

Laws and Rules of Florida Nursing Practice

The Florida Statutes as Compiled by Clinical Learning 2016



Description

This program provides nurses with continuing education on the laws and rules governing the practice of nursing in Florida as per Rule 64B9-5.013. Florida statutes Chapters 456 (Health Professions and Occupations: General Provisions), Chapter 464 (Nurse Practice Act), and the rules outlined in Title 64B9 of the Florida Administrative Code. Nurses will learn how laws and rules, as regulated by the Board of Nursing, provide safe parameters within which to work as well as protect patients from unprofessional and unsafe nursing practice.

Objectives

1. Review the basics of Florida's regulatory and legislative processes.
2. Describe the authority of Department of Health and Board of Nursing.
3. Examine the laws and rules governing nursing practice in Florida.
4. Examine unprofessional conduct in terms of nursing's code of ethics.
5. Summarize the types of rule violations and corresponding discipline imposed.

Content Outline	Topic Pages
I. OVERVIEW (2)	CE Requirements (32)
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III. THE NURSE PRACTICE ACT (16)	Delegation (21)
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Laws and Rules of Florida Nursing Practice

OVERVIEW

A person licensed by the Florida Board of Nursing is authorized to practice nursing cognizant of the laws and rules specific to licensure and practice. In addition, nurses are accountable for upholding the same state laws applicable to all Florida citizens. Nurses who break the law face penalties imposed by the justice system and risk having their nursing license permanently revoked. Let's begin with a brief review of Florida law-making.

The Florida Legislature

The Constitution of Florida is the foremost source of state law. The Florida Legislature is authorized by the Florida Constitution to create and amend the laws of Florida. The Florida Legislature is composed of two houses; the Senate and House of Representatives seated at the Florida State Capitol in Tallahassee. As of 2016, both chambers have been under Republican control since 1996.

In order to create laws, legislators propose legislation in the form of bills which must undergo committee review and voting majorities to either be signed into law by the governor or enacted through a veto override approved by two-thirds of the membership of each legislative house. Florida Statutes are approved by the Florida Legislature and signed into law by the Governor of Florida and published. These Florida Statutes are sometimes called 'Chapter Laws'; currently there are forty-eight titles. The chapters contained within *Title XXXII (32) Regulation of Professions and Occupations* (highlighted in the table below are the focus of this module.

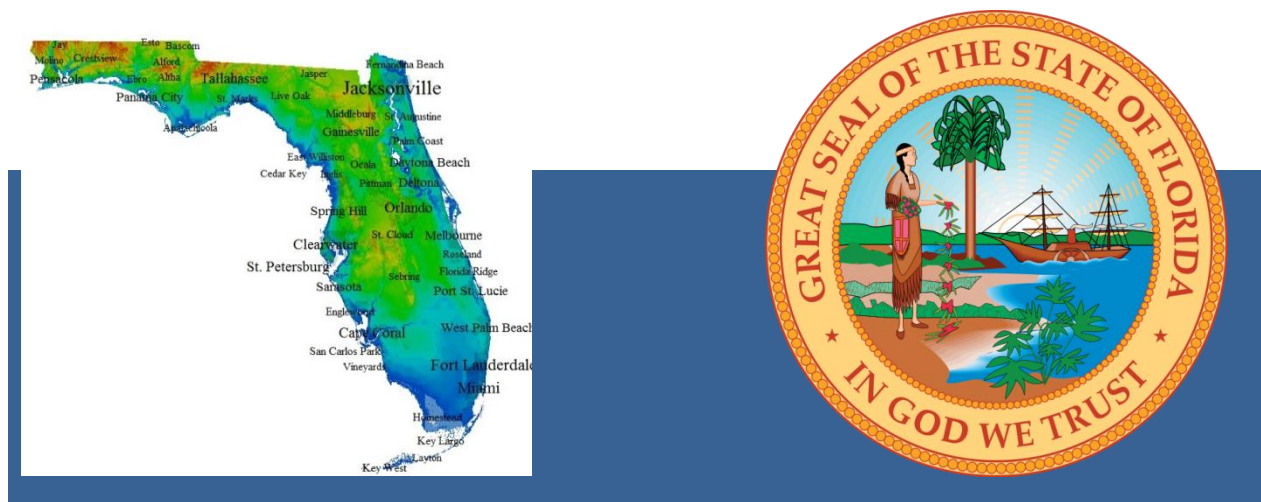


Table 1

The Florida Statutes

1.	TITLE I	CONSTRUCTION OF STATUTES
2.	TITLE II	STATE ORGANIZATION
3.	TITLE III	LEGISLATIVE BRANCH; COMMISSIONS
4.	TITLE IV	EXECUTIVE BRANCH
5.	TITLE V	JUDICIAL BRANCH
6.	TITLE VI	CIVIL PRACTICE AND PROCEDURE
7.	TITLE VII	EVIDENCE
8.	TITLE VIII	LIMITATIONS
9.	TITLE IX	ELECTORS AND ELECTIONS
10.	TITLE X	PUBLIC OFFICERS, EMPLOYEES, AND RECORDS
11.	TITLE XI	COUNTY ORGANIZATION AND INTERGOVERNMENTAL RELATIONS
12.	TITLE XII	MUNICIPALITIES
13.	TITLE XIII	PLANNING AND DEVELOPMENT
14.	TITLE XIV	TAXATION AND FINANCE
15.	TITLE XV	HOMESTEAD AND EXEMPTIONS
16.	TITLE XVI	TEACHERS' RETIREMENT SYSTEM; HIGHER EDUCATIONAL FACILITIES BONDS
17.	TITLE XVII	MILITARY AFFAIRS AND RELATED MATTERS
18.	TITLE XVIII	PUBLIC LANDS AND PROPERTY
19.	TITLE XIX	PUBLIC BUSINESS
20.	TITLE XX	VETERANS
21.	TITLE XXI	DRAINAGE
22.	TITLE XXII	PORTS AND HARBORS
23.	TITLE XXIII	MOTOR VEHICLES
24.	TITLE XXIV	VESSELS
25.	TITLE XXV	AVIATION
26.	TITLE XXVI	PUBLIC TRANSPORTATION
27.	TITLE XXVII	RAILROADS AND OTHER REGULATED UTILITIES
28.	TITLE XXVIII	NATURAL RESOURCES; CONSERVATION, RECLAMATION, AND USE
29.	TITLE XXIX	PUBLIC HEALTH
30.	TITLE XXX	SOCIAL WELFARE
31.	TITLE XXXI	LABOR
32.	TITLE XXXII	REGULATION OF PROFESSIONS AND OCCUPATIONS
33.	TITLE XXXIII	REGULATION OF TRADE, COMMERCE, INVESTMENTS, AND SOLICITATIONS
34.	TITLE XXXIV	ALCOHOLIC BEVERAGES AND TOBACCO
35.	TITLE XXXV	AGRICULTURE, HORTICULTURE, AND ANIMAL INDUSTRY
36.	TITLE XXXVI	BUSINESS ORGANIZATIONS
37.	TITLE XXXVII	INSURANCE
38.	TITLE XXXVIII	BANKS AND BANKING
39.	TITLE XXXIX	COMMERCIAL RELATIONS
40.	TITLE XL	REAL AND PERSONAL PROPERTY
41.	TITLE XLI	STATUTE OF FRAUDS, FRAUDULENT TRANSFERS, & GENERAL ASSIGNMENTS
42.	TITLE XLII	ESTATES AND TRUSTS
43.	TITLE XLIII	DOMESTIC RELATIONS
44.	TITLE XLIV	CIVIL RIGHTS
45.	TITLE XLV	TORTS
46.	TITLE XLVI	CRIMES
47.	TITLE XLVII	CRIMINAL PROCEDURE AND CORRECTIONS
48.	TITLE XLVIII	K-20 EDUCATION CODE

Table 1

The Florida Rules

The 48 Florida statutes are laws that have been sanctioned through the Florida legislature. The Florida rules are also laws, but they do not come from the Florida legislature. They come instead from various regulatory agencies, governing boards and councils, defining exactly how the statutes are to be implemented. The Florida Board of Nursing is the regulatory agency for nursing. The board establishes the rules for implementation of Statute XXXII, Chapter 464. It is important that we, as nurses licensed in Florida, know and adhere to these rules.

Florida Administrative Code and Register

The Department of State's Administrative Code and Register Section is the filing point for rules published by state regulatory agencies. State agencies publish their regulations (sometimes called administrative law) in the Florida Administrative Register (FAR), which is in turn codified (reduced to a legal code), in the Florida Administrative Code (FAC). Agency rulemaking is governed by Chapter 120, Florida Statutes, and the Administrative Procedures Act.

The online Florida Administrative Code (FAC) is the official version of administrative rules for Florida. Florida Administrative Register (FAR) is the daily publication which gives the current information about the status of rules moving through the rulemaking process. FAR includes proposed rules, emergency rules, notices of change, corrections and withdrawals and notices of agency public meetings, workshops and hearings, and miscellaneous actions.

Rule Search

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Florida Department of State

**FLORIDA ADMINISTRATIVE CODE &
FLORIDA ADMINISTRATIVE REGISTER**

Use F.A.R. (Florida Administrative Register) to search Proposed Rule Changes

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64B9 x in F.A.C. ▾

Use F.A.C. (Florida Administrative Code) to search Final Rules

Know the Rules

The need for competency in locating the laws and rules governing the practice of nursing is of paramount importance in today's healthcare environment. Nurses are increasingly being called upon to provide leadership in healthcare entities, community agencies, professional associations, and diverse shared governance councils. Nurses develop job descriptions, write policies and procedures, manage staff, and work with health professionals who vary greatly in their education, experience, and licensure. Keeping abreast of the frequent rule revisions insure protection from disciplinary action and safe, legally sound practice.

