

**SC DEPARTMENT OF LABOR, LICENSING AND REGULATION  
STATE BOARD OF NURSING  
110 CENTERVIEW DRIVE, SUITE 202  
COLUMBIA, SOUTH CAROLINA 29210**

**BOARD MEETING MINUTES – JULY 31, 2003**

A regular meeting of the State Board of Nursing for South Carolina was held on Thursday, July 31, 2003 in Room 108 of the Kingtree Building, 110 Centerview Drive, Columbia, South Carolina. Public notice of this meeting was properly posted at the Board of Nursing Offices, in the Lobby of the Kingtree Building and provided to all requesting persons, organizations, and news media in compliance with Section 30-4-80 of the South Carolina Freedom of Information Act. A quorum was present at all times.

**PLACE OF  
MEETING  
AND FOIA  
COMPLIANCE**

Dr. Sylvia Whiting, Board Vice-President, called the meeting to order at 8:35 a.m. on July 31, 2003. The mission of the Board was announced as follows: The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

**CALL TO ORDER**

Rose Kearney Nunnery, RN, PhD, President [Excused Absence]  
Sylvia Whiting, RN, PhD, CS, Vice-President  
Debra J. Newton, LPN, Secretary  
Mattie Smalls Jenkins, LPN [Excused Absence]  
Brenda Y. Martin, RNC, MN, CNAA  
James P. Rogers, Esquire, Public Member  
Keith A. Torgersen, RN, MSN, CRNA  
Suzanne Kanipe White, RN, MN, FAAN, FCCM, CNAA

**BOARD  
MEMBERS  
PRESENT AND  
VOTING**

Martha Summer Bursinger, RN, MSN, Administrator  
Robert E. Barnwell, RN, MS Ed, Program Nurse Consultant-Practice  
Nancy G. Murphy, RN, MSN, Program Nurse Consultant-Licensing  
Donald W. Hayden, Regulatory Compliance Manager  
Dottie M. Buchanan, Administrative Assistant  
Janet H. Scheper, Office Manager  
Richard P. Wilson, Deputy General Counsel  
Ruby B. McClain, Asst. Deputy Director, Office of Health & Medically Related Professions

**BOARD AND LLR  
STAFF  
MEMBERS  
PRESENT FOR  
CERTAIN  
AGENDA ITEMS**

A motion was made to approve the agenda of the July 31, 2003 Board Meeting as presented. The motion received a second. The motion carried.

**APPROVAL OF  
AGENDA**

The following items were adopted on the consent agenda:

- 2.1a Licensure Statistics
- 2.1b Licensure Data
- 2.2a Legislation 2002-03 Final Report
- 2.3a Practitioner Remediation and Enhancement Partnership (PREP)
- 2.3b Medication Aide – Information from Nebraska
- 2.6a1 Resignation of Jean D’Meza Leuner, ACON Committee Chair
- 2.6e For Information: NCLEX Pass Rates (SC Information) First Quarter 2003)
- 2.6f For Information: NCLEX Summary Statistics for January 1 to March 31, 2003
- 2.6g For Information: NCSBN Education Network Call Minutes (October 2002–May 2003)
- 5.1 Summary Statistics on Advanced Practice
- 5.2 Minutes of June 19, 2003 Nursing Practice and Standards Committee

**APPROVAL OF  
CONSENT  
AGENDA**

- 5.6 Telenursing/Telephone Case Management/Telephone Triage
- 6.1 Approval of June 12, 2003 Disciplinary Review Committee (DRC) Minutes
- 6.2 Approval of June 23, 2003 Investigative Review Committee (IRC) Minutes
- 6.3 Unlicensed Practice (Not Appearing)
- 6.5 Approval of Panel Members-Cindy Rohman, RN, MS
- 6.6 Compliance Statistics – May/June 2003
- 7.3 For Information: Use of NCLEX Pass Rates for Program Approval (SC Information)
- 7.6 For Information: NCLEX Summary Statistics for January 1 to March 31, 2003
- 8.1 For Ratification: Licensure Recommendations
- 8.2 For Information: Licensure Announcements
- 8.3 Recommended Changes to Guidelines for Administrator’s Licensure Recommendations

