

Certified True Copy

By [Signature]
Virginia Board of Nursing



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
TDD (804) 527-4475

RECEIVED

October 3, 2016

OCT 03 2016

Bonita Ann Earp, R.N.
4700 Scouters Place
Chesterfield, VA 23832

**VA BD OF NURSING
DUPLICATE COPY
VIA FIRST CLASS MAIL**

DATE 10/3/16

RE: License Number: 0001-127008
Case Number: 175858

Dear Ms. Earp:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice professional nursing in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered September 30, 2016. You are hereby advised that you may not practice professional nursing or hold yourself out as a licensed professional nurse unless and until the Board of Nursing has notified you in writing that your license has been reinstated. Please return your license to Jay P. Douglas, Executive Director of the Virginia Board of Nursing ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. The reinstatement application can be found at www.dhp.virginia.gov/Nursing.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

[Signature: Anne Joseph]

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: Jay P. Douglas, Executive Director, Board of Nursing
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: BONITA ANN EARP, R.N.
License Number: 0001-127008
Case Number: 175858

ORDER OF MANDATORY SUSPENSION


In accordance with Virginia Code § 54.1-2409, I, David E. Brown, D.C., Director of the Virginia Department of Health Professions, received and acted upon evidence that the multistate licensure privilege of Bonita Ann Earp, R.N., to practice professional nursing in the State of Maryland was revoked by the Maryland Board of Nursing. A certified copy of the Final Decision and Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Bonita Ann Earp, R.N., to practice professional nursing in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Bonita Ann Earp, R.N., will be recorded as suspended and no longer current and valid. Should Bonita Ann Earp, R.N., seek reinstatement of her license pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

This Order shall be applicable to Ms. Earp's multistate licensure privilege, if any, to practice professional nursing in the Commonwealth of Virginia.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.




David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:

9/30/16

CERTIFICATION OF DUPLICATE RECORDS

I, David E. Brown, D.C., Director of the Department of Health Professions, hereby certify that the attached Default Final Decision and Order entered July 21, 2016, regarding Bonita Ann Earp, R.N., is a true copy of the records received from the Maryland Board of Nursing.



David E. Brown, D.C.

Date: 9/30/16

IN THE MATTER OF

BONITA EARP

MULTISTATE LICENSING PRIVILEGE
TO PRACTICE REGISTERED NURSING
IN THE STATE OF MARYLAND

BEFORE THE MARYLAND

BOARD OF NURSING



* * * * *

**DEFAULT FINAL DECISION AND ORDER OF REVOCATION
OF MULTISTATE LICENSING PRIVILEGE TO PRACTICE
REGISTERED NURSING IN MARYLAND**

On November 14, 2014, the Maryland Board of Nursing (the "Board") issued a charging document¹ (the "Charges") to BONITA EARP ("the Respondent"), who holds a **Multistate Licensing Privilege to Practice Registered Nursing in the State of Maryland** under her Virginia Registered Nursing License, license number 001127008, pursuant to the Nurse Multistate Licensure Compact,² alleging that the Respondent violated the Maryland Nurse Practice Act (the "Act"), Md. Code Ann., Health Occupations ("Health Occ.") §§ 8-101 *et seq.* (2009 Repl. Vol.) specifically § 8-316(a)(8) and (25).

The Board's Charges notified the Respondent of the opportunity to request an evidentiary hearing before the Board. The Charges also advised that if the Respondent failed to submit a request for a hearing to the Board within thirty (30) days from the date of the issuance of the

¹ The Board's Charging Document consisted of a three-page letter and an eight-page document entitled, "Charges Under the Maryland Nurse Practice Act," and a one-page "Request for Hearing" form that the Respondent could submit to the Board to request an evidentiary hearing. The Board's Charging Document is appended to this Order as Exhibit A and is incorporated by reference in its entirety.

