LOUISIANA STATE BOARD OF NURSING
17373 Perkins Road
Baton Rouge, LA 70810
Phone (225) 755-7500
Fax (225) 755-7582

GUIDELINES FOR REPORTING VIOLATIONS OF THE NURSE PRACTICE ACT OF LOUISIANA

AND RULES AND REGULATIONS OF THE BOARD OF NURSING

CAUSES FOR DISCIPLINARY PROCEEDINGS AGAINST REGISTERED NURSE/STUDENTS

The Board of Nursing may deny, revoke, or suspend any license to practice as a registered nurse or otherwise discipline an individual, including students in clinical nursing courses, in accordance with its statutory authority granted in La. R.S. 37:911 et. seq. Every individual subjected to disciplinary proceedings shall be afforded all rights of due process.

A complaint that an individual has engaged in, or is engaging in, any conduct proscribed by the Nurse Practice Act or the rules of the board of Nursing, may be made by any person. The causes for disciplinary action, in accordance with the Nurse Practice Act and the rules of the Board, are as follows:

1. is guilty of selling or attempting to sell, falsely obtaining, or furnishing any nursing diploma or license to practice as a registered nurse;

2. is convicted of a crime or offense which reflects the inability of the nurse to practice nursing with due regard for the health and safety of clients or patients or enters a plea of guilty or nolo contendere to a criminal charge regardless of final disposition of the criminal proceeding, including, but not limited to, expungement or nonadjudication;

3. is unfit or incompetent by reason of negligence, habit, or other cause including;
   a. failure to practice nursing in accordance with the legal standards of nursing practice;

   b. possessing a physical impairment or mental impairment which interferes with the judgment, skills or abilities required for the practice of nursing;

   c. failure to utilize appropriate judgment;

   d. failure to exercise technical competence in carrying out nursing care;

   e. violating the confidentiality of information or knowledge concerning the patient;

   f. performing procedures beyond the authorized scope of nursing or any specialty thereof;

   g. performing duties and assuming responsibilities within the scope of the definition of nursing practice when competency has not been achieved or maintained, or where competency has not been achieved or maintained in a particular specialty;

   h. improper use of drugs, medical supplies or equipment, patient's records, or other items;

   i. misappropriating items of an individual, agency, or entity;

   j. falsifying records;

   k. failure to act, or negligently or willfully committing any act that adversely affects the physical or psychosocial welfare of the patient, including but not limited to, failing to practice in accordance with the Federal Centers for Disease Control recommendations for preventing transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV);

   l. delegating or assigning nursing care, functions, tasks, or responsibilities to others contrary to regulations;

m. leaving a nursing assignment without properly notifying appropriate personnel;

n. failing to report, through the proper channels, facts known regarding the incompetent, unethical, or illegal practice of any health care provider;

o. failing to report to the board one's status when one performs or participates in exposure-prone procedures and is known to be a carrier of the hepatitis B virus or human immunodeficiency virus, in accordance with LAC 46:XLVII.4005;

p. has violated a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of professional nursing, or a state or federal narcotics or controlled substance law;

q. inappropriate, incomplete or improper documentation;

r. use of or being under the influence of alcoholic beverages, illegal drugs or drugs which impair judgment while on duty, to include making application for employment;

s. failure to cooperate with the board by:
   i. not furnishing in writing a full and complete explanation covering a matter requested by the board;
   ii. not responding to subpoenas issued by the board in connection with any investigation or hearing; or
   iii. not completing evaluations required by the board;

t. exceeds professional boundaries, including but not limited to sexual misconduct;

u. use of any advertisement or solicitation which is false, misleading, or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

v. attempted to or obtained a license (including renewals), permit or permission to practice as a registered nurse, nurse applicant, or student nurse by fraud, perjury, deceit or misrepresentation;

w. false statement on application; and

x. failure to comply with an agreement with the board

4. has demonstrated actual or potential inability to practice nursing with reasonable skill and safety to individuals because of use of alcohol or drugs; or has demonstrated inability to practice nursing with reasonable skill and safety to individuals because of illness or as a result of any mental or physical condition;

5. is guilty of aiding or abetting anyone in the violation of any provisions of this Part;

6. is mentally incompetent;

7. has had a license to practice nursing or to practice as another health care provider denied, revoked, suspended, or otherwise restricted;

8. is guilty of moral turpitude;

9. violated any provision of the Nurse Practice Act.

REPORTING NURSING PRACTICE INCIDENTS

Complaints about persons who do not have the required license to practice as registered nurses should be addressed to the Board of Nursing or to the local District Attorney. Complaints about persons who are student nurses or licensed to practice as registered nurses should be addressed to the Board of Nursing. Communications from the informant shall be privileged and shall not be revealed to any person unless such documents will be offered for evidence in a formal hearing, or unless those documents are being subpoenaed by a court, or requested by other regulatory or law enforcement agencies. All complaints submitted should be in writing and should contain the following information:

Incompetent or Unsafe Practice: Provide specific information about the incident(s), such as time, place, date, circumstances, names and addresses of persons who have direct knowledge of the incident(s). Submit copies of accumulated evidence and relevant documents. Sign your name to the report and give an address and phone number where you can be reached in case additional information is needed from you.

