

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

IN RE:	)	
LINDA G. LARAMEE	)	Docket No: NU14-0905
License No. 026-0017263	)	

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, through State Prosecuting Attorney, Edward G. Adrian, and the Respondent, Linda G. Laramee, R.N., 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, 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 ("ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Facts

2. The Respondent, Linda G. Laramee, is licensed in the State of Vermont as a registered nurse under license number 026-0017263. This license was originally issued on or about August 22, 1986 and is currently set to expire on March 31, 2007.
3. At all times relevant, the Respondent was employed as a registered nurse at Bellows Free Academy (the "Academy") located in St. Albans, Vermont.
4. The Respondent was placed on administrative leave on or about September 2, 2005 and resigned shortly thereafter due in part to the two incidents described below.
5. The first incident occurred on or about August 30, 2005 as follows:
 - i. On that day, juvenile C.J. reported to the nursing suite complaining of a head injury. C.J. had jumped up while crossing through a doorway and struck his head on the upper door casement. C.J. was seen by the Respondent.
 - ii. Another R.N., M.S.J., was in the exam room directly to the rear of the

reception desk where Respondent was seated when C.J. entered the nursing suite. After C.J. left, M.S.J. overheard a phone conversation between Respondent and C.J.'s mother concerning C.J.'s injury. During the conversation, Respondent advised C.J.'s mother that she had conducted a neurological exam on C.J., that he was free of injury, and that he was cleared to return to classes.

iii. Despite Respondent's representation to C.J.'s mother that Respondent conducted a neurological exam, time and environmental factors indicate otherwise. First, the daily log sheet, filled out in Respondent's handwriting, reflects that C.J. was in the nursing suite for a total of only two minutes. Second, M.S.J. advised that during this time period Respondent did not leave her chair, did not exit the reception area, and that the bright, overhead lights remained on in the reception area. M.S.J. advised that a proper, thorough neurological assessment would take approximately five minutes and should be conducted in a darkened examination room, not the bright, front reception area.

iv. In an interview with C.J. conducted by R.C., the attendance monitor for the Academy, C.J. advised that Respondent looked at his head, gave him a bag of ice, told him to take it easy, and said she would call his mother.

6. The second incident occurred on or about August 31, 2005 as follows:

i. On that day, juvenile N.B. entered the nursing suite complaining of a headache and muscle pains. The daily log sheet, filled out in Respondent's handwriting, reflects the assessment listed as "HA", office shorthand for headache. Under MEDS, there is an entry of "T", office shorthand for Ibuprofen. Additionally, the medication log for patient N.B., dated August 31, 2005 and initialed by Respondent, indicates that 400 mg of Ibuprofen were administered to N.B.

ii. The policy at the Academy for the administration of medication, is for the practitioner to first cross-reference the patient in the medication information database maintained at the Academy. This system is used to track and document specialized medication requirements for the students at the Academy. The database specifically instructs that N.B. was to receive Tylenol only, indicating that Respondent did not cross-reference the database before administering medication to N.B.

Charges

7. The acts, omissions and/or circumstances described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of:

i. 26 V.S.A. § 1582(a)(3) (is unable to practice nursing competently by reason of any cause) which includes performing unsafe or unacceptable patient care and failing to conform to the essential standards of acceptable and prevailing nursing practice pursuant to ARBN Chapter 4, Rule IV(II)(B)(1) and (2);

ii. 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. Failure to practice competently includes: 1) performance of unsafe or unacceptable patient or client care; and/or 2) failure to conform to the essential standards of acceptable and prevailing practice); and

iii. 3 V.S.A. § 129a(a)(3) (failing to comply with the provisions of state statutes or rules governing the practice of the profession).

Understandings

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 her rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.
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 she 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 her 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.

ORDER

Based upon the stipulation above, it is **ORDERED AND ADJUDGED** as follows:

A. The Board of Nursing hereby **CONDITIONS** Respondent's license to practice nursing for a **MINIMUM PERIOD OF EIGHTEEN (18) MONTHS** commencing with the date of entry of this Consent Order. The conditions are as follows:

(1) Re-issue of License.

Upon the imposition of these conditions, Respondent shall be issued a license labeled "conditioned".

(2) Length of Time Conditions Imposed.

The conditions shall remain in place until Respondent has completed all conditions ordered. Respondent shall be subject to the conditions until Respondent completes ~~two (2) years~~ 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.

*Eighteen
months
/AL*

(3) Notification to Employers/Nursing School.

Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current or future setting during the conditioned period 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 write to the Board, on the employer's letterhead, 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 which involves actual patient care, she shall provide a copy of the Stipulation and Consent Order to the Program Director. Respondent shall cause the Program Director to write to the Board, on school letterhead, acknowledging receipt of the Stipulation and Consent Order and ability of the program to comply with its conditions during clinical experience.

(4) Reports from Employers.

Within one (1) month of the date of entry of this Order and **monthly** thereafter, Respondent shall cause every nursing employer Respondent has worked for during the relevant time period to submit to the Board an evaluation of Respondent's performance and attendance during that time period. This report shall be submitted in writing on forms issued by the Board.

In the event the 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 her performance and attendance. This report shall be submitted in writing on forms issued by the Board and accompanied by a cover letter on the school's letterhead.

(5) Practice Under Supervision.

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

(6) Types of Employment Prohibited.

Respondent shall not work as a supervising nurse. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency, or as a personal care provider during the effective period of this Consent Order.

(7) Out of State Practice/Residence.

Before any out-of-state practice or residence can be credited toward fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board prior to Respondent leaving the State of Vermont. If Respondent fails to receive such approval before leaving the State, none of the time spent out-of-state will be credited toward the fulfillment of the terms and conditions of this Consent Order. The Board will approve out-of-state practice so long as the Respondent can still comply with the provisions of this Consent Order.

(8) Notification of Place of Employment/ Personal Address/Telephone Number.

Within five (5) days of the date of entry of this 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, personal address, or telephone number.

(9) License Renewal.

If the Respondent's license expires while this Order is still in effect, this Order does not automatically extend the license. In that situation, in order to continue to practice nursing, the Respondent must timely apply for renewal, pay the applicable fee and demonstrate that she has otherwise complied with the requirements for license renewal.

(10) Costs.

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

(11) 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.

(12) 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. The Respondent must present proof that she has fully complied with the terms of this Order.

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

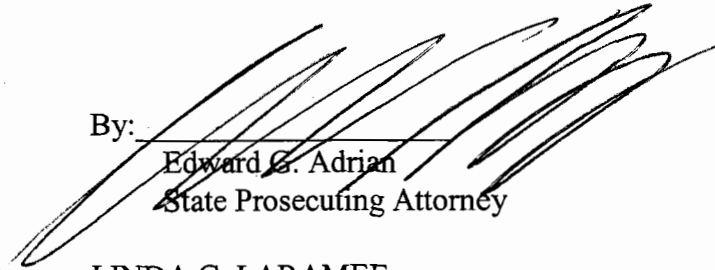
C. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

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
OF STATE

SECRETARY

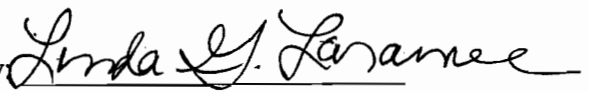
Dated: 9/25/06

By: 

Edward G. Adrian
State Prosecuting Attorney

LINDA G. LARAMEE
RESPONDENT

Dated: 9/5/06

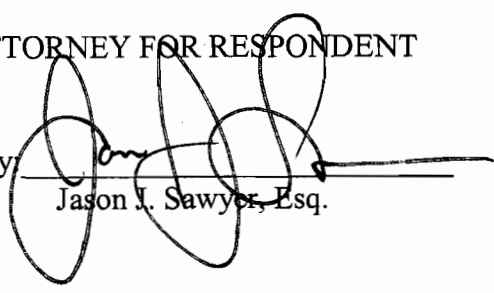
By: 

Linda G. Laramee

APPROVED AS TO FORM:

ATTORNEY FOR RESPONDENT

Dated: 9/5/06

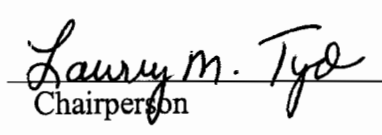
By: 

Jason J. Sawyer, Esq.

APPROVED AND SO ORDERED:

VERMONT BOARD OF NURSING

Dated: 9 October 2006

By: 

Chairperson

Date of Entry: 10/10/06

nu.laramee.stip

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

IN RE:)
LINDA G. LARAMEE) **Docket No: NU14-0905**
License No. 026-0017263)

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont and makes the following Charges against the Respondent, Linda G. Laramée, R.N.:

Board Authority

1. The Vermont State Board of Nursing ("the Board") has authority to issue warnings or reprimands, suspend, revoke, limit, 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 ("ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Facts

