

Licensee name: _____

AP Eligible? _____

2nd offer AP due _____

2nd offer AP made on _____

Investigative Plan – Drug Cases

Case rec'd on: _____

Attorney: _____, **date effective:** _____

Intake letter sent, date: _____ cc'd Attorney _____

Requested CSRS _____

Results: _____

Discuss with Law Enforcement? _____
Officer/Agent assigned _____

Requested ACIS Check _____

Results: _____

Interviews:

____ DON/Administrator/Manager via telephone, date(s) _____

____ Licensee, in person, date _____

____ Witnesses, via telephone, date(s) _____

____ Former Employer, via telephone, date _____

____ Complainant/Patient/Family Member, date _____

Document Request

____ Requested Info, date _____ Order, Verbal, Email

- | | | |
|-----------------------------|----------|-----------|
| Info requested:
(verbal) | 1. _____ | 2. _____ |
| | 3. _____ | 4. _____ |
| | 5. _____ | 6. _____ |
| | 7. _____ | 8. _____ |
| | 9. _____ | 10. _____ |

Date provider of information anticipates sending info _____

Licensee name: [redacted] W [redacted]

AP Eligible? NO
2nd offer AP due N/A
2nd offer AP made on N/A

Investigative Plan – Drug Cases

Case rec'd on: 3/16/2017

Attorney: NO, date effective: N/A

Intake letter sent, date: 3/17/17 cc'd Attorney _____

Requested CSRS 3/17/17
USPS & Scanned and email copy sent

Results: NO Controlled substances prescribed within 1 year
Previous history of opiate Rx

Discuss with Law Enforcement? Sent text to SBI Agent assigned to discuss criminal case
Officer/Agent assigned S.A. P. M. [redacted]

Requested ACIS Check Charges Rec'd w/ case assignment

Results: 24 Charges to include 1) obtaining C.S. by Fraud
2) Trafficking in opium/heroin

Franklin County District Attorney office: ADA [redacted]

Met w/ Franklin County S.O. Investigator and Jail Administration, SBI on 3/17/17

Interviews:

- ~~DO NOT~~ Administrator/Manager via telephone, date(s) 3/21/17
- Licensee, in person, date Telephone 3/17/17 - offer voluntary suspension w/ acknowledgment
- Witnesses, via telephone, date(s) Supervising Physician 3/22/17
- Former Employer, via telephone, date 3/22/17
- Complainant/Patient/Family Member, date _____

Document Request

Requested Info, date Board Order, Verbal, Email

- Info requested: (verbal)
- | | |
|--------------------------------|------------------------------|
| 1. <u>Franklin County S.O.</u> | 2. <u>3/22/17 emailed to</u> |
| 3. <u>report # [redacted]</u> | 4. <u>Legal Coordinator</u> |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Date provider of information anticipates sending info 4/20/2017

Investigation Progress- Licensee _____ **LPN/RN Cert#** _____

Interviews

- | | |
|--|--|
| <input type="checkbox"/> Papervision | <input type="checkbox"/> 2 nd AP/CDDP offer |
| <input type="checkbox"/> DON/Administrator/Manager | <input type="checkbox"/> CSRS Request |
| <input type="checkbox"/> Licensee | <input type="checkbox"/> P (under investigation) |
| <input type="checkbox"/> Patient/Family Member | |
| <input type="checkbox"/> Witnesses | <input type="checkbox"/> APRN(NP, CRNA, CNM, CNS) |
| <input type="checkbox"/> Former Employer | <input type="checkbox"/> Supervising Physician |
| <input type="checkbox"/> Complainant | <input type="checkbox"/> Collaborative Practice Agreement |
| | <input type="checkbox"/> Statement from APRN |

Document Request

- Requested Info
- Info received by Investigator

- Ready for Roundtable
- Need to discuss with Angie/Brian

Notes:

Investigation Progress

Name _____ Title _____ Cert # _____

Date Assigned _____ Allegation _____

Date Interviewed

_____ DON/Administrator/Manager/Supervising MD

_____ Licensee

_____ Former Employer

_____ Public Complainant

_____ Witness # 1

_____ Witness #2

_____ Witness #3

Date Tasks Completed

_____ Intake Letter Sent

_____ Certifications Verified (NP only)

_____ Board Order/Documents Requested _____ Received

_____ CSRS Requested _____ Received

_____ CBC Requested _____ Received

_____ P (Under Investigation)

_____ 2nd Offer AP or CDDP

_____ Un-P

Notes: _____

Date Closed _____ Outcome _____

Date and Time of Interview with Employer _____

Interviewed by:

Name of Licensee:

Certificate#:

Contact Information; Name, Title, Address, Phone, Email

Facility Name:

Dates of Employment: If less than 2 years, previous employment?

