Chemical Dependency Discipline Program (CDDP) Contract I and II; may return to nursing practice without appearing before Re-entry/Reinstatement Committee. ACCEPTED
- Gretal George Whitehead, LPN# 58765: license will not be reinstated at this time; must have an evaluation by a Board approved Addictionologist. If diagnosed with chemical dependency, will be given opportunity to participate in Alternative Program (AP); if no diagnosis of chemical dependency – appear before the Licensure Review Panel (LRP). ACCEPTED
- Vivian Patricia Cobb, LPN# 37511: license will be reinstated with probationary conditions; must complete “Understanding the Scope of Practice and Role of the LPN”. ACCEPTED
- Wanda Denise Foushee, RN# 241295: will be reinstated with probationary conditions; must complete “Ethical Legal Decision Making Course” and “Professional Documentation – Safe, Effective & Legal Course”. ACCEPTED
- Erin Sember Giles, LPN# 75989: Upon successful completion of continued competency requirements, licensee will be issued a probationary license. ACCEPTED
- Stacy Robertson, RN# 206709: Must sign Chemical Dependency Discipline Program (CDDP) Contract I. DECLINED

Reviewed 1
candidate for
endorsement

Eric Ryan Sisk, CA LVN: Must sign Chemical Dependency Discipline Program (CDDP) Contract. DECLINED

The Licensure Review Panel met on October 17, 2013 and submits the following report regarding actions taken:

Reviewed 4
candidates for
reinstatement

- Lisa June Urso, RN# 155672: License reinstated with probationary conditions; required to successfully complete a Board approved online course: “Discipline Actions: What Every Nurse Shall Know”. ACCEPTED
- Cristyl Rose Carmack, LPN# 67297: License reinstated with probationary conditions; required to successfully complete a Board approved online course: “Professional Documentation: Safe, Effective & Legal”. ACCEPTED
- Daniel Robert Lawrence, Jr., RN# 212084: License reinstated with probationary conditions; required to successfully complete a Board approved course: “Ethical Legal Decision Making Course”. ACCEPTED
- Kristen Jo Beaman, RN# 248127: Licensee must sign the Chemical Dependency Discipline Program (CDDP) Contract. ACCEPTED

The Licensure Review Panel met on November 14, 2013 and submits the following report regarding actions taken:

- Reviewed 4 candidates for reinstatement
- Deanie Michelle Bradley, LPN: License will be reinstated and will be allowed to re-enter the Chemical Dependence Discipline Program (CDDP) at the same point she was terminated for non-compliance; future reports of non-compliance may result in suspension of the license and removal from CDDP. ACCEPTED
 - Generoso Orsino Barcarse, Jr. RN: After further discussion regarding the Panel's options, they decided to make NO offer and refer the case to the full Board for a decision.
 - Shannon Calhoun Huffman, RN: License reinstated with probationary conditions. ACCEPTED
 - Catherine Capps Carter, RN: License reinstated with probationary conditions. ACCEPTED
- Reviewed 2 candidates for initial licensure
- Tiffany Lorraine Wiggins, Exam Application LPN: License not issued at this time. Must have Addictionologist evaluation. ACCEPTED
 - Adrienne Davis Wilson, Exam Application LPN: License will be issued an unencumbered license; complete course "Managing Stress and Anger". ACCEPTED
- Reviewed 1 request for extension to complete probationary conditions
- Kelly Jenkins Hill, RN: License will be reinstated with probationary conditions. ACCEPTED

The Licensure Review Panel met on December 12, 2013 and submits the following report regarding actions taken:

- Reviewed 5 candidates for reinstatement
- Kathryn Krohn Coyle, RN# 150416: Will be issued a Reprimand and required to successfully complete a Board approved Ethical Legal Decision Making Course. ACCEPTED
 - Andrew Mokoko-Mokeba, LPN# 71510: Probationary License for one (1) year. ACCEPTED
 - Jacqueline Marie Hildreth, RN# 115842: Probationary License for one (1) year. ACCEPTED
 - Colleen Healy Maslowski, LPN# 32244: Probationary License for twelve (12) months. ACCEPTED
 - Kay Taylor Conway, LPN# 344654: After successful completion of Refresher Program, may be issued Probationary License for two (2) years. ACCEPTED
- Reviewed 1 candidate to reinstate Privilege to Practice
- Alicia Greene Morefield Swink, TN LPN# 53915: Reinstate NC Privilege to Practice) – no conditions. ACCEPTED
- Reviewed 1 request for extension to complete probationary conditions
- Gloria Goodin, RN# 190046: Extend Probationary Conditions for 12 months. ACCEPTED

ATTACHMENT D

The Hearing Committee met on August 30, 2013 and reviewed the following Settlement Cases:

Reviewed 2 candidates for Settlement	<ul style="list-style-type: none"> • Kennedy Onori, RN: Licensee charges dismissed. ACCEPTED • Rachel S. Atencio, LPN: Licensee issued a Letter of Concern. ACCEPTED
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The Hearing Committee met on December 13, 2013 and reviewed the following Settlement Cases:

Reviewed 3 candidates for Settlement	<ul style="list-style-type: none"> • Alice Mary Knott, RN: Licensee referred to Intervention Program. ACCEPTED • Beth Soles, RN: Licensee shall obtain an Addictionologist Evaluation and have the evaluation submitted to the Board within sixty (60) days of signing this Order. Licensee shall follow all recommendations of the Addictionologist Evaluation. Licensee shall not work in a nursing position until the Addictionologist Evaluation is received by the Board. Licensee shall sign contract and comply with the conditions of Chemical Dependency Discipline Program if diagnosed with chemical dependency by the Addictionologist. The license will be suspended for a minimum of three months from the date the Addictionologist Evaluation is received at the Board office. Licensee shall be issued a Probationary License for twelve (12) months, but not longer than twenty-four (24) months, to successfully comply with all conditions if not diagnosed with chemical dependency by the Addictionologist. ACCEPTED • Joy Kunath, RN: Licensee will be issued a Probationary License for twenty-four (24) months, but not longer than forty-eight (48) months, to successfully comply with all conditions. ACCEPTED
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ATTACHMENT E**TOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES
BY THE ADOPTION OF THE CONSENT AGENDA**Ratified Absolutions as follows:

Bradley Raybuck, RN (Hendersonville)
Susan Raybuck, RN (Hendersonville)
Felicia Shultz, RN (Wilmington)

Ratified the Issuance of Reprimands as follows:

Milton Arnold, Jr., LPN (Greenville) – action in another jurisdiction
Jessica Blair Bell, RN (Red Springs) – failure to follow NP regulations; practicing without a license
Kery Dannielle Bracey, RN (Carolina Shores) – diversion of drugs; non-controlled substances
Gladys Lucille Eldridge, LPN (Plymouth) – fraud; falsification of application seeking licensure
Sonja M. Koon, LPN (Raleigh) – fraud; falsification of application seeking licensure
Jennie Marie Nesselroade, LPN (Wilmington) – fraud; falsification of application seeking licensure
Uris Nagallo Abejuela, RN (Asheville) – documentation errors; discrepancies in documentation of controlled substances
Josette Calloway Alston, RN (Charlotte) – failure to maintain licensure; practicing without a license
Linda Holley Biggs, RN (Ahoskie) – exceeding scope
Natasha Oxendine Chavis, LPN (Rowland) – fraud; falsification of application seeking licensure
Elizabeth Ann Cieslinski, RN (Littleton) – action in another jurisdiction
Anthony David Cook, RN (Mars Hill) – documentation errors; failure to maintain an accurate medical record
Greta Kristin Farmer, RN (Murphy) – documentation errors; falsification of medical records
Crystal Antanese Ferrentino, LPN (Greensboro) – unsafe practice; medication/treatment/care errors
Joseph Taguinod Furigay, RN (High Point) – exceeding scope
Tiffany Shenien Gathers, LPN (Charlotte) – neglect; failure to make home visits
Lynn Kraus Herman, RN (Newton) – neglect; failure to assess/evaluate
Amy Parker Reid, RN (Kernersville) – failure to maintain licensure; practicing without a license
Diana Copeland Richardson, LPN (Rocky Mount) – documentation errors; failure to maintain an accurate medical record
Jason Samuel Smith, LPN (Asheville) – neglect; failure to assess/evaluate
Robert Lee Williams, VA LPN Compact (Clover, VA) – neglect; failure to maintain accurate medical record

Ratified Issuance of Probation with Conditions as follows:

Amber Crystal Brown, RN (Franklinton) – court conviction; criminal charges; convictions-nolo contendere plea
Renee Williams Flake, RN (Newton Grove) – unsafe practice; medication/treatment/care errors
Melanie May Gray, RN (Whitsett) – neglect; failure to assess/evaluate
Alicia Fay Reece, RN (Comer, GA) – action in another jurisdiction

Ratified Probation with Drug Screening:

Lesia Maney Childress, LPN (Greensboro) – diversion of drugs; discrepancies in documentation of controlled substances
Wendy Brackett Hodge, RN (Cherryville) – positive drug screen
Joy Armstrong Kunath, RN (Hendersonville) – court conviction; DWI
Minessa Medley, LPN (Charlotte) – positive drug screen
Vernon Odeal Polson, RN (Lincolnton) – documentation errors; discrepancies in documentation of controlled substances
Sherri Roxanne Stutts, LPN (Charlotte) – diversion of drugs; controlled substances
Angela Sprouse Vartabedian, RN (Leicester) – documentation errors; discrepancies in documentation of controlled substances

Ratified Reinstatement with Conditions as follows:

Ervin Atkins, II, RN (Kinston) – action in another jurisdiction

Elaina Diana Rice, LPN (Fletcher) – failure to maintain licensure; practicing without a license

Ratified Suspension of Probationary License as follows:

CDDP:

Erik C. Brown, RN (Garner)

Lisia Deas Medlock, RN (Graniteville, SC)

Thomas Lee McCora, LPN (Salisbury)

Illicit Drug and Alcohol/Intervention Program:

Linda Lang Thompson, RN (Chimney Rock) – requested to withdraw

Probationary License – Drug Screening:

Kimberly Lee Brown, LPN (Charlotte) – requested to withdraw

Keith Eaton Humphries, RN (Winston-Salem) – requested to withdraw

Lisa June Urso, RN (Wilmington)

