

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

239 Causeway Street, Room 417A  
Boston, MA 02114

**CORRECTED Minutes of the Regularly Scheduled Board Meeting  
Wednesday, July 11, 2018**

**Board Members Present**

B. Levin, RN, Chairperson  
L. Keough, CNP, Vice Chairperson  
A. Alley, RN  
D. Drew, Public Member  
G. Dufault, LPN  
J. Fantes, MD  
L. Kelly, CNP  
J. Killion, LPN  
C. LaBelle, RN  
N. Murphy, LPN

**Board Members Not Present**

E. Pusey-Reid, DNP  
K.A. Barnes, JD, RPh

**Staff Present**

L. Silva, RN, DNP, Executive Director  
C. MacDonald, RN, DNP, Deputy Executive Director  
O. Atueyi, JD, Board Counsel  
B. Oldmixon, JD, Board Counsel  
H. Cambra, RN, JD, Complaint Resolution Coordinator  
A. Fein, RN, JD, Complaint Resolution Coordinator  
A. MacDonald, RN, DNP, Nursing Education  
Coordinator  
F. Medaglia, RN, PhD, Assistant Director for Policy and  
Research  
L. Talarico, RN/CNP, Nursing Practice Coordinator  
S. Gaun, Office Support Specialist I  
K. Jones, Probation Compliance Officer  
L. Ferguson, Paralegal  
M. Campbell, RN, JD, Nurse Investigation Supervisor  
S. Hall, SARP Administrative Assistant  
E. Dong, Administrative Support, Nursing Education

**Staff Not Present**

D. M. DeVaux, RN, SARP Coordinator  
M. Gilmore, RN, SARP Coordinator  
H. Levine, Legal Intern for Board Counsel

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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 were present and announced that the meeting was being recorded.

**ACTION:**

At 9:03 a.m., B. Levin, Chairperson, called the July 11, 2018 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Agenda

**DISCUSSION:**

L. Silva identified that agenda item IV.C., Additional Fiscal Year 2019 Board Meeting would be deferred.

**ACTION:**

Motion by J. Killion, seconded by L. Keough, and voted unanimously to approve the agenda as revised.

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**TOPIC:**

Approval of Board Minutes for the June 13, 2018 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by J. Killion, seconded by L. Keough, and voted unanimously to accept the Minutes of the June 13, 2018 Regularly Scheduled Board Meeting as presented.

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**TOPIC:**

Reports, Announcements and Administrative Matters

- A. Executive Director's Report
- B. Announcements
- C. Additional FY2019 Board Meeting

**DISCUSSION:**

- A. Executive Director's Report: L. Silva stated she does not have a report.
- B. None.
- C. None.

**ACTION:**

- A. So noted.
- B. So noted.
- C. Deferred.

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**TOPIC:** SARP Activity Report

**DISCUSSION:**

None.

**ACTION:**

So noted.

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**TOPIC:** Probation Staff Action Report

CORRECTED July 11, 2018 Regular Session Board Meeting Minutes  
(to be Approved 9/12/18)

**DISCUSSION:**

K. Jones was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Probation

Request for Termination of Probation, B. Okhouzagbon LN90083, NUR-2016-0193

**DISCUSSION:**

K. Jones summarized her previously distributed memorandum and attached exhibits to the Board. In response to L. Silva, K. Jones stated the Licensee is actively searching for employment and K. Jones suggested places of employment to the Licensee. B. Levin stated the Licensee's term of probation may need to be extended.

**ACTION:**

Motion by C. LaBelle, seconded by J. Killion, and voted unanimously to deny the Licensee's request to terminate her probation.

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**TOPIC:** Probation

Request to Approve Nursing Employment Offer, K. Keating RN263140, NUR-2016-0030

**DISCUSSION:**

K. Jones summarized her previously distributed memorandum and attached exhibits to the Board. In response to D. Drew, K. Jones stated the Licensee still needs to comply with the probation requirements.

**ACTION:**

Motion by B. Levin, seconded by L. Keough, and voted unanimously to approve the employment offer for the Licensee.

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**TOPIC:** Probation

Compliance Review, E. Alexandre, LN60586, NUR-2016-0095

**DISCUSSION:**

K. Jones summarized her previously distributed memorandum and attached exhibits to the Board. In response to A. Fein, K. Jones stated she distributed the performance evaluation to the Board. A. Fein stated that she is concerned that K. Jones has corresponded multiple times to the Licensee and to the Licensee's attorney. K. Jones stated the Licensee has not responded to the correspondence. A. Fein stated the Licensee has not completed the continuing education units. Several Board members and staff discussed the matter. A. Fein stated the stay should be lifted.

