

**COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING**

239 Causeway Street, Room 417A  
Boston, MA 02114

**Minutes of the Regularly Scheduled Board Meeting  
Wednesday, February 12, 2020**

**Board Members Present**

B. Levin, RN, Chairperson  
K.A. Barnes, JD, RPh  
L. Keough, CNP, Vice Chairperson (Left at 4:35 p.m.)  
K. Crowley, DNP  
D. Drew, MBA, Public Member  
G. Gravlin, EdD  
L. Kelly, CNP  
C. LaBelle, RN  
D. Nikitas, RN  
E. Pusey-Reid, DNP  
L. Wu, RN

**Staff Present**

L. Silva, RN, DNP, Executive Director  
C. MacDonald, RN, DNP, Deputy Executive Director  
L. Hillson, RN, MSN, PhD, Assistant Director for  
Policy and Research  
O. Atueyi, JD, Board Counsel  
B. Oldmixon, JD, Board Counsel  
V. Berg, JD, Chief Board Counsel  
A. Fein, RN, JD, Complaint Resolution Coordinator  
H. Cambra, RN, JD, Interim SARP Coordinator  
S. Hall, SARP Monitoring Coordinator  
A. MacDonald, RN, DNP, Nursing Education  
Coordinator  
H. Caines Robson, RN, MSN, Nursing Education  
Coordinator  
M. Campbell, RN, JD, Nursing Investigations Supervisor  
R. Banks, JD, Prosecutor  
N. Ertel, JD, Prosecutor  
J. Gagne, JD, Prosecutor  
J. Greenburg, JD, Prosecutor  
B. Tully, JD, Prosecutor  
M. Matthews, RN, Compliance Officer  
S. Muise, RN, Compliance Officer  
A. Pettigrew, RN, Compliance Officer  
E. Sandler, RN, Compliance Officer  
L. Ferguson, Paralegal  
K. Jones, Probation Compliance Officer

**Board Members Not Present**

A. Alley, RN  
J. Kaneb, MBA, Public Member

**Staff Not Present**

M. Gilmore, APRN, MSN, SARP  
Coordinator  
C. Andfield, Office Support Specialist I

S. Gaun, Office Support Specialist I  
G. Rivera, Office Support Specialist I

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**TOPIC:**

Call to Order & Determination of Quorum

**DISCUSSION:**

B. Levin confirmed by roll call that a quorum of the Board members was present and announced that the meeting was being recorded.

**ACTION:**

At 9:03 a.m., B. Levin, Chairperson, called the February 12, 2020 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Agenda

**DISCUSSION:**

B. Levin stated the Board will enter into the Section 65C Session after the Regular Session at this Board Meeting and then the Executive Session. B. Levin stated that starting with the 3/11/2020 Board Meeting this will be the permanently template for the order of the Board Meeting.

**ACTION:**

Motion by B. Levin, seconded by K. Barnes, and voted unanimously to approve the Agenda as revised.

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**TOPIC:**

Approval of Board Minutes for the January 8, 2020 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Keough, seconded by K. Crowley, and voted, with D. Drew and G. Gravlin in abstention, and all other members present in favor, to accept the Minutes of the January 8, 2020 Regularly Scheduled Board Meeting as presented.

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**TOPIC:** SARP

Activity Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Staff Action Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Request for Termination of Probation/Stayed Probation

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Request for Notice of Violation and Further Discipline

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:**

Reports, Announcements and Administrative Matters

A. Announcements

**DISCUSSION:**

A. L. Silva stated there will be a Public Hearing on Regulations 244 CMR 4.00 and 244 CMR 6.00 on 3/23/2020 at 10:00 a.m. at 239 Causeway Street, Conference Room 417 A and B, 4th Floor, Boston, MA 02114, invited Board Members to attend the Public Hearing, and asked the Board Members to send her an e-mail message if they will be doing so. A. Fein stated the sign-up sheet for the 2020 Complaint Committee Meeting Schedule is being passed around and Board Members need to sign up for at least 2 meetings.

