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# KENTUCKY BOARD OF NURSING

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Louisville, Kentucky 40222-5172  
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Andy Beshear  
Governor

## BOARD MEETING MINUTES

December 17, 2021

**MEMBERS PRESENT:** None

**MEMBERS – VIDEO/AUDIO  
PHONE CONFERENCE:**

Jessica Wilson, APRN, President  
Audria Denker, RN, Vice-President  
Ashley Adkins, Citizen-at-Large  
Jana Bailey, APRN  
Missy Bentley, RN  
Jacob Higgins, RN  
Jimmy Isenberg, RN  
Hope Jones, RN  
Susan Lawson, LPN  
Erica Lemberger, RN  
Adam Ogle, RN  
Dana Steffey, LPN  
Anne Venno, RN  
Mandi Walker, RN  
Carl Vinson, LPN

**MEMBERS ABSENT:** None

**STAFF PRESENT:** None

**GUESTS PRESENT:** None

**GUESTS AND STAFF –VIDEO/AUDIO  
PHONE CONFERENCE:**

Kelly Jenkins, Executive Director, KBN  
Joe Lally, Deputy Executive Director, KBN  
Jeff Prather, General Counsel, KBN  
Erica Klimchak, Administrative Assistant, KBN  
Eric Velazquez, Resource Management Analyst, KBN  
Adrienne Harmon, Executive Secretary, KBN  
Amanda Padgett, Program Coordinator, KBN  
Amy Ninneman, NISF Program Coordinator & Education  
Consultant, KBN  
Amy Wheeler, Staff Attorney, KBN

Andre Stuckey, Executive Assistant, KBN  
Angie Spencer, Human Resources Administrator, KBN  
Anna Adams, Administrative Services Supervisor, KBN  
Anna Marling, Nursing Investigator/Case Manager, KBN  
Ann Tino, Investigation Branch Manager, KBN  
Ann Shepherd  
Bernie Sutherland, Interim Education Consultant, KBN  
Bonnie Fenwick, Nursing Investigator, KBN  
Brigitte Carroll  
Brooke Bentley  
Carolyn Hare, Nursing Investigator/Case Manager, KBN  
Chrissy Blazer, Nursing Investigator, KBN  
Dana Scuse, Administrative Assistant, KBN  
Debbie Seely, Nursing Investigator, KBN  
Denise Vititoe, Nursing Investigator, KBN  
Elliott Mays  
Glenda McClain, KNAR Specialist, KBN  
Heather Owens  
Jason Oney, Resource Management Analyst, KBN  
Jennifer Wiseman  
Jodi Velzaquez, Licensure Specialist, KBN  
Joy Pennington, Professional Consultant, KBN  
Kathy Khoshreza  
Kimberley Richmond, Professional Consultant, KBN  
Larry Ferguson  
Laura Wagner, IM Section Supervisor, KBN  
Lisa Jones  
Lisa Scott, Nursing Investigator/Case Manager, KBN  
Lisa Sosnin, Nursing Investigator/Case Manager, KBN  
Melissa Haddaway, Nursing Investigator/Case Manager,  
KBN  
Michelle Gary, Practice Assistant and Continuing  
Competency Coordinator, KBN  
Morgan Hall, Legal Services Section Supervisor, KBN  
Myra Goldman, Professional Support Branch Manager, KBN  
Nathan Goldman, Hearing Officer, KBN  
Pamela Hagan, KBN Connection Editor, KBN  
Rick Vancise, Nursing Investigator/Case Manager, KBN  
Robin Boughey  
Rod Allee  
Ruby King, Credentials Branch Manager, KBN  
Russell Mauk  
Sarah Cecil, APRN Consultant, KBN  
Sarah Wimsatt, Program Coordinator, KBN  
Shannon Whitlock, KNAR Specialist, KBN  
Susan Lawson, Nursing Investigator, KBN  
Terri Ratliff  
Tina Shoope, Professional Consultant, KBN  
Tomeca Faulkner, APRN Program Coordinator, KBN  
Tricia Smith, Compliance Branch Manager, KBN  
Valerie Jones, Education Consultant, KBN

## **CALL TO ORDER**

Jessica Wilson, President, called the meeting of the Kentucky Board of Nursing to order at 10:00 a.m. on December 16, 2021, by videoconference via Zoom software application.

## **ROLL CALL/DECLARATION OF QUORUM**

Erica Klimchak, Administrative Assistant, called roll. Dr. Wilson declared a quorum.

## **ADOPTION OF AGENDA**

A flexible agenda was adopted.

## **APPROVAL OF MINUTES**

The minutes from the October 28, 2021 Board meeting was presented. Upon a motion made by Dana Steffey and seconded by Audria Denker, the October 28, 2021 Board meeting minutes were approved as written. No one voted in opposition or abstained from voting.

## **STAFF MEMBER RECOGNITIONS**

The following KBN staff members were recognized:

- Shannon Whitlock was recognized for 20 years of service at KBN by Adam Ogle.
- Eric Velazquez was recognized for 10 years of service at KBN by Audria Denker
- Jason Oney was recognized for 5 years of service at KBN by Jacob Higgins

## **PRESIDENT'S REPORT**

### **Approval of new KBN logo**

Dr. Wilson presented the new KBN logo created by Doe Anderson. Upon a motion made by Anne Veno, and seconded by Jacob Higgins, the new logo was approved. No one voted in opposition or abstained from voting.

Dr. Wilson provided an update on the Governor's executive order related to the nursing shortage. She announced there will be a special board meeting on January 7 at 10:00 am to approve any emergency regulations to help ease the shortage.

## **FINANCIAL OFFICER'S REPORT**

Anna Adams, Administrative Services Supervisor, presented the Financial Officer's Report, which included the December financial summary. Upon a motion made by Jana Bailey, and seconded by Mandi Walker, the Financial Officer's Report was approved as written. No one voted in opposition or abstained from voting.