**ACTION:**

Motion by L. Kelly, seconded by J. Killion, and voted unanimously to send a notice of violation to the Licensee because of the violations, the Board will lift the stay, the agreement will become disciplinary if the Licensee does not request a hearing, and the Licensee will need to complete the continuing education units.

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**TOPIC:** Practice Coordinator Staff Report

**DISCUSSION:**

L. Talarico was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

Nursing Education Staff Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Education

244 CMR 6.08(1)(h), Cape Cod Community College Associate Degree RN Program Site Survey

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. B. Murphy, program administrator, was present. A. MacDonald stated her recommendations. In response to D. Drew, A. MacDonald stated there are twelve (12) areas the program does not meet the requirements. In response to D. Drew, B. Murphy stated there are twelve (12) full-time faculty and five (5) to six (6) part-time faculty. In response to D. Drew, A. MacDonald stated there were nine (9) waived faculty. In response to B. Levin, B. Murphy stated the program will do everything it can to correct the situation in a timely manner. D. Drew stated she was concerned about the faculty.

**ACTION:**

Motion by D. Drew, seconded by B. Levin, and voted unanimously to accept the staff compliance report as presented, approve the continued approval status with warning, and the program will need to meet all of the requirements stated in the report by the due dates specified in the warning status, and:

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(c), (1)(f), (1)(g), (1)(h), (2)(a), (2)(b), (4)(a), (4)(b)1, (4)(b)2, (5)(b), (5)(d), and (5)(e) and noncompliance with 244 CMR 6.04 (1)(b), (1)(d), (1)(e), (2)(c), (3)(a), (3)(b), (4)(b)3, (4)(b)4, (4)(b)5, (5)(a), (5)(c), and (5)(f).
2. Determine if preponderance of the evidence supports continued full approval or warrants change to approval with warning status.
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

A. Due by September 30, 2018:

1. implementation of a formalized process (e.g. Program by-laws; publication of process) with clearly defined roles for student, faculty, and administrator for participation in Program governance [ref 244 CMR 6.04 (1)(b)];
2. notifications demonstrating that all students are notified of opportunities to participate in governance [ref 244 CMR 6.04 (1)(b)];
3. revised faculty job descriptions that includes the following as component of the role responsibilities:
  - a. the governance of the parent institution and the program [ref 244 CMR 6.04 (1)(b)];
  - b. the development, implementation, and evaluation of policies [ref 244 CMR 6.04 (1)(d)];
  - c. participation in systematic evaluation of all components of the program [ref 244 CMR 6.04(1)(e)];
4. comparative table identifying congruence of program and parent institution policies and rationale for differences [ref 244 CMR 6.04 (1)(d)];
5. a revised systematic evaluation plan that includes, but not limited to, established timelines (month/year), responsible person or group, operational definitions, 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 11 policies [ref 244 CMR 6.04 (1)(e)];
6. verification of faculty qualifications in compliance with Education Policy 02-02 currently on faculty and corrective action plan for ensuring compliance with Education Policy 02-02 in appointments including transcripts for all faculty and a formalized mentoring plan for faculty under waiver option #3 [ref:244 CMR 6.04(2)(b)4];
7. 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];
8. revised published policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies for [ref 244 CMR 6.04 (1)(d) & (3)(a)2]:
  - o Admission
  - o Attendance
  - o Course Exemption
  - o Advanced Placement
  - o Transfer
  - o Educational Mobility
  - o Withdrawal
  - o Re-admission
  - o Graduation
9. results of a comprehensive analysis of 2016-2017 and 2017-2018 confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following:
  - a. admission criteria [ref: 244 CMR 6.04(1)(d)];
  - b. compliance with admission, progression standards and correlation of student characteristics [ref:244 CMR 6.04(3)(a)2];
  - c. student preparation by full-time, part-time (adjunct) [ref: 244 CMR 6.04(5)(a)]; and
  - d. student utilization of resources and NCLEX pass fail status. [ref:244 CMR 6.04(5)(c)]
10. chart or table demonstrating how course and clinical outcomes are linked to the student learning outcomes and evaluation methods [ref 244 CMR 6.04 (3)(b)];

