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**VIRTUAL/TELECONFERENCE**  
**BOARD OF NURSING**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Brad Wojciechowski (608) 266-2112**  
**June 8, 2023**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.*

**AGENDA**

**8:00 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of May 11, 2023 (6-13)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
  - 1) Recognition of Emily Zentz, Registered Nurse
- E. Administrative Matters – Discussion and Consideration**
  - 1) Department, Staff and Board Updates
  - 2) Appointment of Liaisons and Alternates **(14-23)**
  - 3) Board Members – Term Expiration Dates
    - a. Anderson, John G. – 7/1/2025
    - b. Edelstein, Janice A. – 7/1/2024
    - c. Guyton, Vera L. – 7/1/2025
    - d. McFarland, Rosalyn L. – 7/1/2026
    - e. Saldivar Frias, Christian – 7/1/2023
    - f. Scott, Linda D. – 7/1/2023
    - g. Weinman, Robert W. – 7/1/2023
    - h. Zentz, Emily – 7/1/2023
- F. Education and Examination Matters – Discussion and Consideration (24)**
  - 1) Cardinal Stritch University – Ruth S. Coleman College of Nursing - Review of Plan for Improvement of NCLEX Pass Rates (ADN) **(25-29)**
  - 2) Bryant & Stratton College – Review of Plan for Improvement of NCLEX Pass Rates (ADN)
  - 3) Herzing College – Review of Plan for Improvement of NCLEX Pass Rates (ADN) (Corrections to 2022 NCLEX Report Resulted in No ADN Test Takers for 2022)
  - 4) Lac Courte Oreilles Ojibwe Community College – Review of Plan for Improvement of NCLEX Pass Rates (ADN) **(30-32)**

- 5) Rasmussen College – Green Bay – Review of Plan for Improvement of NCLEX Pass Rates (ADN) (Corrections to 2022 NCLEX Report Resulted in an 80% or Greater Pass Rate)
- 6) Columbia College – Mt. Mary University – Review of Plan for Improvement of NCLEX Pass Rates (BS)

**G. Legislative and Policy Matters – Discussion and Consideration**

- 1) 2021 Wisconsin Act 158, Relating to Practice of Certain Skilled Health Services by Military Medical Personnel and Granting Rule Making Authority

**H. Administrative Rule Matters – Discussion and Consideration (33)**

- 1) Discussion of N 6, Relating to Delegated Acts (34-55)
- 2) Pending and Possible Rulemaking Projects (56-58)

**I. Newsletter Matters – Discussion and Consideration (59)**

**J. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**

**K. Liaison Reports – Discussion and Consideration**

**L. Discussion and Consideration of Items Added After Preparation of Agenda:**

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislative and Policy Matters
- 10) Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Public Health Emergencies
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, Public Relation Requests, and Reports

**M. Public Comments**

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

**N. Presentation and Deliberation of Petitions for Summary Suspension and Designation of Hearing Official**

- 1) 9:00 A.M. APPEARANCE: Julie Zimmer, DLSC Attorney; and M.D., Respondent:  
22 NUR 831 – Marina Driza, R.N. (60-98)

**O. Credentialing Matters**

- 1) **Application Reviews**
  - a. Andrew W. Bunn – FTP Review for RN Renewal Application (99-201)

**P. Deliberation on Division of Legal Services and Compliance Matters**

- 1) **Administrative Warnings**
  - a. 22 NUR 031 – J.J.G. (202-203)
  - b. 22 NUR 794 – R.M.B. (204-205)
  - c. 23 NUR 152 – R.K.W. (206-207)
- 2) **Case Closings**
  - a. 22 NUR 144 – R.M.B. (208-215)
  - b. 22 NUR 269 – Unknown (216-220)
  - c. 22 NUR 282 – Unknown (221-227)
  - d. 22 NUR 411 – F.S.S. (228-232)
  - e. 22 NUR 440 – F.S.S. (233-240)
  - f. 22 NUR 484 – J.R. (241-244)
  - g. 22 NUR 539 – A.R.K., R.K.R., H.A.T. (245-256)
  - h. 22 NUR 551 – J.A.L., J.A.F. (257-264)
  - i. 22 NUR 659 – Unknown (265-268)
  - j. 22 NUR 850 – K.E.T. (269-279)
  - k. 23 NUR 007 – J.R.L. (280-288)
  - l. 23 NUR 045 – D.A.F. (289-292)
  - m. 23 NUR 057 – C.J.B. (293-308)
  - n. 23 NUR 213 – E.G.T. (309-314)
- 3) **Proposed Stipulations, Final Decisions, and Orders**
  - a. 21 NUR 439 – Cheryl Smokowicz Salceda, R.N. (315-323)
  - b. 21 NUR 513 – Nicole E. Holton, R.N. (324-335)
  - c. 21 NUR 700 – Linda S. Beaber, R.N. (336-342)
  - d. 21 NUR 718 – Teah M. Bersch, L.P.N. (343-348)
  - e. 21 NUR 777 – Jessica N. Isler, R.N. (349-356)
  - f. 22 NUR 131 – Danielle D. Wynn, R.N. (357-364)
  - g. 22 NUR 332 – Elaine S. Rud, R.N. (365-370)
  - h. 22 NUR 432 – Tina M. Bellis, R.N. (371-377)
  - i. 22 NUR 510 – Kizzie R. Willingham, L.P.N. (378-384)
  - j. 22 NUR 707 – Jaclyn R. Vados, R.N. (385-391)
  - k. 22 NUR 725 – Sharon B. Johnson, R.N. (392-397)
  - l. 23 NUR 222 – Jennifer S. Berning, R.N. (398-404)
- 4) **Monitoring Matters (405-406)**
  - a. **Monitor Wagner**
    1. Jaymie Malik, R.N. – Review of Fitness to Practice Evaluation (407-424)
  - b. **Monitor Olson**

1. James Hansen, R.N. – Requesting Full Licensure (425-441)
2. Julie Huse, R.N. – Requesting Full Licensure (442-457)
- c. **Monitor Heller**
  1. Christine Hamilton, R.N. – Requesting Reduction in Drug/Alcohol Screens & Termination of Direct Supervision (458-491)
  2. Kimberly Reilly, R.N. – Requesting Full Licensure (492-515)
  3. Noelle Stone, L.P.N. – Review of AODA Assessment and Requesting Initial Stay of Suspension (516-542)
- d. **Monitor Krogman**
  1. Julie Baisa, R.N. – Requesting Termination of AA/NA Meetings and Job Setting Restrictions (C.22.) (543-575)
  2. Stephanie Bylsma, L.P.N. – Requesting Full Licensure (576-585)
  3. Abby Gifford (Harris), R.N. – Requesting Full Licensure (586-604)

**Q. Deliberation of Items Added After Preparation of the Agenda**

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

**R. Consulting with Legal Counsel**

- 1) Planned Parenthood of Wisconsin, Inc. v. Wisconsin Board of Nursing, Et Al; USDC, Western District of Wisconsin

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

- S. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate
- T. Open Session Items Noticed Above Not Completed in the Initial Open Session
- U. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
- V. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

**ADJOURNMENT**

**NEXT MEETING: JULY 13, 2023**

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED  
WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE  
BOARD OF NURSING  
MEETING MINUTES  
MAY 11, 2023**

**PRESENT:** John Anderson, Janice Edelstein, Vera Guyton, Rosalyn McFarland, Linda Scott, Robert Weinman, Emily Zentz

**EXCUSED:** Christian Saldivar Frias

**STAFF:** Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Katlin Schwartz, Bureau Assistant; and other Department Staff

**CALL TO ORDER**

Robert Weinman, Chairperson, called the meeting to order at 8:10 a.m. A quorum was confirmed with seven (7) members present.

**ADOPTION OF THE AGENDA**

**MOTION:** Janice Edelstein moved, seconded by Vera Guyton, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES APRIL 13, 2023**

**MOTION:** Linda Scott moved, seconded by Robert Weinman, to approve the Minutes of April 13, 2023 as published. Motion carried unanimously.

**INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION**

**MOTION:** Janice Edelstein moved, seconded by Linda Scott, to recognize and thank the nurses of Wisconsin for their dedicated service to the State of Wisconsin and its citizens. Happy nurses' month. Motion carried unanimously.

**ADMINISTRATIVE MATTERS**

**Board Members – Term Expiration Dates**

**MOTION:** Robert Weinman moved, seconded by Janice Edelstein, to recognize and thank Linda Scott for her years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

## **ADMINISTRATIVE RULE MATTERS**

### **Second Extension Letter: EmR 2215 – N2, Relating to Modification of the Board Review Process to Take the NCLEX**

**MOTION:** Robert Weinman moved, seconded by Janice Edelstein, to approve the request letter for a second extension to EmR 2215, N 2 relating to modification of Board review process to take the NCLEX and for submission to the Joint Committee for Review of Administrative Rules (JCRAR). Motion carried unanimously.