## **EXECUTIVE DIRECTOR'S REPORT**

Kelly Jenkins, Executive Director, presented the Executive Director's report and included information on the following:

- Building
- Operations
  - Renewal period
  - ORBS
  - Process Improvements
  - NCSBN policy brief
- Social media

- Personal Care Attendant registry
- Personnel
- Training for Board Members
- Legal Update

Upon a motion made by Missy Bentley, and seconded by Jimmy Isenberg, the Executive Director’s Report was accepted as written. No one voted in opposition or abstained from voting.

**Advanced Practice Registered Nurse Council Appointment**

Kelly Jenkins presented Danette Culver, MSN, APRN, ACNS-BC, CCRN-K, RN-BC as the KNA nominee to the APRN Council. Upon a motion made by Audria Denker, and seconded by Mandi Walker, Danette Culver’s appointment to the Advanced Practice Registered Nurse Council was approved. No one voted in opposition.

Anne Veno recused herself from the vote.

**GENERAL COUNSEL’S REPORT**

Jeff Prather, General Counsel, presented the Administrative Regulation Status Report. Upon a motion made by Jacob Higgins, and seconded by Carl Vinson, the report was approved as written. No one voted in opposition or abstained from voting.

**ATA College**

It was explained that at the February 18, 2021 Board meeting, the full Board voted to deny ATA’s program approval status. Upon a motion made by Jimmy Isenberg, and seconded by Audria Denker, the Board approved the General Counsel’s recommendation to:

**HAVE THE EDUCATION COMMITTEE REVIEW ATA COLLEGE AT ITS NEXT MEETING, AND REVIEW ITS PREVIOUS RECOMMENDATION REGARDING ATA’S PROGRAM STATUS.**

**201 KAR 20:280 and 360 – Accreditation Requirements** – was presented for information only  
**201 KAR 20:472** – Discussion of stakeholder’s and regulation compiler’s comments and deferral until February 2022. After discussion and presentation of background materials, the following actions were taken regarding revisions to 201 KAR 20:472:

- **REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 4(1)(A)(3)**

Upon a motion made by Audria Denker, and seconded by Jana Bailey, the revisions were approved. No one voted in opposition or abstained from voting.

- **REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 4(2)(A)(3)**

Upon a motion made by Mandi Walker, and seconded by Jimmy Isenberg, the revisions were approved. No one voted in opposition or abstained from voting.

- **REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 5(5)(A)(1-3)**

Upon a motion made by Erica Lemberger, and seconded by Audria Denker, the revisions were approved. No one voted in opposition or abstained from voting.

- **REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 6(3)(H)**

Upon a motion made by Jimmy Isenberg, and seconded by Jana Bailey, the compiler's recommended revisions were denied. No one voted in opposition or abstained from voting.

- **REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 7(1)**

Upon a motion made by Jana Bailey, and seconded by Hope Jones, the revisions were approved. No one voted in opposition or abstained from voting.

- **DEFERRAL OF THE REGULATIONS UNTIL FEBRUARY TO BE CONSIDERED BY THE GENERAL ASSEMBLY**

Upon a motion made by Audria Denker, and seconded by Carl Vinson, the recommendation was approved. No one voted in opposition or abstained from voting.

### **CREDENTIALS REVIEW PANEL**

The reports of the Credentials Review Panel meetings held October 14, 2021 and November 8, 2021 were presented. The Board reviewed and approved by acclamation the reports as written. No one voted in opposition or abstained from voting.

### **Credentials Review Panel Scope and Functions**

- It was the recommendation of the panel that:
  - **THE 2021-2022 CREDENTIALS REVIEW PANEL SCOPE AND FUNCTIONS, WITH SPECIFIC REVISIONS, BE APPROVED.**

Upon a motion made by Jimmy Isenberg and seconded by Mandi Walker, the Board approved the panel recommendation. No one voted in opposition or abstained from voting.

### **EDUCATION COMMITTEE**

#### **November 8, 2021 Education Committee report**

The November 8, 2021 Education Committee meeting report was presented. The Board reviewed and approved by acclamation the reports as written. No one voted in opposition or abstained from voting. The following actions were taken after discussion and presentation of background materials:

#### **Bellarmino University – BSN**

- It was the recommendation of the committee that:
  - **THE REQUEST, DATED MAY 3, 2021, TO INCREASE THE BASELINE ENROLLMENT OF BELLARMINO UNIVERSITY'S BSN PROGRAM FROM 184 STUDENTS PER YEAR TO 212 STUDENTS PER YEAR BE ACCEPTED.**

Upon a motion made by Erica Lemberger and seconded by Ashley Adkins, the Board approved the committee recommendations. No one voted in opposition or abstained from voting.

Anne Venno and Jana Bailey recused themselves from the discussion and vote.

### **Approval status within regulation**

- It was the recommendation of the committee that:
  - **BOARD STAFF CREATE, DISTRIBUTE AND PROVIDE THE FINDINGS FROM A SURVEY TO OTHER BOARDS OF NURSING TO COLLECT INFORMATION ON WHAT APPROVAL STATUSES ARE IN USE IN OTHER STATES**
  - **BOARD STAFF DRAFT SOME LANGUAGE REGARDING BENCHMARKS TRIGGERING BOARD ACTION**

Upon a motion made by Erica Lemberger and seconded by Audria Denker, the Board approved the committee recommendations. No one voted in opposition or abstained from voting.

