

**VIRGINIA BOARD OF NURSING**  
**BUSINESS MEETING**  
**Final Agenda**

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Board Room 2**  
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

**Tuesday, May 17, 2022 – Quorum of the Board**

**CALL TO ORDER:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

**ESTABLISHMENT OF A QUORUM.**

**8:30 A.M. - CONSIDERATION OF MODIFICATION OF BOARD ORDER**

**9:00 A.M. – BUSINESS MEETING**

**ANNOUNCEMENT**

**Staff Update:**

Board of Nursing Employee State Award Recipients

- Monica DeJesus – 15 years
- Latedra Fulton – 20 years
- Melissa Gregory – 35 years

**A. UPCOMING MEETINGS:**

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, June 15, 2022 at 9:00 am in Board Room 4.
- The Tri-Council for Nursing meeting is scheduled on June 16, 2022 in Washington, DC. Ms. Douglas will attend as the President of NCSBN BOD.
- The Education Informal Conference Committee is scheduled for Tuesday, July 6, 2022 at 9:00 am in Board Room 3.
- The NCSBN Board of Directors (BOD) is scheduled for July 12-13, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.

- **PLEASE NOTE** - The July Board Week is scheduled on Tuesday, July 19, 2022 with two panels for formal hearings, Wednesday, July 20, 2022 with two panels for formal hearings, and Thursday, July 21, 2022 with one panel for formal hearings. There will be no business meeting.
- NCSBN Annual Meeting is scheduled for August 17-19, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN Board of Directors (BOD). Board Members who are interest in attending in person please inform Ms. Douglas or Mr. Jones. There is also an option to attend virtually.

#### **REVIEW OF THE AGENDA:**

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

<b>B1</b>	March 21, 2022	Formal Hearings*
<b>B2</b>	March 22, 2022	Business Meeting*** ( <b>REVISED VERSION</b> )
<b>B3</b>	March 23, 2022	BON Officer Meeting*
<b>B4</b>	March 23, 2022	Panel A – Formal Hearings*
<b>B5</b>	March 23, 2022	Panel B – Formal Hearings*
<b>B6</b>	March 24, 2022	Formal Hearings*
<b>B7</b>	April 14, 2022	Telephone Conference Call*
<b>B8</b>	April 20, 2022	Telephone Conference Call*

**C1** Board of Nursing Monthly Tracking Log as of April 30, 2022\*\*\*

**C2** Agency Subordination Recommendation Tracking Log\*

**C3** HPMP Quarterly Report as of March 31, 2022\*

**C4** Executive Director Report – **Ms. Douglas**

**C5** NCSBN APRN Roundtable-Hybrid on April 12, 2022\*\*\*– **Dr. Hills**

**C8** The Committee of the Joint Boards of Nursing and Medicine DRAFT April 20, 2022 Formal Hearing\*  
– **Ms. Gerardo**

#### **DIALOGUE WITH DHP DIRECTOR OFFICE– Dr. Brown**

**B. DISPOSITION OF MINUTES** – None

#### **C. REPORTS**

- “International Think Tank, May 4, 2022” (**verbal report**) **Mr. Jones and Ms. Gerardo**
- NCSBN IT/Operations Conference Report(**was a C6, verbal report**) – **Ms. Willinger**
- FSMTB Massage Board Executive (MBE) Summit (**was a C7, verbal report**) – **Ms. Bargdill**
- **C9** March 29, 2022 Board of Health Professions (BHP) Meeting DRAFT Minutes\* – **Dr. Gleason**
- **C10** April 27, 2022 RMA Curriculum Committee Meeting Minutes\*\* - **Dr. Smith**  
**Attachments:** 68 Hour Registered Medication Aide Curriculum  
Medication Aide Performance Record

**D. OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- Discipline Case Management Digital Processes (**verbal report**) – **Ms. Douglas**
- **D1** Informal Conferences (IFC) Schedule for the second half of 2022\*\*\* – **Ms. Morris**
- **D2** Dates for 2023 Board Meetings and Formal Hearings\* – **Ms. Douglas**
- Volunteers needed for the Nominating Committee – **Mr. Jones**

**E. EDUCATION:**

- Education Update – **Ms. Wilmoth (verbal report)**
  - Nursing Education Program Updates
  - Nurse Aide Program Updates
  - Medication Aide Program Updates

**F. REGULATIONS/LEGISLATION– Ms. Barrett**

F1 – Chart of Regulatory Actions

F2 - Licensed Certified Midwife DRAFT Regulations

- **F2a** - The March 31, 2022 CM Workgroup Meeting APPROVED Minutes
- **F2b** - The Committee of the Joint Boards of Nursing and Medicine DRAFT April 20, 2022 Business Minutes

F3 - Initiation of Periodic Review, Chapter 19 and 21

F4 - Consideration of Guidance Document (GD)\*\*\*

- **GD 90-10** Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

**10:00 A.M. – PUBLIC COMMENT**

**12:00 P.M. – LUNCH**

**2:30 P.M. – E1** May 3, 2022 Education Informal Conference Committee DRAFT minutes\*\*\*

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**

1	Mehrin Redjaeian, RN*	2	Sabrina Deaton, CNA*
3	Stacey Lynn Roux, LPN*	4	Jessie Deel, CNA*
5	Megan E. Nash, RN*	6	Shannon Autumn Gunter, LPN*
7	Rebecca Anne Tolbert, LPN*	8	Melissa G. Johnson, RN*
9	Allen Crosby, III, RMA*	10	Allen Crosby, III, CNA*
11	Megan White, LPN*	12	Steva Hairston, LPN*
13	Priscilla McLeond, LPN*	14	Jessica Erin St. Mary, RN*
15	Lisa Kay Goddin Dover, LPN*	16	Amber Edenfield Breeden, LPN*
17	Candie Leeann Blankenship, LPN*	18	Petra Taft, LPN*
19	Stephanie Lee Shumaker, RN*	20	Katelyn Holcomb, RN*

21	Cynthia Lvonne Hurst Justus, LPN*	22	Cassidy Marie Rovertson Mounce, RN*
23	Brandy Nicole Morgan, LPN*	24	Chaleasa Leigh Jones, RMA*
25	Leon Liverman, CNA*	26	Angel Pruitt, CNA*
27	Angelia Lee Lantz Ludwig, CNA*	28	Lakenya L. Brown, CNA*
29	Colleen M. Leary, RN**		

**CONSIDERATION OF CONSENT ORDERS**

- G1 – Kelly Presley Vargas, RN\*
- G2 – Melinda Ennis, RMA
- G3 – Lavon Cash, LPN
- G4 – Yingyu Xuan, LMT

**ADJOURNMENT OF BUSINESS AGENDA**

**BOARD MEMBER DEVELOPMENT**

- Board Member Expectations – Mr. Jones
  - ❖ Virginia Board of Nursing Expectations of Board Member Document\*\*

**MEETING DEBRIEF**

- ❖ What went well
- ❖ What need improvement

**DISCIPLINARY COMMITTEE MEETING – Board Room 4**

Committee Members:

James Hermansen-Parker, MSN, RN, PCCN-K  
 Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
 Cynthia Swineford, RN, MSN, CNE

- ❖ This will be brief meeting to set future Agendas

(\* mailed 4/27) (\*\* mailed 5/5) (\*\*\*)mailed 5/10)

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**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
March 21, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M., on March 21, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President  
Margaret Friedenberg, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
Dixie L. McElfresh, LPN  
Mark D. Monson, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

**STAFF PRESENT:** Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director- **joined at 12:47 P.M.**  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
Julia Bennett, Deputy Director, Administrative Proceedings Division  
Jay Schmitz, Board of Nursing Discipline Staff

**ESTABLISHMENT OF A PANEL:** With six members of the Board present, a panel was established.

**FORMAL HEARING:** **Cristy Lynn Throneberry, RN** **0001-248835**  
  
Ms. Throneberry appeared and was accompanied by Karen Pierce.  
  
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

**CLOSED MEETING:** Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:42 A.M., for the purpose of deliberation to reach a decision in the matter of **Cristy Lynn Throneberry, RN**. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Morris, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:10 A.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing approve the application of **Cristy Lynn Throneberry** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia and indefinitely suspend her license with the suspension stayed contingent upon entry into and compliance with the Virginia Health Practitioners' Monitoring Program (HPMP) and within six months of active practice provide proof of completion of Board approved refresher course. The motion was seconded by Mr. Monson and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Alex S. Caulker, CNA** **1401-031980**

Mr. Caulker did not appear.

Lori Pound, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the board. Andrea Pegram, court reporter, recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:33 A.M., for the purpose of deliberation to reach a decision in the matter **Alex S. Caulker, CNA**. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Morris Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:40 A.M.

Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing deny the application of **Alex S. Caulker** for reinstatement of his nurse aide certificate to practice in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenbergl and carried unanimously.

RECESS: The Board recessed at 11:41 A.M.

Ms. Morris left the meeting at 11:41 A.M.

RECONVENTION: The Board reconvened at 12:47 P.M.

Ms. Douglas joined the meeting at 12:47 P.M.

**Alex S. Caulker, CNA**

**1401-031980**

Mr. Caulker arrived at 12:47 P.M.

Mr. Monson moved to rescind the prior decision made at 11:40 A.M. The motion was seconded and carried unanimously.

Mr. Caulker testified on his own behalf.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:22 P.M., for the purpose of deliberation to reach a decision in the matter **Alex S. Caulker, CNA**. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:35 P.M.

Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Gerardo and carried unanimously.

**ACTION:**

Mr. Monson moved that the Board of Nursing deny the application of **Alex S. Caulker** for reinstatement of his nurse aide certificate to practice in the Commonwealth of Virginia. The motion was seconded by Ms. Gerardo and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**FORMAL HEARING:**

**Kurtistine Bechelle Hathaway, LPN**

**0002-080762**

Ms. Hathaway appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Ra Minor, former Senior Investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:**

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:23 P.M., for the purpose of deliberation to reach a decision in the matter of **Kurtistine Bechelle Hathaway**. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 4:05 P.M.

Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Gerardo and carried unanimously.



ACTION:

Mr. Monson moved that the Board of Nursing approve the application of **Kurtistine Bechelle Hathaway** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia, indefinitely suspend her license with the suspension stayed contingent upon entry into and compliance with Virginia Health Practitioners' Monitoring Program, and (HPMP) provide evidence of completion of Board-approved refresher course prior to practice. The motion was seconded by Ms. Gerardo and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING:

**Danielle Marguerite Williams, LPN**                      **Georgia License # 92726**  
With Multistate Privilege

Ms. Williams did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Maria Josen, Senior Investigator, Enforcement Division, and Katrina Williams, RN, Supervisor, Chesapeake Heath & Rehab, were present and testified. Latoya Downing, CNA, Chesapeake Health & Rehab, testified by telephone.

CLOSED MEETING:

Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:49 P.M., for the purpose of deliberation to reach a decision in the matter **Danielle Marguerite Williams**. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 5:17 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Gerardo and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend the privilege of **Danielle Marguerite Williams** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Gerardo and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 5:18 P.M.

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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING  
BUSINESS MEETING MINUTES  
March 22, 2022**

- TIME AND PLACE:** The meeting of the Board of Nursing was called to order at 9:00 A.M. on March 22, 2022, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- PRESIDING:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
- BOARD MEMBERS PRESENT:**  
Cynthia M. Swineford, RN, MSN, CNE; First Vice-President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Teri Crawford Brown, RNC, MSN  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette L. Dorsey, DNP, RN – **joined at 9:14 A.M.**  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark D. Monson, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
- MEMBERS ABSENT:** Meenakshi Shah, BA, RN
- STAFF PRESENT:**  
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Jacquelyn Wilmoth; Deputy Executive Director for Education  
Stephanie Willinger; Deputy Executive Director for Licensing  
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager  
Randall Mangrum, DNP, RN; Nursing Education Program Manager  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Huong Vu, Operations Manager
- OTHERS PRESENT:**  
Charis Mitchell, Assistant Attorney General, Board Counsel  
David Brown, DO, DHP Director  
Elaine Yeatts, DHP Policy Analyst  
Erin Barrett, JD, DHP Policy Analyst
- IN THE AUDIENCE:**  
Kassie Schroth, McGuire Woods Consulting  
Ben Traynham, Hancock, Daniel & Johnson, PC  
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)  
Kimberly Glazier; Nurse Aide Program Inspector, Board Staff  
Adisa Vehab, Licensing Specialist Exam, Board Staff
- ESTABLISHMENT OF A QUORUM:**  
Mr. Jones asked Board Members and Staff to introduce themselves. With 11 members present, a quorum was established.

ANNOUNCEMENTS: Mr. Jones acknowledged the following:

**Staff Update**

- **Kalela Braxton** accepted the Customer Care Specialist (BON Call Center) position and started on January 25, 2022.
- **Jay Schmitz** accepted the P-14 Discipline position and started on January 31, 2022.
- **Sierra Cummings** accepted the CNA Discipline Specialist position and started on February 10, 2022.
- **Adisa Vehab** accepted the Licensing Specialist Exam position and started on February 28, 2022.
- **Kimberly Glazier** accepted the Nurse Aide Program Inspector position and started on March 14, 2022.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The NCSBN Inaugural ICRS Advanced Leadership Institute on April 5-7, 2022 in Washington, DC. Ms. Douglas will attend as the President of NCSBN Board of Directors (BOD).
- The NCSBN APRN Roundtable-Hybrid is scheduled for April 12, 2022 in Rosemont, IL.
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, April 20, 2022 at 9:00 am in Board Room 2.
- The Education Informal Conference Committee is scheduled for Tuesday, May 3, 2022 at 9:00 am in Board Room 3.
- The NCSBN Board of Directors (BOD) is scheduled for May 10-12, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD

ORDERING OF AGENDA: Mr. Jones stated that the July board week has been added to the Agenda under Other Matters.

Mr. Jones asked staff if there are additional updates to the Agenda.

Ms. Morris noted the following:

- ❖ Two additional Consent Orders
  - Cynthia Hearman Nash, RN, Reinstatement Applicant
  - Adewumi Adesina, RN
- ❖ Ashley Vest, CNA will address the Board regarding her Agency Subordinate Recommendation #2

As there are no possible summary suspensions to consider, Ms. Douglas advised Board Counsel will provide impromptu training to Board Members at 3pm.

CONSENT AGENDA: The Board did not remove any items from the consent agenda.

Mr. Monson moved to accept the items on consent agenda listed below as presented. The motion was seconded by Dr. Smith and carried unanimously.

**Consent Agenda**

<b>B1</b> January 24, 2022	Formal Hearings
<b>B2</b> January 25, 2022	Business Meeting
<b>B3</b> January 26, 2022	BON Officer Meeting
<b>B4</b> January 26, 2022	Panel A – Formal Hearings
<b>B5</b> January 26, 2022	Panel B – Formal Hearings
<b>B6</b> January 27, 2022	Formal Hearing
<b>B7</b> February 10, 2022	Telephone Conference Call
<b>B8</b> February 22, 2022	Telephone Conference Call
<b>B9</b> February 28, 2022	Formal Hearing
<b>B10</b> March 10, 2022	Telephone Conference Call

**C1** Board of Nursing Monthly Tracking Log as of February 28, 2022

**C2** Agency Subordination Recommendation Tracking Log

**C4** The Committee of the Joint Boards of Nursing and Medicine DRAFT February 16, 2022 Business Minutes – **Ms. Gerardo**

**C5** The Committee of the Joint Boards of Nursing and Medicine DRAFT February 16, 2022 Informal Conferences – **Ms. Gerardo**

**C12** – Report from NCLEX Item Review Subcommittee (NIRSC) meetings from February 1-3 and March 8-10, 2022 - **Mr. Jones**

DIALOGUE WITH DHP  
DIRECTOR OFFICE:

Dr. Brown reported the following:

- Dr. Allison-Bryan has retired from DHP.
- COVID update – numbers are improving. The CDC came up with a new method which measures community infection rate to include hospitalization (Chesterfield and Henrico counties are now at low levels). The newest variant is Deltacron which is not aggressive.
- New normal at DHP – staff will return to the building starting April 4 with the option of working remotely up to three days a week. The new Administration has not provided any guidance yet.
- New Security – RMC Events is a new security team for the building and visitors will be screened soon
- Conference Center update – supply chain issues have slowed down obtaining audio equipment

- New Administration transition continues with many Deputy positions to be filled

Mr. Jones thanked Dr. Brown for the information.

DISPOSITION OF  
MINUTES:

None

REPORTS:

**C3 Executive Director Report**

Dr. Dorsey joined the meeting at 9:14 A.M.

Ms. Douglas reported the following:

- There is widespread concern regarding fraudulent activity with some out of state nursing education programs and licensing applications which is under investigation by multiple jurisdictions.
- Vaccine mandates for license providers are in place in other jurisdictions resulting in public comment. Not an issue in Virginia.
- Virginia received last Fall a FOIA request from the National Public Radio (NPR) regarding licensure data including date the application submitted and the date the application was completed, which are not open to public disclosure. This request went to all US jurisdictions. The Virginia Board did provide records that included anonymized data that did not specify the application type (whether by exam or by endorsement). NPR followed up recently stating that the records provided last Fall indicated that Board processes 99% of initial applications within 30 days of being marked complete. However, several nurses described to NPR various levels of difficulty getting their application marked as complete. The Board was unable to provide specifics regarding when individual applications are complete. Application dates and license issued dates were provided. NPR made some erroneous assumptions based on this data. This subject is difficult to assess on a national level because each Board of Nursing has different data bases and levels of ability to retrieve and disclose certain data points.
- Opioid Regulatory Collaborative (ORC) – this was the first meeting established of the regulatory boards that license U.S. physicians, physician assistants, nurses and dentists in an effort to bring new resources and strategies to the nation’s opioid epidemic. Composed of leaders from the American Association of Dental Boards (AADB), the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN). The Collaborative aims to reduce opioid substance use disorder among the public

as well as health care practitioners. Discussion included trends, developments and strategies in the nation's effort to address this public health crisis. Recommendations from presenters included educating board members on the misuses, considering continuing education on prescribing and addiction requirements, and connecting non-fatal patients with services. The agenda also included a discussion regarding the use of Medication Assisted Treatment and the varying approaches by Alternative Programs such as HPMP.

- The Nurse Licensure Compact (NLC) meeting – it was the first hybrid meeting. 39 states are currently members of the compact. Alaska, not part of any other compact, is working on legislation for nursing compact. In Minnesota, with the effective coalition, nursing compact bill was passed. NLC was included in the budget bill in New York. Utah passed the Advanced Practiced Registered Nurse (APRN) Compact. Maryland currently has active bill for APRN Compact.
- The NCSBN Executive Officer and President Leadership Forum focused on the relationship between board presidents and board executive officers engaging in exercises around the future of nursing regulation and NCSBN's future work. Future area of work proposal included licensure process reform (how NCSBN can support boards and how data can be stored), workforce modeling and data exchange (how can data be used to demonstrate value of nursing), governance review and modernization, and support worker regulatory model which focus on how those occupations being a pathway to licensure.

Ms. Buchwald asked why 11 states opposed to APRN Compact. Ms. Douglas replied that there are multiple reasons specific to each state however some reasons are related to unionization, professional association push back and concern about a clinical practice hour requirement.

Mr. Monson asked if there anything the board can do in regard to opioid crisis. Ms. Douglas replied that more knowledgeable about alternative programs and training such as Medication Administration Training (MAT). Ms. Douglas added that the board might consider collaboration with Virginia Nurses Association (VNA) regarding getting the word out about available courses for licensees.

Dr. Brown added that he anticipates that after the Federal provides guidelines, DHP will review regulations to see if updates are needed.

Dr. Brown left the meeting at 9:46 A.M.

**C6 Board of Nursing Criminal Background Check (CBC) Report for CY2021**

Ms. Willinger reviewed the report as provided in the agenda noting that all reports are received electronically.

Ms. Willinger stated that the CBC Unit conducts CBCs for Physical Therapy (PT) and Pharmacy Boards currently and will soon do so for Occupational Therapy.

The review of Guidance Document 90-10 has been delegated to staff trending toward less punitive actions.

**C7 Board of Nursing Licensure and Discipline Statistics for CY2021**

Ms. Douglas thanked Ms. Vu for the report which she inherited from Ms. Tiller who retired in February 2022. Ms. Douglas then reviewed the report as provided in the agenda noting that there were fewer informal conferences compared to previous years but the number of formal hearings remained consistent. Family NP and Psych Mental Health NP categories continue to have the highest number of NPs.

Mr. Monson asked for the number of applications denied and why. Ms. Douglas replied that the only true denials are post-proceeding denials, but ineligibility and applications being incomplete are contributing factors.

**PUBLIC COMMENT:**

There was no public comment received in person.

Ms. Douglas noted that the Board received written comment from Judy Hackler, Executive Director for the Virginia Assisted Living Association (VALA)

**REPORTS (cont.):**

**C8 2021 NNAAP Pass Rates Memorandum**

Ms. Wilmoth reviewed the report as provided in the agenda.

**C9 2021 PSI Pass Rates (Medication Aide) Memorandum**

Ms. Wilmoth reviewed the report as provided in the agenda and thanked Ms. Christine Smith for the report.

**C10 2021 NCLEX Pass Rates Memorandum**

Ms. Wilmoth reviewed the report as provided in the agenda and thanked Dr. Mangrum for the report. Practical nursing pass rates trend below and RN pass rates trend higher than the national averages.

**C11 Initial Faculty Exceptions Approval in 2021**

Dr. Mangrum contributed to the report as provided in the agenda.



RECESS: The Board recessed at 10:21 A.M.

RECONVENTION: The Board reconvened at 10:35 A.M.

LEGISLATION/  
REGULATION: Ms. Yeatts reported the following:

**F1 Chart of Regulatory Actions**

Ms. Yeatts provided an overview of the regulatory actions found in the chart noting the new profession of Certified Midwife (CM) which was passed by the 2021 General Assembly.

Ms. Barrett commented that the CM Workgroup will meet on March 31, 2022 to draft regulations to include criteria for licensure and practice requirements as a certified midwife.

Ms. Barrett added that the draft regulations will be considered by the Committee of the Joint Boards of Nursing and Medicine on April 20, by the Board of Nursing on May 17, and by the Board of Medicine on June 16, 2022.

**F2 Report of the 2022 General Assembly (GA)**

Ms. Yeatts reviewed the reported as provided in the agenda. Of particular note:

- **HB1245 (Nurse practitioners; practice without a practice agreement, repeals sunset provision)** is on the agenda for continued consideration during the special session called by the Governor.
- **SB 169** LPNs will be permitted to pronounce death in certain circumstances (i.e. hospice)
- **SB 414** Ratio of MDs permitted to serve as a patient care team physician to Psych-Mental Health NPs was increased from 1:6 to 1:10

**F3 Nurse Aide Education Programs Petition for Rulemaking and Proposal Governing Nurse Aide Education Programs by Fast-Track Action**

Ms. Barrett reviewed the petition for rulemaking by Gary Bahena, comments received regarding the petition, and legislator letters involving the same issue.