**ACTION:**

A. None.

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**TOPIC:** Probation

Hearing on Probation Compliance, Laurie MacLean, RN-07-050, RN228325

**DISCUSSION:**

O. Atueyi summarized her previously distributed memorandum and attached exhibits to the Board. The Licensee and D. Hyne, her attorney, were present. K. Jones responded to O. Atueyi's questions regarding the probation compliance. K. Jones stated the Licensee is required to work in a nursing position for a

minimum of 20 hours a week for one (1) year, the Licensee has not complied with this requirement, the Licensee has not worked as a nurse since she entered into the POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION effective 12/13/2013, the Licensee was granted extensions of the probation terms on 3/11/2015 for two (2) years, on 3/10/2017 for three (3) months, on 3/14/2018 for one (1) year, and on 4/10/2019 for six (6) months.

Several Board members and staff discussed the only non-compliance is the Licensee has not obtained employment, the Licensee cannot volunteer as a nurse, the Licensee has taken Continuing Education Unit courses, the Licensee has not practiced nursing in 14 years so a lot of time has elapsed, the other job opportunities the Licensee can apply for, the Licensee will still need to have monitored practice, and the Board's options.

D. Hyne stated the POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION effective 12/13/2013 is still in effect and has not been terminated, and the Licensee has continued to try to seek work. D. Hyne stated he submitted documents to the Board on behalf of the Licensee regarding the Licensee's attempts to find employment. D. Hyne stated the POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION effective 12/13/2013 does not technically lay out a timeframe of when the conditions must be met by, it does not set a time period for which the supervision must be done. D. Hyne stated that regarding the Year 2019, the Licensee continues to get job interviews, she has gotten reliable automobile transportation, in the past three (3) months the Licensee has expanded the geographic locations she can seek work, and she had personal family matters she had to deal with.

D. Hyne explained the job search activities the Licensee has performed and asked the Board if it would consider extending the probation term for nine (9) months and explained the reasons for the request. D. Hyne stated that if the Licensee does not get a job during the nine (9) months, she will have to appear in front of the Board again, this is the last opportunity for the Licensee and him to present this case, the Licensee has been volunteering 20 hours a week to meet the requirements.

The Licensee stated several of the job search activities she performed, her skills, she has taken many math, communication and biology courses, her father is home with a treatment, her grandson's medical condition, and she is willing to take a refresher course.

**ACTION:**

Motion by L. Keough, seconded by K.A. Barnes, and voted, with D. Drew in opposition, and all other members present in favor, to find the Licensee violated the POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION effective 12/13/2013 in Paragraph 4 (d).

Motion by B. Levin, seconded by K.A. Barnes, and voted, with D. Drew in opposition, and all other members present in favor, to extend the POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION effective 12/13/2013 for six (6) months.

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**TOPIC:** Practice Coordinator Staff Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Education

Staff Report Annual Report to the Board CY 2019

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. Several Board members and staff discussed the educational programs that had their approval status removed are not listed in the report, and that information will be added. A. MacDonald stated the procedures and that educational programs will appear in front of the Board which have regulatory compliance issues.

**ACTION:**

So noted.

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**TOPIC:** Education

244 CMR 6.04 (1)(c) & (1)(f) Administrative Changes

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Education

244 CMR 6.06(3)(b) Annual Reports, Bristol Community College Associate Degree RN Program

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. A. Matthews, program administrator, was present. Several Board members and staff discussed 12 to one (1) ratio.

A. Matthews stated the program got approval to hire more faculty and the student-faculty ratio are eight (8) students to one (1) faculty member (8:1).

**ACTION:**

Motion by B. Levin, seconded by L. Keough, and voted unanimously to:

1. Continue Full Approval status at this time.
2. Acknowledge the Program has corrected the regulatory deficiency [ref 244 CMR 6.04(4)(b)4] and listed all current clinical groups demonstrating that the student-faculty ratio in clinical practice are eight (8) students to one (1) faculty member (8:1).