Example: Proposed Rules and Changes (FAR)

Adopted	Section	Description	ID	Publish Date
	Proposed 64B9-4.004	The purpose of the rule amendment is to delete the requirement to demonstrate that the educational program meets the program guidelines in 64B9-4.003.	17356809	3/29/2016 Vol. 42/61
	Proposed 64B9-5.004	The purpose of the rule amendment is to delete obsolete language related o continuing education audits, which have been discontinued.	17356712	3/29/2016 Vol. 42/61
	Proposed 64B9-8.011	The purpose of the rule amendment is to delete language that is included in the final orders. Licenses that have been relinquished or revoked cannot be reinstated.	17356518	3/29/2016 Vol. 42/61
	Proposed 64B9-11.001	The purpose of the rule amendment is to change the period of time to publish the death of a nurse in order to acquire client/patient records.	17356421	3/29/2016 Vol. 42/61

Example: Some Important Final Rules (FAC)

Notice / Adopted	Section	Description	ID	Publish Date
	Final 64B9-5.013	Continuing Education on Laws and Rules	16953580	Effective: 01/10/2016
	Final 64B9-15.005	Standards for Certified Nursing Assistant Training Programs	16383899	Effective: 09/09/2015
	Final 64B9-8.005	Unprofessional Conduct	14372895	Effective: 04/09/2014
	Final 64B9-15.012	Standards for In-Service Training for Certified Nursing Assistants	13680024	Effective: 10/27/2013
	Final 64B9-8.012	Mediation	12297192	Effective: 12/03/2012
	Final 64B9-15.009	Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances	12097663	Effective: 10/16/2012
	Final 64B9-15.011	In-Service Training Requirements for Certified Nursing Assistants	10983521	Effective: 02/08/2012
	Final 64B9-12.005	Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy	9363233	Effective: 11/17/2010
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DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE

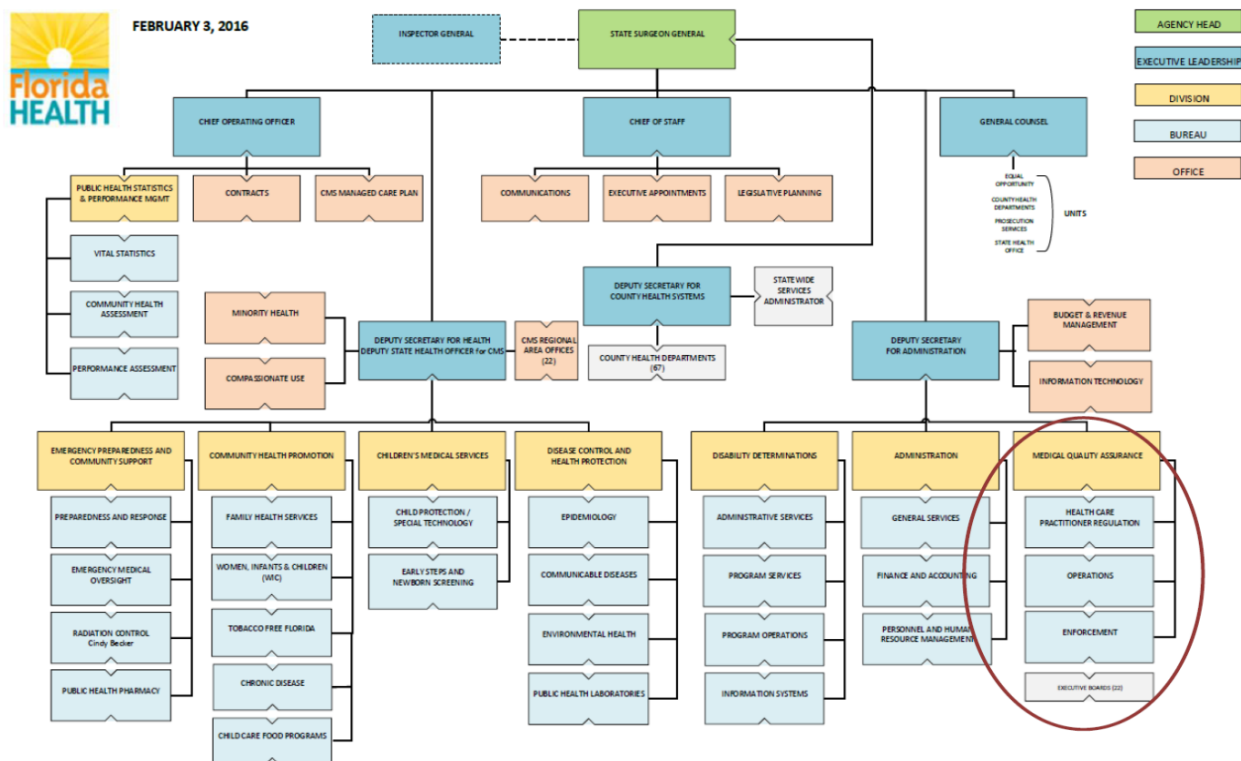
The Florida Department of Health (DOH) is responsible for the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. The DOH was established by the Florida Legislature in 1996 as an executive branch agency (section 20.43 of the Florida Statutes). Since 2007, the Health Department has been led by the State Surgeon General, who serves as the State Health Officer and is directly appointed by Florida’s Governor, and confirmed by Florida’s Senate. Note the Medical Quality Assurance (MQA) division in the DOH organizational chart below.

The DOH has seven divisions:

- Emergency Preparedness & Community Support
- Community Health Promotion
- Children’s Medical Services
- Disease Control & Health Protection
- Disability Determinations
- Administration
- Medical Quality Assurance

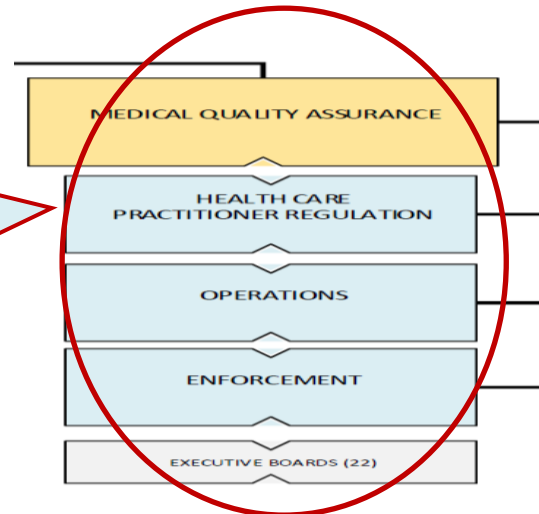
MQA Regulation Activities:

- Administers policies
- Audits compliance
- Conducts Board meetings
- Evaluates applications
- Issues Final Orders
- Investigates unlicensed activity
- Conducts legislative analysis
- Communicates with stakeholders



The Division of Medical Quality Assurance is responsible for regulating all health occupations and professions in Florida. They enforce the provisions found Title XXXII of the Florida Statutes. Chapter 456, in 84 parts, outlines the specific health-related laws and rules, from body piercing salons and massage parlors to pain clinics and pharmacies. The many health professions and facilities are represented in the bottom box.

The regulations found in Title XXXII, Chapter 456 apply to all health occupations and professions in Florida.



MQA Regulated Health Care Practitioners and Facilities

<u>Regulated Professions</u>		<u>Regulated Facilities</u>
<i>911 Public Safety Telecommunicator</i>	<i>Mental Health Counselor</i>	<i>Body Piercing Salon</i>
<i>Acupuncture</i>	<i>Midwifery</i>	<i>Brain and Spinal Cord Injury</i>
<i>Advanced Registered Nurse Practitioner</i>	<i>Nursing Home Administrator</i>	<i>Counterfeit-proof Prescription Vendors</i>
<i>Anesthesiologist Assistant</i>	<i>Occupational Therapist</i>	<i>Dental Laboratories</i>
<i>Athletic Trainer</i>	<i>Occupational Therapy Assistant</i>	<i>Electrology Facility</i>
<i>Audiologist</i>	<i>Optician</i>	<i>Electrolysis Training Programs</i>
<i>Body Piercer/Operator</i>	<i>Optometrist</i>	<i>Emergency Medical Services System</i>
<i>Certified Chiropractic Physician Asst.</i>	<i>Orthotic Fitter</i>	<i>Environmental Testing Laboratories</i>
<i>Certified Environmental Professional</i>	<i>Orthotic Fitter Assistant</i>	<i>Massage Establishment</i>
<i>Certified Master Social Work</i>	<i>Orthotist</i>	<i>Massage Schools</i>
<i>Certified Nurse Specialist</i>	<i>Osteopathic Physician</i>	<i>Nursing Education Programs</i>
<i>Certified Nursing Assistant</i>	<i>Paramedic</i>	<i>Office Surgery Registration</i>
<i>Certified Podiatric X-Ray Assistant</i>	<i>Pedorthist</i>	<i>Optical Establishment</i>
<i>Certified Respiratory Therapist</i>	<i>Pharmacist</i>	<i>Pain Management Clinics</i>
<i>Chiropractic Physician</i>	<i>Pharmacy Technician</i>	<i>Pharmacy</i>
<i>Clinical Laboratory Personnel</i>	<i>Physical Therapist</i>	<i>Trauma Systems</i>
<i>Clinical Social Worker</i>	<i>Physical Therapist Assistant</i>	
<i>Dental Hygienist</i>	<i>Physician Assistant</i>	
<i>Dietitian/Nutritionist</i>	<i>Podiatric Physician</i>	
<i>Electrologist</i>	<i>Prosthetist</i>	
<i>Emergency Allergy Treatment</i>	<i>Psychologist</i>	
<i>Emergency Medical Technician</i>	<i>Radiologic Technologist</i>	
<i>Hearing Aid Specialist</i>	<i>Registered Chiropractic Assistant</i>	
<i>Licensed Practical Nurse</i>	<i>Registered Nurse</i>	
<i>Marriage and Family Therapist</i>	<i>Registered Respiratory Therapist</i>	
<i>Massage Therapist</i>	<i>School Psychologist</i>	
<i>Medical Doctor</i>	<i>Septic Tank Contractor</i>	
<i>Medical Physicist</i>	<i>Speech-Language Pathologist</i>	

MQA Regulated Health Care Practitioners and Facilities

Within the Florida DOH, the Division of Medical Quality Assurance is responsible for the 200 various licenses granted to more than forty regulated health professions, from registered nurses and nursing home administrators to acupuncturists and massage therapists. The Division of Medical Quality Assurance serves as the principle administrative support for twenty-two state boards and seven councils:

The Florida State Boards			
			 Nursing
 Acupuncture	 Athletic Training		 Chiropractic Medicine
 Clinical Laboratory Personnel	 Dentistry		 Hearing Aid Specialist
 Massage Therapy	 Medicine		 Mental Health Professions
 Nursing Home Administrators	 Occupational Therapy		 Opticianry
 Optometry	 Orthotists & Prosthetists		 Osteopathic Medicine
 Pharmacy	 Physical Therapy		 Podiatric Medicine
 Psychology	 Respiratory Care		 Speech-Language Pathology & Audiology

Separation

Councils and Disciplines

Dietetics & Nutrition	An advisory council under the supervision of the Board of Medicine
Electrolysis	An advisory council under the supervision of the Board of Medicine
School Psychology	The Florida Department of Health, Office of School Psychology
EMT Paramedics	Paramedics and Emergency Medical Technicians
Radiologic Technology	An advisory council to the Department of Health
Medical Physicist	An advisory council to the Department of Health
Midwifery	The Council of Licensed Midwifery within the Department of Health

Chapter 456 Regulation of Professions and Occupations

Within Title XXXII Health Professions and Occupations, chapter 456 consists of 84 parts for the regulation of health professions. They are listed below, with those particularly relevant to nurses highlighted in yellow for further discussion.