### **Discussion Permanent Rule N2, Public Hearing, Relating to Modification of the Board Review Process to Take the NCLEX**

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to review all Clearinghouse and public comments for Clearinghouse Rule CR 23-002 (N 2), relating to modification of Board review process to take the NCLEX. If all comments are approved, to authorize the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to approve the Legislative Report and Draft for submission to the Governor's Office and Legislature. Motion carried unanimously.

## **SPEAKING ENGAGEMENTS, TRAVEL, PUBLIC RELATION REQUESTS, AND REPORTS**

### **Consideration of Attendance: 2023 NCSBN Annual Meeting – August 16-18, 2023 – Chicago, IL**

**MOTION:** Janice Edelstein moved, seconded by Emily Zentz, to designate Robert Weinman, as the Board's delegate, to attend the 2023 NCSBN Annual Meeting on August 16-18, 2023 in Chicago, IL. Motion carried unanimously.

### **Consideration of Attendance: 2023 Executive Officers Leadership Summit – June 21-23, 2023 – Newport Beach, CA**

**MOTION:** Robert Weinman moved, seconded by Emily Zentz, to designate Brad Wojciechowski, as the Board's delegate, to attend the 2023 Executive Officers Leadership Summit on June 21-23, 2023 in Newport Beach, CA. Motion carried unanimously.

## CLOSED SESSION

**MOTION:** Linda Scott moved, seconded by Robert Weinman, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigation with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Robert Weinman, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Vera Guyton-yes; Rosalyn McFarland-yes; Linda Scott-yes; Robert Weinman-yes; and Emily Zentz-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:49 a.m.

### DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS

#### **Jennifer J. Hogge, R.N., Respondent – DHA Case Number SPS-22-0056/DLSC Case Numbers 21 NUR 639, 22 NUR 341, and 22 NUR 358**

**MOTION:** Robert Weinman moved, seconded by Emily Zentz, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Jennifer J. Hogge, R.N., Respondent – DHA Case Number SPS-22-0056/DLSC Case Numbers 21 NUR 639, 22 NUR 341, and 22 NUR 358. Motion carried unanimously.

*(Linda Scott recused herself and left the room for deliberation and voting in the matter concerning Jennifer J. Hogge, R.N., Respondent – DHA Case Number SPS-22-0056/DLSC Case Numbers 21 NUR 639, 22 NUR 341, and 22 NUR 358.)*

#### **Nancy K. Reddick, R.N., Respondent – DHA Case Number SPS-22-0071/DLSC Case Number 22 NUR 182**

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Nancy K. Reddick, R.N., Respondent – DHA Case Number SPS-22-0071/DLSC Case Number 22 NUR 182. Motion carried unanimously.

*(Emily Zentz recused herself and left the room for deliberation and voting in the matter concerning Nancy K. Reddick, R.N., Respondent – DHA Case Number SPS-22-0071/DLSC Case Number 22 NUR 182.)*



## CREENTIALING MATTERS

### Application Reviews

#### *Michelle Connelly – RN Multistate Applicant*

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to approve the RN Multistate application of Michelle Connelly, once all requirements are met. Motion carried unanimously.

#### *Marissa Petite – RN Applicant*

**MOTION:** Emily Zentz moved, seconded by Linda Scott, to approve the RN application of Marissa Petite, once all requirements are met. Motion carried. Opposed: Robert Weinman

#### *Brittany Torrence – RN Renewal Applicant*

**MOTION:** Janice Edelstein moved, seconded by Robert Weinman, to approve the RN Renewal application of Brittany Torrence, once all requirements are met. Motion carried unanimously.

## DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

### Administrative Warnings

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to issue an Administrative Warning in the following DLSC Cases:

1. 21 NUR 616 – N.L.S.
2. 22 NUR 024 – E.E.J.
3. 22 NUR 198 – A.G.C.
4. 23 NUR 033 – J.M.F.
5. 23 NUR 240 – S.C.M.

Motion carried unanimously.

## Case Closings

- MOTION:** Janice Edelstein moved, seconded by Robert Weinman, to close the following DLSC Cases for the reasons outlined below:
1. 21 NUR 502 – S.J.B., L.M.S., H.U., L.J.W. – Insufficient Evidence
  2. 21 NUR 537 – K.J. – Prosecutorial Discretion (P1)
  3. 21 NUR 704 – M.J.R. – Prosecutorial Discretion (P2)
  4. 21 NUR 808 – R.L., S.T. – No Violation
  5. 22 NUR 044 – C.A.H. – Prosecutorial Discretion (P5)
  6. 22 NUR 138 – L.J.W. – No Violation
  7. 22 NUR 188 – D.L.G. – No Violation
  8. 22 NUR 207 – L.B. – Insufficient Evidence
  9. 22 NUR 426 – T.D.M. – No Violation
  10. 22 NUR 486 – S.M.S. – Prosecutorial Discretion (P2)
  11. 22 NUR 494 – D.L.B. – Insufficient Evidence
  12. 22 NUR 495 – T.E.D. – No Violation
  13. 22 NUR 532 – D.W. – No Violation
  14. 23 NUR 083 – M.A.H., T.M.R. – Prosecutorial Discretion (P1)
  15. 23 NUR 106 – T.K. – No Violation
- Motion carried unanimously.

## Proposed Stipulations and Final Decisions and Orders

- MOTION:** Linda Scott moved, seconded by Robert Weinman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:
1. 19 NUR 082, 22 NUR 404 – Amy J. Furlong, R.N.
  2. 20 NUR 272 – Amanda M. Vanderfin, L.P.N.
  3. 22 NUR 038 – Shalonda N. Myles, R.N., A.P.N.P.
  4. 22 NUR 391 – Ann M. Kohlbeck, R.N.
  5. 22 NUR 394 – Linda C. Barnes, R.N.
  6. 22 NUR 445 – Monique D. Tovar, R.N.
  7. 22 NUR 478 – Cody G. Severson, R.N.
  8. 22 NUR 555 – Doreen M. Serrano, R.N.
  9. 22 NUR 709 – Steven M. Smokovich, R.N.
  10. 22 NUR 726 – Tarren C. Prange, R.N., A.P.N.P.
  11. 22 NUR 830 – Jennifer L. Vosen, R.N.
  12. 23 NUR 093 – Karli V. Velasquez, R.N.
- Motion carried unanimously.

## Proposed Stipulations and Interim Orders

### *23 NUR 176 – Amber K. Knowler, R.N.*

**MOTION:** Emily Zentz moved, seconded by Robert Weinman, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Amber K. Knowler, R.N., DLSC Case Number 23 NUR 176. Motion carried unanimously.

## Monitoring Matters

### *Joan Swope, R.N.*

#### *Requesting Reduction in Drug/Alcohol Screens, Termination of Practice Limitations, and a Reduction in AA/NA Meetings*

**MOTION:** Robert Weinman moved, seconded by Janice Edelstein, to grant the request of Joan Swope, R.N., for a reduction in drug/alcohol screens to twenty-eight (28) tests per year plus one (1) annual hair test, termination of practice limitations in C.23 of the June 13, 2013 order, and a reduction in AA/NA meetings to one (1) meeting per week. Motion carried unanimously.

### *Nakisha Dyson, L.P.N.* *Requesting Full Licensure*

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to grant the request of Nakisha Dyson, L.P.N., for full licensure. Motion carried unanimously.

### *Stacey Johnson, R.N.* *Requesting Termination of AODA Treatment*

**MOTION:** Robert Weinman moved, seconded by Emily Zentz, to grant the request of Stacey Johnson, R.N., for termination of AODA Treatment. Motion carried unanimously.

### *Sheila Novin, R.N.* *Requesting Full Licensure*

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to grant the request of Sheila Novin, R.N., for full licensure. Motion carried unanimously.

### *Jessica Shore, R.N.* *Requesting Full Licensure*

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to deny the request of Jessica Shore, R.N., for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Board Order (3/11/2021). Motion carried unanimously.

*Desiree Sims, R.N., A.P.N.P.*

***Requesting Reduction in Drug/Alcohol Screens and Termination of Direct Supervision***

**MOTION:** Robert Weinman moved, seconded by Janice Edelstein, to deny the request of Desiree Sims, R.N., A.P.N.P., for a reduction in drug/alcohol screens, but to grant termination of direct supervision. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Board Order (6/10/2021). Motion carried unanimously.

*Amanda Wing, R.N.*  
***Requesting Full Licensure***

**MOTION:** Robert Weinman moved, seconded by Emily Zentz, to deny the request of Amanda Wing, R.N., for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Board Order (3/13/2014). Motion carried unanimously.

**DELIBERATION ON MATTERS RELATING TO COSTS/ORDERS FIXING COSTS**

**Brian D. Borowski, R.N., Respondent – DHA Case Number SPS-22-0017/DLSC Case Number 21 NUR 253**

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Brian D. Borowski, R.N., Respondent – DHA Case Number SPS-22-0017/DLSC Case Number 21 NUR 253. Motion carried unanimously.

