

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

|                                |   |                             |
|--------------------------------|---|-----------------------------|
| <b>IN RE:</b>                  | ) |                             |
| <b>Jacqueline L. Battoe</b>    | ) | <b>Docket Nos. 2016-175</b> |
| <b>License No. 026.0019058</b> | ) | <b>2016-427</b>             |

**STIPULATION AND CONSENT ORDER**

**STIPULATION**

NOW COME the State of Vermont, by and through Prosecuting Attorney Jennifer B. Colin, and the Respondent, Jacqueline L. Battoe, who hereby Stipulate and Agree as follows:

**Board Authority**

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 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. Jacqueline L. Battoe (the "Respondent") of Cambridge, Vermont is licensed by the State of Vermont as a Registered Nurse under license number 026.0010958. This license was originally issued on August 23, 1989, and expires on March 31, 2019.
3. During the relevant time period, Respondent was employed by two separate facilities, Burlington Health and Rehabilitation in Burlington, Vermont ("Facility 1") and Richford Health Center in Richford, Vermont ("Facility 2").
4. During the relevant time period, Respondent was subject to conditioned license requirements, including supervised practice for a minimum of one year, as the result of a previous disciplinary matter. *See* Stipulation and Consent Order, *In Re: Jacqueline Battoe*, OPR Docket No. 2013-247 (June 9, 2015), attached hereto as Exhibit 1.
5. The previous disciplinary action arose in 2013 from numerous medication administration errors made by Respondent at her previous employment, Starr Farms Nursing Center. *See id.*

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6. In connection with the events that give rise to the previous discipline, Respondent stated she thought she had memory lapse or extreme anxiety which caused her to administer 15 medications to the wrong patient, rather than to the patient to whom the medications were prescribed.
7. In connection with a separate incident underlying the previous discipline, Respondent stated that she became confused about the timing of when a medication was to be administered to a patient.
8. Immediately subsequent to the previous discipline in June, 2015, and as a condition of her continued licensure, Respondent successfully completed a course on medication administration.

**Docket No. 2016-175**

9. While Respondent was employed at Facility 1 from July 2015 to February 2016 and under a supervised practice condition, she made five documented medication-related errors, which resulted in her termination.
10. On or about September 30, 2015, Respondent administered one-100mg capsule of Lyrica to a resident when the dosage ordered was 200 mg or two-100mg capsules.
11. The Facility learned of this error in November 2015 when auditing the controlled drug count records.
12. On or about October 12, 2015, Respondent administered 1mg (0.5 ml) of lorazepam to a resident when the dosage ordered was 0.5 mg (0.25 ml).
13. Respondent self-reported the lorazepam error when she recognized she had made it.
14. On or about January 7, 2016, Respondent turned her back and walked several feet away from a patient ("Patient 1"), while the patient had medications in front of her, during a medications pass.
15. Patient 1's care plan did not permit self-administration of medication without observation.
16. After each of the medication errors described above, a supervisor counseled Respondent regarding safe medication administration practices.
17. On or about January 7, 2016, Respondent erroneously transcribed a patient's order for Ativan, incorrectly indicating administration of the medication "as scheduled" with no note or comment when the medication was prescribed "prn" or "as needed."

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18. In Respondent's written response to the allegation regarding the erroneous Ativan transcription, Respondent asserts she requested assistance from colleagues because she was not sure of how to transcribe the prn order and "everyone was busy." Respondent also asserts that she entered a note in the comment section that the order was prn, but asserts the comment did not transfer to the electronic medication administration record.
19. Also in January 2016, Facility 1 placed Respondent on leave for three days for copying and pasting a skin assessment written by another nurse and using it as her own documentation without performing her own assessment.
20. At the end of January 2016, Respondent created her own written action plan, entitled "Plan to Prevent Medication Errors," detailing her specific goals regarding accurate medication administration and transcription of orders, along with the steps she intended to take to achieve those goals.
21. Also at the end of January 2016, Respondent completed the same NCSBN Medication Errors: Causes & Prevention v1.0.6 that she completed in June 2015.
22. Facility 1 terminated Respondent's employment in February 2016.