Ratified Probationary License – Staff Reinstatements as follows:

Scott Alan Pennington, RN (Asheville)

Michael G. Taber, RN (Holly Springs)

Ratified CDDP Reinstatements as follows:

Tracey Joellen Ahearn, RN (Clyde)

Mona Camp Bechtel, RN (Sanford)

Deanie Bradley, LPN (Littleton)

Amy Matheny Camp, RN (Rutherfordton)

Charles Eugene Giordano, LPN (Wilmington)

Heather Renee Jarrell, RN (Harmony)

Debra Jo Bowling Krozser, RN (Supply)

Danielle Renae Long, RN (Charlotte)

Cynthia Ann Marcello, RN (Mill Spring)

Cheryl Ann Turner Mosley, RN (Monroe)

Amanda Hudson Rogers, RN (Greenville)

Dana M. Starks, RN (Carolina Beach)

Cassie Jo Stone, RN (Raeford)

Farrah Withers Von Wald, RN (Chapel Hill)

Laura Megan Wade, RN (Lagrange)

Stacy Marie Wild, RN (Havelock)

Kathy Regina Williams, RN (Fayetteville)

Myrtle Alice Williams, LPN (Carrboro)

Rahiem Tehron Wilson, LPN (Raleigh)

Monica Brooks Windley, RN (Winterville)

Accepted the Voluntary Surrender as follows:

Dorianne Teresa Beck, RN (Lexington) – documentation errors; discrepancies in documentation of controlled substances

David Conley Dillow, RN (Statesville) – diversion of drugs; controlled substances

Heather Griffith, RN (Fletcher) – diversion of drugs; controlled substances

Rebecca Ann Guilford, RN (Hendersonville) – diversion of drugs; controlled substances

Latanya Waynette Herrington-Cadogan, LPN (Fayetteville) – positive drug screen

Shirley Jean Lewis, LPN (Sylva) – positive drug screen

Michol Natasha McCain, RN (Ellerbe) – diversion of drugs; prescription forgery/fraud

Jennifer Simmons Smith, LPN (Rockingham) – positive drug screen

Amber Dawn Taylor, RN (Troutman) – diversion of drugs; controlled substances

Angela Bracken Waugh, RN (Wilmington) – documentation errors; discrepancies in documentation of controlled substances

Shawna Leigh White, RN (Wilmington) – diversion of drugs; controlled substances

Ratified acceptance of Voluntary Surrender for failure to comply with Alternative Program as follows:

Tammy S. Hege, RN (Clemmons) – requested to withdraw

Mary Katherine Highfill, RN (Huntersville) – failed to comply with terms for entry

Ratified Suspension with Conditions as follows:

Patricia Carolyn Albach, LPN (Seagrove) – neglect; sleeping on duty

Megan Marie Brown, LPN (Charlotte) – abandonment

Joanna Payne Duncan, RN (King) – diversion of drugs; controlled substances

Jennifer Lyn Jordan, LPN (Gastonia) – theft; patient property

Gordan Christopher Morgan, RN (Erwin) – unsafe practice; failure to maintain minimum standards

Pamela Soderberg Styles, RN (Murphy) – unsafe practice; medication/treatment/care errors

Ratified Suspension for violating conditions imposed by the Board as follows:

Karen Barbare Allen, RN (Hamlet)

Jessica L. Barker, RN (Stoneville)

Stephanie Green Blalock, LPN (Sanford)

Jeanie Lanier Bland, RN (Warsaw)

Sheri Borgeson, RN (Leland)

Deanie Michelle Bradley, LPN (Littleton)

Brandon Shane Burke, RN (Jamestown)

Russell William Burns, RN (Jamestown)

Savannah Addison Davis, RN (Raleigh)

Kimi Lakoe Day, RN (Winston-Salem)

Joseph Alderman Eadon, RN (Charlotte)

Kiley Smith Edwards, RN (Morganton)

Philip Brent Ferebee, RN (Windsor)

Mary Few, RN (Raleigh)

Jillian Jefferson Harris, RN (Raleigh)

Annette Denice Harrison, LPN (Lillington)

Joshua Hopkins, LPN (Raleigh)

Larry David Lloyd, RN (Greenville)

Brent Atrayo Locklear, RN (Pembroke)

Glenn Ward McCulloch, LPN (Marston) – child support noncompliance

Angela Marie Morgan, RN (Eastover)

Heather Weaver Panepinto, LPN (Nashville)

Vernon Odeal Polson, RN (Lincolnton)

Tiffany Ann Rabil, RN (Wilmington)

Annette Wicker Rankin, RN (Sanford)

Virginia Lee Rhoades, LPN (Wilmington)

Michelle Lynn Richardson, LPN (Hendersonville)

Ann Laurel Rutledge, RN (Scranton, PA)

Katherine Coan Thompson, RN (Fletcher)

Ratified Suspension with Stay and Conditions as follows:

Cynthia Sims Boyd, LPN (Hendersonville) – documentation errors; discrepancies in documentation of controlled substances

Christopher Hannan Cunningham, RN (Charlotte) – neglect; failure to perform prescribed treatments

Stephanie Ann Duffell, LPN (Charlotte) – neglect; failure to administer prescribed medications

Patricia Cowan Rucker, LPN (Statesville) – neglect; failure to assess/evaluate

Candy Ballard Wright, RN (Shelby) – fraud

Ratified Completion of Probation as follows:

Pamela S. Amo, RN (Cherryville)

Mary Patricia Amon, RN (Charlotte)

Jonathan Everette Bradshaw, RN (Raleigh)
Carol S. Brown, NP, RN (Asheville)
Latricia Cooper-Baker, RN (Fayetteville)
Carolyn Costner, RN (Shelby)
Susan Crouch, RN (Chapel Hill)
Brenda Cupp, NP, RN (Charlotte)
Jennifer Midgette Dixon, RN (Roanoke Rapids)
Latasha Dudley, RN (Dudley)
Linda Graham, RN (Durham)
Kendall Hankins, RN (Charlotte)
Keith Henry, RN (Zebulon)
Debra Johnson, RN (Huntersville)
Ginger McPherson Juhl, RN (Whiteville)
Patricia Macklin, RN (Greensboro)
Kashaun Muhammad, LPN (Greensboro)
Kathy Ostertag, RN (Weaverville)
Karen Peeler, RN (Catawba)
Leslie Gentry Perkins, RN (Roxboro)
Michelle Lynn Reid, RN (Greensboro)
Anna Shepard, RN (Pleasant Garden)
Donna Jean Sparks, LPN (Burlington)
Frances Spencer, RN (Winston-Salem)
Amy Pressley Stroupe, RN (Wadesboro)
Lindsay Vaux, RN (Matthews)
Lakisha Denise Vines, RN (Greenville)
Gigi Willingham, LPN (Raleigh)

ATTACHMENT F**POLICY NUMBER: F-5****AREA: Fiscal****AUTHORITY: NC Board of Nursing, G.S. 147-69.1; 147-69.3(d)****TOPIC: Investments****PURPOSE: To establish investment guidelines that provide for prudent management of invested cash.****DATE REVISED: September 16, 2011****Policy Statement/Procedure:**

The primary objectives of the investment program of the North Carolina Board of Nursing shall be safety, liquidity and yield on invested cash, in that order. Investments shall be managed to ensure preservation of capital and to minimize interest rate risk and credit risk.

The Board will minimize credit risk, which is the risk of loss due to the failure of the security issuer, by limiting investments to the types of securities listed below and diversifying the investment portfolio so that the impact of potential losses from any one type of security will be minimized.

The Board will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates, by structuring the investment portfolio so that securities mature using a laddered approach thus avoiding the need to sell securities prior to maturity. An exception may be made if a security is sold early to minimize loss of principal.

The following are permissible investment types:

1. Obligations of the United States or obligations fully guaranteed both as to principle and interest by the United States.
2. Obligations of the Federal Financing Bank, the Federal Farm Credit Bank, the Federal Home Loan Banks, the Federal Home Loan Mortgage Corporation, Fannie Mae, Government National Mortgage Association, The Federal Housing Administration, the Farmers Home Administration.
3. Certificates of deposit and other time deposits of financial institutions;
4. Obligations of the State of North Carolina.
5. Corporate bonds and notes provided they bear the highest rating of at least one nationally recognized rating service and do not bear a rating below the highest by any nationally recognized rating service which rates a particular obligation.
6. Prime quality commercial paper bearing the highest rating of at least one nationally recognized rating service and not bearing a rating below the highest by any nationally recognized rating service which rates the particular obligation
7. Bills of exchange or time drafts drawn on and accepted by a commercial bank and eligible for use as collateral by member banks or its holding company is either (i) incorporated in the State of North Carolina or (ii) has outstanding publicly held obligations bearing the highest rating of at least one nationally recognized rating service and not bearing a rating below the highest by any nationally recognized rating service which rates the particular obligation.
8. Repurchase Agreements with respect to securities issued or guaranteed by the US government or its agencies or other securities eligible for investment by this section

executed by a bank or trust company or by primary or other reporting dealers to the Federal Reserve Bank.

9. Asset backed securities provided they bear the highest rating of at least one nationally recognized service and do not have a rating below the highest rating by any nationally recognized rating service which rates the particular securities.
10. Equity market.

Determination of the type of investment is based on cash flow needs. Investments in money market accounts, certificates of deposit and/or savings accounts shall be maintained in federally insured financial institutions.

Asset Allocation

A conservative investment approach has been adopted by the Board. Recognizing the need for diversification, two types of investments are identified as appropriate for the portfolio: equities and fixed income investments. The fixed income holdings provide a stable base while equities provide favorable returns in a declining bond market. The following asset mix is designed to achieve long-term consistency of performance and produce returns that over time should result in the desired rate of growth:

Asset Class Target Maximum:

Equities – 20%

Fixed Income – 80%

The portfolio is to be diversified to limit the impact of large losses on individual investments. In the corporate bond component of the fixed income investments no more than \$75,000 shall be invested in any single company.

Rate of Return

The objective of the NCBON investment program is to achieve a target rate of return (net of fees) over a 3 to 5 year period that will grow the fund's total value in real terms (after inflation) that at least equals 3% real growth.

