VIRGINIA:

BEFORE THE BOARD OF NURSING

IN RE:

KAREN R. COX, R.N. REINSTATEMENT APPLICANT

License No.: 0001-193618

AMENDED NOTICE OF HEARING

Pursuant to §§ 2.2-4020, 2.2-4024(F), and 54.1-2400(11) of the Code of Virginia (1950), as amended ("Code"), Karen R. Cox, R.N, who, prior to its suspension by the Director of the Department of Health Professions on February 2, 2015, held License No. 0001-193618 to practice professional nursing in Virginia, is hereby given notice that a formal administrative hearing will be held in the presence of a panel of the Board of Nursing. The hearing will be held on November 18, 2015, at 1:00 p.m., at the offices of the Department of Health Professions, Board of Nursing, Perimeter Center, 9960 Mayland Drive, Suite 201,

Henrico, Virginia 23233, at which time Ms. Cox will be afforded the opportunity to be heard in person or by

counsel.

At the hearing, Ms. Cox has the following rights, among others: the right to representation by counsel; the right to have witnesses subpoenaed and to present witnesses on her behalf; the right to present documentary evidence; and the right to cross-examine adverse witnesses. If Ms. Cox desires any witnesses to appear on her behalf, she must notify the Director of Administrative Proceedings, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in accordance with the <u>Instructions for Requesting Subpoenas</u>.

The purpose of the hearing is to receive and act upon Ms. Cox's application for reinstatement of her license to practice professional nursing in Virginia, which was mandatorily suspended by Order of the Department of Health Professions entered February 2, 2015, and to inquire into evidence that Ms. Cox may

have violated certain laws and regulations governing professional nursing practice in Virginia, as more fully set forth in the Statement of Particulars below.

The burden rests upon Ms. Cox, as the petitioner, to demonstrate that she is capable of resuming the safe and competent practice of professional nursing in Virginia.

Pursuant to § 54.1-2409 of the Code, reinstatement of Ms. Cox's license requires the affirmative vote of three-fourths of the members of the Board in attendance at the hearing.

STATEMENT OF PARTICULARS

The Board alleges that:

- 1. Karen R. Cox may have violated §54.1-3007(2), (5), (6) and (8) of the Code and 18 VAC 90-20-300(A)(2)(c), (e) and (f) of the Regulations Governing the Practice of Nursing in that, during the course of her employment with MSA Home Health and Hospice, Richlands, Virginia, she diverted Duragesic patches prescribed to hospice patients for her own personal and/or otherwise unauthorized use, failed to maintain accurate clinical notes and failed to follow physician orders, as evidenced by the following:
- a. Between October 2013 and January 2014 Ms. Cox had single Duragesic (C-II) patch prescriptions filled at multiple pharmacies and received the medications from multiple pharmacies for Patient A. The prescriptions should have totaled approximately 85 patches; she received approximately 100 patches, as evidenced by her signature on pharmacy signature records. In addition, she failed to document administration of the medication in clinical notes and she failed to follow physician orders regarding the patches. Duragesic patches were ordered to remain in place for 72 hours; by her own admission, she did not ensure the patches were placed at three-day intervals and she sometimes changed the patches early.
- b. On or about April 11, 2014 and April 23, 2014 Ms. Cox received Duragesic patches prescribed to Patient B from the pharmacy, as evidenced by her signature on the pharmacy signature records. However, her clinical notes dated April 8, 2014 did not mention Patient B experiencing pain and indicated

that the physician did not need to be contacted, and Patient B was not prescribed Duragesic patches for pain. On April 11, 2014 she received a prescription for 50 mcg Duragesic patches for Patient B, but according to her clinical notes, she was not at Patient B's home again until April 17, 2014. On that date, her clinical notes do not mention any pain being experienced by Patient B, it was noted that physician contact was not needed, and medication education was not given to the caregivers about a new medication. The dosage of the Duragesic patches was increased on April 23, 2014, and Ms. Cox received the patches the same day from the pharmacy; by her own admission, she did not know whether the patches were being used. The patient's son indicated Patient B never experienced pain and never used Duragesic patches.

- C. From on or about February 26, 2013 to August 1, 2013 Ms. Cox had single Duragesic patch prescriptions filled at multiple pharmacies and she received the filled prescriptions from multiple pharmacies for Patient C, as evidenced by her signature on pharmacy signature records. The prescriptions totaled approximately 70 patches; she picked up approximately 120 patches. The patches were to remain in place for 72 hours per physician orders; however, clinical notes indicated she did not follow the physician's order. From March 14, 2013 to March 26, 2013 the count remained three patches; from March 28, 2013 to April 3, 2013 she indicated four patches were used. The clinical and nurses' notes for Patient C failed to maintain accurate medication counts and/or failed to note Duragesic patches as a medication prescribed to Patient C. When Patient C's family indicated to Ms. Cox that his pain was not well controlled, she informed them it was because of the patient's tolerance.
- d. Between August 2013 and October 2013 Ms. Cox filled single prescriptions for Duragesic patches for Patient D at multiple pharmacies and received the prescriptions from multiple pharmacies as evidenced by her signature on pharmacy signature records. Patient D received a prescription for Duragesic patches on or about August 19, 2013 and Ms. Cox received the medication on that date. Her clinical and nurses' notes failed to mention that Patient's D's pain was not managed by the Lortab prescribed

and she failed to note Duragesic patches as a medication for Patient D until September 6, 2013. The prescriptions should have totaled approximately 35 patches; she picked up approximately 59 patches. Patient D passed away on October 4, 2013; Ms. Cox received a prescription for five Duragesic patches from the pharmacy for Patient D on October 7, 2013 knowing he was deceased.

- e. On or about November 6, 2013 Ms. Cox had filled and received a prescription for Patient E for Duragesic patches from Bristol Home Infusion, as evidenced by her signature on pharmacy signature records, knowing the patient did not use that pharmacy, and that the medication was normally filled and picked up at another pharmacy by the patient's caregivers. Patient E passed away on November 15, 2013 and, by her own admission, Ms. Cox took the deceased's medications with her from the residence.
- 2. Ms. Cox may be in violation of § 54.1-3007(6) of the Code in that she may be unsafe to practice nursing due to substance abuse, as evidenced by her recent opioid addiction treatment received from Watauga Medical Group, P.C., Abingdon, Virginia. She had been prescribed Zubsolv, 5.7 mg/1.4 mg (buprenorphine and nalaxone, Schedule III), since May 2014.
- 3. Ms. Cox may have violated §54.1-3007(2) and (5) of the Code and 18 VAC 90-20-300(A)(2)(e) of the Regulations in that on her employment application to Stone Mountain Health Services, Pennington Gap, Virginia, dated May 25, 2014, she indicated her reason for leaving MSA Home Health and Hospice was because of a lack of patients when, in fact, she resigned when confronted with evidence of drug diversion.
- 4. Ms. Cox may have violated § 54.1-3007(4) of the Code in that on or about January 22, 2015, Ms. Cox was convicted of embezzlement, a felony, in the Circuit Court of Russell County, Virginia. This conviction formed the basis for the mandatory suspension of her nursing license by the Department of Health Professions.

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FOR THE BOARD

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director for the
Board of Nursing