² The Nurse Multistate Licensure Compact is an agreement between boards of nursing of party states that allows nurses to have one multistate nursing license with the ability to practice nursing in their home state and also practice in other states that are a party to the Compact pursuant to a multistate licensing privilege. *See generally* HO §§ 8-7A-01 *et seq.* "Home state" means a compact party state that is the nurse's primary state of residence, and "party state" means any state that has adopted the Compact. HO § 8-7A-01 3(f) & (j). Maryland is a compact party state, and as such, has the authority to limit or revoke the multistate licensing privilege of any nurse to practice in the state of Maryland under the applicable state laws. HO § 8-7A-01.5.

**EARP, Bonita, Multistate Privilege to Practice as a Registered Nurse in Maryland
Default Final Decision and Order of Revocation of Multistate Licensing Privilege to Practice
Registered Nursing in Maryland**

Charges, the Respondent would waive the opportunity for an evidentiary hearing. In the event of such a waiver, the Charges notified the Respondent that the Board would issue a final decision and order by default pursuant to § 10-210(4) of the Administrative Procedure Act, Md. Code Ann., State Gov't §§ 10-201 *et seq.* (2009), wherein the allegations of fact in the Charges would become findings of facts, the disciplinary grounds that the Charges alleged to have been violated would become conclusions of law, and a disciplinary sanction and/or monetary penalty would be imposed.

The Board sent its Charges by regular and certified mail to the Respondent's last known addresses. The Board finds that the Charges were properly issued and that due and proper notice was given to the Respondent in accordance with the Nurse Practice Act, Health Occ. § 8-317(e), and the Administrative Procedure Act, State Gov't §§ 10-207 and 10-209(c).

The Respondent failed to submit a request for an evidentiary hearing within thirty (30) days from the date of the issuance of the Board's Charges. Thus, the Board finds that the Respondent has waived the right to an evidentiary hearing and that the Board is authorized to issue this final decision and order by default pursuant to the authority of Health Occ. § 8-317(e) and State Gov't § 10-210(4).

FINDINGS OF FACT

The Board adopts allegations of fact numbers 1-25 on pages 2-7 of the attached Charges as Findings of Fact.

CONCLUSIONS OF LAW

Accordingly, the Board concludes that the Respondent has violated Health Occ. § 8-316(a):

- (8) Does an act that is inconsistent with generally accepted professional standards in the practice of registered nursing;

**EARP, Bonita, Multistate Privilege to Practice as a Registered Nurse in Maryland
Default Final Decision and Order of Revocation of Multistate Licensing Privilege to Practice
Registered Nursing in Maryland**

(25) Engages in conduct that violates the professional code of ethics; *to wit*,

Code of Maryland Regulations (“COMAR”) 10.27.19.02
C: A nurse may not engage in behavior that dishonors the profession whether or not acting in the capacity or identity of a licensed nurse, including, but not limited to:

(4) Diverting any medication or providing false or misleading information to an authorized prescriber or a pharmacist to obtain or attempt to obtain any medication[.]

The Board concludes that these violations of the Nurse Practice Act fall within category F(2) of the Board’s sanctioning guidelines. *See* COMAR 10.27.26.07F(2). The range of potential sanctions under category F(2) includes reprimand to revocation, and/or a monetary penalty of \$1,000.00 to \$5,000.00. (*Id.*)

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is hereby:

ORDERED that the Respondent’s Multistate Licensing Privilege to Practice Registered Nursing in the State of Maryland is hereby **REVOKED**; and it is further

ORDERED that this Default Final Decision and Order is a **PUBLIC DOCUMENT** under Md. Code Ann., General Provisions §§ 4-101 *et seq.* (2014).