**Docket No. 2016-427**

23. Respondent worked at Facility 2 from April 2016 to July 2016 as a Care Coordination Nurse, which was an administrative position that did not require Respondent to provide direct patient care or administer medications.
24. The supervised practice condition on Respondent continued during her work at Facility 2.
25. During her months working at Facility 2, Respondent was responsible for auditing charts and transferring patient-specific clinical information, such as results of mammography, papanicolaou, colonoscopy, and diabetic eye exams from one electronic medical record-keeping system to a new system Facility 2 was implementing.
26. On July 16, 2016, Respondent's Supervisor reported on the Monthly Employer Report to the Board of Nursing: "Jacqueline has made multiple mistakes in documentation of preventive care test results (Mammogram), and has at times overstepped instructions to perform specific tasks."
27. Also on the July Monthly Employer Report, Respondent's Supervisor stated:

There have been errors from the beginning of Jacqueline's placement but early on that is to be expected when someone is learning new systems and procedure. Her work was being heavily monitored and these mistakes were caught and brought to her attention for correction. These mistakes in documentation have continued and progress on the task has been slow. At

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times she gets sidetracked and strays from the specific task. While well intentioned this straying has led to confusion and in some cases more errors.

In all fairness NOTCH has experienced multiple challenges with our new EHR and the process that Jacqueline has been tasked with has changed multiple times since her placement. Without a doubt this has been confusing.

28. In response to the alleged practice issues arising from her work at Facility 2, Respondent asserted that there were various problems outside of her control which contributed to her lack of success there, including: that she had little training on the specific computer programs used by Facility 2; the work environment was distracting with competing noises resulting from working in a cubicle in a busy office area; and that sitting constantly at a desk exacerbated her fibromyalgia pain.
29. Facility 2 terminated Respondent's employment at the end of July 2016 because the Facility was not able to provide the level of supervision they felt Respondent required.

**Violation One: 3 V.S.A. §129a(b)(1) 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: (1) Performance of unsafe or unacceptable patient or client care.**

30. Paragraphs 2 through 29 above are incorporated herein.
31. Vermont law requires registered nurses to practice competently by providing safe and acceptable patient care.
32. Paragraphs 9 through 19 above demonstrate that Respondent performed unsafe or unacceptable patient care by failing to accurately administer patient medication.
33. Paragraphs 9 through 19 above demonstrate that Respondent performed unsafe or unacceptable patient care by failing to accurately transcribe a medication order for a patient.
34. Paragraphs 9 through 19 above demonstrate that Respondent performed unsafe or unacceptable patient care by copying and pasting a skin assessment written by another nurse and using it as her own documentation without performing her own assessment.
35. 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(b)(1).

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**Violation Two: 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.**

36. Paragraphs 2 through 29 above are incorporated herein.
37. The essential standards of acceptable and prevailing practice for a registered nurse require that an RN ensure meeting the five rights of medication administration: the right patient, the right drug, the right dose, the right route, and the right time.
38. Paragraphs 2 through 29 above demonstrate that on multiple occasions, Respondent's practice fell below the essential standards of acceptable and prevailing practice when she failed to ensure meeting the five rights of medication administration.
39. The essential standards of acceptable and prevailing practice for a registered nurse require that an RN accurately chart and transcribe patient information and medication orders.
40. Paragraphs 2 through 29 above demonstrate that on multiple occasions, Respondent's practice fell below the essential standards of acceptable and prevailing practice when she erroneously or improperly charted and transcribed patient information and medication orders.
41. 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(b)(2).

#### **Understandings**

42. Respondent admits that the facts above are true and that the conditions below are necessary to protect the public.
43. 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.
44. 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.
45. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
46. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.

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47. 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.
48. 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.
49. Respondent agrees that the Order set forth below may be entered by the Board.