456.001 Definitions.	
456.002 Applicability.	
456.003 Legislative intent; requirements.	
456.004 Department; powers and duties.	
456.005 Long-range policy planning.	456.043 Practitioner profiles; data storage.
456.006 Contacting boards through department.	456.044 Practitioner profiles; rules; workshops.
456.007 Board members.	456.045 Practitioner profiles; maintenance of superseded information.
456.008 Accountability and liability of board members.	456.046 Practitioner profiles; confidentiality.
456.009 Legal and investigative services.	456.048 Financial responsibility requirements for certain health care practit
456.011 Boards; organization; meetings; compensation	456.049 Health care practitioners; reports on professional liability claims an
456.012 Board rules; final agency action; challenges.	456.051 Reports of professional liability actions; bankruptcies; Department
456.013 Department; general licensing provisions.	456.052 Disclosure of financial interest by production.
456.0135 General background screening provisions.	456.053 Financial arrangements between referring health care providers an
456.014 Public inspection of information required from	456.054 Kickbacks prohibited.
456.015 Limited licenses.	456.055 Chiropractic and podiatric health care; denial of payment; limitatio
456.016 Use of professional testing services.	456.056 Treatment of Medicare beneficiaries; refusal, emergencies, consult
456.017 Examinations.	456.057 Ownership and control of patient records; report or copies of recor
456.018 Penalty for theft or reproduction of an examir	456.0575 Duty to notify patients.
456.019 Restriction on requirement of citizenship.	456.058 Disposition of records of deceased practitioners or practitioners rel
456.021 Qualification of immigrants for examination to	456.059 Communications confidential; exceptions.
456.022 Foreign-trained professionals; special examin	456.061 Practitioner disclosure of confidential information; immunity from
456.023 Exemption for certain out-of-state or foreign p	456.062 Advertisement by a health care practitioner of free or discounted s
456.024 Members of Armed Forces in good standing w	456.063 Sexual misconduct; disqualification for license, certificate, or regist
456.025 Fees; receipts; disposition.	456.0635 Health care fraud; disqualification for license, certificate, or regist
456.026 Annual report concerning finances, administr	456.065 Unlicensed practice; intent; cease & desist notice; penalties; enforc
456.027 Education; accreditation.	456.066 Prosecution of criminal violations.
456.028 Consultation with postsecondary education b	456.067 Penalty for giving false information.
456.029 Education; substituting demonstration of com	456.068 Toll-free telephone number for reporting of complaints.
456.031 Requirement for instruction on domestic viole	456.069 Authority to inspect.
456.032 Hepatitis B or HIV carriers.	456.071 Power to administer oaths, take depositions, and issue subpoenas.
456.033 Requirement for instruction for certain licens	456.072 Grounds for discipline; penalties; enforcement.
456.035 Address of record.	456.0721 Practitioners in default on student loan or scholarship obligations;
456.036 Licenses; active and inactive status; delinquen	456.073 Disciplinary proceedings.
456.037 Business establishments; requirements for act	456.074 Certain health care practitioners; immediate suspension of license.
456.038 Renewal and cancellation notices.	456.075 Criminal proceedings against licensees; appearances by departmen
456.039 Designated health care professionals; informa	456.076 Treatment programs for impaired practitioners.
456.0391 Advanced registered nurse practitioners; inf	456.077 Authority to issue citations.
456.0392 Prescription labeling.	456.078 Mediation.
456.041 Practitioner profile; creation.	456.079 Disciplinary guidelines.
456.042 Practitioner profiles; update.	456.081 Publication of information.
	456.082 Disclosure of confidential information.

Provisions Relevant to the Practice of Nursing

All state boards, councils, and health professions must adhere to the following regulations:

456.004 Department; powers and duties

Suspend or deny the license of any licensee found not to be in compliance with a child support order, a subpoena, an order to show cause, or a written agreement with the Department of Revenue and periodically disclose information relating to current licensees to the Department of Revenue. **This means your license could be suspended for not paying child support.**

456.035 Address of record.

(1) Each licensee of the department is solely responsible for notifying the department in writing of the licensee's current mailing address and place of practice. Electronic notification shall be allowed. A licensee's failure to notify the department of a change of address constitutes a violation of this section, and the licensee may be disciplined. **This means you must notify the board when you move or change your place of practice.**

456.063 Sexual misconduct; disqualification for license, certificate, or registration

Refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant has a violation of sexual misconduct in the practice of that profession. **This means you will lose your nursing license if guilty of sexual misconduct.**

456.0635 Health care fraud; disqualification for license, certificate, or registration

Health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under:

1. Chapter 409, F.S., (relating to social and economic assistance)
2. Chapter 817, F.S., (relating to fraudulent practices)
3. Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony
4. 21 U.S.C. ss. 801-970 (relating to controlled substances)
5. 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare & Medicaid issues)

Has been terminated for cause from the Florida (or from any other state) Medicaid program or is currently listed on the DOH Office of Inspector General's List of Excluded Individuals & Entities. **This means that if you are convicted of a felony, you lose your nursing license.**

456.072 Grounds for discipline; penalties; enforcement.

There are many types of misdemeanors and both the board and MQA focus on them as a serious breach of conduct. You risk permanent revocation for misdemeanors such as petty theft, driving under the influence, spousal abuse, and assault and battery. Typically, these matters are charged as misdemeanors but could be charged as felonies (Balestra, 2012).

(1) The following acts shall constitute grounds for which disciplinary actions in subsection (2) may be taken:

- a) Making misleading, deceptive, or fraudulent representations in or related to practice
- b) Intentionally violating any rule adopted by the board or the department, as appropriate
- c) Being convicted of or pleading guilty or no contest to a crime which relates to ability
- d) Using a Class III or a Class IV laser device or product, without having complied with the
- e) Failing to comply with the educational course requirements for HIV and AIDS.
- f) Having a license or authority to practice revoked, suspended, or otherwise acted against
- g) Having been found liable in a civil proceeding for knowingly filing a false report or covering up
- h) Attempting to obtain or renew a license to practice by bribery, fraud or department error
- i) Failing to report to the department any person who the licensee knows is in violation of
- j) Aiding, procuring, employing, or advising any unlicensed person or entity to practice
- k) Failing to perform any statutory or legal obligation placed upon a licensee, such as failing to pay a student loan issued or guaranteed by the state or the Federal Government or failing to comply with service scholarship obligations. The minimum disciplinary action imposed shall be a suspension of the license until new payment terms are agreed upon or the scholarship obligation is resumed, followed by probation for the duration of the student loan or remaining scholarship obligation period, and a fine equal to 10% of the defaulted loan amount. **This means your license will be suspended and you will pay a fine if you default on your student government loans.**
- l) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so.
- m) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
- n) Exercising influence on the patient for the purpose of financial gain of the licensee or a third party.
- o) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows the licensee is not competent to perform.
- p) Delegating to a person not qualified by training, experience or education
- q) Violating a lawful order or failing to comply with a lawfully issued order
- r) Improperly interfering with an investigation or with any disciplinary proceeding
- s) Failing to comply with the educational course requirements
- t) Failing to identify through written notice, which may include a patient consent form, the type of license under which the practitioner is practicing
- u) Failing to provide information about their patient rights and how to file a patient complaint.
- v) Engaging or attempting to engage in sexual misconduct as defined and prohibited in s. 456.063(1).
- w) Failing to comply with the requirements or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.
- x) Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. **This means you must report all crimes to the board.**
- y) Using information about people involved in motor vehicle accidents for the purposes of commercial or any other solicitation whatsoever of the people involved in the accidents
- z) Being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.
- aa) Testing positive for any drug, as defined in s. 112.0455, on any confirmed pre-employment or employer-ordered drug screening without a lawful prescription and legitimate medical reason for using the drug. **This means you are prohibited from being under the influence of any drug not legitimately prescribed to you, whether legal or not.**
- bb) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.
- cc) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures.

Adjudication is when there has been a hearing and the dispute or conflict has been resolved and set to rest.

Reportable convictions include those for which you are found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of adjudication.

- dd) Violating any provision of this chapter, the applicable practice act, or any rules adopted pursuant thereto.
- ee) Intentionally submitting a claim, statement, or bill that has been “upcoded” as defined in s. 627.732.
- ff) Intentionally submitting a claim, statement, or bill for payment of services that were not rendered.
- gg) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients.
- hh) Being terminated from a drug treatment or alcohol treatment program for failure to comply.
- ii) Being guilty of any misdemeanor or felony relating to the Medicaid program.
- jj) Failing to remit the sum owed to the state for an overpayment from the Medicaid program
- kk) Being terminated from the state Medicaid program
- ll) Being guilty of a crime in any jurisdiction which relates to health care fraud.
- mm) Failure to comply with controlled substance prescribing requirements of s. 456.44.

456.073 Disciplinary proceedings— for each board shall be within the jurisdiction of the department.

- (1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient.
- (2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints.

456.074 Certain health care practitioners; immediate suspension of license.—

- 1) The department shall issue an emergency order suspending the license of any person licensed guilty of:
 - a) A felony crime
 - b) A misdemeanor or felony relating to the Medicaid program.
- 2) Any health care practitioner who tests positive for any drug on any government or private sector pre-employment or employer-ordered confirmed drug test when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug. The practitioner shall be given 48 hours from the time of notification to the practitioner of the confirmed test result to produce a lawful prescription for the drug before an emergency order is issued.
- 3) For a health care practitioner who has defaulted on a student loan issued by the state or the Federal Government, the department shall notify the licensee by certified mail that he or she shall be subject to immediate suspension of license unless, within 45 days after the date of mailing, the licensee provides proof that new payment terms have been agreed upon by all parties to the loan. The department shall issue an emergency order suspending the license of any licensee who, after 45 days following the date of mailing from the department, has failed to provide such proof.



Did you know?

BACKGROUND SCREENING: Initial licensure applications received on or after 01-01-13, for professions licensed under chapters below will be required to submit fingerprints electronically to the Florida Department of Law Enforcement and will be retained. All costs for conducting a criminal history background screening are borne by the applicant.