Employed FT or PT:

Always in this unit or specialty area?

What was licensee's position?

How long in this position?

Describe previous work performance. Any prior written disciplinary actions or concerns about practice?

Incident Date:

Any prior issues similar to this one?

How and when did you learn about the incident?

What did your investigation reveal?

What time / Shift did this happen?

Is this the usual shift for licensee?

Who was present during the incident?

How many patients was licensee assigned to care for?

Is this typical?

Usual assigned unit/department?

Do you believe licensee had good understanding of policies/standards?

Investigation Specifics:

Any prior issues with patient/family?

Pertinent orders/protocols?

Was this an isolated event or has there been a pattern of ___?

Were there any unusual events which may have contributed to the incident?

Any issues with the patient on prior shift?

Why/how do you think this happened?

When you confronted licensee what was the response? Admit or deny? What was acknowledged? Any rationale given?

Any other information, any other witnesses?

Do you think licensee would benefit from remediation? If so, what types of courses do you think would be beneficial?

Need to obtain supporting documentation.

**ATTORNEY WORK PRODUCT/PRIVILEGED COMMUNICATION
INTERNAL WORKING NOTES**

PERSONAL DATA

Name:
 Date of Birth:
 Address:
 Phone number:
 Email Address:
 Employer and/or Practice Site Information:

LICENSURE DATA

License type: Initial Licensure: Certificate#: Expires:
 NP Approval#: Initial NP Approval: Expires:
 Other states of licensure and status: None
 Other license/listings: None
 Prior NCBON Action:
 Certification Type: Certifying body: Expires:
 Education:

SUPERVISING PHYSICIAN DATA

Supervising Physician: Initial Approval:
 Expires:
 Phone #: Email address:
 Address:

SYNOPSIS OF COMPLAINT

DOCUMENT REVIEW

The following documents were reviewed: (MARs, audits, etc.)

Document title	Effective Dates	Pertinent findings

WITNESS INTERVIEW(S)

Date of interview statement	Name & Title of Witness	How interviewed? (Phone, personal, etc)	Relevant info

LICENSEE RESPONSE

An intake letter notifying the Licensee of the complaint was sent....

CONCLUSION

After review of the information provided, there is insufficient evidence of a violation of the laws and rules that govern the practice of Nurse Practitioners. The case will be closed with a NFA/AAI.

Date:	Investigator:
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Date Assigned	Last Name	First Name	RN/LPN	Cert#	Source	Employer	Order to Produce required?	Primary Allegation	Date closed	Outcome	Comments
1/4/2016	Doe	Jane	RN	123456	Employer	Awesome Care Nsg Home	Yes	Diversion	2/9/2016	NDCO AP	*Attny: John Smith, NDCO AP acc 2/26/16
1/7/2016			RN		Employer		No	Diversion	5/20/2016	LOC	
1/27/2016			LPN		Employer		Yes	Diversion	5/25/2016	NDCO - COURSES	*Attny: L A M
1/27/2016			RN		Employer		Yes	Impairment/pos screen	5/11/2016	PCO - Suspension	PCO - 2 yr PL
2/1/2016			LPN		Employer		No	Diversion	2/22/2016	Hearing (9/22/16, Susp)	File to AC for PCO CDDP on 3/4/16 - Hearing
2/10/2016			LPN		Employer		No	Diversion	6/6/2016	NDCO - COURSES	
2/10/2016			RN		Employer		No	Diversion/pos screen	3/24/2016	Hearing (8/16 PLS 1 yr)	File to AC for NDCO for IP on 3/24/16
2/11/2016			RN		2 Anon + Emp		No	Diversion	3/17/2016	PCO - 2 Yr Susp	PCO - SUSPEND - ACCEPTED 3/22/16
2/18/2016			RN		Anon + Emp		Yes	Diversion/pos screen	5/5/2016	IP	* Attny: J W NDCO IP to AC 5/5/16
2/18/2016			LPN		Employer		No	Diversion	4/27/2016	NDCO - COURSES	NDCO to AC on 4/27/16
2/29/2016			RN		Employer + self		Yes	Impairment/pos screen	4/20/2016	PCO - pls	PCO - PL-5 rec to AC 4/20/16
2/29/2016			RN		Employer		No	Diversion	7/5/2016	NFA	NFA
2/29/2016			SC RN		Employer		No	Diversion	3/22/2016	surr privilege	PCO - SUSPEND PRIV to AC
3/9/2016			LPN		Employer		No	Impairment	6/21/2016	PCO - 6 mo susp	

4/21
11 am
sent. [unclear]

A [redacted] T [redacted] RN

[redacted]

[redacted] NC [redacted]

Phone# [redacted] or [redacted]

Email?

