BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: COLLEEN MICHELE MCMORDIE 1211 South White Road San Jose, CA 95127 Registered Nurse License No. 535423 Respondent.	Case No. 2007-295 OAH No.

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on September 18, 2008.

It is so ORDERED August 18, 2008.

LaFrancene W Tate

FOR THE BOARD OF REGISTERED NURSING

DEPARTMENT OF CONSUMER AFFAIRS

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: COLLEEN MICHELE MCMORDIE 1211 South White Road San Jose, CA 95127 Registered Nurse License No. 535423 Respondent.	Case No. 2007-295 OAH No. 2007-110405 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of the Board of Registered Nursing. She brought this action solely in her official capacity and is represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Diann Sokoloff, Deputy Attorney General.

2. Respondent Colleen Michele McMordie (Respondent) is representing herself in this proceeding and has chosen not to exercise her right to be represented by counsel.

3. On or about August 14, 2007, the Board of Registered Nursing issued Registered Nurse License No. 535423 to Colleen Michele McMordie (Respondent). The License was in full force and effect at all times relevant to the charges brought in Accusation No.

2007-295 and expired on August 31, 2006, unless renewed.

JURISDICTION

4. Accusation No. 2007-295 was filed before the Board of Registered Nursing (Board) , Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 5, 2007. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 2007-295 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 2007-295. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 2007-295.

9. Respondent agrees that her Registered Nurse License is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

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CIRCUMSTANCES IN MITIGATION

10. Respondent Colleen Michele McMordie has never been the subject of any disciplinary action. She is admitting responsibility at an early stage in the proceedings.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Registered Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Registered Nursing may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Registered Nurse License No. 535423 issued to Respondent Colleen Michele McMordie (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

Severability Clause. Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared

unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. **Obey All Laws.** Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

Criminal Court Orders: If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

2. **Comply with the Board's Probation Program.** Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the Respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, Respondent's license shall be fully restored.

3. **Report in Person.** Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the Board or its designated representatives.

4. **Residency, Practice, or Licensure Outside of State.** Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when she resides outside of California. Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or

returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing license during the term of probation.

5. **Submit Written Reports.** Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to Respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this Decision to the nursing regulatory agency in every state and territory in which she has a registered nurse license.

6. **Function as a Registered Nurse.** Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If Respondent has not complied with this condition during the probationary term, and Respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of Respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of

probation shall apply.

7. **Employment Approval and Reporting Requirements.** Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this Decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, Respondent shall notify the Board in writing within seventy-two (72) hours after she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

8. **Supervision.** Respondent shall obtain prior approval from the Board regarding Respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

(a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

(b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours Respondent works.

(c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with Respondent at least twice during each shift worked.

(d) Home Health Care - If Respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with Respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by Respondent with or without Respondent present.

9. **Employment Limitations.** Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict Respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If Respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

10. **Complete a Nursing Course(s).** Respondent, at her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later

than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to Respondent after photocopying them for its records.

11. **Cost Recovery.** Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of $5000. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If Respondent has not complied with this condition during the probationary term, and Respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of Respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.

12. **Violation of Probation.** If Respondent violates the conditions of her probation, the Board after giving Respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against Respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against Respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

13. **License Surrender.** During Respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, Respondent may surrender her license to the Board. The Board reserves the right to

evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be subject to the conditions of probation.

Surrender of Respondent's license shall be considered a disciplinary action and shall become a part of Respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

(1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

(2) One year for a license surrendered for a mental or physical illness.

14. **Physical Examination.** Within 45 days of the effective date of this Decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the Respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the Respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified Respondent that a medical determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to have the above assessment submitted to the Board within the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

15. **Participate in Treatment/Rehabilitation Program for Chemical Dependence.** Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If Respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider Respondent in violation of probation.

Based on Board recommendation, each week Respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

16. **Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent shall completely abstain from the possession, injection or consumption by any route of all controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of

documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the Respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

17. **Submit to Tests and Samples.** Respondent, at her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. Respondent is responsible for keeping the Board informed of Respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and Respondent shall be considered in violation of probation.