Custodian for Securities

An independent professional investment manager shall be selected by the Board to purchase and hold investments and give periodic advice on investment mix. All investments shall be maintained by investment firms with a Federal Reserve Bank Account and that are members of the Securities Investor Protection Corporation ("SIPC") which provides certain financial protection to clients should the brokerage firm become insolvent.

Review

The Board may delegate the ongoing oversight responsibilities for investments to the Finance Committee. The Finance Committee shall review at least annually the investment manager's performance, asset allocation, investment strategy and advise the Board regarding investment performance to assure compliance with investment policy.

ATTACHMENT G
CALENDAR YEAR 2014

Note: items highlighted in blue are complete.

Objective	Action Taken	Status/ Completion Date
1. Increase education on key issues and initiatives	Schedule education session for March and Board Retreat for October	<u>March</u> <ul style="list-style-type: none"> • Program Evaluation Division (PED) Study • Update from Ad Hoc Discipline Review • Update from Ad Hoc Faculty Qualifications <u>October</u> <ul style="list-style-type: none"> • To Be Determined

ATTACHMENT H

21 NCAC 36 .0228 is proposed to be amended as follows:

21 NCAC 36 .0228 CLINICAL NURSE SPECIALIST PRACTICE

(a) Effective March 1, 2015, only a A registered nurse who meets the qualifications as outlined in Paragraph (b) of this Rule shall may be recognized by the Board as a clinical nurse specialist, and to perform advanced practice registered nursing activities as outlined in Paragraph (f) (e) of this Rule.

(b) ~~In order to be recognized as a Clinical Nurse Specialist, the~~ The Board of Nursing shall require recognize an applicant who: to meet the following qualifications:

- (1) has an unrestricted license to practice as a registered nurse in North Carolina or a party state;
- (2) has an unrestricted previous approval, registration or license as a clinical nurse specialist if previously approved, registered, or licensed as a clinical nurse specialist in another state, territory, or possession of the United States;
- (3) ~~(2)~~ has successfully completed a master's or higher degree program accredited by a nursing accrediting body approved by the U.S. Secretary of Education or the Council for Higher Education Accreditation; and, consisting of a minimum of 500 hours of clinical experience in the clinical nursing specialty as defined in 21 NCAC 36 .0120(41) and consistent with G.S. 90-171.21(d)(4). For a dual track graduate program, if less than 500 hours per track, a requirement that there must be documentation of any crossover which would justify less than an additional 500 hours for the second track; and
- (4) either:
 - (A) ~~(3)~~ has current certification in the as a clinical nurse specialist nursing specialty from a national credentialing body approved by the Board of Nursing, as defined in Paragraph (g) (e) of this Rule and 21 NCAC 36 .0120(26); or 36 .0120(26).
 - (B) if no clinical nurse specialist certification is available in the specialty, meets requirements determined by the Board to be equivalent to national certification. The Board shall determine equivalence based on consideration of an official transcript and course descriptions validating (b)(3) of this Rule, current curriculum vitae, work history and professional recommendations indicating evidence of at least 1,000 hours of clinical nurse specialist practice, and documentation of certificates indicating 75 contact hours of continuing education applicable to clinical nurse specialist practice during the previous five (5) years.

(c) An applicant certified as a clinical nurse specialist by a national credentialing body prior to January 1, 2007 and who has maintained that certification and active clinical nurse specialist practice, and holds a master's or higher degree in nursing or a related field shall be recognized by the Board as a clinical nurse specialist.

(d) New graduates seeking first-time clinical nurse specialist recognition in North Carolina shall hold a Master's, post-master's or higher degree from a clinical nurse specialist program accredited by a nursing accrediting body approved by the U.S. Secretary of Education or the Council for Higher Education Accreditation as acceptable by the Board, and meet all requirements in (b)(1)(2)(3) and (4)(A) of this Rule.

(e) A clinical nurse specialist seeking Board of Nursing recognition who has not practiced as a clinical nurse specialist in more than five (5) years shall complete a clinical nurse specialist refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their

management directly related to the clinical nurse specialist's area of education and certification. A clinical nurse specialist refresher course participant shall be granted clinical nurse specialist recognition that is limited to clinical activities required by the refresher course.

~~(f) (e)~~ The scope of practice of a clinical nurse specialist ~~Clinical nurse specialist scope of practice~~ incorporates the basic components of nursing practice as defined in Rule .0224 of this Section as well as the understanding and application of nursing principles at an advanced practice registered nurse level in the his/her area of clinical nursing specialization in which the clinical nurse specialist is educationally prepared and for which competency has been maintained which includes:

- (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem;
- (2) diagnosing and managing clients' acute and chronic health problems within an advanced practice nursing framework;
- ~~(3)~~ assessing for and monitoring the usage and effect of pharmacologic agents within an advanced practice nursing framework;
- ~~(4) (3)~~ formulating strategies to promote wellness and prevent illness;
- ~~(5) (4)~~ prescribing and implementing therapeutic and corrective, non-pharmacologic nursing interventions; nursing measures;
- ~~(6) (5)~~ planning for situations beyond the clinical nurse specialist's expertise, and consulting with or referring clients to other health care providers as appropriate;
- ~~(7) (6)~~ promoting and practicing in collegial and collaborative relationships with clients, families, other health care professionals and individuals whose decisions influence the health of individual clients, families and communities;
- ~~(8) (7)~~ initiating, establishing and utilizing measures to evaluate health care outcomes and modify nursing practice decisions;
- ~~(9) (8)~~ assuming leadership for the application of research findings for the improvement of health care outcomes; and
- ~~(10) (9)~~ integrating education, consultation, management, leadership and research into the advanced clinical nurse nursing specialist role.

~~(g) (d)~~ The A registered nurse who seeks seeking recognition by the Board as a clinical nurse specialist shall:

- (1) complete the appropriate application, which shall include:
 - (A) evidence of the appropriate masters, post-master's certificate or doctoral degree as set out in Subparagraph ~~(b)(3)~~ ~~(b)(2)~~ of this Rule; and, either and
 - (B) evidence of current certification in a clinical nursing specialty from a national credentialing body as set out in Subparagraph ~~(b)(4)(A)~~ ~~(b)(3)~~ of this Rule; or
 - ~~(C)~~ meet requirements as set out in Subparagraph (b)(4)(B) of this Rule.
- ~~(2)~~ submit any additional information necessary to evaluate the application as requested by the Board.
- ~~(3) (2)~~ submit a processing fee of twenty-five dollars (\$25.00) to cover the costs of duplicating and distributing the application materials; and
- ~~(4)~~ renew the recognition every two years at the time of registered nurse renewal, and

(5) either:

(A) ~~(3)~~ submit evidence of initial certification and re-certification by a national credentialing body at the time such occurs in order to maintain Board of Nursing recognition consistent with Paragraphs (b) and ~~(h) (e)~~ of this Rule; or ~~Rule~~.

(B) if subject to Subparagraph (b)(4)(B) of this Rule, submit evidence of at least 1,000 hours of practice and 75 contact hours of continuing education every five (5) years.

~~(h) (e)~~ The Board of Nursing ~~shall~~ may approve those national credentialing bodies offering certification and recertification in a clinical nursing specialty which have established the following minimum requirements:

- (1) an unencumbered registered nurse license; and
- (2) certification as a clinical nurse specialist is limited to master's, post-master's certificate or doctorally prepared applicant. ~~applicant effective January 1, 2010.~~

History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21(d)(4); 90-171.23(b); 90-171.27(b); 90-171.42(b); Eff. April 1, 1996;
Amended Eff. _____; April 1, 2008; January 1, 2007; November 1, 2005; August 1, 2005; April 1, 2003.



ADULT CARE SETTINGS

Position Statement for RN and LPN Practice

Issue:

Adult Care Settings are facilities, including Assisted Living, licensed by the State of North Carolina (10A NCAC 13F and 13 G) to provide for the personal care needs of residents. In these settings, health care needs of residents are considered incidental to their personal care needs and licensed nursing staff are not required by law. When health care needs exist, supervised nursing care may be indicated. If health care needs become paramount, the resident must may be transferred to a health care environment such as an acute care hospital or long term care/skilled nursing facility.

The Nursing Practice Act and related Nursing Administrative Rules apply to the practice of nursing by licensed nurses (RNs and LPNs) regardless of the practice setting.

Definitions:

Administrative Supervision may include the management functions of hiring, correcting performance, and providing performance evaluation of UAP.

Adult Care Homes are residences for aged and disabled adults who may require 24-hour supervision and assistance with personal care needs.

Nursing Care Activities are those carried out for residents requiring a higher level of assistance with maintenance of health or the delivery of health care. ~~such as tube feedings, care of pressure ulcers, and tracheostomy care.~~ These activities must be taught to UAP by the RN and require quarterly monitoring by the RN consistent with the rules for the Licensing of Adult Care Homes, in adult care settings. The RN assures ongoing nursing care activity competency of LPNs and UAP through oversight and supervision. The RN may be an employee or a consultant and must be available, on site if necessary, for nursing care questions and/or changes in client conditions.

Nursing Care Systems operate within healthcare settings where the medical and nursing care needs of clients are primary (for example: acute care hospital, sub-acute facilities, and long-term care/skilled nursing facilities). A Nursing Administrator (e.g., Chief Nursing Officer or Director of Nursing) and licensed nursing staff are required by law.

Nursing Supervision by the RN is the provision of oversight to determine that nursing activities assigned to RNs and LPNs or delegated to UAP are performed as directed and according to agency established standards of practice. RN nursing supervision may include management level functions such as teaching, validating qualifications and competencies, and evaluating performance of nursing personnel.

Nursing Supervision by the LPN is limited to the validation that tasks have been performed as assigned to LPNs or delegated to UAP and according to established standards of practice ~~assuring that nursing activities which have been assigned to another LPN or delegated to UAP are carried out and meet agency standards.~~

Origin: 11/95

Revised: 11/01; 8/07; 1/10; 12/13

Reviewed: 2/2013

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~~Attachment~~ Personal Care Tasks are carried out by UAP as delegated in Adult Care Settings. Personal Care Tasks include those commonly provided to residents in adult care and needed for daily living such as bathing, feeding, and ambulation. In addition, ~~UAP in Adult Care Settings may be taught other tasks such as enema administration or emptying of drainage bags~~ the rules for the Licensing of Adult Care Homes (10A NCAC 13F .0903) allow UAP to provide additional Specific Personal Care Tasks, up to and including those usually delegated only to individuals listed as Nurse Aide IIs on the NCBON Registry. These Specific Personal Care Tasks require training by the RN.

