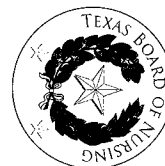


IN THE MATTER OF
PERMANENT CERTIFICATE
NUMBERS 777611 AND 146921
ISSUED TO
ROBERT SHAN POWELL

§
§
§
§
§
§
§
§

BEFORE THE ELIGIBILITY
AND DISCIPLINARY
COMMITTEE
OF THE TEXAS
BOARD OF NURSING



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Patricia R. Thomas
Executive Director of the Board

ORDER OF THE BOARD

TO: Robert Shan Powell
20 NW Mission Blvd., #J6
Lawton, OK 73507

During open meeting held in Austin, Texas, on February 14, 2012, the Eligibility and Disciplinary Committee (hereinafter "Committee") heard the above-styled case, based on the failure of the Respondent to appear as required by 22 TEX. ADMIN. CODE Ch. 213.

The Committee of the Texas Board of Nursing finds that notice of the facts or conduct alleged to warrant disciplinary action has been provided to Respondent in accordance with Texas Government Code § 2001.054(c) and Respondent has been given an opportunity to show compliance with all the requirements of the Nursing Practice Act, Chapter 301 of the Texas Occupations Code, for retention of Respondent's licenses to practice professional and vocational nursing in the State of Texas.

The Committee finds that the Formal Charges were properly initiated and filed in accordance with section 301.458, Texas Occupations Code.

The Committee finds that after proper and timely Notice regarding the violations alleged in the Formal Charges was given to Respondent in this matter, Respondent has failed to appear in accordance with 22 TEX. ADMIN. CODE Ch. 213.

The Committee finds that the Board is authorized to enter a default order pursuant to Texas Government Code § 2001.056.

The Eligibility and Disciplinary Committee, after review and due consideration, adopts the proposed findings of fact and conclusions of law as stated in the Formal Charges which are attached hereto and incorporated by reference for all purposes and the Staff's recommended sanction of revocation by default. This Order will be properly served on all parties and all parties will be given an opportunity to file a motion for rehearing [22 TEX. ADMIN.CODE § 213.16(j)]. All parties have a right to judicial review of this Order.

All proposed findings of fact and conclusions of law filed by any party not specifically adopted herein are hereby denied.

NOW, THEREFORE, IT IS ORDERED that Permanent Certificate Numbers 777611 and 146921, previously issued to ROBERT SHAN POWELL, to practice professional and vocational nursing in the State of Texas be, and the same are hereby, REVOKED.

IT IS FURTHER ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice professional and vocational nursing in the State of Texas.



Entered this 14th day of February, 2012.

TEXAS BOARD OF NURSING

BY:

KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR ON BEHALF OF SAID BOARD

Attachment: Formal Charges filed November 22, 2011.

I certify this to be a true copy of the records on file with th Texas Board of Nursing.

Date: _____


Signed: _____

Re: Permanent Certificate Numbers 777611 and 146921
Issued to ROBERT SHAN POWELL
DEFAULT ORDER -REVOKE

CERTIFICATE OF SERVICE

I hereby certify that on the 16th day of February, 2012, a true and correct copy of the foregoing DEFAULT ORDER was served by placement in the U.S. Mail via certified mail, and addressed to the following person(s):

Robert Shan Powell
20 NW Mission Blvd., #J6
Lawton, OK 73507

BY: 
KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR ON BEHALF OF SAID BOARD

In the Matter of Permanent License § **BEFORE THE TEXAS**
Numbers 777611 and 146921 , Issued to §
ROBERT SHAN POWELL, Respondent § **BOARD OF NURSING**

FORMAL CHARGES

This is a disciplinary proceeding under Section 301.452(b), Texas Occupations Code. Respondent, ROBERT SHAN POWELL, is a Registered Nurse holding license number 777611, which is in delinquent status at the time of this pleading, and a Vocational Nurse holding license number 146921, which is in delinquent status at the time of this pleading.

Written notice of the facts and conduct alleged to warrant adverse licensure action was sent to Respondent at Respondent's address of record and Respondent was given opportunity to show compliance with all requirements of the law for retention of the license prior to commencement of this proceeding.

CHARGE I.

On or about July 26, 2011, Respondent's license to practice registered nursing was Suspended by the Oklahoma Board of Nursing. A copy of the Stipulation, Settlement and Order dated July 26, 2011, is attached and incorporated, by reference, as part of this pleading.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(8), Texas Occupations Code.

NOTICE IS GIVEN that staff will present evidence in support of the recommended disposition of up to, and including, revocation of Respondent's license/s to practice nursing in the State of Texas pursuant to the Nursing Practice Act, Chapter 301, Texas Occupations Code and the Board's rules, 22 Tex. Admin. Code §§ 213.27 - 213.33. Additionally, staff will seek to impose on Respondent the administrative costs of the proceeding pursuant to Section 301.461, Texas Occupations Code. The cost of proceedings shall include, but is not limited to, the cost paid by the Board to the State Office of Administrative Hearings and the Office of the Attorney General or other Board counsel for legal and investigative services, the cost of a court reporter and witnesses, reproduction of records, Board staff time, travel, and expenses. These shall be in an amount of at least one thousand two hundred dollars (\$1200.00).

