



COMMONWEALTH of VIRGINIA

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NOTICE OF INFORMAL CONFERENCE BEFORE AN AGENCY SUBORDINATE

April 23, 2009

Audrey S. Hollar, R.N.
117 Likens Way
Winchester, Virginia 22602

CERTIFIED MAIL
71603901984534277538

RE: VA License No.: 0001-117631
Expiration Date: January 31, 2011

Dear Ms. Hollar:

This letter is official notification that an informal conference of the Virginia Board of Nursing ("Board") will be held on **June 10, 2009, at 1:00 p.m.**, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Richmond, Virginia. In accordance with §§ 2.2-4019, 2.2-4021, and 54.1-2400(10) of the Code of Virginia (1950), as amended ("Code"), this informal conference will be held before an agency subordinate of the Board of Nursing. This informal conference will be convened as a public meeting pursuant to § 2.2-3700 *et seq.* of the Code. The agency subordinate will inquire into allegations that you may have violated certain laws and regulations governing nursing practice in Virginia.

Specifically, during the course of your employment with Northwestern Community Services, Front Royal, Virginia:

1. You may have violated § 54.1-3007(2), (5) 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 on or about January 16, 2008, you documented that Client A had received the following medications: Thorazine (chlorpromazine HCL, Schedule VI), trazodone (Schedule VI), Remeron (mirtazapine, Schedule VI) and Vistaril. However, on or about May 20, 2008, the former three listed medications were found in the client's box.

2. You may have violated § 54.1-3007(2), (5) and (8) of the Code and 18 VAC 90-20-300(A)(2)(e) and (f) of the Regulations Governing the Practice of Nursing in that on or about January 16, 2008, you recorded incorrect and/or incomplete vital signs for Client A.

3. You may have violated § 54.1-3007(2), (5) and (8) of the Code and 18 VAC 90-20-300(A)(2)(a) of the Regulations Governing the Practice of Nursing in that you marked through the name of Client B on a medication bottle containing Seroquel (quetiapine, Schedule VI) that was prescribed and labeled for this client, placed the name of Client C on the bottle, and placed the medication in Client C's box.

4. You may have violated § 54.1-3007(2), (5) and (8) of the Code and 18 VAC 90-20-300(A)(2)(f) of the Regulations Governing the Practice of Nursing in that on or about May 16, 2008, you incorrectly packed medications in Client D's medication pill box in that you did not include the client's morning and evening doses of Vistaril (hydroxyzine pamoate, Schedule VI) and failed to provide the correct amount of tablets for the client's PRN dose of this same medication.

5. You may have violated § 54.1-3007(2), (5) and (8) of the Code and 18 VAC 90-20-300(A)(2)(i) of the Regulations Governing the Practice of Nursing in that on or about October 9, 2007, and February 21, 2008, you instructed a non-licensed employee to order medications and to assist with writing medication information on clients' medication administration records (MAR's).

6. You may have violated § 54.1-3007(5) and (8) of the Code in that:

a. On or about May 12, 2008, you documented giving Client E 100 tablets of Depakote; however, the pill bottle only contained 90 tablets of said medication.

b. On or about April 17, 2008, and May 9, 2008, you documented the incorrect amount of Celexa (citalopram) given to Client F on the client's MAR.

c. On or about April 30, 2008, Client G had an order for one tablet of Seroquel 400mg twice daily. However, you incorrectly transcribed the order for one tablet of Seroquel 400mg at bedtime on the client's MAR.

d. On or about March 19, 2008, Client H had an order for Depakote ER 1000mg (divalproex sodium, Schedule VI) at bedtime. On the client's MAR dated April 7, 2008, you incorrectly indicated that this medication should be split between a morning dose of 500mg and an evening dose of 1000mg for a total dosage of 1500mg. You subsequently prepared the client's medication bottle with a label reflecting the same.

e. On or about December 28, 2007, Client I had an order for two tablets of Librium 10mg three times daily. However, you wrote that the client was to take one tablet of Librium 20mg three times daily. This medication only came in 10mg capsules.

f. On or about December 12, 2007, you illegibly transcribed the dosage amount for a medication on Client J's MAR.

g. On or about September 5, 2007, you misspelled names of medications on Client I's MAR.

h. On or about July 11, 2007, you incorrectly ordered trihaloperazine (Stelazine) for Client G, instead of fluphenazine (Prolixin) as had been prescribed by the client's physician. On or about July 25, 2007, you crossed out the correct generic name listed for the medication on the client's MAR and placed the incorrect generic name. As a result, the client took the incorrect medication until it was discovered by his physician on April 30, 2008.

i. You improperly stored medications in that on or about May 20, 2007, 19 bottles of labeled prescription medication were found in an unlocked file cabinet drawer in your office.

j. On or about December 20, 2006, and September 28, 2006, you documented the information for Client K, including personal and medication information, on the MAR for Client L.

k. On or about October 18, 2006, you incorrectly transcribed the generic name of a medication on Client M's MAR.