In addition, Respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If Respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the

Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

18. **Mental Health Examination.** Respondent shall, within 45 days of the effective date of this Decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by Respondent.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified Respondent that a mental health determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to have the above assessment submitted to the Board within

the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

19. **Therapy or Counseling Program.** Respondent, at her expense, shall participate in an on-going counseling program until such time as the Board releases her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Registered Nurse License . I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: 4-29-08

COLLEEN MICHELE MCMORDIE
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

DATED: ~~4-29-08~~ 5/22/08

EDMUND G. BROWN JR., Attorney General
of the State of California
WILBERT E. BENNETT
Supervising Deputy Attorney General

DIANN SOKOLOFF
Deputy Attorney General
Attorneys for Complainant

DOJ Matter ID: 03579110SF2007400828
stip.wpd

Exhibit A

Accusation No. 2007-295

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: COLLEEN MICHELE MCMORDIE A.K.A. COLLEEN MICHELE WILSON 1306 Bagely Way San Jose, CA 95112 Registered Nurse License No. 535423 Respondent.	Case No. 2007-295 **ACCUSATION**

Complainant alleges:

PARTIES

1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs.

2. On or about August 14, 1997, the Board of Registered Nursing issued Registered Nurse License Number RN 535423 to Colleen Michele McMordie, a.k.a. Colleen Michele Wilson (Respondent). The Registered Nurse License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2007, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2750 of the Code provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Section 2761(a) of the Code provides, in pertinent part, that the Board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for unprofessional conduct, which includes, but is not limited to incompetence, or gross negligence in carrying out usual certified or licensed nursing functions.

6. Section 2762 of the Code states:

"In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

...

(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section."

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

8. "**Morphine/Morphine Sulfate**" is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(1)(M) and a dangerous drug according to Business and Professions Code section 4022 in that it can be lawfully dispensed only by prescription. Morphine is a principal alkaloid of opium and considered to be the prototype of the opiate agonists. It is a central nervous system depressant and it is prescribed to reduce pain.

9. **"Demerol"**, also referred to as **"Meperidine"**, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(2) and a dangerous drug according to Business and Professions Code section 4022 in that it can be lawfully dispensed only by prescription. Demerol is a narcotic analgesic with multiple actions qualitatively similar to those of morphine.

FIRST CAUSE FOR DISCIPLINE
(Unprofessional Conduct)
(Bus. & Prof. Code §§2762(e))

10. Respondent was employed by Stanford Medical Center, as a staff nurse in the Ambulatory Treatment Unit of the hospital for a period of approximately one month, commencing on July 8, 2002, to August 12, 2002, when she was terminated from employment.

11. An audit of controlled substance medication withdrawals on the hospital's computerized dispensing system (Pyxis) made by respondent, conducted for the time period beginning on July 7, through August 12, 2002, revealed gross discrepancies and inconsistences in patient records and corresponding Pyxis records. The following are examples of respondent's making gross discrepancies and inconsistencies as revealed by the audit:

Patient C

A. On August 1, 2002, at 1:50 p.m., patient C was discharged from the hospital. On August 2, 2002, at 5:31 p.m., respondent withdrew 4 mg of Morphine for patient C, as recorded on the Pyxis Report. There was no physician's order for this medication, nothing was charted in the Medication Administration Record ("MAR"), and nothing was noted in the Nurses Notes.

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B. On August 2, 2002, at 7:55 p.m., respondent withdrew 4 mg of Morphine for patient C, as recorded on the Pyxis Report. There was no physician's order for this medication, nothing was charted in the MAR, and nothing was noted in the Nurses Notes.

Patient G

C. On August 1, 2002, at 2:00 p.m., patient G was given discharge instructions from the hospital. On August 2, 2002, at 6:52 p.m., respondent withdrew 10 mg of Morphine for patient G, as recorded on the Pyxis Report. There was no physician's order for this medication, nothing was charted in the MAR, and nothing was noted in the Nurses Notes.