A motion was made to adopt the Consent Agenda. The motion received a second. The motion carried. **MOTION**

Approval of the May 29-30, 2003 Regular Board Meeting Board Meeting Minutes were deferred to the September 2003 meeting. **APPROVAL OF MINUTES**

**ADMINISTRATOR AND EDUCATION REPORT**

Ms. Bursinger reported that Bob Barnwell’s last day with the Board would be August 1, 2003. She has contracted with Rodel Bobadilla, Pat Jarvis Godbold and Michelle Liken to assist until that position is filled. Mr. Torgersen asked what the timeline was for filling this position and said that salary has been an issue in the past for nursing positions with the Board. Only two applications have been received at this time. Interviews will begin when there is a larger applicant pool. The Program Nurse Consultant for Practice is a Registered Nurse II position, which is appropriate for the assigned responsibilities. Ms. Bursinger said that she would like to have the Program Nurse Consultant-Practice filled before November. **BOARD STAFF UPDATE**

The Program Assistant position will be offered shortly. The Program Coordinator for Licensing has been reposted. Internal applicants have been interviewed. Outside applicants will be interviewed after the posting closes on Friday, August 8, 2003 and the applications are qualified by LLR-Human Resources. Nancy Murphy will orient the new Program Coordinator while transitioning into the Program Nurse Consultant-Education position. Ms. Bursinger is currently giving talks at the schools. Ms. Bursinger and Ms. Murphy will be giving speeches at the school together.

Instead of a legislative liaison for the Department of Labor, Licensing and Regulation (LLR) as we have been doing, there will now be a legislative coordinator. All board administrators will now attend meetings and do more of the work at the statehouse. Ms. Bursinger will be busy with the Nurse Practice Act being introduced this fall. She is already meeting with legislators who have shown an interest in sponsoring the Nurse Practice Act. Former LLR legislative liaison, Lisa Maseng had already spoken with Senator Harvey Peeler who is interested in sponsoring this bill. Ms. Bursinger said that it may be possible for Ms. Maseng to assist with the Nurse Practice Act since she has worked on it from the beginning. Senator Jake Knotts has stated that he wants everything moved from the regulations to the statute. Mr. Wilson reported that all regulations with the exception of the nursing education programs have been moved into the statute.

A motion was made for the Board President to write a letter to Adrienne Youmans, LLR Director, requesting to assign Lisa Maseng to continue work with the Nurse Practice Act due to the complexity of issues and the importance of continuity. The motion received a second. The motion carried unanimously. **MOTION**

Sherry Kolb, RN, Director of Staffing Services with the South Carolina Hospital Association (SCHA) stated that they will assist with the lobbying for the revised Nurse Practice Act bill and will be lobbying for the Multi-State Nurse Licensure Compact introduced during the last legislative session. Judith C. Thompson, Executive Director of the South Carolina Nurses Association asked what would happen when licensing boards in the Department of Labor, Licensing and Regulation (LLR) have legislative conflicts. Ms. Thompson will be making an appointment to talk with Adrienne Youmans, Director of the Department of Labor, Licensing and Regulation about this issue.