Ms. Barrett noted that the Nurse Aide Education Special Conference Committee reviewed the petition and recommends initiating a fast-track regulatory action in response to Mr. Bahena's first and second requests for rulemaking and to take no action on Mr. Bahena's third request for rulemaking.

Mr. Hermansen-Parker moved to accept the recommendation of the Nurse Aide Education Special Conference Committee regarding Mr. Bahena's petition for rulemaking. The motion was seconded by Ms. McElfresh and carried unanimously.

The recommendation of the Nurse Aide Education Special Conference Committee to implement a Fast-Track regulatory action to do the following:

- 1) Amend 18VAC90-26-10, 90-26-20, and 90-26-50 to allow nurse aide training to occur outside of a nursing home facility focusing on geriatric care;
- 2) Amend 18VAC90-26-30 to update requirements of the program coordinator, primary instructor, and other instructional personnel to clarify roles and duties of each and to allow instructional personnel from other health professions to supplement the primary instructor;
- 3) Amend 18VAC90-26-50 to require program documentation be maintained for 2 years following each site visit; and
- 4) Amend 18VAC90-26-70 to update procedures for program closures.

Mr. Monson moved to accept the recommendation of the Nurse Aide Education Special Conference Committee to the Regulations Governing Nurse Aide Education Programs as presented and further amended as a fast-track. The motion was seconded by Ms. Gerardo and carried unanimously.

**E1 March 9, 2022 Education Informal Conference Committee minutes**

Mr. Monson moved to accept the minutes as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

The Board acknowledged Ms. Yeatts for her service at DHP.

RECESS: The Board recessed at 11:58 A.M.

RECONVENTION: The Board reconvened at 12:45 A.M.

POLICY FORUM: Healthcare Workforce Data Center (HWDC) Report – Yetty Shobo, PhD, Deputy Director

- Virginia's Licensed Nurse Practitioner Workforce: 2021\*
- Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty\*
- Virginia's Nursing Education Programs: 2020-2021 Academic Year (REVISED version)\*\*

Dr. Shobo reviewed the reports' key findings as follows:

- The Nurse Practitioner (NP) Workforce
  - Trends in Age and Gender
  - Trends in Educational Attainment

➤ Work Locations

Dr. Dorsey inquired if the number of years of experience as a nurse an NP student has prior to entering an NP program. Ms. Douglas replied that the Board does not collect those data but each NP Education Program may collect it.

Ms. Crawford Brown left the meeting at 1:18 P.M.

- Nurse Practitioners (NP) by Specialty: 2020 & 2021 Data
  - Workforce regarding Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), and Certified Nurse Practitioners (CNPs)
  - Age Distribution
  - Diversity Index
  - Current Metro Status
  - Education, Debt and Median Income
  - Unemployment and Underemployment
  - Top Establishments
  
- Virginia Nursing Education Programs
  - Program Types
  - Mean Program Length
  - Southern Association of Colleges and Schools (SACS) Accreditation
  - Percent Capacity Unfilled
  - Attrition Rate
  - Total Applicants and Total Enrolled
  - Percent of Admitted Enrolled
  - Student and Faculty Diversity
  - Total Graduates
  - Faculty Education
  - Full Time Faculty Appointment

Mr. Monson moved to accept all three reports as presented. The motion was seconded by Dr. Felisa Smith and carried unanimously.

REPORTS (cont.):

**NCSBN Executive Officer and President Leadership Forum on March 15, 2022**

Mr. Jones reported that NCSBN is reviewing the global strategic direction report and strategic nursing report to determine fit in current regulations.

**NCSBN Midyear Meeting Report**

Mr. Jones asked if any Board Members attended virtually. Ms. Swineford and Ms. Crawford Brown advised that they had attended.

Mr. Jones then reported the following:

- Remote proctoring – face recognition is on the forefront
- Strategic plan – few changes and Board Members are encouraged to review it
- Upcoming studies – (1) disciplinary process (monitoring case load, case complexity and operational efficiencies) and (2) evidence restricting NCLEX attempts

Ms. Wilmoth added that many NCSBN staff expressed their appreciation for the Virginia BON sharing Ms. Douglas with NCSBN.

Ms. Morris commented that the meeting was conducted professionally.

Ms. Douglas encouraged Board Members and staff to consider taking advanced of ICRS course offerings.

Ms. Crawford Brown re-joined the meeting at 1:36 P.M.

Mr. Monson moved to accept items C3 – C11 as presented. The motion was seconded by Ms. Buchwald and carried unanimously.

OTHER MATTERS:

**Board Counsel Update:**

Ms. Mitchell stated that there is no update, and added that the Office of the Attorney General is in the process of filling the position recently vacated by Ms. Barrett.

**Special Conference Committee (SCC) Assignments and scheduling Informal Conferences (IFC) for the second half of 2022**

Ms. Morris said that the composition of Special Conference Committees will not change and asked Board Members to provide their best availability dates.

The IFC schedule planning sheet was distributed to Board Members.

**Changes to July Board Week**

Mr. Jones stated that historically there was no business meeting during July Board Week and instead four days of formal hearings are conducted. In July 2022, the Board will conduct hearings on Tuesday (two panels), Wednesday (two panels), and Thursday (one panel). Mr. Jones asked Board Members to provide their availability to Ms. Vu.

Ms. Douglas noted the Board will consider urgent business matters, if any, on Tuesday before hearings.

EDUCATION:

**Education Update:**

Ms. Wilmoth reported the following:

### **Nursing Education Program Updates**

- ❖ 74 programs completed the 2021 NSCBN Annual Survey (down from 114 programs last year). Data will be available soon and will be shared at the May meeting
- ❖ Aggregate data from the 2020 NCSBN Annual Survey are anticipated to be distributed in June
- ❖ 2021 NCLEX results have been provided as the part of the annual report
  - Site Inspectors, Dr. Mangrum, and Ms. Wilmoth are beginning to conduct the 17 NCLEX visits that are required pursuant to regulation.
- ❖ The periodic review for nursing education regulations will occur in 2022
- ❖ Mary Marshall scholarship funds were disbursed to 47 RN/PN students. \$94,000 (\$2,000 per student) in awards went to select nursing students across the state
- ❖ Active Applications: There are three BSN and 2 PN active program applications.
- ❖ New programs in 2022: There has been 1 new ADN program approved this year.
- ❖ Total Number of programs (144) - 56 PN Programs and 88 RN Programs (43 BSN, 43 ADN and 2 Masters)
- ❖ Faculty Exceptions continue to be requested; mostly for clinical faculty positions.
- ❖ Education Seminars: the next regulatory update session is scheduled for June 6 at the Board offices. The next education seminar that is required for those who wish to begin a new program is scheduled for October 20<sup>th</sup>.
- ❖ NGN will launch for RN and PN April 2023. Passing standards for both RN and PN are being evaluated as well as posted test plans. Polytomous scoring models will be instituted. Information related to NGN is posted on the NCSBN website.

### **Nurse Aide Education Programs Update**

- ❖ Mary Marshall Scholarship—applications period ended February 28<sup>th</sup>. Each recipient will receive up to \$1000 based on program cost. We have not received an update from VDH regarding the number of students selected for the scholarship at this time.
- ❖ Nurse Aide testing transition to Credentia from Pearson is complete. The written portion of the exam is offered in an ONLINE format while the skills portion will remain in-person. Board staff continue to work with Credentia as issues/concerns are identified.
- ❖ Active Applications: 11
- ❖ New programs in 2022: 2
- ❖ Total Number of programs: 236 with 25 of those inactive

- ❖ Instructional Personnel Exceptions this year: 2
- ❖ Education Seminar to review nurse aide regulatory requirements scheduled for June 28<sup>th</sup> here at the Board office.
- ❖ Regulatory Review/consideration of Petition for Rule Making underway.

### **Medication Aide Program Updates**

- ❖ Curriculum revisions into the updated template continue. The committee is scheduled to meet April 27<sup>th</sup> for *final* review of the revised curriculum.
- ❖ Regulations governing medication aide programs are due for periodic review this year.
- ❖ Program contact attempt:
  - All programs have been contacted by letter, email and phone to determine current status.
  - There have been 9 programs noticed for IFC to date, with ~30-35 more in process due to inability to contact.
- ❖ Active Applications: 4
- ❖ New programs in 2022: 4
- ❖ Total Number of programs: continues to fluctuate as we make contact and receive information from programs. ~290

Ms. Wilmoth stated that May 3<sup>rd</sup> Education Informal Conference still needs a committee member and to let Ms. Wilmoth know if interest.

RECESS: The Board recessed at 1:48 P.M.

RECONVENTION: The Board reconvened at 2:02 P.M.

### **Impromptu training by Board Counsel**

Ms. Mitchell provided a brief training regarding types of suspensions that are authorized by the Codes of Virginia.

Ms. Mitchell noted that certified nurse aides can petition the Board to have a single Finding of Neglect removed per the Federal regulations.

### **CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

#2 – Ashley Vest, CNA  
Ms. Vest appeared and addressed the Board.

1401-146774

Ms. Iyengar left the meeting at 2:42 P.M.

CLOSED MEETING:

Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:42 P.M. for the purpose of considering the agency subordinate recommendation regarding **Ashely Vest**. Additionally, Ms. Swineford moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Willinger, Ms. Wilmoth, Ms. Dewey, Ms. Christine Smith, Ms. Glazier, Dr. Randall, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Monson and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:57 P.M.

Ms. Swineford moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Gerardo and carried unanimously.

Ms. Iyengar re-joined the meeting at 2:57 P.M.

Mr. Monson moved that the Board of Nursing accept the recommendation of the agency subordinate regarding Ashley Vest with the following modifications:

**Recommended Findings of Fact and Conclusion of Law**

- #2 – replace the word “habitation” with “rehabilitation”
- #4ai – delete “certificate to practice as a nurse aide”
- #4bii – delete “certificate to practice as a nurse aide”
- #5 – delete
- #6 – delete the word “Neglect”

**Recommended Order**

- #3 – delete the word “Neglect”
- #4 - delete

The motion was seconded by Dr. Gleason and carried unanimously.

**#1 – Latrice Catina Valentine, CNA**

**1401-106237**

Ms. Valentine did not appear but submitted a written response.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Latrice Catina Valentine** to practice as a nurse aide in the Commonwealth of Virginia and to

enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Smith and carried unanimously.

**#3 – Erica N. Brasuel, CNA**

**1401-196954**

Ms. Brasuel did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certificate of **Erica N. Brasuel** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than 24 months from the date of entry of the Order. The motion was seconded by Dr. Smith and carried unanimously.

**#4 – Crystal Lynn Bickley, CNA**

**1401-117254**

Ms. Bickley did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Crystal Lynn Bickley** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Smith and carried unanimously.

**#6 – Jan Marie Reinsheimer, RN**

**0001-199013**

Mr. Reinheimer did not appear but submitted a written response.

Mr. Hermansen-Parker disclosed that the location of the event indicated in this case is his place of employment but he has no knowledge of the case. Mr. Hermansen-Parker added that he feels he can evaluate objectively. There was no objection to his participation from the Board.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Jan Marie Reinsheimer** on probation with terms and conditions. The motion was seconded by Dr. Smith and carried unanimously.

**#7 – Angela Renae Lepak, LPN**

**0002-073087**

Ms. Lepak did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time against **Angela Renae Lepak** contingent upon Ms. Lepak's entry into the Contract of the Health Practitioners' Monitoring Program (HPMP) within 30 days of the date of the Order and stay in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.



**#8 – Raina Dione Peters, RN**

**0001-250276**

Ms. Peters did not appear.

Mr. Jones disclosed a potential conflict with the location of the event indicated in this case but he does not know Raina Dione Peters or the case. Mr. Jones added that he feels he can evaluate objectively. There was no objection to his participation from the Board.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Raina Dione Peters** and within 90 days from the date of entry of the Order Ms. Peters shall provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least four credit hours each in the subjects of professional accountability and legal liability for nurses, ethics and professionalism; and critical thinking skills. The motion was seconded by Dr. Smith and carried unanimously.

**#9 – Donna L. Worrell Whitaker, LPN**

**0002-073635**

Ms. Whitaker did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Donna L. Worrell Whitaker** to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Board Order. The motion was seconded by Dr. Smith and carried unanimously.

**#11 – Dasia Ariel Johnson, RMA**

**0031-011134**

Ms. Johnson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Dasia Ariel Johnson** and to indefinitely suspend her right to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

**#13 – Belinda Jane Tolbert, RMA**

**0031-008083**

Ms. Tolbert did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Belinda Jane Tolbert** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

**#14 – Heather Leigh West, RN**

**0001-179804**

Ms. West did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action against **Heather Leigh West** at this time contingent upon Ms. West's continued compliance with all terms and conditions of her Contract with the Health Practitioners' Monitoring Program (HPMP) and any subsequent Contracts for the period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

**#17 – Gina L. Henry, CNA**

**1401-048744**

Mr. Henry did not appear but submitted written response.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Gina L. Henry** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Smith and carried unanimously.

**#18 – Amy Austin Dickenson, RN**

**0001-224944**

Ms. Dickenson did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Amy Austin Dickenson** and place Ms. Dickenson on probation with terms and conditions. The motion was seconded by Dr. Smith and carried unanimously.

**#19 – Michaela M. Olsen, CNA**

**1401-169275**

Ms. Olsen did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Michaela M. Olsen** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Smith and carried unanimously.

**#21 – Susan Cassidy Gerardo-Stewart, LPN**

**0002-037232**

Ms. Gerardo-Stewart did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Susan Cassidy Gerardo-Stewart** to renew her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Dr. Smith and carried unanimously.

**#23 – Elizabeth A. Bowman, LPN**

**0002-088211**

Ms. Bowman did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Elizabeth A. Bowman** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

**#23 – Amy Elizabeth Kubler, RN**

**0001-205222**

Ms. Kubler did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Amy Elizabeth Kubler**. The motion was seconded by Dr. Smith and carried unanimously.

Dr. Hills, Ms. Dewey and Ms. Iyengar left the meeting at 3:42 P.M.

CLOSED MEETING:

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:42 P.M. for the purpose of considering agency subordinate recommendations number 5, 10, 12, 15, and 16. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Morris, Ms. Willinger, Ms. Wilmoth, Ms. Christine Smith, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Swineford and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:51 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Swineford and carried unanimously.

Dr. Hills, Ms. Dewey and Ms. Iyengar re-joined the meeting at 3:51 P.M.

**#5 – Wanda Elizabeth Hawkins Patterson, RN**

**0001-191462**

Ms. Morris notified the Board the passing of Ms. Patterson and Enforcement is working on the confirmation.

Ms. McElfresh moved that the Board of Nursing take no action on the recommendation regarding **Wanda Elizabeth Hawkins Patterson**. The motion was seconded by Ms. Crawford Brown and carried unanimously.

**#10 – Whitley Oliver, CNA**

**1401-171894**

Ms. Oliver did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Whitley Oliver** and to indefinitely suspend her right to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#12 – Joyce Ann Harrop, RMA**

**0031-005583**

Ms. Harrop did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Joyce Ann Harrop** and within 90 days from the date of entry of the Order Ms. Harrop shall provide written proof satisfactory to the Board of successful completion of Board-approved course of at least 6.5 credit hours in the subject of medication errors. The motion was seconded by Ms. Buchwald and carried unanimously.

**#15 – Britni N. Reibold, CNA**

**1401-186128**

Ms. Reibold did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Britni N. Reibold** to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Ms. Crawford Brown and carried unanimously.

**#16 – Shana Karol Widener, CNA**

**1401-190690**

Ms. Widener did not appear but submitted a written response.

Ms. McElfresh moved that the Board of Nursing reject the recommended decision of the agency subordinate regarding **Shana Karol Widener** and refer the matter to a formal hearing. The motion was seconded by Ms. Crawford Brown and carried with 12 votes in favor of the motion. Mr. Monson opposed the motion.

**CONSIDERATION OF MARCH 9, 2022 EDUCATION INFORMAL CONFERENCE COMMITTEE RECOMMENDATIONS:**

Ms. Friedenber and Dr. Dorsey left the meeting at 3:54 P.M.

Dr. Smith moved that the Board of Nursing accept the recommendation of the Education Informal Conference Committee to withdraw the approval to operate a medication training program of the following programs:

- ❖ **Abingdon Manor** Medication Aide Training Program (Program Code - 0030000032)
- ❖ **America Medical Careers Academy** Medication Aide Training Program (Program Code – 0030000224)
- ❖ **Apple Manor Christian Assisted Living Facility** Medication Aide Training Program (Program Code - 0030000164)
- ❖ **Blue Ridge Pharmacy** Medication Aide Training Program (Program Code – 0030000122)
- ❖ **Colonial Home Assisted Living** Medication Aide Program (Program Code – 0030000175)
- ❖ **Continuing Care Rx CCRx** Medication Aide Training Program (Program Code – 0030000075)
- ❖ **Dalgrow Healthcare Staffing & Training Center** Medication Aide Training Program (Program Code – 0030000142)
- ❖ **Dominion Careers Development & Training Institute** Medication Aide Training Program (Program Code – 0030000174)

The motion was seconded by Ms. McElfresh and carried unanimously.

Ms. Friedenbergl and Dr. Dorsey re-joined the meeting at 3:56 P.M.

### CONSIDERATION OF CONSENT ORDERS:

**G1 Myra Jo Easter, RN Reinstatement Applicant                      0001-159451**

Dr. Smith moved that the Board of Nursing accept the consent order to approve the application of **Myra Jo Easter** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia, indefinitely suspend her license with suspension stayed upon proof of Ms. Easter's entry into a Contract with the Health Practitioners' Monitoring Program (HPMP) and passage of a Board-approved nursing refresher course. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**G2 Musa Abdur-Bahman Vass, CNA    1401-171597**

Dr. Smith moved that the Board of Nursing accept the consent order for voluntary surrender of **Musa Abdur-Bahman Vass'** certificate to practice as a nurse aide in the Commonwealth of Virginia in lieu of disciplinary action. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**G3 Cynthia Jearman Nash, RN Reinstatement Applicant 0001-164503**

Dr. Smith moved that the Board of Nursing accept the consent order to approve the application of **Cynthia Jearman Nash** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia, suspend her license with suspension stayed upon proof of Ms. Nash's continued compliance with all terms and condition of the Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**G4 Adewumi Solomon Adesina, RN 0001-249841**

Dr. Smith moved that the Board of Nursing accept the consent order to reprimand **Adewumi Solomon Adesina**. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**#20 – Sara Lynn Laney, RN 0001-240335**  
Ms. Laney did not appear.

Dr. Hills left the meeting at 3:59 P.M.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:42 P.M. for the purpose of considering the agency subordinate recommendation regarding **Sara Lynn Laney**. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Morris, Ms. Willinger, Ms. Wilmoth, Ms. Christine Smith, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Swineford and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:05 P.M.  
Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Monson and carried unanimously.

Dr. Hills re-joined the meeting at 4:06 P.M.

Ms. Gerardo moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Sara Lynn Laney** to renew her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Dr. Dorsey and carried unanimously.

MEETING DEBRIEF:

**Board Members listed the following positive aspects of the meeting:**

- Grateful for training by Board Counsel
- Great presentation by Dr. Shobo
- Tabbed exhibits are helpful
- Smooth and productive meeting
- Appreciated all that Board staff do

**Board Members made the following suggestions for improvement:**

- Enhanced technology
- Mindful to conversation in the presence of the public

ADJOURNMENT:

The Board adjourned at 4:16 P.M.

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Brandon A. Jones, MSN, RN, CEN, NEA-BC  
President

**Virginia Board of Nursing  
OFFICER MEETING**

**March 23, 2022 Minutes**

**Time and Place:** The Board of Nursing Officer meeting was convened at 8:00 A.M. on March 23, 2022 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 300 – Inspiration Room, Henrico, Virginia.

**Board Members Present:** Brandon Jones, MSN, RN, CNE, NEA-BC; President, Chairperson  
Cynthia Swineford, RN, MSN, SNE; First Vice-President  
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

**Staff Members Present:** Jay P. Douglas, RN, MSM, CSAC, FRE

**1. January Board Week Debrief:**

- Mr. Jones opened the meeting asking Officers to share their experience with the January Board meeting and with changing proceedings. Board members spoke of the importance of facilitating sessions so that all Board Members had an opportunity to participate and make motions. Board Members noted that the scripts were very helpful. Mr. Jones encouraged Officers to consider participation in ICRS courses specifically “**Parliamentary Procedures**” and “**The Role of Board Member**”.

**2. Board Member Expectations’ Document Review (formally a Guidance Document):**

- A suggestion was made to add a statement pertaining to review of all documents and materials prior to meetings and hearings.
- The officers agreed that in addition to this document be used for new board member orientation, a yearly review with the full board should be undertaken.
- Ms. Douglas will also review DHP policies related to Board Member conduct.
- Officers discussed plans and suggestions for Board Members’ future training.

**3. 2022 Officer Meetings:**

May 2022:

- Best practices for conducting hearings - by Board Counsel
- Review of Board Member Expectations’ Document – by Mr. Jones

September 2022:

- Substance Abuse Disorders, Medication Assisted Treatment and HPMP update-possible presenters are HPMP staff and Substance Abuse Treatment providers (Ms. Phelps’ suggestion)



**4. Disciplinary Committee**

- Ms. Douglas shared that Ms. Phelps, Ms. Swineford and Mr. Hermansen-Parker had volunteered. Mr. Jones appointed the volunteers to this committee. Meetings will be scheduled by staff on the Tuesday of Board meetings following Board Business meeting.

The meeting was adjourned at 8:50 A.M.

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
PANEL A  
March 23, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:05 A.M., on March 23, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Laurie Buchwald, MSN, WHNP, FNP  
Teri Crawford Brown, RNC, MSN  
Ann T. Gleason, PhD, Citizen Member  
Dixie L. McElfresh, LPN

**STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE, Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:** James Rutkowski, Assistant Attorney General, Board Counsel  
Julia Bennett, Deputy Executive Director, Administrative Proceedings Division (APD)

**ESTABLISHMENT OF A PANEL:** With six members of the Board present, a panel was established.

**FORMAL HEARING:** **Deja Stokes, CNA** **1401-187560**  
Ms. Stokes appeared.  
Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.  
Scott Dillon, Senior Investigator, Enforcement Division, and Kacey Thomas were present and testified.

**CLOSED MEETING:** Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:06 A.M., for the purpose of deliberation to reach a decision in the matter of **Deja Stokes**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, and Mr. Rutkowski, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:23 A.M.