NOTICE IS GIVEN that all statutes and rules cited in these Charges are incorporated as part of this pleading and can be found at the Board's website, www.bon.texas.gov.

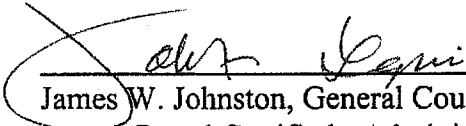
NOTICE IS GIVEN that to the extent applicable, based on the Formal Charges, the Board will rely on Adopted Disciplinary Sanction Policies for Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder, and for Fraud, Theft and Deception, which can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on the Disciplinary Matrix, which can be found at www.bon.texas.gov/disciplinaryaction/discp-matrix.html.

NOTICE IS ALSO GIVEN that Respondent's past disciplinary history, as set out below and described in the Orders which is attached and incorporated by reference as part of these charges, will be offered in support of the disposition recommended by staff: Oklahoma Board of Nursing Stipulation, Settlement and Order dated July 26, 2011.

Filed this 22nd day of November, 20 11.

TEXAS BOARD OF NURSING


James W. Johnston, General Counsel

Board Certified - Administrative Law
Texas Board of Legal Specialization
State Bar No. 10838300

Jena Abel, Assistant General Counsel
State Bar No. 24036103

Lance Robert Brenton, Assistant General Counsel
State Bar No. 24066924

Robert Kyle Hensley, Assistant General Counsel
State Bar No. 50511847

Nikki Hopkins, Assistant General Counsel
State Bar No. 24052269

John F. Legris, Assistant General Counsel
State Bar No. 00785533

TEXAS BOARD OF NURSING
333 Guadalupe, Tower III, Suite 460
Austin, Texas 78701
P: (512) 305-6824
F: (512) 305-8101 or (512)305-7401

Attachments: Oklahoma Board of Nursing Stipulation, Settlement and Order dated July 26, 2011.

D/2011.09.23

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF ROBERT SHAN POWELL, r.n./l.p.n.
LICENSE NO. R0082701 (SUSPENDED) / L0037575 (LAPSED)

STIPULATION, SETTLEMENT AND ORDER

This matter comes on before the Informal Disposition Panel ("Panel") of the Oklahoma Board of Nursing ("Board") on the 12th day of July, 2011, in the Conference Room of the Board Office, 2901 North Classen Boulevard, Suite 105, Oklahoma City, Oklahoma.

Jerry Wainscott, R.N., a Nurse Investigator with the Board, appears in person, and Robert Shan Powell, r.n./l.p.n., (hereinafter, "Respondent") appears neither in person nor by counsel before the Panel on this date. Respondent and the Nurse Investigator participated in an investigative conference on June 27, 2011, and subsequently consented to this Order.

STIPULATION

Respondent and the Panel hereby stipulate and agree to the following joint stipulation and proposed Order of the Board incorporating this stipulation and agreement in the above-styled matter.

1. Respondent's license to practice registered nursing in the State of Oklahoma, being License No. R0082701 is suspended.
2. Respondent's license to practice licensed practical nursing in the State of Oklahoma, License No. L0037575 is lapsed.
3. On or about November 19, 2009, the Respondent voluntarily entered the Peer Assistance Program after admitting to diverting Demerol from his employer, Southwest Medical Center in Lawton, Oklahoma, for his personal use as shown on the Peer Assistance Program Initial

Interview and Peer Assistance Program Application, copies of which are attached as Exhibit "A", and made a part hereof.

4. On June 22, 2010, the Respondent submitted to the Oklahoma Board of Nursing a letter of withdrawal from the Peer Assistance Program, as described in the Respondent's withdrawal letter, Peer Assistance Program Summary of Participation, Contract and Amended Contracts, copies of which are attached as Exhibit "B" and made a part hereof.

5. Respondent has requested a re-referral to the Peer Assistance Program.

6. No formal complaint has been filed as of the date of this stipulation charging Respondent with a violation of the Oklahoma Nursing Practice Act. Respondent understands that Respondent has a right to require that a formal complaint be filed and the right to a formal hearing before the Board at which time Respondent could confront the witnesses against Respondent, cross-examine those witnesses, and present evidence in Respondent's own behalf. Respondent understands that by signing and agreeing to this stipulation Respondent is waiving those rights.

7. This stipulation is executed by the Respondent for the purpose of avoiding further administrative action with respect to this cause. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of this stipulation. Furthermore, should this joint stipulation not be accepted by the Board, it is agreed that presentation to and consideration of this stipulation and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. Respondent fully understands and agrees that this joint stipulation and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board against Respondent for acts or omissions not specifically made a part of this stipulation.