Mary Jo Tone, Chairperson for the Associate Degree Nursing (ADN) Program at the University of South Carolina- Spartanburg (USCS) submitted a request for approval to hire a full-time ADN faculty member without a master's degree to begin in Fall 2003. USCS has eight faculty vacancies at this time. Ms. McWilliam is currently enrolled in the Master's Program at Clemson University and will complete five credit hours by the end of Summer 2003. She anticipates program completion in Fall 2006 or Spring 2007. Ms. McWilliam holds a Bachelor's Degree in Nursing and a Master's of Science Applied in Occupational Health and Hygiene Degree both received in Canada. She has been with USCS for two and one-half years as a teaching associate. Ms. McWilliam currently works as part-time faculty but is covering twelve contact hours. Her responsibilities as USCS have primarily been in the clinical area but also include Fundamentals of Nursing, Adult Health 1, and Nursing Skills Lab. If approved, Ms. McWilliam would continue in the same areas she currently covers and would assume additional responsibilities in advisement as well as service to the School of Nursing and the university. All new faculty members are assigned a full-time faculty member as a mentor and attend special orientation sessions to assist them in transitioning to full-time faculty roles. The concern about obtaining master's degree prepared faculty is shared in nursing education programs across the country.

**USC-S REQUEST  
FOR APPROVAL  
OF FACULTY**

A motion was made to approve hiring Sue McWilliam as full time faculty with USC Spartanburg (USCS). The motion received a second. The motion carried unanimously.

**MOTION**

Ms. Bursinger presented the 2002 National Council Licensure Examination (NCLEX) summary statistics for registered nurses and practical nurses to the Board for review and ratification. The passing average for practical nurses in South Carolina was 88.05% and 89.71% for registered nurses. There were some questions about the NCLEX results for York Technical College. These results will be researched and corrected if necessary.

**RATIFICATION  
OF NCLEX  
EXAMINATIONS  
FOR 2002**

A motion was made to ratify the National Council Licensure Examination (NCLEX) Results for 2002 with the exception of York Technical College, which will be reviewed and corrected if necessary. The motion received a second. The motion carried.

**MOTION**

Ms. Bursinger reported that five practical nursing education programs and three registered nurse programs had deficient NCLEX pass rates in 2002. Programs with passing rates that are more than 5% below the national average pass rate are cited according to law. The national pass for 2002 for NCLEX-PN was 86.5%. A deficiency is cited for a passing rate less than 82.18% passing on the NCLEX-PN. The national pass rate for 2002 for NCLEX-RN was 86.7%. A deficiency would be cited for a passing rate of less than 82.37% passing on the NCLEX-RN.

**SCHOOLS WITH  
DEFICIENT  
NCLEX PASS  
RATES 2002**

A motion was made to send schools with deficient NCLEX pass rates for 2002 notices requesting improvement plans with a full self study Correct – York Tech. The motion received a second. The motion carried

**MOTION**

## PRESIDENT'S REPORT

The following dates were presented on the 2004 Meeting Calendar for Meetings: Jan. 29-30, 2004, Mar. 25-26, 2004, May 20-21, 2004, Jul. 22-23, 2004, Sept. 23-24, 2004, and Nov. 18-19, 2004 for Board review and approval.

### APPROVAL OF 2004 BOARD MEETING CALENDAR

Meeting dates for the Advisory Committee on Nursing, Nursing Practice and Standards Committee, Disciplinary Review Committee, Investigative Review Committee, and the National Council of State Boards of Nursing Mid-Year and Annual Delegate Assembly were provided to the Board for information.

A motion was made to approve the 2004 Board of Nursing Meeting Calendar as presented. The motion received a second. The motion carried unanimously.