- **THAT THE BOARD CONSIDER DEFERRING REGULATIONS 201 KAR 20:280 AND 201 KAR 20:360 FOR TWO REASONS: A.) CONSIDERATION OF NCSBN ANNUAL REPORT TEMPLATE ADOPTION AND B.) CONSIDERATION OF REINTRODUCING A PROBATIONARY STATUS.**

Upon a motion made by Erica Lemberger and seconded by Ashley Adkins, the Board did not approve the committee recommendations. No one voted in opposition or abstained from voting.

### **Bellarmino University – CRNA**

- It was the recommendation of the committee that:
  - **BELLARMINO UNIVERSITY – LANSING SCHOOL OF NURSING AND CLINICAL SCIENCES LETTER OF INTENT TO ESTABLISH AN ADDITIONAL CRNA PROGRAM TRACK, WITHIN THE DOCTOR OF NURSING PRACTICE (DNP) DEGREE PROGRAM BE GRANTED APPROVAL AND INVITED TO SUBMIT A PROPOSAL WITHIN ONE (1) YEAR OF THE DATE THE APPROVAL.**

Upon a motion made by Erica Lemberger and seconded by Jimmy Isenberg, the Board approved the committee recommendations. No one voted in opposition.

Anne Venno and Jana Bailey recused themselves from the discussion and the vote.

### **Northern Kentucky University – Joint site visit**

- It was the recommendation of the committee that:
  - **THE SEPTEMBER 14-16, 2020 SITE VISIT REPORT FOR THE NORTHERN KENTUCKY UNIVERSITY BACCALAUREATE PROGRAM, HIGHLAND HEIGHTS, KY, BE ACCEPTED; AND**
  - **THAT ONGOING APPROVAL STATUS TO THE NORTHERN**

**KENTUCKY UNIVERSITY BACCALAUREATE PROGRAM,  
HIGHLAND HEIGHTS, KY BE GRANTED.**

- **ENSURE THAT THE APRN PROGRAM SECURES ALL NECESSARY PRECEPTORS FOR STUDENTS ENROLLED IN THE APRN PROGRAMS [REFERENCE: 201 KAR 20:062 SECTION 5]. A COMPLIANCE REPORT THAT DISCUSSES IMPLEMENTATION OF THE REQUIREMENT TO BE MET WILL BE SUBMITTED TO THE BOARD ON OR BEFORE JUNE 1, 2022.**
- **GRANT APPROVAL TO THE NORTHERN KENTUCKY UNIVERSITY MASTER'S DEGREE PROGRAMS THAT LEAD TO APRN LICENSURE (FNP, ADULT-GERONTOLOGY ACUTE CARE, PSYCHIATRIC MENTAL HEALTH) IN NURSING AT NORTHERN KENTUCKY UNIVERSITY, HIGHLAND HEIGHTS, KENTUCKY, FOR 3 YEARS, EXTENDING TO JUNE 30, 2024.**
- **GRANT APPROVAL TO THE APRN CERTIFICATE PROGRAMS (ADULT-GERONTOLOGY ACUTE CARE, PSYCHIATRIC MENTAL HEALTH) AT NORTHERN KENTUCKY UNIVERSITY, HIGHLAND HEIGHTS, KENTUCKY, FOR 5 YEARS, EXTENDING TO JUNE 30, 2026.**

Upon a motion made by Erica Lemberger and seconded by Audria Denker, the Board approved the committee recommendations. No one voted in opposition or abstained from voting.

**Beckfield College – Joint site visit**

- It was the recommendation of the committee that:

**1) THE FEBRUARY 24-26, 2021 JOINT SITE VISIT REPORT FOR BECKFIELD COLLEGE BSN PROGRAM, FLORENCE, KY BE ACCEPTED; AND**

**2) THAT THE THIRTEEN REQUIREMENTS TO BE MET AS STATED IN THE FEBRUARY 24-26, 2021 JOINT SITE VISIT REPORT BE ACCEPTED:**

- By June 1, 2022, Ensure simulation activities will be managed by a nurse who is academically and experientially qualified in the use of simulation, both in its pedagogical and technical aspects. [Ref: 201 KAR 20:320 Section 3(2)(b)(1-3)].**
- By June 1, 2022, Ensure the program of nursing shall have written rationale for the use and purpose of simulation within the curriculum. [Ref: 201 KAR 20:320 Section 3(2)(c)].**
- By June 1, 2022, Ensure the program of nursing shall have an orientation plan for faculty concerning simulation. [Ref: 201 KAR 20:320 Section 3(2)(d)].**
- By June 1, 2022, Ensure the program of nursing shall have a written procedure on the method of pre-briefing and debriefing each simulated activity. [Ref: 201 KAR 20:320 Section 3(2)(e)].**
- By June 1, 2022, Ensure that Faculty, both didactic and clinical, that utilize simulation shall: Engage in on-going professional development in the use of simulation. [Ref: 201 KAR 20:320 Section 3(4)(b)].**

- vi. By June 1, 2022, Ensure the simulation activities shall be linked to the program of nursing's course objectives and the programmatic outcomes. [Ref: 201 KAR 20:320 Section 3(4)(b)].
- vii. Ensure the program's Systematic Plan of Evaluation (SPE) reflects evidence of improvement based on an analysis of those results for the programs of nursing benchmarks. [201 KAR 20:320 Section 2(3)(c)].
- viii. Ensure that nurse faculty have and maintain expertise in the clinical or functional area of responsibility. [Ref: 201 KAR 20:260 Section 2(3)(g) and Section 2(7)(h)].
- ix. Ensure the program administrator submits qualifications of nurse faculty and clinical instructors within 30 days of appointment. [Ref: 201 KAR 20:310 Section 4(1)].
- x. Ensure preceptors have evidence of clinical competencies related to the area of assigned clinical teaching responsibilities. [Ref: 201 KAR 20:310 Section 3(3)].
- xi. Ensure that when using preceptors, clinical instructors retain responsibility for student learning and confer with the preceptor and student for the purpose of monitoring and evaluating learning experiences. [Ref: 201 KAR 20:310 Section 3(4)].
- xii. Ensure the documentation of orientation to the course, program outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectations of faculty, preceptor, and student are recorded.[Ref: 201 KAR 20:310 Section 3(5)].
- xiii. Ensure a complete and official record of qualifications and workload are on file for each faculty member. [Ref: 201 KAR 20:310 Section 4(1)(b)].