*(Janice Edelstein recused herself and left the room for deliberation and voting in the matter concerning Brian D. Borowski, R.N., Respondent – DHA Case Number SPS-22-0017/DLSC Case Number 21 NUR 253.)*

**Angela N. Yant, L.P.N., Respondent – DHA Case Number SPS-21-0091/DLSC Case Number 21 NUR 192**

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Angela N. Yant, L.P.N., Respondent – DHA Case Number SPS-21-0091/DLSC Case Number 21 NUR 192. Motion carried unanimously.

*(Janice Edelstein recused herself and left the room for deliberation and voting in the matter concerning Angela N. Yant, L.P.N., Respondent – DHA Case Number SPS-21-0091/DLSC Case Number 21 NUR 192.)*

**Nancy M. Mokaya, R.N., Respondent – DHA Case Number SPS-22-0007/DLSC Case Number 21 NUR 212**

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Nancy M. Mokaya, R.N., Respondent – DHA Case Number SPS-22-0007/DLSC Case Number 21 NUR 212. Motion carried unanimously.

*(Emily Zentz recused herself and left the room for deliberation and voting in the matter concerning Nancy M. Mokaya, R.N., Respondent – DHA Case Number SPS-22-0007/DLSC Case Number 21 NUR 212.)*

**Angela Hamilton, L.P.N., Respondent – DHA Case Number SPS-22-0006/DLSC Case Number 19 NUR 703**

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Angela Hamilton, L.P.N., Respondent – DHA Case Number SPS-22-0006/DLSC Case Number 19 NUR 703. Motion carried unanimously.

**RECONVENE TO OPEN SESSION**

**MOTION:** Janice Edelstein moved, seconded by Rosalyn McFarland, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:08 a.m.

**VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Emily Zentz moved, seconded by Vera Guyton, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

*(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)*

**ADJOURNMENT**

**MOTION:** Janice Edelstein moved, seconded by Robert Weinman, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:14 a.m.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Katlin Schwartz, Bureau Assistant		2) Date when request submitted: 5/30/2022 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Board of Nursing											
4) Meeting Date: 6/8/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters <ul style="list-style-type: none"> <li>• Appointment of Liaisons and Alternates,</li> </ul>									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A									
10) Describe the issue and action that should be addressed: 1) The Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate											
11) <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">           Katlin Schwartz         </td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">           12/14/2022         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Signature of person making this request         </td> <td style="border-bottom: 1px solid black; text-align: right;">           Date         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Supervisor (Only required for post agenda deadline items)         </td> <td style="border-bottom: 1px solid black; text-align: right;">           Date         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Executive Director signature (Indicates approval for post agenda deadline items)         </td> <td style="border-bottom: 1px solid black; text-align: right;">           Date         </td> </tr> </table>				Katlin Schwartz	12/14/2022	Signature of person making this request	Date	Supervisor (Only required for post agenda deadline items)	Date	Executive Director signature (Indicates approval for post agenda deadline items)	Date
Katlin Schwartz	12/14/2022										
Signature of person making this request	Date										
Supervisor (Only required for post agenda deadline items)	Date										
Executive Director signature (Indicates approval for post agenda deadline items)	Date										
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

## BOARD OF NURSING

### 2023 Elections, Appointments and Delegations

ELECTION RESULTS	
<b>Chairperson</b>	Robert Weinman
<b>Vice Chairperson</b>	Emily Zentz
<b>Secretary</b>	Janice Edelstein

### Appointments of Liaisons and Alternates

LIAISON APPOINTMENTS	
<b>Credentialing</b>	Rosalyn McFarland, Janice Edelstein, Vera Guyton ( <i>LPN Reviews</i> ), Robert Weinman <i>Alternate:</i> Vera Guyton
<b>Monitoring</b>	Emily Zentz <i>Alternate:</i> Robert Weinman
<b>Professional Assistance Procedure (PAP)</b>	Linda Scott <i>Alternate:</i> Emily Zentz
<b>Legislative Liaison</b>	John Anderson, Robert Weinman
<b>Newsletter Liaison</b>	Janice Edelstein <i>Alternate:</i> Vera Guyton
<b>Board Practice Liaison</b>	Robert Weinman
<b>Board Education Liaison</b>	Linda Scott <i>Alternate:</i> Janice Edelstein
<b>Controlled Substances Board as per Wis. Stats. §15.405(5g)</b>	Robert Weinman <i>Alternate:</i> Rosalyn McFarland (Primary), Emily Zentz (Secondary)
<b>Wisconsin Coalition for Prescription Drug Abuse Reduction</b>	Rosalyn McFarland

<b>Travel Authorization Liaison</b>	Robert Weinman (Chair) <i>Alternate:</i> Emily Zentz (Vice Chair)
<b>Military Medical Personnel</b>	Robert Weinman <i>Alternate:</i> Linda Scott
<b>COMMITTEE MEMBER APPOINTMENTS</b>	
<b>Legislation and Rules Committee</b>	Janice Edelstein, Robert Weinman (Chair), John Anderson
<b>BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION</b>	
<b>Administrator of the Nurse Licensure Compact</b>	Robert Weinman <i>Alternate:</i> Janice Edelstein

<b>SCREENING PANEL APPOINTMENTS</b>	
<b>Alternates</b>	Robert Weinman
<b>2023 Screening Panel Rotation</b>	
<b>January – March</b>	Janice Edelstein, Vera Guyton
<b>April – June</b>	Robert Weinman, John Anderson
<b>July – September</b>	Emily Zentz, Christian Saldivar Frias
<b>October – December</b>	Robert Weinman, John Anderson

**Delegation of Authorities**

***Document Signature Delegations***

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign



documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

**MOTION:** John Anderson moved, seconded by Vera Guyton, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a Board member as necessary. Motion carried unanimously.

#### *Delegated Authority for Urgent Matters*

**MOTION:** Janice Edelstein moved, seconded by Robert Weinman, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

#### *Delegation to Chief Legal Counsel Due to Loss of Quorum*

**MOTION:** Robert Weinman moved, seconded by Linda Scott, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

#### *Delegation to Chief Legal Counsel for Stipulated Resolutions*

**MOTION:** Janice Edelstein moved, seconded by Robert Weinman, to delegate to DSPS Chief Legal Counsel the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such matters when the best interests of the Board, Department and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

#### *Monitoring Delegations*

##### **Delegation of Authorities for Monitoring**

**MOTION:** John Anderson moved, seconded by Linda Scott, to adopt the "Roles and Authorities Delegated for Monitoring" document as presented in the

January 12, 2023 agenda materials on pages 25-27. Motion carried unanimously.

**Delegation of Authorities for Legal Counsel to Sign Monitoring Orders**

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

*Credentialing Authority Delegations*

**Delegation of Authority to Credentialing Liaison (Generic)**

**MOTION:** Janice Edelstein moved, seconded by Robert Weinman, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications. Motion carried unanimously.

**Delegation of Authority to DSPS When Credentialing Criteria is Met**

**MOTION:** Janice Edelstein moved, seconded by Linda Scott, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

**Delegation of Authority for Predetermination Reviews**

**MOTION:** John Anderson moved, seconded by Vera Guyton, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

**Delegation of Authority for Conviction Reviews**

**MOTION:** Janice Edelstein moved, seconded by John Anderson, to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of nursing. Motion carried unanimously.

**Delegation of Authority for Termination Reviews**

**MOTION:** John Anderson moved, seconded by Vera Guyton, to delegate authority to the Department Attorneys and Paralegals to approve reviews of prior terminations of which the known circumstances underlying the termination are unrelated to the practice of nursing. Motion carried unanimously.

**Delegation to DSPS When Applicant’s Discipline History Has Been Previously Reviewed**

**MOTION:** Janice Edelstein moved, seconded by Linda Scott, to delegate authority to Department staff to approve applications where Applicant’s prior discipline has been approved for a previous credential and there is no new discipline. Motion carried unanimously.

**Delegation to DSPS When Applicant’s Conviction History Has Been Previously Reviewed**

**MOTION:** Janice Edelstein moved, seconded by John Anderson, to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous credential and there is no new conviction record. Motion carried unanimously.

**Delegation of Authority to Department Attorneys and Paralegals**

**MOTION:** Linda Scott moved, seconded by Vera Guyton, to delegate authority to Department Attorneys and Paralegals to grant limited licenses for Nurse Refresher Courses (as long as all other requirements are met) unless there are convictions, prior Board discipline, or impairment issues. Staff can then move forward with the granting of full licensure after verification of successful completion has been received. Motion carried unanimously.

**Delegated Authority for Application Denial Reviews**

**MOTION:** John Anderson moved, seconded by Emily Zentz, to delegate authority to the Department’s Attorney Supervisors to serve as the Board’s designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

**Delegation of Authority for Military Reciprocity Reviews**

**MOTION:** Robert Weinman moved, seconded by Janice Edelstein, to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09. Motion carried unanimously.