Arrest Record or Conviction of a Crime: If a newspaper clipping is available, send it. A newspaper article which contains all of the required information may suffice. A minimum of the name of the individual, the parish or county in which convicted, and the approximate date of conviction will suffice for an initial report.

Drug Misuse: Report specific incident(s) as described under incompetent or unsafe practice. In addition, report incident(s) to local, state or federal drug enforcement agencies or to the district attorney if there has been theft of drugs, falsification of records subject to federal and state laws. Report to the Recovering Nurse Program if nurse is chemical addicted and is willing to comply with treatment and monitoring specifications.

If medical records are submitted, the identity of any patient identified in or by such records or information shall be maintained in confidence by the board and shall be deemed a privilege of confidentiality existing in favor of any such patient. For the purpose of maintaining such confidentiality of patient identity, the board shall cause any such medical records or the transcript of any such testimony to be altered in order to prevent the disclosure of the identity of the patient to whom such records or testimony relates. La R.S. 37.922.C.

The Board of Nursing has no jurisdiction over incidents and problems which are related to administration and management of an employing agency unless there is a concomitant violation of the Nurse Practice Act or of the Rules of the Board of Nursing.

Complaints which deal with fee disputes are not within the jurisdiction of the Board.

The Board of Nursing functions under administrative law. Criminal court action or civil lawsuits provide relief in complaints over which the Board has no jurisdiction.

The types of cases over which the Board of Nursing has jurisdiction are enumerated in these guidelines. Reports should be sent to:

Louisiana State Board of Nursing
Director of Investigations
17373 Perkins Road
Baton Rouge, LA 70810

Upon receipt of your report the professional staff of the Board will initiate action on the report.

COMPLAINT FORM

Complaint forms are available on the Board's website, although it is not necessary to use this form in order to report a nurse to the Board. Any written form or letter may be submitted if sufficient information is enclosed. In those situations involving suspected chemical impairment or mental illness, the matter may be reported directly to the Recovering Nurse Program (RNP) at 225-755-7546.

Please review the following recommendations when reporting violations of the Nurse Practice Act (NPA):

1. Establish the identity of the nurse involved and the unlawful act or practice involved.

2. Report suspected problems immediately to the Nurse's supervisor, or the person in authority.

3. Verify the violations through official records, when possible. Copies of the records should be secured, copied, and submitted to the Board.

4. Document information in writing. Summarize the incidents with date, names of witnesses, and type of evidence available. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity.

INSTRUCTION FOR COMPLETING THE ATTACHED COMPLAINT FORM

The written complaint should include the following:

a. The name of complainant, with address and phone numbers.
b. Correct spelling of the nurse's full name, with license number or social security number if known.
c. A detailed summary of each alleged violation of the NPA. Include the date of each alleged incident and if applicable, name of the patient involved.
d. Names, addresses and/or phone numbers of any witnesses to the incident.
e. Copy of the incident report and/or other investigative reports, if applicable.
f. If reporting an arrest or criminal charges, please include: the name of the city/parish, the name of sheriff/police department and address/phone number sheriff/police department.

Pursuant to LAC 46:XLVII.3407.B., Communications from the informant shall not be revealed to any person unless such documents shall be offered for evidence in a formal hearing.

Submit completed Complaint Form to:

Louisiana State Board of Nursing
Attn: Director of Investigations
17373 Perkins Road
Baton Rouge, Louisiana 70810

COMPLAINT FORM

Louisiana State Board of Nursing
17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500 Fax: (225) 755-7582
http://www.lsbn.state.la.us

Please Print or Type

1. Full name of Registered Nurse or Advanced Practice Registered Nurse (RN/APRN) about whom you are complaining:

   _____

2. Name of hospital, clinic, or employer of RN/APRN: _____

   Address and telephone number of RN/APRN or nurse's employer if known:

   Address: _____ Phone number: _____

   City: _____ State _____ Zip _____

   Approximate Date(s) of Incident(s): _____

3. What is the nature of the complaint regarding this nurse? (i.e. failure to provide nursing care, substance abuse, etc.)
   _____

   _____

4. Please list the names and phone numbers of any other witnesses that might be willing to cooperate with the LSBN.

   _____ _____
   Witness Name **Phone number**

   _____ _____
   Witness Name **Phone number**

   _____ _____
   Witness Name **Phone number**

5. Please **attach** a detailed description of your complaint, with any supporting documentation or evidence.

6. Name and address of complainant: _____

   Address: _____

   City: _____ State _____ Zip _____

   Daytime phone number: _____ Evening phone number: _____

7. Name of patient (if different) and patient's date of birth: (If patient is involved)

   _____ _____
   Patient Name **Patient Date of Birth**

8. Relationship of complainant to patient: _____

9. I hereby attest that these facts are true and correct to the best of my knowledge.

   _____
   Complainant's Signature

Please mail to Investigations Department at above address, with detailed summary of the incident, and copies of all evidence to support the allegations.