JUL 21 2016

Date

Mary Kay Goetter, PhD, RN, NEA-BC
The Executive Director’s Signature
Appears on the Original Document

**EARP, Bonita, Multistate Privilege to Practice as a Registered Nurse in Maryland
Default Final Decision and Order of Revocation of Multistate Licensing Privilege to Practice
Registered Nursing in Maryland**

NOTICE OF APPEAL RIGHTS

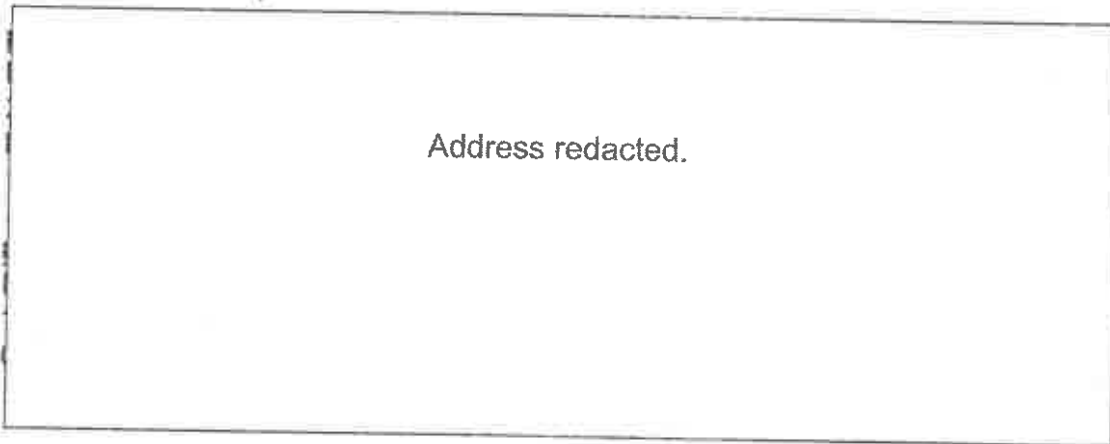
Any person aggrieved by a final decision of the Board under Md. Code Ann., Health Occ. §8-316(a) may take a direct judicial appeal within thirty (30) days of the date this Order is mailed, as provided by Md. Code. Ann., Health Occ. §8-318(b), State Gov't § 10-222, and Title 7, Chapter 200 of the Maryland Rules, including Md. Rule 7-203 ("Time for Filing Action").

DATE MAILED: JUL 22 2016



November 14, 2014

VIA REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED



**RE: NOTICE OF AGENCY ACTION-Charges under the Maryland Nurse Practice Act
BONITA EARP, Multistate Licensing Privilege to Practice Registered/ Licensed
Practical Nursing Virginia License No. RN0001127008**

Dear Ms. Earp:

The Maryland State Board of Nursing (the "Board") is the state agency responsible for the regulation of the practice of nursing in the State of Maryland pursuant to the authority of the Maryland Nurse Practice Act, Maryland Health Occupations Code Annotated, § 8-101 et seq. (2009). Pursuant to § 8-7A-01 and § 8-316(a) of the Maryland Nurse Practice Act, the Board may discipline the multistate nursing privilege of any licensee which may include reprimand, probation, suspension or revocation of the licensee's multistate nursing privilege, if the Board finds that the licensee has violated any of the disciplinary grounds set out at § 8-316(a)(1)-(34).

Based on the allegations of fact and violation(s) of the disciplinary ground(s) cited in the enclosed document entitled, "Charges Under the Maryland Nurse Practice Act" (hereinafter "Charges"), the Board is notifying you of its intent to take disciplinary action against your multistate nursing privilege, which may include reprimand, probation, suspension or revocation. This letter and the enclosed Charges constitute the notice of agency action required by § 10-207 of the Maryland Administrative Procedure Act, Maryland State Government Code Annotated § 10-101 et seq. (2009).



**NOTICE OF AGENCY ACTION: Charges Under the Nurse Practice Act
BONITA EARP, Multistate Licensing Privilege to Practice Registered/ Licensed Practical Nursing Virginia
License No. RN0001127008**

Under § 8-317 of the Maryland Nurse Practice Act, the Board is required to give you an opportunity for an evidentiary hearing before the Board prior to the Board taking any disciplinary action against your multistate nursing privilege.

TO REQUEST A HEARING:

If you wish to schedule a hearing, please submit a written request for a hearing to the Board within 30 days of the date of this letter, by mail or fax, to:

**Keva S. Jackson-McCoy, MSN, RN, Director
Discipline and Rehabilitation
Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215
FAX: (410) 358-1499**

A Request for Hearing form has been enclosed for your convenience.