458 (medical doctors)	461 (podiatric medicine)
459 (osteopathic medicine)	464 (nursing, certified nursing assistants)
460 (chiropractic medicine)	465.022 (pharmacies)

Case Reviews

The following exemplify final orders filed against nurses found guilty of the crimes of child abuse, healthcare fraud, and filing a false report. In the first two cases the nursing licenses were permanently revoked. In the third case where a nurse pleaded 'no contest' to a first degree misdemeanor but did not report his/her crime to the board, obligations were imposed.

Case No.: 2015-26410 Emergency Suspension, License Revoked

ORDER OF EMERGENCY SUSPENSION OF CERTIFICATE John H. Armstrong, MD, FACS, State Surgeon General and Secretary of Health, ORDERS the **emergency suspension** of the license of XXXXX, ARNP, to practice as an advanced registered nurse practitioner in the State of Florida.

On or about January 28, 2015, in the United States District Court for the Southern District of Alabama, Ms. XXX was found guilty of the following offenses: Count 1) Conspiracy to Commit **Healthcare Fraud**, in violation of 18 U.S.C. § 1349; and Counts 2, 3) Healthcare Fraud & Aiding and Abetting, in violation of 18 U.S.C. § 1347.

Case No.: 2014-11331 Revocation

ADMINISTRATIVE COMPLAINT: 4. On or about June 30, 2014 in the Circuit Court, Fifth Judicial Circuit, in and for Hernando County, Florida, Respondent entered a plea of nolo contendere to and was **adjudicated guilty of two counts of child abuse** without great bodily harm, a third degree felony, in violation of Section 827.03, Florida Statutes. Section 464.018(1)(d)(6), Florida Statutes (2013), provides that having been found guilty of, regardless of adjudication, a violation of chapter 827, relating to child abuse, constitutes grounds for disciplinary action.

FINAL ORDER: Respondent's **license is revoked**. Within 30 days the Respondent shall return her/his license to DOH-Compliance Management Unit. The investigative costs are \$240.77.

Case No.: 2014-14279 Obligations Imposed

ADMINISTRATIVE COMPLAINT: On or about January 29, 2015, in the Circuit Court of the Tenth Judicial Circuit, in and for Polk County, Florida, Respondent **entered a plea of nolo contendere** to one count of the crime of **False Report of a Crime**, a first-degree misdemeanor violation of Section 837.05, Florida Statutes (2014).

Based on the foregoing, Respondent violated Section 456.072(1)(c), Florida Statutes (2014), for being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession.

Respondent failed to report to the Board of Nursing in writing within thirty days of entering the plea of nolo contendere to False Report of a Crime, on or about January 29, 2015. False Report of a Crime is a crime that relates to the practice of, or the ability to practice, the profession of nursing. The investigative costs are \$405.43.

In the following case the nurse submitted fake ACLS and BLS cards to his or her employer. The nurse was asked to submit to pre-employment drug testing and tested positive for cocaine, for which he or she of course did not have a prescription. The nurse was not reported to law enforcement, but was instead referred to the Intervention Project for Nurses.

More information regarding the Intervention Project for Nurses is outlined on page 35.

Case No.: 2014-11544 Suspension

ADMINISTRATIVE COMPLAINT:

Count 1: On or about June 17, 2014, Respondent was required to submit to an employer ordered drug screen by Aureus Nursing, LLC. On or about June 17, 2014, Respondent provided a urine specimen for use in the drug screen. Respondent **tested positive for cocaine** a drug defined in Section 112.0455(5)(a), Florida Statute,, for which Respondent did not have a prescription and a legitimate medical reason for using.

Section 112.0455(5)(a), Florida Statutes, defines drugs as alcohol, including distilled spirits, wine, malt beverages, and intoxicating liquors; amphetamines; cannabinoids; cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepines; synthetic narcotics; designer drugs; or a metabolite of any of the substances listed herein.

Count 2: In June, 2014, Respondent submitted a **fraudulent Advanced Cardiovascular Life Support (ACLS)** card and a fraudulent Basic Life Support (BLS) card to Aureus Nursing, LLC.

The ACLS card is granted to healthcare providers who complete an ACLS course. The ACLS Course is for healthcare professionals who either direct or participate in the management of cardiopulmonary arrest and other cardiovascular emergencies. This includes personnel in emergency response, emergency medicine, intensive care and critical care units.

FINAL ORDER: Respondent shall pay an administrative fine in the amount of two thousand dollars (\$2,000) and an investigative cost not to exceed one thousand eight hundred and six dollars and eighty-two cents (\$1,806.82) within three (3) years from the date of entry of the Final Order.

Respondent's **license is suspended** until Respondent undergoes an evaluation coordinated by the Intervention Project for Nurses (IPN), and complies with any and all terms and conditions imposed by IPN as a result of said evaluation. It is the duty of the Respondent to contact IPN at P.O. Box 49130, Jacksonville Beach, Florida 32240-9130, (904) 270-1620 within 30 days. If the Respondent is not in need of monitoring or treatment and IPN is not suitable, no further action will be required. If the Respondent is in need of monitoring or treatment, the Respondent shall comply with all conditions of the IPN Advocacy Contract or she/he will be in violation of the Final Order accepting this Settlement Agreement.

The following case is an example of a nurse reported to the board for falsifying an employment application, which is against the law. Beyond the legal issue, the behavior calls into question the integrity and ethical values of the licensee. As per the board, judgment and good moral character directly relates to the RN's ability to practice.

Case No.: 2014-01229 Fine Imposed- Falsifying Employment Application

ADMINISTRATIVE COMPLAINT

- At all times material to this Administrative Complaint, Respondent was employed as a registered nurse at Northside Hospital ("Northside") in Saint Petersburg, Florida.
- On or about December 8, 2010, Respondent's employment was terminated from Largo Medical Center ("Largo Medical") in Largo, Florida.
- On or about December 27, 2010, Respondent applied for employment as a registered nurse at Northside.
- On or about December 27, 2010, in his employment application to Northside, Respondent listed "Largo medical center" as work experience, and listed his reason for leaving the employment as "RESIGNED."
- During review of Respondent's personnel file from December 16, 2013 through December 31, 2013, Northside discovered that Respondent was terminated for cause from Largo Medical.
- Section 464.018(1)(h), Florida Statutes (2010), provides that unprofessional conduct, as defined by board rule, constitutes grounds for disciplinary action.
- Rule 64B9-8.005(6), Florida Administrative Code, provides that unprofessional conduct shall include falsifying or altering of patient records or nursing progress records, employment applications or time records.
- Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2010), by engaging in unprofessional conduct as defined by Rule 64B9-8.005(6), Florida Administrative Code, to include falsifying an employment application.
- The investigative costs are \$1,750.12.

What about malpractice insurance?

If you are a Baptist Health employee in good standing, risk management generally suggests that you may want to avoid the purchase of personal malpractice insurance. Nurses who commit an unintentional error while working are covered as an agent of BHSF. Risk management will provide legal counsel and support to nurses facing disciplinary action by the board of nursing in these instances, providing that the nurse's behavior was not criminal, illegal, or unethical.

THE NURSE PRACTICE ACT

The sole legislative purpose in enacting the Nurse Practice Act is to ensure that every nurse practicing in Florida meets minimum requirements for safe practice. It is the legislative intent that nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in the State of Florida. Here are the headings:

CHAPTER 464 NURSING

PART I NURSE PRACTICE ACT (ss. 464.001-464.027)

PART II CERTIFIED NURSING ASSISTANTS (ss. 464.201-464.2085)

PART I NURSE PRACTICE ACT

- 464.001 Short title.—This part may be cited as the “Nurse Practice Act.”
- 464.002 Purpose.
- 464.003 Definitions.
- 464.004 Board of Nursing; membership; appointment; terms.
- 464.005 Board headquarters.
- 464.006 Rulemaking authority.
- 464.008 Licensure by examination.
- 464.009 Licensure by endorsement.
- 464.0115 Certification of clinical nurse specialists.
- 464.012 Certification of advanced registered nurse practitioners; fees.
- 464.013 Renewal of license or certificate.
- 464.014 Inactive status.
- 464.015 Titles and abbreviations; restrictions; penalty.
- 464.016 Violations and penalties.
- 464.017 Sexual misconduct in the practice of nursing.
- 464.018 Disciplinary actions.
- 464.019 Approval of nursing education programs.
- 464.0195 Florida Center for Nursing; goals.
- 464.0196 Florida Center for Nursing; board of directors.
- 464.0205 Retired volunteer nurse certificate.
- 464.022 Exceptions.
- 464.027 Registered nurse first assistant.

*Remember:
Ignorance of the law
is never an excuse!*

PART II CERTIFIED NURSING ASSISTANTS

- 464.201 Definitions.
- 464.202 Duties and powers of the board.
- 464.203 Certified nursing assistants; certification requirement.
- 464.204 Denial, suspension, or revocation of certification; disciplinary actions.
- 464.205 Availability of disciplinary records and proceedings.
- 464.206 Exemption from liability.
- 464.207 Penalties.
- 464.208 Background screening information; rulemaking authority.
- 464.2085 Council on Certified Nursing Assistants.

Definitions Specified

<i>The practice of professional nursing....</i>	
Specialized Knowledge	means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:
Nursing Process	The observation, assessment, nursing diagnosis, planning, intervention, & evaluation of care; health teaching and counseling of the ill, injured, or infirm; & the promotion of wellness, maintenance of health, & prevention of illness of others.
Meds & Treatments	The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
Teaching	The supervision and teaching of other personnel in the theory and performance of any of the above acts.
Levels of Licensure	The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are <i>based upon the individual's educational preparation and experience in nursing.</i>

“NURSING DIAGNOSIS” means the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness; and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal

“ADVANCED OR SPECIALIZED NURSING PRACTICE” means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of post-basic specialized education, training, and experience, are appropriately performed by an ARNP. The ARNP may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The ARNP may also perform acts of medical diagnosis and treatment, prescription, and operation.....

“CLINICAL NURSE SPECIALIST” means any person licensed in this state to practice professional nursing and certified in clinical nurse specialist practice. “Clinical nurse specialist practice” means the delivery and management of advanced practice nursing care to individuals or groups, including the ability to:

- a) Assess the health status of individuals and families.
- b) Diagnose human responses to actual or potential health problems.....
- c) Plan for health promotion, disease prevention, and therapeutic intervention....
- d) Implement therapeutic interventions based on the nurse specialist’s area of expertise....
- e) Coordinate health care and evaluate with the patient or client the effectiveness of care.

“LICENSED PRACTICAL NURSE” means any person licensed in this state to practice practical nursing. “Practice of practical nursing” means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students.

“CERTIFIED NURSING ASSISTANT” means a person who meets the qualifications specified in this part and who is certified by the board as a certified nursing assistant. “Practice of a certified nursing assistant” means providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents’ or patients’ rights, documentation of nursing-assistant services, and other tasks that a certified nurse assistant may perform after training beyond that required for initial certification and upon validation of competence in that skill by a registered nurse.

