

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

IN RE:)
GREGORY J. SIEVERDING)
License No. 026.0023669)

Docket No. 2012-450

STIPULATION AND CONSENT ORDER

NOW COME the State of Vermont, by State Prosecuting Attorney Gabriel M. Gilman, and the Respondent, Gregory J. Sieverding, represented by Attorney Jason J. 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.

Statement of Facts

2. Gregory J. Sieverding (the "Respondent") of Peru, New York is licensed by the State of Vermont as a Registered Nurse under license number 026.0023669. This license was originally issued on or about October 14, 1997 and expired on March 31, 2013.
3. Respondent was previously disciplined by the Board on or about November 14, 2000, through a Stipulation and Consent Order which suspended Respondent's nursing license for forty-five days and conditioned Respondent's license for thirty-six months. Respondent was disciplined for, among other things, failing to disclose a conviction on his license application, prescribing medication to a patient without timely orders from someone with prescribing authority, and inaccurately charting that some orders had been received by phone from a doctor.
4. At all times relevant to the matter described below, Respondent was employed as a Registered Nurse within the Emergency Department of Fletcher Allen Health Care (the "Facility") in Burlington, Vermont, and Respondent's license was unencumbered.
5. On or about July 18, 2012, Respondent was patient W.H.'s primary nurse. W.H. came into the Emergency Department with a laceration to her upper arm. W.H. was also intoxicated. Respondent recorded W.H.'s vital signs at 2017 hours, at which time W.H.'s oxygen saturation ("O2") was documented by Respondent as 94%.

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6. Respondent failed to maintain pulse oximetry measurements through continuous monitoring set to alarm at standard default levels.
7. At approximately 0158, T.N., EMT, prepared to perform IV and blood work on patient W.H. Respondent was briefly present with T.N. and then departed for another patient's room.
8. When T.N. examined the patient, he found W.H. obtunded and responsive only to painful stimuli, with an O2 of 70%. T.N. could not understand why the patient's oximetry equipment had not alarmed and so checked its high and low limits. T.N. discovered that the low limit had been set to 70%.
9. T.N. retrieved Respondent from another room to make him aware of the patient's alarming condition. T.N. asked Respondent if Respondent had turned down the alarm limit. Respondent acknowledged turning down the alarm, explaining that he "had not been able to obtain good readings." T.N. asked if Respondent made any other effort to obtain an oxygen level, for example, by using an ear probe. Respondent replied that he "had not thought of that."
10. Once W.H.'s condition was discovered by T.N., other providers applied high-flow oxygen and transported the patient to acute care, where the patient was intubated.
11. In the course of the intervention, it was discovered that a bandage Respondent placed on W.H.'s arm was applied by Respondent so tightly that the patient's arm below the wound had become purple and cool to the touch.
12. Speaking about the patient, Respondent told J.W., RN that he "wrote her off" because he believed she was an alcoholic and did not pay close attention to her after his initial assessment.
13. Analysis of Respondent's chart entries following the incident with W.H. revealed several anomalous entries. In particular, Respondent's baseline O2 was in the high seventies or low eighties. It follows that the 94% O2 recorded by Respondent at 2017 on July 18, 2012 could not have been accurate. Further, Respondent's notations concerning patient vomiting are inconsistent with the observations of other providers and would have called for immediate notification of a physician. No physician was notified about the vomiting noted.

Violations

14. 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:
 - a. 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

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client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice); and

- b. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by any reason of any cause) which includes failing to conform to the essential standards of acceptable and prevailing nursing practice pursuant to ARBN Rule 11.2(b)(2).

Understanding

15. Respondent admits the facts above are true and that the conditions below are necessary to protect the public.
16. 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.
17. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement prejudice his right to a fair and impartial hearing if this agreement is not accepted by the Board and proceeds to a contested hearing before the same panel.
18. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
19. Respondent is not under the influence of any drugs or alcohol at the time he signs this Stipulation and Consent Order.
20. 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.
21. Respondent voluntarily waives his right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.
22. Respondent agrees that the Order set forth below may be entered by the Board.

CONSENT ORDER

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

- A. Respondent's license is hereby **SUSPENDED** for a period of four (4) months, or one-hundred-twenty (120) days, which period shall be calculated from the last day Respondent practiced as a Registered Nurse, July 30, 2012.
- B. When no longer suspended, Respondent's license shall be **CONDITIONED** for not fewer than three (3) years from the date of entry below and until further Order of the Board. The conditions are as follows:

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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 three (3) years** of supervised nursing practice in which he 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. The Respondent shall be prohibited from working more than fifty (50) hours per week during the conditioned period.

2) 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 supply the Stipulation and Consent Order to the Program Director. The Director shall submit to the Board a nursing program agreement on a Board approved form.

3) Reports from Employers/Program Director.

Within one (1) month of the date of reinstatement or within one (1) month of the commencement of nursing employment and **monthly** thereafter, Respondent shall cause every nursing employer the Respondent has worked for during the month to submit to the Board an evaluation of Respondent's work performance and attendance during that month. These reports shall be submitted in writing on forms issued by the Board. All employer reports shall indicate satisfactory performance (ie., consistently meeting all standards of nursing practice) and attendance.

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 Respondent's performance and attendance. These reports shall be submitted in writing on forms issued by the Board. All nursing program reports shall indicate satisfactory performance (ie., consistently meeting all standards of nursing practice) and attendance.

4) Practice Under Supervision.

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

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After completion of eighteen (18) months of practice under direct supervision, Respondent may petition the Board to permit *on-site* supervision for the remainder of the conditional licensure period. In such a petition, Respondent shall bear the burden of demonstrating to the Board's satisfaction that the substitution of *on-site* supervision would not jeopardize the public health, safety, or welfare.

5) Types of Employment Prohibited.

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 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 obtain pre-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 his 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), he must inform the other nursing licensing boards of the status of his 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.

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

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 his license. Respondent shall have the burden of demonstrating that he has complied fully with the terms of this Order and that he has undertaken such remediation and professional development activities that the issuance of an unencumbered license would not jeopardize the public health, safety, or welfare.

- 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.

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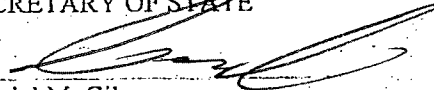


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AGREED TO:

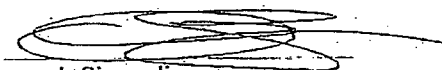
Dated: 12/9/2013

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By: 
Gabriel M. Gilman
State Prosecuting Attorney

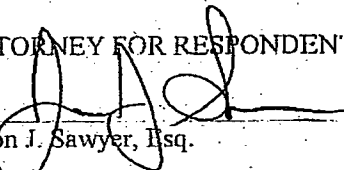
GREGORY J. SIEVERDING
RESPONDENT

Dated: 07 Dec 2013

By: 
Gregory J. Sieverding

APPROVED AS TO FORM:

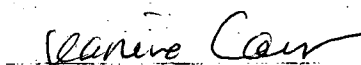
Dated: 9 DEC 2013

ATTORNEY FOR RESPONDENT
By: 
Jason J. Sawyer, Esq.

APPROVED AND SO ORDERED:

Dated: 12/9/13

VERMONT BOARD OF NURSING

By: 
Chairperson

Date of Entry: 12/9/13

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