If you submit a written request for an evidentiary hearing, the Board will schedule a settlement conference to provide an opportunity for a resolution of this case without proceeding to a formal evidentiary hearing. Your attendance at the settlement conference is voluntary and your decision not to attend the settlement conference will not influence the Board in deciding what if any action to take in your case. If you choose not to attend the settlement conference, the Board will schedule an evidentiary hearing on the merits of the disciplinary charges under the Maryland Nurse Practice Act. The Board will notify you in writing, at your address last known to the Board, of the date, time and location of the hearing. A copy of the Board's hearing procedures will be made available to you upon request. The hearing before the Board will be conducted in accordance with the Maryland Administrative Procedure Act, Annotated Code of Maryland, State Government Article, § 10-101 *et seq.* (2009), § 8-317 of the Maryland Nurse Practice Act, and regulations promulgated by the Board at Code of Maryland Regulations ("COMAR") 10.27.02. Pursuant to § 8-317 of the Maryland Nurse Practice Act, and § 10-208 of the Maryland Administrative Procedure Act, you have the right to be represented by an attorney, subpoena evidence and witnesses, present evidence, cross examine witnesses called against you, and to present summation and argument. Pursuant to §§ 8-316(a) and 8-317 of the Maryland Nurse Practice Act, § 10-221 of the Maryland Administrative Procedure Act, and COMAR 10.27.02.09, if, after a hearing, the Board finds that you violated any of the disciplinary ground(s) in § 8-316(a) cited in the enclosed Charges, the Board may take disciplinary action against your multistate nursing privilege by issuing a public Final Decision and Order, which will include findings of fact, conclusions of law, and orders a disciplinary sanction against your multistate nursing privilege, which may include reprimand, probation, suspension, or revocation.

Also, pursuant to § 10-208(7) of the Maryland Administrative Procedure Act, you may agree to the evidence and waive your right to appear at the hearing before the Board. However, if you waive your right to appear at the hearing or fail to appear at the hearing for other reasons, please be advised that pursuant to § 8-317(e) of the Maryland Nurse Practice Act, § 10-221 of the Maryland Administrative Procedure Act, and COMAR 10.27.02.09, the Board may hear and consider the State's evidence, decide the disposition of your case despite your absence, and issue a public Final Decision and Order, which will include findings of

**NOTICE OF AGENCY ACTION: Charges Under the Nurse Practice Act
BONITA EARP, Multistate Licensing Privilege to Practice Registered/ Licensed Practical Nursing Virginia
License No. RN0001127008**

fact, conclusions of law, and an order of a disciplinary sanction against your multistate nursing privilege, which may include reprimand, probation, suspension, or revocation.

IF YOU DO NOT REQUEST A HEARING:

If you do not request a hearing in writing within 30 days of the date of this letter, you will have waived your opportunity for a hearing. Pursuant to the authority of § 8-316(a) and (b) of the Maryland Nurse Practice Act, §§10-210(4) and 10-221 of the Maryland Administrative Procedure Act, and COMAR 10.27.02.09, the Board may, in its discretion, issue a public Final Decision and Order by default, in which: (1) the allegations of fact in the enclosed Charges become findings of fact; (2) the section(s) of § 8-316(a) of the Maryland Nurse Practice Act that the Board has alleged you violated in the enclosed Charges become conclusions of law; and (3) a disciplinary sanction is ordered against your multistate nursing privilege, which may include reprimand, probation, suspension, or revocation.

Any decision made by the Board regarding the Charges could affect your multistate nursing privilege to practice as a registered nurse/licensed practical nurse in the State of Maryland. Therefore, you are strongly urged to retain and be represented by an attorney in any proceeding before the Board. In order to appear on your behalf, your attorney must be admitted to the Bar in Maryland or specifically admitted pursuant to Maryland Rule 14 of the Maryland Rules governing admission to the Maryland Bar. Rule 14 governs special admission of out-of-state attorneys.