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**TOPIC:** Education

244 CMR 6.06(3)(b) Annual Reports, Brockton Hospital RN Diploma Programs

**DISCUSSION:**

February 12, 2020 Regular Session Board Meeting Minutes  
(to be Approved 03/11/2020)

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. S. Taylor, program administrator, was present. A. MacDonald stated the 70% completion rate is a guideline and L Silva stated it is sub-regulatory language. Several Board members and staff discussed if the Board had a procedure regarding calculating the completion rates, the demographics stated in the Systematic Plan Evaluation, benchmarks and their concerns regarding if the follow up report is necessary. K. Crowley stated ACEN is the accreditation agency, the Board is not concerned about how the nursing programs calculate their completion rates, and there is no process for calculating the completion rate.

S. Taylor stated that as the last diploma program in the State, the program calculates its completion rate very differently than other nursing programs in Massachusetts and it needs to be compared with other 2-year nursing programs nationally. Susan Taylor stated the program is in full compliance with ACEN regarding its completion rate.

**ACTION:**

Motion by D. Drew, seconded by B. Levin, to do the following. B. Levin withdrew her second, and no other Board members seconded.

1. Accept the Annual Report;
2. Continue Full Approval status at this time;
3. Accept the Program's plan of correction.

Motion by L. Keough, seconded by K.A. Barnes, and voted, with D. Drew in opposition and K. Crowley in abstention, and all other members present in favor, to:

1. Accept the Annual Report;
2. Continue Full Approval status at this time;
3. Accept the Program's plan of correction with a follow up report due September 30, 2020 evaluating the outcomes of the plan;
4. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.06(3)(b) Annual Reports, Mount Wachusett Community College Practical Nursing Program

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. K. Shea, program administrator, was present. Several Board members and staff discussed the correction to the program deficiency has not been verified.

K. Shea stated this was a calculation oversight, the program corrected the numbers and allocated one (1) more credit into the Summer Semester through its institutional process.

**ACTION:**

February 12, 2020 Regular Session Board Meeting Minutes  
(to be Approved 03/11/2020)

Motion by L. Kelly, seconded by L. Keough, and voted unanimously to do the following, contingent upon verification of the correction of the lack of consistency in credit allocation for courses and clinical hours pursuant to 244 CMR 6.04(4)(b)2 has been made:

1. Continue Full Approval status at this time.
2. Direct the Program to provide to the Board the following by February 28, 2020 in order to demonstrate correction of the regulatory deficiencies:
  - a. Table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards and hours/ credit hours for practical nurse programs [244 CMR 6.04(4)(b)4].
3. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.06(3)(b) Annual Reports, Northern Essex Community College Practical Nursing Program

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. R. Boersma, program administrator, was present. There was no discussion.

R. Boersma stated the program has already instituted a comprehensive review of the issue related to the contact hours, it will bring itself into compliance and she is new to the college.

**ACTION:**

Motion by B. Levin, seconded by K.A. Barnes, and voted unanimously to:

1. Continue Full Approval status at this time.
2. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due February 28, 2020:

Table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards and hours/ credit hours for practical nurse programs [244 CMR 6.04(4)(b)4].
  - b. Due April 28, 2020:
    1. Corrected data for student admissions for 2018-2019 [244 CMR 6.04 (1)(e)];
    2. a revised systematic evaluation plan demonstrating measurement of the outcomes of the program [244 CMR 6.04 (1)(e)].
3. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.06(3)(b) Annual Reports, Northern Essex Community College Associate Degree Nursing Program

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. R. Boersma, program administrator, was present. There was no discussion.

R. Boersma stated the program needs guidance from the Board regarding admitting advanced placement students and how the Board would like for it to be recorded. A. MacDonald stated she will provide the guidance.