Ms. Buchwald moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION: Dr. Gleason moved that the Board of Nursing reprimand **Deja Stokes**. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Sara L. Berry, LPN Reinstatement Applicant** **0002-082054**

Ms. Berry did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Anna Badgley, former Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 11:52 A.M., for the purpose of deliberation to review the medical records of **Sara L. Berry**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode, Mr. Rutkowski, Ms. Badgley and Ms. Whisenand attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:57 A.M.

Ms. Buchwald moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of

Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

**CLOSED MEETING:** Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:59 A.M., for the purpose of deliberation to reach a decision in the matter of **Sara L. Berry**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 12:08 P.M.

**ACTION:** Dr. Smith moved that the Board of Nursing deny the application of **Sara L. Berry** for reinstatement to practice practical nursing in the Commonwealth of Virginia and to continue her license on indefinite suspension. The motion was seconded by Ms. Crawford Brown and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**RECESS:** The Board recessed at 12:08 P.M.

**RECONVENTION:** The Board reconvened at 1:15 P.M.

**FORMAL HEARING:** **Kimberly Janai Smith, RN** **0001-288996**

Ms. Smith appeared.

Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Stephen Shirley, Senior investigator, Enforcement Division, Christy Thompson, HR Director, Brittany Burrage, RN Charge Nurse, and Sarah Kovalevich, LPN were present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:53 P.M., for the purpose of deliberation to reach a decision in the matter of **Kimberly Janai Smith**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:20 P.M.

Ms. Buchwald moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION: Dr. Smith moved that the Board of Nursing continue the license of **Kimberly Janai Smith** to practice professional nursing in the Commonwealth of Virginia on suspension with suspension stayed contingent upon her entry and compliance with to the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded by Dr. Gleason and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Shelly Jones, CNA** **1401-196299**

Ms. Jones appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, and Sean Murphy, Assistant Attorney General, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Shawn Ledger, Senior Investigator, and Jessica Jackson, Bank employee, were present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:23 P.M., for the purpose of deliberation to reach a decision in the matter of **Shelly Jones**.

Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode and Mr. Rutkowski, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:53 P.M.

Ms. Buchwald moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing reprimand **Shelly Jones** and to continue her certificate to practice as a nurse aide in the Commonwealth of Virginia on suspension for not less than two years. The motion was seconded by Dr. Smith and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:54 P.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS**

**Panel B**

**March 23, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M., on March 23, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS  
PRESENT:**

Cynthia M. Swineford, RN, MSN, CNE; First Vice-President  
Margaret Friedenberg, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
James Hermansen-Parker, MSN, RN, PCCN-K  
Mark Monson, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Maria Mercedes Olivieri, LMT

**STAFF PRESENT:**

Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Breana Renick, Administrative Support Specialist

**OTHERS PRESENT:**

Charis Mitchell, Assistant Attorney General  
Kim Taylor, Court Reporter, Farnsworth and Taylor Reporting, LLC

**ESTABLISHMENT OF  
A PANEL:**

With seven members of the Board present, a panel was established.

**FORMAL HEARINGS:**

**John Walter Koons** **0019-007256**

Mr. Koons appeared and was represented by Margaret Hardy, his legal counsel. Mr. Koons was accompanied by Kristina Heuser.

Ann Joseph, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Scott Dillon, Senior Investigator, Enforcement Division, and Patient "A" were present and testified.

**CLOSED MEETING:**

Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:29 A.M., for the purpose of deliberation to reach a decision in the matter of **John Walter Koons**. Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:49 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing dismiss cases against **John Walter Koons**. The motion was seconded by Ms. Phelps and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARINGS: **Maureen Daley, RN** **0001-177069**

Ms. Daley appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, Dr. Carol Bender and Amara Finnikin were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:52 A.M., for the purpose of deliberation to reach a decision in the matter of **Maureen Daley** Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:05 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted



from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

**ACTION:** Ms. Gerardo moved that the Board of Nursing reinstate the license of **Maureen Daley** to practice professional nursing in the Commonwealth of Virginia only. The motion was seconded by Ms. Friedenber and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**RECESS:** The Board recessed at 12:06 P.M.

**RECONVENTION:** The Board reconvened at 12:52 P.M.

**FORMAL HEARINGS:** **Kirk Pflager, RN** **0001-297011**

Mr. Pflager appeared.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Tosha Fishetti, Senior Investigator, Enforcement Division, and Marcella Luna, Investigator Supervisor, were present and testified.

**CLOSED MEETING:** Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:48 P.M., for the purpose of deliberation to reach a decision in the matter of **Kirk Pflager**. Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 2:16 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted

from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermnasen-Parker and carried unanimously.

**ACTION:**

Mr. Monson moved that the Board of Nursing approve application of **Kirk Pflager** for reinstatement to practice professional nursing in the Commonwealth of Virginia only. The motion Ms. Friedenberg and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

**FORMAL HEARINGS:**

**Angela Charlene Meadwell, RN**

**0001-120178**

Ms. Meadwell did not appear.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Amy Tanner, Senior Investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:**

Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Angela Charlene Meadwell**. Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 2:46 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermnasen-Parker and carried unanimously.

ACTION:

Mr. Monson moved that the Board of Nursing indefinitely suspend license of **Angela Charlene Meadwell** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Ms. Gerardo and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURMENT:

The Board Adjourned at 2:58 P.M.

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Christina Bargdill, BSN, MHS, RN  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
March 24, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M., on March 24, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, MSN, RN, CNE; First Vice-President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Teri Crawford Brown, RNC, MSN  
Laurie Buchwald, MSN, WHNP, FNP  
Ann T. Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dawn Hogue MA, LMT

**STAFF PRESENT:** Jay. P Douglas, MSM, RN, CSAC, FRE; Executive Director – **joined at 1:00 P.M.**  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:** With seven members of the Board present, a panel was established.

**FORMAL HEARINGS:** **HeeSook Kim, LMT** **0019-015552**  
Ms. Kim did not appear.  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.  
Sarah Rogers, Senior Investigator, Enforcement Division, was present and testified.

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:22 A.M., for the purpose of deliberation to reach a decision in the matter of **HeeSook Kim**. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Goode and Ms. Mitchell, board counsel, attend the closed meeting because

their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:34 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Swineford and carried unanimously.

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing revoke the license of **HeeSook Kim** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The board recessed at 9:35 A.M.

RECONVENTION: The board reconvened at 9:42 A.M.

**CONSIDERATION OF CONSENT ORDERS:**

**Christina Cook, CNA** **1401-209219**

Mr. Hermansen-Parker moved to accept the consent order for voluntary surrender for indefinite suspension of the certificate of **Christina Cook** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Gleason and carried unanimously.

FORMAL HEARINGS: **Huafang Cui, LMT** **0019-014008**

Ms. Cui did not appear.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Marcella Luna, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:11 A.M., for the purpose of deliberation to reach a decision in the matter of **Huafang Cui**. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Goode and Ms. Mitchell, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:23 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

ACTION: Ms. Hogue moved that the Board of Nursing revoke the license of **Huafang Cui** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 11:24 A.M.

RECONVENTION: The Board reconvened at 1:04 P.M.

Ms. Crawford Brown and Ms. Morris left the meeting at 1:00 P.M.

Ms. Douglas joined the meeting at 1:00 P.M.

FORMAL HEARINGS: **Yumei Nan, LMT** **0019-014013**

Ms. Nan appeared and was accompanied by her husband and daughter.

Erin Weaver, Assistant Attorney General, and Christine Corey, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

**ACTION:** The hearings was continued to allow Ms. Nan to obtain a certified in-person interpreter.

**ADJOURNMENT:** The Board adjourned at 1:29 P.M.

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Christina Bargdill, BSN, MHS, RN  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
April 14, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 14, 2022 at 4:02 P.M.

**The Board of Nursing members participating in the call were:**

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Laurie Buchwald, RNC, WHNP, FNP  
Yvette Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark Monson, Citizen Member  
Felisa A. Smith, PhD, MSA, RN, CNE

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
James Schliessmann, Assistant Attorney General  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill BSN, MHS; Deputy Executive Director  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Huong Vu, Operations Manager  
Breana Renick, Administrative Support Specialist  
Lakisha Goode, Discipline Team Coordinator  
Julia Bennett, Deputy Director, Administrative Proceedings Division  
Tammie Jones, Adjudication Consultant, Administrative Proceedings Division  
Lisa Armstrong, Adjudication Specialist, Administrative Proceedings Division

The meeting was called to order by Mr. Jones. With 8 members of the Board of Nursing participating, a quorum was established.

James Schliessmann, Assistant Attorney General, presented evidence that the continue practice of Professional Nursing by **Lori Cross Herring, RN (0001-127428)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the license of **Lori Cross Herring** to practice professional nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Dr. Dorsey and carried unanimously.

The meeting was adjourned at 4:18 P.M.



Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
April 14, 2022

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Christina Bargdill BSN, MHS  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**April 20, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 20, 2022 at 12:15 P.M.

**The Board of Nursing members participating in the call were:**

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Terri Crawford Brown, RNC, MSN  
Laurie Buchwald, RNC, WHNP, FNP  
Margaret Friedenberg, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark Monson, Citizen Member

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
James Schliessmann, Assistant Attorney General  
Claire Morris, RN, LNHA, Deputy Executive Director  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Huong Vu, Operations Manager  
Breana Renick, Administrative Support Specialist  
Julia Bennett, Deputy Director, Administrative Proceedings Division  
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division

The meeting was called to order by Mr. Jones. With 9 members of the Board of Nursing participating, a quorum was established.

James Schliessmann, Assistant Attorney General, presented evidence that the continue practice as a Nurse Aide by **Marquita Byrd, CNA (1401-209175)** may present a substantial danger to the health and safety of the public.

Ms. Gerardo moved to summarily suspend the certificate of **Marquita Byrd** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her certificate with the suspension stayed contingent upon entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the time specified by the HPMP in lieu of a formal hearing. The motion was seconded by Mr. Monson and carried unanimously.

The meeting was adjourned at 12:25 P.M.

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Claire Morris, RN, LHNA  
Deputy Executive Director

DRAFT





# Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
<i>Total to Date:</i>	740	673	90.9%	57	7.7%	10	40	14	12	1.6%	2	10	2	13	18	15	0	
<i>CY2022 to Date:</i>	39	35	89.7%	2	5.1%	1	0	2	2	5.1%	0	2	0	0	0	0	0	
Mar-22	22	20	90.9%	1	4.5%	1	0	1	1	4.5%	0	1	0	0	0	0	0	
Jan-22	17	15	88.2%	1	5.9%	0	0	1	1	5.9%	0	1	0	0	0	0	0	
<i>Annual Totals:</i>																		
Total 2021	51	48	94.1%	5	9.8%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.9%	0	2	0	2	4	6	N/A	

\* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.

\*\* Final Outcome Difference = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (↻ referred to FH).

HPMP Quarterly Report ( January 1, 2022 - March 31, 2022)

Board	License	Admissions <sup>1</sup>		Stays <sup>2</sup>	Comp <sup>3</sup>	Vacated Stays <sup>4</sup>		Dismissals <sup>5</sup>					
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Incl.	Dism. Resig.	Resig.	Death	
	` LNP	1		1	3								
	` LPN	3			2			2					
	` RN	7	2	4	11	3		5		1			
	` Massage Ther												
	` CNS												
<b>Nursing Total</b>		<b>11</b>	<b>2</b>	<b>5</b>	<b>16</b>	<b>3</b>		<b>7</b>		<b>1</b>			
	` CNA												
	` RMA	2						1					
<b>CNA Total</b>		<b>2</b>						<b>1</b>					
	` DC												
	` DO		1	1									
	` DPM												
	` Intern/Resident		2										
	` LAT							1					
	` LBA												
	` Lic Rad Tech	1			1			1					
	` MD	1	1		5			1	1	1			
	` OT												
	` PA		1										
	` RT												
	` LM												
	` OTA												
	` SA												
<b>Medicine Total</b>		<b>2</b>	<b>5</b>	<b>1</b>	<b>6</b>			<b>3</b>		<b>1</b>	<b>1</b>		
	` Pharmacist	1	1		2								
	` Pharm Tech												
	` Intern												
<b>Pharmacy Total</b>		<b>1</b>	<b>1</b>		<b>2</b>								
	` DDS				1				1				
	` DMD												
	` RDH	1											
<b>Dentistry Total</b>		<b>1</b>			<b>1</b>				<b>1</b>				
	` DVM											1	
	` Vet Tech												
<b>Veterinary Medicine Total</b>												<b>1</b>	
	` PT							1					
	` PTA							1					
<b>Physical Therapy Total</b>								<b>2</b>					
<b>TOTALS</b>		<b>17</b>	<b>8</b>	<b>6</b>	<b>25</b>	<b>3</b>	<b>0</b>	<b>13</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	

Admissions<sup>1</sup>: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)

Stays<sup>2</sup>: Stays of Disciplinary Action Granted

Comp<sup>3</sup>: Successful Completions

Vacated Stays<sup>4</sup>: Vac Only=Vacated Stay Only; Vac &Dism=Vacated Stay &Dismissal

Dismissals<sup>5</sup>: N/C=Dismissed Non-Compliant; Incl=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

**Virginia Board of Nursing**  
**Executive Director Report**  
**May 17, 2022**

**1 Presentations**

- On March 24, 2022, Jay Douglas, Executive Director, presented at the Virginia Nurses Foundation (VNF) Leadership Academy information regarding Board of Nursing including Powers and Duties of the Board, Core Functions of Board of Nursing, License Count, Nursing Education Programs, Disciplinary Caseload, Discipline Process, and NURSYS e-Notify Services.
- April 20, 2022, Cynthia Swineford, Board of Nursing First-Vice President and Jacquelyn Wilmoth, Deputy Executive Director for Education, presented on Nursing Practice and Regulation to a group of Bon Secours new employees.
- April 23, 2022, Jacquelyn Wilmoth, Deputy Executive Director for Education, presented regulatory updates, discipline and NCLEX information at the Virginia League for Nursing Conference.

**2 Meetings attended**

**Nurse Aide PersonVue/Credentia Transition**

- Licensure, Education and Management staff continues to meet on a regular basis with Credentia leadership to discuss system concerns identified during transition from PearsonVue to Credentia365. Staff continue to work with Credentia to resolve ongoing transition issues that affect board staff, applicants and programs.
- Public Health Emergency CMS waiver 1135, allowing temporary Nurse Aides (TNA's) practicing in long term care facilities to be deemed eligible by the Virginia Board of Nursing (VBON) to take the National Nurse Aide Assessment Program (NNAAP) examination, expires June 6, 2022. The Board is developing a process with the input of stakeholders consistent with most recent legislative action, to respond to the expiration of the waiver. Once final approval of the process is received, stakeholders will be informed.

**Innovative Clinical Group**

- On March 25, 2022, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director of Education, attended the Innovative Clinical Group virtual meeting where University of Kentucky Hospital regarding their SNAP program (academic practice partnership).
- On April 29, 2022—Jacquelyn Wilmoth, Deputy Executive Director, attended the Innovative Clinical Group virtual meeting where discussion ensued regarding opportunities for continued innovation to include *Earn While You Learn* program updates on grant opportunities and expansion of the program.



### **Other Meetings**

- On March 10, 2022, Jay Douglas, Executive Director, attended a virtual meeting of the TriCouncil. The TriCouncil is composed of National Council State Boards of Nursing(NCSBN) , American Association of Colleges of Nursing(AACN) , American Nurses Association(ANA),American Organization of Nursing Leadership( AONL) and the National League for Nursing (NLN) all national nursing organizations who come together on a regular basis to discuss and take action on issues of mutual concern regarding nursing practice , education and regulation. The agenda for this meeting included individual organization reports, government affairs updates, ANA's racism in nursing initiative and development of a communication strategy to all members.
- On March 18, 2022-Jacquelyn Wilmoth, Deputy Executive Director met with Susi Mattheisen and Steve Partridge from Northern Virginia Community College regarding an upcoming grant they will be applying for. This grant, if awarded, will help fund and develop a stackable career path for nurses.
- On March 25, April 8, and April 29 2022, Jacquelyn Wilmoth, Deputy Executive Director, attended a virtual VCCS consortium meeting regarding a Department of Labor grant on Strengthening Community Colleges that is due June 2, 2022. Awarded grants will focus on accelerated learning strategies and streamlining education to transfer credits through the continuum.
- On March 26 and 27, 2022, Jay Douglas, Executive Director, attended the American Association of Colleges of Nursing (AACN) Deans and Directors. The meeting was focused on the implementation of new essentials of competency based education in the RN programs.
- On April 5, 2022, Jay Douglas, Executive Director, attended as the President of the NCSBN Board of Directors (BOD) Government Affairs meeting at the NCSBN Washington DC Office. Presentations from the Pan American Health Organization, Veterans Affairs, the Robert Wood Johnson Foundation and the American Telemedicine Association that centered around patient safety, global regulatory issues, long term care nursing workforce issues and pending federal legislation that may affect nurses.
- On April 6-7, 2022, Jay Douglas, Executive Director, attended as the President of the NCSBN Board of Directors (BOD) the NCSBN Inaugural Advanced Leadership Institute in Washington, DC. This leadership conference was the culminating education session for the graduating class of the NCSBN International Center for Regulatory Scholarship (ICRS) and also celebrated 32 individuals who completed the certificate program. Presentations covered leadership journeys, advocacy at the federal level, public health policy and the future of nursing regulation. The ICRS courses are available to Virginia Board of Nursing Members and staff.
- On April 29 and 30, 2022, Jay Douglas, Executive Director, attended the Federation of State Medical Boards meeting. Key topics included COVID misinformation concerns, opioid epidemic implications for regulators, alternative programs and telemedicine and use of artificial intelligence.

- On May 2, 2022, Jay Douglas, Executive Director, attended the Review of Preliminary Massage Therapy Compact Draft virtually. The technical assistance group weighed in on language options for various sections of the draft. The initial draft of the COMPACT language has not been distributed at this time as final decisions have not been made. Preliminary information indicates however that this model may be more similar to the physical therapy COMPACT than the nurse licensure compact.

**Media Contacts:**

- The Board of Nursing provided the *Richmond Times-Dispatch* April 19, 2022 with the December 2021 Order of suspension for Janeen Bailey, LPN for diversion and the inability to practice and [§ 54.1-2409](#) regarding **Mandatory suspension or revocation; reinstatement; hearing for reinstatement.**



## COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
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TO: Board of Nursing

FROM: Robin L. Hills, Deputy Executive Director for Advanced Practice

DATE: April 20, 2022

**NCSBN APRN Roundtable on April 12, 2022:**

A. Dr. Hills attended the meeting virtually and reported 3 Takeaways from the meeting:

1. Results of a survey of 7,500 APRNs on the Impact of COVID-19 Pandemic on APRN Practice conducted by the Associate Dean for Clinical Scholarship at Vanderbilt University were presented.
  - All 50 states & all 4 APRN roles were represented in the survey
  - APRN workforce took on an expanded leadership role and was deployed in unique ways during the pandemic
  - Of particular interest was that institutional restrictions were reported by APRNs during the COVID crisis even in states where no practice agreement is required.
2. “The Great Resignation” or “The Great Awakening”, like the healthcare workforce in general, has had a significant nationwide impact on the APRN workforce
3. Strategies for addressing the lack of diversity in the APRN workforce were presented

B. The National Task Force (NTF) on Quality Nurse Practitioner Education has developed a new set of standards designed to ensure quality in graduate programs that prepare nurse practitioners. The standards are available from Dr. Hills upon request.

C. APRN Compact Update:

Background:

- The APRN Compact was adopted by the NCSBN membership in August 2020
- Seven state legislative enactments needed for the compact to become effective
  - 2021 Legislative Session
    - APRN Compact bills were introduced in Delaware and North Dakota
    - Both bills were enacted into law with nearly unanimous legislative support
  - 2022 Legislative Session
    - APRN Compact bills were introduced and passed in Maryland and Utah

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE**  
**FORMAL HEARING**  
**MINUTES**  
**April 20, 2022**

- TIME AND PLACE: The hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 1:01 P.M., on April 20, 2022.
- MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Board of Nursing - **Chair**  
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing  
Ann Tucker Gleason, PhD; Board of Nursing  
David Archer, MD; Board of Medicine  
L. Blanton Marchese; Board of Medicine  
Ryan P. Williams, MD; Board of Medicine
- STAFF PRESENT: Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Charlette Ridout, RN, MS, CNE; RN Probable Cause Reviewer/Education Program Inspector  
Lakisha Goode, Discipline Team Coordinator
- OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
- ESTABLISHMENT OF A QUORUM: Ms. Gerardo called the meeting to order and established that a quorum consisting of six members was present.
- FORMAL HEARING: **Kimberley Dawn Washbourne, LNP** **0024-166086**  
Ms. Washbourne appeared and was represented by Peter Baskin, Esq.  
  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Committee of the Joint Boards. Kim Taylor, court reporter with Farnsworth and Taylor, recorded the proceedings  
  
Kevin Wolfe, Senior Investigator, Enforcement Division was present and testified. Tammy Kirkland, RN, Director of Nursing at Rose Hill Health and Rehab, testified by telephone.  
  
Dr. Hills left the meeting at 2:33 P.M.
- CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 2:33 P.M. for the purpose of deliberation to reach a decision in the matter of **Kimberley Dawn Washbourne**. Additionally, Dr. Gleason moved that Ms. Ridout, Ms. Goode and Ms. Mitchell, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in

its deliberations. The motion was properly seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 3:23 P.M.

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Ms. Buchwald and carried unanimously.

Dr. Hills rejoined the meeting at 3:23 P.M.

ACTION: Dr. Archer moved that the Committee of the Joint Boards of Nursing and Medicine require **Kimberley Dawn Washbourne** to complete five total Committee-approved hours of continuing education in the subjects of ethics and medical documentation within 90 days from the date of entry of the Order. The motion was properly seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon the entry by the Committee of the Joint Boards of a written Order stating the findings, conclusions, and decision of this formal hearing quorum.

ADJOURNMENT: The meeting was adjourned at 3:25 P.M.