9. Respondent expressly waives all further procedural steps, and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this joint stipulation of facts, conclusions of law and imposition of discipline, and the Final Order of the Board incorporating said stipulation.

10. It is expressly understood that this stipulation is subject to approval of the Board and has no force and effect until approved and Ordered by the Board.

11. This Stipulation, Settlement, and Order does constitute formal disciplinary action.

STIPULATED DISPOSITION AND ORDER

IT IS THEREFORE ORDERED by the Oklahoma Board of Nursing that Respondent is referred to the Peer Assistance Program of the Oklahoma Board of Nursing on the following terms and conditions:

1. Respondent's license to practice registered nursing remains suspended as of the date of this Order. Respondent's Application for Reinstatement will be approved provided Respondent provides documentation, satisfactory to the Board, of Respondent's acceptance into the Peer Assistance Program by **September 29, 2011**. Failure to timely submit an Application for Reinstatement within sixty (60) days of being accepted into the Peer Assistance Program will result in Respondent's license being revoked for a period of five (5) years.

2. If Respondent is not accepted into the Peer Assistance Program on or before **September 29, 2011**, or having been accepted is terminated from the Program for any reason other than successful completion of Respondent's contract and treatment plan, Respondent's license is hereby revoked for a period of five (5) years.

3. Upon Reinstatement, Respondent's license will be immediately placed in temporary suspension pending readmission to the Peer Assistance Program. Respondent shall provide documentation, satisfactory to the Board, of Respondent's acceptance into the Peer Assistance Program within sixty (60) days of reinstatement.

4. In the event Respondent's license is revoked as provided herein, any application to reinstate Respondent's license shall not be considered by the Board until Respondent presents evidence satisfactory to the Board of compliance with the Board's Guidelines For Individuals Requesting Reinstatement After Suspension, Surrender Or Revocation For Misappropriation Or Misuse Of Drugs/Alcohol, a copy of which is attached hereto and made a part hereof. Respondent must also submit evidence of the continued qualifications for practice as set forth in the applicable Statutes and Rules of the Oklahoma Board of Nursing in effect at the time of Respondent's reinstatement.

5. In the event Respondent's license is revoked as provided herein, Respondent shall pay an administrative penalty payable to the Oklahoma Board of Nursing in the amount of One Thousand Dollars (\$1,000.00). The administrative penalty shall be paid only by certified check, money order or cash. Any Application to Reinstate Respondent's license will not be considered until the administrative penalty is paid in full.

6. The parties agree that both (all) parties have participated in the drafting of this Stipulation, Settlement and Order and that no presumption or construction against any party as the drafter of this **Stipulation, Settlement and Order**, shall apply or be applied in the event of a claim of ambiguity of the document or a provision thereof.

7. This stipulation shall not be effective until the fully executed Order is received in the Board office.

8. Upon successful completion by Respondent of Respondent's Contract, Amended Contract(s), and treatment plan with the Peer Assistance Program, no further Order of the Board shall be deemed necessary.

9. This Order constitutes disciplinary action by the Board and may be used in any subsequent hearings by the Board. In the event other misconduct is reported to the Board, this Order may be used as evidence against Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

Robert Shan Powell
Respondent

Approved and ordered this 26th day of July, 2011.



OKLAHOMA BOARD OF NURSING

By: Liz Michael
President

JW:tj

PEER ASSISTANCE PROGRAM
INITIAL INTERVIEW DATA

FOR OFFICE USE ONLY
Eligible Yes
PAC Appt: 11/19/09

Date: 11-13-09

Applicant's Name: Robert Stan Powell

Oklahoma Nursing License Number: 82701

LPN RN ARNP CNM CRNA CNS

Licenses held in other states (Identify state(s) and license status) NA

Licensure denied in any other state (Identify state and reason for denial) NA

Are you being investigated by the Board of Nursing? (When, reason, status)

Have you had previous action on your license in OK or any state? (Where, When, Reason, Status) No

Do you have other healthcare licenses? (Type, status) NO

Job Status: Employed Unemployed LOA Terminated (by employer)

Type of Employment: Agency Hospital School Nurse
 Clinic Military School of Nursing
 Doctor's Office Nursing Home Treatment Center
 Home Health Private Duty Non-Nursing
 Other (Specify)

Agency/Home Health: Were you asked to not return to hospital/client's home for any reason?

Type of Position: Administrator General Duty/Staff Instructor
 Consultant Nurse Manager Supervisor
 Other (Specify)

Area of Practice: Anesthesia Medical/Surgical Pediatrics
 Emergency Care Neonatal Behavioral Medicine/Substance Abuse
 General Practice OB/GYN Public Health
 Geriatrics Oncology Rehabilitation
 Home Health OR/PACU School Nurse
 Intensive/Critical Care Cardiac Teacher
 Other (Specify)

Shift Worked: Nights Evenings

Years of Work Experience as a nurse: 4 as RN 13 as LPN

Basic Nursing Education: Vocational Associate Diploma Baccalaureate

School Attended: Western Oklahoma State College

Highest Degree Attained: Vocational Associate Diploma BS nursing MS nursing
 Other Degree (Specify)

Who referred you to the Program? Self (Employer - B. Squires)

Reason for the referral: Alcohol Drugs Both

Is there a history of substance abuse/chemical dependency in your family? (Specify) yes - Sister was addicted to meth. Several Aunts and Uncles alcoholics

Previously treated for Chemical Dependency/Substance Abuse? Yes No

Treatment facilities and dates of treatment:

Was this a relapse? Yes No Years of Sobriety prior to relapse?