**Delegation for Conviction Review Decision Making Authority to DPCP Legal Team Paralegals**

**MOTION:** Janice Edelstein moved, seconded by Vera Guyton, to delegate decision making authority to DPCP Legal Team paralegals to review and approve applications with the following offenses which are not related to the practice of nursing:

- Loitering

- Retail Theft (includes shoplifting and NSF checks)
- Up to two (2) Underage Drinking Offenses
- Resisting/Obstructing an Officer
- Disorderly Conduct
- Trespassing
- Disturbing the Peace
- Operating after Suspension/Revocation
- OWI 1<sup>st</sup> that occurred over two (2) years prior to the date of application
- Up to two (2) OWIs prior to entering Nursing School
- A violation that is an ordinance violation in Wisconsin, but a misdemeanor in other states.

Motion carried unanimously.

**Delegation to DPCP Legal Team Paralegals and Attorneys to Approve AODA/FTP Evaluators/Assessors**

**MOTION:** Robert Weinman moved, seconded by John Anderson, to delegate authority to the DPCP Legal Team Attorneys and Paralegals to review and approve Applicant’s proposed Evaluators/Assessors for AODA and FTP assessments, unless the request specifically requires full-Board or Board liaison approval. Motion carried unanimously.

***Pre-Screening Delegation to Open Cases***

**MOTION:** John Anderson moved, seconded by Emily Zentz, to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases as outlined below:

1. OWIs of 3 or more that occurred in the last 5 years.
2. Reciprocal discipline cases.
3. Impairment and/or diversion at work that includes a positive drug/alcohol test.
4. Conviction of a misdemeanor or felony that the attorney believes is substantially related and is not otherwise excluded from consideration via Wis. Stat. ch. 111.
5. Failure to Respond by Respondent to allegations contained in the complaint when requested by intake (Case will be opened on failure to respond and the merits).

Motion carried unanimously.

***Pre-Screening Delegation to Close Cases***

**MOTION:** Robert Weinman moved, seconded by John Anderson, to delegate pre-screening decision making authority to the DSPS screening attorney for closing cases as outlined below:

1. One OWI that is non-work related and if AODA assessment completed, assessment does not indicate dependency.
2. DHS caregiver complaint where **facility DHS** investigation does not find wrongdoing by a nurse.
3. Complaints that even if allegations are true, do not amount to a violation of statute or rules.

Motion carried unanimously.

### *Voluntary Surrenders*

**MOTION:** John Anderson moved, seconded by Robert Weinman, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

**MOTION:** Robert Weinman moved, seconded by John Anderson, to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19. Motion carried unanimously.

### *Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies*

**MOTION:** Robert Weinman moved, seconded by Vera Guyton, to authorize the Department staff to provide national regulatory related bodies with all board member contact information that the Department retains on file. Motion carried unanimously.

### *Optional Renewal Notice Insert Delegation*

**MOTION:** Linda Scott moved, seconded by John Anderson, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

### *Legislation and Rules Committee Delegation*

**MOTION:** Janice Edelstein moved, seconded by Vera Guyton, to grant the Legislation and Rules Committee the ability to address all rulemaking as

related to drafting and making recommendations to the full Board. Motion carried unanimously.

***Legislation and Rules Committee Membership Delegation***

**MOTION:** Robert Weinman moved, seconded by Emily Zentz, that in order to facilitate the completion of its duties between meetings, the Board delegates authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to appoint members to the Legislation and Rules Committee between meetings as necessary. Motion carried unanimously.

***Legislative Liaison Delegation***

**MOTION:** John Anderson moved, seconded by Robert Weinman, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

***Newsletter Liaison(s) Delegation***

**MOTION:** Emily Zentz moved, seconded by John Anderson, to delegate authority to the Newsletter Liaison(s) to handle all matters relating to newsletters. Motion carried unanimously.

***Board Practice Liaison(s) Delegation***

**MOTION:** Linda Scott moved, seconded by Vera Guyton, to delegate authority to the Board Practice Liaison(s) to confer with Department staff when necessary to answer practice questions. Motion carried unanimously.

***Board Education Liaison(s) Delegation***

**MOTION:** Robert Weinman moved, seconded by Emily Zentz, to delegate authority to the Board Education Liaison(s) to serve as a liaison between DSPS and the Board and to act on behalf of the Board when making recommendations related to Nursing School approval. Motion carried unanimously.

***Wisconsin Coalition for Prescription Drug Abuse Reduction Delegation***

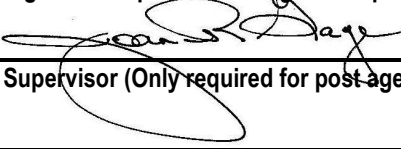
**MOTION:** John Anderson moved, seconded by Emily Zentz, to delegate authority to the Wisconsin Coalition for Prescription Drug Abuse Reduction liaison to speak and act on behalf of the Board in matters concerning the Coalition. Motion carried unanimously.

***Travel Authorization Liaison Delegation***

**MOTION:** Robert Weinman moved, seconded by John Anderson, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Joan Gage		2) Date when request submitted: 05/26/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 06/08/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? School Exam Assessment Reports and Plans for Improvement.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed:  CARDINAL STRITCH UNIVERSITY - RUTH S. COLEMAN COLLEGE OF NURSING – ADN LAC COURTE OREILLES OJIBWE COMMUNITY COLLEGE – ADN RASMUSSEN COLLEGE- GREEN BAY- ADN (corrections to 2022 NCLEX Report resulted in an 80% or greater pass rate)  <u>Outstanding Reports</u> HERZING UNIVERSITY - KENOSHA – PN			
11) <b>Authorization</b>			
Signature of person making this request 		05/26/2023 Date	
Supervisor (Only required for post-agenda deadline items)		05/26/2023 Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			





CARDINAL STRITCH UNIVERSITY

Ruth S. Coleman College of Nursing and Health Sciences

WISCONSIN BOARD OF NURSING

4822 Madison Yards Way

Madison, WI 53705

Attention: Joan Gage, Program Manager

Follow-Up Response to Communication Received on April 13, 2023

Crystal-Rae Walton, PhD, RN

Dean & Assistant Professor

Ruth S. Coleman College of Nursing & Health Sciences

Cardinal Stritch University

6801 N Yates Rd

Milwaukee, WI 53217

[cdwalton@stritch.edu](mailto:cdwalton@stritch.edu)

414-410-4397

**Cardinal Stritch University Bachelor of Science in Nursing (BSN) Program Response to  
Letter Received on April 13, 2023**

Dear Ms. Gage,

This is a response to the Wisconsin Board of Nursing's (BON) communication dated April 13, 2023. The letter indicated that the Cardinal Stritch University – Ruth S. Coleman College of Nursing and Health Sciences 2022 ADN pass rate was 50.00%. While the ADN program was discontinued in 2015, we realize there are graduates who continue to take the NCLEX and have not passed.

The letter requested “The school of nursing shall submit an institutional plan including timelines, to correct identified deficiencies in the school of nursing.” Further, the letter indicated that the school should submit its plan to address this deficiency to [DSPSBON@wisconsin.gov](mailto:DSPSBON@wisconsin.gov) by Tuesday, May 30<sup>th</sup> for presentation at the June 8<sup>th</sup> meeting, but no later than July 5<sup>th</sup> for presentation at the July 13<sup>th</sup> board meeting.

On March 22, 2023, Lori Stutte, Chair of Undergraduate Nursing requested the list of the ADN candidates and their NCLEX results that graduated from Cardinal Stritch University, Milwaukee WI, for the January 1, 2022 – December 31, 2022 time period, for the ADN program.

On April 13, 2023, we received our official BON warning letter and NCLEX pass rate report. Based on review of this report, 2 students took the exam with 1 student passing and 1 student failing, resulting in 50.00% ADN pass rate. See Appendix A for the pass rate with student information. On April 26, 2023, we had a verbal discussion with Carroll University regarding our closure and the need to identify a support person for the student. We also discussed an additional opportunity for the student to participate in their ATI NCLEX live review course for offered in August 2023. Since Carroll University has an ADN program, we felt it would be a good fit for them to support our ADN students. At that time, Carroll University verbally agreed to support this student and allow this student to take the ATI NCLEX live review course offered in August 2023.

We have since reached out to the identified student to offer support if she wishes to sit for the NCLEX exam again. Please refer to Appendix B for documentation to the student. Additionally, we are looking to secure the official written agreement with Carroll University to support this student and the dates of the ATI NCLEX live review course. Appendix C illustrates documentation to Carroll University to confirm details of the agreement to support this student.

Thank you for the opportunity to respond to our ADN NCLEX pass rate. Please feel free to reach out to me directly at [cdwalton@stitch.edu](mailto:cdwalton@stitch.edu) if you have further questions.

Respectfully,

*Crystal-Rae Walton PhD, RN*

Crystal-Rae Walton, PhD, RN

Dean & Associate Professor

## APPENDIX A



### Candidates Educated in my Jurisdiction

Pearson VUE's reporting database includes all exam records from 2002 to present.