Patient H

D. On August 2, 2002, at 12:00 p.m., patient H was given discharge instructions from the hospital. On August 2, 2002, at 6:25 p.m., respondent withdrew 4 mg of Morphine for patient H, as recorded on the Pyxis Report. There was no physician's order for this medication, nothing was charted in the MAR, and nothing was noted in the Nurses Notes.

Patient I

E. Patient I was on a Morphine Patient Controlled Analgesia ("PCA"). On August 2, 2002, at 10:25 p.m., respondent withdrew 4 mg of Morphine for patient I, as recorded on the Pyxis Report. Although there was a physician's order for this medication, nothing was charted in the MAR, and nothing was noted in the Nurses Notes.

Patient J

F. On August 1, 2002, at 6:31 p.m., respondent withdrew 25 mg of Demerol for patient J, as recorded on the Pyxis Report. The physician's orders prescribed 25 mg of Demerol intravenously every 1 hour as needed for pain. The MAR reflected that 25 mg of Demerol were administered to this patient at 7:00 p.m. The Nurses Notes indicate that the patient was in pain.

G. On August 1, 2002, at 7:25 p.m., respondent withdrew 25 mg of Demerol for patient J, as recorded on the Pyxis Report. The physician's orders prescribed 25 mg of Demerol intravenously every 1 hour as needed for pain. The MAR reflected that 25 mg of Demerol were administered to this patient at 8:00 p.m. The Nurses Notes indicate that the

patient was in pain.

H. On August 1, 2002, at 8:35 p.m., respondent withdrew 50 mg of Demerol for patient J, as recorded on the Pyxis Report. The physician's orders prescribed 25 mg of Demerol intravenously every 1 hour as needed for pain. The MAR reflected that 25 mg of Demerol were administered to this patient at 9:00 p.m. The Nurses Notes indicate that the patient was in pain.

I. On August 1, 2002, at 9:17 p.m., respondent withdrew 50 mg of Demerol for patient J, as recorded on the Pyxis Report (no waste was noted). The physician's orders prescribed 25 mg of Demerol intravenously every 1 hour as needed for pain. The MAR reflected that 25 mg of Demerol were administered to this patient at 10:00 p.m. The Nurses Notes indicate that the patient was in pain.

J. On August 1, 2002, at 10:14 p.m., respondent withdrew 25 mg of Demerol for patient J, as recorded on the Pyxis Report. The physician's orders prescribed 25 mg of Demerol intravenously every 1 hour as needed for pain. Nothing was charted in the MAR and the Nurses Notes indicate that the patient was in pain.

K. On August 1, 2002, at 10:28 p.m., respondent withdrew 25 mg of Demerol for patient J, as recorded on the Pyxis Report. The Pyxis report indicates that respondent wasted 25 mg of Demerol at 10:28 p.m. The physician's orders prescribed 25 mg of Demerol intravenously every 1 hour as needed for pain. An entry was made on the MAR indicating that 25 mg were wasted. The Nurses Notes indicate that the patient was in pain.

L. On August 1, 2002, at 10:47 p.m., respondent withdrew 50 mg of Demerol for patient J, as recorded on the Pyxis Report. There was a physician's order for 25 mg of Demerol but nothing was charted in the MAR, and nothing was noted in the Nurses Notes.

M. Overall, as set forth in subparagraphs F through L above, respondent removed a total of 250 mg of Demerol from Pyxis for patient J on August 1, 2002, with 25 mg wasted, leaving 225 mg withdrawn. The total amount charted on the MAR as given to the patient is 100 mg. Therefore, a discrepancy of 125 mg exists between the Pyxis report and the charting.

Patient K

N. On August 6, 2002, at 2:42 p.m., respondent withdrew 2 mg of Morphine for patient K, as recorded on the Pyxis Report. The physician's orders prescribed 1-3 mg of Morphine intravenously every 2 hours as needed for pain. The MAR reflected that 2 mg of Morphine were administered to this patient at 2:40 p.m. There is nothing entered in Nurses Notes.