Grad. 2002

Licensed in NC 2002

Any other states?

[redacted] Medical Center from 8/16/2002-2/15/2017

Any write-ups, counselings, etc?

What shift worked?

How many residents assigned?

2/15/17 Documented Verbal Warning – Disrespectful and insubordinate to PT/OT Coordinator on 12/17 and 12/18. Disregarded Supervisor’s directive regarding lunch break. Exhibited negative behavior while at work observed by multiple rehab staff.

Reported that Admissions Liaison overheard you delegating dressing changes to the NA II and telling her how to apply the Santyl.

- Those who have knowledge of this are:
- Admissions Liaison
- Director
- Rehab are Coordinator
- PT/OT Supervisor
- NA

NA reported that you asked her to do the dressings and she was willing to do it, but didn’t know what needed to be done. You told her to follow the directions posted in the patient’s room. She said OT was in the patient’s room finishing up and OT helped her figure out how to do the dressing. She said that you told her another NA had been doing the dressing changes on other shifts, but that NA was at lunch and not available to help. (The DON reported the wounds were unstageable).

NA reported you also asked her to do pin care on an orthopedic patients that had an external fixator on her lower extremity.

Do you believe the Nas know how to stage wounds, measure them, look for changes?

Only a Med Tech can apply medication to a wound.

Did you tell the DON that you believed an NA could perform a dressing change?

Did you document it was done? Who did you document did it? What did you document?

The DON also reported that there was no wound assessment documented for this date (1/9/17). Why is this?

Licensee documented application of Santyl to right head, hip, other and scapula in patient's record.

Also reported that on 1/4/17, you administered 2 doses of Coreg to a patient who had no medical diagnosis to support the need for it. However, the Pharmacist had entered the order in the system in error. (Not going to pursue this one)

#2: You did not start an IV to administer potassium to a patient in a timely manner. Order written on 1/4/2017 at 15:12. This nurse was on schedule until 20:12 and did not start the IV. She stated she tried twice but the IV blew both times. She did not ask for assistance or document any information related to her attempts. The delay in treatment also contributed to a delay in discharge. You also did not perform an admission assessment on the patient. Why? It was 8 hours before an assessment was done on a patient who had IV potassium ordered. This was 20 meq at 150ml/hr x 2.

Did you tell the oncoming nurse about this in report? Is there anyone who can vouch that she attempted 2x to start the IV? Why did you not document it?

2/15/17 Termination: Patient was admitted to facility from outside hospital on 1/4/2017 at 14:41.

There was no documentation of an admission assessment or shift assessment or even vital signs completed by Licensee. Nurse swiped out at 20:12 without completing this work. This was not discussed with you according to DON due to your emotional state.

What would you do differently?

Are you amenable to some online classes?

Are you working now? Where? How long? Any issues?

Interview Date and Time _____

Interview Conducted by:

Licensee Name:

Certificate #:

Confirm Contact Information: Remind them to notify Inv of any changes prior to the case resolution

Name, Title, Phone, Address and Email

How long have you been a licensed nurse?

School:

For NPs: ask about certification

Sup MD:

Practice Sites:

Are you currently or have you been licensed in any other states?

If so, any pending actions or disciplinary actions taken against license?

Any case pending or prior convictions?

Confirm DOE and position with this employer:

If less than 2 years, other current or recent places of employment: What would they say about your work?

Have you have any counseling, disciplinary actions, termination?

Any counseling for this same type of issue?

At time of incident, what was your role?

What was your assigned shift and assignment on the date of incident? How many patients?

Was this a normal shift/assignment for you? Normal shift, overtime that week or day?

First time with patient? If not, any prior issues?

What was facility policy regarding _____?

What was your understanding of the policy? Was this policy typically followed?

Anyone else present?

If denies, do you have any evidence which might support your version of the incident?

Did you realize the risk at the time you made the decision/choice to _____?

If prior counseling for similar issue, why did licensee not improve practice?

What do you believe you did that was wrong in this matter?

What would you think appropriate discipline would be for doing_____?

How do you think this could be prevented from happening again?