PEARSON CONFIDENTIAL



NCSBN Education Program Jurisdiction: Wisconsin Department of Safety & Professional Services (50)

Exam Series Code: NCLEX-RN  
 Custom Date Range (Click Run Below to Enter)  
 All Time

NCSBN Education Program: WI - CARDINAL STRITCH UNIVERSITY - RUTH S. COLEMAN COLLEGE OF NURSING - ADN (US50408300)  
 1/1/2022 12:00:00 AM  
 12/31/2022 12:00:00 AM

Printed By: Joan Gage  
 Report Date: 08-Apr-2023 02:38 PM  
 Data as of (CST): 06-Apr-2023 08:05 AM

Wisconsin Department of Safety & Professional Services (50) NCLEX-RN      WI - CARDINAL STRITCH UNIVERSITY - RUTH S. COLEMAN COLLEGE OF NURSING - ADN (US50408300)

#### Pass Rate Summary

	Repeaters	Total
Total Delivered	2	2
Total Passed	1	1
Total Failed	1	1
Total On Hold	0	0
Total Pass Rate	50.00%	50.00%

#### Candidate Details

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
Foulks-Thomas	Sabrina	21751290	05/2010	7/13/2022 12:03:46 PM	Fail	Yes	Wisconsin Department of Safety & Professional Services (50)
Riddle	Skye	23095540	12/2015	11/30/2022 8:26:02 AM	Pass	Yes	Massachusetts Board of Registration in Nursing (08)

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

Page 1/1

## APPENDIX B

### NCLEX support - Cardinal Stritch University ADN program



Walton, Crystal-Rae D.  
To: [sabrina.foulks@gmail.com](mailto:sabrina.foulks@gmail.com)  
Cc: Stutte, Lorilee R.



2:42 PM

 This message was sent with High importance.

Good afternoon Sabrina,

We hope this message finds you well. The Wisconsin Board of Nursing has indicated that you attempted the NCLEX exam in 2022 (7/13/2022) and did not pass. We would like to offer you support, so that you can be successful in passing the NCLEX. Are you planning or interested in retaking the NCLEX exam again? Since 7/13/2022, have you pursued any extra supports such as an NCLEX preparatory course, refresher courses, or an NCLEX coach? Given that Cardinal Stritch University is closing, we are looking for options to support your success after our closure. If you could please let us know what your plans are to move forward, we would like to develop a plan with you to be successful.

Kind regards,

Dr. Walton

**Crystal-Rae Walton, Ph.D., RN**  
Assistant Professor  
Acting Dean/Associate Dean  
Ruth S. Coleman College of Nursing and Health Sciences

**Cardinal Stritch University**  
6801 N. Yates Road  
Milwaukee, Wisconsin 53217-3985  
*phone* (414) 410-4397  
[cdwalton@stritch.edu](mailto:cdwalton@stritch.edu)  
[www.stritch.edu/conhs](http://www.stritch.edu/conhs)

## APPENDIX C

### NCLEX Support for Cardinal Stritch University ADN student



Walton, Crystal-Rae D.  
To Teresa L Kaul



2:34 PM

Good afternoon Dr. Kaul,

I hope this message finds you well. I am following up on our previous verbal discussion on Wednesday, April 26<sup>th</sup> regarding our 50% ADN pass rate and needing to find support for 1 student that did not pass the NCLEX in 2022. You had mentioned that your ADN program will be offering a live NCLEX review in August through ATI. I am looking to confirm that we could offer this student an opportunity to participate in this session, the dates, and a point of contact for this student as Cardinal Stritch University is closing. We want to ensure that we address our compliance concern with the Wisconsin Board of Nursing as well as to provide proper support to this student, given the current circumstances of our closure. We appreciate your support and am hopeful that this is an acceptable plan for Carroll University.

Kind regards,

Crystal-Rae Walton

**Crystal-Rae Walton, Ph.D., RN**

Assistant Professor

Acting Dean/Associate Dean

Ruth S. Coleman College of Nursing and Health Sciences

**Cardinal Stritch University**

6801 N. Yates Road

Milwaukee, Wisconsin 53217-3985

phone (414) 410-4397

[cdwalton@stritch.edu](mailto:cdwalton@stritch.edu)

[www.stritch.edu/conhs](http://www.stritch.edu/conhs)

<b>Lac Courte Oreilles Ojibwe University Intuitional Plan for Improvement of NCLEX Pass Rates</b>		
<b>Contributing Factors to Low Pass Rate</b>	<b>Corrective Action</b>	<b>Implementation Timeframe</b>
Admission Criteria	<p>The admission process was reviewed for the selection process for the spring of 2021. The process was updated to review the applicant holistically. Applicants are selected based on their general courses completed, grades, GPA, admission essay, and letters of recommendation.</p> <p>The admission process was reviewed at this time. The plan is to continue the current admission process with TEAS testing being added as a requirement for admission. The current students will be given the TEAS test in the fall of 2023 to assess areas in need of development. Starting in the fall of 2024 admission cycle, students will be required to meet a score of proficient for acceptance into the program. Those who do not meet the score of proficient will be given pathways, which include courses (depending on the area in need of improvement) in science, math, English, and reading to gain the knowledge to enter the program.</p>	<p>Cohort starting in the fall of 2021.</p> <p>Spring 2024 Admission Cycle</p>
Test Taking Policies	<p>The ADN Test Taking Policy was reviewed and updated. The updates include requirements for allotted time per question, blueprints based on the NCLEX categories, progression of questions assessment level following Bloom’s Taxonomy throughout the program, analyzing test results, and faculty review of test questions.</p> <p>June 14, 2022, faculty attended ANCC Test Writing Workshop.</p>	<p>March 1, 2022, ADN Test Taking Policy was implemented.</p> <p>June 14, 2022,</p>
Academic Dishonesty	<p>Nursing Exams are given in Canvas. It was noted students have been leaving the exam and opening other website browsers during exams which is highly suggestive students are looking up the answer to the question. In response to these findings, lock down browser software has been purchased and implemented in testing in the fall of 2022.</p>	<p>August 2022</p>
Clinical Experience	<p>Students were noted to have minimal clinical experience with little variety in the fall of 2020. Due to Covid all clinical sites shut down and no students were allowed to participate in in-person clinical settings. Virtual clinical replacement software was purchased as a clinical replacement. In the spring of 2021, the students were allowed to complete some clinical hours at the Hayward Hospital and the Central Wisconsin Center.</p> <p>A 96-hour clinical course was added to the first semester of the program.</p>	<p>Fall 2020/Spring 2021</p> <p>Started Fall 2021.</p>

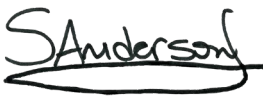
	<p>Clinical hours were increased in the second semester by 48 hours.</p> <p>Since spring 2020 we have gained contracts with:</p> <ul style="list-style-type: none"> <li>• Hayward Memorial Hospital</li> <li>• Spooner Health</li> <li>• Memorial Medical Center</li> <li>• Indian Health Medical Center</li> <li>• Nurse Disrupted</li> <li>• Water Edge</li> <li>• Lac Courte Oreilles Community Health Center</li> <li>• Bizhiki Wellness Center</li> <li>• Essentia Health</li> <li>• Cosmo Home Health Care</li> <li>• Augustana Care Health Rehabilitation</li> <li>• Hennepin County Medical Center</li> <li>• Presbyterian Homes &amp; Services</li> <li>• Regions Hospital Fairview</li> <li>• Villa at Osso</li> <li>• Sawyer County Public Health</li> <li>• Health Partners</li> <li>• Sacred Heart Hospital</li> <li>• American Red Cross</li> <li>• Northwest Connections</li> </ul>	<p>Started spring 2021 and continues to grow.</p>
<p>Nursing Faculty Ratios to Students</p>	<p>The program staffing needs were reviewed, and 3 full time nursing faculty have been employed in the nursing program.</p> <p>Two nursing faculty members are schedule to attend a simulation workshop for professional development training.</p>	<p>Current</p> <p>June 2023</p>
<p>Curriculum and Program Rigor</p>	<p>The curriculum is currently under review to ensure it is consistent with contemporary nursing practice and incorporates established professional nursing standards, guidelines, and competencies. The student learning outcomes are being reviewed to ensure the course student learning outcomes consistently progress throughout the curriculum in support of the end-of-program student learning outcomes. The instructional materials and evaluation methods are being reviewed to ensure they are appropriate and consistent with the end-of-program student learning outcomes. This review will continue through the summer and will be implemented in the fall of 2022. The clinical courses were reviewed in the summer of 2021 and implemented fall of 2021. Some changes were also implemented in the theory courses starting in the</p>	<p>8/1/22</p> <p>Fall 2021</p>

	<p>fall of 2021. These changes include an update to the testing policy. The testing policy includes review of the questions to ensure reliability and validity of the questions. ATI total package was implemented in fall of 2021. This includes standardized testing throughout the program. A two-credit clinical course was added to the first semester. New clinical experiences were added such as rotations in the behavioral health unit, medical surgical unit, clinic setting, ER, OB, long term care, community health, public health, and outpatient surgery.</p> <p>Formative and summative simulation activities have been added into the curriculum to provide students a safe learning environment to practice clinical skills and enhance clinical judgement.</p> <p>Standardized testing was implemented to assess students' knowledge and identify areas in need of improvement. The test data is used to strengthen the course plan.</p> <p>Curriculum review continues. Courses assessment is ongoing. The medical surgical courses are under review for content and moving to a concept-based approach.</p>	<p>Fall 2023</p> <p>Fall 2022</p> <p>Summer 2023</p>
<p>Effects of Covid-19</p>	<p>During the fall of 2020 the college campus was closed, and all courses moved to an online format. All clinical sites also closed and did not allow students. Classes were moved to a zoom format. Virtual clinical replacement software was purchased to provide students with clinical replacement. During the spring of 2021 the campus reopened. Students were allowed to return to the clinical setting by the end of the semester. The in-person clinical hours were greatly reduced due to the pandemic. This is thought to overall have a great impact on the students learning. This also is thought to have lowered the NCLEX pass rate. Courses have returned to the in-person format and clinical sites have resumed allowing students as of the fall of 2021.</p>	<p>Fall 2020</p>



**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Sofia Anderson, Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 05/26/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> Board of Nursing			
<b>4) Meeting Date:</b> June 8, 2023	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rules Matters – Discussion and Consideration 1. Discussion of N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b> Attachments: 1. Chapter N 6 2. DHS Guidelines for RNs delegating medication administration. 3. DHS Assisted Living webpage. 4. Nursing rule projects chart.			
<b>11) Authorization</b>			
		05/26/2023	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

## Chapter N 6

### STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

[N 6.01](#) Authority and intent.