If you or your attorney have any questions about this letter or the enclosed Charges, or wish to see any other material in your Board file regarding this case, please contact Tracy Bull at (410) 767-8993.

Signature:

A A'lise Williams, MS, BSN, RN
A The Acting Deputy Director's Signature
M Appears on the Original Document

Enclosures: Charges under the Maryland Nurse Practice Act
Request for Hearing form

cc: Tracy Bull, Assistant Attorney General, Administrative Prosecutor
John Nugent, Principal Counsel, Health Occupations Prosecution & Litigation
Sarah E. Pendley, Assistant Attorney General, Board Counsel

IN THE MATTER OF

*

BEFORE THE MARYLAND

BONITA EARP

*

BOARD OF NURSING

Multi-State Licensing Privilege to
Practice Registered/Practical Nursing
Virginia License No. RN0001127008

*

OAG NO. 13-BP-479

*

* * * * *

CHARGES UNDER THE MARYLAND NURSE PRACTICE ACT

The Maryland Board of Nursing (the "Maryland Board") hereby charges the Multi-State Licensing Privilege to Practice Registered Nursing of Bonita Earp ("Respondent"), pursuant to the Maryland Nurse Practice Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ.") §§ 8-101 *et seq.* (2009 Repl. Vol.) and the Nurse Multistate Licensure Compact, specifically Md. Health Occ. Code Ann. § § 8-7A-01 *et seq.*

The pertinent provisions of the Act are as follows:

§ 8-316 (a) *In general.* – Subject to the hearing provisions of § 8-317 of this subtitle, the Board may...reprimand any licensee, place any licensee on probation, or suspend or revoke the license of a licensee if the... licensee:

- (8) Does an act that is inconsistent with generally accepted professional standards in the practice of registered nursing;
- (25) Engages in conduct that violates the professional code of ethics; *to wit,*

COMAR 10.27.19.02 C: A nurse may not engage in behavior that dishonors the profession whether or not acting in the capacity or identity of a licensed nurse, including, but not limited to:

- (4) Diverting any medication or providing false or misleading information to an authorized prescriber or a pharmacist to obtain or attempt to obtain any medication;

ALLEGATIONS OF FACT¹

The Board bases its charges on the following facts that the Board has cause to believe are true:

1. At all times relevant to the charges herein, the Respondent was licensed to practice as a Registered Nurse ("RN") in Virginia, license number RN0001127008. In accordance with the Multistate Licensure Compact, Md. Health Occ. Code Ann. §§8-7A-01 et seq. specifically § 8-7A-01(4) ("A license to practice registered nursing issued by a home state to a resident of that state will be recognized by each party state as authorization for a multistate licensing privilege to practice as a registered nurse in a party state"), the Respondent was granted a privilege to practice registered nursing in the State of Maryland.
2. The Respondent does not hold a Maryland RN license.
3. The Respondent's Virginia RN license is active and due to expire on August 31, 2016. The Respondent's Virginia RN license does not have any disciplinary action against it. The Compact status² of the Respondent's Virginia RN license is "Multi-State."
4. On or about December 17, 2012, the Maryland Board received a complaint from a hospital ("the Hospital")³ in Maryland regarding the Respondent's nursing practice.

¹ The allegations set forth in this document are intended to provide the Respondent with notice of the alleged charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

² The Nurse Licensure Compact (NLC) is an agreement between Boards of Nursing of party states that allows nurses to have one Mutli-State nursing license with the ability to practice nursing in both their home state and other party states. In accordance with the Multistate Licensure Compact, Md. Health Occ. Code Ann. §8-7A-01.3(f) and §8-7A-01.3(j) respectively, "Home state" means the party state that is the nurse's primary state of residence ;and, "Party state" means any state that has adopted this Compact.

³ To ensure confidentiality, the names of the hospital, nurses, patients, directors, and investigators are not set forth in these Charges Under the Maryland Nurse Practice Act. The names are available to the Respondent upon request to the Administrative Prosecutor.

