

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

IN RE:

MARIE B. STEPNOWSKI

License No. 025-0008630

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Docket No. NU98-0608

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, by and through State Prosecuting Attorney Edward G. Adrian, and the Respondent, Marie B. Stepnowski, L.P.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, 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 ("ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Facts

2. Marie B. Stepnowski (the "Respondent") of Cambridge, New York is licensed by the State of Vermont as a Licensed Practical Nurse under license number 025-0008630. This license was originally issued on or about September 30, 2004 and is currently set to expire January 31, 2010.
3. At all times relevant, the Respondent was employed as a Licensed Practical Nurse and was Charge Nurse for her unit at the Vermont Veterans Home (the "Facility") located in Bennington, Vermont.
4. On Sunday, May 11, 2008, (the Specification of Charges allege on or about May 13, 2008) at approximately 3:00 p.m., Resident E.P. disclosed to Social Worker S.M. that earlier in the morning, E.P. had taken several "pills" and that E.P. "wanted to end it all." E.P. told S.M. that E.P. had been saving the "pills" in a Tic Tac container from a previous residence (E.P. had been at the Facility for over one year) and that the "pills" had no effect on him. E.P. then informed S.M. where the "pills" were located and S.M. obtained what E.P. referred to as "pills," which were in a Tic Tac container. When S.M. looked at the contents of the container, she could not identify what they were.

5. S.M. then turned the container and its contents over to Respondent and informed Respondent that E.P. had told S.M. that he "wanted to end it all."
6. On or about July 8, 2008 in an interview with State Investigator Mark Jacobs, Respondent stated that when she obtained the container from S.M. on May 11, 2008, Respondent observed that the container was very old and believed the items inside the container (which appeared crumbly and very old) were actually Tic Tac candy. Respondent then put the container in the trash and disposed of the contents by dumping them down the drain. Respondent advised that she then went to E.P.'s room where E.P. appeared fine; was visiting with his family; and that when Respondent took E.P.'s vital signs, they were within normal limits.
7. Respondent did not report the incident regarding E.P. to a supervisor or physician, nor did anyone witness Respondent dispose of the container or its contents.
8. It is Facility policy that in the event a resident verbalizes the desire to hurt him or himself, a nurse should notify the Shift Supervisor immediately; notify the resident's family and/or sponsor; and remove all items from the resident's room which the resident could use to injure him or herself. Moreover, in the event a resident demonstrates self-destructive behaviors, a nurse should work with the attending or covering provider to obtain a psychiatric consultation and/or a transfer to hospital for evaluation; and possibly order medications or physical restraints.
9. On or about June 4, 2008, S.R., Director of Nursing at the Facility, completed a Mandatory Report of Unprofessional Conduct documenting Respondent's failure to report and follow procedure after having knowledge that a resident made suicidal statements and self-reported an attempt of suicide. The Report noted that Respondent was disciplined with three days' suspension without pay.
10. On or about July 8, 2008 in an interview with Investigator Jacobs, Respondent advised she did not call a supervisor because she believed the items in the container were Tic Tac candy and because E.P. appeared fine. Respondent further advised she used bad judgment by not calling a supervisor; that she understands the concern; and that she will make a notification if such a situation occurs in the future.

Charges

11. 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. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by reason of any cause) which includes performance of unsafe or unacceptable patient care pursuant to ARBN Chapter 4, Rule IV(II)(B)(1); and failure to conform to the

essential standards of acceptable and prevailing practice pursuant to ARBN Chapter 4, Rule IV(II)(B)(2);

- b. 26 V.S.A. § 1582(A)(7) (Engages in conduct of a character likely to deceive, defraud, or harm the public) which includes failing to take appropriate action to safeguard a patient from incompetent health care pursuant to ARBN Chapter 4, Rule IV(II)(D)(5);
- c. 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; and/or (2) failure to conform to the essential standards of acceptable and prevailing practice); and
- d. 3 V.S.A. § 129a(a)(3) (Failing to comply with provisions of federal or state statutes or rules governing the practice of the professional).

Understandings

- 12. 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.
- 13. 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.
- 14. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
- 15. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.
- 16. 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.
- 17. 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.
- 18. Respondent agrees that the Order set forth below may be entered by the Board.

ORDER

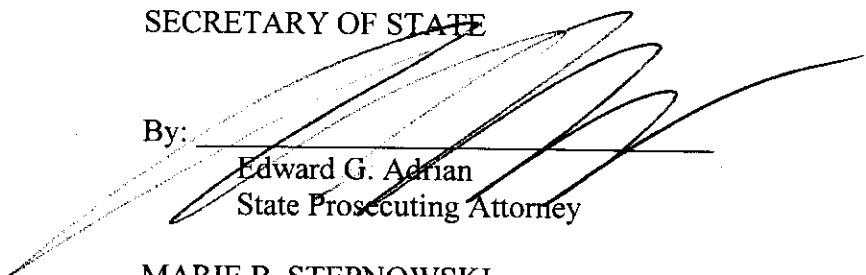
Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

- A. The Board of Nursing hereby **REPRIMANDS** Respondent's license to practice practical nursing.
- B. 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).
- C. 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: 1/23/09

By: 

Edward G. Adrian
State Prosecuting Attorney

MARIE B. STEPNOWSKI
RESPONDENT

Dated: 1-20-09

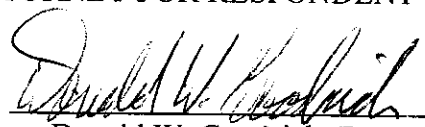
By: Marie B. Stepnowski

Marie B. Stepnowski

APPROVED AS TO FORM:

ATTORNEY FOR RESPONDENT

Dated: Jan. 20, 2009

By: 

Donald W. Goodrich, Esq.

APPROVED AND SO ORDERED:

VERMONT BOARD OF NURSING

Dated: 2/9/09

By: Sheila W. Lefko

Chairperson

Date of Entry: 2/11/09

DWG:sld