[N 6.02](#) Definitions.

[N 6.03](#) Standards of practice for registered nurses.

[N 6.04](#) Standards of practice for licensed practical nurses.

[N 6.05](#) Violations of standards.

#### **N 6.01 Authority and intent.**

**(1)** This chapter is adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11](#) and [441.001 \(3\)](#) and [\(4\)](#), Stats., and interprets the statutory definitions of professional and practical nursing.

**(2)** The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

#### **N 6.02 Definitions.** As used in this chapter,

**(1)** "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. [441.16](#), Stats.

**(1m)** "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

**(2)** "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

**(a)** The patient's clinical condition is predictable;

**(b)** Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

**(c)** The patient's clinical condition requires only basic nursing care.

**(3)** "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

**(a)** The patient's clinical condition is not predictable;

**(b)** Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

**(c)** The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

- (5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse.
- (6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.
- (7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.
- (8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.
- (9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.
- (10) "Protocol" means a precise and detailed written plan for a regimen of therapy.
- (10m) "Provider" means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

**Note:** There was an inadvertent error in [CR 15-099](#). "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. [441.16](#), Stats. The error will be corrected in future rulemaking.

- (11) "R.N." means a registered nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.
- (12) "L.P.N." means a licensed practical nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.

### **N 6.03 Standards of practice for registered nurses.**

(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

- (a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.
- (b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.
- (c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.
- (d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) Performance of delegated acts. In the performance of delegated acts an R.N. shall do all of the following:

- (a) Accept only those delegated acts for which there are protocols or written or verbal orders.
- (b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.
- (c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.
- (d) Perform delegated acts under the general supervision or direction of provider.

**(3)** Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- (b) Provide direction and assistance to those supervised.
- (c) Observe and monitor the activities of those supervised.
- (d) Evaluate the effectiveness of acts performed under supervision.

#### **N 6.04 Standards of practice for licensed practical nurses.**

**(1)** Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform.
- (b) Provide basic nursing care.
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient.
- (d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.
- (e) Perform the following other acts when applicable:
  1. Assist with the collection of data.
  2. Assist with the development and revision of a nursing care plan.
  3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.
  4. Participate with other health team members in meeting basic patient needs.

**(2)** Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

(3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

**N 6.05 Violations of standards.** A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

# **MEDICATION ADMINISTRATION BY UNLICENSED ASSISTIVE PERSONNEL (UAP)**

## **Guidelines for Registered Nurses Delegating Medication Administration to Unlicensed Assistive Personnel**

**Home Health Agency, Hospice, Hospital, Nursing Home, Community-Based Residential Facility, Adult Family Home, Residential Care Apartment Complex, Facility for the Developmentally Disabled or Intermediate Care Facility for Persons with Intellectual Disabilities, End-Stage Renal Dialysis Unit, Ambulatory Surgical Center**



**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance

P-01908 (05/2023)

## Introduction

*This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains resources that licensed registered nurses may find useful when delegating medication administration to unlicensed assistive personnel (UAP). This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of January 1, 2016.*

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration, to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs).

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aide, nurse aide, or home health aide. The scope of duties for UAPs in regulated entities such as hospitals, nursing homes, assisted living, and community facilities is generally defined by the facility requirements and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for many regulated entities require registered nurses (RNs) be responsible for medication administration. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which an RN works. This publication reviews the use of unlicensed assistive personnel (UAPs), typically nursing assistants, to administer medications. This approach is subject to facility or agency regulations under which the entities operate laws and regulations that define the scope of nursing practice, the obligation of nurses to exercise professional judgment when delegating nursing duties to UAPs, and supervising UAPs in the performance of delegated duties.

Healthcare providers, nurses, administrators, and others routinely ask the Division of Quality Assurance (DQA) about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

## Common Questions and Answers

### 1. What types of nursing acts may be delegated and to whom?

There is not a state statute listing nursing tasks that are appropriate for delegation to an UAP. The decision to delegate the nursing task is based on the nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the patient, and the educational preparation and demonstrated abilities of the UAP. In addition, specific facility regulations may limit what acts may be delegated or to whom acts can be delegated.

### 2. What are some of the criteria that a nurse might use in determining if a nursing related task may be delegated?

The delegated nursing task must be within the responsibilities of the nursing license. The nurse must have the nursing education, training, and experience to delegate the nursing task. The nursing task that is delegated must be commensurate with the educational preparation and abilities of the employee accepting the delegation. The nurse must provide supervision, direction, and assistance to the employee and provide observation and monitoring of the delegated tasks (Wis. Admin. Code ch. N 6). The Wisconsin Nurse's Association (WNA) has provided an algorithm for decision-making regarding delegation. The National Council of State Boards of Nursing (NCSBN) has an available delegation decision-making tree.

### 3. What is the difference between training and delegation?

Training is the process of providing general health information to others regarding a health skill, condition, injury, medication, or procedure. The process of delegation includes instruction regarding the plan of care; administration of medication and/or procedure; direction, assistance, and observation of those supervised; and, evaluation of the effectiveness of the delegated nursing act. (Wis. Admin. Code ch. N 6).

## Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

- Wis. Admin. Code ch. N 6: [http://docs.legis.wisconsin.gov/code/admin\\_code/n/6.pdf](http://docs.legis.wisconsin.gov/code/admin_code/n/6.pdf)
- WNA Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel: [http://www.wisconsinnurses.com/work\\_advoc/pdf\\_files/uaps.pdf](http://www.wisconsinnurses.com/work_advoc/pdf_files/uaps.pdf)
- NCSBN Delegation Concepts and Decision-Making Process Position Paper: [https://www.ncsbn.org/Delegation\\_joint\\_statement\\_NCSBN-ANA.pdf](https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf)

## GUIDELINES FOR REGISTERED NURSES DELEGATING MEDICATION ADMINISTRATION TO UAP PROVIDER CHART

HOME HEALTH AGENCY (HHA)		
UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)		
Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 133.02(4)</b> “Home health aide” means an individual whose name is on the registry and who is eligible for employment in a home health agency, and who is employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse.</p> <p><b>DHS 133.02(5)</b> “Home health aide services” means personal care services which will facilitate the patient’s self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse.</p> <p><b>DHS 133.06(4)(b) Employees.</b> Scope of duties. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.</p> <p><b>DHS 133.06(4)(e) Continuing Training.</b> A program of continuing training shall be provided to all employees as appropriate for the client population and the employee’s duties.</p> <p><b>DHS 133.08(2)(d) Policies.</b> To be fully informed of one’s own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research.</p> <p><b>DHS 133.17(2)(g) Duties.</b> Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications.</p> <p><b>DHS 133.17(3) Assignments.</b> Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of treatment under s. DHS 133.20. These instructions shall be reviewed by the immediate</p>	<p>All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [42 CFR 484.14(e)]</li> <li>2. There is a written delegation of this nursing act (medication administration) by the registered nurse (nurse aide assignment sheet). [(DHS 133.17(3) and 42 CFR 484.36(c)]</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 133.06(4)(b) and 42 CFR 484.36(c)]</li> <li>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [DHS 133.17(1)]</li> <li>5. Patients must be informed prior to delivery of service that unlicensed personnel will administer their medications. [DHS 133.08(2)(d) and 42 CFR 484.10(c)(1)]</li> </ol> <p>Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</p>	<p>UAPs (HHA and PCWs) may administer oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member;</li> <li>2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and</li> <li>3. All General Requirements 1-6 are met (previous column).</li> </ol> <p><b>Home Health Aide (HHA) Medication Administration</b></p> <p>HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. When medication has not been preselected, there is documented evidence that the home health aide has been trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [DHS 133.06(4)(b)]</li> <li>2. The patient receiving the medication is a self-</li> </ol>