EXHIBIT
Abilities

Do you have insurance benefits for treatment? Yes No

Current treatment being obtained from:

Name of Provider _____
Address _____
City/State/Zip _____
Telephone Number () _____

Types of Treatment (if known):

Inpatient: Specify length of program _____
Name of Facility _____

Outpatient: Specify type of program and length NA _____
Name of Facility _____

Drug Source: Legal (Alcohol) Recreational/Street
 Drugs from Workplace Prescription Drugs
 Falsification of Record Authorized
 Substitution Forgery/Calling In
 Tampering Unauthorized (other's RX)
 Theft Other

DRUGS OF USAGE (Circle only one Drug of Choice; Check other drug(s) used):

Alcohol Amphetamines Methamphetamines Cocaine Crack Marijuana

*Last use 33
ground*

*"Recreational"
X 1 per month*

Narcotic Analgesics:

Codeine Based Dilaudid Hydrocodone Percocet/Tylox/Percodan
 Darvocet Fentanyl (Sublimaze) Methadone Oxycontin
 Demerol Heroin Morphine Talwin
 Other (Specify) _____

Non-narcotic Analgesics:

Nubain Stadol Soma Ultram Esgic
 Other (Specify) _____

Hypnotics:

Choral Hydrate Halcion Restoril Ambien
 Other (Specify) _____

Barbiturates:

Fiorocet Phenobarbital Pentobarbital Sodium other _____

Anti-Anxiety:

Ativan Xanax Tranxene Librium Valium

Klonopin Other (Specify) _____

Hallucinogens:

LSD PCP Ecstasy Other (Specify) _____

Others not listed: (Specify) _____

Route of Administration:

PO IM IV Inhalation Other _____

Amount and Frequency used:

600 - 800 mg ~~every~~ three times week

Last time used drugs/alcohol:

11-09-09

Current Medications being taken (prescription and non-prescription)

Cymbalta (just started 11-12-09)

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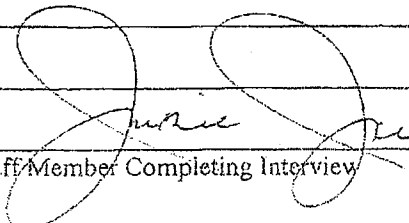
Evaluation to be submitted to program office by: _____

Additional information requested to be submitted to the Program by: _____

A. _____

B. _____

Summary: Robert is a 44 year old w/AD referred to Peer by his employer Bree Squires at S.W. Medical Center in Lawton. He was called into her office because the Pharmacist found narcotic discrepancies. He admits to diverting Demerol for the past 4-5 months. Robert admits to a history of substance abuse. His ex-wife told his marijuana use, "which was a daily thing". He reports a positive history of family alcohol addiction as well, including a sister who is addicted to meth. Robert was offered a negotiated contract + agree to its terms. It will be presented to the committee on 11/19/09. He has been directed to have his eval in to Peer by 12/15/09. Robert says he's worked in the Emergency Room, but now realizes he can never return to ED.

 Julie
Staff Member Completing Interview

11/13/09
Date

(This page is for the applicant to complete):

Any other information you think the Peer Assistance Committee should know (ex: why you are applying to the program today, do you already attend meetings, have a sponsor, etc): _____

I called my family doctor and was placed on
cymbalta yesterday for depression / anxiety. I
have started attending NA meeting. Should
have a sponsor within a week.

Shan Powell

11-13-09

Signature of Applicant

Date

P:\Peer Assistance\dana\Peer FORMS\Interview.doc

PEER ASSISTANCE PROGRAM

2915 N. Classen Blvd., Ste. 215
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING

(405)525-2277
Fax: (405) 525-0350

www.ok.gov/nursing

PEER ASSISTANCE PROGRAM APPLICATION

NAME: Robert Shan Powell

ADDRESS: 4817 NE Winfield Circle

City Lawton State OK Zip 73507

HOME PHONE: (580) 695-0318 WORK PHONE: (580) 531-4700

CELL PHONE: (580) 695-0318 OTHER CONTACT PHONE: _____

SOCIAL SECURITY NUMBER: _____

LPN RN ARNP CNM CRNA CNS

LIST ALL STATES OF LICENSURE, LICENSE NUMBERS and STATUS OF LICENSE:

OK 82701 Active

OTHER ACTIVE PROFESSIONAL LICENSES AND STATES: _____

EMPLOYMENT

START WITH PRESENT EMPLOYER
AND WORK BACK PREVIOUS THREE EMPLOYERS

NAME	DATES OF EMPLOYMENT	JOB TITLE	SPECIALTY AREA	REASON FOR LEAVING
Southwestern medical Center	11/08 - Present	RN	ER	Still employed
Reynolds Army Hospital	12-07 - 11/08	RN	ER	Divorced. Wife worked in radiology. (Bad work relat)
Duncan Regional	8-07 - 12/07	RN	ER	Couldn't afford the commute
Comanche Memorial hospital	5/05 - 8/07	RN	ER	Always understaffed

Why are you applying to the Peer Assistance Program today? I was diverting demerol while at work

Do you have an abuse and/or addiction problem with drugs and/or alcohol? YES NO

If accepted into the Peer Assistance Program, what do you hope to achieve? To keep my license and continue giving quality patient care.

Have you been convicted of a felony or are you currently charged with the commission of a felony?

YES NO If yes, please describe:

AFFIDAVIT

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL FROM THE PEER ASSISTANCE PROGRAM.

SIGNATURE: Shan Powell RN

DATE SIGNED: 11-13-09

STATISTICAL DATA

THE INFORMATION REQUESTED BELOW IS OPTIONAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY. THE INFORMATION WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST ANY APPLICANT.

DATE OF BIRTH NUMBER OF CHILDREN AGES OF CHILDREN

SEX: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

RACE/ETHNIC GROUP: CAUCASIAN AFRICAN-AMERICAN
 HISPANIC ASIAN/PACIFIC ISLANDER
 AMERICAN INDIAN NATIVE ALASKAN

6/22/10

To Whom it may concern:

I Robert Shan Powell wish to resign from the Peer Assistance Program effective today. I got out of Rehab at Vantage Point 5/27/10 and am in a financial crisis and cant afford to continue the program at this time. I have lost my apartment, looking for a job, and am behind on child support. Thank you for all your assistance in the past.

Robert Shan Powell

RECEIVED

JUN 22 2010

PEER ASSIST.

EXHIBIT

B

PEER ASSISTANCE PROGRAM

SUMMARY OF PARTICIPATION OF: **ROBERT SHAN POWELL, RN – R0082701**

Sobriety Date: **11/9/09**

DOC: Demerol

Relapse DOC:

Drug Source: Workplace Theft

Scheduled Exit: ~~11/19/11~~ 12/19/11

OKC-4

11/19/09

Accepted into the PAP with the following terms and conditions:

- A. Will obtain an evaluation with report due by **December 28, 2009**. Will abide by recommendations for ongoing treatment, aftercare, and return to work. If required, counseling reports will be due monthly by the 5th of each month. I will also provide written verification to the program office that I have initiated compliance with any treatment recommendations by **January 9, 2010**.
- B. Body fluid testing will be at least **24** times per year.
- C. Monthly support group attendance will be as follows: Daily meetings twelve (**12**) times per month at AA, NA, CA or Alanon and four (**4**) approved Nurse Support Group meetings per month. May have three (**3**) excused absences from Nurse Support Group per year. Attendance reports are due by the 5th of each month. Group facilitator and sponsor reports are due by the 5th of the February, May, August, and November. First reports due **February 5, 2010**.
- D. Self-assessment reports are due by the 5th of each month. First report due **January 5, 2009**.
- E. Agree to follow the PAP guidelines for supervised practice with revision of: **Cease nursing practice**.

Next Review – 12/29/09

12/15/09

Attended Orientation.

12/29/09

Scheduled review rescheduled due to inclement weather.

Next Review: 2/23/10

~~2/8/10~~

~~No NSG logs received. No NSG available / L. Clarkson~~

SUMMARY OF PARTICIPATION OF:
ROBERT SHAN POWELL, RN – R0082701

Page 2

2/23/10 Scheduled Review, which converted to a Non-Compliance Review, before the PAC with contract amendments:

Item # 5: Failed to submit to the Guidelines for Body Fluid Testing. Participant did not retest within the two hour window because of a previous dilute drug screen.

1. Upon receipt of a negative drug screen in the Peer Assistance Program Office, participant may be employed in nursing according to the Supervised Practice Guidelines with the revision of: May not work between the hours of 12:00 midnight and 5:00 a.m.
2. Understand future non-compliance with the contract and/or amended contracts may warrant termination from the Peer Assistance Program.

Next Review: 4/20/10

4/20/10 Scheduled review before the PAC which converted to a noncompliance review to address the following issues with the contract/amended contract signed on 11/19/10:

Item # 4: Failed to remain abstinent. Participant reported he'd relapsed only after he'd been contacted by the MRO.

1. Participant must enter inpatient treatment by May 4, 2010.
2. An additional relapse evaluation is not required.
3. Understand future non-compliance with the contract and/or amended contracts may warrant termination from the Peer Assistance Program.

Next Review: 6/22/10

6/8/10 Late Reports.