**3) THE REQUIREMENTS TO BE MET AS STATED IN THE FEBRUARY 24-26, 2021 SITE VISIT REPORT OF BECKFIELD COLLEGE BACCALAUREATE DEGREE NURSING PROGRAM, FLORENCE, KY, BE APPROVED AND TO SUBMIT QUARTERLY PROGRESS REPORTS WITH SUPPORTIVE EVIDENCE CONCERNING THE PROGRESS IN THE IMPLEMENTATION OF THE REQUIREMENTS TO BE MET BEGINNING JUNE 1, 2022 WITH A FOCUSED SITE VISIT R/T THE REQUIREMENTS TO BE MET FOR SPRING OF 2024.**

Upon a motion made by Erica Lemberger and seconded by Jacob Higgins, the Board approved the committee recommendations. No one voted in opposition or abstained from voting.

**MedQuest College – Site Visit**

- It was the recommendation of the committee that:
  - 1) **THE AUGUST 23-26, 2021 SITE VISIT REPORT FOR MEDQUEST COLLEGE PRACTICAL NURSING (PN) PROGRAM, LEXINGTON, KY, BE ACCEPTED; AND THAT**
  - 2) **THE REQUIREMENTS TO BE MET BE ACCEPTED AS WRITTEN IN THE AUGUST 23-26, 2021 SITE VISIT REPORT, WHICH ARE AS FOLLOWS:**
    - i. **Ensure that teaching learning resources are adequate to support program mission, processes, security, and outcomes by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(1)3]**



**ii. The governing institutions shall provide written policies for faculty related to workload and establish a complete and official record of qualification and workload for each faculty member which is on file and available to the board upon request, by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(1)7; 201 KAR 20:310 Section 4(1)(b)]**

**iii. The governing institution shall involve the nurse faculty in determining academic policies and practices for the program of nursing by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(1)8]**

**iv. Ensure that the written contracts between the governing institution and each agency or institution that provides a learning experience for a student invests in the nurse faculty control of the student learning experiences subject to policies of the contractual parties by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(2)(d)3]**

**v. Ensure that the clinical facilities (used by students for clinical experiences) show evidence of approval by the appropriate accreditation, evaluation, or licensure bodies, if applicable, by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(h)3]**

**vi. Ensure the development of long-range goals and objectives for the nursing program by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(l)]**

**vii. Ensure that recruitment materials provide accurate and complete information to prospective students about the program by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(q)1--5; 201 KAR 20:340 Section 1(2)]**

**viii. Develop a structure to allow nurse faculty to assist in the governance of the program by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(v)]**

**ix. Ensure that the program of nursing posts a link provided by the board to the information published by the board pursuant to 201 KAR 20:360 Section 5(4) on its Web site and refers all individuals seeking information about the program to this link by March 31, 2022. [Ref: 201 KAR 20: 260 Section 2(3) (x); 201 KAR 20:360 Section5(4)(b)]**

**x. Ensure the system of official records includes documentation of minutes of faculty and committee meetings by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(4)(b)]**

**xi. Ensure that each preceptor has evidence of clinical competencies related to the area of assigned clinical teaching responsibilities by March 31, 2022. [Ref: 201 KAR 20:310 Section 3(3)]**

**xii. Ensure documentation of preceptor orientation to the course, programs outcomes, student learning objectives, evaluation methods**

to be utilized by the faculty, and documented role expectation of faculty, preceptor, and student by March 31, 2022. [Ref: 201 KAR 20:310 Section 3(5)]

xiii. Ensure that the development, implementation, evaluation, and revision of the curriculum is the responsibility of the nursing faculty including the program administrator with input from students, and that student opportunities to participate are created and established in written policies by March 31, 2022. [Ref: 201 KAR 20:320 Section 2(5)(a); 201 KAR 20:340 Section 2 (3)(j)]

xiv. Ensure that a course syllabus is developed and implemented for each nursing course by faculty with input from students to include outcomes, planned instruction, learning activities, and method of evaluation with more defined and clearly outlined grading methods and number of exams for each course by June 30, 2022. [Ref: 201 KAR 20:320 Section 2(6)(d) and Section 2(6)(d)1] xv. Ensure the use of an external examination will not be utilized to determine a student's progression or graduation by March 31, 2022. [Ref: 201 KAR 20:320 Section 4(2)]

xvi. Ensure that program of nursing student policies are accurate, clear, and consistently applied by March 31, 2022. [Ref: 201 KAR 20:340 Section 2(2)]

xvii. Ensure that students and nurse faculty have access to instruction on the use of the library resources by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(3)]

xviii. Ensure that the use of technology enhances student learning and is appropriate for meeting the outcomes of the program, and ensure that students have access to, as well as instruction in the use of technology by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(4)]

xix. Ensure that there are sufficient technical and support services available to meet the needs of the nurse faculty and the students by March 31, 2022. [Ref: 201 KAR 20:350 Section 3 (5)]

xx. Ensure that all students have comparable access to library and learning resources regardless of the student's location by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(7)]

xxi. Establish and document a system of acquisition and deletion that ensures currency and appropriateness of library resources by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(8)]

xxii. Ensure that the faculty engages in an evidence-based planning and evaluation process that incorporates a systemic review of the program of nursing that results in continuing improvement. This process shall result in an evaluation report that is submitted to the

Board submitted by March 31, 2022 [Ref: 201 KAR 20:360 Section 3(3); 201 KAR 20:260 Section 2(7)(a)]

xxiii. Ensure by June 30, 2022 that the evaluation report includes specific responsibilities for data collection methods, individuals, or groups responsible, frequency of data collection, indicators of achievement, findings, and outcomes for evaluating the following aspects of the program:

- a. Organization and administration of the program of nursing;
- b. Curriculum;
- c. Resources, facilities, and services;
- d. Teaching and learning methods including distance education,
- e. Student achievement of program outcomes, and
- f. Clinical resources, including laboratory.