The Certified Nursing Assistant:

- 1. Shall not perform any task which requires specialized nursing knowledge, judgment, or skills.*
- 2. May receive **additional training** beyond that required for initial certification and upon **validation of competence** in the skill by a registered nurse may perform such skills as **authorized by the facility**.*
- 3. Shall not work independently without the supervision of an RN or LPN.*

64B9-15.002 Certified Nursing Assistant Authorized Duties.

64B9-15.002 C.N.A. Authorized Duties.	Tasks / Activities Permitted
<ol style="list-style-type: none"> 1. A certified nursing assistant shall provide care and assist residents with the following tasks related to the activities of daily living only under the general supervision of a registered nurse or licensed practical nurse: <ol style="list-style-type: none"> a. Tasks associated with personal care: b. Tasks associated with maintaining mobility: c. Tasks associated with nutrition and hydration: d. Tasks associated with elimination: e. Tasks associated with the use of assistive devices: f. Tasks associated with maintaining environment and safety, including handling of blood and body fluid and cleaning patient care areas. g. Tasks associated with data gathering: h. Recognition of and reporting of abnormal resident findings, signs, and symptoms. i. Post mortem care. j. Tasks associated with resident socialization, leisure activities, reality orientation, and validation techniques. k. Tasks associated with end of life care. l. Tasks of basic first aid, CPR skills, and emergency care. m. Tasks associated with compliance with patient's rights. n. Tasks associated with daily documentation of certified nursing assistant services provided. 2. The C.N.A. shall perform all tasks with knowledge of and awareness of a patient's rights and developmental level. 3. The C.N.A. shall not perform any task which requires specialized nursing knowledge, judgment, or skills. 4. The C.N.A. may receive additional training beyond that required for initial certification and upon validation of competence in the skill by a registered nurse may perform such skills as authorized by the facility. 5. A C.N.A. shall not work independently without the supervision of an RN or LPN. 	<p><u>ADLs</u></p> <ol style="list-style-type: none"> 1. Bathing; Dressing; Grooming; Shaving; 2. Shampooing and caring for hair; 3. Oral hygiene and denture care; 4. Caring for the skin; Caring for the feet; 5. Caring for the nails; Providing pericare; 6. Bed making and handling linen; 7. Maintaining a clean environment. <p><u>Mobility</u></p> <ol style="list-style-type: none"> 1. Ambulating; Transferring; Transporting; 2. Positioning; Turning; Lifting; 3. Performing range of motion exercises; 4. Maintaining body alignment. <p><u>Nutrition/Hydration</u></p> <ol style="list-style-type: none"> 1. Feeding and assisting with eating; drinking. <p><u>Elimination</u></p> <ol style="list-style-type: none"> 1. Assisting with the use of the bedpan and urinal; 2. Providing catheter care; 3. Collecting specimens; 4. Emptying ostomy bags, or changing bags that do not adhere to the skin; 5. Bowel and bladder training. <p><u>Assistive Devices</u></p> <ol style="list-style-type: none"> 1. Caring for dentures, eyeglasses, contact lenses, and hearing aids; 2. Prosthetic and orthotic devices; 3. Orthotic braces; 4. Antiembolus stockings; 5. Assisting with wheelchairs, walkers, or crutches; 6. Comfort devices such as pillows, cradles, footboards, wedges, and boots; 7. For eating, grooming, and other personal care tasks; 8. Devices for transferring, ambulation, alignment, and positioning; 9. Using restraints. <p><u>Collecting Data</u></p> <ol style="list-style-type: none"> 1. Measuring vital signs; 2. Measuring height and weight; 3. Measuring and recording oral intake; 4. Measuring and recording urinary output, both voided and from urinary drainage systems; 5. Measuring and recording emesis; 6. Measuring and recording liquid stool.

Advanced Registered Nurse Practitioner (ARNP)

In Florida, an Advanced Registered Nurse Practitioner (ARNP) is defined by s. 464.003, Florida Statutes, as “any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.”

According to Rule 64B9-4.010(1), “An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist.”

A written protocol signed by all parties, representing the mutual agreement of the physician or dentist and the ARNP, shall include the following, at a minimum:

A. General Data

1. Signatures of individual parties to the protocol;
 - o Name, address, ARNP certificate number;
 - o Name, address, license number, and DEA number of the physician or dentist;
2. Nature of practice, practice location, including primary and satellite sites; and
3. Date developed and dates amended with signatures of all parties.

B. Collaborative Practice Agreement

1. A description of the duties of the ARNP.
2. A description of the duties of the physician or dentist (which shall include consultant and supervisory arrangements in case the physician or dentist is unavailable).
3. The management areas for which the ARNP is responsible, including
4. The conditions for which therapies may be initiated;
5. The treatments that may be initiated by the ARNP, depending on pt. condition & judgment of the ARNP;

C. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.

1. A provision for annual review by the parties.
2. Specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician or dentist.

The original protocol shall be filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol.

As more ARNPs join nursing staff on patient care units, it is useful to know the ARNP’s scope of practice as outlined above. Be aware however that the individual’s job description determines what is (and is not) permissible. An advanced practice nurse hired to work as a registered nurse must not perform acts of medical diagnosis and treatment, prescription, and operation. He or she must remain within the boundaries of the RN scope of practice, thus honoring the entity’s policies and procedures. Likewise a nurse anesthetist in a RN job description cannot ‘help out’ in the operating room by administering anesthetics. Entity policies and job descriptions indicate the level to which the nurse may perform.

Did you know?

An ARNP hired to work as an RN must not perform acts of medical diagnosis, treatment, prescription or operation.

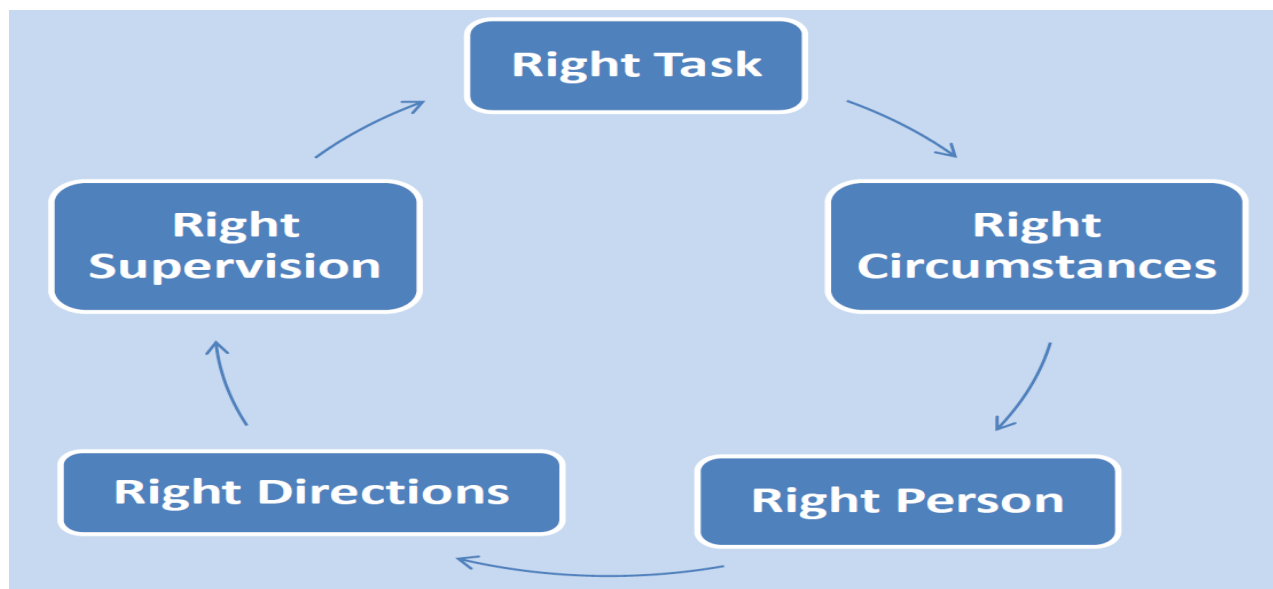
Delegation by the Registered Nurse

The 64B9-14 rules found in the Administrative Code pertain to the responsibility of the RN to organize, manage, and supervise the practice of nursing. It is obvious that nurses cannot adequately care for patients without help and additional resources. RN responsibilities for delegation include making sure:

- Unlicensed assistive personnel such as certified nursing assistants have the education, legal authority, and demonstrated competency to perform the delegated task
- The task delegated is consistent with the job description
- The task can be safely performed according to clear, exact, and unchanging directions
- The outcomes are reasonably predictable
- The task does not require assessment, nursing diagnosis, or independent decision making
- The task and the circumstances indicate minimal risk to the patient

What's the difference between a lawsuit & a complaint from the board?

A civil lawsuit (also called a tort), does not involve the Board of Nursing or disciplinary action against your license. A civil lawsuit is most often a professional negligence case where the injured patient (plaintiff) sues the health care professional (defendant) to recover money damages. Often cases are settled out of court, but if there's a trial, the plaintiff has to prove that the injury was a direct result of the health care workers actions. Most negligence cases result in a 'not guilty' verdict in favor of the health professional (Mangin, 2012).



Delegation of Tasks to Unlicensed Assistive Personnel (C.N.A.s; Technicians)

64B9-14.002 Delegation of Tasks or Activities.

In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

(1) Factors to weigh in selecting the task or activity include:

- (a) Potential for patient harm.
- (b) complexity of the task.
- (c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient.
- (d) Level of interaction required or communication available with the patient.
- (e) Resources both in equipment and personnel available in the patient setting.

(2) Factors to weigh in selecting and delegating to a specific delegate include:

- (a) Normal assignments of the UAP.
- (b) Validation or verification of the education and training of the delegate.

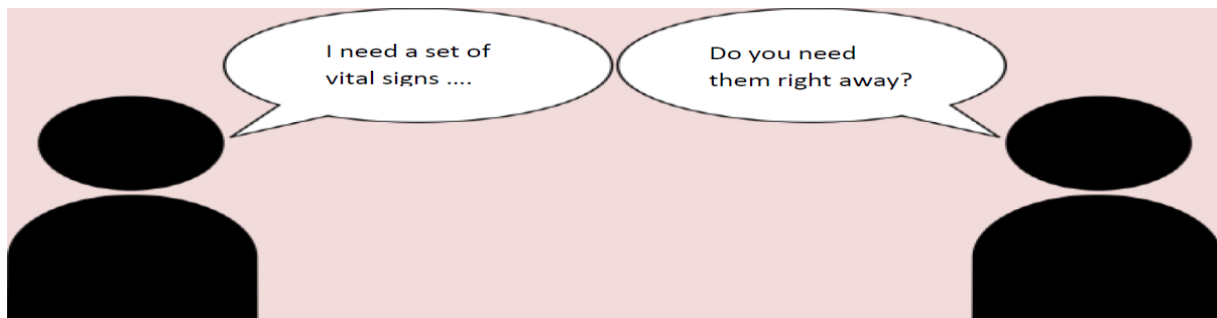
(3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision.