O. On August 6, 2002, at 5:49 p.m., respondent withdrew 4 mg of Morphine for patient K, as recorded on the Pyxis Report. The physician's orders prescribed 1-3 mg of Morphine intravenously every 2 hours as needed for pain. The MAR reflected that 4 mg of Morphine were administered to this patient at 6:00 p.m. There is nothing entered in Nurses Notes.

P. On August 6, 2002, at 7:43 p.m., respondent withdrew 4 mg of Morphine for patient K, as recorded on the Pyxis Report. The physician's orders prescribed 1-3 mg of Morphine intravenously every 2 hours as needed for pain. The MAR reflected that 5 mg of Morphine were administered to this patient at 8:00 p.m. There is nothing entered in Nurses Notes.

Q. On August 6, 2002, at 7:45 p.m., respondent withdrew 4 mg of Morphine for patient K, as recorded on the Pyxis Report. The physician's orders prescribed 1-3 mg of Morphine intravenously every 2 hours as needed for pain. There is nothing entered in the MAR and there is nothing entered in Nurses Notes.

R. On August 6, 2002, at 8:54 p.m., respondent withdrew 4 mg of Morphine for patient K, as recorded on the Pyxis Report. The physician's orders prescribed 1-3 mg of Morphine intravenously every 2 hours as needed for pain. There is nothing entered in the MAR and there is nothing entered in Nurses Notes.

S. On August 6, 2002, at 9:56 p.m., respondent withdrew 10 mg of Morphine for patient K, as recorded on the Pyxis Report. The Pyxis Report indicates that 5 mg were wasted. The physician's orders prescribed 1-3 mg of Morphine intravenously every 2 hours as needed for pain. The MAR reflected that the patient declined the 5 mg of Morphine. The

Nurses Notes indicate that 5 mg of Morphine were wasted but there was no accounting for the other 5 mg.

T. Overall, as set forth in subparagraphs N through S above, respondent removed a total of 28 mg of Morphine for patient K on August 6, 2002. A 4 mg removal was depicted as "canceled" in Pyxis, leaving 24 mg that were removed from Pyxis. Patient K received 11 mg of Morphine. A discrepancy of 13 mg exists between the Pyxis record and the charting.

12. Respondent's conduct, as alleged in paragraphs 10 and 11 above, constitutes making false, grossly incorrect, and/or grossly inconsistent entries in hospital and patient records pertaining to controlled substances and provides grounds for disciplinary action under Code sections 2762(e) and 2761(a).

SECOND CAUSE FOR DISCIPLINE
(Unprofessional Conduct)
(Bus. & Prof. Code §§2762(a))

13. Complainant realleges the allegations contained in paragraphs 10-11 above, and incorporates them herein by reference as if fully set forth.

14. Respondent, by her own admission, diverted controlled substances from the hospital supply by means of the false, grossly incorrect, and/or grossly inconsistent record entries alleged in paragraphs 10 and 11 above.

15. Respondent's conduct in unlawfully obtaining and possessing controlled substances by diversion from the hospital supply provides grounds for disciplinary action under Code sections 2762(a) and 2761(a).

DISCIPLINARY CONSIDERATIONS

16. Respondent enrolled in the Board's Diversion Program for a second time on November 2, 2002. While enrolled in the Diversion Program, respondent tested positive for opiates on or about February 15, 2003. On February 23, 2005, respondent was terminated from the Diversion Program as a public safety threat because she was noncompliant with the Diversion Evaluation Committee (DEC) mandates. Specifically, (1) she failed to test and failed to call in for laboratory testing in May, June, July, August, September, October, November, and

December, 2004, and several days in January and February 2005; (2) she had several dental and medical difficulties for which she continually used prescribed opiates but she did not provide the required prescriptions; and (3) she missed 75% of her Nurse Support Group and was informed at her DEC review that she must come up to 100%. She responded later by withdrawing from the program and indicating that she wanted to return to work.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number RN 535423, issued to Colleen Michele McMordie, a.k.a. Colleen Michele Wilson;

2. Ordering Colleen Michele McMordie to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 6/15/07

RUTH ANN TERRY, M.P.H., R.N.
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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