### MOTION

Rodel V. Bobadilla, MSN, APRN, BC, CCRN, NP-C, FNP, Chair of the Advanced Practice Subcommittee of the Nursing Practice and Standards Committee submitted a letter to the Board regarding their concerns about advanced practice registered nurse (APRN) profiling. In July 2002, the Board approved the concept of APRN profiling. In his July 19, 2003 letter, Mr. Bobadilla stated that the Subcommittee was pleased to know that the Board supported "marketing" the APRN role in the state through the initiation of a web site profiling APRNs. However, there were had some concerns that included: 1) Information Management – Many APRNs do not have computer resources to put practice information on the website. There is a lot of information to be included and maintained. It could also be highly demanding to respond to web site inquires, especially those not directed to acquisition of patients. In these tight budget times, there may not be Board staff available to assist. Mr. Hayden reported that most of the information that would be posted for profiling is information already gathered by the Board. 2) Inappropriate Use of the web site – Information on the web site could be used by businesses, legal services, etc. that are not necessarily using the information for the APRN or patient's best interests. The information should be public; however, they do not know that the APRN should provide it, especially if it is at the expense of time and computer resources. APRN profiling is meant to provide information to the public not as an advertising tool. The primary use of the web site is for public information. The only part the APRN would possibly enter would be awards, commendations, etc. There is a policy regarding the provision of inaccurate information to the Board. 3) Data Verification – Verification of the data could be a significant task. Insuring that the data is reliable would be time consuming. As a mandatory expectation, this places a significant burden on the APRN. 4) Disclaimer: It is noted that a disclaimer stating that this was not official information was included. The Subcommittee questions the need for the Board to publish information that is not official. What exactly does the disclaimer mean? Disclaimers are on most web sites because not all changes are made instantly. 5) Physicians/Affiliated Hospitals – Will physicians and affiliated hospitals want to be listed on this web site? Do they need to give permission? Obtaining that permission would add another burden to the APRN. Physicians already have this information posted on the internet. 6) Credentialing Information Protection – Does the web site exposes the APRN to inappropriate and possibly unlawful use of this professional information? The Subcommittee cites that we are now recognizing the importance of protecting the public from inappropriate, annoying and illegal use of this resource. The new HIPPA regulations have increased the sensitivity felt about the protection of our information and though it is professional data, its misuse can be devastating as misuse of personal information.

### LETTER FROM ADVANCED PRACTICE SUBCOMMITTEE -APRN PROFILING

Mr. Hayden reported that some data was lost during the transfer from server to server. The LLR Office of Information staff is short currently due to employee deployments to Iraq. LLR's current priority for computers is to transfer all boards to the RELAES licensing system.

It was agreed that more information regarding mandatory profiling need to be provided to APRNs. APRNs also should have an opportunity to ask questions.

A motion was made to recommend that staff speak to the Advanced Practice Subcommittee of the Nursing Practice and Standards Committee regarding mandatory profiling to discuss what has been passed and their concerns. The motion received a second. The motion carried unanimously.

Mr. Hayden will attend an Advanced Practice Subcommittee of the Nursing Practice and Standards Committee meeting to discuss each of their concerns.

### REPORTS/UPDATES

Mr. Wilson reported that the Nurse Practice Act Revision Task Force is continuing to receive and review comments from licensees and the public. The Nurse Practice Act Revision Task Force will meet and report at a later meeting.

### NURSE PRACTICE ACT REVISION TASK FORCE

Jack M. White, Jr., MSW, Director of the Recovering Professionals Program (RPP) submitted a quarterly report for January – March 2003; the 2003-04 RPP Budget; Nursing Survey Report and Implications; and RPP Client Flow Chart. Jack White, Nance Weldon and Larry Griffin appeared before the Board to respond to questions. Mr. White expressed his appreciation for Dr. Whiting's participation on the RPP Advisory Board and reported that she is not the Vice Chair for that board. Mr. White also thanked Richard Wilson for his assistance with the transition.

### RECOVERING PROFESSIONALS PROGRAM

Mr. White reported that the program had only expended 90% of their budget during fiscal year 2002-2003. The remaining 10% is in a special fund to be used for one-time expenditures approved by the Department of Labor, Licensing and Regulation (LLR). The amount from LLR shown on the reports is from all participating boards not just Nursing. There was concern among Board Members that the \$7 assessment for the RPP was supposed to be temporary. Fees collected for the RPP could be ended or could be used for other projects. Funds from this assessment are needed to fund the RPP. Participants also pay a fee. The Board asked that future reports include a breakdown by board for contributions and participant fees as well as a summary of all revenue and expenditures

Mr. White reported that although they are sharing offices, the new office setting has helped them as a team and to become more productive. The fee structure may change this year. Fees are based on a matrix including profession, working in or out of the field, employ status, etc. Some professions are paying less than their fair share based on income. Those fees will probably increase. In some areas where people cannot afford treatment fees may go down.