5. In 2012, the Respondent was employed at the Hospital in Maryland as an RN and worked as a nurse under her Virginia RN license and the Multi-State Privilege to Practice.
6. On August 9, 2012, the Respondent worked the 7 p.m. to 7 a.m. shift on the cardiac unit ("the Unit") at the Hospital.
7. According to the Charge Nurse, during the night shift, at approximately 10:00 p.m., she (the Charge Nurse) went into a patient's room to assist the Respondent with a patient (Patient A). The Charge Nurse said that she found a vial of Morphine 10 mg IV (1mg/1cc) on a bedside stand in Patient A's room. The Charge Nurse confiscated the vial.
8. Patient A had a physician's order to received 2 mg of Morphine every 2 hours.
9. The Charge Nurse reviewed the MAR and found that the Respondent had documented that she had administered 2 mg to Patient A as 9:45 p.m.⁴ The Charge Nurse verified that the confiscated vial recovered from Patient A's room contained only 6 mg. There was no documentation to indicate that the Respondent had wasted⁵ 2 mg of Morphine.
10. The Charge Nurse reviewed the Pyxis⁶ and MARs regarding the Respondent's documentation for the remainder of the shift and found the following:
 - a. On August 10, 2012, at 2:22 a.m., the Respondent withdrew one vial of 10 Morphine 10 mg IV (1mg/1cc) under Patient A's name. The Respondent documented administering 2 mg of Morphine to Patient A. The Respondent documented that she had wasted 8 mg of Morphine.

⁴ There should have been 8 mg of Morphine left in the vial.

⁵ Properly "wasting" a medication means disposing of the unused portion of the drug, typically with a witness who observes the disposal, and recording the wasting pursuant to facility policy. Unused packaged medications can also be returned to the automated dispensing machine.

⁶ Pyxis is an automated drug-dispensing device that contains narcotics and other medications. Each time it is accessed, it records information including name of medication, dose, time of withdrawal, return of medication (if it is not used), patient name and identification of nurse accessing the medication. Each nurse has his/her own code or password to gain access to the medications.

b. On August 10, 2012, at 6:55 a.m., the Respondent withdrew one vial of 10 Morphine 10 mg IV (1mg/1cc) under Patient A's name. The Respondent documented administering 2 mg of Morphine to Patient A. The Respondent documented that she had wasted 8 mg of Morphine.

11. According to the Nurse Manager's written report, she met with the Respondent and showed her the 6 mg of Morphine that had been left in the vial in Patient A's room. The Nurse Manager asked the Respondent if the vial was the same vial that she (the Respondent) had withdrawn at 9:44 p.m. on August 9, 2012. The Nurse Manager asked the Respondent why there was no documentation to indicate that any Morphine had been wasted. The Nurse Manager wrote that the Respondent had no explanation but was visibly upset and did not remember leaving the vial at the bedside.
12. The Nurse Manager asked the Respondent if she was drawing multiple doses from the same vial instead of wasting per the Hospital's protocol. The Respondent replied that she was.
13. According to the Nurse Manager's report, the Respondent said that she thought she had wasted the remainder of the vial into the sink while another nurse ("Nurse A") observed the waste. Nurse A told the Nurse Manager that she had observed the Respondent waste a "syringe" but that it was done "hurriedly" and Nurse A had not documented the waste.
14. On August 10, 2012, the Respondent submitted to a "for cause" drug test. The drug test results were negative for alcohol and controlled substances.
15. The Hospital's Pharmacist conducted a ninety (90) day Pyxis audit of the Respondent's Pyxis activity.
16. According to the Pyxis audit, there were eleven (11) discrepancies for eight (8) different patients.