**ACTION:**

Motion by K.A. Barnes, seconded by K. Crowley, and voted unanimously to:

1. Continue Full Approval status at this time.
2. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due February 28, 2020:  
Table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards and hours/ credit hours for associate degree nursing programs [244 CMR 6.04(4)(b)4].
  - b. Due April 28, 2020:
    1. Corrected data for student retention for 2018-2019[244 CMR 6.04 (1)(e)];
    2. a revised systematic evaluation plan demonstrating measurement of the outcomes of the program [244 CMR 6.04 (1)(e)].
3. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.06(3)(b) Annual Reports, Westfield State University Baccalaureate RN Program

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. J. Rivera, program administrator, was present. There was no discussion.

J. Rivera stated the Health Assessment & Promotion Course which did not align with the credit allocation ended in 2018, and another course replaced it which does align with the credit allocation. J. Rivera stated the deficiency was corrected.

**ACTION:**

Motion by L. Keough, seconded by K. Crowley, and voted unanimously to:

1. Continue Full Approval status at this time.
2. Direct the Program to provide to the Board the following by February 28, 2020 in order to demonstrate correction of the regulatory deficiencies:
  - a. plan for correction and table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted



academic standards and hours/credit hours for baccalaureate degree nurse programs [244 CMR 6.04(4)(b)4].

3. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.06 Site Surveys, Boston College Baccalaureate RN Program

**DISCUSSION:**

A. MacDonald summarized his or her previously distributed memorandum and attached exhibits to the Board. C. Simonelli, program administrator, S. Kelly Needham and S. Gennaro were present. A MacDonald stated the Education Staff denied the program's request for a waiver. A. MacDonald stated she incorrectly stated the MSN Pass Rates in the memorandum. A. MacDonald stated the NCLEX Pass Rates for the program for the past five (5) years have all been over 90%. A. MacDonald stated the program is also noncompliant with 244 CMR 6.04 (4)(b)4 which is not listed in the memorandum.

C. Simonelli and S. Gennaro did not make a statement.

**ACTION:**

Motion by B. Levin, seconded by L. Keough, and voted unanimously to:

1. Accept the staff compliance report finding:
  - a. the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a),(1)(b), (1)(c), (1)(f), (1)(g), (1)(h), (2)(a), (2)(b), (3)(a)3, (3)(b), (4)(a), (4)(b)1,(4)(b)2, (4)(b)3, (5)(a), (5)(b), (5)(d), (5)(e), (5)(f) and noncompliance with 244 CMR 6.04 (1)(d), (1)(e), (3)(a)1, (3)(a)2, (4)(b)4.
2. Continue Full Approval status at this time based on the site survey findings and the submitted annual report.
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

Due March 31, 2020:

- a. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria,
- b. operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 11 Board required policies [ref 244 CMR 6.04 (1)(e)];
- c. revised published admission policy require all candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health [ref 244 CMR 6.04(3)(a)1];
- d. revised published policies for the 11 Board required policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (1)(d) & (3)(a)2]; and
- e. plan for correction and table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted

academic standards and hours/credit hours for baccalaureate degree nurse programs [244 CMR 6.04(4)(b)4].

Due June 30, 2020:

- a. Meeting minutes demonstrating full implementation of a written plan for the systematic evaluation of all components of the program including, but not limited to, Program outcomes as required at 244 CMR 6.01, the 11 policies required by the Board and that results of the systematic evaluation of Program components are used for Program development, maintenance and revision [ref:244 CMR 6.04(1)(e)];
4. Direct the Program to provide to the Board the following by no later than June 30, 2020 for the effectiveness of the program:
  - a. comparative analysis of curriculum and current NCLEX Detailed Test Plan– both didactic and clinical with identification of any gaps and a written action plan to address any gaps identified [ref 244 CMR 6.04 (4)(b)3];
  - b. evidence that all clinical agreements have been updated with the new language provided during the site survey [ref 244 CMR 6.04 (5)(f)].
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.06 Site Surveys, Boston College Master's Entry RN Program

**DISCUSSION:**

A. MacDonald summarized his or her previously distributed memorandum and attached exhibits to the Board. S. Kelly Weeder, program administrator, C. Simonelli, and S. Gennaro were present. Several Board members and staff discussed the clerical issue regarding the preceptors which is listed on the annual report and 244 CMR 6.04 (5)(f).