6/22/10 Scheduled review before the PAC without contract amendments. Participant submitted his withdrawal letter.

Filed Closed

6/23/10 File sent to the Oklahoma Board of Nursing.



PEER ASSISTANCE PROGRAM

OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 215 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 525-2277

www.ok.gov/nursing • Fax (405) 525-0350

BEFORE THE PEER ASSISTANCE COMMITTEE

IN THE MATTER OF: Robert Shan Powell
License No. R0082701

AMENDED CONTRACT

The Committee finds, Robert Shan Powell, RN, to be non-compliant with the following terms and conditions of the amended contract signed on 11/19/10:

Item # 4: Failed to remain abstinent. Participant reported he'd relapsed only after he'd been contacted by the MRO.

The Committee concludes that the terms of the participant's contract should be amended as provided below:

1. Participant must enter inpatient treatment by May 4, 2010.
2. An additional relapse evaluation is not required.
3. Understand future non-compliance with the contract and/or amended contracts may warrant termination from the Peer Assistance Program.
4. Except as amended herein, all previous terms and conditions of the participant's contract and any amended contracts shall remain in full force and effect.

<u>Robert S. Powell</u> Signature of Nurse	<u>4/20/10</u> Date
<u>Jurii [Signature]</u> Case Manager	<u>4/20/10</u> Date
<u>Paetia Lane Patten, MS, LAC</u> Peer Assistance Committee Member	<u>4/20/10</u> Date
<u>Wayland P. Smith RN, LMEFT, LADC</u> Peer Assistance Committee Member	<u>4-20-10</u> Date
<u>Betty Reynolds, LNC</u> Peer Assistance Committee Member	<u>4-20-10</u> Date
<u>Priscilla Turner RN</u> Peer Assistance Committee Member	<u>4-20-10</u> Date



PEER ASSISTANCE PROGRAM

OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 215 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 525-2277

www.ok.gov/nursing • Fax (405) 525-0350

BEFORE THE PEER ASSISTANCE COMMITTEE

IN THE MATTER OF: Robert Shan Powell
License No. R0082701

AMENDED CONTRACT

The Committee finds, Robert Shan Powell, RN, to be non-compliant with the following terms and conditions of the amended contract signed on:

Item #5: Failed to submit to the Guidelines for Body Fluid Testing. Participant did not retest within the two hour window because of a previous dilute drug screen.

The Committee concludes that the terms of the participant's contract should be amended as provided below:

1. Upon the receipt of a negative drug screen in the Peer Assistance Program Office, participant may be employed in nursing according to the Supervised Practice Guidelines with the revision of: May not work between the hours of 12:00 Midnight and 5:00 a.m.
2. Understand future non-compliance with the contract and/or amended contracts may warrant termination from the Peer Assistance Program.
3. Except as amended herein, all previous terms and conditions of the participant's contract and any amended contracts shall remain in full force and effect.

Robert S Powell
Signature of Nurse

2/23/10
Date

Junkie Janda MS, LAC
Case Manager

2/23/10
Date

Betty Reynolds RNC
Peer Assistance Committee Member

2/23/10
Date

Miscilla Turner RN
Peer Assistance Committee Member

2/23/10
Date

Patty Dale Patten MS, LAC
Peer Assistance Committee Member LMFT, LAOC

2/23/10
Date

PEER ASSISTANCE PROGRAM
2915 N. Classen Blvd., Suite 215
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING
405/525-2277
Fax 405/525-0350

www.ok.gov/nursing

CONSENT TO DISCLOSE INFORMATION BETWEEN
PEER ASSISTANCE PROGRAM AND EMPLOYER

1. I, Robert Shan Powell consent to the Peer Assistance Program and Southwestern Medical Center communicating with each other and exchanging all information relating to my participation in the Peer Assistance Program, my employment and any health care I am receiving or have received including:
- My status in the Peer Assistance Program, including my withdrawal or dismissal,
 - My status in treatment or rehabilitation, including my progress or absence from such,
 - My work performance and ability to practice nursing.
2. The purpose of and need for the communication and disclosure of information is to facilitate: a) my participation in the Peer Assistance Program, b) my recovery from chemical dependency, and c) my return to nursing practice in a manner that is conducive to both my recovery and safe patient care.
3. I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that the Peer Assistance Program has relied on this consent in permitting me to participate in the Program and that in the event I withdraw or am dismissed from the program, the Peer Assistance Program may notify the above employer that I have withdrawn or been dismissed from the program even if I revoke this consent and that the employer likewise may notify the Peer Assistance Program if I leave employment and the circumstances surrounding the termination of my employment. If not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from the Peer Assistance Program.

Robert Shan Powell
(Signature)

2/26/10
(Date Signed)

Dina Souther BA-MSN
(Witness)

2-26-2010
(Date Signed)

See Back for Confidentiality of Alcohol and Drug Abuse Patient Records under 42-CFR Part 2

RECEIVED

MAR 08 2010

PEER ASSISTANCE
2/18

Peer Assistance Program
Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 215
Oklahoma City, OK. 73106-5437
(405) 525-2277
www.ok.gov/nursing

ENTRY INTO THE PEER ASSISTANCE PROGRAM CONTRACT

I, Robert Powell RN, hereby request permission to participate in the Peer Assistance Program in the State of Oklahoma provided for in 59 O.S. §567.17.