17. In addition to the discrepancy found on August 9, 2012 for Patient A, the Hospital's

Director of Investigations noted the following findings from the Pyxis audit:

- a. On May 26, 2012, at 8:54 p.m., the Respondent withdrew 1 hydromorphone injection 2 mg. under Patient B's name. The Respondent documented administering 1 mg to Patient B. There was no documentation to indicate that the Respondent wasted the remaining 1 mg per Hospital protocol.
- b. On May 27, 2012, at 3:53 a.m., the Respondent withdrew one (1) hydromorphone injection 2 mg under Patient B's name. There was no documentation to indicate that the Respondent administered any hydromorphone to Patient B and no documentation to indicate that the Respondent wasted the 2mg per Hospital protocol.
- c. On June 1, 2012, at 9:30 p.m., the Respondent withdrew Respondent withdrew one (1) hydromorphone injection 2 mg under Patient C's name. There was no documentation to indicate that the Respondent administered any hydromorphone to Patient C and no documentation to indicate that the Respondent wasted the 2mg per Hospital protocol.
- d. On June 2, 2013, at 2:45 a.m., the Respondent withdrew one (1) hydromorphone injection 2 mg under Patient C's name. There was no documentation to indicate that the Respondent administered any hydromorphone to Patient C and no documentation to indicate that the Respondent wasted the 2 mg per Hospital protocol.
- e. On June 19, 2012, at 6:14 a.m., the Respondent withdrew one (1) hydromorphone injection 2 mg under Patient D's name. There was no documentation to indicate that the Respondent administered any hydromorphone to Patient D and no documentation to indicate that the Respondent wasted the 2mg per Hospital protocol.
- f. On June 25, 2012, at 4:41 a.m., the Respondent withdrew 1 Oxycodone 5 mg tab under Patient E's name. There was no documentation to indicate that the Respondent administered any Oxycodone to Patient E and no documentation to indicate that the Respondent wasted the Oxycodone or returned the medication.
- g. On June 25, 2012, at 5:26 a.m., the Respondent withdrew 1 Oxycodone 5 mg tab under Patient E's name. . There was no documentation to indicate that the Respondent administered any Oxycodone to Patient E and no documentation to indicate that the Respondent wasted the Oxycodone or returned the medication.
- h. On June 30, 2012, at 12:08 a.m., the Respondent withdrew one (1) hydromorphone injection 2 mg under Patient F's name. There was no documentation to indicate that the Respondent administered any hydromorphone to Patient F and no documentation to indicate that the Respondent wasted the 2mg per Hospital protocol.
- i. On July 4, 2012, at 4:00 a.m., the Respondent documented that she administered 2 tablets of Oxycodone 5 mg tabs to Patient G. There was no record that the Respondent withdrew 2 tablets of Oxycodone 5 mg tabs from the Pyxis under Patient G's name.

- j. On July 10, 2012, the Respondent withdrew one (1) hydromorphone injection 2 mg under Patient H's name. The Respondent documented that she administered 1 mg of hydromorphone to Patient H. There was no documentation to indicate that the Respondent wasted the remaining 1 mg per Hospital protocol.
18. On August 17, 2012, the Hospital's Director of Investigations and Senior Investigator interviewed the Respondent. During the interview, the Respondent said that she worked at the Hospital for the last year through a staffing agency ("the Agency"). The Respondent described herself as having an "addictive" personality and admitted to having a past problem with alcohol. The Respondent said that she was clean and sober. The Respondent said she was being treated by a physician for a back problem and had a prescription for Tylenol 3 and a muscle relaxant, Soma.
19. When asked about her medication administration practices, the Respondent said that she would sometimes waste medications in a sink across the hall from the nurse's station (instead of in the medication room) and have whichever nurse was available observe her. The Respondent said that she would not "close" out the waste transaction on the Pyxis until later in the shift.
20. The Director of Investigations asked the Respondent about the 2 mg Morphine discrepancy from the vial left in Patient A's room on August 9, 2012. (The vial initially contained 10 mg of Morphine. The Respondent documented administering 2 mg of Morphine. Only 6 mg of Morphine was in the vial when it was found by the Charge Nurse.) The Respondent told the Director of Investigations that it was her practice to extract more milligrams than is needed into the syringe when preparing a dose and then squirt the excess amount of medication out of the syringe to insure there were no air bubbles.

