

**STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING**

IN RE:)
Salena Steade) **Docket No. 2024-44**
License No. 101.0134525)

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, by and through State Prosecuting Attorney Rachel Heath, and the Respondent Salena Steade, who stipulate and agree as follows:

Board Authority

1. The Vermont State Board of Nursing (the "Board") has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by nurses pursuant to 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. Chapter 28; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation ("OPR").

Stipulated Facts

2. Salena Steade ("Respondent") of Woodville, Mississippi is licensed by the State of Vermont as an Advanced Practice Registered Nurse ("APRN") under license number 101.0134525. This license was first issued on April 14, 2020 and expires on March 31, 2025.
3. Respondent holds a multistate license as a Registered Nurse ("RN") in Mississippi, license number 853141. This license was first issued on June 17, 1996 and expires December 31, 2024.
4. Respondent also holds an APRN license in Mississippi, which was originally issued on October 20, 2011 and expires on December 31, 2024.
5. Respondent held an RN license in Alabama from May 16, 2003 until July 27, 2012. Respondent also held an APRN license in Alabama from April 13, 2011 until July 27, 2012.
6. On February 22, 2012, the Mississippi Board of Nursing temporarily suspended Respondent's privilege to practice as an APRN and RN on the basis that the public health, safety, or welfare imperatively required emergency action.
7. The Mississippi Board found that Respondent had a pattern of abuse or habitual abuse of authorized or unauthorized medications, specifically that:

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Respondent admitted in her statement to the board dated 02/07/2012 that she had seen 10-15 physicians located in Mississippi and Alabama to obtain hydrocodone, soma, and norco. Respondent admitted to taking 10-20 Lortab daily. Respondent stated she called in Lortab 10 for two (2) patients approximately six (6) times utilizing her DEA number, picked up the prescriptions personally, used medication personally and admitted the two (2) patients had no knowledge the prescriptions were ever called-in.

8. Respondent participated in a 5-year recovering nurse program in Mississippi in lieu of a final hearing.
9. In the "Program Participation Affidavit" for this program, Respondent admitted that she was "addicted to or dependent on alcohol or a habit forming drug or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect."
10. Respondent's participation in this program included restrictions on her license, including suspension of her ability to prescribed controlled substances, abstention from over-the-counter medications that contained mood altering substances, completion a board-approved treatment program, employer reports, drug screens, and so forth.
11. After meeting all criteria, the restrictions on Respondent's license were removed on May 24, 2017.
12. In the interim, Respondent voluntarily surrendered her license to practice as an APRN in Alabama on July 27, 2012. No basis for the surrender was provided in the order.
13. In December 2022, Respondent began working as an APRN at a primary care practice (the "practice") in Bennington, Vermont.
14. On September 24, 2022, Respondent wrote a prescription for Oxycodone Acetaminophen 10-325 for her then-boyfriend JM, which was sent to a pharmacy in Mobile, Alabama.
15. JM was never Respondent's patient, nor did Respondent ever have a provider-patient relationship with JM.
16. This prescription was filled on the same date.
17. On or around February 25, 2023, Respondent also electronically created a prescription for JM for Hydrocodone Polistirex/Chlorpheniramine Polistirex 10-8 MG/5 ML. Respondent cancelled this prescription and did not send it to a pharmacy.

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18. July 2, 2023, Respondent wrote a prescription for 240 ml of Codeine-Guaifenesin 10-100 mg/5 ml for JM's brother JA and sent this prescription to a pharmacy in Pensacola, Florida.
19. JA was never Respondent's patient, nor did Respondent ever have a provider-patient relationship with JA.
20. On July 3, 2023, Respondent wrote a prescription for 240 ml of Codeine-Guaifenesin 10-100 mg/5 ml for JA and sent this to a different pharmacy in Pensacola, Florida.
21. On July 5, 2023, Respondent wrote a prescription for 240 ml of Codeine-Guaifenesin 10-100 mg/5 ml for JA and sent this to a pharmacy in Pace, Florida.
22. On August 9, 2023, Respondent wrote a prescription for Clonazepam 0.5 mg, a controlled substance, using her daughter's name as the patient. This prescription was sent to a pharmacy in Mobile, Alabama and was filled the same day.
23. On August 12, 2023, Respondent wrote prescriptions electronically sent to a pharmacy in Theodore, Alabama for Promethazine VC/Codeine 6.25-5-10 MG/5M and Prednisone 10 MG for patient MA, a patient of the primary care practice she worked at.
24. Respondent did not have a provider-patient relationship with this patient. In fact, these prescriptions were intended for JA, who had the same last name as patient MA.
25. On August 14, 2023, a pharmacist in Theodore, Alabama informed the practice where Respondent worked that the prescription received for patient MA appeared fraudulent because a man had come to pick up the prescription and stated MA was his grandmother but could not provide any identification. The pharmacist did not fill the prescription.
26. As a result, on August 15, 2023, the employer placed Respondent on paid administrative leave while investigating.
27. On August 27, 2023, without being asked, Respondent submitted to her employer a document she titled "Action Plan," which she suggested the practice use should she remain in her position.
28. This document, the "Action Plan," included a three-page letter to her employer about her personal struggles with abusive relationships and addiction, claiming she had "Narcissistic Abuse Syndrome."
29. In this letter, Respondent acknowledged that she made the wrong decisions in July and August, referring to prescribing medications to JA.