(4) Initial allocation of the task or activity to the delegate, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

64B9-14.003 Delegation of Tasks Prohibited.

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S., shall not delegate:

- (1) Those activities not within the delegating or supervising nurse's scope of practice.
- (2) Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:
 - (a) The initial nursing assessment or any subsequent assessments;
 - (b) The determination of the nursing diagnosis or interpretations of nursing assessments;
 - (c) Establishment of the nursing care goals and development of the plan of care; and
 - (d) Evaluation of progress in relationship to the plan of care.
- (e) Those activities for which the UAP has not demonstrated competence.



THE FLORIDA BOARD OF NURSING

The Florida Board of Nursing issues licenses and monitors, disciplines, educates and, when appropriate, rehabilitates its licensees to assure their fitness and competence in providing health care services for the people of Florida. Only the Florida legislature has the authority to create or amend a statute, and that includes the nurse practice act. The Florida Board of Nursing, however, has the statutory authority to enact administrative rules that serve to clarify the statute. Once adopted, rules have the force and effect of law.

*Did you know?
Having a nursing
license revoked,
suspended, or denied
in another state
constitutes grounds for
disciplinary action.*

As mandated in Statute 464.004, the board of nursing is comprised of thirteen members appointed by the Governor and confirmed by the Florida Senate. Seven members of the board must be RNs who reside in Florida and who have practiced professional nursing for at least four years. The RNs must include at least one advanced registered nurse practitioner, one nurse educator of an approved nursing school program, and one nurse executive leader and represent the diverse areas of practice within the nursing profession. The Florida Board of Nursing is headquartered in Tallahassee.

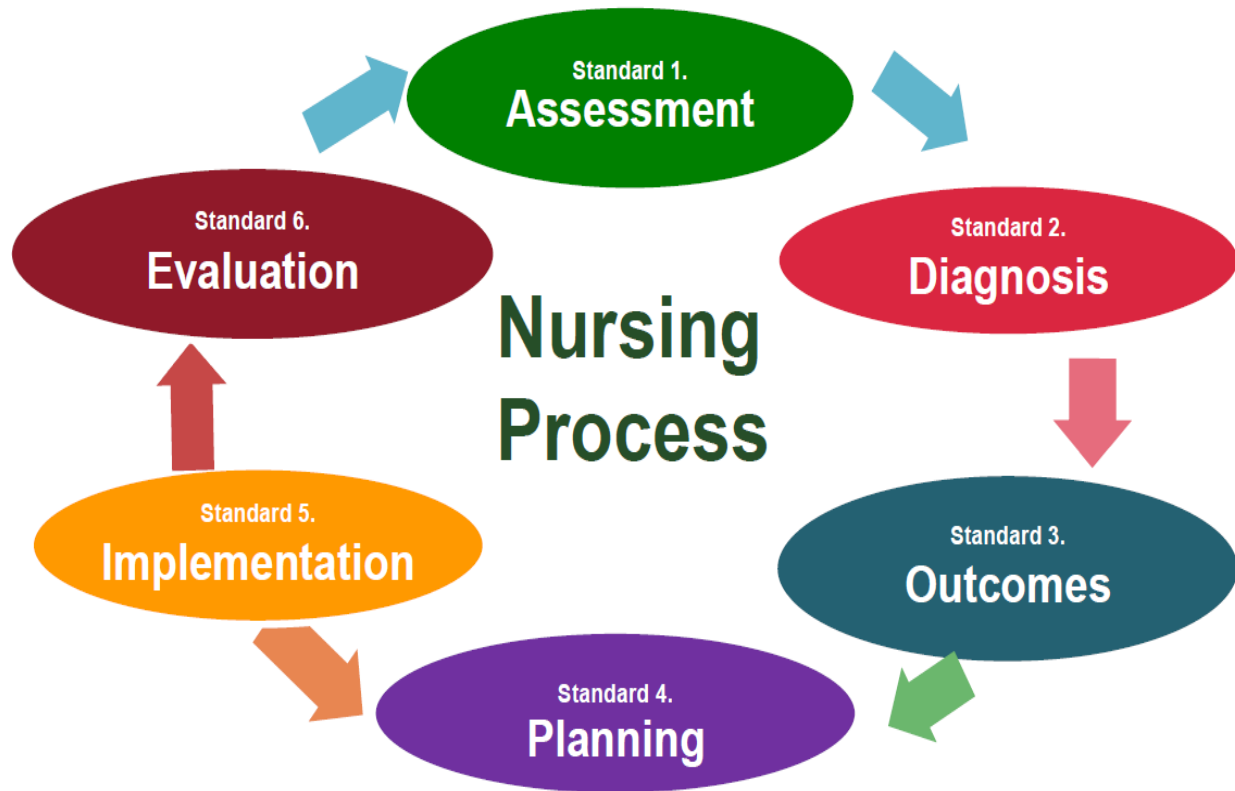
Chapter 464 of the Florida Statutes sets forth grounds for disciplinary action by the board and defines unprofessional conduct. 'Unprofessional conduct' includes any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing nursing practice and provides the basis for imposing discipline. Aside from illegal or criminal behavior, many complaints involving unsafe practice or unethical behavior fall into a category of 'unprofessional conduct'. The question asked when evaluating the nurse's action is:

What would the reasonable, prudent, and ethical nurse (with the same education, training, and experience) in a similar situation do?

The legal scope of practice for registered nurses, advanced registered nurse practitioners, clinical nurse specialists, and licensed practical nurses are outlined in the nurse practice act. The minimal standards of acceptable and prevailing nursing practice used to determine whether disciplinary action is warranted in specific situations are derived from national standards and guidelines. Sources for national standards include the American Nurses Association (ANA), nursing specialty associations, and governmental agencies. Nurses in today's complex environment demonstrate competency in their specialty through national certification. Certification speaks to the nurse's commitment to having the knowledge and skills to care for their specific patient population.



Scope and Standards of Practice



The nursing process supplies the first six standards of performance, regardless of practice setting. The remaining standards are those related to professional practice and include:

- Collaboration
- Communication
- Education
- Environmental Health
- Ethics
- EBP & Research
- Leadership
- Professional Practice Evaluation
- Quality of Practice

Expectations of professional conduct are reflected in respectful communication, using evidence-based interventions, insuring quality outcomes, effective interdisciplinary collaboration, and seeking the education and training necessary to safely care for patients. Although all of these standards are important and contribute to the advancement of nursing practice, unethical conduct warrants discussion. According to an ANA press release dated 12/31/15, "Nurses Rank as Most Honest, Ethical Profession for 14th Straight Year. Ranking Reflects High Regard for Nursing Profession." Protecting the public from unethical conduct is a priority of the board of nursing.

Case Review- Practice Issue

The following is an example of a nurse placed on probation when his or her nursing care was called into question. Nurses who have probation imposed are typically nurses who fail to demonstrate even minimal competency in applying the nursing process. The behaviors exhibited do not reflect a single unintentional human error, but rather poor performance in general. Note the rigorous monitoring probation demands in the following case.

Case No.: 2011-00090 Probation- Failed to Meet Minimal Standards

ADMINISTRATIVE COMPLAINT:

- At all times material to this Complaint, Respondent was employed as a R.N. at Charlotte Harbor Healthcare (CHH) in Port Charlotte, Florida.
- At all times material to this Complaint, Patient J.B. was an 82- year-old female patient at CHH, with physician's orders for blood glucose monitoring before meals and bedtime, with insulin coverage at mealtimes only. According to her physician's orders, Patient J.B. was not to receive insulin coverage at 9:00 p.m.
- On or about December 13, 2010, while on duty at CHH, Respondent **mistakenly administered six (6) or more units of insulin** to Patient J.B. outside of her mealtime, at approximately 9:00 p.m.
- Patient J.B. was found unresponsive at 2:00 a.m. with a low blood sugar measurement of 29.1 mg/IL. She was transferred to Peace River Regional Medical Center on or about December 14, 2010 where her blood sugar level was stabilized.
- Respondent failed to meet minimal standards of acceptable and prevailing nursing practice by **administering insulin outside of Patient J.B.'s mealtime in violation of Patient J.B.'s physician's orders.**
- Based on the foregoing, Respondent violated Section 464.018(1)(n), Florida Statutes (2010), by failing to meet the minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience.

FINAL ORDER:

- The Respondent shall enroll in and successfully complete courses in Medication Administration (8 hours) and Documentation (8 hours). This shall be in addition to other normally required continuing education courses. Verification of course content and course completion must be submitted to the Nursing Compliance Officer within six (6) months from the date of this Order. The Board will retain jurisdiction for the purpose of enforcing continuing education requirements.
- The costs are \$1,653.73.
- As of 12/28/2011 the license is **placed on probation for 2 year(s)** subject to the following conditions:
 - a) The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute

grounds for violation of the Board Order adopting this Agreement.

- b) The Respondent must report any change in his/her address, telephone number, employment, employer's address or telephone number, or any arrests [or violations of probation or whatever impediment which may be on the license from another jurisdiction], in writing by certified mail within ten (10) working days to the Nursing Compliance Officer at the Department of Health
- c) Whether employed as a nurse or not, the Respondent shall submit written reports to the Nursing Compliance Officer every three (3) months which contain the Respondent's name; license number; current address; current telephone number; the name, address, and telephone number of each current employer, whether employed as a nurse or not; and a statement by the Respondent describing his/her employment.
- d) All current and future settings in which the Respondent practices nursing shall be promptly informed of the Respondent's probationary status. Within five (5) days of the receipt of the Order adopting this Agreement, the Respondent shall furnish a copy to his/her nursing supervisor or supervisors, if there are multiple employers.
- e) The new employer shall acknowledge the probation in writing on -employer letterhead to the Board compliance officer within ten (10) days. The Respondent shall be responsible for assuring reports from the nursing supervisors will be furnished to the Nursing Compliance Officer every three (3) months. That report shall describe the Respondent's work assignment, workload, level of performance, and any problems that have occurred during that quarter. Any report indicating an unprofessional level of performance shall constitute a violation of this probation.
- f) If the Respondent leaves Florida for thirty (30) days or more or ceases to practice nursing in Florida, the term of probation shall be tolled until the Respondent returns to active practice of nursing in Florida. Then the probationary period will resume.