UAP - Unlicensed Assistive Personnel is a general term that includes personal care aides in Adult Care Homes and nurse aides (NA I and NA II) in organized health care systems.

RN Role:

- Only an RN is legally authorized to function in a director of nursing position.
- Assessment of residents with nursing care needs, significant changes in their condition, or those with specific personal care needs as required by Adult Care Home rules.
- Development of nursing care plans for residents requiring specified nursing services nursing care or specific personal care tasks.
- Competency validation of staff performing nursing and specific personal care functions.
- Management and ongoing supervision of the delivery of nursing care activities.
- Management and supervision of nursing care activities requires on-site availability as determined by resident needs.

LPN Role:

- ~~An LPN may not function in a director of nursing position.~~
- An LPN is required to have an RN continuously available to him/her for supervision, on-site when necessary, when the LPN is involved in the delivery of nursing care.
- If an LPN is employed as a facility administrator or supervisor-in-charge in this “non-health care” setting (without the requirement for an LPN license), that LPN may perform such administrative (non-nursing) functions as the facility administrator or supervisor-in-charge role allows consistent with the rules for the Licensing of Adult Care Homes.
- As facility administrator or supervisor-in-charge, the LPN may make employment, supervisory, and disciplinary decisions regarding the personal care staff under her/his supervision consistent with agency policy.

Note: ~~If the LPN facility administrator or supervisor-in-charge is also involved in providing nursing care for residents, the LPN must comply with nursing law and rules and must have continuous RN supervision available, on-site if necessary, as determined by resident needs.~~

LPN in Licensed Role:

- An LPN may not function in a nursing administrator/director position in any practice setting.
- An LPN is required to have an RN continuously available to him/her for supervision, on-site when necessary, when the LPN is involved in the delivery, delegation, and supervision of nursing care and/or when the job description under which the LPN functions requires LPN licensure.

LPN in Unlicensed Role:

- An LPN employed as a facility administrator or supervisor-in-charge in this “non-health care” setting in an “unlicensed” role (without the requirement for an LPN license), may perform all administrative (non-nursing) functions consistent with the rules for the Licensing of Adult Care Homes. This includes making employment, supervisory, and

Origin: 11/95

Revised: 11/01; 8/07; 1/10; 12/13

Reviewed: 2/2013

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Attachment 1
disciplinary decisions regarding the personal care staff under her/his supervision consistent with agency policy.

- An LPN employed as a facility administrator or supervisor-in-charge in this “non-health care” setting in an “unlicensed” role (without the requirement for an LPN license) may delegate to, and supervise unlicensed assistive personnel (UAP) determined competent by an RN in providing the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living.
- An LPN in this “unlicensed” role, and determined competent by an RN, may also directly provide the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living
- An LPN in this “unlicensed” role of providing, delegating and supervising the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living does not require continuous RN supervision. In all other settings, the LPN requires RN supervision to perform, delegate, and provide limited supervision of nursing care and personal care activities.
- An LPN in this “unlicensed” role should not be identified in any way as an LPN when functioning in this “unlicensed” role, either by indicating LPN licensure in their signature, or on their name pin. (NOTE: It is important to recognize that even if not functioning in an LPN role and not identifying oneself as an LPN, the individual remains accountable for their nursing knowledge, particularly if they retain an active LPN license.)

LPN in a Dual Licensed and Unlicensed Role:

- If an LPN is functioning in the “unlicensed” facility administrator or supervisor-in-charge role and is also involved in providing, delegating, and supervising nursing care for residents, the LPN must comply with nursing law and rules and must have continuous RN supervision available, on-site when necessary, as determined by resident needs.

The attached table provides a Comparison of the LPN Role in Organized Nursing Systems (Health Care Settings) and in Adult Care Home Settings.

UAP Role:

- UAP who have completed specified training and competency testing may provide nursing care activities, rule-specific and other personal care tasks, and administer medications to residents as allowed by Adult Care Home rules.
- **UAP** activities and tasks must be carried out and supervised consistent with the Adult Care Home rules.
- Listing on the state Medication Aide Registry maintained by the NC DHSR Adult Care Licensure Section is required for UAP administering medications in the Adult Care Home setting. (Listing on the NC DHSR Medication Aide Registry maintained by the Healthcare Personnel Registry/Center for Aide Regulation and Education Branch is not acceptable in the Adult Care setting.)

References:

G.S. 90-171.20 (7) & (8)

21 NCAC 36.0224 – Components of Practice for the Registered Nurse (RN Rules)

21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse (LPN Rules)

10A NCAC Subchapters of the Adult Care Home Rules

13F – Licensing of Homes for the Aged and Infirm

13G – Licensing of Family Care Homes

Origin: 11/95

Revised: 11/01; 8/07; 1/10; 12/13

Reviewed: 2/2013

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**COMPARISON OF THE LPN ROLE IN
ORGANIZED NURSING SYSTEMS
AND ADULT CARE SETTINGS**

FUNCTION	NURSING CARE SYSTEMS UNDER NURSING DIRECTION <u>21 NCAC Chapter 36 – Nursing Rules</u>	ADULT CARE SETTINGS <u>10A NCAC Subchapters</u> <u>13F – Licensing of Homes for the Aged and Infirm</u> <u>13G – Licensing of Family Care Homes</u>
Care Planning	<ul style="list-style-type: none"> Nursing, multidisciplinary, and/or health care focused plan of care is developed by the RN with participation by the LPN. 	<ul style="list-style-type: none"> Resident Care Plan developed by person designated by the administrator. At a minimum the RN must assess residents with significant changes, or rule-specified personal care needs, or health care needs, and assess quarterly thereafter.
Delegation	<ul style="list-style-type: none"> LPN may delegate nursing care to UAP who have been determined competent by an RN. Under RN supervision, UAP must complete an NAI training and competency evaluation program and be listed on the Division of Health Service Regulation NAI Registry. They may additionally complete an NAI training and competency program and be listed as an NAI on the NC Board of Nursing Registry. 	<ul style="list-style-type: none"> In order to perform personal care tasks as specified in Adult Care Rules or nursing care activities such as enemas and colostomy care, UAP must meet minimum training of 80 hours including competency - evaluation by an RN. As the supervisor-in-charge, the LPN may delegate these specific nursing activities. LPN in an “unlicensed” supervisor-in-charge role (without the requirement for an LPN license) may delegate the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living to UAP determined competent by an RN. An LPN in this “unlicensed” role does not require continuous RN supervision. LPN may <u>not</u> function in a nursing administrator/director position in any practice setting. LPN is required to have an RN continuously available to him/her for supervision, on-site when necessary, when the LPN is involved in the delivery or delegation of nursing care and/or when the job description under which the LPN functions requires LPN licensure. <p>If an LPN is in the “dual role “ of facility administrator or supervisor-in-charge and is also involved in providing and/or delegating nursing care for residents, the LPN must comply with nursing law and rules and must have continuous RN supervision available, on-site when necessary, as determined by resident needs.</p>
Supervision	<ul style="list-style-type: none"> RN manages the delivery of care and provides on-going supervision of the LPN and UAP. 	<ul style="list-style-type: none"> LPN in an “unlicensed” supervisor-in-charge role (without the requirement for an

Origin: 11/95

Revised: 11/01; 8/07; 1/10; 12/13

Reviewed: 2/2013

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Attachment I	<p>Supervision by LPN is limited to assuring that tasks have been completed as assigned or delegated and according to established standards of practice and <u>does not include management of the delivery of nursing care.</u></p>	<p>LPN license) may supervise UAP determined competent by an RN in providing the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living. If also performing these personal care tasks for residents, the LPN must be validated competent by an RN.</p> <ul style="list-style-type: none"> • LPN in an “unlicensed” role does not require continuous RN supervision. • LPN in an “unlicensed” role may provide administrative supervision to UAP. Such supervision may include hiring, disciplinary actions, and job performance evaluation of both non-clinical and personal care tasks, but performance evaluation of clinical nursing care activities must be done by an RN. • LPN may supervise in the “licensed” role may provide limited supervision of UAP (as delineated in nursing law and rules) in the delivery of specific nursing care activities only when there is the <u>continuous availability</u>, on site when necessary, of the RN who provides supervision to the LPN. • LPN in the “dual role “ of facility administrator or supervisor-in-charge <u>and</u> also involved in providing limited supervision of UAP (as delineated in nursing law and rules) in the delivery of nursing care for residents, must have continuous RN supervision available, on-site when necessary, as determined by resident needs. <p>Performance evaluation of clinical nursing care activities by LPN in the “licensed” or “dual” role and of UAP nursing care activities must be done by an RN.</p>
RN Continuous Availability	<ul style="list-style-type: none"> • RN must be continuously available to the LPN, on site if necessary. 	<p>LPN must be assigned nursing activities by the RN and be supervised by the RN, on site if necessary. This supervision may be accomplished in part by written policies and procedures for the more routine activities and tasks.</p>

Origin: 11/95

Revised: 11/01; 8/07; 1/10; 12/13

Reviewed: 2/2013

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DELEGATION: NON-NURSING FUNCTIONS
Position Statement for RN and LPN Practice

Issue:

Technical tasks which support the care of clients and do not require the professional judgment of a licensed nurse (RN or LPN) are generally considered non-nursing activities and may be delegated by the licensed nurse to unlicensed assistive personnel (UAP) as allowed by agency policy/procedures, state and federal regulations, and according to delegation principles in Nursing Law and Rules and the NCBON Decision Tree for Delegation to UAP available at www.ncbon.com. Examples of activities are:

- Laboratory functions, (~~blood glucose testing~~ capillary blood glucose analysis, phlebotomy),
- EKG procedure,
- Use of Automated External Defibrillator (AED),
- Pulse oximetry oximetry and transcutaneous CO₂ monitor,
- Handing instruments/~~x-rays~~, and
- X-ray procedures,
- Performing Audiometric screening,
- Vital signs,
- Set up and use of simple durable medical equipment (lifts, wheel chairs, etc.)