S. Kelly Weeder, C. Simonelli and S. Gennaro did not make a statement.

**ACTION:**

Motion by B. Levin, seconded by K.A. Barnes, and voted unanimously to:

1. Accept the staff compliance report finding:
  - a. the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a),(1)(b), (1)(c), (1)(f), (1)(g), (1)(h), (2)(a), (2)(b), (3)(a)3, (3)(b), (4)(a), (4)b1, (4)(b)2, (4)(b)3 (5)(a), (5)(d), (5)(e) , and (5)(f) and noncompliance with 244 CMR 6.04 (1)(d), (1)(e), (3)(a)1, (3)(a)2, (4)(b)4 and (5)(b).
2. Continue Full Approval status at this time based on the site survey findings and the submitted annual report.
3. Accept the Program's 244 CMR 6.07(3) Program Change Report for Admission of 10 or more additional students finding that the program has sufficient resources to accommodate the increase in admissions reported on the 2018-2019 annual report.

4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

Due March 31, 2020:

- a. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 11 Board required policies [ref 244 CMR 6.04 (1)(e)];
- b. revised published admission policy require all candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health [ref 244 CMR 6.04(3)(a)1];
- c. revised published policies for the 11 Board required policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (1)(d) & (3)(a)2];
- d. plan for correction and table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards and hours/credit hours for baccalaureate degree nurse programs [244 CMR 6.04(4)(b)4]; and
- e. provide list of all clinical groups including preceptors and ratios for student: faculty and student :preceptor[ref 244 CMR 6.04(5)(b)].

Due June 30, 2020:

- a. Meeting minutes demonstrating full implementation of a written plan for the systematic evaluation of all components of the program including, but not limited to, Program outcomes as required at 244 CMR 6.01, the 11 policies required by the Board and that results of the systematic evaluation of Program components are used for Program development, maintenance and revision [ref:244 CMR 6.04(1)(e)];
5. Direct the Program to provide to the Board the following by no later than June 30, 2020 for the effectiveness of the program:
    - a. comparative analysis of curriculum and current NCLEX Detailed Test Plan– both didactic and clinical with identification of any gaps and a written action plan to address any gaps identified [ref 244 CMR 6.04 (4)(b)3]; and
    - b. evidence that all clinical agreements have been updated with the new language provided during the site survey [ref 244 CMR 6.04 (5)(f)].
  6. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Requests for License Reinstatements

Tram Kim Tang, NUR-2012-0237, RN2275345

**DISCUSSION:**

L. Ferguson summarized her previously distributed memorandum and attached exhibits to the Board. L. Ferguson stated the current job the Licensee is not a nursing job, and the Licensee will need to work as a nurse in order to comply with the probation. Several Board members and staff discussed the Board's options. .

**ACTION:**

Motion by L. Keough, seconded by L. Wu, and voted unanimously to reinstate the Licensee's RN license on the condition the Licensee enters into a STANDARD POST-SURRENDER CONSENT AGREEMENT FOR PROBATION for no less than two (2) years and timely renews her RN license.

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**Break from 10:35 a.m. to 10:53 a.m.**

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation/Report, Update: NCLEX-RN Pass Rates

**DISCUSSION:**

L. Silva summarized the exhibits she distributed to the Board members at the Board Meeting and made the Power Point Presentation. Several Board members thanked the Board Staff for the tremendous amount of work it did collecting the information. B. Levin stated the presentation will be posted on the Board of Registration in Nursing Website.