The Recovering Professionals Association is a non-profit group completely separate from the South Carolina Department of Alcohol and Other Drug Abuse Services (DOADAS), RPP and LLR. This group has written several grants and has made several large and small loans mostly to nurses for their treatment. Most facilities used for rehabilitation services have been willing to cut their fees. Drug testing is expensive. The Recovering Professionals Association will provide the Board with a report of their non-profit activities.

Mr. Griffin reported that there are a large number of nurses who test positive. There are more nurses in the program and more who are tested. There is a high noncompliance rate with nurses. Single parent families, lower income, etc. could contribute to the lower compliance rate. RPP staff is sensitive to these situations and looks for ways to provide as many services as possible.

A copy of the draft report on the Attitudes Towards Drug And Alcohol Impairment Among Nurses survey was included with the report. There was 19% response on the first mailing survey subsequent reminders yielded a 37% response, which is a very high rate for a 100+ question survey.

Mr. Barnwell reported that a work group from the Unlicensed Assistive Personnel (UAP) and School Health Task Forces had met with other in the community to discuss medication administration. Medication administration is critical in the school system. Attendees included: Sylvia Whiting, Vice President, Board of Nursing, Martha Bursinger, Administrator, Board of Nursing, Bob Barnwell, Nurse Consultant, Board of Nursing, Don Guffey, South Carolina Department of Health and Environmental Control (DHEC), Kathi Lacy and Paul Peterson, South Carolina Department of Disabilities and Special Needs (DDSN), Catherine Malone Cover, Advisory Committee on Nursing, Debbie Miller, South Carolina Department of Health and Human Services (DHHS), Jac Upfield, South Carolina Department of Mental Health (DMH), Bruce K. Williams, Nursing Practice & Standards Committee of the Board of Nursing, and Cathy Young-Jones, DHEC and South Carolina Department of Education (SCDOE). Representatives from the South Carolina Department of Juvenile Justice were invited but did not respond. The group will meet again on August 26, 2003.

**UAP/SCHOOL  
NURSING TASK  
FORCES**

After much discussion there was the consensus in the group that UAPs should be able to administer medications in settings that do not require a nurse by state and federal laws such as DHEC and by accrediting agencies such as Joint Commission on Accreditation of Healthcare Organizations (JACHO). Not all settings are regulated. There is still concern about training and supervising UAPs to administer medications and if that would put any liability on the nurse. Nurses at DDSN are allowed to train UAPs by law. They provide the training with no supervisory responsibilities.

Physicians' offices are not fully regulated by law. Ms. White asked about certified medical assistants (CMA) in physicians' offices. Mr. Barnwell explained that if a nurse is the CMA's supervisor and allows the CMA to administer medication it is a violation of the law. If the physician is delegating that act and the nurse is not the supervisor, the physician is responsible for the CMA's actions.

Jeremy Sherman, a family nurse practitioner with Doctor's Care, reported that in their setting a physician is not always on site. Sometimes there is only a CMA. IF the physician is not there she does not permit the CMA to administer medication. Others say that the CMA is acting under the physician's delegation. Institutional policies should be clear and specify who is responsible for supervision of UAPs.

Other settings and concerns continue to be added to this issue. School nursing has been the focus; however, decisions will affect many areas. It is important to involve nurses in settings including physicians' offices, skilled nursing facilities, abortion clinics, etc.

Dr. Whiting and Ms. Bursinger will meet with Inez Tenenbaum, Superintendent of the South Carolina Department of Education on August 14, 2003. Cathy Young-Jones set up this meeting and agenda.