I understand that my participation in the Peer Assistance Program is on a voluntary basis and that during my participation in the Peer Assistance Program I will be expected to comply with mutually agreed upon terms and conditions.

I understand that this is a program based on abstinence from mind-altering, intoxicating and potentially addictive drugs and that I may be asked to obtain an evaluation from an addiction specialist if I obtain prescriptions for these drugs. I understand I will be expected to refrain from the practice of nursing, if I am taking one of these drugs. In addition I understand that should it become necessary for me to utilize these drugs on a regular basis, I will no longer be able to participate in this program.

I understand that all expenses connected with my participation in the Peer Assistance Program are to be rendered at my own expense and my own responsibility.

I understand that my participation in the Peer Assistance Program is confidential. The records shall be made public only by subpoena and court order. I understand that I must maintain current release of information waivers to facilitate communication between the Peer Assistance Program and treatment providers, employers and identified individuals on a need to know basis.

I further understand that failure to comply with the terms and conditions of the Peer Assistance Program will be reported to the Oklahoma Board of Nursing. Confidential treatment shall be canceled upon my default in complying with the requirements of the program.

TERMS AND CONDITIONS

I, Robert Powell, RN agree to comply with the following terms and conditions of the Peer Assistance Program:

1. I will obtain an Evaluation to Program Criteria. A written report addressing the results of the evaluation and recommendations for care are to be submitted to the Program by December 28, 2009. I agree to follow all recommendations of the evaluation.

RSP (Initials)

2. In the event treatment or counseling is recommended, I will give a copy of the Peer Assistance Program Contract to my primary counselor. Counselor will submit written monthly progress reports and a discharge summary within 10 days of discharge addressing progress in treatment and recommendations for ongoing treatment, aftercare, and return to work. I will abide by these recommendations. Monthly reports are due on the 5th day of each month. I will also provide written verification to the program office that I have initiated compliance with any treatment recommendations by January 9, 2010.

RSP (Initials)

3. I understand that I may be required to obtain inpatient or long term residential treatment for chemical dependency, if I relapse within the first year of my participation in this program.

RSP (Initials)

4. I will remain abstinent from intoxicating, mind-altering, or potentially addictive drugs, including both over-the-counter and prescription drugs unless I am taking medication for a documented medical condition. Such medication must be obtained by legal prescription written by a person authorized by law to write such a prescription. I agree to abide by the Peer Assistance Program's Medical Care/Medication Guidelines. I agree to sign the appropriate release on the Medication Report Form, which is to be completed and sent directly to the program by the prescribing practitioner within five days. I further agree to notify the Program Office in writing within seventy-two hours of any use of prescribed drugs and/or the use of over-the-counter medications. Over-the-counter medications, which contain ONLY acetaminophen, aspirin, ibuprofen, and/or naproxen sodium, are excluded from the reporting requirement.

RSP (Initials)


5. I agree to adhere to the Peer Assistance Program's guidelines for body fluid testing. I will access the drug screen notification system daily to determine if I have been selected to test. If selected to test, I will submit to body fluid testing by 4:30 pm. that day. I understand refusal and /or failure to submit will be considered a positive drug screen. I understand the specimen collection will be witnessed and handled so as to maintain chain of custody and it is my responsibility to assure the specimen collection is handled in this manner. If a positive screen is received, I agree to cease nursing practice until evaluated by the Peer Assistance Committee. I understand I will not be required to cease nursing practice for a positive screen received as a result of prescribed medication previously reported on a Medication Report Form.

Frequency of testing: at least twenty-four (24) times per year

RSP (Initials)

6. I will obtain a primary health care provider within thirty (30) days. I will notify my health care providers of the nature of my chemical dependency to ensure that my health history is complete before receiving any treatments. I agree to provide the Peer Assistance Program with the name of my health care provider(s) and to sign releases of information if requested. I further agree to notify the Program Office in writing within seventy-two (72) hours of any care obtained from a provider other than the identified primary health care provider.

RSP (Initials)

7. I agree to a rehabilitation program which will consist of:
- Agreement to adhere to the Peer Assistance Program's Support Group Participation Guidelines
 - The following support group meetings will be attended per month:
 - Four (4) approved Nurse support Group meetings per month. May have three (3) excused absences from Nurse Support Group per year.
 - Daily meetings twelve (12) times per month at AA, NA, CA or Alanon. Attendance at these meetings will be documented and submitted to the Program Office on a monthly basis.
Reports are due on the 5th day of the month. First report is due January 5, 2009. ¹⁰ 
 - Written report from group facilitator and sponsor submitted to the Program Office every three months.