[Ref: 201 KAR 20:360 Section 3(5)(a-d), (f) and (J)]

**3) MEDQUEST COLLEGE PN PROGRAM, LEXINGTON, KY WILL REMAIN ON INITIAL STATUS, WITH QUARTERLY PROGRESS REPORTS ABOUT REQUIREMENTS TO BE MET TO BE SUBMITTED BEGINNING MARCH 31, 2022, AND WITH A FOCUSED SITE VISIT ON THE REQUIREMENTS TO BE MET, TO BE CONDUCTED IN SPRING 2023.**

Upon a motion made by Erica Lemberger and seconded by Ashley Adkins, the Board approved the committee recommendations. No one voted in opposition or abstained from voting.

#### **University of Kentucky – Joint site visit**

- It was the recommendation of the committee that:
  - 1) **THE MARCH 24-26, 2021 JOINT SITE VISIT REPORT FOR UNIVERSITY OF KENTUCKY BSN AND APRN PROGRAMS BE ACCEPTED, AS AMENDED, TO REMOVE THE REQUIREMENT TO BE MET;**
  - 2) **ONGOING APPROVAL STATUS BE GRANTED TO THE UNIVERSITY OF KENTUCKY BACCALAUREATE PROGRAM, LEXINGTON, KY;**
  - 3) **PER 201 KAR 20:062 SECTION 3(17) (A), UPON CONFIRMATION FROM THE CCNE BOARD OF COMMISSIONER OF CONTINUED ACCREDITATION THAT THE MASTER’S DEGREE PROGRAM IN NURSING, DOCTOR OF NURSING PRACTICE PROGRAM, AND POST-GRADUATE APRN CERTIFICATE PROGRAM AT THE UNIVERSITY OF KENTUCKY BE GRANTED ONGOING APPROVAL NOT TO EXCEED THAT WHICH IS GRANTED BY THE CCNE BOARD OF COMMISSIONERS AS DETERMINED DURING THE FALL 2021 REVIEW.**

Upon a motion made by Erica Lemberger and seconded by Jimmy Isenberg, the Board approved the committee recommendations. No one voted in opposition.

Dr. Wilson recused herself from the discussion and vote.

#### **Ashland Community and Technical College – Joint site visit**

- It was the recommendation of the committee that:
  - 1) THE SEPTEMBER 14 – 16, 2021 SITE VISIT REPORT OF ASHLAND COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, ASHLAND, KY, BE ACCEPTED.**

**2) THE REQUIREMENTS TO BE MET AS STATED IN THE SEPTEMBER 14 – 16, 2021 SITE VISIT REPORT OF ASHLAND COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, ASHLAND, KY, BE ACCEPTED:**

- i. By March 31, 2022 ensure that the governing institution employs nurse faculty pursuant to 201 KAR 20: 310 in sufficient number and expertise to accomplish program outcomes and quality improvement, and that faculty shall have and maintain expertise in the clinical or functional area of responsibility. [Ref: 201 KAR 20:260 Section 2(1)6; and 201 KAR 20:310 Section 2(4)(d)]**
- ii. By March 31, 2022 ensure that the governing institution provides written polices for faculty related criteria for evaluation of performance and workload, and a complete and official record of qualifications and workload for each faculty member. [Ref: 201 KAR 20:260 Section 2(1)7; and 201 KAR 20:310 Section 4(1)(b)]**
- iii. By March 31, 2022 ensure a written plan for orientation of the nurse faculty to the governing institution and to the program is implemented and documentation of completion is maintained. [Ref: 201 KAR 20:260 Section 2(2)(c); and 201 KAR 20:260 Section 2(4)(c)2]**
- iv. By June 30, 2022 ensure that the written contract between the governing institution and each agency or institution that provides a learning experience for a student invests in the nurse faculty control of the student learning experiences subject to policies of the contractual parties. [Ref: 201 KAR 20:260 Section 2(2)(d)3]**
- v. By June 30, 2022 ensure that the clinical facilities utilized by the program show evidence of approval by the appropriate accreditation, evaluation, or licensure bodies, if applicable. [Ref: 201 KAR 20:260 Section 2(3)(h)3]**
- vi. By March 31, 2022 ensure the establishment and adherence to written criteria for the selection of clinical facilities utilized by the program. [Ref: 201 KAR 20:260 Section 2(3)(s); and 201 KAR 20:260Section 2(7)(j)]**
- vii. By June 30, 2022 ensure that each preceptor has evidence of clinical competencies related to the area of assigned clinical teaching responsibilities. [Ref: 201 KAR 20: 310 Section 3(3)]**
- viii. By June 30, 2022 ensure documentation of preceptor orientation to the course, program outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectations of faculty, preceptor, and student. [Ref: 201 KAR 20:310 Section 3(5)]**
- ix. By June 30, 2022 ensure clear and detailed documentation that each student completes the integrated practicum. [Ref: 201 KAR 20: 320 Section 2(9)(a)]**