---

Robin Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice



## Draft Meeting Minutes

### Call to Order

The March 29, 2022, Virginia Board of Health Professions meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

### Presiding Officer

James Wells, RPh

### Members Present

Sahil Chaudhary, 1<sup>st</sup> Vice Chair, Citizen Member

Brenda L. Stokes, MD, 2<sup>nd</sup> Vice Chair, Board of Medicine

Barry Alvarez, LMFT, Board of Counseling

Sheila E. Battle, MHS, Citizen Member

A. Tucker Gleason, PhD, Board of Nursing

Michael Hayter, LCSW, CSAC, SAP, Board of Social Work

Kenneth Hickey, MD, Board of Funeral Directors & Embalmers

Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy

Steve Karras, DVM, Board of Veterinary Medicine

Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology

Sarah Melton, PHARM.D, Board of Pharmacy

Martha S. Rackets, PhD, Citizen Member

Susan Wallace, PhD, Board of Psychology

### Members Absent

Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member

Helene D. Clayton-Jeter, OD, Board Chair, Board of Optometry

Mitchel Davis, NHA, Board of Long-Term Care Administrators

Margaret Lemaster, RDH, Board of Dentistry

### Staff Present

Leslie L. Knachel, Executive Director

David E. Brown, D.C., Agency Director

Elaine Yeatts, Senior Policy Analyst DHP

Erin Barrett, Senior Policy Analyst DHP

Charis Mitchell, Assistant Attorney General, Board Counsel

Laura Jackson, Board Administrator

Laura Paasch, Licensing & Operations Administrative Specialist

## **Public Present**

W. Scott Johnson  
Ben Trayham

## **Establishment of Quorum**

With fourteen board members out of eighteen present, a quorum was established.

## **Mission Statement**

Mr. Wells read the Department of Health Professions' mission statement.

## **Ordering of Agenda**

Mr. Wells opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

## **Public Comment**

There were no requests to provide public comment.

## **Approval of Minutes**

Mr. Wells opened the floor to any additions or corrections regarding the draft minutes from the Full Board Meeting on December 2, 2021. Hearing none, the minutes were approved as presented.

## **Agency Director's Report**

Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

## **Policy Analyst's Report**

Ms. Yeatts' provided updates on the 2022 General Assembly & Regulatory Actions.

Ms. Knachel presented the amendments to Guidance Document 75-4 Bylaws that were presented at the December 2, 2021, board meeting.

Dr. Jones made a motion to accept the changes to Guidance Document 75-4 Bylaws as presented. The motion was seconded by Dr. Stokes. The motion carried unanimously.

## **Discussion Items**

### Format for Individual Board Reports

Ms. Knachel gave an update on the format for the individual board reports at Board of Health Professions' meetings. The consensus of the board members is that the Board Executives will provide a brief summary of board actions to be reported. Information on

board statistics will not be included in the reports. The minutes will reflect the information provided in each report.

### **Board Counsel Report**

Ms. Mitchell had no information to report to the Board.

### **Board Chair Report**

Mr. Wells thanked Dr. Jones and Dr. Rackets for their years of service on the Board of Health Professions and to the Commonwealth.

### **Staff Reports**

Ms. Knachel reported that the next meeting is scheduled for September 27, 2022. The meeting will include reports from the Enforcement and Finance Divisions and officer elections.

### **New Business**

No new business was reported.

### **Next Meeting**

The next full board meeting is scheduled for Tuesday, September 27, 2022.

### **Adjournment**

Hearing no objections, Mr. Wells adjourned the meeting at 11:07 a.m.



**VIRGINIA BOARD OF NURSING**  
**Meeting of the Medication Aide Curriculum Committee**  
**April 27, 2022**

Department of Health Professions – Perimeter Center  
 9960 Mayland Drive, Conference Center 201 – **Board Room 3**  
 Henrico, Virginia 23233

**TIME & PLACE:** The meeting of the Medication Aide Curriculum Committee was convened by Dr. Felisa Smith, Chair at 9:08 a.m. on April 27, 2022 in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia,

**BOARD MEMBERS PRESENT:** Felisa A. Smith, PhD, MSA, RN, CNE, RN Board Member (Chair)  
 Margaret J. Friedenber, Citizen Member  
 Dixie McElfresh, LPN, LPN Board Member

**STAKEHOLDERS PRESENT:** Karen Mittura, Germanna Community College, Medication Aide Education Program  
 Krystal Lotts, Wellness Concepts  
 Jennie Haden – Representing Judy Hackler, Virginia Assisted Living Association  
 Catina King, Representing Dawn Ellis, Omnicare/CVS  
 Theresa Mason, Fresh Start  
 Rhonda Whitmer, Department of Social Services  
 April Payne, Virginia Health Care Association

**STAKEHOLDERS ABSENT:** Vonnie Adams, Administrator, Williamsburg Landing  
 Jennifer Perez, A&J Total Care Enterprises, Medication Aide Education Program  
 Dana Parsons, leading Age of Virginia

**DHP STAFF PRESENT:** Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director  
 Beth Yates, Nursing and Nurse Aide Education Coordinator

**DHP STAFF ABSENT:** Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager

**PUBLIC COMMENT:** There was no one present for public comment.

**DISCUSSION OF CURRICULUM REVISIONS:**

Dr. Smith thanked the committee for their time and input into review and revision of the curriculum.

Ms. Wilmoth thanked the committee for their patience as the curriculum was transitioned to a new format and revised. She acknowledged the work that Christine Smith, Nurse Aide/Medication Aide Program Manager completed in transitioning the curriculum to the new format. Additionally, a summary of the agreed upon changes from prior meetings were reviewed to include:

- Remove the introductions that were embedded in each section of the curriculum.
- Reorganize order of the curricular content for a more cohesive flow
- Update medication references
- Update language to be resident focused
- Removal of worksheets (workbook materials)
- Update regulatory and code references
- Remove links to websites

The committee reviewed and discussed the revised curriculum and agreed upon additional edits to the curriculum. The committee reviewed the curriculum regulatory requirements as set forth in 18VAC90-60-60 (C) and concluded that all curriculum requirements are met in the revised curriculum as presented. Additionally, the committee reviewed the updated Skills Performance Record and agreed it would be useful to provide as a sample to programs.

April Payne joined the meeting at 10:50 a.m.

**PLAN FOR FOLLOWUP:** The committee recommended to submit the amended curriculum to the full board on May 17, 2022.

**ADJOURNMENT:** The meeting adjourned at 1:20 p.m.

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Jacquelyn Wilmoth, RN, MSN

Deputy Executive Director for Education

# 68 HOUR REGISTERED MEDICATION AIDE CURRICULUM

MEDICATION AIDE CURRICULUM FOR REGISTERED MEDICATION AIDES  
VIRGINIA BOARD OF NURSING

REVISED 2022

## Contents

UNIT I .....	2
LEGAL AND ETHICAL ISSUES.....	2
UNIT II .....	11
PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS.....	11
UNIT III .....	26
THE BASICS OF MEDICATION ADMINISTRATION .....	26
UNIT IV .....	36
ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS.....	36
UNIT V .....	43
STORAGE AND DISPOSAL OF MEDICATION .....	43
UNIT VI .....	46
SPECIAL ISSUES IN MEDICATION ADMINISTRATION.....	46
UNIT VII .....	52
INSULIN ADMINISTRATION .....	52
<b>Glossary</b> .....	<b>55</b>

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify legal and ethical issues in medication management	<ul style="list-style-type: none"> <li>A. Ethical and legal standards               <ul style="list-style-type: none"> <li>1. To guarantee that residents receive safe and competent care</li> <li>2. To protect the Medication Aide</li> </ul> </li> <li>B. Distinguish between ethical standards and legal standards               <ul style="list-style-type: none"> <li>1. Ethical standards are guides to moral behavior</li> <li>2. Legal Standards are guides to lawful behavior</li> </ul> </li> <li>C. Legal issues of importance to Medication Aides. The Medication Aide:               <ul style="list-style-type: none"> <li>1. Must work within her/his scope of practice</li> <li>2. Performs only those acts which she/he is trained to do</li> <li>3. Keeps skills and knowledge up-to-date</li> <li>4. Requests help before taking action in a questionable situation</li> <li>5. Always protects the safety and well-being of the resident</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>6. Performs their job according to facility policy and applicable laws and regulations</li> <li>D. Violation of ethical or legal standards               <ul style="list-style-type: none"> <li>1. May result in:                   <ul style="list-style-type: none"> <li>a. Loss of registration</li> <li>b. Loss of eligibility to work in assisted living facilities</li> <li>c. Disciplinary action by the facility and/or the Board of Nursing</li> </ul> </li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>2. Demonstrate the implication of client's rights regarding medications, treatment decisions, and confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>A. Client rights regarding medications and treatment decisions               <ul style="list-style-type: none"> <li>1. Right to be informed of rights, responsibilities, policies and rules</li> <li>2. Right to participate in planning personal medical treatment</li> <li>3. Right to refuse medical treatment</li> <li>4. Right to privacy during medical treatment including the administering of medications</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>5. Right to take only medications prescribed by personal Healthcare Provider (HCP)</li> <li>6. Right to refuse to participate in research or experimentation</li> <li>7. Right to choose physicians and other health care providers</li> <li>8. The right to move around freely (free from chemical and physical restraints)</li> <li>B. Client rights regarding confidentiality               <ul style="list-style-type: none"> <li>1. Right that only staff members providing care to a client may have access to the clients' medical records</li> <li>2. Right to approve or refuse to release personal records to an individual outside the facility (except as otherwise provided by law)</li> </ul> </li> <li>C. Implications for facility staff (§63.2-1808)               <ul style="list-style-type: none"> <li>1. Must make rights, responsibilities &amp; rules known to the client</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>2. Must not restrict any client rights</li> <li>3. Must train staff to implement client rights</li> </ol>	
<ol style="list-style-type: none"> <li>3. Identify permitted practices and identify acts prohibited by Medication Aides in Virginia</li> </ol>	<ol style="list-style-type: none"> <li>A. Permitted Practice of a Medication Aide               <ol style="list-style-type: none"> <li>1. May administer medications in assisted living facilities licensed by the Department of Social Services</li> <li>2. May administer medications which the client would normally self-administer</li> <li>3. May administer insulin injections as ordered by prescriber and as would normally be self-administered by the client</li> <li>4. May administer EpiPen® and Glucagon as ordered by prescriber, in emergency situations only</li> <li>5. Observe and report</li> </ol> </li> <li>B. Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.) define acts prohibited by the Board of Nursing</li> <li>C. Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.) and</li> </ol>	



# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>The Drug Control Act of Virginia (§54.1-3408) define acts prohibited by the Board of Pharmacy</p> <p>D. Regulations of the Virginia Department of Social Services (DSS) (§ 22VAC40-73 et seq.) define acts prohibited by the Department of Social Services</p> <p>E. Other Prohibited Practices</p> <ol style="list-style-type: none"> <li>1. Medication Aides may not administer medications which have been poured by another person</li> <li>2. Medication Aides may not pour medication for another person to administer</li> <li>3. Medication Aides may not pre-pour medications for anyone (including self)</li> <li>4. Medication Aides may not label or change the label of a medication</li> <li>5. Medication Aides may not write prescriptions or order new medications</li> <li>6. Medication Aides may not</li> </ol>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	administer medications to clients until all requirements for training and certification are met	
4. Identify the legal requirement to report client abuse, neglect and exploitation	A. Mandated reporting is a legal requirement in Virginia (§ 63.2-1606.A) <ol style="list-style-type: none"> <li>1. Who is mandated to report as defined by law?               <ol style="list-style-type: none"> <li>a. Any person licensed, certified or registered by a health regulatory board (except veterinary)</li> <li>b. Any guardian or conservator of an adult</li> <li>c. Any person employed by or contracted with a public or private agency or facility, and working with adults in an administrative, supportive or direct care capacity</li> <li>d. Any person providing full, intermittent or occasional</li> </ol> </li> </ol>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p style="text-align: center;">care to an adult for compensation</p> <ul style="list-style-type: none"> <li>e. Any law enforcement officer</li> </ul> <p>2. What specific facts are mandated to report?</p> <ul style="list-style-type: none"> <li>a. The age of the abused individual (60 years or more, or 18 years or more and incapacitated)</li> <li>b. The identity of the adult or location of the adult about whom the report is being made</li> <li>c. The circumstances about the risk or suspected abuse, neglect and/or exploitation</li> </ul> <p>3. Mandate reports should be submitted or called into:</p> <ul style="list-style-type: none"> <li>a. Adult Protective Services (APS)</li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>b. Law enforcement and/or medical examiner, if appropriate</li> <li>4. Other responsibilities of the person reporting:               <ul style="list-style-type: none"> <li>a. Report suspicion that an adult had died as a result of abuse or neglect</li> <li>b. Report suspected sexual abuse</li> <li>c. Report other criminal activity involving abuse or neglect that puts an adult in danger of harm or death</li> </ul> </li> <li>5. Rights of the person reporting               <ul style="list-style-type: none"> <li>a. Immunity from civil and criminal liability unless the reporter acted in bad faith or with a malicious purpose</li> <li>b. Right to have identity kept confidential unless consent to reveal his/her identity is given or unless the court</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>orders that the identity of the reporter be revealed</li> <li>c. The right to hear from the investigating local DSS confirming that the report was investigated</li> <li>6. Penalty for failure to report:               <ul style="list-style-type: none"> <li>a. Civil monetary penalties</li> </ul> </li> <li>7. APS refers matters as necessary to the appropriate licensing, regulatory or legal authority for administrative action or criminal investigation</li> </ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Demonstrate principles of maintaining aseptic technique	<p>A. The Occupational Safety and Health Administration (OSHA)</p> <ol style="list-style-type: none"><li>1. A government agency responsible for the safety of workers with set standards for equipment use when working in facilities</li><li>2. Standard Precautions is one of the OSHA safety guidelines</li></ol> <p>B. Procedure for Standard Precautions (follow CDC and facility guidelines)</p> <ol style="list-style-type: none"><li>1. Always wear gloves when in contact with body fluids, or when a possibility of contact with body fluids exists</li><li>2. Perform appropriate hand hygiene before and after all procedures</li><li>3. If skin is contaminated with blood or body fluid, wash immediately with soap and</li></ol>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>water</p> <ol style="list-style-type: none"><li>4. If assisting a client with insulin injections or blood glucose monitoring, place used needles and lancets into a rigid sharps container</li><li>5. Discard body waste directly into the toilet. Discard waste containing blood in accordance with the facility's exposure control plan</li><li>6. Discard used gloves into plastic bags for disposal in designated containers</li><li>7. Spills of blood, or body fluid visibly stained with blood, should be cleaned with chlorine bleach or spill kit and left for several minutes, in accordance with the facility's exposure</li></ol>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>control plan</p> <p>C. Personal Protective Equipment (PPE)</p> <ol style="list-style-type: none"><li>1. To be worn when there is danger of contact with blood or body fluids</li><li>2. PPE includes: face coverings, gloves, gowns, and goggles</li></ol> <p>D. Employee precautions</p> <ol style="list-style-type: none"><li>1. All employees must have access to protective gloves</li><li>2. Should a needle stick occur, follow facility policy to protect employee and/or client's health</li><li>3. Working in the health care industry also puts you at greater risk for other illnesses. The CDC's Advisory Committee on Immunization Practices (ACIP) is responsible for creating immunization</li></ol>	



## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>recommendations and has special recommendations just for health care personnel</p> <ol style="list-style-type: none"><li>4. Open wounds or breaks in the skin should be covered with a protective dressing</li></ol> <p>E. Cleaning and disinfecting storage areas</p> <ol style="list-style-type: none"><li>1. It is important to use proper cleaning and disinfecting practices to maintain aseptic conditions</li><li>2. Always use approved cleaners and follow the facilities procedures for cleaning</li><li>3. PPE should be worn when processing dirty equipment</li></ol> <p>F. How infectious waste is packaged and labeled for disposal</p> <ol style="list-style-type: none"><li>1. Infectious wastes should be contained in red, leak-proof</li></ol>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>plastic bags</li> <li>2. Bags are labeled, sealed, and disposed of according to facility policy</li> <li>3. Needles and syringes must be placed in special rigid containers for disposal</li> <li>G. Special considerations for medication aides               <ul style="list-style-type: none"> <li>1. Do not come to work ill</li> <li>2. Ensure open skin areas or draining wounds are covered</li> <li>3. Stay up to date on required immunizations</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>2. Recognize emergencies and other health-threatening conditions and respond accordingly</li> </ul>	<ul style="list-style-type: none"> <li>A. Types of health-threatening conditions which should be reported               <ul style="list-style-type: none"> <li>1. Life threatening emergencies</li> <li>2. Non-emergency, but health-threatening conditions</li> <li>3. Other significant changes in physical conditions or behavior</li> </ul> </li> </ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>B. Causes for emergencies may include<ul style="list-style-type: none"><li>1. Injuries</li><li>2. Illnesses</li><li>3. Complications related to illness or injury</li><li>4. Unwanted effects of medication</li></ul></li><li>C. Appropriate responses to emergencies<ul style="list-style-type: none"><li>1. Call 911</li><li>2. Provide assistance to client until help arrives</li><li>3. Collect client's medical record for HCP</li></ul></li><li>D. Appropriate follow-up to emergencies<ul style="list-style-type: none"><li>1. Follow facility protocol for reporting and documentation</li></ul></li><li>E. Appropriate responses to non-emergency but health-threatening conditions<ul style="list-style-type: none"><li>1. Follow facility protocol for reporting and documentation</li></ul></li><li>F. Other significant changes in physical conditions or behavior<ul style="list-style-type: none"><li>1. Follow facility protocol for reporting and documentation</li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
3. Demonstrate basic concepts of communication with the cognitively impaired client	<ul style="list-style-type: none"><li>A. Basic communication skills<ul style="list-style-type: none"><li>1. There must be message, a sender and a receiver</li><li>2. Be a positive communicator</li><li>3. Be a good listener</li></ul></li><li>B. Communication barriers<ul style="list-style-type: none"><li>1. Caregiver barriers<ul style="list-style-type: none"><li>a. Failure to listen</li><li>b. Doing something else while client is trying to communicate</li><li>c. Assuming the client has nothing of value to say because of cognitive impairment</li></ul></li><li>2. Cognitive Impairment<ul style="list-style-type: none"><li>a. Cognitive impairment is the inability to think, to reason, and/or to remember</li><li>b. This inability is severe enough to interfere with the ability to function</li></ul></li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>c. It may be temporary or permanent, depending on the cause</li><li>C. Communicating with the cognitively impaired client<ul style="list-style-type: none"><li>1. Follow the plan of action regarding communication techniques that are effective for each client. This may be called the ISP (Individualized Service Plan) or, in some facilities, the “Action Plan”</li><li>2. Remember that what works for one client may not work for another, be flexible</li></ul></li><li>D. Communication with the aphasic client<ul style="list-style-type: none"><li>1. Aphasia is the inability to speak<ul style="list-style-type: none"><li>a. Stand where client can see you</li><li>b. Look at the client the entire time</li><li>c. DO NOT SHOUT (clients who cannot speak are not necessarily hearing-</li></ul></li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>impaired and shouting may cause aggressive behavior)</p> <ul style="list-style-type: none"><li>d. Speak clearly and enunciate carefully</li><li>e. Do not rush the client</li><li>f. Use writing pads, chalk boards or a communication board</li></ul> <p>E. Managing behavior problems</p> <ul style="list-style-type: none"><li>1. The best way to manage difficult behavior is to prevent it by following sound behavior management principles</li><li>2. Knowing the client is a good way to avoid difficult behavior. Consistency of caregivers is important in this group of patients</li><li>3. To effectively manage challenging behavior:<ul style="list-style-type: none"><li>a. Identify the behavior and the cause using the ABC's of behavior management:</li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"><li>1) Antecedent – what happens before the behavior?</li><li>2) Behavior – what IS the behavior? (identify accurately)</li><li>3) Consequence – what happens as a result of the behavior?</li><li>4. Tools for managing behavior<ol style="list-style-type: none"><li>a. Directing and redirecting<ol style="list-style-type: none"><li>1) When the client is not achieving goals, DIRECT them using such actions as cueing or mirroring</li><li>2) When the client is doing something inappropriate or of danger to self or others, we REDIRECT them to another action</li></ol></li></ol></li></ol>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>b. Ignore the behavior, when appropriate</li><li>c. Increase your tolerance for the behavior, especially with the dementia client</li></ul> <p>F. Actions for managing the angry client</p> <ul style="list-style-type: none"><li>1. Agitation<ul style="list-style-type: none"><li>a. Listen closely and try to determine what triggered the behavior</li><li>b. Watch the client's body language for signs of escalating anger such as:<ul style="list-style-type: none"><li>1) loss of eye contact</li><li>2) repetitive movement, wringing of the hands, clenched fists</li><li>3) Increase in motor activity, such as frequent changes in position or pacing</li></ul></li></ul></li></ul>	



## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>4) Change in tone of voice, repetitive sounds, crying, complaining</li><li>c. Remain calm; think before you speak</li><li>d. Leave the client alone if appropriate and allow them to calm down</li><li>2. Physical aggression<ul style="list-style-type: none"><li>a. Avoid actions and issues that cause the client to become combative</li><li>b. Call for assistance if the client loses control</li><li>c. Back off when it is appropriate and allow the client time to settle down</li><li>d. Keep yourself and others at a safe distance; protect yourself and the patient</li><li>e. Stay calm; don't threaten; never hit back</li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	f. When anger passes, talk with the client to try to understand and comfort	
4. Measure and document vital signs	<p>A. When to measure Vital Signs</p> <ol style="list-style-type: none"> <li>1. When ordered by HCP</li> <li>2. To determine baseline vital signs</li> <li>3. If required by facility policy and procedure on a routine basis</li> <li>4. When monitoring the client's response to certain medications</li> <li>5. When the client shows signs of physical distress</li> </ol> <p>B. Measuring and recording vital signs *ranges may vary per client</p> <ol style="list-style-type: none"> <li>1. Temperature               <ol style="list-style-type: none"> <li>a. Older adults often have diminished ability to regulate body temperature putting them at higher risk for hypothermia</li> </ol> </li> <li>2. Pulse               <ol style="list-style-type: none"> <li>a. Rate</li> <li>b. Rhythm</li> </ol> </li> </ol>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>c. Quality</li> <li>3. Respirations               <ul style="list-style-type: none"> <li>a. Rate</li> <li>b. Rhythm</li> <li>c. Quality</li> </ul> </li> <li>4. Blood pressure               <ul style="list-style-type: none"> <li>a. Causes of Inaccurate Blood Pressure Readings</li> </ul> </li> <li>5. Pulse oximetry               <ul style="list-style-type: none"> <li>a. Oximeter may be placed on a fingertip, toe or ear lobe</li> </ul> </li> <li>6. Document vital sign measurements in the client's record</li> <li>7. Report abnormal findings per facility protocol</li> <li>8. Administer medications per facility protocol</li> </ul>	
5. Demonstrate the use of International/Military Time	<ul style="list-style-type: none"> <li>A. International Time               <ul style="list-style-type: none"> <li>1. Counted from the first hour of the day (number 1) to the last hour of the day (number 24)</li> </ul> </li> </ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>2. For hours after noon (12 pm) add 12 to the hour to determine the international time</li> <li>3. Minutes remain the same</li> </ol>	
<p>6. Identify the “Rights” of medication administration</p>	<ol style="list-style-type: none"> <li>A. The rights of medication administration               <ol style="list-style-type: none"> <li>1. Right Client</li> <li>2. Right Medication</li> <li>3. Right Dose</li> <li>4. Right Route</li> <li>5. Right Time</li> <li>6. Right Documentation</li> </ol> </li> <li>B. Purpose of the rights               <ol style="list-style-type: none"> <li>1. To achieve therapeutic goal</li> <li>2. To prevent harm to the client</li> <li>3. To avoid ethical/legal complications</li> </ol> </li> <li>C. Verify the rights               <ol style="list-style-type: none"> <li>1. When in doubt about any of the rights, DO NOT administer the medication</li> <li>2. Notify supervisor if medication is not administered</li> </ol> </li> </ol>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Define key pharmacological terms, medical terminology and abbreviations associated with medication administration	<ul style="list-style-type: none"> <li>A. Abbreviations associated with Medication Forms</li> <li>B. Routes of administration, abbreviations and meanings</li> <li>C. Measurements and associated abbreviations</li> <li>D. Times of administration and associated abbreviations</li> <li>E. Medical terms and associated abbreviations</li> </ul>	
2. Identify medication and dispensing classifications	<ul style="list-style-type: none"> <li>A. Medication Sources               <ul style="list-style-type: none"> <li>1. Natural Sources                   <ul style="list-style-type: none"> <li>a. Plants</li> <li>b. Animal</li> <li>c. Minerals</li> </ul> </li> <li>2. Chemical Sources                   <ul style="list-style-type: none"> <li>a. Chemical</li> <li>b. Biotechnology</li> </ul> </li> </ul> </li> <li>B. Medication Names               <ul style="list-style-type: none"> <li>1. Generic Name</li> </ul> </li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>a. The official name of the active ingredient used by all manufacturers</li><li>2. Trade Name<ul style="list-style-type: none"><li>a. Brand or product name</li><li>b. Indicated by ®</li></ul></li><li>C. How Medications are Classified<ul style="list-style-type: none"><li>1. Body System Affected</li><li>2. Mechanism of Action of Medications in the Body</li><li>3. Disease Medication is Intended to Treat</li><li>4. Dispensing Classifications<ul style="list-style-type: none"><li>a. Prescription Medications<ul style="list-style-type: none"><li>1) Schedule I<ul style="list-style-type: none"><li>a. Not legal</li><li>b. Illicit street drugs</li></ul></li><li>2) Schedule II-V<ul style="list-style-type: none"><li>a. High abuse potential</li></ul></li></ul></li></ul></li></ul></li></ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>b. Special storage &amp; reporting</li><li>c. Require a prescription</li><li>d. Examples</li><li>3) Schedule VI in Virginia<ul style="list-style-type: none"><li>a. Have least abuse potential</li><li>b. Require prescription</li><li>c. Examples</li></ul></li><li>b. Over-the-Counter Medications Including Herbal Medications<ul style="list-style-type: none"><li>1) Must have HCP order to administer</li><li>2) May be purchased without a prescription</li></ul></li></ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
3. Identify factors that affect medication mechanism of action	<ul style="list-style-type: none"> <li>3) Should be viewed in the same manner as prescription medications</li> <li>4) Can cause harm, produce unwanted effects and medication interactions are possible</li> </ul>	
	<ul style="list-style-type: none"> <li>A. Absorption – First Step                             <ul style="list-style-type: none"> <li>1. When medication is introduced into the body</li> <li>2. Rate of absorption influences medication action and may be affected by multiple factors</li> </ul> </li> <li>B. Distribution – Second Step                             <ul style="list-style-type: none"> <li>1. Medication moves into fluids and tissues</li> </ul> </li> <li>C. Metabolism – Third Step</li> </ul>	



## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>1. Break down of the medication in the body occurs in order to eliminate the medication</li><li>2. Affected by many factors<ul style="list-style-type: none"><li>a. Age</li><li>b. Health conditions</li></ul></li><li>D. Excretion – Final Step<ul style="list-style-type: none"><li>1. Urine<ul style="list-style-type: none"><li>a. Kidney conditions may affect excretion</li></ul></li><li>2. Feces</li><li>3. Expired air</li></ul></li><li>E. Factors That Affect Medication Action<ul style="list-style-type: none"><li>1. Physical Factors<ul style="list-style-type: none"><li>a. Age</li><li>b. Weight</li><li>c. Gender</li><li>d. Disease states</li><li>e. Genetic factors</li></ul></li><li>2. Psychosocial Factors</li></ul></li></ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>a. Diet</li> <li>b. Exercise</li> <li>c. Mental state</li> <li>d. History of medication response</li> <li>3. Medication Administration Factors               <ul style="list-style-type: none"> <li>a. Dosage form</li> <li>b. Route of administration</li> <li>c. Time of administration</li> </ul> </li> </ul>	
<p>4. Facilitate client awareness of the purpose and effects of medications</p>	<ul style="list-style-type: none"> <li>A. Communicating Purpose and Effects of Medication with the Client</li> <li>B. Purpose of Medication               <ul style="list-style-type: none"> <li>1. Prevent disease (e.g. vaccines)</li> <li>2. Eliminate and control infections</li> <li>3. Control disease</li> <li>4. Relieve symptoms related to illness</li> <li>5. Maintain normal function</li> </ul> </li> <li>C. Effects of Medication               <ul style="list-style-type: none"> <li>1. Therapeutic effect</li> <li>2. Undesired effect</li> </ul> </li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>a. Adverse event</li> <li>b. Medication interaction               <ul style="list-style-type: none"> <li>1) Two medications combine to produce a new, different, unwanted effect</li> <li>2) Follow facility protocol for medication interactions</li> </ul> </li> <li>c. Unwanted side effects</li> <li>D. Medication Dependency               <ul style="list-style-type: none"> <li>1. Physical dependency</li> <li>2. Psychological dependency</li> </ul> </li> <li>E. Medication Allergies               <ul style="list-style-type: none"> <li>1. Hypersensitivity</li> <li>2. Allergic reactions                   <ul style="list-style-type: none"> <li>a. Appear within first few doses</li> <li>b. Observe and report</li> </ul> </li> <li>3. Anaphylaxis                   <ul style="list-style-type: none"> <li>a. Observe and report</li> <li>b. Treatment</li> </ul> </li> </ul> </li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
5. Demonstrate how to use medication information sources	A. Common Medication References <ol style="list-style-type: none"> <li>1. Physician's Desk Reference (PDR)</li> <li>2. United States Pharmacopeia National Formulary (USP-NF)</li> <li>3. Nurses Drug Handbook</li> <li>4. The Pill Book</li> </ol> B. Using Medication Reference Books <ol style="list-style-type: none"> <li>1. When a Medication Question Occurs                             <ol style="list-style-type: none"> <li>a. Do not administer the medication until there is clarification</li> </ol> </li> </ol>	
6. Identify medication labeling requirements in Virginia and the Federal Drug Control Act	A. Label Information Contents <ol style="list-style-type: none"> <li>1. Drug Control</li> <li>2. Code of Virginia</li> <li>3. Written in ink, typed or printed</li> <li>4. Name, address and telephone number, Drug Enforcement Administration (DEA) number of pharmacy</li> <li>5. Prescription number and name of physician</li> </ol>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>6. Client's name and date prescription was filled</li> <li>7. Medication name, strength and count of medication</li> <li>8. Directions for taking the medication</li> <li>9. Number of refills</li> <li>10. Expiration date of medication</li> <li>11. Stickers with special instructions</li> </ul>	
7. Identify/explain how to complete three commonly used forms for documenting medication administration	<ul style="list-style-type: none"> <li>A. Use of the Prescriber's Order Form</li> <li>B. Use of the Medication Administration Record (MAR)</li> <li>C. Use of the Medication Error Report Form</li> <li>D. Other Medication Administration Documentation Forms</li> </ul>	
8. Demonstrate/explain procedures for receiving and transcribing physician's orders	<ul style="list-style-type: none"> <li>A. Receiving Medication Orders                             <ul style="list-style-type: none"> <li>1. Written order</li> <li>2. Verbal/Telephone order</li> </ul> </li> <li>B. Guidelines for Receiving Telephone Orders                             <ul style="list-style-type: none"> <li>1. Board of Pharmacy (BOP)</li> <li>2. DSS</li> <li>3. Facility policy</li> </ul> </li> <li>C. Prevention of Order Misinterpretation</li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>1. When in doubt, contact HCP to verify order</li> </ol> <p>D. Transcribing Orders onto the Medication Administration Record (MAR)</p> <ol style="list-style-type: none"> <li>1. Procedure for transcribing a medication per facility protocol</li> <li>2. Procedure for discontinuing a medication per facility protocol</li> </ol>	
9. Document medication administration on the Medication Administration Record (MAR)	<p>A. Documenting Administration of Medications</p> <ol style="list-style-type: none"> <li>1. All medications administered or omitted</li> <li>2. Document per facility protocol</li> </ol>	
10. Document medication errors	<p>A. Documenting Medication Errors Procedure</p> <ol style="list-style-type: none"> <li>1. Document on Medication Error Report Form per facility protocol</li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
<p>1. Identify basic guidelines for administering medications</p>	<p>A. Basic Guidelines for Administering Medications</p> <ol style="list-style-type: none"> <li>1. Know why the client is receiving the medication</li> <li>2. Know the medication delivery system               <ol style="list-style-type: none"> <li>a. vial</li> <li>b. blister pack</li> <li>c. unit dose</li> <li>d. multi-dose</li> </ol> </li> <li>3. Verify each medication order               <ol style="list-style-type: none"> <li>a. written physician's order</li> <li>b. medication administration record (MAR)</li> </ol> </li> <li>4. Know the types of medication orders               <ol style="list-style-type: none"> <li>a. routine order</li> <li>b. PRN</li> <li>c. single dose</li> <li>d. stat                   <ol style="list-style-type: none"> <li>1) pursuant to § 22VAC40-73-680(N)(2) RMA may not administer</li> </ol> </li> </ol> </li> <li>5. Read the medication label 3 times               <ol style="list-style-type: none"> <li>a. Verify the expiration date</li> </ol> </li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"><li>6. Never administer a medication if there is any question about the order</li><li>7. Never administer a medication if its normal appearance has been altered in any way</li><li>8. Always check for allergies</li><li>9. Take vital signs as indicated</li><li>10. Practice aseptic technique</li><li>11. Document in the MAR per facility protocol</li></ol> <p>B. Preparing to Pass Medication (“med-pass”)</p> <ol style="list-style-type: none"><li>1. Know and follow facility protocol</li><li>2. Stock the cart per facility protocol</li><li>3. Follow the rights of medication administration</li></ol> <p>C. Medication Administration Times</p> <ol style="list-style-type: none"><li>1. Not earlier than 1 hour before and not later than 1 hour after dosing time pursuant to § 22VAC40-73-680(C)</li><li>2. Confirm administration time window with facility protocol</li></ol>	



## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
2. Administer or assist the client with self-administration of oral medications	<ul style="list-style-type: none"> <li>A. Purpose of Oral Medications</li> <li>B. General Guidelines for Administering Oral Solid Medications                             <ul style="list-style-type: none"> <li>1. Administer solid medication first and liquid second; do not mix liquids</li> <li>2. Do not mix medication with food or liquids without a written order</li> <li>3. Stay with client until medications have been consumed</li> </ul> </li> <li>C. General Guidelines for Administering Oral Liquid Medications                             <ul style="list-style-type: none"> <li>1. Use measurement devices intended for measuring liquid medications</li> <li>2. Do not mix liquid medications in the same measuring device</li> </ul> </li> </ul>	
3. Administer or assist the client with self-administration of eye drops and ointments	<ul style="list-style-type: none"> <li>A. Purpose of Eye Medications</li> <li>B. Safe Administration of Eye Drops                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ul> </li> </ul>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
4. Administer or assist the client with self-administration of ear drops	A. Purpose of Ear Medications B. Safe Administration of Ear Drops <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
5. Administer or assist the client with self-administration of nasal drops and sprays	A. Purpose of Nasal Medications B. Safe Administration of Nasal Drops and Sprays <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
6. Administer or assist the client with self-administration of topical preparations	A. Purpose of Creams, Lotions and Ointments B. Safe Administration of Creams, Lotions and Ointments <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
7. Administer or assist the client with self-administration of vaginal products	A. Purpose of Vaginal Medications B. Safe Administration of Vaginal Medications <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
8. Administer or assist the client with self-administration of rectal products	A. Purpose of Rectal Medications B. Safe Administration of Rectal Medications <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
9. Administer or assist the client with self-administration of soaks and sitz baths	A. Purpose of Soaks and Sitz Baths B. Safe Administration of Soaks and Sitz Baths <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
10. Administer or assist the client with self-administration of oral hygiene products	<ul style="list-style-type: none"> <li>A. Guidelines for Oral Care</li> <li>B. Oral Hygiene Products</li> <li>C. Safe Administration of Oral Hygiene Products                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. date and initial multi-use containers when opened</li> <li>3. document administration per facility protocol</li> </ul> </li> </ul>	
11. Administer or assist the client with self-administration of inhalation products	<ul style="list-style-type: none"> <li>A. Purpose of Inhalation Products</li> <li>B. Types</li> <li>C. Safe Administration of Inhalation Products                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers</li> <li>3. Document administration per facility protocol</li> </ul> </li> </ul>	
12. Administer or assist the client with self-administration of transdermal patches	<ul style="list-style-type: none"> <li>A. Purpose of Transdermal Patches</li> <li>B. Safe Administration of Transdermal Patches                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial on patch per facility protocol</li> <li>3. Document administration per facility protocol</li> </ul> </li> </ul>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
13. Administer or assist the client with self-administration of EpiPen®	A. Purpose of The EpiPen® B. Safe Administration of the EpiPen® <ol style="list-style-type: none"><li>1. Procedure</li><li>2. Call 911</li><li>3. Document administration per facility protocol</li></ol>	

# UNIT V

## STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify procedures for storing and securing medications	<ul style="list-style-type: none"> <li>A. Importance of Proper Medication Storage               <ul style="list-style-type: none"> <li>1. Client safety</li> <li>2. Medication integrity and safety</li> <li>3. Compliance with federal and state laws and regulations</li> </ul> </li> <li>B. The Medication Cabinet, Container or Compartment               <ul style="list-style-type: none"> <li>1. For medication storage only</li> <li>2. Virginia DSS regulations                   <ul style="list-style-type: none"> <li>a. § 22VAC40-73-660</li> </ul> </li> </ul> </li> <li>C. The Pharmacy Container               <ul style="list-style-type: none"> <li>1. Used by pharmacies for dispensation of medications</li> <li>2. Containers must meet legal requirements</li> <li>3. Medications must be kept and stored in these original pharmacy containers</li> <li>4. Transfer of medications from one container to another is done only by a pharmacist</li> </ul> </li> </ul>	

# UNIT V

## STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>5. Only a pharmacist can change or alter the prescription label on a dispensed medication</li> <li>D. Storage of Internal and External Medication               <ul style="list-style-type: none"> <li>1. Oral medications separate from topical or suppository type medications</li> <li>2. Eye drops stored separate from internal/external medications</li> </ul> </li> <li>E. Storage of Medications which Require Specific Temperatures</li> <li>F. Storage of OTC medication               <ul style="list-style-type: none"> <li>1. Original container with residents name or pharmacy issued container until administered pursuant to 22VAC40-73-680 (G)</li> </ul> </li> </ul>	
<p>2. Explain/demonstrate procedures for maintaining an inventory of medication including controlled substances</p>	<ul style="list-style-type: none"> <li>A. Maintaining an Inventory of Individual Client Medications               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>B. Maintaining an Inventory of Controlled Substances</li> </ul>	

# UNIT V

## STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> <li>C. Guidelines for Counting Schedule II-V Medications               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>D. Provision of Prescription Medications Sent Outside the Facility               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> </ul>	
3. Identify procedures for disposal and loss of medications	<ul style="list-style-type: none"> <li>A. Reason for Disposal of Medications</li> <li>B. Guidelines for Medication Disposal               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>C. Documentation of Medication Disposal               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>D. Medication Losses               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> </ul>	



## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify special issues related to medication use in the elderly	<ul style="list-style-type: none"> <li>A. Effects of Aging on Medication Action</li> <li>B. Special Administration Considerations                             <ul style="list-style-type: none"> <li>1. Adverse drug reactions (ADRs)</li> <li>2. Non-adherence</li> </ul> </li> <li>C. The Effects of Disease</li> </ul>	
2. Recognize uses, adverse reactions and special considerations for selected psychotropic medications	<ul style="list-style-type: none"> <li>A. Four Classes of Psychotropic Medications                             <ul style="list-style-type: none"> <li>1. Antidepressant agents</li> <li>2. Antianxiety agents</li> <li>3. Antipsychotic agents (also called neuroleptics)</li> <li>4. Antimanic agents</li> </ul> </li> <li>B. Conditions Commonly Treated with Psychotropic Medications                             <ul style="list-style-type: none"> <li>1. Depression</li> <li>2. Anxiety disorders</li> <li>3. Bipolar disorder (manic-depressive)</li> <li>4. Psychotic disorders</li> <li>5. Individualized disability</li> </ul> </li> </ul>	
3. Recognize when a medication is a chemical restraint	<ul style="list-style-type: none"> <li>A. Virginia Department of Social Services' Definition of Chemical Restraint (§ 22VAC40-73-10)</li> <li>B. Danger of Chemical Restraints</li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>1. Physical harm</li><li>2. Psychosocial harm</li><li>C. Common Reasons for Chemical Restraints<ul style="list-style-type: none"><li>1. Lack of understanding of what the client is trying to communicate through behavior</li><li>2. Lack of understanding of behavior management techniques</li><li>3. Inadequate staffing</li></ul></li><li>D. Managing Behavior<ul style="list-style-type: none"><li>1. Review "Resident Rights" for ALFs</li><li>2. Review Communication</li></ul></li><li>E. Communicating with the Healthcare Team<ul style="list-style-type: none"><li>1. Clearly describe what the client is doing</li><li>2. Do not use words like "agitated" or "angry"<ul style="list-style-type: none"><li>a. state facts, not opinions</li></ul></li><li>3. If attempts to manage behavior fail, document every effort made to manage it per facility protocol</li></ul></li></ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	4. Transfer to another facility may be required	
4. Explain the importance of blood testing to monitor therapeutic levels of medication	<ul style="list-style-type: none"> <li>A. Reason for Monitoring</li> <li>B. Blood Levels               <ul style="list-style-type: none"> <li>1. Therapeutic level</li> <li>2. Toxic level</li> </ul> </li> <li>C. Determining Correct Dosage               <ul style="list-style-type: none"> <li>1. Factors affecting medication levels</li> </ul> </li> <li>D. Most Frequently Monitored Medications               <ul style="list-style-type: none"> <li>1. Blood thinners</li> <li>2. Anti-seizure medications</li> <li>3. Asthma medications</li> <li>4. Barbiturates</li> <li>5. Psychotropic medications</li> <li>6. Administration of high doses</li> </ul> </li> <li>E. Factors That Can Interfere with Testing               <ul style="list-style-type: none"> <li>1. Time between first dose and blood test</li> <li>2. Consuming medications other than the ones being monitored                   <ul style="list-style-type: none"> <li>a. prescription medications</li> <li>b. OTC medications</li> </ul> </li> </ul> </li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>c. Alcohol</li> <li>d. Marijuana</li> <li>e. "street drugs" or any illegal substances</li> <li>F. Responsibility of Facility Staff                             <ul style="list-style-type: none"> <li>1. Monitor HCP orders for blood level requests</li> <li>2. When ordered routinely, ensure test is done</li> <li>3. Ensure results are reported to the HCP</li> <li>4. Report unusual signs/symptoms related to medication levels</li> </ul> </li> </ul>	
5. Identify medications considered inappropriate for the elderly	<ul style="list-style-type: none"> <li>A. Beer's Criteria                             <ul style="list-style-type: none"> <li>1. A list of medications considered inappropriate to administer to elderly clients due to risks outweighing benefits</li> <li>2. List is based on recommendations from geriatric experts</li> </ul> </li> </ul>	
6. Identify reasons and ways of dealing with clients'	<ul style="list-style-type: none"> <li>A. Reasons for refusal</li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
<p>refusal to take medications and respond appropriately</p>	<ol style="list-style-type: none"> <li>1. Questions to Ask when Determining Reasons for Medication Refusal</li> <li>B. Types of refusal               <ol style="list-style-type: none"> <li>1. Active – client directly refuses</li> <li>2. Passive – less obvious and requires observation</li> </ol> </li> <li>C. Strategies for Managing Client Refusal               <ol style="list-style-type: none"> <li>1. Rephrase offer to administer the medication</li> <li>2. Follow the client’s Individualized Service Plan (ISP) for actions to be taken regarding refusal</li> </ol> </li> <li>D. When a client refuses               <ol style="list-style-type: none"> <li>1. Notify the HCP regarding the refusal</li> <li>2. Observe and report effects of medication refusal</li> <li>3. Document refusal per facility protocol</li> </ol> </li> </ol>	
<p>7. Recognize uses of over-the-counter medications, herbal preparations and non-medical substances</p>	<ol style="list-style-type: none"> <li>A. Use of Over-the-Counter (OTC) Medications               <ol style="list-style-type: none"> <li>1. Must have an HCP order</li> <li>2. Must be documented in the MAR</li> </ol> </li> </ol>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>3. Errors must be reported</li><li>4. Must be stored in the same manner as prescription medications</li><li>B. Use of Herbal Medications<ul style="list-style-type: none"><li>1. Not regulated by the FDA</li><li>2. Do not have to meet federal/state standards</li><li>3. Must have HCP order if administered by Medication Aides</li><li>4. Must be documented on the MAR in the same manner as prescription medications</li></ul></li><li>C. Use of Non-Medical Substances<ul style="list-style-type: none"><li>1. Effect of legal substances on physiology</li><li>2. Interaction of legal substances with OTC and prescription medications</li></ul></li><li>D. Use of Sample Medications<ul style="list-style-type: none"><li>1. Must have an HCP order</li><li>2. Must be documented in the MAR</li><li>3. Follow facility protocol</li></ul></li></ul>	

