VIRGINIA:

BEFORE THE BOARD OF NURSING

IN RE: **NICOLE STATON, R.N.**
License No.: 0001-225944

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"), Nicole Staton, R.N., who holds License No. 0001-225944 to practice professional nursing in Virginia which is set to expire on October 31, 2016, 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 January 29, 2015, at 2:00 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. Staton will be afforded the opportunity to be heard in person or by counsel.

At the hearing, Ms. Staton 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. Staton 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 Instructions for Requesting Subpoenas.

The purpose of the hearing is to inquire into evidence that Ms. Staton may have violated certain laws and regulations governing nursing practice in Virginia, as more fully set forth in the Statement of Particulars below.

STATEMENT OF PARTICULARS

The Board alleges that:

1. Nicole Staton, R.N., may have violated §54.1-3007(2), (5), (6), and (8) of the Code and 18 VAC 90-20-300(A)(2)(c) and (e) of the Regulations Governing the Practice of Nursing in that during the course of her employment with Lewis Gale Medical Center, Salem, Virginia, during the months of February and March 2014, Ms. Staton diverted narcotic medications for her personal and/or other unauthorized use and falsified patient records, as evidenced by the following:

a. During an investigation by the facility following a pharmacy audit, facility security officers searched Ms. Staton's purse. In her purse security found approximately 40 small baggie corners containing a white residue, two bottles of medication appearing to be a mixture of medications and a prescription bottle bearing the name, Nicole Staton, for Percocet. Ms. Staton also had individually wrapped pills which she indicated were Tylenol from patients at Golden Living Center-Alleghany, Clifton Forge, Virginia, who did not want their pills. Lastly, a package of at least ten syringes, without needles, was found during the search.

b. On or about March 12, 2014 and March 13, 2014, Ms. Staton documented administering morphine sulfate 4 mg IV (Schedule II) and Percocet 5/325 (oxycodone hcl/acetaminophen 5/325, Schedule II) to Patient 1 against physician's orders. Physician's orders indicated Percocet 5/325 was to be given two tablets every four hours as needed for severe pain with a score of 8 to 10 on the pain scale. Morphine sulfate 4 mg, IV, was to be given every three hours for severe pain with a score of 8 to 10 on the pain scale, if unable to tolerate oral medication. Patient 1 indicated her pain was 6 out of 10 on the pain scale and Ms. Staton documented administering both medications at approximately the same time on three occasions.

c. On or about March 12, 2014 and March 13, 2014, Ms. Staton documented administering Percocet 5/325, Dilaudid 2 mg (hydromorphone, Schedule II,) and morphine sulfate 4 mg to Patient 2 against physician's orders. Physician's orders indicated that Percocet 5/325 was to be given two tablets, by mouth, every three hours as needed for severe pain with a score of 8 to 10 on the pain scale.

Morphine sulfate 4 mg, IM, was to be given every four hours as needed for breakthrough pain. Dilaudid 2 mg was to be given by mouth, every four hours as needed for breakthrough pain. Ms. Staton documented administering Percocet 5/325 and Dilaudid 2mg to Patient 2 at approximately the same time on three occasions. Ms. Staton also documented administering Dilaudid 2 mg at approximately the same time as morphine sulfate 4 mg and Percocet 5/325 on March 12, 2014. On March 12, 2014, Patient 2 indicated her pain ranged from 5 to 7 on the pain scale and Ms. Staton failed to assess a pain level on March 13, 2014.

d. On or about March 12, 2014 and March 13, 2014, Ms. Staton administered Percocet 5/325 to Patient 3 against physician's orders. The physician's order indicated Percocet 5/325 was to be given one tablet, by mouth, every three hours as needed for severe pain, an 8 to 10 on the pain scale. On three occasions Ms. Staton documented administering Percocet to Patient 3 when the patient indicated her pain was a 5 on the pain scale.

e. On or about March 19, 2014 and March 20, 2014, Ms. Staton administered morphine sulfate 2 mg and Vicodin 5/325 (hydrocodone bit/acetaminophen 5/325, Schedule III) against physician's orders to Patient 4. Physician's orders indicated Vicodin 5/325 was to be given two tablets, by mouth, every four hours as needed for severe pain. Morphine sulfate 2 mg, IV, was to be given every hour as needed for severe pain, if unable to take oral medication. On March 19, 2014, at 8:07 p.m., Ms. Staton documented administering two tablets of Vicodin 5/325 to Patient 4. At approximately 9:30 p.m., Ms. Staton documented administering morphine sulfate 2 mg to Patient 4. At 11:57 p.m., Ms. Staton documented administering both morphine sulfate 2 mg and Vicodin 5/325 to Patient 4. On March 20, 2014, Ms. Staton documented administering morphine sulfate 2 mg at 1:39 a.m. and at 4:24 a.m. Ms. Staton documented administering both morphine sulfate and Vicodin 5/325 to Patient 4.

f. From on or about March 20, 2014 to March 22, 2014, Ms. Staton administered OXY-IR

5 mg (Oxycodone HCL, Schedule II), to Patient 5 against physician's orders. Physician's orders indicated Patient 5 was to receive one tablet every eight hours as needed for pain after trying Tylenol first. On March 20, 2014, on two occasions Ms. Staton documented administering Tylenol at the same time she documented administering OXY-IR. On March 21, 2014, on two occasions Ms. Staton administered Tylenol at the same time as OXY-IR. On March 22, 2014, Ms. Staton administered OXY-IR and Tylenol at approximately the same time.