- x. By March 31, 2022 ensure the program of nursing has a written procedure on the method of pre-briefing and debriefing each simulated activity. [Ref: 201 KAR 20:320 Section 3(2)(e)]
- xi. By March 31, 2022 ensure faculty, both didactic and clinical, that utilize simulation shall have training in the use of simulation. [Ref 201 KAR20:320 Section 3(4)(a)]
- xii. By March 31, 2022 ensure that simulation activities are linked to the program of nursing's course objectives and the programmatic outcomes. [Ref: 201 KAR 20:320 Section 3(5)]
- xiii. By March 31, 2022 ensure that benchmarks for the pass rate of first time NCLEX test takers who tested within twelve (12) months of program completion, and the program graduation rates are met, and if not submit an up-to-date report that examines the factors that contributed to the failure to meet and a description of the corrective measure to be implemented. [Ref: 201 KAR 20:360 Section 4(1) and (2); and Section 5(3)]

**3) THE ASHLAND COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, ASHLAND, KY, CONTINUE ON APPROVAL STATUS, WITH QUARTERLY PROGRESS REPORTS REGARDING THE REQUIREMENTS TO BE MET, WITH FIRST REPORT SUBMITTED BEGINNING MARCH 30, 2022; AND**

**4) A FOCUSED SITE VISIT OF ASHLAND COMMUNITY AND TECHNICAL COLLEGE'S ADN PROGRAM, ASHLAND KY, BE CONDUCTED ON THE REQUIREMENTS TO BE MET IN SPRING 2023.**

Upon a motion made by Erica Lemberger and seconded by Carl Vinson, the Board approved the committee recommendations. No one voted in opposition or abstained from voting.

**Spalding University – Extension of interim program administrator**

Myra Goldman provided a report of the request from Spalding University to extend the interim program administrator position. It was the recommendation of the Committee that:

- 1. THE REQUEST FROM SPALDING UNIVERSITY TO EXTEND THE INTERIM PROGRAM ADMINISTRATOR POSITION BE APPROVED.**

Upon a motion made by Ashley Adkins and seconded by Jimmy Isenberg, the Board approved the committee recommendations. No one voted in opposition.

Erica Lemberger recused herself from the discussion and vote.

**PRACTICE COMMITTEE**

The November 8, 2021 Practice Committee meeting report was presented. The Board reviewed and approved by acclamation the report as written. No one voted in opposition or abstained from voting.

**Advisory Opinions Not Incorporated into Advisory Opinion Statements Review**

Following discussion and presentation background materials, it was the recommendation of the committee that:

**THE FOLLOWING ADVISORY OPINIONS, AS PRESENTED, BE REAFFIRMED:**

**Bowel And Bladder Program Care As Issued October 2018**

**☐ IT IS WITHIN THE SCOPE OF PRACTICE FOR THE LPN, RN, OR APRN, WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT, TO PERFORM BOWEL AND BLADDER PROGRAM CARE INCLUDING INTERMITTENT URINARY CATHETERIZATION AND DIGITAL RECTAL STIMULATION. THESE ACTS ARE CONSIDERED TO BE NURSING TASKS.**

**☐ AN RN OR APRN MAY DELEGATE THESE TASKS TO UNLICENSED PERSONNEL WHO ARE TRAINED AND COMPETENT TO PERFORM THE TASKS UNDER AN ESTABLISHED PLAN OF CARE DEVELOPED AFTER AN ASSESSMENT OF THE PATIENT BY AN RN, APRN, OR PHYSICIAN.**

**☐ UNDER KRS 205.900(3), 910 KAR 1:090, AND AOS #15, THESE TASKS ARE NOT CONSIDERED TO BE THE PRACTICE OF NURSING WHEN THE PERFORMANCE IS DIRECTED BY THE CLIENT, THE CLIENT'S FAMILY, THE CLIENT'S LEGAL GUARDIAN, OR THE CLIENT/CLIENT FAMILY/LEGAL GUARDIAN'S DELEGATE.**

**☐ AN RN OR APRN, WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT IN THE PERFORMANCE OF BOWEL AND BLADDER PROGRAM TASKS, MAY TRAIN UNLICENSED INDIVIDUALS IN THE PERFORMANCE OF BOWEL AND BLADDER PROGRAM RELATED TASKS.**

**☐ IT IS NOT WITHIN THE SCOPE OF PRACTICE FOR AN LPN TO TRAIN UNLICENSED INDIVIDUALS IN THE PERFORMANCE OF BOWEL AND BLADDER PROGRAM RELATED TASKS.**

**Paracentesis As Issued February 2019**

**☐ THE LICENSED PRACTICAL NURSE PROVIDES ASSISTANCE TO THE PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN DURING PARACENTESIS. IT IS NOT WITHIN THE SCOPE OF PRACTICE OF THE LPN TO MONITOR A PATIENT NOR TO ADJUST, OR REMOVE A PARACENTESIS CATHETER.**

**☐ IT IS WITHIN THE SCOPE OF PRACTICE OF A REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO ASSIST THE PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN IN THE PERFORMANCE OF A PARACENTESIS PROCEDURE, AND TO MONITOR THE PATIENT ONCE THE CATHETER HAS BEEN INSERTED BY A PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN AND TO REMOVE THE CATHETER.**

**☐ IT IS NOT WITHIN THE SCOPE OF PRACTICE OF A REGISTERED NURSE TO ADJUST THE PARACENTESIS CATHETER.**

**☐ IT IS WITHIN THE SCOPE OF PRACTICE FOR AN ADVANCED PRACTICE REGISTERED NURSE, WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT, TO PERFORM ULTRASOUND-GUIDED PARACENTESIS**

## **PROCEDURES.**

### **Thoracentesis As Issued June 2019**

**□ IT IS WITHIN THE SCOPE OF PRACTICE OF A REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO REMOVE A THORACENTESIS CATHETER AFTER IT HAS BEEN INSERTED.**

