

Certified True Copy

By [Signature]
Virginia Board of Nursing



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SEP 18 2013

VA BD OF NURSING

COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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

September 17, 2013

Tywana Reba Elizabeth Wilson
24600 Euclid Avenue, Apt. 201
Euclid, OH 44117

RE: License No.: 0001-235638

Dear Ms. Wilson:

CERTIFIED MAIL

DUPLICATE COPY
VIA FIRST CLASS MAIL

DATE 9/18/13

Pursuant to Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), you are hereby given notice that your license to practice nursing in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered September 17, 2013. You are hereby advised that, pursuant to Section 54.1-2409.1 of the Code, any person who practices a profession or occupation after having their license or certificate to do so suspended shall be guilty of a felony. Please return your license to Jay P. Douglas, Executive Director of the Virginia Board of Nursing, at the above address, immediately upon receipt of this letter.

Section 54.1-2409 of the Code further provides that you may apply to the Board of Nursing ("Board") for reinstatement of your license, and shall be entitled to a hearing not later than the next regular meeting of the Board after the expiration of sixty days from the receipt of such reinstatement application. You have the following rights, among others: to be represented by legal counsel, to have witnesses subpoenaed on your behalf, to present documentary evidence and to cross-examine adverse witnesses. The reinstatement of your license shall require the affirmative vote of three-fourths of the members present of the Board of Nursing.

Should you wish to petition the Board of Nursing for reinstatement of your license, contact Jay P. Douglas, Executive Director, at the above address or (804) 367-4599.

Sincerely,

[Signature: D. Reynolds-Cane MD]

Dianne L. Reynolds-Cane, M.D., Director
Department of Health Professions

Enclosures
Case # 152801

VIRGINIA:

BEFORE THE DEPARTMENT OF HEALTH PROFESSIONS

IN RE: TYWANA REBA ELIZABETH WILSON, R.N.
License Number: 0001-235638

ORDER

In accordance with Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), I, Dianne L. Reynolds-Cane, M.D., Director of the Virginia Department of Health Professions, received and acted upon evidence that the license of Tywana Reba Elizabeth Wilson, R.N., to practice as a registered nurse in the State of Ohio was suspended by an Order entered July 26, 2013. A certified copy of the Order (with attachment) is attached to this Order and is marked as Commonwealth's Exhibit No. 1.

WHEREFORE, by the authority vested in the Director of the Department of Health Professions pursuant to Section 54.1-2409 of the Code, it is hereby ORDERED that the license of Tywana Reba Elizabeth Wilson, R.N., to practice as a professional nurse in the Commonwealth of Virginia be, and hereby is, SUSPENDED.

Upon entry of this Order, the license of Tywana Reba Elizabeth Wilson, R.N., will be recorded as suspended. Should Ms. Wilson seek reinstatement of her license pursuant to Section 54.1-2409 of the Code, she shall be responsible for any fees that may be required for the reinstatement and renewal of her license prior to issuance of her license to resume practice.

Pursuant to Sections 2.2-4023 and 54.1-2400.2 of the Code, 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 and copying upon request.



Dianne L. Reynolds-Cane, M.D., Director
Department of Health Professions

ENTERED: _____

9-17-13



COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

Department of Health Professions

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

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

CERTIFICATION OF DUPLICATE RECORDS

I, Dianne L. Reynolds-Cane, M.D., Director of the Department of Health Professions, hereby certify that the attached Order (with attachment) entered July 26, 2013, regarding Tywana Reba Elizabeth Wilson, R.N., is a true copy of the records received from the Ohio Board of Nursing.

D. Reynolds-Cane MD

Dianne L. Reynolds-Cane, M.D.

Date: 9-17-13



Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

BEFORE THE OHIO BOARD OF NURSING

IN THE MATTER OF:

CASE #10-5355

TYWANA R.E. WILSON, R.N.