**HOME HEALTH AGENCY (HHA)**

**UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>supervisors with their aides.</p> <p><b>DHS 133.17 Home health aide services.</b> (1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.</p> <p><b>DHS 133.20(2) Contents of Plan.</b> Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.</p> <p><b>42 CFR 484.10(c)(1)</b> The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.</p> <p>i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made.</p> <p><b>42 CFR 484.14(e) Personnel policies.</b> Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current.</p> <p><b>42 CFR 484.36(c) Standard: Assignment and duties of the home health aide.</b> (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p>		<p>directing adult (18 or older) or a responsible adult is physically present to direct the home health aide in the administration of the medication;</p> <p>3. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal suppository; and</p> <p>4. All General Requirements 1-6 are met (previous column).</p> <p><b>For patients who have Medicaid, some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.</b></p>

**HOSPICE**

**UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 131.13(12)</b> “Nurse aide” means an individual employed by or under contract to a hospice to provide nurse aide services as specified ins. DHS 131.26 (2) (b) under the supervision of a registered nurse.</p> <p><b>DHS 131.19 Patient rights.</b> (2) RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have all of the following rights: (b) To participate in planning care and in planning changes in care. (c) To select or refuse care or treatment. (L) To be informed prior to admission of the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children. (m) To be informed of those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services.</p> <p><b>DHS 131.31(4) DUTIES.</b> Hospice employees or contracted staff may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or certificate.</p> <p><b>DHS 131.31(5) CONTINUOUS TRAINING.</b> A program of continuing training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to patients and their families.</p> <p><b>DHS 131.28 Governing body.</b> (2) The governing body shall do all of the following: (e) Ensure that nursing and physician services and drugs and biologicals are routinely available on a 24 hour basis 7 days a week.</p> <p><b>DHS 131.32 Medical director.</b> (1) The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. (c) Ensure that medications are used within accepted standards of practice.</p> <p><b>DHS 131.26 Non-core services.</b> (2) NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows:</p> <p>(a) Assignment. Nurse aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a nurse aide shall be prepared by a registered nurse who is responsible for the supervision of a nurse aide as</p>	<p>All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The UAP must have taken a state-approved medication administration course.</li> <li>2. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication.</li> <li>3. There is a written delegation of this nursing act (medication administration) by the registered nurse.</li> <li>4. There is documentation to support the educational preparation of the caregiver who administers medications.</li> <li>5. There is immediate and accessible supervisory support available to the caregiver administering medications.</li> <li>6. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications.</li> <li>7. Supervision and delegation of the delegated nursing act meets the requirements of the Wis. Admin. Code. Ch. N 6.</li> </ol>	<p>A state-approved hospice medication administration course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a hospice must take this course. If these individuals will administer other types of medications (e.g., nebulizers, injections, oxygen, medication via a G-tube, insulin), they must receive additional training, and that training must be documented.</p>

**HOSPICE**

**UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>specified under par. (c).</p> <p>(b) Plan of care. The nurse aide shall provide care in accordance with the patient's plan of care. Nurse aide services consist of, but are not be limited to all of the following:</p> <p>5. Assisting patients with self-administration of medications.</p> <p>6. Administering medications to patients if the aide has completed a state-approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse.</p> <p><b>42 CFR 418.106(d) Standard: Administration of drugs and biologicals.</b> (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.</p> <p>(2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;(ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group.</p>		

**HOSPITAL**

**UAPs: Nurse Aide, Medication Technician, Diagnostic Medication Assistants, Nurse Technician, Various Other Titles that Hospitals Use for UAP**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>42 CFR 482.23(c) Standard: Preparation and administration of drugs.</b> Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice.</p> <p>All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p>	<p>All hospitals providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 482.23(c)]</li> <li>2. A registered nurse shall assign nursing care of each patient to other nursing personnel in accordance with the patient’s needs and the preparation and competence of the available nursing staff.</li> <li>3. There is immediate and accessible supervisory support to the UAP administering medications, when needed.</li> <li>4. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP.</li> <li>5. Supervision and delegation of medications by nurses meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.</p>

**NURSING HOME**

**UAPs: Medication Aide / Nurse Aide (MANA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 132.60(5)(d)1. Administration of medications.</b> Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner as defined in s. 450.07(1)(d), Stats., or a person who has completed training in a drug administration course approved by the department.</p> <p><b>DHS 132.62(2)(a)3. Duties.</b> The director of nursing services shall be responsible for:</p> <ul style="list-style-type: none"> <li>a. Supervising the functions, activities, and training of the nursing personnel;</li> <li>b. Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel;</li> <li>c. Coordinating nursing services with other resident services;</li> <li>d. Designating the charge nurses provided for by this section;</li> <li>e. Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and</li> <li>f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each.</li> </ul> <p><b>42 CFR 483.45</b> The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under and agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [(DHS 132.62(2)(a)3]</li> <li>2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(DHS 132.62(2)(a)3]</li> <li>3. There is documentation to support the educational preparation of the caregiver that administers medications. [DHS 132.60(5)(d)1]</li> <li>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.45]</li> <li>5. Residents must be informed, prior to delivery of service, that their medications will be administered by unlicensed personnel. [DHS 132.31(1)(n)]</li> <li>6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>A state-approved nursing home medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.</p>

**COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 83.35 Assessment, individual service plan and evaluations.</b> (c) Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 2. Medications the resident takes and the resident’s ability to control and self-administer medications.</p> <p><b>DHS 83.37 Medications.</b> (2) MEDICATION ADMINISTRATION. (b) Medication administration supervised by a registered nurse, practitioner, or pharmacist. When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following:</p> <ol style="list-style-type: none"> <li>1. The registered nurse, practitioner, or pharmacist coordinates, directs, and inspects the administration of medications and the medication administration system.</li> <li>2. The registered nurse, practitioner, or pharmacist participates in the resident’s assessment under s. DHS 83.35(1) and development and review of the individual service plan under s. DHS 83.35(3) regarding the resident’s medical condition and the goals of the medication regimen.</li> </ol> <p>(c) Medication administration not supervised by a registered nurse, practitioner, or pharmacist. When medication administration is not supervised by a registered nurse, practitioner, or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident’s prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.</p> <p>(e) Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments, or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).</p>	<p>All CBRFs providing administration of a medication by an UAP (CBRF Staff who have taken the required medication training or equivalent) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The CBRF has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the date and time of administration, any change in the resident’s condition, and the identification of the person administering medication.</li> <li>2. When nurse delegation is required, there is documentation indicating delegation of this nursing act (medication administration) by the registered nurse.</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications.</li> <li>4. There is accessible supervisory support available to the caregiver administering medications.</li> <li>5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 83.32(2)(a)2]</li> <li>6. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>If the CBRF is a nurse-supervised facility, the CBRF must assure the following:</p> <ol style="list-style-type: none"> <li>1) CBRF staff must take approved CBRF medication training or equivalent before administering medications to residents.</li> <li>2) Injections, nebulizers, stomal and enteral, vaginally or rectally administered medications are delegated by an RN (can be supervised by a LPN) to qualified CBRF staff.</li> </ol>

**ADULT FAMILY HOME (AFH)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 88.06 (3)(c)</b> The assessment shall identify the person’s needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.</p> <p><b>DHS 88.06(3)(d)</b> The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need.</p> <p>2. Identification of the level of supervision required in the home and community.</p> <p>3. Description of services provided by outside agencies.</p> <p>4. Identification of who will monitor the plan.</p> <p>5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.</p> <p>(e). A copy of the individual service plan shall be provided to all persons involved in the development of it.</p> <p><b>DHS 88.07(2)(c)</b> Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide.</p> <p><b>DHS 88.07(3)(c)</b> If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.</p> <p>(d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident’s file.</p> <p>(e) 1.The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident,</p>	<p>All adult family homes providing administration of a medication by UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [DHS 88.07(3)(e)]</li> <li>2. When contracted nursing services include <b>nurse responsibility</b> for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 88.06(3)(d)]</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 88.07(2)(c)]</li> <li>4. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 88.10(3)(j) and 88.07(2)(c)]</li> <li>5. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>If licensee provides medication administration, staff can only administer medications for which they were trained, for which they have orders, and for which the resident or resident’s guardian have provided consent.</p> <p>If licensee has a registered nurse administering medications, they may decide to delegate various tasks. This delegation can define the scope of AFH staff who administers medications.</p>

**ADULT FAMILY HOME (AFH)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.</p> <p>2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.</p> <p><b>DHS 88.10(3)(j) Treatment choice.</b> To receive all treatments prescribed by the resident’s physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident’s guardian is required for any treatment administered by the adult family home.</p>		



**RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 89.13(21)</b> “Medication administration” means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner.</p> <p><b>DHS 89.13(22)</b> “Medication management” means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.</p> <p><b>DHS 89.13(24)</b> “Nursing services” means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stat., the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse.</p> <p><b>DHS 89.23(4)(a) Service providers.</b> 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist.</p> <p><b>DHS 89.28 Risk Agreement.</b> (2) Content (a) 3. What the facility will and will not do to meet the tenant’s needs and comply with the tenant’s preference relative to the identified in the course of action.</p> <p>4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition.</p> <p>5. The agreed-upon course of action, including responsibilities of both the tenant and the facility.</p> <p>6. The tenant’s understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.</p>	<p>All RCACs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. [(DHS 89.13(22))]</li> <li>2. There is evidence of delegation of this nursing act (medication administration) by the registered nurse. [DHS 89.23(4)(a)]</li> <li>3. There is evidence to support the educational preparation of the caregiver who administers medications. [DHS 89.23(4)(a)]</li> <li>4. There is accessible supervisory support available to the caregiver administering medications. [DHS 89.23(4)(a)]</li> <li>5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 89.28]</li> <li>6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the qualifications of these individuals.</p>

**FACILITY FOR THE DEVELOPMENTALLY DISABLED (FDD) OR  
INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

**UAP: Medication Aide / Nurse Aide (MANA)**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>DHS 134.60(4)(a)1. Orders.</b> Medications, treatments, and habilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident’s right to refuse them.</p> <p><b>DHS 134.60(4)(d) Administration of medications.</b> 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the department. Facility staff shall immediately record the administration of medications in a resident’s record.</p> <p>2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration.</p> <p><b>42 CFR 483.45 Pharmacy services.</b> The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>All ICF/IIDs or FDDs providing administration of a medication by a UAP (medication aide/nurse aide) must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The ICF/IID or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 134.60(4)(d)]</li> <li>2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 134.60(4)(d)]</li> <li>3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS134.60(4)(d)]</li> <li>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)]</li> <li>5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications.</li> <li>6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>A state-approved ICF/IID and FDD medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in an ICF/IID or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.</p>

**END-STAGE RENAL DIALYSIS UNIT (ESRD)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>42 CFR 405.2136(f) Standard: Patient care policies.</b> These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care.</p> <p><b>42 CFR 405.2136(f)(1)(vi)</b> The patient care policies cover the following: (v) Pharmaceutical services.</p>	<p>All ESRDs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)]</li> <li>2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>The UAP administering medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>

**AMBULATORY SURGICAL CENTER (ASC)**

**UAP: Various**

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p><b>42 CFR 416.48 Condition for Coverage – Pharmaceutical services.</b> (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.</p>	<p>All ASCs providing administration of a medication by UAPs must meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48]</li> <li>2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</li> </ol>	<p>The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>



## Assisted Living: Registered Nurse Medication Delegation

The role of an RN (registered nurse) in an assisted living facility may vary. They often are responsible for:

- Giving residents medications.
- Assessing residents.
- Developing individual care plans for residents.
- Training staff.
- Developing policies and rules.
- Supervising staff.
- Performing health screenings.
- Reviewing how medications are given.

Sometimes, an RN may assign any of the above duties to other staff members. This is called delegating. All RNs should have experience delegating tasks and supervising staff members. When tasks aren't delegated correctly, residents may be at risk.

RNs who delegate tasks must follow all regulations. This includes training, evaluation, supervision, and documentation (Wis. Admin. Code § N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses [[https://docs.legis.wisconsin.gov/code/admin\\_code/n/6](https://docs.legis.wisconsin.gov/code/admin_code/n/6)]).

## Regulations

- Adult Family Home [[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/88](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88)]
  - Wisconsin Admin. Code § DHS 88.02(20)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/88/02/20](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88/02/20)]
  - Wisconsin Admin. Code §DHS 88.04(2)(g)1  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/88/04/2/g/1](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88/04/2/g/1)]
  - Wisconsin Admin. Code §DHS 88.06(2)(a)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/88/06/2/a](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/88/06/2/a)]
- Community-Based Residential Facility  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37)]
  - Wisconsin Admin. Code § DHS 83.02(35)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/i/02/35](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/i/02/35)]
  - Wisconsin Admin. Code § DHS 83.37(1)(e)2  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/1/e/2](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/1/e/2)]
  - Wisconsin Admin. Code § DHS 83.37(1)(h)1  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/1/h/1](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/1/h/1)]
  - Wisconsin Admin. Code § DHS 83.37(1)(k)2  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/1/k/2](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/1/k/2)]
  - Wisconsin Admin. Code § DHS 83.37(2)(b)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/2/b](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/2/b)]
  - Wisconsin Admin. Code § DHS 83.37(2)(b)1  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/2/b/1](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/2/b/1)]
  - Wisconsin Admin. Code § DHS 83.37(2)(b)2  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/2/b/2](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/2/b/2)]
  - Wisconsin Admin. Code § DHS 83.37(2)(c)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/2/c](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/2/c)]
  - Wisconsin Admin. Code § DHS 83.37(2)(e)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/2/e](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/2/e)]
  - Wisconsin Admin. Code § DHS 83.37(3)(a)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/3/a](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/3/a)]
  - Wisconsin Admin. Code § DHS 83.37(3)(a)1  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/3/a/1](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/3/a/1)]
  - Wisconsin Admin. Code § DHS 83.37(3)(a)2  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/37/3/a/2](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/37/3/a/2)]
  - Wisconsin Admin. Code § DHS 83.42(1)(v)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/83/vii/42/1/v](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/vii/42/1/v)]

- Residential Care Apartment Complex  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/89](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89)]
- Wisconsin Admin. Code § DHS 89.13(22)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/89/i/13/22](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89/i/13/22)]
- Wisconsin Admin. Code § DHS 89.13(24)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/89/i/13/24](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89/i/13/24)]
- Wisconsin Admin. Code § DHS 89.23(4)(a)2  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/89/ii/23/4/a/2](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89/ii/23/4/a/2)]
- Wisconsin Admin. Code § DHS 89.26(3)(b)  
[[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/89/ii/26/3/b](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89/ii/26/3/b)]

## Resources

- Medication Administration by Unlicensed Assistive Personnel (UAP), P-01908  
[<https://dhs.wisconsin.gov/publications/p01908.pdf>].(PDF)
- Nurse Practice Act N6 [[https://docs.legis.wisconsin.gov/code/admin\\_code/n/6](https://docs.legis.wisconsin.gov/code/admin_code/n/6)].

## FAQ (frequently asked questions)

### Can an RN delegate injections?

Yes, as long as a facility allows RNs to assign tasks. RNs must follow the Nurse Practice Act and certain regulations.

In a community-based residential facility, RNs can delegate if they:

- Assign tasks that match a staff member's skill level.
- Provide assistance to staff.
- Observe staff doing the delegated task.
- Evaluate if staff did the task correctly.

### How much supervision is needed when RNs delegate?

RNs should use their judgment when deciding how much supervision is needed. They should also consider:

- The patient's condition.
- The type of task delegated.
- Rules in the Nurse Practice Act N6 [[https://docs.legis.wisconsin.gov/code/admin\\_code/n/6](https://docs.legis.wisconsin.gov/code/admin_code/n/6)].

Last revised January 13, 2023

**Board of Nursing  
Rule Projects (Updated 05/26/2023)**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Date Scope Requested by Board</b>	<b>Rules Affected</b>	<b>Relating Clause</b>	<b>Synopsis</b>	<b>Stage of Rule Process</b>	<b>Next step</b>
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel (emergency rule)	The Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	Published on June 1 <sup>st</sup> , 2023	Permanent rule.
	049-22	12/20/2024	N/A	SPS 11	Military Medical Personnel (emergency rule)	Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program.	Published on June 1 <sup>st</sup> , 2023	Permanent rule.

**Emergency Rules**

<b>EMR Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Date Scope Requested by Board</b>	<b>Rules Affected</b>	<b>Relating Clause</b>	<b>Synopsis</b>	<b>Stage of Rule Process</b>	<b>Next step</b>
EmR 2215	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Second extension submitted to JCRAR on May 15, 2023.	Permanent rule.



**Board of Nursing  
Permanent Rules**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Final rule draft and legislative report submitted to Governor's office.	Submission to Legislature.

**Scope Statements**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Scope Implemented	Drafting of the rule
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	
			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	

**Board of Nursing**

			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	
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**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brenda Taylor, Board services supervisor		2) Date when request submitted: 5/30/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 6/08/2023	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: <u>Newsletter Future Planning:</u> Based on the typical schedule of the Board, the next newsletter will be due out in September 2023 with a deadline for article submission on August 25, 2023. A newsletter deadline reminder will be sent to article authors on August 14, 2023 [also a meeting date]. The Board should discuss topics for the next newsletter and consider the topic list as outlined below. <u>Articles/Ideas:</u> <ul style="list-style-type: none"> <li>• Chair's Corner – Robert Weinman</li> <li>• Rotating Articles on Professional Nursing Roles</li> <li>• Rotating Articles on Nurse Administrative Code</li> <li>• Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman</li> <li>• New Member Introduction Articles/Photos <i>(As needed for new appointments, subject to new member appointments and oath receipts)</i></li> <li>• Reminder to Update Contact Information – DSPS Staff</li> <li>• Board Orders since May 3, 2023</li> </ul>			
11) <i>Brenda Taylor</i> Signature of person making this request		Authorization <div style="text-align: right;"><i>5/30/2023</i></div> Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			