**□ THE PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN MUST REMAIN ONSITE DURING REMOVAL OF THE THORACENTESIS CATHETER BY THE REGISTERED NURSE, MONITORING FOR AN ADVERSE OUTCOME.**

**□ IT IS WITHIN THE SCOPE OF PRACTICE OF AN APRN WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO PERFORM THORACENTESIS PROCEDURES.**

### **Therapeutic Phlebotomy, RN Nursing Practice As Issued June 2016**

**□ THE PERFORMANCE OF THERAPEUTIC PHLEBOTOMY (REMOVAL OF A LARGE VOLUME OF BLOOD VIA A CENTRAL VENOUS ACCESS DEVICE), IS WITHIN THE SCOPE OF THE REGISTERED NURSING PRACTICE FOR THE NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT IN THE PERFORMANCE OF THE PROCEDURE.**

**□ THE PERFORMANCE OF THERAPEUTIC PHLEBOTOMY SHOULD BE IN ACCORDANCE WITH DOCUMENTED FACILITY POLICY AND PROCEDURE AS WELL AS CURRENT EVIDENCE BASED PRACTICE.**

### **Gastric Band Adjustment, RN And LPN Scope Of Practice As Issued In October And December 2014**

**□ IT IS WITHIN THE SCOPE OF REGISTERED NURSING PRACTICE FOR AN RN WHO IS EDUCATIONALLY PREPARED AND CURRENTLY CLINICALLY COMPETENT TO PERFORM GASTRIC BAND ADJUSTMENTS UNDER THE SUPERVISION OF A PHYSICIAN OR APRN. THERE SHOULD BE DOCUMENTED EVIDENCE OF THE REGISTERED NURSE'S EDUCATIONAL PREPARATION AND CURRENT CLINICAL COMPETENCE. THE RN SHOULD FOLLOW WRITTEN POLICY AND PROCEDURES AND EVIDENCE-BASED PROTOCOLS AGREED UPON BY THE MEDICAL AND NURSING STAFF AND FORMALLY ADOPTED BY THE FACILITY, ORGANIZATION OR PRACTICE.**

**□ THE PERFORMANCE OF GASTRIC BAND ADJUSTMENT IS WITHIN THE SCOPE OF PRACTICE OF THE RN THE PERFORMANCE OF GASTRIC BAND ADJUSTMENT IS NOT WITHIN THE SCOPE OF LICENSED PRACTICAL NURSING PRACTICE.**

### **Dynamic Endocrine Testing, LPN Scope Of Practice As Issued April 2015**

**□ IT IS WITHIN THE SCOPE OF LICENSED PRACTICAL NURSING PRACTICE FOR AN LPN, WHO IS EDUCATIONALLY PREPARED AND CURRENTLY CLINICALLY COMPETENT TO PERFORM DYNAMIC ENDOCRINE TESTING UNDER THE ONSITE SUPERVISION OF A PHYSICIAN, APRN OR REGISTERED NURSE IN ACCORDANCE WITH 201 KAR 20:490 LICENSED PRACTICAL NURSE**

## **INTRAVENOUS THERAPY SCOPE OF PRACTICE.**

**☐ THERE SHOULD BE DOCUMENTED EVIDENCE OF THE LPN'S EDUCATIONAL PREPARATION AND CURRENT CLINICAL COMPETENCE.**

**☐ THE LPN WOULD BE EXPECTED TO FOLLOW WRITTEN POLICY AND PROCEDURES AND EVIDENCE-BASED PROTOCOLS AGREED UPON BY THE MEDICAL AND NURSING STAFF AND FORMALLY ADOPTED BY THE FACILITY OR ORGANIZATION.**

### **Klonopin™ (Clonazepam) Wafers As Issued December 2017**

**☐ IT IS WITHIN THE SCOPE OF THE PRACTICE OF REGISTERED NURSES TO DELEGATE THE MEDICATION ADMINISTRATION OF KLONOPIN (CLONAZEPAM) WAFERS FOR SEIZURE MANAGEMENT TO UNLICENSED ASSISTIVE PERSONNEL.**

KBN staff were asked to review regulations related to administration of medication in a school setting and advise members of any changes that are relevant to this opinion.

### **Administration Of Radiopharmaceuticals RN Scope Of Practice As Issued June 2017**

**☐ THE PATIENT EDUCATION, HANDLING, PREPARATION, AND ADMINISTRATION BY VARIOUS ROUTES (INTRAVENOUS, INHALATION, ORAL, INTRACAVITY, INTRATHECAL, SUBCUTANEOUS, AND INTRADERMAL) OF RADIOPHARMACEUTICALS IS WITHIN THE SCOPE OF REGISTERED NURSING PRACTICE FOR THE REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CURRENTLY CLINICALLY COMPETENT.**

**☐ THE REGISTERED NURSE SHALL HAVE DOCUMENTED EVIDENCE OF COMPLETION OF CONTINUING EDUCATION, WHICH PROVIDES FOR CLINICAL PRACTICE AND DEMONSTRATION OF COMPETENCY IN THE PERFORMANCE OF SUCH PROCEDURE.**

**☐ THE REGISTERED NURSE IS RESPONSIBLE TO MAINTAIN DOCUMENTATION OF EDUCATIONAL PREPARATION AND FOR MAINTAINING CURRENT CLINICAL COMPETENCE.**

**☐ THE REGISTERED NURSE WOULD NEED TO BE AWARE OF HIS/HER OWN SAFETY AS WELL AS THAT OF THE PATIENT BY APPLYING KNOWLEDGE OF TIME, DISTANCE, AND SHIELDING IN ADMINISTERING THE RADIOPHARMACEUTICALS.**

Upon a motion made by Mandi Walker and seconded by Jacob Higgins, the Board reaffirmed all advisory opinions presented. No one voted in opposition or abstained from voting.