Case Review: Medical Errors

Mistakes, especially when resulting in significant harm to the patient, are devastating to the patients, the families, and the nurses who make them. In a world where nursing care is becoming increasingly complex and nurses are human, it is inevitable that mistakes will happen. Practice-related breakdowns or errors may occur at some point during the nursing process (Smalls, 2014; Russell, 2012). Nurses render intimate and life-saving care to very sick or otherwise vulnerable patients. The work we do often means the difference between life and death, a fact recognized and acknowledged by the board. In our review of cases posted on the MQA website over the past years, we were unable to find any cases whereas a nurse's license was revoked or suspended because of an unintentional error. We found instead cases in which nurses, despite many years of experience and without any disciplinary or safety issues on record, becoming complacent in their daily practice. The result was unintentional harm to a patient.

Case No.: 2010-11645 Letter of Concern (*License Original Issue Date 03/11/1985*)

ADMINISTRATIVE COMPLAINT:

- Before the pre-operative "Time Out" on or about April 27, 2010, Patient B.L.'s scheduled procedure was verified with the patient and the Patient B.L.'s left eyelid was marked, indicating Patient B.L.'s left eye was the correct eye scheduled for surgery.
- Respondent verified Patient B.L.'s name and procedure, but administered a portion of an anesthetic block to Patient B.L.'s right eye, instead of Patient B.L.' left eye.
- Respondent noted that she administered a portion of an anesthetic block to Patient B.L.'s right eye, instead of Patient B.L.'s left eye and administered the full anesthetic block to Patient B.L.'s left eye.
- Based on the foregoing, Respondent violated Section 456.072(1)(bb), Florida Statutes, by performing or attempting to perform health care services on the wrong-patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.
- On or about April 27, 2010, Respondent documented on Patient B.L.'s Anesthesia Record that anesthesia was only administered to Patient B. L.'s left eye.
- Rule 64B9-8.005(1), Florida Administrative Code, provides that unprofessional conduct includes inaccurate recording.
- Respondent engaged in inaccurate recording by failing to record that she administered a partial anesthetic block to Patient B.L.'s right eye on or about April 27, 2010.
- The costs are \$1,249.07

Case No.: 2011-18935 Letter of Concern

ADMINISTRATIVE COMPLAINT:

- At all times material to this Administrative Complaint, Respondent was employed by Heart of Florida Regional Medical Center (Heart of Florida), located in Davenport, Florida.
- At all times material to this Administrative Complaint, Patient S.O., a three-month old female, was a patient at Heart of Florida.
- On or about October 9, 2011, Heart of Florida admitted Patient S.O. for Bronchitis and respiratory distress. During Patient S.O.'s admittance, S.O. received I.V. fluids, respiratory treatments and an aggressive chest P.T. On or about October 11, 2011, Patient S.O.'s condition had improved and S.O. was to be discharged from Heart of Florida.
- During Patient S.O.'s discharge, Respondent prepared to remove I.V. from S.O.'s left hand by securing S.O.'s left arm, hand and fingers to a pediatric armboard with several layers of tape and gauze. After I.V. removal, Respondent attempted to tear away the tape from the gauze secured to the armboard; however, the tape became meshed with the gauze and scissors were necessary to remove the tape from the armboard.

- Respondent cut through the tape and gauze from the armboard using trauma scissors. Respondent attempted to ensure Patient S.O.'s fingers were not in line of the cut by using her own finger to block S.O.'s fingers from moving into position of the cut.
- While cutting the tape and gauze, Respondent amputated Patient S.O.'s fifth (5th) digit of her left hand. Respondent recovered Patient S.O.'s severed fifth (5th) digit from the floor and placed it on ice. Patient S.O.'s wound was dressed, and S.O. was sent by helicopter with the severed digit to Tampa General Hospital for a higher level of care.
- At Tampa General Hospital, replantation of the severed digit was unsuccessful, and Patient S.O. permanently lost the severed digit.

FINAL ORDER:

- As set forth above, Respondent failed to meet minimal standards of acceptable and prevailing nursing practice by **amputating Patient S.O.'s fifth (5th) digit of her left hand**, on or about October 11, 2011, resulting in S.O.'s permanent loss of the digit. Based on the foregoing, Respondent has violated Section 464.018(1)(n), Florida Statutes (2011), by failing to meet minimal standards of acceptable and prevailing nursing practice.

How to Protect Your Patients (and Yourself!)

1. Administer Medications Properly. Know the reason and actions, possible adverse reactions, appropriate dosage, correct route, and contraindications.
2. Monitor for and Report Deterioration. Continually assess your patient. Avoid “failure to rescue”.
3. Communicate Effectively. Use a tool or process such as SBAR: situation, background, assessment, and recommendation. Be as competent in your communication skills as your clinical skills.
4. Delegate Responsibly. Assure it is the right task, the right person, the right circumstance, you gave the right directions, and you provided the right supervision.
5. Document in an Accurate, Timely Manner. The medical record is a legal document. it is evidence of your care, therefore be sure to document what you do.
6. Know Facility Policy and Procedures. You will be held to these in a court of law- not following policy exposes you to liability
7. Use Equipment Properly. Understand equipment’s intended use, how to operate it, never guess.
8. Protect Your Patients, meet the standard of nursing care, and avoid legal problems.



Nursing Ethical Principles

A review of nursing's ethical principles will help remind us of our obligations to protect the public. The ethical principles are:

- ◆ Accountability = Called into account; answerable
- ◆ Autonomy = Able to make unaided decisions
- ◆ Beneficence = Doing good; performing acts of kindness
- ◆ Confidentiality = Done in confidence; secrecy
- ◆ Fidelity = Quality or state of being faithful; exactness
- ◆ Justice = Similar circumstances/conditions treated alike
- ◆ Non-maleficence = First, do no harm
- ◆ Veracity = Truthfulness

The sole legislative purpose in enacting the Nurse Practice Act is to ensure that every nurse practicing in Florida meets minimum requirements for safe practice.

If we consistently put the patient first and think of their rights we can avoid discipline imposed by the board. Although the nurse practice act does not include the ANA Code of Ethics for Nurses per se, the principles of patient-centered care serve as a guiding principle, articulated in provision three:

“The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient” (American Nurses Association 2015).

Some of the violations reflecting a lack of integrity or character are:

- Privacy violations
- Sexual misconduct
- Falsifying medical or business records
- Patient abandonment, neglect, or abuse
- Moral character lapses, as knowingly doing wrong
- Boundary violations with patients (sexual or otherwise)
- Inappropriate involvement with patients or their finances
- Failure to protect patients from unsafe practices, abusive acts, or neglect
- Refusing to care for patients on the basis of race, religion, or other nonclinical reasons



Boundary violations are described as nontherapeutic, inappropriate, and potentially harmful relationships that are formed between a nurse and a patient in which the nurse receives a benefit at the patient's expense. In contrast to boundary crossings in which the roles are blurred, boundary violations show an over-extension of the therapeutic relationship into the realm of personal profit on the nurse's part. Examples of boundary violations include:

- Sharing stories of personal misfortunes to entice money from clients
- Establishing gratifying intimate relationships with current or former patients

Case Review- Ethical Issues

Case No.: 2013-15531 Obligations Imposed, Reprimand (*False recording vital signs*)

ADMINISTRATIVE COMPLAINT

- At all times material to this Administrative Complaint, Respondent was employed by Orange Park Medical Center (OPMC), located in Orange Park, Florida.
- On or about August 25, 2013, patient RN; a thirty nine year old female, presented to the Emergency Department at OPMC.
- On or about August 25, 2013, Respondent **documented false vital statistics** in patient R. N.'s medical record.
- Section 464.018(1)(h), Florida Statutes (2013), provides that unprofessional conduct as defined by board rule constitutes grounds for disciplinary action.
- Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2013), by engaging in unprofessional conduct as defined by Rule 64B9-8.005(6), Florida Administrative Code, to include falsifying or altering of patient records or nursing progress records, employment applications or time records.

PROPOSED DISPOSITION

- The license of Respondent is hereby **reprimanded**.
- The Respondent shall pay an administrative fine In the amount of two hundred and fifty dollars (\$250) and investigative costs not to exceed two thousand two hundred sixty-five-dollars and twenty-four cents (\$2,265.24) within two (2) years from the date of entry of the Final Order.

In the next case, a complaint was filed against a nurse for violating a patient's confidentiality. The nurse reviewed the patient's electronic record to satisfy personal curiosity rather than in the course of providing care.

Case No.: 2015-05912 Reprimand- Violating Confidentiality

ADMINISTRATIVE COMPLAINT

- At all times material to this Administrative Complaint, Respondent was employed as a registered nurse in the emergency department at Florida Hospital, located in Tampa, Florida.
- On or about September 2, 2014, patient H.R. was admitted to Florida Hospital.
- At no time was the Respondent assigned to provide care to patient H.R.
- An access report from Florida Hospital's computer system indicates that from approximately 8:40 a.m. to approximately 8:50 a.m. on or about September 2, 2014, Respondent accessed one or more documents in patient H.R.'s medical records.
- Section 464.018(1)(h), Florida Statutes (2014), provides—that unprofessional conduct, as defined by board rule, constitutes grounds for disciplinary action.
- Rule 64B9-8.005(7), Florida Administrative Code, defines unprofessional conduct to include **violating the confidentiality** patient information or knowledge concerning a patient.
- On or about Sept., 2, '14, Respondent committed Unprofessional conduct by accessing the confidential medical records of patient H.R. when Respondent was not assigned to provide care.
- Based on the foregoing, Respondent has violated Section 464.018(1)(h), Florida Statutes (2014), by committing unprofessional conduct as defined by Rule 64B9-8.005(7), Florida Administrative Code.

FINAL ORDER

- The Board of Nursing shall **reprimand** the license of Respondent
- Respondent shall pay an administrative fine in the amount of five hundred dollars (\$500.0)
- The investigative costs are \$1,506.84.

Board of Nursing CE Standards for Nurses

64B9-5.003 Standards for Continuing Education Appropriate Subject Matter for Continuing Education

Must meet the professional education needs of the nurse in order to meet the health care needs of patients. Must include at least one of these subjects:

1. Nursing practice areas and special health care problems.
2. Biological, physical, behavioral, and social sciences.
3. Legal aspects of health care.
4. Management/administration of health care personnel and patient care.
5. Teaching/learning process of health care personnel and patients.
6. Advanced nursing courses taken at an accredited school.
7. Personal development content must apply to improved patient care.