Stephanie Burgess, Chair of the Advanced Practice Nursing Task Force reported on her June 24, 2003 meeting with Timothy J. Kowalski, DO, Secretary of the Board of Medical Examiners. Their discussion centered on the expansion of prescriptive authority for advanced practice registered nurses (APRN) to include Schedules III and IV. The main issue is to ensure that APRNs with this additional authority would have educational preparation. Ms. Burgess prepared draft language to

**ADVANCED  
PRACTICE  
NURSING TASK  
FORCE**

require APRNs currently with prescriptive authority wishing to prescribe Schedules III and IV complete fifteen contact hours in pharmacotherapeutics in controlled substances. APRNs applying for prescriptive authority would be required to have forty-five hours of pharmacotherapeutic education to include fifteen hours in controlled substances for those applying to prescribe Schedules III and IV.

Ms. Burgess reported that she had a very good meeting with the Board of Directors for the South Carolina Academy of Family Practice. They liked the change in the education requirement but would like to expand the number of APRNs per physician and felt there should be more flexibility. Sally Rogers, Esq. is drafting language. Ms. Burgess explained the difference between extended acts by a registered nurse and the scope of practice for an APRN.

Judy Thompson, Executive Director, South Carolina Nurses Association (SCNA) reported that Nursing Practice and Standards Committee member, Rachel Franklin was in an accident and is unable to perform her duties on the committee at this time. Ms. Thompson asked if someone from the SCNA Board could serve in her position until such time as she was able to return.

**NURSING  
PRACTICE AND  
STANDARDS  
COMMITTEE**

A motion was made to allow South Carolina Nurses Association (SCNA) to submit a letter for the Board to appoint a temporary member from SCNA for Rachel Franklin until further determination of her return to the Nursing Practice and Standards Committee could be made. The motion received a second. The motion carried unanimously.

**MOTION**

#### **PRACTICE REPORT**

Peggy Dermer, MSN appeared before the Board to request approval of her Official Recognition application based on National Certification Corporation (NCC) certification in Inpatient Obstetric Nursing. This application was administratively denied based on Board policy. Ms. Dermer would also seek prescriptive authority. There is not an advanced practice registered nurse (APRN) certification examination for women's health CNS, although the NCC offers certification as a Women's Health Nurse Practitioner. Ms. Dermer completed the curriculum plan for the Maternal/Child/Adolescent CNS at Clemson University. Ms. Dermer contacted NCC who told her that she would have to complete a program that was titled nurse practitioner. Under current regulations, this would prepare her for expanded role but not the extended role practice. The Board asked how they would be assured that Ms. Dermer was keeping current in her practice area. There must be objective criteria to validate. All other APRNs must meet the stringent criteria to receive official recognition.

**REQUEST FOR  
OFFICIAL  
RECOGNITION**

A motion was made to executive session for the purpose of receiving legal counsel. The motion received a second. The motion carried with five aye votes and 1 nay vote by Mr. Torgersen.

**MOTION**

A motion was made to return to public session. The motion received a second. The motion carried unanimously.

**MOTION**

A motion was made to deny the request for exception; however, the Board requests staff to write the credentialing and state masters programs to clarify curriculum and encourage the development of appropriate testing. The motion received a second. The motion carried unanimously.

**MOTION**

The following new and revised advisory opinions were recommended by the Nursing Practice and Standards Committee:

**RECOMMENDED  
NEW/REVISED  
ADVISORY  
OPINIONS/  
POSITION**

Revised Advisory Opinion #10b: Changes have been made to this advisory to add that a licensed practical nurse (LPN) may reconstitute medications providing the employer dispenses the

medication and the diluent in a commercially prepared intravenous piggyback system. The definition for reconstituting medication is added to distinguish this from what is commonly thought of as “mixing medications.” Mixing medications is defined as combining two medications in a syringe. This change will be reflected on the Cardiovascular Invasive Devices Chart upon approval.