ORDER

By publication once a week for three consecutive weeks in *The Plain Dealer*, notice was given to **TYWANA R.E. WILSON, R.N.**, that the Ohio Board of Nursing intended to consider disciplinary action regarding **MS. WILSON'S** license to practice nursing as a registered nurse in the State of Ohio, and that **MS. WILSON** was entitled to a hearing if such hearing was requested within thirty (30) days of the last date of publication. On January 16, 2013, the Board mailed a proof of publication affidavit to **MS. WILSON'S** last known address.

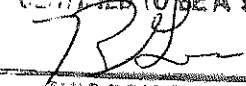
No hearing request has been received from **MS. WILSON** and more than thirty (30) days have now elapsed since the last date of publication of the Notice.

Upon consideration of the charges stated against **TYWANA R.E. WILSON** in the November 18, 2011 Notice of Opportunity for Hearing and evidence supporting the charges, the Board finds that **MS. WILSON** has committed acts in violation of the Nurse Practice Act, Ohio Revised Code Chapter 4723, as stated in the Notice of Opportunity for Hearing, and the Ohio Board of Nursing **ORDERS** that **MS. WILSON'S** license to practice nursing as a registered nurse is hereby suspended for an indefinite period of time but not less than two (2) years with the conditions for reinstatement set forth below, and that following reinstatement, **MS. WILSON'S** license to practice nursing as a registered nurse shall be subject to a stayed suspension under the probationary terms, conditions, and limitations set forth below for a minimum period of three (3) years and the **Temporary Narcotic and Permanent Practice Restrictions** set forth below.

REQUIREMENTS AND CONDITIONS FOR REINSTATEMENT

1. **MS. WILSON** shall obey all federal, state, and local laws, and all laws and rules governing the practice of nursing in Ohio.
2. **MS. WILSON** shall appear in person for interviews before the full Board or its designated representative as requested by the Board.

CERTIFIED TO BE A TRUE COPY


OHIO BOARD OF NURSING
Records & Compliance Section

Page 1 of 9



3. **Prior to requesting reinstatement by the Board, MS. WILSON** shall submit a request to the Bureau of Criminal Identification and Investigation (BCII) to conduct a criminal records check of **MS. WILSON**, including a check of Federal Bureau of Investigation (FBI) records, and shall cause BCII to submit **MS. WILSON's** criminal records check reports to the Board. A request for reinstatement will not be considered by the Board until the completed criminal records check, including the FBI check, has been received by the Board.

Monitoring

4. **MS. WILSON** shall abstain completely from the personal use or possession of drugs, except those prescribed, administered, or dispensed to her by another so authorized by law who has full knowledge of **MS. WILSON's** history. **MS. WILSON** shall self-administer the prescribed drugs only in the manner prescribed.
5. **MS. WILSON** shall abstain completely from the use of alcohol or any products containing alcohol.
6. **Prior to requesting reinstatement by the Board, MS. WILSON** shall, at her own expense, obtain a chemical dependency evaluation by a Board approved chemical dependency professional and shall provide the Board with complete documentation of this evaluation. Prior to the evaluation, **MS. WILSON** shall provide the chemical dependency professional with a copy of this Order and Notice of Opportunity for Hearing. Further, **MS. WILSON** shall execute releases to permit the chemical dependency professional to obtain any information deemed appropriate and necessary for the evaluation. The chemical dependency professional shall submit a written opinion to the Board that includes diagnoses, recommendations for treatment and monitoring, any additional restrictions that should be placed on **MS. WILSON's** license, and a statement as to whether **MS. WILSON** is capable of practicing nursing according to acceptable and prevailing standards of safe nursing care.
7. **MS. WILSON** shall provide the Board with satisfactory documentation of compliance with all aspects of the treatment plan developed by the chemical dependency professional described above until released. Further, the Board may utilize the professional's recommendations and conclusions from the evaluation as a basis for additional terms, conditions, and limitations on **MS. WILSON's** license.
8. **For a minimum, continuous period of one (1) year immediately prior to requesting reinstatement, MS. WILSON** shall submit, at her expense and on the day selected, blood or urine specimens for drug and/or alcohol analysis at a collection site specified by the Board at such times as the Board may request. Upon and after **MS. WILSON's** initiation of drug screening, refusal to submit such specimen, or failure to submit such specimen on the day she is selected, or in such a manner as the Board may request, shall constitute a violation of a restriction placed on a license for purposes of Section 4723.28(B), ORC. This screening shall require a daily call-in process. The specimens submitted by **MS. WILSON** shall be negative, except for substances prescribed,

