BEFORE THE KANSAS STATE BOARD OF NURSING
LANDON STATE OFFICE BUILDING, 900 S.W. JACKSON #1051
TOPEKA, KANSAS 66612-1230

IN THE MATTER OF THE LICENSE OF
KEVIN M. KERR
LICENSE NO. 13-074513-042

CASE NO. 01-060-7

DEFAULT ORDER REVOKING LICENSE

NOW ON THIS 5th day of March, 2003, petitioner appears by disciplinary counsel, Alma Heckler, for a Hearing on the Petition. Respondent does not appear.

Wherefore, the hearing officer finds as follows:

1. Respondent is licensed through 4/30/2004 as an R.N. The Board has jurisdiction over this matter.
2. Petitioner sent a copy of the petition and notice of this hearing to respondent's last known address and to his attorney and service is proper.
3. Petitioner moves for issuance of a proposed default order revoking license.
4. The petitioner's request is granted by default.
5. Respondent violated K.S.A. 65-1120(a)(4), unable to practice with skill and safety due to current abuse of drugs or alcohol. Respondent violated KA.R 60-3-110(i), diverting drugs, supplies, or property of a patient or agency; and K.A.R. 60-3-110(c), failing to take appropriate action or to follow polices and procedures in the practice situation designed to safeguard the patient.
6. Costs of the action of $70.00 are assessed to respondent to be paid to the Board by cash or money order within 30 days of the effective date of this order.

7. Respondent shall forward original Kansas R.N. license no. 13-074513-042 immediately to the Kansas State Board of Nursing.

8. Disciplinary counsel shall mail a copy of this order to respondent's last known address and to his attorney.

IT IS SO ORDERED.

Terry E. Beck, Hearing Officer

NOTICE

This is a proposed default order pursuant to K.S.A. 77-520. This order becomes effective if respondent does not file a written motion requesting that this order be vacated with the Board within ten days after the day this order is mailed. If a motion is timely filed, then a hearing will be set and notice given to respondent to appear. Another order will then be issued either vacating or affirming this order.

Alma A. Heckler
Assistant Attorney General
900 S.W. Jackson, Suite #1051
Topeka, Kansas 66612-1230
785/296-4325

CERTIFICATE OF SERVICE

On the 12th day of March, 2003, I mailed a copy of this order by depositing it with the United States Postal Service, postage prepaid, addressed to respondent Kevin Kerr at 5027 Leavenworth Road, Kansas City, KS 66104 and to his attorney L.J. Buckner, Jr. at 2345 Grand Blvd., Suite 2700, Kansas City, MO 64108-2684.

Alma A. Heckler

BEFORE THE KANSAS STATE BOARD OF NURSING

Landon State Office Building, 900 S.W. Jackson #551-S
Topeka, Kansas 66612-1230

In The Matter Of
KEVIN KERR
LICENSE NO. 13-074513-042

CASE NO. 01-060-7

PETITION

COMES NOW the petitioner, the Board of Nursing, by and through disciplinary counsel, Alma A. Heckler, and for its cause of action states that:

1. Respondent is licensed to practice nursing in Kansas as an R.N. through 4/30/2004.

2. The board may deny, limit, suspend, or revoke a nursing license, certificate or authorization to practice nursing or may issue a public or private censure if a violation of K.S.A. 65-1120(a) is established.

3. After an investigation, the Board found reasonable grounds for believing that respondent violated K.S.A.65-1120(a) and referred the matter for further proceedings.

FACTS COMMON TO ALL COUNTS

4. Respondent worked for a staffing agency in Overland Park, Kansas and was assigned to various hospitals in the area. On 11/19/00, the respondent requested a nurse from a skilled unit witness the waste of a broken vial of Demerol. Additionally, during that same shift, the respondent checked out two doses of Lortab (5mg), Oxycontin, Ativan, Tylenol #3, and two doses of Demerol (50 mg). The need for these medications by the patients was not documented by the respondent. Additionally, one of the patients was being cared for by another nurse and she had documented that the patient was sleeping during the time period the medication was allegedly administered. There is not indication any of these

patients were complaining about pain. A discrepancy was later reported in the controlled substance system of one missing vial of Demerol (75 mg).

5. On 12/26/00, the respondent again requested another nurse to witness the waste of a broken vial of Demerol (75 mg). The respondent also withdrew two vials of Demerol for a patient on 12/27/00 but no documentation was ever made that the medication was administered. Respondent's behavior reportedly changed during the shift on 12/26 and 12/27/00. He became confused and unable to concentrate. The next shift reported the respondent's shift report was inaccurate regarding the administration of medications and physical assessments were reported on the wrong patients. Records were incomplete and unsigned. Five units of plasma were administered by the respondent but the bags were not properly disposed of and were left at the patient's bedside. The respondent was not allowed to return to the hospital.

6. Respondent was placed on inactive status by the staffing agency after a second report was received from another area hospital. On 1/3/01 an incident report was received which indicated that medical records were compared to the PYXIS controlled substance records for the period that the respondent was employed and it revealed that several controlled substances were unaccounted for. That the respondent had removed the controlled substances from PYXIS and again failed to document the administration of the drugs. Two patients complained they did not receive their pain medications as requested from the respondent.

7. Respondent was referred to the Kansas Nurses Assistance Program. He enrolled but failed to follow through with the recommendations of his evaluation.

COUNTS

Respondent has violated the Kansas Nurse Practice Act, K.S.A. 65-1120(a)(4) to be unable to practice with skill and safety due to current abuse of drugs or alcohol; K.A.R. 60-3-

110(i) diverting drugs, supplies, or property of any patient or agency; and K.A.R. 60-3-110(c) failing to take appropriate action or to follow polices and procedures in the practice situation designed to safeguard the patient.

WHEREFORE, petitioner requests disciplinary action against respondent's license and for $70 costs to be assessed to respondent.

Respectfully submitted,

Carla J. Stovall
Attorney General

By: _____

Alma A. Heckler
Assistant Attorney General
Board of Nursing
785-296-4325