Continuing Education (CE) Requirements

As defined by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation, continuing nursing education is “those learning activities intended to build upon the education and experiential bases of the nurse for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public” (ANCC Commission on Accreditation, 2015).

CONTINUING EDUCATION (CE/CEU) REQUIREMENTS

A nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is EXEMPT from continuing education requirements.

College Credits: Subjects which are taken at an accredited educational institution as verified by an official transcript and are advanced beyond that completed for original licensure may be approved. One credit hour per quarter converts to ten contact hours. One credit hour per semester converts to fifteen contact hours.

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
Total Contact Hours Required	24	Due at Renewal (All contact hours count in the total EXCEPT for Domestic Violence)
Preventing Medical Errors	2	Due each renewal (every 2 years).
Florida Laws and Rules	2	Due each renewal (every 2 years).
Domestic Violence	2	Domestic Violence is required every third biennium (every 6 years) and the hours are in addition to the 24 hours required for renewal.
HIV/AIDS	1	HIV/AIDS is a one-time requirement prior to the first renewal.
Recognizing Impairment in the Workplace	2	The requirement becomes effective August 1, 2017, then every other biennium thereafter (every 4 yrs).

PRACTICE & REQUIREMENTS from the Florida Board of Nursing Quarterly Vol. 1(1) Winter 2015

Question: How many contact hours do I need for a full biennium?

Answer: All Florida-licensed LPNs, RNs, CNSs and ARNPs are in a 24-month renewal cycle and must complete 24 hours of appropriate continuing education during each renewal period. (The Domestic Violence requirement is in addition to the 24.)

Question: Are there any CE exemptions available for nurses with accreditation?

Answer: Licensed nurses (LPN, RN, ARNP) are now exempt from all continuing education requirements for licensure renewal if they are certified by a health care specialty program accredited by the National Commission of Certifying Agencies (NCCA) or the Accrediting Bureau of Specialty Nursing Certification (ABSNC) by Section 464.013(3), Florida Statutes.

Question: What are the mandatory in-service hours for CNA?

Answer: Every 2 years, 24 in-service hours are required and shall include: Bloodborne Pathogens, Infection Control; Domestic Violence; Documentation & Legal Aspects for CNAs; Patient Rights; Communication with Cognitively Impaired Patients; CPR Skills; and Medical Error Prevention. (In-service hours are recorded in the Baptist Health University BHU, but are not recorded or downloaded into CE Broker)

Question: How long do I have after I graduate to take the NCLEX examination?

Answer: There is no time limit for you to apply to take the examination, however, if an applicant who graduates from an approved program does not take the licensure examination within six (6) months after graduation, he or she must enroll in and successfully complete a board approved licensure examination preparatory course. The applicant is responsible for all costs associated with the course and may not use state or federal financial aid for such costs.

Question: Where do I find the current Nurse Practice Act?

Answer: The Nurse Practice Act can be found on the Board website on the Resources page. The Practice Act and all the Board rules can be located under “Florida Statutes & Administrative Codes” or at this address: floridasnursing.gov/resources/.

Question: Can I use college courses for continuing education?

Answer: Yes. Contact hours may be awarded for completion of credit courses in nursing at an accredited institution of higher learning. One credit hour per quarter converts to ten contact hours. One credit hour per semester converts to fifteen contact hours.

INVESTIGATION AND DISCIPLINE

Nurses are required to self-report rule violations to the board generally within thirty days of conviction or becoming aware of the violation, as appropriate. In addition, state agencies such as other state nursing boards, the criminal justice system, federal and state law enforcement, the Center for Medicare and Medicaid Services, and others also report violations to the board (Manguin, 2012). As demonstrated by the case examples outlined in Chapter 456, criminal violations do not require extensive investigation by the board once found guilty by law enforcement.

In contrast, complaints about nurses submitted to the board by patients, coworkers, or employers require investigation, but the process remains confidential during the entire investigative process. The board investigates only the complaints found to be legally sufficient and related to the nurse's ability to practice nursing safely, ethically, and legally. The board will not accept complaints that involve personality conflicts, incivility, employment and labor disputes, billing problems, complaints against health care workers other than nurses or nursing assistants, or finally, complaints against hospital, clinics, or private practices (Brous, 2013).

Administrative Complaints & Final Orders

The types of final orders imposed by the various boards include:

Administrative fine	Permanent revocation	Restriction of practice
Corrective action	Probation	Suspension
Letter of concern	Remedial education	
License Denied	Reprimand	

The majority of complaints received by the Board of Nursing are related to drug and alcohol abuse. This is not surprising given that lifetime alcohol use disorder occurs nationally at the rate of about 8%, whereas illicit drug use prevalence is 2-3% (SAMHSA 2013). Nurses are not exempt from this disorder, and the board must make every effort to insure that those affected have the opportunity to recover while simultaneously protecting patients from harm.

Drug and alcohol complaints and the corresponding disciplinary actions filed against nurses include narcotic administration discrepancies, diversion, impairment on the job, positive drug or alcohol testing, driving while intoxicated, drug possession and distribution, and prescription tampering.

Nurses recovering from addiction/alcoholism in the Intervention Project for Nurses (IPN) do so confidentially. The record is not made public in MQA License Look-Up page.

Substance Use or Impairment

By far the greatest number of disciplinary actions against nurses locally and nationally, in the order of frequency, are those involving impairment (NCSBN, 2016) such as:

1. Drug abuse or diversion
2. Other drug-related violations
3. Failure to comply with requirements—impaired nurse
4. Alcohol abuse
5. Writing or presenting illegal prescriptions
6. Drug-related conviction

Many states offer an alternative-to-discipline program for nurses if patients haven't been harmed. Such programs may be referred to as professional assistance programs, diversion programs, or intervention projects. Although participation in the program is voluntary, the alternative is disciplinary action taken against the nurse's license.

The majority boards of nursing across the nation are adopting alternative-to-discipline programs because they protect the public while providing for early intervention and monitoring (Monroe et.al., 2012; Kunyk, 2015).

Florida Intervention Project for Nurses

Intervention Project for Nurses (IPN) was established in 1984 through legislative action to ensure public health and safety through a program that provides close monitoring of nurses who are unsafe to practice due to impairment as a result of misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the licensee's ability to practice with skill and safety.

The IPN's services include consultation, intervention training, monitoring of nurse licensees upon their discharge from treatment, ongoing advocacy for participants, and referrals to board-approved healthcare providers. The IPN does not provide treatment, but rather refers to addictionologists, psychiatrists, and mental health counselors.



The mission of Baptist Health South Florida is to give clinically excellent, compassionate care in the healing presence of God. Thank you doing all that is humanly possible every day to help achieve our mission!

WEBSITES & REFERENCES



Florida Websites

Board of Nursing	http://floridasnursing.gov/
Department of Health (DOH)	http://www.floridahealth.gov/
Laws: Statutes	http://www.flsenate.gov/laws/statutes
Medical Quality Assurance (MQA)	http://www.flhealthsource.gov/

Florida Statutes (Laws)

Chapter 464, Part I: Nurse Practice Act	http://www.flsenate.gov/Laws/Statutes/2015/Chapter464
Chapter 464, Part II: CNA Practice Act	http://www.flsenate.gov/Laws/Statutes/2015/Chapter464
Chapter 456: Health Professions & Occupations	http://www.flsenate.gov/Laws/Statutes/2015/Chapter456

Florida Administrative Codes (Rules)

Title 64B9: Board of Nursing	https://www.flrules.org/gateway/Organization.asp?OrgNo=64B9
Title 64B9-15: Certified Nursing Assistant	https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B9-15

REFERENCES

- ANCC Commission on Accreditation (COI). (2015). Application manual accreditation program. Silver Spring, MD: American Nurses Association.
- American Nurses Association. (2012). ETHICAL PRINCIPLES N450 Familiar words, what do they mean? www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Definitions.pdf
- American Nurses Association. (2015). Code of ethics for nurses with interpretive statements (4th ed.). Silver Spring, MD.
- Balestra, Melanie, RN,N.P., J.D. (2012). The best defense for registered nurses and nurse practitioners: Understanding the disciplinary process. *Journal of Nursing Law*, 15(2), 39-44. Retrieved from <http://search.proquest.com/docview/1287984039?accountid=458>
- Brous, E. (2013). Professional licensure: investigation and disciplinary action. *The American Journal of Nursing*, 112(11): 53-60. DOI: 10.1097/01.NAJ.0000422256.95706.9b
- Burhans, L.D., Chastain, K., George, J.L. (2012). Just culture and nursing regulation: learning to improve patient safety. *Journal of Nursing Regulation*, 4(2): 43-49.
- Fowler, M. D. (2015). American Nurses Association Guide to nursing's social policy statement: Understanding the profession from social contract to social covenant (3rd ed.). Silver Spring, MD.
- Hudspeth, R. (2012). Nursing regulation: A relevant force for 2020. *Nursing Administration Quarterly*, 36(3): 268-269. DOI: 10.1097/NAQ.0b013e31825db225
- Hudspeth, R. (2015). Aligning Nurse Practice Acts: Factors, Forces, Fiction, and Facts. *Nursing Administration Quarterly*, 39(3): 280-282. DOI: 10.1097/NAQ.0000000000000114
- Kunyk, D. (2015). Substance use disorders among registered nurses: prevalence, risks and perceptions in a disciplinary jurisdiction. *Journal of Nursing Management*, 23(1), 54-64 11p. doi:10.1111/jonm.12081
- Mangin, M.E. (2012). You're Being Investigated by Your State Nursing Board. *AJN, American Journal of Nursing*, 112(6): p 23-25.
- Monroe, Todd B.; Kenaga, Heidi; Dietrich, Mary S.; Carter, Michael A.; Cowan, Ronald L. (2013). The Prevalence of Employed Nurses Identified or Enrolled in Substance Use Monitoring Programs. *Nursing Research*, 62(1): 10-15. DOI: 10.1097/NNR.0b013e31826ba3ca
- National Council of State Boards of Nursing (NCSBN). (2016). NCSBN Discipline: Initial review of a complaint. Retrieved from <https://www.ncsbn.org/1616.htm>

Russell, K.A. (2012). Nurse Practice Acts Guide and Govern Nursing Practice. *Journal of Nursing Regulation, 3*(3): 36-42.

Smalls, H.T. (2014). What happens when the board of nursing comes calling: Investigation and disciplinary actions. *Neonatal Network, 33*(2), 106-8. Retrieved from <http://search.proquest.com/docview/1505126722?accountid=458>

Substance Abuse and Mental Health Services Administration (SAMHSA 2013). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