**ACTION:**

So noted.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation/Report, Massachusetts Coalition for the Prevention of Medical Errors

A. January 2020 Coalition Agenda

B. January 2020 Coalition Report

**DISCUSSION:**

A. and B. L. Hillson was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Strategic Development, Planning and Evaluation

Regulatory Review, 244 CMR 10.00 Updates

**DISCUSSION:**

V. Berg summarized her previously distributed memorandum and attached exhibits to the Board. V. Berg stated 244 CMR 10.00 is a new chapter of regulations that aggregates definitions from all of the other chapters so they are all in one place and do not have multiple definitions for the same terms. V. Berg recommended the Board make no changes to 244 CMR 10.00 and to ask for approval to promulgate them as they went out to their Public Hearing. Several Board members and staff discussed the definition of the Preceptor.

**ACTION:**

Motion by B. Levin, seconded by D. Drew, and voted unanimously to approve 244 CMR 10.00 with no further changes and to move this matter forward for approval to promulgate as published.

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**TOPIC:** Strategic Development, Planning and Evaluation

Prosecution Policy Expedited & Regular Cases

**DISCUSSION:**

J. Greenburg summarized the memorandum and attached exhibits she distributed to the Board at the Board Meeting and made the Power Point Presentation. Several Board members and staff thanked J. Greenburg for the informative presentation and her and the Prosecutors for compiling the data. J. Greenburg stated that for eight (8) months in 2019, the Prosecution Staff was down two (2) Prosecutors due to one (1) Prosecutor leaving and one (1) Prosecutor retiring. J. Greenburg introduced B. Tully and N. Ertel, who are two (2) New Prosecutors. L. Silva stated the Board of Registration in Nursing has 145,000 Nurses, which is larger than the Board of Registration in Medicine.

**ACTION:**

So noted.

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**TOPIC:** Strategic Development, Planning and Evaluation

Topics for Next Agenda

**DISCUSSION:**

B. Levin asked about having a Hearing Officer appear in front of the Board at the March 11, 2020 Board Meeting. L. Silva stated she will follow up on that. L. Silva stated if the Hearing Officer is not available, she will provide an update. L. Silva stated that V. Berg will make another presentation at the March 11, 2020 Board Meeting.

**ACTION:**

So noted.

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**Break from 11:34 a.m. to 11:51 a.m.**

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**TOPIC:**

G.L. c. 112, s. 65C Session

**DISCUSSION:**

None.

**ACTION:**

Motion by K.A. Barnes, seconded by L. Kelly, and voted unanimously to convene the G.L. c. 112, s. 65C Session at 11:51 a.m.

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**G.L. c. 112, s. 65C Session 11:52 a.m. to 2:09 p.m.**

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**TOPIC:**

G.L. c.30A, §21 Executive Session

**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by L. Keough, and voted unanimously by roll call to convene the Executive Session at 2:10 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

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**G.L. c. 30A, § 21 Executive Session 2:09 p.m. to 4:30 p.m.**

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by L. Kelly, and voted unanimously to convene the Adjudicatory Session at 4:30 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

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**Adjudicatory Session 4:30 p.m. to 4:46 p.m.**

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**TOPIC:**

Adjournment

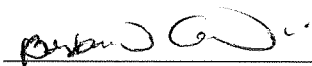
**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by K.A. Barnes, and voted unanimously to adjourn the meeting at 4:46 p.m.

Minutes of the Board's February 12, 2020, Regularly Scheduled Meeting were approved by the Board on March 11, 2020.



Barbara Levin, RN  
Chairperson  
Board of Registration in Nursing

Agenda with exhibits list attached.