Tasks may be delegated to UAP which meet ALL of the following criteria:

- 1) Frequently recur in the daily care of a client or group of clients,
- 2) Are performed according to an established (standardized) sequence of steps,
- 3) Involve little or no modification from one client-care situation to another,
- 4) May be performed with a predictable outcome,
- 5) Do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself,
- 6) Do not endanger the health or well-being of clients, and
- 7) Are allowed by agency policy/procedures.

RN Role:

1. Teaches UAP common repetitive tasks that do not require professional judgment.
2. Validates UAP competency to safely perform activity.
3. Supervises UAP performance of delegated tasks.

LPN Role:

1. Assures that RN has validated UAP's competency in considered activities.

Origin 4/1993

Revised: 1/2002, 04/2007; 5/2009; 11/2009, 12/2013

Reviewed: 2/2013

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Attachment I

2. Observes delegated tasks assuring performance according to policies, procedures, and standards of practice.

Note: Patient-care activities that are done infrequently should not be delegated by the licensed nurse to unlicensed personnel.

References:

21 NCAC 36.0221 – License Required Rule

Origin 4/1993

Revised: 1/2002, 04/2007; 5/2009; 11/2009, 12/2013

Reviewed: 2/2013

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RN Scope of Practice - Clarification Position Statement for RN Practice

INTRODUCTION

The Nursing Practice Act, G.S. 90-171.20(7) and North Carolina Administrative Code, 21 NCAC 36.0224 (see attached RN rules) govern Registered Nurse (RN) practice in North Carolina. Reading this Position Statement and the attached RN rules together serves to clarify the RN Scope of Practice/Components of Practice for RNs, LPNs, employers, consumers, and others. Comparison with 21 NCAC 36.0225 provides distinction from LPN scope of practice.

RN Practice encompasses the full scope of nursing and includes caring for all clients in all settings. The RN scope of practice in all steps of the nursing process is independent and comprehensive. RN practice does not require assignment or supervision by a higher level health care provider.

Note: The practice of nursing is constantly evolving as new and changing technology and therapies are introduced. The North Carolina Board of Nursing defines and interprets scopes of practice for all levels of providers of nursing care. Each agency/employer is responsible for developing policies/procedures/standards of practice and ensuring competency of the nursing staff. An agency/employer, including authorized licensed health care providers, may restrict the nurse's practice but never expand the practice beyond the legal scope as defined. RN practice is not defined by specific activities or tasks but rather as a process consisting of a legally defined set of Components of Practice using the steps of the nursing process as outlined in the RN rules, 21 NCAC 36.0224.

For specific questions, the NCBON Scope of Practice Decision Tree for the RN and LPN is available at www.ncbon.com – select Practice **on the top banner** – select Position Statements – select Scope of Practice Decision Tree. NCBON Practice Consultants can also be reached for clarification at 919-782-3211.

Critical Thinking: Critical thinking is used throughout all components of the nursing process. Critical thinking is purposeful and reflective judgment in response to events, observations, experiences, and verbal or written expressions. It involves determining the meaning and significance of what is observed or expressed to determine need for action. Nurses (RNs and LPNs) use critical thinking in clinical problem-solving and decision-making processes relative to scope of practice, knowledge, competency, and experience.

ACCEPTING AN ASSIGNMENT

The first decision required by the RN is whether or not to accept the responsibilities of their position and/or assignment. The responsibilities which any registered nurse can safely accept are determined by the variables in each nursing practice setting. Paragraph (a) of the RN rules lists the variables in each practice setting which the RN must consider in making this decision. Please see Position Statement, Accepting Assignment, for additional guidance on this important topic at www.ncbon.com – select Practice **on the top banner** – select Position Statements – select Accepting Assignment.

COMPONENTS OF RN PRACTICE

ASSESSMENT, the first step of the nursing process and an essential component of nursing practice, is an ongoing process. Beginning with the initial encounter and continuing throughout the episode(s) of care,

Origin: 1/2010

Reviewed: 2-2013

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Revised 12-2013

assessment is the basis for nursing judgments, decisions, and interventions. Nursing assessment is the gathering of information about a patient's physiological/biological, psychological, sociological, and spiritual status.

Both registered nurses and licensed practical nurses assess clients. Some elements of assessment are identical for both the RN and LPN. These include:

- The collection of data for a nursing history, psychological, spiritual, and social history, and physical examination (including vital signs, head to toe and/or targeted physical assessment, and other physiological/biological data).
- Comparison of the data collected to normal values and findings.
- Ongoing determination of client status for changes in condition, positive and negative.

The RN develops impressions or inferences about the meaning of the data beyond normal vs. abnormal. The RN:

- Distinguishes between relevant and irrelevant data,
- Determines whether and where there are gaps in the data, and
- Identifies patterns of cause and effect.

The RN nursing assessment is comprehensive. The RN is responsible for extensive data collection (initial and ongoing) for individuals, families, groups, and communities that addresses anticipated changes in client conditions as well as emergent changes in a client's health status while recognizing alterations to previous client conditions. The RN is responsible for synthesizing the biological, psychological, spiritual, and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses in planning nursing interventions. The RN is responsible for evaluating the need for different interventions and the need to communicate and consult with other health team members. The RN determines the need for, extent of, and frequency of assessment based on client needs, interventions, responses, and condition. (National Council of State Boards of Nursing, Model Law and Rules, 2008)

The **registered nurse (RN)**, while considering the input of the LPN, maintains overall responsibility for both initial and ongoing nursing assessments to identify actual and potential problems and to determine nursing care needs (Nursing Practice Act G.S. 90-171.20(7) and RN rules 21 NCAC 36.0224(b).

PLANNING is the second step of the nursing process and includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment. See Paragraph (c) of the attached RN rules for the elements of the planning component. It is important to note that while the LPN may provide input in the planning process, the final responsibility for prioritizing nursing diagnoses and needs and developing the nursing plan of care rests with the RN.

IMPLEMENTATION is the third step of the nursing process. In the implementation component, the RN initiates and delivers nursing care according to an established plan. This component also includes analyzing responses to nursing interventions and assigning, delegating and supervising nursing activities of other licensed and unlicensed **assistive** personnel (UAP). See Paragraph (d) of the RN rules for additional elements of the implementation component.

The appropriate and effective RN delegation of nursing activities to UAP is an essential element in assuring safe client care. The NCBON Decision Tree for Delegation to UAP and the Position Statement on Delegation and Assignment of Nursing Activities (both available at www.ncbon.com) provide guidance for RN practice.

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EVALUATION is the fourth step of the nursing process and consists of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care. Elements of evaluation include: collecting evaluative data from relevant sources, analyzing the effectiveness of nursing interventions, and modifying the plan of care based upon ongoing data collection and problem identification related to changes in the client's condition and expected outcomes. The LPN may provide information based on their experience in the client's care, but the RN maintains final responsibility for the evaluation component.

REPORTING and RECORDING by the registered nurse are those communications required in relation to all aspects of nursing care. **Reporting** is the verbal communication of information to other persons responsible for or involved in the care of the client. **Recording** is the written or electronic documentation of information on the appropriate client record, nursing care plan or other documents. See RN rules, Paragraph (f), for more information on the required elements of reporting and recording.

COLLABORATING involves communicating and working cooperatively with individuals whose services may have a direct or indirect effect upon the client's health care. The RN may initiate, coordinate, plan and implement nursing or multidisciplinary approaches for the client's care. More detailed information on collaborating is included in Paragraph (g) of the RN rules.

TEACHING and COUNSELING clients is the responsibility of the registered nurse and includes having the responsibility for assessing the client's needs, developing the teaching plan, evaluating the effectiveness of teaching and counseling and making referrals to appropriate sources. This component is addressed in Paragraph (h) of the RN rules.

PLEASE NOTE:

SUPERVISING, TEACHING AND EVALUATING those who perform or are preparing to perform nursing functions and administering nursing programs and nursing services are unique to the practice of the RN as stated in the Nursing Practice Act [G.S. 90-171.20(4)] and Paragraphs (i) and (j) of the RN rules.

MANAGING the DELIVERY OF NURSING CARE through the on-going supervision, teaching and evaluation of nursing personnel is the responsibility of the registered nurse as specified in the legal definition of nursing referenced above in the Nursing Practice Act and includes:

- Continuous availability for direct participation in nursing care, onsite when necessary, as indicated by the client's status and by variables cited in Paragraph (a) of the RN rules;
- Assessing capabilities of personnel in relation to client status and plan of nursing care;
- Delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
- Direct observation of clients and evaluation of nursing care given.

Only the RN may validate the competency of licensed and unlicensed staff providing nursing care.

ADMINISTERING NURSING SERVICES is the responsibility of the registered nurse as specified in the legal definition of nursing referenced above in the Nursing Practice Act. Administering nursing services includes, but is not limited to the following:

- Identification, development and updating of standards, policies and procedures related to the delivery of nursing care;

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- Attachment of the identified standards, policies and procedures to promote safe and effective nursing care for clients;
- Planning for and evaluation of the nursing care delivery system;
- Management of licensed and unlicensed personnel who provide nursing care consistent with Paragraphs (a) through (i) of the RN rules and which includes
 - Staffing to promote safe and effective nursing care;
 - Defined levels of accountability and responsibility within the nursing organization;
 - A mechanism to validate qualifications, knowledge and skills of nursing personnel;
 - Provision of educational opportunities related to expected nursing performance;
 - Ensuring the implementation of a system for periodic performance evaluation.

ACCEPTING RESPONSIBILITY for self for individual nursing action, competence and behavior is a component of practice shared by LPNs and RNs. The elements within this component of practice are listed in the attached RN rules in Paragraph (j).

For a brief outline of the differences between the RN and LPN components of practice, please see the RN and LPN Scope of Practice Comparison Chart attached to this statement, following the RN rules.

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RULES DEFINING COMPONENTS OF PRACTICE FOR THE REGISTERED NURSE

Rules which further define the Nursing Practice Act have been established by the Board of Nursing. These rules are considered law and provide the parameters for the legal scope of practice for the licensed nurse; therefore, every nurse should have working knowledge of these rules in order to provide the public with safe nursing care.