11. 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];
  12. a table of the required courses for each program option and total number of credits including all prerequisite courses [ref 244 CMR 6.04 (4)(b)4];
  13. testing policy that specifies breakdown of cognitive level of test questions on nursing course exams; process that ensures test items are written at level consistent with the level at which NCLEX items are written; and how item analysis/performance of an item is reviewed [ref 244 CMR 6.04 (4)(b)4];
  14. revised written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including primary responsibility for patient care and safety and evaluation of student achievement of nursing competencies [ref 244 CMR 6.04(5)(f)];
- B. Due by January 31, 2019:
1. a fully implemented, data-driven, faculty-operated systematic evaluation plan with evidence that trended and aggregate outcomes were used to develop, maintain and revise the program [ref 244 CMR 6.04 (1)(e)];
4. Direct the Program to provide the following, also due no later than September 30, 2018, to enhance program effectiveness:
1. evidence that the records retention policy is published and accessible to faculty and students [ref 244 CMR 6.04(1)(g)];
5. The Program, if placed on Approval with Warning Status, must as specified at 244 CMR 6.08(2):
- a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
  - b. inform all program graduates that they remain eligible to write the NCLEX.
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:** Education

244 CMR 6.08(1)(h), Berkshire Community College Associate Degree RN Program Site Survey

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. T. Abana, program administrator was present. A. MacDonald stated her recommendations. T. Abana spoke to the Board. T. Abana stated he wanted some clarification. T. Abana stated there was an error and a mix-up. T. Abana stated it has been a work-in-progress. L. Silva stated the program has multiple deficiencies and the program needs to understand them. In response to T. Abana, A. MacDonald stated the Board refused the waiver application for the ADN program. A. MacDonald stated the PN program is on accreditation with warning status. In response to L. Silva, T. Abana stated he understands the violations and stated the mentoring is a work-in-progress. T. Abana stated the program can provide evidence of what the program has been doing. B. Levin stated there are violations stated in the staff compliance report and the Board has to act upon them. In response to D. Drew, A. MacDonald stated the program is not meeting

the standards and has not fixed them in the required time. In response to D. Drew, A. MacDonald stated there is no formalized mentoring policy.

**ACTION:**

Motion by D. Drew, seconded by L. Keough, and voted unanimously to accept the report as presented, place the program on approval with warning status, and program must meet all of the obligations as defined in the program with warning status stipulations, and:

1. Accept the staff compliance report finding that 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)(h), (2)(a), (2)(b)1, (2)(b)4, (3)(b), (4)(a), (4)(b), (5)(a), (5)(c), (5)(d), and (5)(e) and noncompliance with 244 CMR 6.04 (1)(d), (1)(e), (1)(g), (2)(b)3, (2)(b)5, (2)(c), (3)(a)1, (3)(a)2, (3)(a)3, (5)(b), and (5)(f).
2. Determine if preponderance of the evidence supports continued full approval or warrants change to approval with warning status.
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - A. Due by September 30, 2018:
    1. revised faculty job descriptions that includes the following as component of the role responsibilities:
      - a. the governance of the parent institution and the program [ref 244 CMR 6.04 (1)(b)];
      - b. the development, implementation, and evaluation of policies [ref 244 CMR 6.04 (1)(d)];
      - c. participation in systematic evaluation of all components of the program [ref 244 CMR 6.04(1)(e)];
      - d. development and evaluation of nursing curriculum [ref 244 CMR 6.04(4)(a)];
    2. comparative table identifying congruence of program and parent institution policies and rationale for differences [ref 244 CMR 6.04 (1)(d)];
    3. a revised systematic evaluation plan that includes, but not limited to, established timelines (month/year), responsible person or group, operational definitions, 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 program components, all Board required outcomes, and 11 Board required 11 policies [ref 244 CMR 6.04 (1)(e)];
    4. a written policy for the maintenance and retirement of school, faculty, student and graduate records [ref 244 CMR 6.04 (1)(g)];
    5. faculty transcripts demonstrating that all faculty meet educational requirements [ref 244 CMR 6.04 (2)(b)3];
    6. evidence of faculty professional development demonstrating that full and part time faculty maintain expertise appropriate to teaching responsibilities [ref 244 CMR 6.04 (2)(b)5];
    7. verification of faculty qualifications in compliance with Education Policy 02-02 currently on faculty and corrective action plan for ensuring compliance with Education Policy 02-02 in appointments including transcripts for all faculty and a formalized mentoring plan for faculty under waiver option #3 [ref:244 CMR 6.04(2)(c)];
    8. 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];