### ORDER

- A. The Board of Nursing hereby **CONDITIONS** Respondent's license **FOR A MINIMUM OF ONE (1) YEAR**. The conditions will be as follows:
1. Re-issuance of License. Upon the commencement of these conditions, Respondent shall be issued a license labeled "conditioned."
  2. Length of Time of Conditions Imposed. The conditions shall remain in place until Respondent has completed all conditions ordered.
  3. Supervised Practice. Respondent shall be subject to the conditions until Respondent completes a **minimum of one (1) year** of supervised nursing in which Respondent works at least forty (40) hours every two (2) weeks as a nurse. Part time hours of fewer than forty (40) hours every two (2) weeks shall be credited on a prorated basis. Respondent shall be prohibited from working more than forty (40) hours per week.
  4. Notification to Employers/Nursing School. During the time Respondent's license is "conditioned," Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current or future setting in which Respondent practices as a nurse and inform them of Respondent's conditional license status. Within ten (10) days of the date of entry of this Consent Order or of any subsequent nursing employment, Respondent shall cause Respondent's immediate supervisor to submit to the Board an employer agreement form approved by the Board, acknowledging receipt of the Stipulation and Consent Order and the ability to comply with the conditions in the Consent Order.

In the event Respondent is attending a nursing program which has a clinical portion that involves actual patient care while her license is "conditioned," Respondent shall provide a copy of the Stipulation and Consent Order to the Program Director. Respondent shall cause the Program Director to submit to the Board a nursing program agreement form approved by the Board, acknowledging receipt of the Stipulation and Consent Order and the ability of the program to comply with the conditions in the Consent Order during clinical experience.

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5. Reports from Employers/Program Director. Within one (1) month of the date of this order or within one (1) month of the commencement of nursing employment and **monthly** thereafter while Respondent's license is "conditioned," Respondent shall cause every nursing employer Respondent has worked for during the month to submit to the Board an evaluation of Respondent's work performance and attendance during that month. In the event Respondent is attending a nursing program, Respondent shall cause the Program Director to submit to the Board, on a monthly basis, a written evaluation of Respondent's performance and attendance. These reports shall be submitted in writing on forms issued by the Board. All employer reports shall indicate satisfactory performance (i.e. consistently meeting all standards of nursing practice) and attendance.
6. Practice Under Supervision. While Respondent's license is "conditioned," Respondent shall practice as a nurse only in a setting where Respondent has direct supervision for the entire shift by a licensed registered nurse that is in good standing with the Board.
7. Types of Employment Prohibited. While Respondent's license is "conditioned," Respondent shall not work in a supervisory role. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency, or as a private duty nurse.
8. Completion of Conditioned License Period. After the conditioned license period, the Respondent may petition the Board to remove any and all conditions on her license. Respondent shall have the burden of proof to demonstrate successful completion of the above-stated conditions.
9. Supportive Psychotherapy Counseling. Within one (1) month of the date of this order or within one (1) month of the commencement of nursing employment, Respondent shall engage in individual supportive psychotherapy counseling with a pre-approved treating professional qualified and experienced to provide counseling related to depression and anxiety. Respondent shall comply with the treatment plan until the treating professional certifies in writing to the Board that such counseling is no longer necessary. Compliance with the treatment plan includes, but is not limited to, engaging in face-to-face meetings with the treating professional at the frequency recommended in the treatment plan.

Respondent shall authorize Respondent's treating professional to submit to the Board **monthly** reports on forms issued by the Board. The initial treatment plan and all revisions to the treatment plan must be included in the monthly reports to the Board. Respondent shall authorize Respondent's treating professional to provide all information requested by the Nursing Board, either orally or in writing, at any time during the period this Consent Order is in effect.

- B. Notwithstanding any provision above, the Respondent must continue to meet all Nursing Board requirements for maintaining a license, license renewal and license reinstatement.

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- C. 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).
- D. 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: 1/26/18

STATE OF VERMONT  
SECRETARY OF STATE  
By: [Signature]  
Jennifer B. Colin  
Prosecuting Attorney

Dated: January 24, 2018

RESPONDENT  
By: [Signature]  
Jacqueline L. Battoe

APPROVED AND SO ORDERED:

Dated: 2-12-2018

VERMONT BOARD OF NURSING  
By: [Signature]  
Chairperson

Date of Entry: 2/13/2018

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RECEIVED  
JAN 26 2018  
BY:



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

IN RE: )  
JACQUELINE BATTOE ) Docket No. 2013-247  
License No. 026.0019058 )

**STIPULATION AND CONSENT ORDER**

NOW COME the State of Vermont, by and through State Prosecuting Attorney Annika Green, and the Respondent, Jacqueline Battoe, by and through her attorney Jason Sawyer, Esq., who stipulate and agree as follows:

**Board Authority**

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. § 1582; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation.