administered, or dispensed to her by another so authorized by law who has full knowledge of **MS. WILSON's** history.

9. Within thirty (30) days prior to **MS. WILSON** initiating drug screening, **MS. WILSON** shall provide a copy of this Order to all treating practitioners and shall provide to the Board a list of all treating practitioners, including addresses and telephone numbers and cause all treating practitioners to complete a medication prescription report that is to be mailed by the practitioner directly to the Board. The medication report is to be completed for any and all substances prescribed, administered, or dispensed to **MS. WILSON**.
10. After initiating drug screening, **MS. WILSON** shall be under a continuing duty to provide a copy of this Order, prior to initiating treatment, to additional treating practitioners, and to update the list of treating practitioners with the Board within forty-eight (48) hours of being treated by another practitioner. Further, **MS. WILSON** shall notify the Board of any and all medication(s) or prescription(s) received within twenty-four (24) hours of release from hospitalization or medical treatment.
11. **For a minimum, continuous period of one (1) year immediately prior to requesting reinstatement, MS. WILSON** shall attend a minimum of one (1) meeting per week of a support or peer group meeting approved in advance by the Board, or a Twelve Step program, and **MS. WILSON** shall provide satisfactory documentation of such attendance to the Board prior to reinstatement.

Reporting Requirements of MS. WILSON

12. **MS. WILSON** shall sign release of information forms allowing health professionals and other organizations to submit requested documentation or information directly to the Board.
13. **MS. WILSON** shall submit any and all information that the Board may request regarding her ability to practice according to acceptable and prevailing standards of safe nursing practice.
14. **MS. WILSON** shall not submit or cause to be submitted any false, misleading, or deceptive statements, information, or documentation to the Board or to employers or potential employers.
15. **MS. WILSON** shall submit the reports and documentation required by this Order on forms specified by the Board. All reporting and communications required by this Order shall be made to the Compliance Unit of the Board.
16. **MS. WILSON** shall submit the reports and documentation required by this Order to the attention of the Compliance Unit, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, OH 43215-7410.

17. **MS. WILSON** shall verify that the reports and documentation required by this Order are received in the Board office.
18. **MS. WILSON** shall inform the Board within three (3) business days, in writing, of any change in address and/or telephone number.

DURATION

The Board may only alter the indefinite suspension imposed if: (1) **MS. WILSON** submits a written request for reinstatement; (2) the Board determines that **MS. WILSON** has complied with all conditions of reinstatement; and (3) the Board determines that **MS. WILSON** is able to practice according to acceptable and prevailing standards of safe nursing care based upon an interview with **MS. WILSON** and review of the documentation specified in this Order.

Following reinstatement, the suspension shall be stayed and MS. WILSON's license shall be subject to the following probationary terms, conditions, and limitations for a minimum period of three (3) years.

1. **MS. WILSON** shall obey all federal, state, and local laws, and all laws and rules governing the practice of nursing in Ohio.
2. **MS. WILSON** shall appear in person for interviews before the full Board or its designated representative as requested by the Board or its designee.