Reports are due on the 5th day of the following months: February, May, August and November. First report is due February 5, 2010.

RSP (Initials)

8. I agree to follow the Peer Assistance Program's Self Assessment Guidelines. A written self-assessment report will be submitted to the Program Coordinator on a monthly basis. Reports are due on the 5th day of each month. First report is due January 5, 2010.

RSP (Initials)

9. I agree to advise the Program Office of potential employment to verify if the work-site and level of supervision are appropriate for my nursing practice. I will share a copy of my Peer Assistance contract, any amendments, and Guidelines for Supervised Practice with current and each prospective employer. Prior to returning to work, I will submit to the Peer Assistance Program a written to return to work evaluation completed by my primary counselor addressing the criteria indicated in the Guidelines for Supervised Practice. I understand that prior to being allowed to resume nursing practice, I must meet the Return to Work Criteria of the Program, including but not limited to a written statement addressing in what manner past use of addictive substances has impacted my nursing practice; identification of the risks inherent to continued sobriety in the workplace, identification of any work-related symptoms that would indicate relapse or imminent relapse, a plan of action to prevent relapse and steps to take in the event relapse does occur; and successful completion of the Legal-Ethical study packet. I understand I will not be allowed return to work until the negative result of a random body fluid test has been received in the program office. I further agree to enter into a nursing practice contract with my employer and Peer Assistance Program prior to resuming nursing practice or beginning new employment in nursing. I understand my employer will be informed of why I have entered the Peer Assistance Program. I agree to follow the Peer Assistance Program's guidelines for supervised practice with revision of: Cease Nursing Practice

Supervised Practice Reports are due on the 5th day of each month.

RSP (Initials)

10. I agree to practice nursing safely in accordance with the Oklahoma Nursing Practice Act (59 O.S. §§567.1, *et seq.*), the Rules of the Oklahoma Board of Nursing (OAC §§485:10-11-1, *et seq.*) and the policies and procedures of the employing institution. I understand the Oklahoma Board of Nursing will be advised of any practice issues that may be in violation of the Oklahoma Nursing Practice Act or Rules of the Oklahoma Board of Nursing that are unrelated to the reason I have entered the Peer Assistance Program.

RSP (Initials)

11. I agree to cease nursing practice upon the occurrence of a relapse or at the request of the Peer Assistance Program because of relapse or relapse behavior. I agree to notify the program immediately, if a relapse occurs. I further agree that I will not practice nursing while taking any intoxicating, mind-altering, potentially addictive drugs, including those taken for a documented medical condition and obtained by legal prescription written by a person authorized by law to write such a prescription.

RSP (Initials)

12. I understand the Program will evaluate my recovery progress at regular intervals and the contract revised as agreed upon by the Peer Assistance Committee and me. I further agree to appear in person for an evaluation and/or reassessment, with reasonable notice by a person designated by the Program.

First review will be December 29, 2009.

RSP (Initials)

13. I agree to notify the Program in writing within five (5) days of any changes in my address and/or phone numbers.

RSP (Initials)

14. I understand that my participation in the Program is contingent upon maintaining a current, unrestricted Oklahoma license to practice nursing. I understand that should my license lapse, I will no longer be a participant in this program.

RSP (Initials)

15. I understand the duration of participation in the Program is a minimum of two (2) years and a maximum of five (5) years. I understand I must meet the Successful Completion Guidelines of the Peer Assistance Program prior to being discharged from the Program.

RSP (Initials)

ADDENDUM A - CURRENT MEDICATIONS

I am currently taking the following medications routinely:
Cymbalta 30mg. will increase to 60 mg in one week

The prescribing practitioner(s) must submit the Medication Report Form by November 23, 2009 on any of the above medications not previously reported.

I also take the following over-the-counter medications on a daily basis:

I UNDERSTAND THAT ONLY THE ABOVE MEDICATIONS ALONG WITH MEDICATIONS THAT CONTAIN ONLY: ACETAMINOPHEN, ASPIRIN, IBUPROFEN, AND/OR NAPROXEN SODIUM ARE EXCLUDED FROM THE 72 HOUR REPORTING REQUIREMENT.

Robert Shan Powel

Signature of Nurse Participant

11-13-09

Date

Julie Jeanne Mox

Case Manager

11/13/09

Date

Kou Ukaek

Peer Assistance Committee Member

11-19-09

Date

Connie Henderson

Peer Assistance Committee Member

11/19/09

Date

Renaa Keller

Peer Assistance Committee Member

11-19-09

Date

I hereby certify I have read this document, have had an opportunity to ask questions and I understand the agreement.

Robert (Shan) Powel
Signature of Nurse

11-13-09
Date

Judith Jordan, MA
Case Manager

11/13/09
Date

Kou Vicsek
Peer Assistance Committee Member

11-19-09
Date

Connie Henderson
Peer Assistance Committee Member

11/19/09
Date

Donna Keller
Peer Assistance Committee Member

11-19-09
Date

/ / /
Peer Assistance Committee Member

/ /
Date