**STATEMENTS**

A motion was made to send back to Committee for clarification. The motion received a second. The motion carried unanimously.

**MOTION**

Revised Advisory Opinion #40: School settings have been added to this advisory opinion where licensed nurses may remove, reposition, or reinsert tracheostomy tubes in persons with well-established stomas.

**MOTION**

A motion was made to approve revised Advisory Opinion #40 as presented. The motion received a second. The motion carried unanimously.

New Advisory Opinion #47: This new advisory opinion addresses the role of the licensed nurse in marking a surgical site. The Board was first asked this question by the South Carolina Hospital Association and then later by numerous hospitals for information. This advisory opinion states that the licensed nurse may assist in verification and documentation of the marked surgical site. However, it is not within the scope of practice of the licensed nurse, with the exception of the registered nurse enterostomal therapist, to be responsible for marking the surgical site for correct procedure verification.

**MOTION**

A motion was made to approve new Advisory Opinion #47 as presented with the removal of “that the licensed nurse may assist in verification and documentation of the marked surgical site. However,” from the first sentence. The motion received a second. The motion carried unanimously.

New Advisory Opinion #48: This new advisory opinion addresses the scope of practice for licensed nurses in obtaining pap smears as prescribed by a licensed healthcare provider or standing order when the licensed nurse is obtaining a specimen for cervical cancer screening. The bimanual portion of the comprehensive examination may be performed by a registered nurse employed by the South Carolina Department of Health and Environmental Control (DHEC). There was much discussion and debate over several meetings of the Committee and Subcommittee. Members reviewed considerable training materials provided by DHEC registered nurses. DHEC staff serving on the Nursing Practice and Standards Committee agreed to this consensus opinion.

**MOTION**

A motion was made to approve new Advisory Opinion #48 with changes. The motion received a second. The motion carried four aye votes and one nay vote by Ms. Newton.

Position Statement on Prescriptions for Advanced Practice Registered Nurses With Prescriptive Authority: This policy reflects changes in Board of Pharmacy Policy #066, which now allows electronic signatures in addition to facsimiles. This policy eliminates the need for copies of written prescriptions, which has been determined by the LLR Office of General Counsel to be consistent with the provisions of the nurse practice regulations. The Board of Pharmacy Administrator has reviewed this policy and found it to be without problem,

**MOTION**

A motion was made to approve Position Statement on Prescriptions for Advanced Practice Registered Nurses With Prescriptive Authority as presented. The motion received a second. The motion carried unanimously.

The Board acknowledged Mr. Barnwell's excellent work as Program Nurse Consultant for Practice and wished him well in all of his future endeavors.

### REGULATORY COMPLIANCE REPORT

The Board reviewed cases and recommendations from the hearing panel. Respondents appeared before the Board.

**CERTIFIED  
PANEL REPORTS**

6.4a – The Respondent was properly notified and appeared before the Board counsel. A request was made to continue this case to a later date. The request was granted.

6.4b – Respondent was properly notified and appeared before the Board without counsel. In their Conclusions of Law, the Panel found that Respondent was not in violation of §40-33-935 (b) and (g) or Regulation 91-10(c) (1). The Panel recommended that the charges against the Respondent be dismissed.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and recommendation to dismiss the charges. The motion received a second. The motion carried unanimously.

**MOTION**

6.4c – Respondent was properly notified and appeared before the Board without counsel. The Respondent was sworn in and responded to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was not in violation of §40-33-935(g) nor Regulation 91-10(c)(2). The Panel recommended that the charges against the Respondent be dismissed but that a letter of caution be issued to the Respondent.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and recommendation to dismiss the charges and to issue a letter of caution. The motion received a second. The motion carried unanimously.

**MOTION**

6.4d – The Respondent was properly notified and appeared without counsel. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-35-935(g) and Regulation 91-19(c)(2) and (3)(f). The Panel recommended that Respondent be issued a private reprimand.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and recommendation to issue a private reprimand. The motion received a second. The motion carried unanimously.