Monitoring

3. **MS. WILSON** shall abstain completely from the personal use or possession of drugs, except those prescribed, administered, or dispensed to her by another so authorized by law who has full knowledge of **MS. WILSON's** history. **MS. WILSON** shall self-administer prescribed drugs only in the manner prescribed.
4. **MS. WILSON** shall abstain completely from the use of alcohol or any products containing alcohol.
5. During the probationary period, **MS. WILSON** shall submit, at her expense and on the day selected, blood or urine specimens for drug and/or alcohol analysis at a collection site specified by the Board at such times as the Board may request. Refusal to submit such specimen, or failure to submit such specimen on the day she is selected, or in such a manner as the Board may request, shall constitute a violation of a restriction placed on a license for purposes of Section 4723.28(B), ORC. This screening shall require a daily call-in process. The specimens submitted by **MS. WILSON** shall be negative, except for substances prescribed, administered, or dispensed to her by another so authorized by law who has full knowledge of **MS. WILSON's** history.
6. **MS. WILSON** shall attend a minimum of one (1) meeting per week of a support or peer group meeting approved in advance by the Board, or a Twelve Step program, and **MS.**

WILSON shall provide satisfactory documentation of such attendance to the Board every six (6) months.

Treating Practitioners and Reporting

7. Within sixty (60) days of the execution of the probationary period, **MS. WILSON** shall provide a copy of this Order to all treating practitioners and shall provide to the Board a list of all treating practitioners, including addresses and telephone numbers. Further, **MS. WILSON** shall be under a continuing duty to provide a copy of this Order, prior to initiating treatment, to additional treating practitioners, and to update the list of treating practitioners with the Board within forty-eight (48) hours of being treated by another practitioner.
8. **MS. WILSON** shall cause all treating practitioners to complete a medication prescription report that is to be mailed by the practitioner directly to the Board. The medication report is to be completed for any and all substances prescribed, administered, or dispensed to **MS. WILSON** throughout the duration of this Order.
9. Within twenty-four (24) hours of release from hospitalization or medical treatment, **MS. WILSON** shall notify the Board of any and all medication(s) or prescription(s) received.

Employment Conditions

10. Prior to accepting employment as a nurse, each time with every employer, **MS. WILSON** shall **notify the Board, in writing.**
11. **MS. WILSON** is under a continuing duty to provide a copy of this Order and Notice of Opportunity for Hearing to any new employer **prior to accepting nursing employment.** **MS. WILSON** shall have her employer(s), if working in a position where a nursing license is required, submit written reports regarding job performance on a quarterly basis **beginning within thirty (30) days of accepting nursing employment.** **MS. WILSON** shall have her employer(s) send documentation to the Board, along with the first employer report, of receipt of a copy of this Order and Notice of Opportunity for Hearing, including the date they were received.

Reporting Requirements of MS. WILSON

12. **MS. WILSON** shall sign releases of information forms allowing health professionals and other organizations to submit the requested documentation directly to the Board.
13. **MS. WILSON** shall submit any and all information that the Board may request regarding her ability to practice according to acceptable and prevailing standards of safe nursing practice.
14. **MS. WILSON** shall not submit or cause to be submitted any false, misleading, or deceptive statements, information, or documentation to the Board or to employers or

potential employers.

15. **MS. WILSON** shall submit the reports and documentation required by this Order on forms specified by the Board. All reporting and communications required by this Order shall be made to the Compliance Unit of the Board.
16. **MS. WILSON** shall submit the reports and documentation required by this Order or any other documents required by the Board to the attention of the Compliance Unit, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, OH 43215-7410.
17. **MS. WILSON** shall verify that the reports and documentation required by this Order are received in the Board office.
18. **MS. WILSON** shall inform the Board within five (5) business days, in writing, of any change in employment status or of any change in residential or home address or telephone number.
19. Prior to working as a nurse, **MS. WILSON** shall complete a nurse refresher course or extensive orientation approved in advance by the Board.