21 NCAC 36 .0224 COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE

(a) The responsibilities which any registered nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

- (1) the nurse's own qualifications including:
 - (A) basic educational preparation; and
 - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the complexity and frequency of nursing care needed by a given client population;
- (3) the proximity of clients to personnel;
- (4) the qualifications and number of staff;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client, group or community.

- (1) Collection of data includes:
 - (A) obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, including:
 - (i) subjective reporting;
 - (ii) observations of appearance and behavior;
 - (iii) measurements of physical structure and physiological functions;
 - (iv) information regarding available resources; and
 - (B) verifying data collected.
- (2) Interpretation of data includes:
 - (A) analyzing the nature and inter-relationships of collected data; and
 - (B) determining the significance of data to client's health status, ability to care for self, and treatment regimen.
- (3) Formulation of a nursing diagnosis includes:
 - (A) describing actual or potential responses to health conditions. Such responses are those for which nursing care is indicated, or for which referral to medical or community resources is appropriate; and
 - (B) developing a statement of a client problem identified through interpretation of collected data.

(c) Planning nursing care activities includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment. Components of planning include:

- (1) prioritizing nursing diagnoses and needs;
- (2) setting realistic, measurable goals and outcome criteria;
- (3) initiating or participating in multidisciplinary planning;
- (4) developing a plan of care which includes determining and prioritizing nursing interventions; and
- (5) identifying resources based on necessity and availability.

(d) Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes, but is not limited to:

- (1) procuring resources;
- (2) implementing nursing interventions and medical orders consistent with 21 NCAC 36 .0221(c) and within an environment conducive to client safety;
- (3) prioritizing and performing nursing interventions;
- (4) analyzing responses to nursing interventions;
- (5) modifying nursing interventions; and
- (6) assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel consistent with Paragraphs (a) and (i) of this Rule, G.S. 90-171.20(7)d and (7)i, and 21 NCAC 36 .0401.

(e) Evaluation consists of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care. Components of evaluation include:

- (1) collecting evaluative data from relevant sources;
- (2) analyzing the effectiveness of nursing interventions; and

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(d) ~~Attachment 1~~ Modifying the plan of care based upon newly collected data, new problem identification, change in the client's status and expected outcomes.

(f) Reporting and Recording by the registered nurse are those communications required in relation to all aspects of nursing care.

(1) Reporting means the communication of information to other persons responsible for, or involved in, the care of the client. The registered nurse is accountable for:

- (A) directing the communication to the appropriate person(s) and consistent with established policies, procedures, practices and channels of communication which lend support to types of nursing services offered;
- (B) communicating within a time period which is consistent with the client's need for care;
- (C) evaluating the responses to information reported; and
- (D) determining whether further communication is indicated.

(2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:

- (A) be pertinent to the client's health care;
- (B) accurately describe all aspects of nursing care including assessment, planning, implementation and evaluation;
- (C) be completed within a time period consistent with the client's need for care;
- (D) reflect the communication of information to other persons; and
- (E) verify the proper administration and disposal of controlled substances.

(g) Collaborating involves communicating and working cooperatively with individuals whose services may have a direct or indirect effect upon the client's health care and includes:

- (1) initiating, coordinating, planning and implementing nursing or multidisciplinary approaches for the client's care;
- (2) participating in decision-making and in cooperative goal-directed efforts;
- (3) seeking and utilizing appropriate resources in the referral process; and
- (4) safeguarding confidentiality.

(h) Teaching and Counseling clients is the responsibility of the registered nurse, consistent with G.S. 90-171.20(7)g.

(1) Teaching and counseling consist of providing accurate and consistent information, demonstrations and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of:

- (A) increasing knowledge;
- (B) assisting the client to reach an optimum level of health functioning and participation in self care; and
- (C) promoting the client's ability to make informed decisions.

(2) Teaching and counseling include, but are not limited to:

- (A) assessing the client's needs, abilities and knowledge level;
- (B) adapting teaching content and methods to the identified needs, abilities of the client(s) and knowledge level;
- (C) evaluating effectiveness of teaching and counseling; and
- (D) making referrals to appropriate resources.

(i) Managing the delivery of nursing care through the on-going supervision, teaching and evaluation of nursing personnel is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing and includes, but is not limited to:

- (1) continuous availability for direct participation in nursing care, onsite when necessary, as indicated by client's status and by the variables cited in Paragraph (a) of this Rule;
- (2) assessing capabilities of personnel in relation to client status and plan of nursing care;
- (3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
- (4) accountability for nursing care given by all personnel to whom that care is assigned and delegated; and
- (5) direct observation of clients and evaluation of nursing care given.

(j) Administering nursing services is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing in G.S. 90-171.20 (7)i, and includes, but is not limited to:

- (1) identification, development and updating of standards, policies and procedures related to the delivery of nursing care;
- (2) implementation of the identified standards, policies and procedures to promote safe and effective nursing care for clients;
- (3) planning for and evaluation of the nursing care delivery system; and

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(Attachment) (A) Management of licensed and unlicensed personnel who provide nursing care consistent with Paragraphs (a) and (i) of this Rule and which includes:

- (A) appropriate allocation of human resources to promote safe and effective nursing care;
- (B) defined levels of accountability and responsibility within the nursing organization;
- (C) a mechanism to validate qualifications, knowledge and skills of nursing personnel;
- (D) provision of educational opportunities related to expected nursing performance; and
- (E) validation of the implementation of a system for periodic performance evaluation.

(k) Accepting responsibility for self for individual nursing actions, competence and behavior is the responsibility of the registered nurse, which includes:

- (1) having knowledge and understanding of the statutes and rules governing nursing;
- (2) functioning within the legal boundaries of registered nurse practice; and
- (3) respecting client rights and property, and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7); 90-171.23(b); 90-171.43(4);
Eff. January 1, 1991;
Temporary Amendment Eff. October 24, 2001;
Amended Eff. August 1, 2002.*

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RN and LPN Scope of Practice Components of Nursing Comparison Chart

By law, the scopes of practice for the registered nurse (RN) and the license practical nurse (LPN) differ. The RN functions at an independent level while the LPN functions at a dependent level. This chart provides a snapshot comparison. For more information, please refer to the NCBON's RN Scope of Practice Position Statement and the LPN Scope of Practice Position Statement available on the North Carolina Board of Nursing's website (www.ncbon.com) under Practice – Position Statements.

Components of Nursing Practice	RN Scope of Practice <i>Independent role</i>	LPN Scope of Practice <i>Dependent role</i>
Accepting an Assignment	Accepts assignments based on variables in nursing practice setting	Accepts assignment dependent on availability of RN supervision and practice setting variables
Assessment	<ul style="list-style-type: none"> • Determines assessment • Collects, verifies, and interprets data in relation to health • Formulates nursing diagnoses 	Participates in: <ul style="list-style-type: none"> • Collecting data • Recognizing relationship to diagnosis • Determining immediate need for intervention
Planning	<ul style="list-style-type: none"> • Identifies client's needs • Determines priorities of nursing diagnoses, nursing care goals, and interventions appropriate to client • Develops a plan of care 	Participates in identifying client's needs through suggestion of goals and interventions for review by RN
Implementation	<ul style="list-style-type: none"> • Implements plan of care including procuring resources • Assignment, delegation, and supervision of licensed and unlicensed personnel 	Implements established plan of care with following limitations: <ul style="list-style-type: none"> • RN supervision required • Assignment to other LPNs and delegation to UAPs • Supervision by LPN limited to assuring that tasks have been completed according to agency policies and procedures
Evaluation	<ul style="list-style-type: none"> • Evaluates both effectiveness of nursing interventions and achievement of expected outcomes • Modifies plan of care 	Participates in evaluation by identifying client's response to nursing intervention and suggesting to the RN revision to plan of care
Reporting and Recording	Reports and Records	Reports and Records
Collaborating	<ul style="list-style-type: none"> • Communicates and works cooperatively with individuals whose services may affect client's health care • Initiates, coordinates, plans, and implements nursing care of client within the multidisciplinary team 	Participates in collaboration as assigned by the RN
Teaching and Counseling	<ul style="list-style-type: none"> • Responsible to teach and counsel clients, families and groups • Identifies learning needs • Develops and evaluates teaching plans • Makes referrals to appropriate resources 	Participates in teaching and counseling of clients and families as assigned by the RN through the implementation of an established teaching plan or protocol
Managing Nursing Care	<ul style="list-style-type: none"> • Manages nursing care • Supervises, teaches, and evaluates nursing personnel 	Not within the LPN scope of practice NOTE: See limited supervisory role for LPN in the Implementation Section above.
Administering Nursing Services	Administers nursing services	Not within the LPN scope of practice
Accepting Responsibility for Self	Accepts responsibility for self	Accepts responsibility for self

NOTE: Color version of chart is available on the NCBON website at www.ncbon.com under Practice – Position Statements - COLOR - RN and LPN Scope of Practice Components of Nursing Comparison Chart.

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LPN Scope of Practice - Clarification Position Statement for LPN Practice

INTRODUCTION

The Nursing Practice Act, G.S. 90-171.20(8) and North Carolina Administrative Code, 21 NCAC 36.0225 (see attached LPN rules) govern Licensed Practical Nurse (LPN) practice in North Carolina. Reading this Position Statement and the attached LPN rules together serves to clarify the LPN Scope of Practice/Components of Practice for LPNs, RNs, employers, consumers, and others. Comparison with 21 NCAC 36.0224 provides distinction from RN scope of practice.

LPN Scope of Practice in all steps of the nursing process is limited and focused because, by law, it is a dependent and directed scope of practice. LPN practice requires assignment or delegation by and performance under the supervision, orders, or directions of a registered nurse (RN), physician, dentist, or other person authorized by State law to provide the supervision. LPNs implement health care plans developed by the RN and/or by any person authorized by State law to prescribe such a plan.