**Stipulated Facts**

2. Jacqueline Battoe ("Respondent") of Cambridge, VT is licensed by the State of Vermont as a Registered Nurse under license number 026.0019058. This license is active and currently set to expire on or about March 31, 2017. This license was first issued on or about August 23, 1989.
3. At all times relevant, Respondent was employed as a registered nurse at Starr Farm Nursing Center in Burlington, VT.
4. On or about April 8, 2013, Respondent was hired by Starr Farm Nursing Center and began an orientation period under the supervision of a nurse.
5. During the course of her orientation, Respondent made the following medication administration errors:
  - a. Patient G.B.
    - i. On or about April 16, 2013, Respondent was passing medications with an orienting nurse. She gave the prescribed medications to patient G.B.

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- ii. Respondent was then instructed to prepare the medications for the next patient, M.L., who was legally blind and needed her medications administered in a specific pattern.
- iii. Respondent mistakenly administered all of M.L.'s medication to G.B., thereby giving G.B. approximately 15 medications that were not prescribed to her.
- iv. Due to the above error, G.B.'s physician was contacted and she was monitored every 15 minutes for 8 hours in case of an adverse reaction.

b. Medication Error: 4/22/13

- i. Respondent missed a poured medication on 4/22/13.
- ii. Respondent gave a patient 650 mg of Tylenol when the patient was supposed to receive 1000 mg.
- iii. When Respondent was approached by a supervisor about the error, she gave the patient a 325 mg tablet of Tylenol, knowing it was still not the correct dose of 1000 mg.

c. Patient R.C.

- i. On or about April 23, 2013, Respondent gave patient R.C. a 10 mg dose of Zyrtec 7 hours before it was prescribed to be given.

6. On or about March 27, 2014, Office of Professional Regulation Investigator Dennis Menard interviewed Respondent. During that taped interview, Respondent stated the following:
- d. Regarding the 4/16/13 medication error allegation, Respondent stated she knew she had given several medications to the wrong patient. She stated, "I take responsibility." She stated she thought she had extreme anxiety or a memory lapse that caused her to make the error and that "there was nothing intentional, no mal-intent" and she felt she should have had more support on that day from supervisory staff.
  - e. Regarding the 4/22/13 error, Respondent stated there were two patients in the same room that needed Tylenol; one needed 650 mg and one needed 1000 mg. She stated she gave both patients 650 mg, then realized her error and gave the second patient a 325 mg tablet, which was still incorrect.
  - f. Regarding the 4/23/13 error, Respondent stated she became confused because the medication was originally scheduled to be administered at 8:00AM, but 8:00AM had a line through it and 1700 was written in as the administration time.

### Violations

7. The above acts and circumstances, alone or in combination, violate:
- g. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by reason of any cause); incorporating ARBN Part 11.2(b) ("Inability to practice nursing competently" includes: (1) performance of unsafe or unacceptable patient care;

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and (2) failure to conform to the essential standards of acceptable and prevailing nursing practice) and ARBN Part 11.2(c) ("Any cause" includes, but is not limited to, reasons of physical or mental disability or use of drugs, narcotics, chemicals, or any other type of materials);

- h. 3 V.S.A. § 129a(b)(1) and (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: (1) performance of unsafe or unacceptable patient or client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice).

### Understandings

7. Respondent acknowledges that the facts above are true and that the conditions set out in the Consent Order below are appropriate and necessary to protect the public.
8. 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.
9. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced Respondent's rights to a fair and impartial hearing if this agreement is not accepted by the Board and proceeds to a contested hearing.
10. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
11. Respondent is not under the influence of any drugs or alcohol at the time Respondent signs this Stipulation and Consent Order.
12. 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.
13. Respondent voluntarily waives Respondent's right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.
14. Respondent agrees that the Order set forth below may be entered by the Board.

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## ORDER

- A. Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:. The Board of Nursing hereby **CONDITIONS** the Respondent's license to practice nursing a **minimum of one (1) year**. The conditions are as follows:

1) Term of Conditions:

Upon the imposition of these conditions, Respondent shall be issued a license labeled "conditioned." Respondent shall be subject to the conditions until Respondent completes a **minimum of one (1) year** of supervised nursing practice in which she works at least forty (40) hours every two (2) weeks as a nurse. Part time hours of less than forty (40) hours every two (2) weeks shall be credited on a prorated basis. The Respondent shall be prohibited from working more than forty (40) hours per week during the conditioned period.