**COMMONWEALTH OF MASSACHUSETTS  
Board of Registration in Nursing**

**Notice of the Regularly Scheduled Meeting**

**Regular Session**

239 Causeway Street  
Room 417  
Boston, Massachusetts 02114

**Wednesday, February 12, 2020**

**PRELIMINARY AGENDA AS OF 2/3/20 10:15am**

<b>Estimated Time</b>	<b>Item #</b>	<b>Item</b>	<b>Exhibit</b>	<b>Presented by</b>
9:00 a.m.	I.	<b>CALL TO ORDER &amp; DETERMINATION OF QUORUM</b>	None	
	II.	<b>APPROVAL OF AGENDA</b>	Agenda	
	III.	<b>APPROVAL OF MINUTES</b> A. Draft Minutes for the January 8, 2020 Meeting of the <i>Board of Registration in Nursing, Regular Session</i>	Minutes	
	IV.	<b>REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS</b> A. Announcements	Oral/Memo	LS
	V.	<b>SARP</b> A. SARP Activity Report - NONE	None	
	VI.	<b>PROBATION</b> A. Probation Staff Action Report - NONE B. Termination of Probation/Stayed Probation - NONE C. Request for Notice of Violation and Further Discipline - NONE D. Hearing on Probation Compliance 1. Laurie MacLean, RN-07-050, RN228325	None None None Hearing Notice	KJ  OA
	VII.	<b>PRACTICE</b> A. Practice Coordinator Staff Report - NONE	None	

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	<b>VIII.</b>	<b>EDUCATION</b> A. Nursing Education Staff Report Annual Report to the Board CY 2019 B. 244 CMR 6.04(1)(c) & (1)(f) Administrative Changes - NONE C. 244 CMR 6.05(3)(b) Annual Reports <ol style="list-style-type: none"> <li>1. Bristol Community College Associate Degree RN Program</li> <li>2. Brockton Hospital RN Diploma Programs</li> <li>3. Mount Wachusett Community College Practical Nursing Program</li> <li>4. Northern Essex Community College Practical Nursing Program</li> <li>5. Northern Essex Community College Associate Degree Nursing Program</li> <li>6. Westfield State University Baccalaureate RN Program</li> </ol> D. 244 CMR 6.06 Site Surveys <ol style="list-style-type: none"> <li>1. Boston College Baccalaureate RN Program</li> <li>2. Boston College Master's Entry RN Program</li> </ol>	Memo  None  Memo  Memo  Memo  Memo  Compliance Report Compliance Report	HCR/AM    HCR/AM HCR/AM HCR/AM HCR/AM HCR/AM HCR/AM  AM AM
	<b>IX.</b>	<b>REQUESTS FOR LICENSE REINSTATEMENT</b> A. Tram Kim Tang, NUR-2012-0237, RN2275345	Memo	LF
	<b>X.</b>	<b>STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION</b> A. Presentation/Report <ol style="list-style-type: none"> <li>1. Massachusetts Coalition for the Prevention of Medical Errors: <ol style="list-style-type: none"> <li>a. January 2020 Coalition Agenda</li> <li>b. January 2020 Coalition Report</li> </ol> </li> <li>2. Regulatory Review <ol style="list-style-type: none"> <li>a. 244 CMR 10.00 Updates</li> </ol> </li> <li>3. Update: NCLEX-RN Pass Rates</li> <li>4. Prosecution Policy Expedited &amp; Regular Cases</li> </ol> B. Topics for Next Agenda	Agenda Report  Report Oral Presentation	LH  VPB LS JG



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	<b>XI. EXECUTIVE SESSION</b> The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. <ol style="list-style-type: none"> <li>Specifically, the Board will discuss and evaluate the Good Moral Character as required for registration for pending applicants.</li> <li>Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change.</li> <li>Specifically, the Board will discuss and evaluate a request by a licensee for a waiver of licensure renewal requirements due to ongoing medical issues.</li> <li>Specifically, the Board will discuss and evaluate pending disciplinary complaints that involve patient records and treatment of patients.</li> <li>Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the January 8, 2020 meeting.</li> </ol>	CLOSED SESSION
<>	<b>LUNCH BREAK</b>	
	<b>XII. M.G.L. c. 112, § 65C SESSION</b>	CLOSED SESSION
	<b>XIII. M.G.L. c. 30A, § 18 ADJUDICATORY SESSION</b>	CLOSED SESSION
5:00 p.m.	<b>XIV. ADJOURNMENT</b>	

***If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.***