g. From on or about March 25, 2014 to March 27, 2014, Ms. Staton administered Percocet 5/325 to Patient 6 against physician's orders. Physician's orders indicated Percocet 5/325 was to be given two tablets, every four hours as needed for severe pain, an 8 to 10 on the pain scale. On four occasions Ms. Staton documented administering Percocet 5/325 to Patient 6 when the patient indicated his pain was a 4 or a 5 on the pain scale. On one occasion Ms. Staton administered Percocet 5/325 to Patient 6 an hour early and when the patient indicated his pain was only a 4 on the pain scale.

h. On or about March 26, 2014 and March 27, 2014, Ms. Staton administered Lortab 7.5/325 mg (hydrocodone/acetaminophen, Schedule III) and morphine sulfate 2 mg, IV, to Patient 7 against physician's orders. Physician's orders indicated Lortab 7.5/325 was to be given one tablet every four hours as needed for moderate pain, 4 to 7 on the pain scale. Morphine sulfate 2 mg, IV, was to be given every three hours as needed for moderate pain, 4 to 7 on the pain scale, if unable to take oral medication. On three occasions, Ms. Staton documented administering both Lortab 7.5/325 and morphine sulfate 2 mg to Patient 7 at approximately the same time.

i. On or about February 26, 2014 and February 27, 2014, Ms. Staton administered Lortab 10/325 and Dilaudid 2 mg, IV, to Patient 8, against physician's orders. Physician's orders indicated Lortab 10/325 was to be given one tablet, by mouth, every four hours as needed for moderate pain. Dilaudid 2 mg, IV, was to be given every 30 minutes as needed for severe pain with a maximum of 4 mg/4 hours. On

February 26, 2014, Ms. Staton documented administering Lortab 10/325 at the same time as Dilaudid 2 mg to Patient 8 at approximately 8:34 p.m. and 11:53 p.m. On February 27, 2014, Ms. Staton documented administering Dilaudid 2 mg to Patient 8 at approximately 1:16 a.m. and 2:52 a.m. On February 27, 2014, at 5:47 a.m. Ms. Staton documented administering Dilaudid 2 mg at approximately the same time as Lortab.

j. On or about February 28, 2014, Ms. Staton documented administering Dilaudid 0.5 mg, IV, and Percocet 5/325 to Patient 9 against physician's orders. The physician's orders indicated that Percocet was to be administered two tablets every four hours as needed for severe pain. Dilaudid 0.5 mg, IV, was to be given every hour as needed for severe pain. At approximately 10:51 p.m. Ms. Staton pulled both medications but only documented administering the Percocet. At approximately 2:45 a.m. and 6:17 a.m., Ms. Staton documented administering Percocet and Dilaudid to Patient 9 at approximately the same time.

k. On or about February 28, 2014 and March 1, 2014, Ms. Staton documented administering morphine sulfate 8mg, IV, and Dilaudid 4 mg to Patient 10 against physician's orders. Morphine sulfate was to be administered, IV, every four hours as needed, with a pain indication of 9 to 10 on the pain scale. Dilaudid was to be administered one tablet, by mouth, every six hours as needed for pain. On March 1, 2014, Ms. Staton documented administering both morphine sulfate and Dilaudid at approximately 1:37 a.m.

l. On or about February 22, 2014, Ms. Staton documented administering Percocet 5/325 to Patient 11 against physician's orders. The physician's orders indicated two tablets daily as needed for severe pain, a 7 or above on the pain scale. Ms. Staton documented administering two tablets to Patient 11 three times on February 22, 2014 between the hours of 12:00 a.m. and 7:00 a.m.

m. On or about February 26, 2014 and February 27, 2014, Ms. Staton documented administering Roxicodone 15 mg (Oxycodone HCL, Schedule II) and Dilaudid 2mg to Patient 12 against physician's orders. Physician's orders indicated Dilaudid was to be given two tablets every three hours as

needed for pain. Oxycodone HCL 15 mg was to be administered one tablet every four hours as needed for pain. On four occasions, Ms. Staton administered both medications to Patient 12 at approximately the same time.

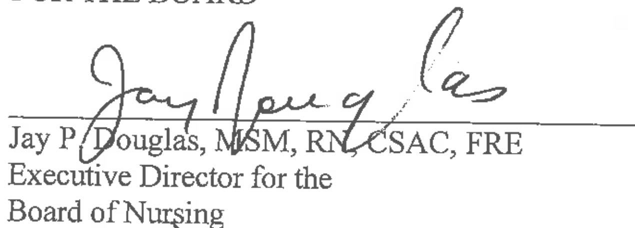
2. Ms. Staton may have violated §54.1-3007(6) of the Code in that she may be unsafe to practice nursing due to substance abuse and/or physical and/or mental illness, as evidenced by the following:

a. On or about April 14, 2014, Ms. Staton was admitted to Stonewall Jackson Hospital, Lexington, Virginia, pursuant to an emergency custody order.

b. Ms. Staton frequently experiences lower back pain for which she takes narcotic medications daily. Ms. Staton also suffers from migraines for which she takes narcotic medications.

Please see Attachment I for the names of the patients referred to above.

FOR THE BOARD



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

ENTERED: December 31st, 2014