**MOTION**

6.4e – Respondent was properly notified but did not appear before the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-35-935(g) and (g) as well as Regulation 91-19(c)(3). The Panel recommended that Respondent's license be placed on two year probation, pay a \$1,000 fine, complete a medication administration course, and should Respondent return to work in South Carolina prior to the expiration of probation, Respondent's practice setting shall be strictly limited with no home health or agency, with supervision by a registered nurse on-site, on-shift, and quarterly employer reports.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and recommendation that Respondent's license be placed on two year probation, pay a \$1,000 fine, complete a medication administration course, and should Respondent return to work in South Carolina prior to the expiration of probation, Respondent's practice setting shall be strictly limited with no home health or agency, with supervision by a registered nurse on-site, on-shift, and quarterly employer reports. The Board added that the \$1,000 fine be paid within ninety days of the

**MOTION**

final order. The motion received a second. The motion carried unanimously.

6.4f – Respondent was properly notified and appeared without counsel. In their Conclusions of Law, the Panel found that the State did not prove by preponderance of the evidence that the Respondent violated the Nurse Practice Act. The Panel recommended dismissal of the complaint.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and recommendation to dismiss the charges. The motion received a second. The motion carried unanimously. **MOTION**

### LICENSING REPORT

Examination candidates and endorsement applicants with convictions and/or prior disciplinary action appeared before the Board requesting approval of their applications for licensure. **SPECIAL APPEARANCES**

9.1 - NCLEX-RN Candidate - Candidate was properly notified. Candidate notified Board of a death in the family and will ask for a continuance to September.

9.2 - NCLEX-RN Candidate - Candidate was properly notified and appeared before the Board without counsel to answer questions. Candidate was sworn in. Candidate’s application was administratively denied and appealed this decision to the Board.

A motion was made to allow the Candidate to take the examination and upon successful completion be licensed as a registered nurse. The motion received a second. The motion carried unanimously. **MOTION**

9.3 - NCLEX-RN Candidate - Candidate was properly notified and appeared before the Board without counsel to answer questions. Dr. Whiting recused herself due to knowledge of the Candidate. Ms. White acted as President for this case.

A motion was made to allow the Candidate to take the examination and upon successful completion be licensed as a registered nurse. The motion received a second. The motion carried unanimously. **MOTION**

9.4 - NCLEX-PN Candidate - Candidate was properly notified and appeared before the Board without counsel to answer questions.

A motion was made to the Candidate to take the examination and upon successful completion be licensed as a licensed practical nurse. The motion received a second. The motion carried unanimously. **MOTION**

9.5 - NCLEX-RN Candidate - Candidate was properly notified and appeared before the Board without counsel to answer questions.

A motion was made to the Candidate to take the examination and upon successful completion be licensed as a registered nurse. The motion received a second. The motion carried unanimously. **MOTION**

9.6 – LPN Endorsement Applicant - Applicant was properly notified and appeared before the Board without counsel to answer questions.

A motion was made to license Applicant as a licensed practical nurse by endorsement one-year probation, board approved work setting with on-site, on-shift registered nurse supervision no home health and no agency and quarterly employer reports. The motion received a second. The motion **MOTION**

health and no agency and quarterly employer reports. The motion received a second. The motion carried unanimously.

9.7 – LPN Endorsement Applicant – Although properly notified, Applicant did not respond to the notification and did not appear.

9.8 – NCLEX-PN Candidate - Candidate was properly notified and appeared before the Board without counsel to answer questions.

**MOTION**

A motion was made to the Candidate to take the examination and upon successful completion be licensed as a licensed practical nurse. The motion received a second. The motion carried unanimously.

A motion was made to adjourn the meeting at 4:55 p.m. on July 31, 2003. The motion received a second. The motion carried.

**ADJOURNMENT**

Respectfully Submitted,  
Dottie Buchanan, Administrative Assistant