Temporary Narcotic Restriction

MS. WILSON shall not administer, have access to, or possess (except as prescribed for **MS. WILSON's** use by another so authorized by law who has full knowledge of **MS. WILSON's** history) any narcotics, other controlled substances, or mood altering drugs. In addition, **MS. WILSON** shall not count narcotics or possess or carry any work keys for locked medication carts, cabinets, drawers, or containers. **MS. WILSON** shall not call in or order prescriptions or prescription refills.

Permanent Practice Restrictions

MS. WILSON shall not practice nursing as a registered nurse (1) for agencies providing home care in the patient's residence; (2) for hospice care programs providing hospice care in the patient's residence; (3) for staffing agencies or pools; (4) as an independent provider where the nurse provides nursing care and is reimbursed for services by the State of Ohio through State agencies or agents of the State; or (5) for an individual or group of individuals who directly engage **MS. WILSON** to provide nursing services for fees, compensation, or other consideration or as a volunteer.

MS. WILSON shall not function in a position or employment where the job duties or requirements involve management of nursing and nursing responsibilities, or supervising and evaluating nursing practice. Such positions include, but are not limited to, the following: Director of Nursing, Assistant Director of Nursing, Nurse Manager, Vice President of Nursing.

FAILURE TO COMPLY

The stay of **MS. WILSON's** suspension shall be lifted and **MS. WILSON's** license to practice nursing as a registered nurse will be automatically suspended if it appears to the Board that **MS. WILSON** has violated or breached any terms or conditions of this Order. Following the automatic suspension, the Board shall notify **MS. WILSON** via certified mail of the specific nature of the charges and automatic suspension of her license. Upon receipt of this notice, **MS. WILSON** may request a hearing regarding the charges.

DURATION

The Board may only alter the probationary period imposed by this Order if: (1) the Board determines that **MS. WILSON** has complied with all aspects of this Order; and (2) the Board determines that **MS. WILSON** is able to practice according to acceptable and prevailing standards of safe nursing care without Board monitoring, based upon an interview with **MS. WILSON** and review of the reports as required herein. Any period during which **MS. WILSON** does not work in a position for which a nursing license is required shall not count toward fulfilling the probationary period imposed by this Order.

This ORDER shall become effective immediately and is hereby entered upon the Journal of the Board for the 26th day of July, 2013.

TIME AND METHOD TO PERFECT AN APPEAL

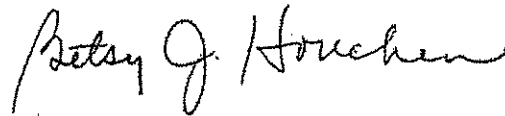
Any party desiring to appeal shall file a Notice of Appeal with the Ohio Board of Nursing, 17 S. High St., Ste 400, Columbus OH 43215-7410, setting forth the order appealed from and stating that the agency's order is not supported by reliable, probative, and substantial evidence and is not in accordance with law. The notice of appeal may, but need not, set forth the specific grounds of the party's appeal.

A copy of such Notice of Appeal shall also be filed by the appellant with the Franklin County Court of Common Pleas, Columbus, Ohio. In filing a notice of appeal with the agency or court, the notice that is filed may be either the original notice or a copy of the original notice. Such notices of appeal shall be filed within fifteen (15) days after the mailing of the notice of the Ohio Board of Nursing's Order as provided in Section 119.12 of the Ohio Revised Code.

CERTIFICATION

The State of Ohio
County of Franklin

I, the undersigned Betsy J. Houchen, Executive Director for the Ohio Board of Nursing, hereby certify that the foregoing is a true and exact reproduction of the original Order of the Ohio Board of Nursing entered on its Journal, on the 26th day of July, 2013.