The Quarterly Practice Inquires report was provided for information only.

### **CONSUMER PROTECTION COMMITTEE**

The November 8, 2021 Consumer Protection Committee meeting report was presented. The



Board reviewed and approved by acclamation the report as written. No one voted in opposition or abstained from voting.

### **ADVANCED PRACTICE REGISTERED NURSE COUNCIL**

The November 19, 2021 Advanced Practice Registered Nurse Council meeting report was presented. The Board reviewed and approved by acclamation the report as written. No one voted in opposition or abstained from voting. The following actions were taken after discussion and presentation of background materials:

#### **APRN Council objectives**

- It was the recommendation of the Council that:
  - **THE 2021-2022 APRN COUNCIL OBJECTIVES, AS PRESENTED, BE APPROVED.**

Upon a motion made by Jana Bailey, and seconded by Anne Veno, the Board approved the Council recommendation. No one voted in opposition or abstained from voting.

#### **APRN Council scope and functions**

- It was the recommendation of the Council that:
  - **THE 2021-2022 APRN COUNCIL SCOPE AND FUNCTIONS, AS PRESENTED, BE APPROVED.**

Upon a motion made by Jana Bailey, and seconded by Jacob Higgins, the Board approved the Council recommendation. No one voted in opposition or abstained from voting.

#### **AOS 42: Telehealth and Nursing**

- It was the recommendation of the Council that:
  - **ADVISORY OPINION STATEMENT #42 TITLED “TELEHEALTH AND NURSING”, AS REVISED, BE APPROVED.**

Upon a motion made by Jana Bailey, and seconded by Jimmy Isenberg, the Board approved the Council recommendation and revisions. No one voted in opposition or abstained from voting.

### **DIALYSIS TECHNICIAN ADVISORY COUNCIL**

No report

### **GOVERNANCE COMMITTEE**

The November 8, 2021 Governance Committee meeting report was presented. The Board reviewed and approved by acclamation the report as written. No one voted in opposition or abstained from voting.

### **CERTIFIED PROFESSIONAL MIDWIVES ADVISORY COUNCIL**

No report

### **STRATEGIC PLAN**

Andre Stuckey presented the final version of the strategic plan. Upon a motion made by Erica Lemberger, and seconded by Ashley Adkins, the strategic plan was approved as presented. No one voted in opposition or abstained from voting.

### **CLOSED SESSION**

Kelly Jenkins read the following language before the meeting was moved to closed session:

*No matters may be discussed during a closed session other than those within the scope of the topic announced prior to convening the closed session.*

*No final action may be taken while in closed session. After the public meeting reconvenes, final action may be taken, but final action is not required.*

*Upon returning to public session, any final action regarding matters discussed in closed session should be moved and voted upon.*

***Pursuant to KRS 61.810(1)(j), the purpose of the closed session is for “QUASI-JUDICIAL DELIBERATIONS”***

*Definition: Deliberations of judicial or quasi-judicial bodies regarding individual adjudications or appointments, at which neither the person involved, his representatives, nor any other individual not a member of the agency's governing body or staff is present, but not including any meetings of planning commissions, zoning commissions, or boards of adjustment.*

***Pursuant to KRS 61.810(1)(f), the purpose of the closed session is to discuss “PERSONNEL ACTIONS”***

*Definition: Discussions or hearings which might lead to the appointment, discipline, or dismissal of an individual employee, member, or student without restricting that employee's, member's, or student's right to a public hearing if requested. This exception shall not be interpreted to permit discussion of general personnel matters in secret.*

The meeting was moved to closed session at 1:50 p.m. to discuss Recommended Orders and personnel affirmations. The meeting was reconvened in open session at 1:56 p.m.

**ACTION ON LICENSES**

The President called for action on Recommended Orders.

**AFTER HAVING CONSIDERED THE RECORD, THE FOLLOWING RECOMMENDED ORDERS WERE ADOPTED:**

<b>Decision Number</b>	<b>Name</b>	<b>License Number</b>
008-12-21	Martin, Stephanie	RN License No. 1129869 APRN License No. 3007255
009-12-21	Schmid, Kimberly	TN RN License No. 173743

A motion to accept the orders regarding the above list of licensees was made by Jimmy Isenberg, and seconded by Ashley Adkins. The motion carried with no one voting in opposition and no one abstaining from the vote

**PERSONNEL AFFIRMATIONS**

<b>Personnel No.</b>	<b>First name</b>	<b>Last name</b>	<b>Organizational Unit</b>	<b>Position Title/Working Title</b>	<b>Action Type</b>	<b>Effective Date</b>
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00515538	Wanda	Webster	Legal Services Section	Nursing Investigator	Unclass. Probation Increase	12/01/21
00562719	Pamela	Hagan	Board of Nursing	Administrative Assistant	Appointment Interim Returning Retiree	11/16/21
00565773	Patricia	Abell	Board of Nursing	Administrative Assistant Brd & Comiss/Case Advisor	Appointment	12/16/21
00183547	Adrienne	Harmon	Board of Nursing	Administrative Assistant Brd. & Comiss	Retirement	1/1/22

A motion was made by Ashley Adkins, and seconded by Jacob Higgins, to approve the following personnel actions. The motion carried with no one voting in opposition and no one abstaining from the vote.

**INFORMATION/ANNOUNCEMENTS**

**FUTURE BOARD DISCUSSION ITEMS**

**OTHER**

Organizational Chart 12/1/2021 was provided for informational purposes.

**ADJOURNMENT**

Upon a motion made by Erica Lemberger, and seconded by Mandi Walker, the meeting was adjourned at 2:00 p.m.

**ATTEST**

**APPROVED:**  
President

  
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12/16/2021  
Date

/emk/ 122021