# UNIT VII

## INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Define and list the causes of two types of diabetes mellitus	<ul style="list-style-type: none"> <li>A. The Purpose of Insulin in the Body</li> <li>B. Diabetes               <ul style="list-style-type: none"> <li>1. Type I – insulin-dependent diabetes mellitus (IDDM) description</li> <li>2. Type II – non-insulin-dependent diabetes mellitus (NIDDM) description</li> </ul> </li> <li>C. Causes of Diabetes Mellitus</li> <li>D. Symptoms of Diabetes Mellitus</li> </ul>	
2. Identify interventions involved in the management of diabetes	<ul style="list-style-type: none"> <li>A. Diet Management</li> <li>B. Exercise</li> <li>C. Medication               <ul style="list-style-type: none"> <li>1. Oral                   <ul style="list-style-type: none"> <li>a. not insulin</li> <li>b. encourage the pancreas to produce and better utilize insulin</li> </ul> </li> <li>2. Insulin injections                   <ul style="list-style-type: none"> <li>a. Types of insulin</li> <li>b. Client may take one type or a mixture of two types of insulin</li> </ul> </li> </ul> </li> </ul>	

# UNIT VII

## INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	3. Non-insulin injections <ul style="list-style-type: none"> <li>a. Medication aides may not administer pursuant to 18VAC90-60-110(B)(5)</li> </ul> D. Blood Glucose Monitoring	
3. List common signs and symptoms of hypoglycemia and hyperglycemia	A. Hyperglycemia – High Blood Glucose <ul style="list-style-type: none"> <li>1. Causes</li> <li>2. Signs and symptoms</li> <li>3. Treatment</li> </ul> B. Hypoglycemia – Low Blood Glucose <ul style="list-style-type: none"> <li>1. Causes</li> <li>2. Signs and symptoms</li> <li>3. Treatment</li> </ul> C. Client Reporting to the HCP	
4. Perform finger stick procedure for glucose monitoring	A. Blood Glucose Monitoring <ul style="list-style-type: none"> <li>1. Procedure               <ul style="list-style-type: none"> <li>a. Random blood glucose test</li> <li>b. Fasting blood glucose tests</li> </ul> </li> </ul> B. Report and document per facility protocol	
5. Administer insulin injections	A. Methods of Insulin Administration <ul style="list-style-type: none"> <li>1. Syringe</li> <li>2. Pen</li> </ul>	



# UNIT VII

## INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>3. Other</li><li>B. General Guidelines for Administration of Subcutaneous Injections<ul style="list-style-type: none"><li>1. Insulin Pen</li><li>2. Insulin Vial</li><li>3. Mixing two types of insulin</li></ul></li></ul>	

# Glossary

<b>absorption</b>	How a substance is taken into the circulation (blood stream). How much of a medication is absorbed and how long it takes to absorb determines the medication's availability for use in the body.
<b>abuse</b>	To willfully inflict physical pain, injury or mental anguish or unreasonable confinement.
<b>active refusal</b>	When a client directly refuses to take a medication.
<b>addiction</b>	Compulsive physiological need for and use of a habit-forming substance.
<b>Physical addiction</b>	Drug dependence in which the drug is used to prevent withdrawal symptoms or in which it is associated with tolerance, or both.
<b>Psychological addiction</b>	Drug dependence in which the drug is used to obtain relief from tension or emotional discomfort; may also be called emotional dependence.
<b>ad lib</b>	Use as much as one desires. In licensed facilities, the order for such use must be specifically defined.
<b>administer</b>	Direct application of a medication to the patient's body whether by injection, inhalation, ingestion or any other means.
<b>administration route</b>	How the medication is administered, i.e., orally, topically, subcutaneous injection, inhalation, intranasal, rectally, vaginally, etc.
<b>ADR</b>	Abbreviation for <i>adverse drug reaction</i> . An often undesirable or unexpected effect of a drug which can vary in significance. Some adverse reactions are minor, tolerable for the patient and short-lived, while others are more life threatening; also known as a side effect.
<b>agitation</b>	Restless or excited behavior.
<b>akathisia</b>	Constant pacing; a total inability to sit still. If forced to sit still the person may experience extreme anxiety and agitation.

<b>ALF</b>	Abbreviation for <i>Assisted Living Facility</i> , a housing facility for people with disabilities or for adults who cannot or who choose not to live independently.
<b>Alzheimer's disease</b>	A progressive neurodegenerative disease of the brain which impairs ability to think, reason or remember and interferes with the ability to function.
<b>amnesia</b>	Lack or loss of memory; inability to remember past experiences.
<b>anaphylaxis</b>	A severe allergic reaction to a substance to which a person has become sensitized. Requires emergency treatment.
<b>anatomy</b>	Study of the structure and the parts of the body.
<b>antagonist</b>	When referring to medications, a substance that stops the action or effect of another substance.
<b>anxiety</b>	State of feeling apprehensive, uneasy, uncertain, or in fear of an unknown or recognized threat.
<b>aphasia</b>	Loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language, due to injury or disease of the brain center.
<b>APS</b>	Abbreviation for <i>Adult Protective Services</i> , which receives and investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older.
<b>aseptic</b>	Free of disease-causing organisms.
<b>ataxia</b>	Irregular muscular action. Particularly affects walking; gait is typically very unsteady.
<b>biohazardous waste</b>	Waste which may cause disease or injury.
<b>blood-borne pathogen</b>	A disease-causing organism which is carried in the blood.
<b>blood pressure</b>	The force of circulating blood on the walls of the arteries.

<b>BON</b>	Abbreviation for <i>Board of Nursing</i> , the agency in Virginia which regulates Nurses (RN and LPN), Nurse Practitioners including Nurse Anesthetists and Nurse Midwives, Nurse Aides, Advanced Certified Nurse Aides, Clinical Nurse Specialists, Medication Aides and Massage Therapists. The BON also regulates Prescriptive Authority for Nurse Practitioners and approves and regulates in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides.
<b>BOP</b>	Abbreviation for <i>Board of Pharmacy</i> .
<b>Bradykinesia</b>	Very slow movement. May be medication side effect. Symptom of disease such as Parkinson's.
<b>BUN</b>	Abbreviation for <i>Blood Urea Nitrogen</i> which is a measure of the kidneys' ability to excrete urea, the chief waste product of protein breakdown. Elevated in renal failure; influenced by the amount of protein intake in the diet. In medication administration, the function of the kidneys affects medication excretion.
<b>Catastrophic reaction</b>	An abrupt outburst related to a stimulus or trigger.
<b>catatonic</b>	A condition of being apparently awake but unresponsive. Catatonia is a severe psychiatric and medical condition associated with a number of psychiatric and medical conditions, such as drug abuse, depression, and schizophrenia.
<b>CE</b>	Abbreviation for <i>Continuing Education</i> . Educational requirement to maintain a license or certificate.
<b>chemical name</b>	The name of a chemical compound that shows the names of each of its elements or sub-compounds.
<b>CHF</b>	Abbreviation for <i>Congestive Heart Failure</i> ; a disease of the heart most commonly referred to as "heart failure."
<b>cognitive impairment</b>	Altered ability to think, to reason and/or remember which interferes with the ability to function normally.
<b>Combative</b>	Marked by eagerness to fight or contend.
<b>communicable disease</b>	One which can be transmitted from one human to another.
<b>communication barrier</b>	An internal or external obstacle which interferes with sending or receiving a message.

<b>concentration</b>	Amount of medication in a certain volume of liquid.
<b>confusion</b>	Usually refer to loss of orientation (ability to place oneself correctly in the world by time, location and personal identity) and often memory (ability to correctly recall previous events or learn new material). Confusion is a symptom. It may range from mild to severe. A person who is confused may have difficulty solving problems or tasks, especially those known to have been previously easy for the person and an inability to recognize family members or familiar objects, or to give approximate location of family members not present.
<b>contamination</b>	The act of process of rendering something harmful or unsuitable. Passage of an infectious organism, such as a virus, from an infected person to an object such as a needle, which then, when used, may pass infection to another person. The soiling or making inferior by contact or mixture, as by introduction of infectious organisms into a wound, into water, milk, food or onto the external surface of the body or on bandages and other dressings.
<b>contraindication</b>	Conditions in which the use of a certain medication is dangerous or inadvisable.
<b>controlled substances</b>	Potentially dangerous or habit-forming medications whose sale and use are strictly regulated by law; any prescription medication in Virginia.
<b>COPD</b>	Medical abbreviation for <i>Chronic Obstructive Pulmonary Disease</i> ; a condition of the respiratory system in which breathing is difficult.
<b>cueing</b>	To give signs or signals to indicate a desired behavior or action.
<b>CVA</b>	Abbreviation for <i>cerebral vascular accident</i> . Medical term for a brain stroke.
<b>DEA</b>	Abbreviation for <i>Drug Enforcement Administration</i> , a federal agency which regulates and enforces laws on drugs in Schedules I-V; determines on a federal level which Schedule classification is most appropriate for drugs.
<b>dehydration</b>	A condition caused by the loss of too much water from the body. Severe diarrhea or vomiting can cause dehydration. Can be life-threatening if untreated.
<b>delirium</b>	A temporary state of mental confusion caused by disease, illness, drugs or alcohol. Usually subsides in time when the cause is removed.

<b>delusions</b>	False beliefs that are resistant to reasoning.
<b>dementia</b>	Mental deterioration caused by disease, injury or alcohol.
<b>depression</b>	A prolonged state of sadness. May be hereditary or caused by a life situation. A treatable condition.
<b>diabetes</b>	A disease in which the body does not properly control the amount of sugar in the blood resulting in a high level of sugar in the blood. Occurs when the body does not produce enough insulin or does not use it properly.
<b>directing</b>	To instruct, or indicate, for the client, a desired action. A behavior management technique.
<b>disinfect</b>	To render free from disease-causing organism.
<b>disoriented</b>	Lose of awareness of time, place or identity.
<b>distribution</b>	Movement of a medication throughout the body after it is absorbed into the circulation (blood stream).
<b>dosage</b>	The amount of medication to be administered, e.g., one 50mg tablet, 10 units, 5ml, etc.
<b>drug</b>	Chemical substance used in the diagnosis, treatment, prevention or cure of disease; also called medication.
<b>DSS</b>	Abbreviation for <i>Department of Social Services</i> , the agency which licenses and regulates Virginia assisted living facilities.
<b>dystonia</b>	Abnormal tonicity of muscle, characterized by prolonged, repetitive muscle contractions that may cause twisting or jerking movements of the body or a body part. Can be caused by prolonged or improper use of some psychotropic medications.
<b>elimination</b>	The process of eliminating a medication or other substance from the body.
<b>enema</b>	A procedure used for clearing the bowel and colon of fecal matter. Liquid is introduced, usually water and sodium bicarbonate or sodium phosphate, by means of a bulb or enema bag, into the anus and thus to the bowel and colon. This tends to stimulate the bowel to release fecal matter.

<b>enteric</b>	Pertaining to the small intestine.
<b>enteric-coated</b>	A coating placed on medication which allows it to dissolve in the small intestine rather than in the stomach.
<b>EpiPen®</b>	A unit dose syringe that is pre-filled with the medication, epinephrine. It is used for self-administration of epinephrine in the event of an allergy emergency.
<b>ethical standards</b>	Guides to moral behavior.
<b>euphoria</b>	A feeling of well-being or elation; may be medication related.
<b>excretion</b>	An excreting of waste matter: the act or process of discharging waste matter from the tissues or organs.
<b>external medications</b>	Those administered on the outside of the body such as creams, ointments or transdermal patches.
<b>expiration date</b>	Date after which a medication should not be used.
<b>exploitation</b>	The use of another person or his/her belongings for personal gain.
<b>extrapyramidal</b>	Refers to a group of symptoms that are usually related to the close and prolonged administration of antipsychotic medications.
<b>FDA</b>	Abbreviation for <i>Food and Drug Administration</i> , the federal agency which enforces the Food, Drug and Cosmetic Act; determines when a manufacturer can market its medication based on safety and efficacy data; determines if a generic medication is therapeutically equivalent to a brand name medication.
<b>frequency</b>	How often a medication is administered, e.g., once daily, twice daily before meals, every four hours as needed for cough, etc.
<b>generic medication</b>	An often lesser expensive medication that may be deemed therapeutically equivalent by the United States Food and Drug Administration to a trade name medication, because it has the same active ingredient(s) and is identical in strength, dosage form and route of administration.
<b>geriatric</b>	Relating to older people.

<b>glucagon</b>	Hormone secreted by the alpha cells of the pancreas. Glucagon is responsible for raising blood glucose.
<b>glucose</b>	Simple sugar; the form in which all carbohydrates are used as the body's principal energy source; transported in the blood and metabolized in the tissues.
<b>glucometer</b>	A small, portable machine that can be used to check blood glucose concentrations.
<b>grievance</b>	A situation in which a person feels she wishes to file a complaint.
<b>hallucination</b>	An experience involving the apparent perception of something not present.
<b>handheld inhaler</b>	A portable handheld device that delivers medication in a form that the person breathes in directly to the lungs.
<b>HCP</b>	Abbreviation for Healthcare Provider.
<b>hyperglycemia</b>	An abnormally high level of sugar (glucose) in the blood.
<b>hypnotic</b>	A medication that produces drowsiness and assists with the onset and maintenance of sleep.
<b>hypoglycemia</b>	A deficiency of sugar (glucose), in the blood caused by too much insulin or too little glucose.
<b>hypothermia</b>	An abnormally low body temperature.
<b>IDDM</b>	An abbreviation for insulin-dependent diabetes mellitus.
<b>incapacitated adult</b>	Any adult who is impaired by reason of mental illness, mental deficiency, physical illness or disability to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, or to the extent the adult cannot effectively manage or apply his/her estate to necessary ends.
<b>Incident Report</b>	A form that is required by the facility to be completed to document details of an unusual event that occurs at the facility, such as an injury to a patient or a staff member.
<b>indications</b>	Diseases, conditions and disorders for which a medication may be used to treat.



<b>infection</b>	The invasion of the body by pathogenic microorganisms thus producing a state of disease.
<b>infectious waste</b>	Refuse capable of causing infectious disease; items contaminated with blood, saliva, or other body substances, or those actually or potentially infected with pathogenic material.
<b>inhalation</b>	Administration of medications by way of droplets or mist that the patient breathes into the lungs.
<b>inhalation therapy</b>	Breathing treatment used to help restore or improve breathing function in patients with respiratory disease. If medication is included, it is usually administered by way of a nebulizer or a hand-held inhaler.
<b>ISP</b>	Abbreviation for Individualized Service Plan, a document required by DSS which outlines the plan of care for clients in assisted living facilities.
<b>instillation</b>	Placement of drops of liquid into the eyes, ears, nose, or some other body cavity.
<b>insulin</b>	A hormone that enables the body to metabolize and use glucose. Lack of or insensitivity to insulin results in diabetes.
<b>insulin pen</b>	An insulin injection device the size of a pen that includes a needle and holds a vial of insulin. It can be used instead of syringes for giving insulin injections.
<b>jaundice</b>	Yellowing of the skin and eyes caused by too much bilirubin in the blood.
<b>ketoacidosis</b>	A severe condition caused by a lack of insulin or an elevation in stress hormones. It is marked by high blood glucose levels and ketones in the urine, and occurs almost exclusively in those with type 1 diabetes; can result in diabetic coma.
<b>ketones</b>	Acidic substances produced when the body uses fat, instead of sugar, for energy.
<b>legal standards</b>	Guides to legal behavior.
<b>lethargy</b>	Lack of energy, sluggishness, dullness, apathy.
<b>liable</b>	Legally obligated; responsible for an action.

<b>malnutrition</b>	Poor nourishment of the body often due to not eating healthy foods, improper digestion, poor absorption of nutrients or a combination of these factors.
<b>mandatory reporter</b>	A person who has regular contact with vulnerable people and is therefore legally required to ensure a report is made when abuse is observed or suspected.
<b>MAR</b>	An abbreviation for Medication Administration Record, a form used to document all medications administered to a particular resident.
<b>Registered Medication Aide</b>	The official title given to those persons who meet all requirements of the Board of Nursing and who are registered and in good standing with the board; may be abbreviated <i>RMA</i> .
<b>Medication Error Report Form</b>	Used to document the details of a medication error.
<b>medication inventory</b>	To maintain and accurate supply and count of client's medications stored in the facility. A <i>Medication Inventory Form</i> may be used to document the count of certain drug schedules.
<b>medicine cart</b>	Movable unit for storing medications.
<b>metabolism</b>	The chemical breakdown of a medication within the body. The rate of metabolism or speed at which the body processes medication varies from individual to individual, and therefore, the magnitude and duration of a medication's effect may differ from one person to the next. Typically, the elderly or a patient with compromised kidney or liver function will metabolize medication at a slower rate. Therefore, the medication effect can be greater in these patients and last longer than in a younger, healthier adult. This is why lower strengths or smaller doses are often given to these patients.
<b>metered dose inhaler</b>	Small, portable devices used to administer medication into the lungs.
<b>microorganism</b>	An organism that can be seen only with the aid of a microscope; also called a microbe.
<b>misappropriation</b>	The unauthorized, improper, or unlawful use of funds or other property for purposes other than that for which intended.

<b>motility</b>	The ability to move; the movement of muscles that propel food through the intestinal tract.
<b>nasal</b>	By way of the nose. In medication administration, it refers to nose drops or nose sprays.
<b>nebulizer</b>	A machine or hand-held device used to administer medication for respiratory disease into the lungs, by way of inhalation.
<b>neglect</b>	Failure to provide food, medication, shelter or appropriate care or providing improper or inappropriate care that results in injury or harm, whether physical or emotional, to the person.
<b>NIDDM</b>	An abbreviation for non-insulin-dependent diabetes mellitus.
<b>nostril</b>	Either of two external openings of the nasal cavity in vertebrates that admit air to the lungs and smells to the olfactory nerves.
<b>NSAID</b>	An abbreviation for <i>Nonsteroidal Anti-Inflammatory Drug</i> . A medication that decreases fever, swelling, pain, and redness.
<b>ophthalmic</b>	Related to the eye. In medication administration, it usually refers to eye drops or eye ointments.
<b>orthostatic hypotension</b>	A large decrease in blood pressure upon standing; may result in fainting.
<b>OSHA</b>	Abbreviations for <i>Occupational Safety and Health Administration</i> . A federal agency under the Department of Labor that publishes and enforces safety and health regulations for business and industries.
<b>otic</b>	Related to the ear. In medication administration it usually refers to the administration of eardrops.
<b>OTC</b>	An abbreviation for <i>over-the-counter</i> , medications available without prescription.
<b>passive refusal</b>	A client accepts a medication but refuses to swallow or conceals and later spits it out. Swallowing a medication and then vomiting it back.
<b>pathogen</b>	Disease-causing microorganism.

<b>patient abandonment</b>	From a regulatory perspective, in order for patient abandonment to occur, the care provider must have first accepted the patient assignment and established a provider-patient relationship, then severed that provider-patient relationship without giving reasonable notice to the appropriate person (supervisor, employer) so that arrangements can be made for continuation of care by others.
<b>perseveration</b>	Continuance of activity after the stimulus is removed.
<b>pharmacology</b>	Study of medications; includes their composition, uses and effects.
<b>pharmacy requisition form</b>	Form used to order supplies and medications from the pharmacy.
<b>Physician's Order Form</b>	A form used by persons authorized to prescribe and treat; usually provided by the facility or the pharmacy provider. Often abbreviated as <i>P.O. form</i> .
<b>PO</b>	Accepted medical abbreviation for <i>by mouth</i> ; a route of administration.
<b>poly-pharmacy</b>	When a client is taking a combination of two or more medications.
<b>PPE</b>	<i>Personnel Protective Equipment</i> , such as gloves, gowns, masks, goggles required by OSHA when exposure to possible blood-borne pathogens.
<b>precautions</b>	Warnings to use care when giving medications under certain conditions.
<b>prescription medication</b>	Means any medication required by federal law or regulation to be dispensed only pursuant to a prescription.
<b>PRN order</b>	A medication order for a medication to be administered, as needed, within a particular time parameter prescribed by the HCP.
<b>pre-pour</b>	To pour medication in advance of time for dose to be given.
<b>Prescriber Form</b>	A form used by persons authorized to prescribe and treat; usually provided by the facility or the pharmacy provider.

<b>protrusion</b>	The state of being thrust forward or laterally, as in tongue thrusting caused by voluntary or involuntary movements of the jaw muscle.
<b>psychotic behavior</b>	A term that refers to a group of severe mental illnesses where the person has periods of loss of contact with reality which results in a severe impairment in the ability to function. Common symptoms include hallucinations, delusions, withdrawal, and impairment of intellectual function, loss of personal care skills.
<b>pulse oximetry</b>	Pulse oximetry is a noninvasive method for monitoring a person's oxygen saturation.
<b>redirecting</b>	To divert from one action to another. A behavior management technique.
<b>Resident's Bill of Rights</b>	A document that states the rights of clients living in long-term care facilities. Frequently referred to as <i>Resident's Rights</i> .
<b>routine order</b>	Medication order for medication to be administered over a period of time until discontinued.
<b>schizophrenia</b>	One of the most complex of all mental health disorders; involves a severe, chronic, and disabling disturbance of the brain.
<b>sedative</b>	A medication that decreases activity and calms the recipient.
<b>self-administration</b>	The act of a person administering medications to himself with knowledge of the identity and purpose of the medication.
<b>self-administer</b>	A resident of, or applicant to, an ALF who is capable of self-administering medication will be described in the UAI (Universal Assessment Instrument) as one who is capable of taking medication without any assistance of any kind from another person. For these purposes, assistance is defined as verbal cues, prompting, set-up or any hands-on assistance by another individual.
<b>solubility</b>	The amount of a substance that can be dissolved in a liquid under specified conditions.
<b>spacer</b>	A device used to increase the ease of administering aerosolized medication from a metered-dose inhaler.

<b>Standard Precautions</b>	Established by OSHA to prevent contamination by blood-borne pathogens; wearing gloves when handling body fluids, wearing personnel protective equipment and disposing of biohazardous waste.
<b>stat order</b>	An order for a medication to be administered immediately.
<b>sterile</b>	Free of microorganisms.
<b>subcutaneous</b>	Beneath the skin; an area that is rich in fat and blood vessels. Some medications, such as insulin, are injected into this area to aid their absorption.
<b>suppository</b>	A solid cone or cylinder of usually medicated material which melts and is for insertion into a bodily passage or cavity (as the rectum, vagina, or urethra).
<b>tardive dyskinesia</b>	Potentially irreversible neurological side effects of antipsychotic medications in which there are involuntary repetitive movements of the face, limbs and trunk.
<b>telephone order</b>	An order received, by way of telephone, from a HCP for medication or treatment and received by an authorized person. Abbreviated as <i>T.O.</i>
<b>therapeutic range</b>	The concentration or level of a medication in the blood required for the desired outcome.
<b>torticollis</b>	A state of inadequate muscle tone in the muscles in the neck that control the position of the head. It can cause the head to twist and turn to one side, and the head may also be pulled forward or backward.
<b>toxicity</b>	The quality, state, or relative degree of being toxic or poisonous to the body.
<b>trade name</b>	Licensed name under which a medication prepared by a specific manufacturer is sold; also known as proprietary or brand name.
<b>transcribe</b>	To record information from one document to another. In medication management it usually means copying the HCP orders from the HCP form onto the Medication Administration Record (MAR).
<b>UAI</b>	Abbreviation for <i>Uniform Assessment Instrument</i> , a document required by DSS which identifies the level of care required for each client.

