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

IN RE:	)	
Deborah J. Mobbs	)	**Docket No. 2018-11**
License No. 025.0005062	)	

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COME the State of Vermont, by and through Prosecuting Attorney Jennifer B. Colin, and the Respondent, Deborah J. Mobbs, 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").

Statement of Facts

2. Deborah J. Mobbs (the "Respondent") of Richmond, Vermont is licensed by the State of Vermont as a Licensed Practical Nurse ("LPN") under license number 025.0005062. This license was originally issued on May 19, 1981, and expires on January 31, 2020.

3. From August 22, 2016, until March 22, 2017, Respondent was employed as an LPN at Porter Healthcare and Rehabilitation Center ("the Facility") in Middlebury, Vermont.

4. On December 19, 2016, the Facility gave Respondent a written warning and corrective action for medication errors and for raising her voice and waving her arms in anger in a resident's room when upset.

5. As to the conduct referenced in Paragraph 4 above, Respondent told the Directors that she was overwhelmed, had been working too many hours, had worked a double shift, and had little sleep, but also denied yelling at any residents. Respondent also acknowledged that several people told her she was yelling when she did not think she was.

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6. Respondent's employment at the Facility was terminated on or around March 22, 2017, due to multiple instances of medication errors, documentation errors, and verbal altercations with patients at the Facility.

Patient 1

7. On or around December 17, 2016, Respondent left a bottle of prescription eye drops at the bedside of Patient 1, whose care plan indicated that Patient 1 had dementia and impaired thought process.

Patient 2

8. Between December 2016 and January 2017, Respondent documented four occasions on which she administered 10 mg of oxycodone to Patient 2 prior to the time that she withdrew the oxycodone for Patient 2.

9. Between December 2016 and January 2017, Respondent documented five occasions on which she administered 10 mg of oxycodone to Patient 2 between two and four hours later than the time she withdrew the oxycodone for Patient 2.

Patient 3

10. On or about January 25, 2017, Respondent withdrew and administered a morphine 15 mg tablet to Patient 3 sometime after 10:00 p.m. when the order for the morphine had been discontinued approximately ten hours prior.

Patient 4

11. On or around February 23, 2017, Respondent documented that she administered 0.5 mg lorazepam to Patient 4 prior to the time that she withdrew lorazepam for Patient 4.

12. On four occasions in February, 2017, Respondent documented that she administered 0.5 mg lorazepam to Patient 4 between 3 and 6 hours later than the time she withdrew the lorazepam for Patient 4.

Patient 5

13. Patient 5 had a sliding scale insulin order that ordered insulin only for a threshold blood glucose reading of 251 or higher.

14. On or around March 13, 2017, Respondent administered six units of Humalog insulin to Patient 5 when Patient 5's blood glucose was 238, below the threshold.

15. On or around March 14, 2017, Respondent administered four units of insulin to Patient 5 when Patient 5's blood glucose was 164, below the threshold.

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Patient 6

16. On or about March 14, Respondent left a drink containing a crushed medication at the bedside of Patient 6, who had a diagnosis of dementia.

Open Ativan Bottle on Med Cart

17. On or around March 15, 2017, Registered Nurse J.L., night shift charge nurse, counted narcotics with Respondent at change of shift.

18. J.L. discovered an open bottle of Ativan on the medications cart.

19. When J.L. asked Respondent about the lack of cover and dropper on the bottle, Respondent began searching for the dropper, but was unable to locate it.

20. Respondent later advised the OPR investigator of her belief that at some point during the shift, the Ativan bottle dropper had fallen out of Respondent's pocket but Respondent did not recall where this occurred.

Independent Evaluation and Recommendations

21. From July 31, 2018 to September 13, 2018, Respondent had seven meetings with an OPR-approved Independent Evaluator for a substance abuse/mental health evaluation. The Evaluator is a licensed Clinical Mental Health Counselor and a licensed Alcohol and Drug Abuse Counselor.

22. The Evaluator's report noted that Respondent had an established regime of mental health care, which included weekly meetings with a counselor and monthly meetings with her mental health care provider regarding medications.

23. The Evaluator recommended that Respondent continue her established regime of mental health care, including compliance with her medications.