Betsy J. Houchen, R.N., M.S., J.D.
Executive Director

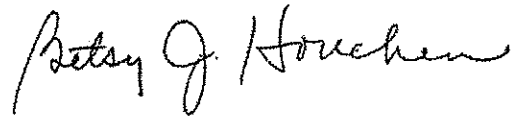
July 26, 2013
Date

(SEAL)

CERTIFICATE OF SERVICE

I hereby certify that a true and accurate copy of the foregoing Order, concerning **TYWANA R.E. WILSON**, was sent via certified mail, return receipt requested, this 16th day of August, 2013 to **TYWANA R.E. WILSON**, 24600 Euclid #201, Euclid, Ohio, 44117.

I also certify that a copy of the same was sent via regular U.S. mail this 16th day of August, 2013 to Lamont Pugh, SAC, Sanctions & Exclusions, Department of Health and Human Services, Office of Inspector General, Office of Investigations, P.O. Box 81020, Chicago, IL 60601-81020.



Betsy J. Houchen, R.N., M.S., J.D.
Executive Director

bal

cc: Henry G. Appel, Assistant Attorney General

Certified Mail Receipt No. 7012 1010 0003 6595 8723



November 18, 2011

NOTICE OF OPPORTUNITY FOR HEARING

Tywana R.E. Wilson, R.N.
24600 Euclid #201
Euclid, Ohio 44117

Dear Ms. Wilson:

In accordance with Chapter 119, Ohio Revised Code (ORC), you are hereby notified that the Ohio Board of Nursing (Board) proposes under authority of Section 4723.28 ORC, to deny, revoke, permanently revoke, suspend or place restrictions on your license to practice nursing as a registered nurse; reprimand or otherwise discipline you; or impose a fine of not more than five hundred dollars (\$500.00) per violation for the following reasons:

1. On or about November 24, 2010, you submitted a urine drug screen to the Euclid, Ohio Probation Department that was positive for Marijuana.
2. On or about August 29, 2007, you submitted a urine drug screen to the Euclid, Ohio Probation Department that was positive for Marijuana.
3. On or about March 28, 2011, you submitted a signed, written statement to the Board in which you acknowledge testing positive for Marijuana. You furthered stated that you "had suffered a relapse."

Section 4723.28(B)(8), ORC, authorizes the Board to discipline a licensee for self-administering or otherwise taking into the body any dangerous drug, as defined in Section 4729.01, ORC, in any way not in accordance with a legal, valid prescription issued for that individual.

Accordingly, the Board is authorized to impose one or more of the sanctions cited in Section 4723.28, ORC.

In accordance with Chapter 119, ORC, you are hereby informed that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the Board office within thirty (30) days of the time of mailing of this notice.

You are hereby further informed that, if you timely request a hearing, you are entitled to appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the Board, or you may present your position, arguments, or contentions in writing. At the hearing, you may also present evidence and examine witnesses appearing for and against you.

CERTIFIED TO BE A TRUE COPY

OHIO BOARD OF NURSING

Carlene R. Brooks-Carter

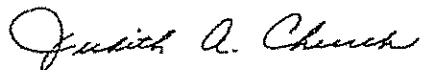
Tywana R. E. Wilson, R.N.

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Should you choose to request a hearing, please mail or deliver the request, in addition to any other correspondence regarding this matter, to **Lisa Ferguson-Ramos, Compliance Unit Manager, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, Ohio 43215-7410** or to the email address, hearing@nursing.ohio.gov.

If the Board fails to receive a request for a hearing within thirty (30) days of the time of mailing of this notice, the Board may, in your absence and upon consideration of the factual and legal allegations set forth in this Notice of Opportunity for Hearing, deny, revoke, permanently revoke, suspend, or place restrictions on your license to practice nursing as a registered nurse; reprimand or otherwise discipline you; or impose a fine of not more than five hundred dollars (\$500.00) per violation.

Sincerely,

A handwritten signature in cursive script that reads "Judith A. Church".

Judith A. Church, R.N., C.N.P.
Supervising Member

Certified Mail Receipt No. 7011 1150 0002 0937 0481

cc: Michelle T. Sutter, Assistant Attorney General