<b>validation</b>	To make valid; substantiate; confirm.
<b>verbal order</b>	An order from a HCP for medication or treatment which is transmitted verbally rather than written. Generally, unlicensed assistive personnel, such as a Medication Aide, should avoid accepting a verbal order.
<b>void</b>	To excrete or discharge from the body. Usually refers to urine.

Virginia Board of Nursing  
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

RATING: S = Satisfactory U = Unsatisfactory

<b>Unit I Legal and Ethical Issues</b>			
Objectives	Date	Rating S/U	Instructor Initials
<b>Identify legal and ethical issues in medication management</b>			
<b>Demonstrate an understanding of the implication of client's rights regarding medications, treatment decisions and confidentiality</b>			
<b>Identify permitted practices and identify acts prohibited by Medication Aides in Virginia</b>			
<b>Identify the legal requirement to report client abuse, neglect and exploitation</b>			
<b>Instructor Comments:</b>			

<b>Unit II Preparing for Safe Administration of Medications</b>			
Objectives	Date	Rating S/U	Instructor Initials
<b>Demonstrate principles of maintaining aseptic technique</b>			
<b>Recognize emergencies and other health-threatening conditions and respond accordingly</b>			
<b>Demonstrate basic concepts of communicating with the cognitively impaired client</b>			
<b>Measure and document vital signs</b>			
<b>Demonstrate the use of International/Military Time</b>			
<b>Identify the "Rights" of medication administration</b>			
<b>Instructor Comments:</b>			



Virginia Board of Nursing  
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit III The Basics of Medication Administration			
Objectives	Date	Rating S/U	Instructor Initials
Define key pharmacology terms, medical terminology and abbreviations associated with medication administration			
Identify medication and dispensing classifications			
Identify factors that affect medication mechanism of action			
Facilitate client awareness of the purpose and effects of medications			
Demonstrate how to use medication information sources			
Identify medication labeling requirements in Virginia and the Federal Drug Control Act			
Identify/explain how to complete three commonly used forms for documenting medication administration			
Demonstrate/explain procedures for receiving and transcribing physician's orders			
Document medication administration on the Medication Administration Record (MAR)			
Document medication errors			
<b>Instructor Comments:</b>			

Virginia Board of Nursing  
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

<b>Unit IV Administration of Prepared Instillations and Treatments</b>			
<b>Objectives</b>	<b>Date</b>	<b>Rating S/U</b>	<b>Instructor Initials</b>
<b>Identify basic guidelines for administering medications</b>			
<b>Administer or assist with self-administration of oral medications</b>			
<b>Administer or assist with self-administration of eye drops and ointments</b>			
<b>Administer or assist with self-administration of ear drops</b>			
<b>Administer or assist with self-administration of nasal drops and sprays</b>			
<b>Administer or assist with self-administration of topical preparations</b>			
<b>Administer or assist with self-administration of vaginal products</b>			
<b>Administer or assist with self-administration of rectal products</b>			
<b>Administer or assist with self-administration of soaks and sitz-baths</b>			
<b>Administer or assist with self-administration of oral hygiene products</b>			
<b>Administer or assist with self-administration of inhalation therapy products</b>			
<b>Administer or client with self-administration of transdermal patches</b>			
<b>Administer or assist with self-administration of Epi-pen®</b>			
<b>Instructor Comments:</b>			

Virginia Board of Nursing  
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

<b>Unit V Storage and Disposal of Medication</b>			
<b>Objectives</b>	<b>Date</b>	<b>Rating S/U</b>	<b>Instructor Initials</b>
<b>Identify procedures for storing and securing medications</b>			
<b>Explain/demonstrate procedures for maintaining an inventory of medication including controlled substances</b>			
<b>Identify procedures for disposal and loss of medications</b>			
<b>Instructor Comments:</b>			

<b>Unit VI Special Issues in Medication Administration</b>			
<b>Objectives</b>	<b>Date</b>	<b>Rating S/U</b>	<b>Instructor Initials</b>
<b>Identify special issues related to medication use in the elderly</b>			
<b>Recognize uses, adverse reactions and special considerations for selected psychotropic medications</b>			
<b>Recognize when a medication is a chemical restraint</b>			
<b>Explain the importance of blood testing to monitor therapeutic levels of medication</b>			
<b>Identify medications considered inappropriate for the elderly</b>			
<b>Identify reasons and ways of dealing with clients' refusal to take medications and respond appropriately</b>			
<b>Recognize uses of over-the-counter medications, herbal preparations and non-medical substances</b>			
<b>Instructor Comments:</b>			

Virginia Board of Nursing  
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit VII Insulin Administration			
Objectives	Date	Rating S/U	Instructor Initials
Define and list the causes of two types of diabetes mellitus			
Identify interventions involved in the management of diabetes			
List common signs and symptoms of hypoglycemia and hyperglycemia			
Perform finger stick procedure for glucose monitoring			
Administer insulin injections			
Instructor Comments:			

Instructor Initials	Instructor name (printed)	Instructor Signature

I acknowledge I have received a copy of the Medication Aide Performance Record as required pursuant to 18VAC90-60-70(B)(1).	
Student Name (printed)	Student Signature
Date	

**Virginia Board of Nursing -- Informal Conference Schedule**

*July – December 2022*

\*Chairperson

**D1**

<b>Special Conference Committee A</b> Cynthia Swineford, RN, MSN, CNE * James Hermansen-Parker, MSN, RN, PCCN-K			<b>Special Conference Committee B</b> Brandon Jones, MSN, RN, CEN, NEA-BC*			<b>Special Conference Committee C</b> Marie Gerardo, MS, RN, ANP-BC* Margaret Friedenberg, Citizen Member			
<b>Special Conference Committee D</b> Tucker Gleason, PhD, Citizen Member* Laurie Buchwald, MSN, WHNP, FNP			<b>Special Conference Committee E</b> Felisa Smith, RN, MSA, MSN / Ed, CNE, PhD * Dixie McElfresh, LPN			<b>Special Conference Committee F</b> Yvette Dorsey, DNP, RN *			
<b>Special Conference Committee G</b> Meenakshi Shah, BA, RN* Teri Crawford Brown RNC, MSN, CPPS									
DATE			SCC / AG SUB	STAFF	CASES	MEETING ROOM	WAITING ROOM	BON STAFF	LMT ABM
Wednesday	July 6	2022	Educ IFC	JW		BR3	HR5	BY	
Thursday	July 7	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	LG	
Monday	July 11	2022	AgSub-LH	CM	NSG/RMA/CNA	TR1	HR5	FV	
Tuesday	July 12	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR3	CS	
Monday	July 25	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	SC/CH	
Monday	Aug 1	2022	AgSub-LH	RH	LNP/NSG	TR1	HR5	LG	
Tuesday	Aug 2	2022	SCC-B	CB	LMT	BR3	TR2	CH	TBD
Thursday	Aug 4	2022	AgSub-PS	CR	NSG/RN/LPN ONLY	TR1	HR5	FV	
Tuesday	Aug 9	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	CS	
Thursday	Aug 11	2022	SCC-A	CM	APPLICANT	TR1	HR5	CH	
Friday	Aug 12	2022	SCC-D	CB	NSG/RMA/CNA	TR1	HR5	LG	
Thursday	Aug 18	2022	SCC-C	RH	NSG/RMA/CNA	TR1	HR5	FV	
Monday	Aug 22	2022	SCC-E	CM	NSG/RMA/CNA	BR4	TR2	CS	
Monday	Aug 29	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	SC	
Thursday	Sept 1	2022	Educ IFC	JW		BR1	HR5	BY	
Wednesday	Sept 7	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FV	
Friday	Sept 9	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	LG	
Monday	Sept 19	2022	AgSub-LH	CR	NSG/RMA/CNA	BR3	HR5	CS	
Tuesday	Sept 27	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	CH	
Tuesday	Oct 4	2022	SCC-B	CR	APPLICANT	TR1	HR5	LG	
Wednesday	Oct 5	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FV	
Tuesday	Oct 11	2022	SCC-D	CB	LMT	BR1	HR1	CH	TBD
Wednesday	Oct 12	2022	JB MTG	RH		BR2	HR5		
Thursday	Oct 13	2022	SCC-A	CM	NSG/RMA/CNA	TR1	HR5	CH	
Monday	Oct 17	2022	AgSub-LH	CR	NSG/RMA/CNA	TR1	HR5	CS	
Wednesday	Oct 19	2022	SCC-C	CB	NSG/RMA/CNA	BR1	HR1	LG	
Monday	Oct 24	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	FV	
Tuesday	Oct 25	2022	SCC-E	CM	NSG/RMA/CNA	TR1	HR5	CS	
Monday	Oct 31	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	SC	
Tuesday	Nov 1	2022	Educ IFC	JW		BR3	HR5	BY	
Wednesday	Nov 2	2022	AgSub-LH	FI	NSG/RMA/CNA	TR1	HR5	CH	
Thursday	Nov 10	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	LG	
Monday	Nov 21	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	SC	
Thursday	Dec 1	2022	SCC-E	CM	APPLICANT	TR1	HR5	CH	
Tuesday	Dec 6	2022	AgSub-TM	FI	NSG/RMA/CNA	TR2	HR5	SC	
Thursday	Dec 8	2022	AgSub-LH	CR	NSG/RMA/CNA	TR1	HR5	FV	
Thursday	Dec 8	2022	SCC-A	CB	LMT	BR1	HR1	CH	TBD
Monday	Dec 12	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	CS	
Tuesday	Dec 13	2022	AgSub KM	PD	NSG/RMA/CNA	TR1	HR5	SC	
Wednesday	Dec 14	2022	SCC-C	CR	NSG/RMA/CNA	TR1	HR5	LG	
<b>BON AGENCY SUBs</b> TM – Trula Minton KM - Kelly McDonough PS-Pat Selig LH-Louise Hershkowitz									
<b>BON STAFF</b> JD – Jay Douglas RH – Robin Hills CM – Claire Morris CB-Christina Bargdill PD – Pat Dewey JW – Jacquelyn Wilmoth FI – Francesca Iyengar CR – Charlette Ridout									
<b>BON SUPPORT STAFF</b> LG – Lakisha Goode STS – Sylvia Tamayo-Suijk FV – Florence Venable HV – Huong Vu BY – Beth Yates CH – Cathy Hanchev CS-Candis Stoll SC – Sierra Cummings									
<b>APD STAFF</b> JB-Julia Bennett CC – Christine Corey DK – David Kazzie MW- Mandy Wilson GS – Grace Stewart AJ-Anne Joseph TJ – Tammie Jones DR-David Robinson MP – Michael Parsons MP-Melanie Pagano CF-Claire Foley RR-Rebecca Ribley									
<b>OTHERS – MT Adv Bd</b> DH – Dawn Hogue EO- Erin Osiol SP- Shawnte Peterson MO-Maria Olivieri									

**COMMONWEALTH of VIRGINIA**

David E. Brown, D.C.  
Director

*Department of Health Professions*

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Virginia Board of Nursing  
Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

Board of Nursing (804) 367-4515  
[www.dhp.virginia.gov/Boards/nursing](http://www.dhp.virginia.gov/Boards/nursing)

**Memo**

To: Board Members

From: Jay P. Douglas, MSM, RN, CSAC, FRE

Date: July 19, 2022

Re: Dates for 2023 Board Meetings and Formal Hearings

The following dates are for the 2023 Board Meetings and Formal Hearings:

January 23 – 26, 2023

March 20 – 23, 2023

May 22 – 25, 2023

July 17 – 20, 2023

September 11 – 14, 2023

November 13 – 16, 2023

## Current Regulatory Actions

Board		Board of Nursing
Chapter		Action / Stage Information
<a href="#">[18 VAC 90 - 26]</a> 1	Regulation s for Nurse Aide Education Programs	<u>Amendments to regulations governing nurse aide education programs</u>  <u>Fast-Track</u> - AT Attorney General's Office – 39 days
<a href="#">[18 VAC 90 - 70]</a> 1	Regulation s Governing the Practice of Licensed Certified Midwives	<u>New regulations for licensed certified midwives</u>  <u>NOIRA</u> – Published 1/17/2022

**Agenda Item: Consideration of regulations for licensure of licensed certified midwives****Included in your agenda package are:**

Relevant portions of Virginia Code § 54.1-2900.

Virginia Code § 54.1-2957.04.

Draft regulations recommended by the Joint Committee of the Boards of Nursing and Medicine for adoption as proposed regulations.

**Action needed:**

- Motion to adopt proposed regulations governing the licensure of licensed certified midwives.



Relevant excerpts from Va. Code § 54.1-2900:

"Licensed certified midwife" means a person who is licensed as a certified midwife by the Boards of Medicine and Nursing.

"Practice of licensed certified midwifery" means the provision of primary health care for preadolescents, adolescents, and adults within the scope of practice of a certified midwife established in accordance with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i) providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating with or referring patients to such other health care providers as may be appropriate for the care of the patients; and (iv) serving as an educator in the theory and practice of midwifery.

Code of Virginia  
Title 54.1. Professions and Occupations  
Chapter 29. Medicine and Other Healing Arts

**§ 54.1-2957.04. Licensure as a licensed certified midwife; practice as a licensed certified midwife; use of title; required disclosures.**

A. It shall be unlawful for any person to practice or to hold himself out as practicing as a licensed certified midwife or use in connection with his name the words "Licensed Certified Midwife" unless he holds a license as such issued jointly by the Boards of Medicine and Nursing.

B. The Boards of Medicine and Nursing shall jointly adopt regulations for the licensure of licensed certified midwives, which shall include criteria for licensure and renewal of a license as a certified midwife that shall include a requirement that the applicant provide evidence satisfactory to the Boards of current certification as a certified midwife by the American Midwifery Certification Board and that shall be consistent with the requirements for certification as a certified midwife established by the American Midwifery Certification Board.

C. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as a licensed certified midwife if the applicant has been licensed as a certified midwife under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure as a licensed certified midwife in the Commonwealth.

D. Licensed certified midwives shall practice in consultation with a licensed physician in accordance with a practice agreement between the licensed certified midwife and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by the licensed certified midwife and provided to the Board upon request. The Board shall adopt regulations for the practice of licensed certified midwives, which shall be in accordance with regulations jointly adopted by the Boards of Medicine and Nursing, which shall be consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing the practice of midwifery.

E. Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife may prescribe Schedules II through VI controlled substances in accordance with regulations of the Boards of Medicine and Nursing.

F. A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation. As used in this subsection, "birthing center" shall have the same meaning as in § [54.1-2957.03](#).

G. A licensed certified midwife who provides health care to a patient shall be liable for the midwife's negligent, grossly negligent, or willful and wanton acts or omissions. Except as otherwise provided by law, any (i) doctor of medicine or osteopathy who did not collaborate or consult with the midwife regarding the patient and who has not previously treated the patient for this pregnancy, (ii) physician assistant, (iii) nurse practitioner, (iv) prehospital emergency medical personnel, or (v) hospital as defined in § [32.1-123](#), or any employee of, person providing services pursuant to a contract with, or agent of such hospital, that provides screening and stabilization health care services to a patient as a result of a licensed certified midwife's negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability for acts or omissions constituting ordinary negligence.

2021, Sp. Sess. I, cc. [200](#), [201](#).

Recommended by the Joint Committee: April 20, 2022

Considered by Board of Nursing: May 17, 2022

**Project 7056 - Proposed**

**Board Of Nursing**

**New regulations for licensed certified midwives**

Chapter 70

Regulations Governing the Practice of Licensed Certified Midwives

Part I

GENERAL PROVISIONS

**18VAC90-70-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months.

"Approved program" means a midwifery education program that is accredited by the Accreditation Commission for Midwifery Education or its successor.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances containing an opioid may be prescribed for a period greater than three months.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

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"Licensed certified midwife" means an advanced practice midwife who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.04 of the Code of Virginia.

"MME" means morphine milligram equivalent.

"Practice agreement" means a written or electronic statement, jointly developed by the consulting licensed physician and the licensed certified midwife, that describes the availability of the physician for routine and urgent consultation on patient care.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

#### **18VAC90-70-20. Delegation of Authority.**

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in 18VAC90-70-90(E) and (F). Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of licensed certified midwives shall be maintained in the office of the Virginia Board of Nursing.

#### **18VAC90-70-30. Committee of the Joint Boards of Nursing and Medicine.**

A. The Committee of the Joint Boards of Nursing and Medicine, appointed pursuant to 18VAC90-30-30 and consisting of three members appointed from the Board of Medicine and three members appointed from the Board of Nursing, shall administer the Regulations Governing the Licensure of Certified Midwives, 18VAC90-70-10 et seq.

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B. In accordance with 18VAC90-30-30, the committee may, in its discretion, appoint an advisory committee. The advisory committee shall include practitioners specified in 18VAC90-30-30.

**18VAC90-70-40. Fees.**

Fees required in connection with the licensure of certified midwives are:

<u>1. Application</u>	<u>\$125</u>
<u>2. Biennial licensure renewal</u>	<u>\$80</u>
<u>3. Late renewal</u>	<u>\$25</u>
<u>4. Reinstatement of licensure</u>	<u>\$150</u>
<u>5. Verification of licensure to another jurisdiction</u>	<u>\$35</u>
<u>6. Duplicate license</u>	<u>\$15</u>
<u>7. Duplicate wall certificate</u>	<u>\$25</u>
<u>8. Handling fee for returned check or dishonored credit card or debit card</u>	<u>\$50</u>
<u>9. Reinstatement of suspended or revoked license</u>	<u>\$200</u>

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## Part II

### LICENSURE

#### **18VAC90-70-50. Licensure, general.**

A. No person shall perform services as a certified midwife in the Commonwealth of Virginia except as prescribed in this chapter and when licensed by the Boards of Nursing and Medicine.

B. The boards shall license applicants who meet the qualifications for licensure as set forth in 18VAC90-70-60 or 18VAC90-70-70.

#### **18VAC90-70-60. Qualifications for initial licensure.**

An applicant for initial licensure as a licensed certified midwife shall:

1. Submit evidence of a graduate degree in midwifery from an approved program;
2. Submit evidence of current certification as a certified midwife by the American Midwifery Certification Board;
3. File the required application; and
4. Pay the application fee prescribed in 18VAC90-70-40.

#### **18VAC90-70-70. Qualifications for licensure by endorsement.**

An applicant for licensure by endorsement as a licensed certified midwife shall:

1. Provide verification of a license as a certified midwife in another United States jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;
2. Submit evidence of current certification as a certified midwife by the American Midwifery Certification Board;
3. File the required application; and
4. Pay the application fee prescribed in 18VAC90-70-40.

#### **18VAC90-70-80. Renewal of licensure.**

A. Licensure of a licensed certified midwife shall be renewed biennially.

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B. The renewal notice of the license shall be sent to the last known address of record of each licensed certified midwife. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

C. The licensed certified midwife shall attest to current certification as a certified midwife by the American Midwifery Certification Board and submit the license renewal fee prescribed in 18VAC90-70-40.

D. The license shall automatically lapse if the licensee fails to renew by the expiration date. Any person practicing as a certified midwife during the time a license has lapsed shall be subject to disciplinary actions by the boards.

**18VAC90-70-90. Continuing competency requirements.**

A. In order to renew a license biennially, a licensed certified midwife shall hold a current certification as a certified midwife by the American Midwifery Certification Board.

B. A licensed certified midwife shall obtain a total of eight hours of continuing education in pharmacology or pharmacotherapeutics for each biennium.

C. The licensed certified midwife shall retain evidence of compliance with this section and all supporting documentation for a period of four years following the renewal period for which the records apply.

D. The boards shall periodically conduct a random audit of at least 1.0% of their licensed certified midwives to determine compliance. The licensed certified midwives selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.

E. The boards may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee submitted prior to the renewal date.

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F. The boards may delegate to the committee the authority to grant an exemption for all or part of the continuing education requirements in subsection (B) for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

**18VAC90-70-100. Reinstatement of license.**

A. A licensed certified midwife whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee; and

2. Provide evidence of current professional competency consisting of:

a. Current certification by the American Midwifery Certification Board;

b. Continuing education hours completed during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, a current, unrestricted license as a certified midwife in another jurisdiction.

C. An applicant for reinstatement of a license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee; and

2. Present evidence that he is competent to resume practice as a licensed certified midwife in Virginia, to include:

a. Current certification by the American Midwifery Certification Board; and



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b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act (§ 2.2-4000, et seq. of the Code of Virginia).

### Part III

#### PRACTICE OF LICENSED CERTIFIED MIDWIVES

##### **18VAC90-70-110. Practice of licensed certified midwives.**

A. All licensed certified midwives shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-70-10.

B. The written or electronic practice agreement shall include provisions for the availability of the physician for routine and urgent consultation on patient care.

C. The practice agreement shall be maintained by the licensed certified midwife and provided to the boards upon request. For licensed certified midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the licensed certified midwife's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the licensed certified midwife shall be responsible for providing a copy to the boards upon request.

D. The practice of licensed certified midwives shall be consistent with the standards of care for the profession and with the applicable laws and regulations.

E. The licensed certified midwife shall include on each prescription issued or dispensed his signature and Drug Enforcement Administration (DEA) number, when applicable.

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F. The licensed certified midwife shall disclose to patients at the initial encounter that he is a licensed certified midwife. Such disclosure may be included on a prescription or may be given in writing to the patient.

G. A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation.

H. The licensed certified midwife shall disclose, upon request of a patient or a patient's legal representative, the name of the consulting physician and information regarding how to contact the consulting physician.

#### Part IV

#### PRESCRIBING

#### **18VAC90-70-120. Prescribing for self or family.**

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in §54.1-3303 of the Code of Virginia.

B. A licensed certified midwife shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in §54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the licensed certified midwife shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

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**18VAC90-70-130. Waiver for electronic prescribing.**

A. A prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in subsection C of § 54.1-3408.02.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Part V

MANAGEMENT OF ACUTE PAIN

**18VAC90-70-140. Evaluation of the patient for acute pain.**

A. The requirements of this part shall not apply to:

1. The treatment of acute pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;
2. The treatment of acute pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or
3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

C. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the

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complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse as a part of the initial evaluation.

**18VAC90-70-150. Treatment of acute pain with opioids.**

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for a patient with acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME per day.

2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present.