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30. Respondent went on to explain that she had almost zero self-esteem, felt insane, could not concentrate, and made inappropriate decisions.
31. As a result, Respondent explained that she went to treatment and trauma therapy for 28 days at The Ranch in Tennessee, a mental health and addiction treatment center.
32. Respondent stated in her letter that after her treatment, she felt emotionally raw and stated that JA coerced her to prescribe him medications.
33. Following the letter, Respondent provided three pages of bullet points under the heading "Self Accountability," which included points such as "Continue Trauma Therapy," "Try to talk with Dr. [GK, the supervising doctor of the practice] more often so that he may see any significant change in my behavior," "Talk about what is going on with me regularly and journal daily if possible," and "Attend to my Spiritual Needs!"
34. On August 30, 2023, Respondent's employer terminated her from the practice as a result of their investigation, finding that her actions were not consistent with the level of integrity that they expected from their practitioners.
35. On November 17, 2023, Respondent met with an OPR Investigator.
36. Respondent initially claimed she prescribed JA medications because he had called her and told her he was sick and she had no reason to believe he was not sick, though she acknowledged he was not a patient of hers.
37. This explanation contrasts with the explanation she discussed in her Action Plan that she provided to her employer where she claimed that JA had coerced her.
38. Respondent further explained she had been in a physically and mentally abusive relationship with JM. She claimed she had Post-Traumatic Stress Disorder (PTSD) and claimed her PTSD was causing her to not remember whether she had authorized prescriptions for JM or her daughter.
39. Respondent also stated she felt she was unstable when she worked at the practice.
40. The State filed a Request for Summary Suspension in this matter on March 1, 2024. A hearing was held on March 11, 2024, at which the Board of Nursing granted the State's Request for Summary Suspension.

Violation One: 3 V.S.A. § 129a(a)(5) Practicing the profession when medically or psychologically unfit to do so.

41. Paragraphs 2 through 40 above are incorporated herein.
42. As an APRN and RN, Respondent is required to not practice the profession when medically or psychologically unfit to do so.

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43. Paragraphs 2 through 40 above demonstrate that Respondent practiced as an APRN when psychologically unfit to do so when she practiced while feeling unstable and insane, during a time in which she also described herself as unable to concentrate, making inappropriate decisions, and seeking treatment in at 28 day program at a mental health and addiction treatment center.

44. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 3 V.S.A. § 129a(a)(5).

Violation Two: 26 V.S.A. § 1615(a)(10) Selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes.

45. Paragraphs 2 through 40 above are incorporated herein.

46. As an APRN, Respondent is prohibited from prescribing medications for any purpose other than a legal and legitimate therapeutic purpose.

47. Paragraphs 2 through 40 above demonstrate that Respondent prescribed medications for a purpose other than a legitimate therapeutic purpose when she prescribed medications to JA and JM without a provider-patient relationship.

48. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 26 V.S.A. § 1615(a)(10).

Violation Three: 3 V.S.A. § 129a(b)(2) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (2) failure to conform to the essential standards of acceptable and prevailing practice.

49. Paragraphs 2 through 40 above are incorporated herein.

50. Under Vermont law, an APRN must practice competently by conforming to the essential standards of acceptable and prevailing practice.

51. Essential standards of acceptable and prevailing practice prohibit an APRN from prescribing medications to an individual for whom no provider-patient relationship exists, especially controlled substances that have abuse potential.

52. Paragraphs 2 through 40 demonstrate that Respondent failed conform to the essential standards of acceptable and prevailing practice when she prescribed controlled substances that had abuse potential to JA and JM without a provider-patient relationship.

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53. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. § 129a(b)(2).

Violation Four: 26 V.S.A. § 1582(a)(3) Engaging in conduct of a character likely to deceive, defraud, or harm the public.