7. You may have violated § 54.1-3007(2) of the Code and 18 VAC 90-20-300(A)(2)(e) of the Regulations Governing the Practice of Nursing in that on your application for employment with the Sheridan VA Medical Center, you stated that you were fired from Northwestern Community Services Board due to downsizing, when, in fact, you were terminated for numerous medication documentation and administration errors.

8. You may have violated § 54.1-3007(6) of the Code in that on or about September 15, 2008, you submitted to a random urine drug screen which was positive for hydromorphone, for which you did not have a valid prescription.

After consideration of all information, the agency subordinate may:

- If the agency subordinate finds that there is insufficient evidence to warrant further action or that the charges are without foundation, notify you by mail that your record has been cleared of any charge which might affect your right to practice nursing in the Commonwealth;
- Recommend findings of fact, conclusions of law and a sanction, to include a reprimand, placing you on probation with terms, suspension or revocation of your license, or imposing a monetary penalty pursuant to § 54.1-2401 of the Code.

Further, the agency subordinate may refer this matter for a formal administrative proceeding pursuant to § 2.2-4020 of the Code.

Since the allegations listed above involve impairment, please be advised that you may make application to the Health Practitioners' Intervention Program ("HPIP"), which is available to all health care practitioners licensed in Virginia. A brochure about the HPIP is enclosed. Should you enter into a written agreement with the HPIP prior to your informal conference, the agency subordinate will take that into consideration when making a recommendation in your case.

Board's Review of Agency Subordinate's Recommended Decision

If you appear in person or by counsel at the informal conference, the recommendation of the agency subordinate will be presented to a quorum of the Board. The Board may accept or modify the recommendation, or reject the recommendation and move the case to formal hearing. If you do not agree with the decision of the Board, you have the right to a formal administrative hearing before the Board.

If you fail to appear in person or by counsel at the informal conference, the recommendation of the agency subordinate will be presented to a quorum of the Board. The Board may accept or modify the recommendation, or reject the recommendation. The Board's decision regarding the agency subordinate's recommendation is a final order that can only be appealed to circuit court as provided by Rule 2A:2 of the Supreme Court of Virginia.

You have the right to information that will be relied upon by the agency subordinate in making a decision. Therefore, I enclose a copy of the documents that will be distributed to the agency subordinate, and will be considered when discussing the allegations with you and when deliberating upon your case. **These documents are enclosed only with the original notice sent by certified mail, which you may be required to claim at the post office. Please bring these documents with you to the informal conference.**

To facilitate this proceeding, you should submit five copies of any documents you wish the agency subordinate to consider to the Board of Nursing, Perimeter Center, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, by June 5, 2009. Your documents may not be submitted by facsimile or email.

You may be represented by an attorney at the informal conference. If you obtain counsel, you should do so as soon as possible, because absent good cause to support a request for a continuance, the informal conference will be held on June 10, 2009. A request to continue this proceeding must state **in detail** the reason for the request and must establish good cause. Such request must be made, in writing, to me at the address listed on this letter and must be received by 12 noon on June 5, 2009. Only one such motion will be considered. Absent critical circumstances, such as personal or family illness, a request for a continuance after June 5, 2009, will not be considered.

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of nursing and other healing arts in Virginia cited in this notice can be found on the Internet at <http://leg1.state.va.us>. To access this information, please click on the *Code of Virginia* for statutes and *Virginia Administrative Code* for regulations.

Please advise the Board, in writing, of your intention to be present. If you have any questions regarding this notice, please contact this office at (804) 367-4576.

Sincerely,



Gloria D. Mitchell, R.N., M.S.N., M.B.A.
Deputy Executive Director, Discipline

Enclosures

cc: Sandra Whitley Ryals, Director, Department of Health Professions
Anne G. Joseph, Deputy Director, Administrative Proceedings Division
Amanda E. Mitchell, Adjudication Specialist
Agency Subordinate
Lila Theberge, Senior Investigator (Case no. 121333)
Peggy Wood, Intervention Program Manager
Andrea Sloan, Esquire