2) Required Course Work:

Respondent must successfully complete (i.e., receive a passing grade, if applicable) a course in Medication Administration that has prior approval by the Board or its designee, and then submit written documentation of completion.

This course must be completed within ninety (90) days of the date of entry of this Stipulation and Consent Order.

3) Notification to Employers/Nursing School and Required Reports:

Within ten (10) days of the date of entry of this Order, Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current employment or in the event of future practice, within ten (10) days, and inform them of Respondent's conditional license status. Respondent's immediate supervisor shall submit to the Board an employer agreement on the Board approved form. If the Respondent is in a nursing program that has a clinical portion involving patient care, Respondent shall give Stipulation and Consent Order to the Program Director. The Director shall submit to the Board a nursing program agreement on a Board approved form.

Within one (1) month of receipt of the agreement form every nursing employer or program director shall submit to the Board an evaluation of Respondent's work performance and attendance on a monthly basis. These reports shall be submitted in writing on forms issued by the Board. All reports shall be satisfactory.

4) Practice Under Supervision.

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Respondent shall practice nursing only in a setting where Respondent has direct supervision for the entire shift by a registered nurse that is licensed and in good standing with the Board.

5) Types of Employment Prohibited.

Respondent shall not work in a supervisory role in which she directly supervises the administration of medication. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care, temporary nursing employment agency, or as a private duty nurse or personal care provider requiring a nursing or nursing assistant license during the effective period of this Consent Order.

6) Out-of-State Practice and Licensing.

Before any out-of-state practice can be credited toward fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board. Failure to seek approval shall result in out-of-state practice not being credited toward the fulfillment of the terms and conditions of this Consent Order.

If the Respondent receives discipline on a nursing license held in another state during the conditioned period, the Respondent must inform the Board of such, in writing, within ten (10) days of receiving such discipline.

7) Notification of Employment/ Personal Address/Telephone Number:

Within ten (10) days of the date of entry of this Consent Order, Respondent shall notify the Board, in writing, of her current place of employment, personal address, and telephone number.

Respondent shall further notify the Board, in writing, within forty-eight (48) hours of any change in employment (including resignation or termination), personal address, or telephone number.

8) Notification to Other States:

In the event that the Respondent is licensed in nursing in any other state(s), she must inform the other nursing licensing boards of the conditional status of her Vermont nursing license within thirty (30) days of the date of entry.

9) License Renewal and Costs:

If the Respondent's license expires while this Order is still in effect, this Order does not automatically extend the license. Respondent must timely apply for renewal and pay the applicable fee.

The Respondent shall bear all costs of complying with this Consent Order.

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10) Violation of this Order:

If the Respondent violates the terms of this Order in any respect, the Board, after giving the Respondent notice and an opportunity to be heard, may rescind or modify this Order and impose additional appropriate disciplinary actions. If a complaint of unprofessional conduct is made against the Respondent during the term of this Order, this Order shall be automatically extended until the unprofessional conduct matter is concluded.

11) Completion of Conditional License Period.

After the conditional license period, the Respondent may petition the Board to remove any and all conditions on her license. Respondent shall have the burden of proof.

- B. Notwithstanding any provision above, the Respondent must continue to meet all Nursing Board requirements for maintaining a license, license renewal and license reinstatement.
- C. 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).
- D. 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:

STATE OF VERMONT  
SECRETARY OF STATE

Dated: 6.5.15

By: Annika Green  
Annika Green  
State Prosecuting Attorney

JACQUELINE BATTOE  
RESPONDENT

Dated: 6/2/15

By: Jacqueline Y. Battoe  
Jacqueline Battoe

JASON SAWYER  
RESPONDENT'S ATTORNEY

Dated: 6/2/15

By: Jason Sawyer  
Jason Sawyer, Esq.

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APPROVED AND SO ORDERED:

Dated: 6/8/15

Date of Entry: 6/9/15

VERMONT BOARD OF NURSING

By: *Shirine Carr*  
Chairperson

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