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C. Due to a higher risk of fatal overdose when opioids are used with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

**18VAC90-70-160. Medical records for acute pain.**

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part VI

MANAGEMENT OF CHRONIC PAIN

**18VAC90-70-170. Evaluation of the chronic pain patient.**

A. The requirements of this part shall not apply to:

1. The treatment of chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;
2. The treatment of chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or
3. A patient enrolled in a clinical trial as authorized by state or federal law.

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B. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;
2. Current and past treatments for pain;
3. Underlying or coexisting diseases or conditions;
4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;
5. Psychiatric, addiction, and substance misuse histories of the patient and any family history of addiction or substance misuse;
6. A urine drug screen or serum medication level;
7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;
8. An assessment of the patient's history and risk of substance misuse; and
9. A request for prior applicable records.

C. Prior to initiating opioid analgesia for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

**18VAC90-70-180. Treatment of chronic pain with opioids.**

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

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B. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME per day;

2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist;

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present; and

4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

**18VAC90-70-190. Treatment plan for chronic pain.**

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

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B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall record in the medical records the presence or absence of any indicators for medication misuse or diversion and take appropriate action.

**18VAC90-70-200. Informed consent and agreement to treatment of chronic pain.**

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screen or serum medication levels, when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

**18VAC90-70-210. Opioid therapy for chronic pain.**

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess



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the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner but at least once a year.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

**18VAC90-70-220. Additional consultation.**

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a practitioner makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

**18VAC90-70-230. Medical records.**

The prescriber shall keep current, accurate, and complete records in an accessible manner and readily available for review to include:

1. The medical history and physical examination;
2. Past medical history;
3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;
4. Diagnostic, therapeutic, and laboratory results;

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Considered by Board of Nursing: May 17, 2022

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications, including date, type, dosage and quantity prescribed, and refills;

11. Patient instructions; and

12. Periodic reviews.

## Part VII

### DISCIPLINARY PROVISIONS

#### **18VAC90-70-240. Grounds for disciplinary action against the license of a certified midwife.**

The boards may deny licensure or relicensure, revoke or suspend the license, or place on probation, censure, reprimand, or impose a monetary penalty on a licensed certified midwife for the following unprofessional conduct:

1. Has had his license to practice midwifery in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly held himself out or represented himself to the public that he is a physician, or is able to, or will practice independently of a physician;

3. Has performed procedures or techniques that are outside the scope of practice as a licensed certified midwife and for which the licensed certified midwife is not trained and individually competent;

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4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing, or certified midwifery;

5. Has become unable to practice with reasonable skill and safety as the result of physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals, or any other type of material;

6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration, or distribution of drugs;

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-70-90;

8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful;

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program;

10. Has practiced as a licensed certified midwife during a time when the practitioner's certification as a certified midwife by the American Midwifery Certification Board has lapsed; or

11. Has engaged in conversion therapy with a person younger than 18 years of age.

**18VAC90-70-250. Hearings.**

A. The provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) shall govern proceedings on questions of violation of 18VAC90-70-120.

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B. The Committee of the Joint Boards of Nursing and Medicine shall conduct all proceedings prescribed herein and shall take action on behalf of the boards.

**18VAC90-70-260. Delegation of proceedings.**

A. Decision to delegate. In accordance with §54.1-2400(10) of the Code of Virginia, the committee may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a licensed certified midwife may be subject to a disciplinary action.

B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members, professional staff, or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Documents Incorporated by Reference (18VAC90-70)

[Standards for the Practice of Midwifery, revised 2011, American College of Nurse-Midwives](#)



# STANDARDS FOR THE PRACTICE OF MIDWIFERY

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

## STANDARD I

### *MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS*

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

## STANDARD II

### *MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.*

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

## STANDARD III

### *MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY*

The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.

3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

#### **STANDARD IV**

*MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.*

The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

#### **STANDARD V**

*MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.*

The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

#### **STANDARD VI**

*MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.*

The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

#### **STANDARD VII**

*MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.*

The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.

2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

## **STANDARD VIII**

*MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.*

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
  - a) Knowledge of risks, benefits, and client selection criteria.
  - b) Process for acquisition of required skills.
  - c) Identification and management of complications.
  - d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, March 8, 2003;

Revised and Approved: ACNM Board of Directors, December 4, 2009

Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE**

**Licensed Certified Midwife Regulatory Workgroup Meeting**

The Licensed Certified Midwife Regulatory Workgroup met on Thursday, March 31, 2022 at 10:00 a.m. at the Department of Health Professions, Perimeter Center - 9960 Mayland Drive, Suite 300 – Inspiration Room, Henrico, Virginia.

**Workgroup members participating in the meeting were:**

Marie Gerardo, BON LNP Member, Chair  
 Karen Kelly, CM  
 Arizette Thompson, CM  
 Komkwuan Paruchabutr, CNM  
 Katie Page, CNM

**Staff participating in the meeting were:**

Jay Douglas, Executive Director, Board of Nursing  
 Robin Hills, Deputy Executive Director for Advanced Practice, Board of Nursing  
 Erin Barrett, Policy Analyst, Department of Health Professions

**Others participating in the meeting was:**

Andrew Densmore, Medical Society of Virginia (MSV) – **joined at 10:25 A.M.**

The meeting was called to order by Ms. Gerardo. After introductions by attendees, Ms. Gerardo asked Ms. Barrett to review the charge for the workgroup:

To draft regulations for the licensure of licensed certified midwives, to include criteria for licensure and renewal of a license as a certified midwife.

Staff proposed an initial draft of the regulations.

**Public Comment:** no public comments received.

Following review of the proposed draft by the workgroup, substantive revisions were recommended for the following:

- Definitions of “Approved Program” and “Practice Agreement”
- 18VAC90-70-90 - continuing competency requirements
- 18VAC90-70-110 - practice of licensed certified midwives
- 18VAC90-70-240 – grounds for disciplinary action

After the review of the draft regulations, Ms. Barrett explained the next steps in the regulatory process, specifically that the revised draft regulations will be on the following agendas for consideration:

April 20, 2022 - Committee of the Joint Boards for Nursing and Medicine

May 17, 2022 - Board of Nursing

June 16, 2022 – Board of Medicine

The meeting adjourned at 11:45a.m.



**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
April 20, 2022**

- TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., April 20, 2022 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Board of Nursing - **Chair**  
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing  
Ann Tucker Gleason, PhD; Board of Nursing  
David Archer, MD; Board of Medicine  
Blanton Marchese; Board of Medicine  
Ryan Williams, MD; Board of Medicine
- MEMBERS ABSENT:** None
- ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, RN, NP  
Sarah Hobgood, MD  
Stuart Mackler, MD  
Komkwuan P. Parachabutr, DNP, FNP-BC, WHNP-BC, CNM  
Jean Snyder, DNaP, CRNA
- STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing  
Claire Morris, RN, LNHA – **joined at 11:00 A.M.**  
Huong Vu, Operations Manager; Board of Nursing
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
David Brown, DO, DHP Director – **joined at 9:10 A.M.**  
Erin Barrett, DHP Policy Analyst
- IN THE AUDIENCE:** Kassie Schroth, McGuireWoods Consulting  
Ben Traynham, Hancock Daniel & Johnson  
Kelsey Wilkinson, Medical Society of Virginia (MSV)  
Becky Bowers-Lanier, Lobbyist for Virginia Association of Clinical Nurse Specialists (VACNS)  
Karen Kelly, President Elect, Virginia Chapter of American College of Nurse Midwives  
Lisa Armstrong, Adjudication Specialist, DHP Administrative Proceedings Division (APD)
- INTRODUCTIONS:** Committee members, Advisory Committee members and staff members introduced themselves.

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
April 20, 2022

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcements as presented on the Agenda:

- **Olivia Mansilla, MD**'s nomination to the Advisory Committee of the Joint Boards of Nursing and Medicine was accepted on February 16, 2022 serving the first term ends through December 2026.
- **Jean Snyder, DNaP, CRNA**'s nomination to the Advisory Committee of the Joint Boards of Nursing and Medicine was accepted on February 16, 2022 serving the first term ends through December 2026.

Ms. Gerardo noted that Dr. Mansilla had other commitments so she is unable to attend this meeting.

Dr. Snyder shared her professional background and stated her appreciation for being selected to serve on the Advisory Committee.

Ms. Gerardo asked staff if there are any additional announcements. Dr. Hills stated that the Business meeting scheduled for June 15, 2022 has been cancelled but the Committee of the Joint Boards will conduct its disciplinary proceeding(s) and she will poll Committee of Joint Boards Members for their availability.

REVIEW OF MINUTES:

The minutes of the February 16, 2022 Business Meeting, February 16, 2022 Informal Conference, and the March 31, 2022 Regulatory Advisory Workgroup Meeting – Licensed Certified Midwife were reviewed. Dr. Archer moved to accept the minutes as presented. The motion was seconded by Dr. Williams and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

LEGISLATION/  
REGULATIONS:

**B1 Chart of Regulatory Actions:**

Ms. Barrett reviewed the Chart provided in the agenda noting that the new certified midwife profession proposed regulations will be considered by the Committee of the Joint Boards later on today.

**B2 Report of the 2022 General Assembly (GA):**

Ms. Barrett reviewed the 2022 GA report provided in the agenda noting that most of these bills have been passed and there is no action needed by the Committee.

Ms. Barrett clarified that the use of the pronoun “he” in the Code is required by the statute.

Dr. Brown joined the meeting at 9:10 A.M.

Ms. Barrett highlighted the following bills:

**HB192 (prescription of opioids)** – the Governor amended the law to sunset in 2027

**HB1245 (Nurse practitioners; practice without a practice agreement, repeals sunset provision)** – This bill did not get resolved during the regular session so it is slated to be considered again during the upcoming special session called by the Governor.

Dr. Brown added that the marijuana bill as passed in 2021 for adult recreational use of non-medical marijuana will require 2-3 years to become fully implemented; consequently, implementation of the bill may be modified due to the change in control of the House. Dr. Brown noted that medical program is planned for implementation in 2023.

DIALOGUE WITH  
AGENCY DIRECTOR:

Dr. Brown reported the following:

- Dr. Allison-Bryan has retired from DHP.
- COVID update – numbers have settled down tremendously and as of April 19, 2022, masks are not required on flights.
- DHP – staff has returned to the building as of April 4 with the option of working remotely up to three days a week. It is anticipated that the new Administration will provide further guidance.
- New Security – feedback regarding the new security team for the building has been positive. The building is also moving toward stricter visitor security screening.
- Conference Center update – Although supply chain issues have slowed down obtaining audio equipment, installation of the new system is anticipated in late summer.

NEW BUSINESS:

**C1 Licensed Certified Midwife DRAFT Regulations (4/14/2022 VERSION)**

- Attachments:** 1) ACNM Standards for the Practice of Midwifery  
2) Va. Code §§54.1-2957.04 and 54.1-2900 (Definitions)

Ms. Gerardo invited Ms. Barrett to proceed.

Ms. Barrett noted that the proposed draft regulations basically mirror the nurse practitioner regulations. A significant variation is that the section on Buprenorphine prescribing was omitted because LCMs are not included in

the list of providers who may obtain a SAMHSA waiver at the federal level.

Ms. Barrett reviewed each section of the proposed draft regulations and suggested additional amendments in order to be alignment with the statute:

**18VAC90-70-70 (on page 4 of the draft regulations)**

- Item 1 → deleting “*or certificate*”
- Item 1 → deleting “*and*”

**18VAC90-70-100.B (on page 6 of the draft regulations)**

Item c → deleting “*or certificate*”

Dr. Williams motioned to recommend the proposed draft regulations for licensed certified midwives as amended to the Board of Nursing and the Board of Medicine for adoption. The motion was seconded by Ms. Buchwald and carried unanimously.

RECESS:

The Committee recessed at 10:03 A.M.

RECONVENTION:

The Committee reconvened at 10:19 A.M.

**NCSBN APRN Roundtable on April 12, 2022 (verbal report):**

Dr. Hills stated that she attended the meeting virtually and reported 3 Takeaways from the meeting:

1. Results of a survey of 7,500 APRNs on the Impact of COVID-19 Pandemic on APRN Practice conducted by the Associate Dean for Clinical Scholarship at Vanderbilt University were presented.
  - All 50 states & all 4 APRN roles represented
  - APRN workforce took on an expanded leadership role and was deployed in unique ways during the pandemic
  - What was of particular interest was that institutional restrictions were reported by APRNs during the COVID crisis even in states where no practice agreement is required.
2. “The Great Resignation” or “The Great Awakening”, like the healthcare workforce in general, has had a significant nationwide impact on the APRN workforce
3. Strategies for addressing the lack of diversity in the APRN workforce were presented

Dr. Hills notes that the National Task Force (NTF) on Quality Nurse Practitioner Education has developed a new set of standards designed to ensure quality in graduate programs that prepare nurse practitioners. She added that she will forward the information to interested Committee Members. Ms. Buchwald said she would like the information.

**APRN Compact Update (verbal report):**

Dr. Hills provided background including that the APRN Compact was adopted by the NCSBN membership in August 2020

- 2021 Legislative Session
  - APRN Compact bills were introduced in Delaware and North Dakota
  - Both bills were enacted into law with nearly unanimous legislative support
- 2022 Legislative Session
  - APRN Compact bills were introduced and passed in Maryland and Utah
- Seven state legislative enactments needed for the compact to become effective

**ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS**

Ms. Gerardo asked for updates from the Advisory Committee Members.

Dr. Parachabutr thanked the Committee for moving quickly on the Licensed Certified Midwife regulations

Dr. Snyder reported that many Virginia CRNAs moved to NY and NJ to work during the pandemic due to fewer regulatory barriers to practice.

Mr. Brigle is awaiting the outcome of HB1245

**C2 Nurse Practitioners – CY2021 Statistics:**

Ms. Gerardo asked if anyone has any questions regarding the CY2021 statistics. No questions were raised.

Dr. Hills notes that as April 14, 2021, the total number of autonomous practice designations that have been issued is 2037.

Ms. Gerardo thanked Advisory Committee Members for their participation.

The Members of the Advisory Committee, Dr. Brown, Ms. Barrett and the public left the meeting at 10:31 A.M.

RECESS: The Committee recessed at 10:31 A.M.

RECONVENTION: The Committee reconvened at 11:00 A.M.

Ms. Morris joined the meeting at 11:00 A.M.

**AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION**

Dr. Hills left the meeting at 11:01 AM

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:01 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Vu, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Archer and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:28 A.M.

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Dr. Hills rejoined the meeting at 11:28 A.M.

**Amy Elizabeth Kubler, LNP** **0024-175068**

Ms. Kubler did not appear but submitted a written response.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Amy Elizabeth Kubler**. The motion was seconded by Dr. Williams and carried unanimously.

**Ann Marie Smoot, LNP** **0024-177208**

Ms. Smoot did not appear but submitted a written response.

Dr. Archer moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Ann Marie Smoot**, to require Ms. Smoot to provide written proof satisfactory to the Committee of the Joint Boards of successful completion of approved courses of at least five contact hours each in the subjects of 1) chronic pain management/prescribing of opioids, 2) ethical, legal and professional issues and 3) medical recordkeeping within 90 days from the date of entry of the Order, and to read and provide a written summary of Drug Laws for Practitioners, Regulations for Prescriptive Authority for Nurse Practitioners: Part VI Management of Chronic Pain

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
April 20, 2022

(18VAC90-40-180 through -240), and Board of Nursing Guidance Document 90-56: Practice Agreement Requirements for Licensed Nurse Practitioners within 90 days from the date of entry of the Order. The motion was seconded by Ms. Buchwald and carried unanimously.

**Amy Austin Dickenson, LNP**

**0024-172952**

Ms. Dickenson did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate to reprimand **Amy Austin Dickenson** and to require Ms. Dickenson to enter into a Contract within 60 days from the date of entry of the Order with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with terms and conditions of the HPMP for the time specified by the HPMP. The motion was seconded by Dr. Williams and carried unanimously.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 11:31 A.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**Agenda Item: Initiation of Periodic Reviews, Chapters 19 and 21****Action needed:**

- Motion to initiate periodic review for 18VAC90-19, Regulations Governing the Practice of Nursing; and
- Motion to initiate periodic review for 18VAC90-21, Medication Administration Training and Immunization Protocol.



**Agenda Item: Guidance Document 90-10: Processing applications for licensure**

**Included in your agenda package is:**

Guidance Document 90-10, last revised in 2017

**Action needed:**

- Motion to reaffirm Guidance Document 90-10; or
- Motion to reaffirm Guidance Document 90-10 with revisions.

## Virginia Board of Nursing

### Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

Applicants for licensure, certification, or registration by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations shall be issued a license, certificate, or registration pursuant to authority delegated to the Executive Director of the Board in 18 VAC 90-19-20 of the Board of Nursing Regulations.

An applicant whose license, certificate, or registration has been revoked or suspended is not eligible for licensure, certification, or registration in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. A suspension or revocation by another jurisdiction that has been stayed on terms is not considered to be reinstated for purposes of Va. Code § 54.1-2408. Pursuant to §54.1-2408 of the Code of Virginia, such applicants shall be advised in writing of their ineligible status by the Executive Director.

Affirmative responses to any questions on applications for licensure, certification, or registration related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, certificate, or registration or impose sanction shall be referred to the Board President as to how to proceed. **The Executive Director, or designee, may approve the application without referral in the following cases:**

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery (will not apply to applicants for reinstatement if license or certificate was revoked or suspended by the Board or if it lapsed while an investigation was pending.)

2. There is a history of a criminal conviction which does not constitute grounds for denial or Board action pursuant to §54.1-3007 of the Code of Virginia, OR does constitute grounds for denial but meets the following criteria:

- Conviction history of only misdemeanors which are greater than 5 years old, as long as court requirements have been met.
- If one misdemeanor conviction less than 5 years old and court requirements have been met, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- If one felony conviction, greater than 10 years old and non-violent in nature, and all court/probationary/parole requirements have been met.

3. Convictions in a juvenile court.

4. Applicants with a conviction history previously reviewed and approved by the Board in another occupation regulated by the Board of Nursing and without subsequent criminal convictions.

**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE  
Tuesday, May 3 2022**

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Boardroom 3**  
Henrico, Virginia 23233

**TIME AND PLACE:** The meeting of the Education Special Conference Committee was convened at 9:10 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Boardroom 3, Henrico, Virginia.

**MEMBERS PRESENT:** Cynthia M. Swineford, RN, MSN, CNE, Chair  
Yvette L. Dorsey, DNP, RN

**STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE, Executive Director  
Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director  
Randall Mangrum, DNP, RN, Nursing Education Program Manager  
Grace Stewart, Adjudication Specialist  
Christine Corey, Adjudication Specialist  
Beth Yates, Education Program Specialist

**STAFF ABSENT:** Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager

**PUBLIC COMMENT:** There was no public comment.

**INFORMAL CONFERENCES:**

**Patrick & Henry Community College Practical Nursing Education Program, US28200000**

Amy Webster, MSN, RN, Director of Nursing and Allied Health, Dr. Colin Ferguson, Dean, PhD, Dean STEM and Health Applications, and Terry Young, Academic Vice President were present.

The program was represented by counsel.

Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 10:20 a.m. for the purpose of deliberation to reach a decision in the matter of Patrick & Henry Community College, Practical Nursing Education Program. Additionally, Dr. Dorsey moved that, Ms. Douglas, Dr. Mangrum, Ms. Walton, Ms. Glazier, Ms. Corey and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 11:03 a.m.

Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as

were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Dr. Dorsey moved to recommend that Patrick & Henry Community College, Practical Nursing Education Program remain on conditional approval subject to certain terms and conditions.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May 17, 2022.

**Patrick & Henry Community College Registered Nursing Education Program, US28406900**

Amy Webster, MSN, RN, Director of Nursing and Allied Health, Dr. Colin Ferguson, Dean, PhD, Dean STEM and Health Applications, and Terry Young, Academic Vice President were present.

The program was represented by counsel.

The program submitted amended information to replace incorrect information in their initial response to the board's allegations.

Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 12:38 p.m. for the purpose of deliberation to reach a decision in the matter of Patrick & Henry Community College, Registered Nursing Education Program. Additionally, Dr. Dorsey moved that, Ms. Douglas, Dr. Mangrum, Ms. Corey, Ms. Walton, Ms. Glazier and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 1:22 p.m.

Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Dr. Dorsey moved to recommend that Patrick & Henry Community College, Registered Nursing Education Program remain on conditional approval subject to certain terms and conditions.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May 17, 2022.

**Dabney S. Lancaster Community College, Practical Nursing Education Program, US28107600**

Catherine Hiler, DNP, MSN Ed., Program Director and Benjamin Worth, Academic Vice President, were present.

The program was represented by counsel.

The program submitted additional information regarding NCLEX pass rates and grading for consideration by the committee.

Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 3:04 p.m. for the purpose of deliberation to reach a decision in the matter of Dabney S. Lancaster Community College, Practical Nursing Education Program. Additionally, Dr. Dorsey moved that, Ms. Douglas, Ms. Wilmoth, Ms. Corey, Ms. Glazier, Ms. Walton and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 3:54 p.m.

Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Dr. Dorsey moved to recommend that the approval to operate a practical nursing education program at Dabney S. Lancaster Community College be withdrawn and STAY the withdrawal, placing the program on conditional approval subject to certain terms and conditions.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May 17, 2022.

**Elite Healthcare Inc, Chesapeake, Medication Aide Training Program, 0030000149**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Elite Healthcare, Inc.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Elite Healthcare, Inc. Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May 17, 2022.

**Extensive Pharmaceutical Services, Inc., Kinston, NC, 0030000178**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Extensive Pharmaceutical Services, Inc.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Extensive Pharmaceutical Services, Inc. Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May17, 2022.

**Health Start Medication Aide Training Program, Chesapeake, 0030000214**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Health Start Medication Aide Training Program.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Health Start Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May17, 2022.

**Healthcare Services 101, Suffolk, 0030000133**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Healthcare Services 101.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Healthcare Services 101 Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May17, 2022.

**Karlise Care Essentials Training Academy, Inc. Palmyra, 0030000155**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Karlise Care Essentials Training Academy, Inc.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Karlise Care Essentials Training Academy Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May17, 2022.

**Koinonia Medical Institute, Portsmouth, 0030000237**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Koinonia Medical Institute.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Koinonia Medical Institute Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May17, 2022.

**Ransone's LTC, Buchanan, 0030000023**

No representatives for the program were present.

Ms. Stewart provided information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart, Ms. Swineford ruled that adequate notice was provided to Ransone's LTC.

**ACTION:**

Dr. Dorsey moved to recommend that approval to operate Ransone's LTC Medication Aide Training Program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May17, 2022.

Meeting adjourned at 4:12 p.m.

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Jacquelyn Wilmoth, MSN, RN  
Deputy Executive Director

DRAFT