Note: The practice of nursing is constantly evolving as new and changing technology and therapies are introduced. The North Carolina Board of Nursing defines and interprets scopes of practice for all levels of providers of nursing care. Each agency/employer is responsible for developing policies/procedures/standards of practice and ensuring competency of the nursing staff. An agency/employer, including a registered nurse or physician employer, may restrict the nurse's practice but never expand the practice beyond the legal scope as defined. LPN practice is not defined by specific activities or tasks, but rather as a process consisting of a set of legally defined Components of Practice using the steps of the nursing process as outlined in the LPN rules, 21 NCAC 36.0225.

For specific questions, the NC BON Scope of Practice Decision Tree for the RN and LPN is available at www.ncbon.com – select **Nursing Practice on the top banner** – select Position Statements **and Decision Trees** – select Scope of Practice Decision Tree. NC BON Practice Consultants can also be reached for clarification at 919-782-3211.

Critical Thinking: Critical thinking is used throughout all components of the nursing process. Critical thinking is purposeful and reflective judgment in response to events, observations, experiences, and verbal or written expressions. It involves determining the meaning and significance of what is observed or expressed to determine need for action. Nurses (RNs and LPNs) use critical thinking in clinical problem-solving and decision-making processes relative to scope of practice, knowledge, competency, and experience.

Co-signature of LPN Documentation:

North Carolina nursing law and rules do not require LPN documentation to be co-signed by the RN. All nurses are responsible and accountable for their own actions and documentation. Agencies may, however, establish policies requiring RN co-signature of LPN documentation. Agency policy should define what the RN co-signature means. (For example, the co-signature might indicate “review”, “agreement”, or that every element has been checked by the RN depending upon the policy requirements.)

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ACCEPTING AN ASSIGNMENT

The first decision required by the LPN is whether or not to accept the assignment given by the registered nurse, physician or other person authorized to make the assignment. The LPN shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (j) of the attached LPN rules. Paragraph (a) of the LPN rules lists the variables in each practice setting which the LPN must consider in making this decision. Please see Position Statement, Accepting Assignment, for additional guidance on this important topic at www.ncbon.com – select Practice **on the top banner** – select Position Statements – select Accepting Assignment.

COMPONENTS OF LPN PRACTICE

ASSESSMENT, the first step of the nursing process and an essential component of nursing practice, is an ongoing process. Beginning with the initial encounter and continuing throughout the episode(s) of care, assessment is the basis for nursing judgments, decisions, and interventions. Nursing assessment is the gathering of information about a patient's physiological/biological, psychological, sociological, and spiritual status.

Both registered nurses and licensed practical nurses assess clients. Some elements of assessment are identical for both the RN and LPN. These include:

- The collection of data for a nursing history, psychological, spiritual, and social history, and physical examination (including vital signs, head to toe and/or targeted physical assessment, and other physiological/biological data);
- Comparison of the data collected to normal values and findings;
- Ongoing determination of client status for changes in condition, positive and negative.

For the LPN, nursing assessment is a focused appraisal of an individual's status and situation at hand, contributing to assessment, analysis, and development of a comprehensive plan of care by the RN. The LPN supports ongoing data collection and decides who to inform of the information and when to inform them. The LPN identifies the need for immediate assessment (beyond that specified in the plan of care) in response to current client status and condition. (National Council of State Boards of Nursing, Model Law and Rules, 2008)

The LPN participates in both initial and ongoing nursing assessments of the client's health status, including reaction to illness and treatment regimens while the RN retains overall responsibility for verifying data collected, interpreting data, and formulating nursing diagnoses.

“Participating in” means to have a part in or contribute to the elements of the nursing process.

Participation of the LPN in assessment is limited to:

- Collection of data according to structured written guidelines, policies and forms;
- Recognition of existing relationships between data gathered and the client's current health status;
- Determination of the need for immediate nursing interventions.

LPN Participation in “Initial”, “Admission”, or “Event-focused” Assessment:

These terms used by health care agencies to describe different types of assessments are not defined in nursing law and rules. The components of “initial”, “admission”, “event-focused” (e.g.,

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Assignment (full, pre-transfer, etc.), or other specifically-named assessment processes are defined by agency policy based on the laws and regulations, standards of care, accreditation standards, and reimbursement requirements applicable to specific practice settings. (For example, if federal Medicare regulations require that an RN perform the initial assessment, then the LPN cannot perform this assessment by proxy for the RN.) The LPN participates in any assessment process, if permitted by agency policy, using structured written guidelines, policies, and forms that outline the data to be obtained.

PLANNING is the second step of the nursing process. For the LPN, planning includes participation in the identification of the client's needs related to the findings of the nursing assessment. Elements of planning are listed in the attached LPN rules in Paragraph (c) and include:

- Identification of nursing interventions and goals for review by the RN;
- Participation in decision-making regarding the implementation of nursing and medical interventions utilizing assessment data;
- Participation in multidisciplinary planning by providing resource data

Therefore, the LPN provides important input in the planning process while the RN has the responsibility for developing the nursing plan of care and modifying the plan as indicated by ongoing assessment and evaluation.

IMPLEMENTATION is the third step of the nursing process and consists of delivering nursing care according to an established health care plan and as assigned by the RN or other person(s) authorized by law. Elements of implementation for the LPN are listed in the attached LPN rules in Paragraph (d)(1) and include the following:

- Procuring resources needed to implement the care plan;
- Implementing nursing interventions and medical orders consistent with nursing rules and within an environment conducive to client safety;
- Prioritizing performance of nursing interventions within assignment;
- Recognizing responses to nursing interventions;
- Modifying immediate nursing interventions based on changes in a client's status;
- Delegating specific nursing tasks as outlined in the plan of care and consistent with nursing rules.

The degree of supervision by an RN or other authorized person required for the performance of any assigned or delegated nursing activity by the LPN when implementing nursing care is determined by the variables listed in Paragraph (d)(3) of the attached LPN rules.

The LPN also participates in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified and competent to perform such activities providing certain essential criteria are met. These criteria are listed in the attached LPN rules in Paragraph (d)(2) and include:

- Assuring that competencies of personnel to whom nursing activities may be assigned or delegated have been validated by an RN;
- Continuous availability of a registered nurse for supervision;
- Participation by the LPN in on-going observations of clients and evaluation of client's responses to nursing actions;
- Accountability is maintained by the LPN for responsibilities accepted, including care provided by self and by all other personnel to whom care is assigned or delegated;
- Supervision provided by the LPN is limited to assuring that tasks have been performed as assigned or delegated and according to established standards of practice.

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Appropriate and effective LPN delegation of nursing activities to UAP is an essential element in assuring safe client care. The NCBON Decision Tree for Delegation to UAP and the Position Statement on Delegation and Assignment of Nursing Activities (both available at www.ncbon.com) provide guidance for LPN practice.

It is beyond LPN scope of practice to assign nursing responsibilities to RNs.

Please note: Managing the Delivery of Nursing Care and Administering Nursing Services are not components within LPN Scope of Practice. Supervision by LPNs is limited to the assuring that tasks have been performed as assigned or delegated and according to established standards of practice as stated in Paragraph (d)(2)(E) of the attached LPN rules.

Therefore, it is beyond LPN scope of practice to be responsible for the following activities: nursing unit management, nursing administration, performance appraisal, orientation and teaching of nursing staff, validation of competence, or nursing staff development.

Please see Position Statements describing the limited role of the LPN in supervision within environments providing care for clients with relatively stable status (such as Skilled Nursing/Long Term Care Facilities) and the LPN role in staff development at www.ncbon.com – select Practice in left side column – select Position Statements – select:

- Nurse-in-Charge
- Staff Development.

EVALUATION is the fourth step of the nursing process and consists of LPN participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care. Elements of evaluation by the LPN are listed in Paragraph (e) of the attached LPN rules and include:

- Collecting evaluative data from relevant sources according to written guidelines, policies, and forms;
- Recognizing the effectiveness of nursing interventions;
- Proposing modifications to the plan of care for review by the registered nurse or other person(s) authorized by law to prescribe such a plan.

REPORTING and RECORDING are those communications, written and verbal, required in providing the nursing care for which the LPN has been assigned responsibility. Reporting is the verbal communication of information to other persons responsible for or involved in the care of the client. Recording is the written or electronic documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must reflect the verbal communication of information to other persons, and accurately describe the nursing care provided by the LPN. Both reporting and recording must be completed within a time period consistent with the client's need for care and according to agency policies and procedures. See LPN rules, Paragraph (f), for more information on the required elements of reporting and recording.

COLLABORATING involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect on the client's health care. As assigned by the RN or other person(s) authorized by law, the LPN participates in collaborating in client care. Elements of collaboration by the LPN are listed in the attached LPN rules in Paragraph (g) and include:

- Implementing nursing or multidisciplinary approaches for the client's care;
- Seeking and utilizing appropriate resources in the referral process;
- Safeguarding confidentiality.

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TEACHING and COUNSELING of clients and their families may be implemented by the LPN utilizing an established teaching plan/protocol as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina. The LPN participates in teaching and counseling as listed in the attached LPN rules in Paragraph (h) by:

- Providing accurate and consistent information, demonstrations, and guidance to clients, their families or significant others regarding the client's health status and health care in order to
 - increase knowledge
 - assist the client to reach an optimum level of health functioning and participation in self care
 - promote the client's ability to make informed decisions;
- Collecting evaluative data and reporting this to the RN or other authorized person.

Teaching nursing activities to health care personnel is beyond the scope of practice of the LPN.

ACCEPTING RESPONSIBILITY for self for individual nursing action, competence and behavior is a component of practice shared by LPNs and RNs. The elements within this component of practice are listed in the attached LPN rules in Paragraph (j).

Attached to this statement, following the LPN rules, is a Snapshot Comparison of RN and LPN Scopes of Practice.

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RULES DEFINING COMPONENTS OF PRACTICE FOR THE LICENSED PRACTICAL NURSE

Rules which further define the Nursing Practice Act have been established by the Board of Nursing. These rules are considered law and provide the parameters for the legal scope of practice for the licensed nurse; therefore, every nurse should have working knowledge of these rules in order to provide the public with safe nursing care.