54. Paragraphs 2 through 40 above are incorporated herein.
55. Under Vermont law, an APRN and RN is prohibited from engaging in conduct of a character likely to deceive, defraud, or harm the public.
56. Paragraphs 2 through 40 above demonstrate that Respondent engaged in conduct of a character likely to deceive, defraud, or harm the public when she prescribed controlled substances that have an abuse potential to individuals whom she did not have a provider-patient relationship with.
57. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 26 V.S.A. § 1582(a)(3).

Violation Five: 26 V.S.A. § 1615(a)(7) Prescribing, selling, administering, distributing, ordering, or dispensing any drug legally classified as a controlled substance for his or her own use or for an immediate family member.

58. Paragraphs 2 through 40 above are incorporated herein.
59. As an APRN, Respondent is prohibited from prescribing controlled substances to an immediate family member.
60. Paragraph 22 above demonstrates that Respondent prescribed Clonazepam, a controlled substance, to her daughter.
61. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 26 V.S.A. § 1615(a)(7).

Violation Six: 3 V.S.A. § 129a(a)(15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the profession.

62. Paragraphs 2 through 40 above are incorporated herein.
63. Under Vermont law, an APRN and RN must exercise independent professional judgment in the performance of licensed activities when such judgment is necessary to avoid action repugnant to the profession.

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64. Paragraphs 2 through 40 above demonstrate that Respondent failed to exercise independent professional judgment in the performance of licensed activities when such judgment is necessary to avoid action repugnant to the profession when she prescribed medications to JM, JA, and her daughter, and when she continued to practice the profession even though she felt unstable and insane.
65. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. § 129a(a)(15).

Understandings

66. Respondent admits the facts above are true and that the conditions below are necessary to protect the public.
67. Respondent understands that the Nursing Board must review and accept the terms of the Consent Order. If the Board rejects any portion, the entire Stipulation and Consent Order shall be null and void.
68. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced her rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.
69. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
70. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.
71. Respondent voluntarily enters into this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulation and Consent Order.
72. Respondent voluntarily waives her right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.
73. Respondent agrees that the Order set forth below may be entered by the Board.

ORDER

Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

- A. The Board of Nursing hereby **INDEFINITELY SUSPENDS** Respondent's license. Respondent must petition the Board for reinstatement.
 1. Indefinite Suspension. Respondent must petition for reinstatement. No sooner than forty-five (45) days prior to requesting reinstatement, Respondent must, at her own cost:

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- a. Obtain an independent evaluation report by a pre-approved licensed professional specializing in substance abuse treatment ("Independent Evaluator") who has verified receipt and review of the Board's Default Order, Specification of Charges, and Summary Suspension Order in the above-referenced docket number. The results of the Independent Evaluation must indicate that Respondent does not present a risk to the safety, health or welfare of Respondent's potential patients. The evaluation shall meet all Independent Evaluation Requirements and shall include any recommendations that would ensure Respondent is safe to practice. The evaluation must be submitted to the Enforcement Unit Case Manager.
- b. Submit to the Enforcement Unit Case Manager the results of a minimum of three (3) random drug and alcohol tests:
 - i. When Respondent is ready to petition for reinstatement, Respondent shall contact the Enforcement Unit Case Manager to set-up the drug and alcohol testing process and receive instructions. Once registered with the pre-approved person or entity, Respondent will have 45 days to submit a minimum of three (3) random drug and alcohol tests. The process by which Respondent learns whether he is selected to submit to a test on any given day will be governed by the policy of the pre-approved person or entity conducting the testing at that time.
 - ii. The drug and alcohol tests must be collected in an observed setting; administered by a pre-approved person or entity; and analyzed by a pre-approved lab qualified to analyze samples for forensic purposes, the results of which shall be negative.
 - iii. Failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any test in anyway shall cause that test to be presumed positive; and
- c. If recommended by an Independent Evaluator, enter into a treating professional agreement and substance abuse treatment plan with a pre-approved treating professional(s) and follow all recommendations. If treatment is recommended, Respondent must submit a treating professional agreement to the Enforcement Unit Case Manager before a reinstatement request will be considered.

2. If reinstated, Respondent's license **SHALL BE CONDITIONED** pursuant to whatever terms are reasonable at the time of Respondent's reinstatement request, taking into account the independent evaluation, drug screen results, this Stipulation and Consent Order, and any other relevant factors at that time.

- C. Notwithstanding any provision above, the Respondent must continue to meet all

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Nursing Board requirements for maintaining a license, license renewal and license reinstatement.