21. The Senior Director reviewed the Pyxis Audit with the Respondent and asked about the discrepancies between May 26, 2012 and July 201, 2012. The Respondent said she had no explanation for the discrepancies and could not remember if she had administered the medications to the patients. The Respondent admitted that her documentation was below acceptable standards, but denied diverting medications for her personal use.
22. According to the Hospital's Director of Investigations wrote, "The investigation is inconclusive as to whether Nurse Earp is diverting drugs for her personal use."
23. The Respondent's contract for employment at the Hospital was terminated.
24. In an interview with the Board's Investigator, the Respondent denied diverting medications from the Hospital. The Respondent said that she had problems with alcohol were from years ago and that she has been sober since 1977.
25. According to NURSYS⁷, the Respondent holds nursing licenses in the following states and/or districts:
 - a. Florida, RN License RN9350449, expires July 31, 2016
 - b. Florida, RN License RN9178555, expired April 30, 2003⁸
 - c. Louisiana, RN License Number RN106493, expired February 1, 2004
 - d. Nevada, RN License Number RN42495, expired August 4, 2009

NOTICE OF POSSIBLE SANCTIONS

If the Board finds that there are grounds for action under Md. Health Occ. Code Ann. § 8-316(a) (8) and/or (25), the Board may impose disciplinary sanctions, pursuant to COMAR

⁷ NURSYS is a national database for verification of nurse licensure, discipline and practice privileges for participating jurisdictions, including all states in the Nurse Licensure Compact in conjunction with the National Council of State Boards of Nursing (NCSBN).

⁸ The Florida Board of Nursing website lists the Respondent's Florida RN license, License Number RN9178555, as "Null and Void."

Earp, Bonita
CHG.MD.PrivtoPractice.
VA RN0001127008

10.27.26, against the Respondent's Multi-State Licensing Privilege to Practice Registered Nursing, including reprimand, suspension or revocation and/or impose a fine. The Board, acting as a party state to the Nurse Multistate Licensure Compact, may take action against the Multistate Licensing Privilege of any nurse within the State in accordance with Md. Health Occ. Code Ann. § 8-7A-01(5) which states that party states may...limit or revoke the multistate licensing privilege of any nurse to practice in the state and may take any other actions under the applicable state laws necessary to protect the health and safety of the citizens of the party state.

NOV 14 2014

Date

A'lise Williams, MS, BSN, RN
The Acting Deputy Director's Signature
Appears on the Original Document

IN THE MATTER OF	*	BEFORE THE MARYLAND
	*	
BONITA EARP	*	BOARD OF NURSING
	*	
Multi-State Licensing Privilege to	*	OAG CASE NO. 13-BP-479
Practice Registered/Practical Nursing	*	
Virginia License No. RN0001127008	*	

REQUEST FOR HEARING

In order for the Board to schedule a hearing in your case, you must sign your name below, write in the date you signed your name and write in your current mailing address and phone number, and mail or fax to the Board on or before **DECEMBER 23, 2014** to:

Keva S. Jackson-McCoy, MSN, RN
Director of Discipline and Rehabilitation
Maryland Board of Nursing
4140 Patterson Ave
Baltimore, Maryland 21215
FAX: (410) 358-1499

I request that an evidentiary hearing be scheduled before the Board of Nursing

BONITA EARP

Date Signed

NOTE: After the Board receives this Request for Hearing form, a settlement conference will be scheduled to provide an opportunity for a resolution of this case without proceeding to an evidentiary hearing.

Please print current mailing address, including zip code, and phone number below.

 Street Address

 Street Address (continued- if extra space needed)

 City State Zip Code

 Phone number(s) (include area code)

IMPORTANT: YOU HAVE A CONTINUING DUTY TO NOTIFY THE BOARD IN WRITING OF ANY CHANGES TO YOUR MAILING ADDRESS SO THAT YOU RECEIVE ALL WRITTEN COMMUNICATIONS FROM THE BOARD REGARDING YOUR CASE.

RETURN THIS FORM NO LATER THAN DECEMBER 23, 2014