2. The Respondent, Linda G. Laramée, is licensed in the State of Vermont as a registered nurse under license number 026-0017263. This license was originally issued on or about August 22, 1986 and is currently set to expire on March 31, 2007.
3. At all times relevant, the Respondent was employed as a registered nurse at Bellows Free Academy (the "Academy") located in St. Albans, Vermont.
4. The Respondent was placed on administrative leave on or about September 2, 2005 and resigned shortly thereafter due to the three incidents described below.
5. The first incident occurred on or about August 30, 2005 as follows:
 - i. On that day, juvenile C.J. reported to the nursing suite complaining of a head injury. C.J. had jumped up while crossing through a doorway and struck his head on the upper door casement. C.J. was seen by the Respondent.
 - ii. Another R.N., M.S.J., was in the exam room directly to the rear of the reception desk where Respondent was seated when C.J. entered the nursing suite. After C.J. left, M.S.J. overheard a phone conversation between Respondent and C.J.'s mother concerning C.J.'s injury. During the conversation, Respondent advised C.J.'s mother that she had conducted a

STATE OF VERMONT



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Office of
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neurological exam on C.J., that he was free of injury, and that he was cleared to return to classes.

iii. Despite Respondent's representation to C.J.'s mother that Respondent conducted a neurological exam, time and environmental factors indicate otherwise. First, the daily log sheet, filled out in Respondent's handwriting, reflects that C.J. was in the nursing suite for a total of only two minutes. Second, M.S.J. advised that during this time period Respondent did not leave her chair, did not exit the reception area, and that the bright, overhead lights remained on in the reception area. M.S.J. advised that a proper, thorough neurological assessment would take approximately five minutes and should be conducted in a darkened examination room, not the bright, front reception area.

iv. In an interview with C.J. conducted by R.C., the attendance monitor for the Academy, C.J. advised that Respondent looked at his head, gave him a bag of ice, told him to take it easy, and said she would call his mother.

6. The second incident occurred on or about August 31, 2005 as follows:

- i. On that day, juvenile N.B. entered the nursing suite complaining of a headache and muscle pains. The daily log sheet, filled out in Respondent's handwriting, reflects the assessment listed as "HA", office shorthand for headache. Under MEDS, there is an entry of "I", office shorthand for Ibuprofen. Additionally, the medication log for patient N.B., dated August 31, 2005 and initialed by Respondent, indicates that 400 mg of Ibuprofen were administered to N.B.
- ii. The policy at the Academy for the administration of medication, is for the practitioner to first cross-reference the patient in the medication information database maintained at the Academy. This system is used to track and document specialized medication requirements for the students at the Academy. The database specifically instructs that N.B. was to receive Tylenol only, indicating that Respondent did not cross-reference the database before administering medication to N.B.

7. The third incident also occurred on or about August 31, 2005 as follows:

- i. On that day, juvenile J.F. was admitted to the nursing suite complaining of body aches. The daily log sheet indicates that he was admitted at 7:30 a.m. and released at 8:36 a.m. During that time, Respondent left the nursing suite to evaluate a female student complaining of abdominal cramps in different building in the complex. Respondent left J.F. alone and unattended in the nursing suite.

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ii. Academy policy dictates that if a nurse must leave the nursing suite, the patient must be placed in the outer area, with the rear examination rooms locked and secured. Otherwise patients have access to confidential student records, OTC medications, and personal prescription medications.

Charges

8. The acts, omissions and/or circumstances described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of:

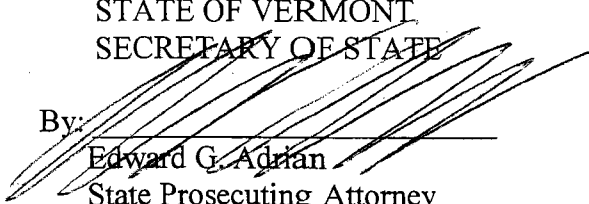
- i. 26 V.S.A. § 1582(a)(3) (is unable to practice nursing competently by reason of any cause) which includes performing unsafe or unacceptable patient care and failing to conform to the essential standards of acceptable and prevailing nursing practice pursuant to ARBN Chapter 4, Rule IV(II)(B)(1) and (2);
- ii. 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. Failure to practice competently includes: 1) performance of unsafe or unacceptable patient or client care; and/or 2) failure to conform to the essential standards of acceptable and prevailing practice); and
- iii. 3 V.S.A. § 129a(a)(3) (failing to comply with the provisions of state statutes or rules governing the practice of the profession).

Relief Requested

WHEREFORE, the license of Linda G. Laramée should be revoked, suspended, reprimanded, conditioned or otherwise disciplined.

DATED at Montpelier, Vermont this 20th day of January 2006.

STATE OF VERMONT
SECRETARY OF STATE

By: 
Edward G. Adrian
State Prosecuting Attorney

STATE OF VERMONT

nu.laramée.soc



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