24. The Evaluator recommended that Respondent continue practicing nursing in less high-pressure institutional settings.

25. The Evaluator concluded that Respondent:

> "has the potential to practice her profession without posing a risk to the safety, health, and welfare of her potential clients/patients when she is employed in situations:
> That do not involve the care of multiple patients (over 3-4 at a time)
> (One on one appears comfortable to her at this time).
> When she is compliant with her current medication regime.
> When she is not put into high stress situations (acting in a Charge Nurse capacity, being responsible for the delivery of medications to multiple patients at a time)".

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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.

26. Paragraphs 2 through 20 above are incorporated herein.

27. Vermont law requires registered nurses to practice competently by providing safe and acceptable patient care.

28. Respondent provided unsafe or unacceptable care by leaving medications at the bedside of patients with impaired cognition.

29. Respondent provided unsafe or unacceptable care by failing to accurately account for controlled drugs.

30. Respondent provided unsafe or unacceptable care by failing to accurately document administration of medications.

31. Respondent provided unsafe or unacceptable care by administering morphine to a patient after the morphine had been discontinued for the patient and by failing to report the error.

32. Respondent provided unsafe or unacceptable care by administering insulin to a patient when the insulin was not ordered for or needed by the patient.

33. Respondent provided unsafe or unacceptable care by leaving a bottle of Ativan, a Schedule IV controlled drug, uncovered on the medication cart.

34. Respondent provided unsafe or unacceptable care by having verbal altercations with patients.

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).

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 20 above are incorporated herein.

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37. The essential standards of acceptable and prevailing practice require that an LPN accurately document the withdrawal times and administration times of controlled medications.

38. The essential standards of acceptable and prevailing practice require an LPN to withdraw controlled medications only when needed by the patient and to administer the medications promptly.

39. Respondent failed to accurately document times of controlled medication withdrawal and administration.

40. Respondent documented administration of controlled medications hours after the time of withdrawal.

41. The essential standards of acceptable and prevailing practice require that the LPN verify medication orders prior to administering the medications.

42. Respondent failed to verify medication orders when she administered a discontinued drug (morphine) and when she administered insulin to a patient when the insulin was not ordered for the patient.

43. The essential standards of acceptable and prevailing practice require that an LPN refrain from leaving medications at the bedside of patients with impaired cognition.

44. Respondent left medications at the bedside of two patients known to have impaired cognition.

45. 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

46. This Stipulation is neither an admission of liability by Respondent nor a concession by the State of Vermont that its charges are not well-founded. To avoid delay, uncertainty, inconvenience, and the expense of protracted litigation, the Parties enter this full and final Stipulation pursuant to these Understandings and the Order below. Respondent does not dispute that the State may be able to prove these charges by a preponderance of the evidence if this matter proceeds to a merits hearing.

47. 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.

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48. 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.

49. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.

50. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.

51. 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.

52. 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.

53. 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 TWO (2) YEARS**. 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. Required Coursework. Respondent must successfully complete (i.e., receive a passing grade, if applicable) three courses pre-approved by the Nursing Case Manager on medication errors, documentation and nursing ethics and then submit written documentation of completion (certificate of completion, etc.) and completed workbook, assignment, and/or test to the Board or its designee. The courses must be completed within one hundred and eighty (180) days of the date of entry of this Stipulation and Consent Order. Failure to complete such a course as ordered and within the prescribed timeframe shall constitute a violation of this Order.

4. 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 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,

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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, 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.

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. Types of Employment Prohibited. Respondent shall not work in a supervisory role. Respondent shall not work for a traveling nurse agency, float-pool, or temporary nursing employment agency during the effective period of this Consent Order.

7. Interview with the Board or its Designee. Respondent shall appear in person for interviews with the Board or its designee upon request.

8. Supportive Individual 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 individual 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.

   Prior to engaging in counseling with the pre-approved treating professional, Respondent shall provide a copy of this Stipulation and Consent Order to her treatment provider and inform him or her of Respondent's conditional license status and the accompanying conditions. Respondent's treating professional shall submit to the Board, on forms provided by the Board, acknowledgement of receipt of the Stipulation and Consent Order along with Respondent's current treatment plan.

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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.

9. 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.

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: 2/22/19 By: _____
Jennifer B. Colin
Prosecuting Attorney

RESPONDENT

Dated: 2/19/19 By: Deborah J. Mobbs
Deborah J. Mobbs

APPROVED AND SO ORDERED:

VERMONT BOARD OF NURSING

Dated: 3-11-2019 By: _____
Chairperson

Date of Entry: 3.12.2019

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