- D. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. § 129(a).
- E. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

AGREED TO:

Dated: 11/21/2024

STATE OF VERMONT
SECRETARY OF STATE

Signed by:
Rachel Heath
FCA249D7D28242B...

By: Rachel Heath
Prosecuting Attorney

Dated: 11/20/2024

RESPONDENT

DocuSigned by:
Salena Steade
8385D3CA67B84F7...

By: Salena Steade

APPROVED AND SO ORDERED:

Dated: 12/9/24

Date of Entry: 12/10/24

VERMONT BOARD OF NURSING

Signed by:
Jennifer Laurent
EB1741016740477...

By: Chairperson

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IN RE:)
Salena Steade) **Docket No. 2024-44**
License No. 101.0134525)

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont and hereby makes the following charges against Respondent Salena Steade as follows:

Board Authority

1. The Vermont State Board of Nursing (the "Board") has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by nurses pursuant to 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. Chapter 28; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation ("OPR").

Statement of Facts

2. Salena Steade ("Respondent") of Woodville, Mississippi is licensed by the State of Vermont as an Advanced Practice Registered Nurse ("APRN") under license number 101.0134525. This license was first issued on April 14, 2020 and expires on March 31, 2025.
3. Respondent holds a multistate license as a Registered Nurse ("RN") in Mississippi, license number 853141. This license was first issued on June 17, 1996 and expires December 31, 2024.
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10. Respondent's participation in this program included restrictions on her license, including suspension of her ability to prescribed controlled substances, abstention from over-the-counter medications that contained mood altering substances, completion a board-approved treatment program, employer reports, drug screens, and so forth.
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30. Respondent went on to explain that she had almost zero self-esteem, felt insane, could not concentrate, and made inappropriate decisions.
31. As a result, Respondent explained that she went to treatment and trauma therapy for 28 days at The Ranch in Tennessee, a mental health and addiction treatment center.
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39. Respondent also stated she felt she was unstable when she worked at the practice.
40. The State filed a Request for Summary Suspension in this matter on March 1, 2024. A hearing was held on March 11, 2024, at which the Board of Nursing granted the State's Request for Summary Suspension.

Violation One: 3 V.S.A. § 129a(a)(5) Practicing the profession when medically or psychologically unfit to do so.

41. The State re-alleges and incorporates Paragraphs 2 through 40 above.
42. As an APRN and RN, Respondent is required to not practice the profession when medically or psychologically unfit to do so.

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43. Paragraphs 2 through 40 above demonstrate that Respondent practiced as an APRN when psychologically unfit to do so when she practiced while feeling unstable and insane, during a time in which she also described herself as unable to concentrate, making inappropriate decisions, and seeking treatment in at 28 day program at a mental health and addiction treatment center.
44. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 3 V.S.A. § 129a(a)(5).

Violation Two: 26 V.S.A. § 1615(a)(10) Selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes.

45. The State re-alleges and incorporates Paragraphs 2 through 40 above.
46. As an APRN, Respondent is prohibited from prescribing medications for any purpose other than a legal and legitimate therapeutic purpose.
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53. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. § 129a(b)(2).

Violation Four: 26 V.S.A. § 1582(a)(3) Engaging in conduct of a character likely to deceive, defraud, or harm the public.

54. The State re-alleges and incorporates Paragraphs 2 through 40 above.
55. Under Vermont law, an APRN and RN is prohibited from engaging in conduct of a character likely to deceive, defraud, or harm the public.
56. Paragraphs 2 through 40 above demonstrate that Respondent engaged in conduct of a character likely to deceive, defraud, or harm the public when she prescribed controlled substances that have an abuse potential to individuals whom she did not have a provider-patient relationship with.
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Violation Six: 3 V.S.A. § 129a(a)(15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the profession.

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64. Paragraphs 2 through 40 above demonstrate that Respondent failed to exercise independent professional judgment in the performance of licensed activities when such judgment is necessary to avoid action repugnant to the profession when she prescribed medications to JM, JA, and her daughter, and when she continued to practice the profession even though she felt unstable and insane.
65. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because Respondent committed unprofessional conduct in violation of 3 V.S.A. § 129a(a)(15).

Relief Requested

WHEREFORE, the State of Vermont respectfully requests Respondent's APRN license under license number 101.0134525 and privilege to practice as an RN under multistate license number 853141 be warned, reprimanded, suspended, revoked, limited, conditioned, or otherwise disciplined summarily suspended, pending hearing on the merits.

DATED at Vermont, this 22nd day of March 2024.

STATE OF VERMONT
SECRETARY OF STATE

By: /s/ Rachel Heath
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STATE OF VERMONT



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