Additional Notes:

Patient	Medication	MD Order	Date/Time Signed out on CDAR/Med Dispense System	Doc MAR	Doc Notes	Total Amount Signed Out	Total Amount Accounted For	Amt of Discrepancy	Comment/Other Concerns
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2 versions-

Agency thinks it was the travel nurse

Lic had to take narc course

UDS done on both- negative

Floor guy wrote sentence- cant even read it or understand it

At that time, no policy to sign in meds each time they are moved; it's now changed after this

Letter of Concern rec Prof Acct, Narc course

PT

B■■■■■ B■■■■■ RN 2002 NC

Health dept reported to Randolph Hospital

She worked for the hospital since 2002

Licensee had not make visits to baby

Lic doc visit 10/4/16- what she doc doesn't jive with pt- doc about G tube (pt didn't have tube anymore),

She doc visit 10/16- she had been counseled 3x for late documentation

Caregiver reported Lic didn't visit- Lic and caregiver texted back and forth but no visit

Texts were before her note

She followed 8-10 babies

Baby with in aunt's care not the mother

They terminated her

Letter of Concern

AH

K■■■■■ Q■■■■■ RN 2014 end 2015 end PA

Previously Bayada in Penn.

E■■■■■ R■■■■■ Atty

Avante Charlotte- hired as mgr 3-11; she was recently moved to 7-3 to be watched-

She was filling in staffing, not assigned to this pt

There since Oct 2016- was suspended for bumping pt with clipboard

Another suspension- didn't complete incident report for incident

Resident said I want my tray; pt threw snack down, resident hit Lic in face

Lic is CPI certified (was at another job)

Lic grabbed the pt's arms and walked the pt backwards

Nobody saw Lic hit pt

LPN walked up and helped sit pt in chair, ST, NP and housekeeper present- they all say she kept holding pt down

NP ordered Ativan- said pt was a danger

Police were called because Lic was hit by pt

Lic said she is a victim

Lic said pt calmed down and then she gave ativan

She didn't doc- they made her leave

Other nurse gave the ativan

Leadership position

Vulnerable course

NDCO 7, 8, k,3

Comm with Cog, Managing Assaultive, Restraint the Last Resort, Update

PT repeat

PT

Q■■■■■ W■■■■■ LPN 2006 initially in Cali, end here 2015

Mooreville Center

DON reported 11/17 she was visibly impaired

2 pts said rec wrong meds

Roundtable Rationale Form

Date of Roundtable			
Investigator			
Licensee Full Name		RN or LPN	
License #		Expiration Date	
Multistate or Single State		Licensure State	
Attorney Name			
Licensee Mailing Address			
Protective Order?			

Recommended Sanction		
List as CNA I/II?		
PL Conditions 1-9 and		
Allegation(s)		
Mitigating Factor(s)		
Aggravating Factor(s)		
Primary Protocol		
Course(s) (Include website)		
Violation of NPA		
Violation of Rule(s)		
Violation of Component(s)		
Date(s) of Incident		
Date Complaint Received		
Substantiated Violation(s)		
Findings of Fact (facts to support violations cited & any acknowledgments by licensee)		

Mitigating Factors:

- Licensee inexperience/new grad/inadequate facility training
 Systems issues including staffing
 Licensee acknowledges responsibility at an early stage or self-reports error
 No prior facility action and/or positive employment history
 Longevity
 Worked in excess of 12 hours in 24/or 60 hours in 40 to meet agency needs
 No patient involvement
 Communication breakdown
 Patient/family refusal of care
 Licensee emergency

- Employer supportive
 - Client factors: combative/agitated, cognitively impaired, threatening
 - Suggestive of cultural norm
 - Policies/procedures lacking or unclear
 - Isolated incident
 - Risk to patient minimal
 - Inadvertent or unintentional
 - Interruptions/chaotic environment/emergencies
 - Documentation of remediation by the facility
 - Other
-

TOTAL ___

Aggravating Factors:

- Pattern
 - Prior written facility disciplinary action
 - Prior BON action for similar behavior within 7 years
 - Prior BON action for unrelated behavior within 7 years
 - Additional unrelated violations
 - Actions committed after deliberation; intentionally disregarded standard/policy/order
 - Personal gain or benefit for licensee
 - Attempted or actual concealment of action
 - Excessive hours worked for personal gain
 - Pending BON investigation/action of which licensee has been made aware at the time of the incident
 - Action or inaction represents high risk to client
 - Holds leadership/mentor position
 - Lack of accountability when error discovered
 - Knowingly created risk for more than one client
 - Worked in excess of 12 hours in 24/or 60 hours in 40 to meet personal needs
 - Vulnerable client: geriatric, pediatric, mentally/physically challenged, sedated
 - Especially heinous, cruel, and / or violent act
 - Other
-

TOTAL ___

Mark - January	Brandi - January	Pam - January	Ruthie - January	Sara - January
R [REDACTED]	F [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
LI [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
C [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
R [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] NP
8	5	10	11	13
Mark Anvil	Brandi Anvil	Pam Anvil	Ruthie Anvil	Sara Anvil