21 NCAC 36 .0225 COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE

(a) The licensed practical nurse shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (i) of this Rule, which the licensee can safely perform. That acceptance shall be based upon the variables in each practice setting which include:

- (1) the nurse's own qualifications in relation to client need and plan of nursing care, including:
 - (A) basic educational preparation; and
 - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the degree of supervision by the registered nurse consistent with Paragraph (d)(3) of this Rule;
- (3) the stability of each client's clinical condition;
- (4) the complexity and frequency of nursing care needed by each client or client group;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of participation in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

- (1) collection of data consists of obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, according to structured written guidelines, policies and forms, and includes:
 - (A) subjective reporting;
 - (B) observations of appearance and behavior;
 - (C) measurements of physical structure and physiologic function; and
 - (D) information regarding available resources.
- (2) interpretation of data is limited to:
 - (A) participation in the analysis of collected data by recognizing existing relationships between data gathered and a client's health status and treatment regimen; and
 - (B) determining a client's need for immediate nursing interventions based upon data gathered regarding the client's health status, ability to care for self, and treatment regimen consistent with Paragraph (a)(6) of this Rule.

(c) Planning nursing care activities includes participation in the identification of client's needs related to the findings of the nursing assessment. Components of planning include:

- (1) participation in making decisions regarding implementation of nursing intervention and medical orders and plan of care through the utilization of assessment data;
- (2) participation in multidisciplinary planning by providing resource data; and
- (3) identification of nursing interventions and goals for review by the registered nurse.

(d) Implementation of nursing activities consists of delivering nursing care according to an established health care plan and as assigned by the registered nurse or other person(s) authorized by law as specified in G.S. 90-171.20 (8)(c).

- (1) Nursing activities and responsibilities which may be assigned to the licensed practical nurse include:
 - (A) procuring resources;
 - (B) implementing nursing interventions and medical orders consistent with Paragraph (b) of this Rule and Paragraph (c) of 21 NCAC 36 .0221 and within an environment conducive to client safety;
 - (C) prioritizing and performing nursing interventions;
 - (D) recognizing responses to nursing interventions;

Origin: 1/2010

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- Attachment I (E) modifying immediate nursing interventions based on changes in a client's status; and
- (F) delegating specific nursing tasks as outlined in the plan of care and consistent with Paragraph (d)(2) of this Rule, and 21 NCAC 36 .0401.
- (2) The licensed practical nurse may participate, consistent with 21 NCAC 36 .0224(d)(6), in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified and competent to perform such activities and providing all of the following criteria are met:
- (A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
- (B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36 .0224(i) and Paragraph (d)(3) of this Rule;
- (C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
- (D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
- (E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice.
- (3) The degree of supervision required for the performance of any assigned or delegated nursing activity by the licensed practical nurse when implementing nursing care is determined by variables which include, but are not limited to:
- (A) educational preparation of the licensed practical nurse, including both the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;
- (B) stability of the client's clinical condition, which involves both the predictability and rate of change. When a client's condition is one in which change is highly predictable and would be expected to occur over a period of days or weeks rather than minutes or hours, the licensed practical nurse participates in care with minimal supervision. When the client's condition is unpredictable or unstable, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) authorized by law to provide such supervision;
- (C) complexity of the nursing task which is determined by depth of scientific body of knowledge upon which the action is based and by the task's potential threat to the client's well-being. When a task is complex, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) authorized by law to provide such supervision;
- (D) the complexity and frequency of nursing care needed by a given client population;
- (E) the proximity of clients to personnel;
- (F) the qualifications and number of staff;
- (G) the accessible resources; and
- (H) established policies, procedures, practices and channels of communication which lend support to the types of nursing services offered.
- (e) Evaluation, a component of implementing the health care plan, consists of participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care. Components of evaluation by the licensed practical nurse include:
- (1) collecting evaluative data from relevant sources according to written guidelines, policies and forms;
- (2) recognizing the effectiveness of nursing interventions; and
- (3) proposing modifications to the plan of care for review by the registered nurse or other person(s) authorized by law to prescribe such a plan.
- (f) Reporting and recording are those communications required in relation to the aspects of nursing care for which the licensed practical nurse has been assigned responsibility.

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- Attachment 1** Reporting means the communication of information to other persons responsible for or involved in the care of the client. The licensed practical nurse is accountable for:
- (A) directing the communication to the appropriate person(s) and consistent with established policies, procedures, practices and channels of communication which lend support to types of nursing services offered;
 - (B) communicating within a time period which is consistent with the client's need for care;
 - (C) evaluating the nature of responses to information reported; and
 - (D) determining whether further communication is indicated.
- (2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:
- (A) be pertinent to the client's health care including client's response to care provided;
 - (B) accurately describe all aspects of nursing care provided by the licensed practical nurse;
 - (C) be completed within a time period consistent with the client's need for care;
 - (D) reflect the communication of information to other persons; and
 - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect upon the client's health care. As delegated by the registered nurse or other person(s) authorized by law, the licensed practical nurse's role in collaborating in client care includes:
- (1) participating in planning and implementing nursing or multidisciplinary approaches for the client's care;
 - (2) seeking and utilizing appropriate resources in the referral process; and
 - (3) safeguarding confidentiality.
- (h) "Participating in the teaching and counseling" of clients as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina is the responsibility of the licensed practical nurse. Participation includes:
- (1) providing accurate and consistent information, demonstrations, and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of:
 - (A) increasing knowledge;
 - (B) assisting the client to reach an optimum level of health functioning and participation in self care; and
 - (C) promoting the client's ability to make informed decisions.
 - (2) collecting evaluative data consistent with Paragraph (e) of this Rule.
- (i) Accepting responsibility for self for individual nursing actions, competence and behavior which includes:
- (1) having knowledge and understanding of the statutes and rules governing nursing;
 - (2) functioning within the legal boundaries of licensed practical nurse practice; and
 - (3) respecting client rights and property, and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7),(8); 90-171.23(b); 90-171.43(4);
Eff. January 1, 1991;
Amended Eff. January 1, 1996;
Temporary Amendment Eff. October 24, 2001;
Amended Eff. August 1, 2002.*

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RN and LPN Scope of Practice Components of Nursing Comparison Chart

By law, the scopes of practice for the registered nurse (RN) and the license practical nurse (LPN) differ. The RN functions at an independent level while the LPN functions at a dependent level. This chart provides a snapshot comparison. For more information, please refer to the NCBON's RN Scope of Practice Position Statement and the LPN Scope of Practice Position Statement available on the North Carolina Board of Nursing's website (www.ncbon.com) under Practice – Position Statements.

Components of Nursing Practice	RN Scope of Practice <i>Independent role</i>	LPN Scope of Practice <i>Dependent role</i>
Accepting an Assignment	Accepts assignments based on variables in nursing practice setting	Accepts assignment dependent on availability of RN supervision and practice setting variables
Assessment	<ul style="list-style-type: none"> Determines assessment Collects, verifies, and interprets data in relation to health Formulates nursing diagnoses 	Participates in: <ul style="list-style-type: none"> Collecting data Recognizing relationship to diagnosis Determining immediate need for intervention
Planning	<ul style="list-style-type: none"> Identifies client's needs Determines priorities of nursing diagnoses, nursing care goals, and interventions appropriate to client Develops a plan of care 	Participates in identifying client's needs through suggestion of goals and interventions for review by RN
Implementation	<ul style="list-style-type: none"> Implements plan of care including procuring resources Assignment, delegation, and supervision of licensed and unlicensed personnel 	Implements established plan of care with following limitations: <ul style="list-style-type: none"> RN supervision required Assignment to other LPNs and delegation to UAPs Supervision by LPN limited to assuring that tasks have been completed according to agency policies and procedures
Evaluation	<ul style="list-style-type: none"> Evaluates both effectiveness of nursing interventions and achievement of expected outcomes Modifies plan of care 	Participates in evaluation by identifying client's response to nursing intervention and suggesting to the RN revision to plan of care
Reporting and Recording	Reports and Records	Reports and Records
Collaborating	<ul style="list-style-type: none"> Communicates and works cooperatively with individuals whose services may affect client's health care Initiates, coordinates, plans, and implements nursing care of client within the multidisciplinary team 	Participates in collaboration as assigned by the RN
Teaching and Counseling	<ul style="list-style-type: none"> Responsible to teach and counsel clients, families and groups Identifies learning needs Develops and evaluates teaching plans Makes referrals to appropriate resources 	Participates in teaching and counseling of clients and families as assigned by the RN through the implementation of an established teaching plan or protocol
Managing Nursing Care	<ul style="list-style-type: none"> Manages nursing care Supervises, teaches, and evaluates nursing personnel 	Not within the LPN scope of practice NOTE: See limited supervisory role for LPN in the Implementation Section above.
Administering Nursing Services	Administers nursing services	Not within the LPN scope of practice
Accepting Responsibility for Self	Accepts responsibility for self	Accepts responsibility for self

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NOTE: Color version of chart is available on the NCBON website at www.ncbon.com under Practice – Position Statements
- COLOR - RN and LPN Scope of Practice Components of Nursing Comparison Chart.

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**IN
APPRECIATION
OF
SHIRLEY TONEY, RN, PhD**

WHEREAS, Dr. Shirley Toney, Dean Emerita and Professor Emerita of the School of Nursing at Gardner-Webb University in Boiling Springs, North Carolina graciously accepted the challenge of collaborating with Board of Nursing staff to compile the history of the North Carolina Board of Nursing; and,

WHEREAS, Dr. Shirley Toney has been an exemplary professional in all aspects of her representation of the Board of Nursing in interviews, presentations and writings; and,

WHEREAS, Dr. Shirley Toney, over a period of three (3) years, displayed tireless commitment, perseverance and integrity in researching, organizing, and writing the history of the North Carolina Board of Nursing; and,

WHEREAS, Dr. Shirley Toney prepared and submitted the final draft of the history of the North Carolina Board of Nursing to be edited; and,

NOW, THEREFORE, BE IT RESOLVED, that the members of the North Carolina Board of Nursing, meeting in regular session this 24th day of January 2014, in Raleigh, North Carolina, express their individual and collective gratitude and respect for Dr. Shirley Toney; and

BE IT FURTHER RESOLVED, that this action shall be entered into the permanent records of the North Carolina Board of Nursing that this resolution shall serve as evidence that the Board of Nursing, Members, Staff and Nursing Community hereby express their sincere appreciation to Dr. Shirley Toney.