9. revised published policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies for [ref 244 CMR 6.04 (1)(d) & (3)(a)2]:
    - a. Admission
    - b. Course Exemption
    - c. Advanced Placement
    - d. Transfer
    - e. Educational Mobility
    - f. Withdrawal
    - g. Re-admission
    - h. Graduation
  10. Meeting minutes demonstrating that data from student evaluations is analyzed and used to make program decisions [ref 244 CMR 6.04 (3)(a)3];
  11. Meeting minutes demonstrating that the student-faculty ratio in clinical practice was determined by the complexity of the educational experience, the student's level of knowledge and skill and patient needs [ref 244 CMR 6.04 (5)(b)];
  12. revised written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including faculty evaluation of student achievement of nursing competencies [ref 244 CMR 6.04(5)(f)];
- B. Due by January 31, 2019:
1. a fully implemented, data-driven, faculty-operated systematic evaluation plan with evidence that trended and aggregate outcomes were used to develop, maintain and revise the program [ref 244 CMR 6.04 (1)(e)];
4. Direct the Program to provide the following, also due no later than September 30, 2018, to enhance program effectiveness:
    - a. list of faculty and administration on parent institution and program committees and the by-laws or policies that define the role of faculty, students, and administrators in governance [ref 244 CMR 6.04 (1)(b)];
    - b. policy for the frequency that license verification is performed for faculty and administrator of the Program [ref 244 CMR 6.04 (1)(b)];
    - c. chart or table demonstrating how course and clinical outcomes are linked to the student learning outcomes and evaluation methods [ref 244 CMR 6.04 (3)(b)];
    - d. A written action plan to address how the program will ensure that clinical learning experiences are aligned with course learning objectives [ref 244 CMR 6.04 (4)(b)2];
    - e. 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
    - f. testing policy that specifies breakdown of cognitive level of test questions on nursing course exams; process that ensures test items are written at level consistent with the level at which NCLEX items are written; and how item analysis/performance of an item is reviewed [ref 244 CMR 6.04 (4)(b)4];
  2. The Program, if placed on Approval with Warning Status, must as specified at 244 CMR 6.08(2):



- a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
  - b. inform all program graduates that they remain eligible to write the NCLEX.
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

2018 Q2 NCLEX Statistics, 2018 Q2 MA Graduates Regardless of State of Licensure

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

So noted.

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**TOPIC:** Education

2018 Q2 NCLEX Statistics, 2018 Q2 MA Licensure Candidates Regardless of State of Education

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

So noted.

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**TOPIC:** Education

Quincy College Associate Degree Nursing May Cohort

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. In response to D. Drew, L. Silva stated this is what the Board allowed the April 2018 Cohort to do. L. Silva stated the Board will be consistent with its action as it did with the LPN Cohort. L. Silva stated the Board can withdraw approval of a program and the graduates will not be able to sit for the NCLEX Exam.

**ACTION:**

Motion by L. Keough, seconded by D. Drew, and voted unanimously to allow the students in the Quincy College Associate Degree Nursing May Cohort to sit for the NCLEX Exam.

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**TOPIC:** Requests for License Reinstatement

**DISCUSSION:**

None.

**ACTION:**

None.

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

A. Systematic Policy Evaluation

1. Revision to SARP Policy 99-06: Board Staff Action to Implement Substance Abuse Rehabilitation Evaluation Committee (SAREC) Recommendations
2. Consent Agreement for SARP Participation (CASP) Amendments 2A and 3A

B. Presentation/Report

1. Massachusetts Coalition for the Prevention of Medical Errors:
  - a. March 2018 Coalition Meeting Minutes
  - b. June 2018 Coalition Report

C. Legislative Update

D. Topics for Next Agenda

**DISCUSSION:**

A. 1. Deferred per B. Levin.

A. 2. L. Silva summarized her previously distributed memorandum and attached exhibits to the Board. In response to L. Keough, L. Silva stated she removed RN from the amendments. L. Silva stated that for amendment 3A, the Board will eliminate part 4, strike the word “only” and will add “RN as appropriate determined by Board staff” will be added. In response to A. Fein, L. Silva stated the word “or” will be used after the word “APRN” in both amendments.

B. 1. a. A. Fein was available for questions.

B. 1. b. A. Fein was available for questions.

C. F. Medaglia gave an oral summary of bills currently in the House and Senate with “ought to pass” status that could impact nursing. L. Nelson, director of policy for the Bureau of Health Professions Licensure, spoke specifically about the opioid bill that the Massachusetts House of Representatives will debate today. If successful, L. Nelson stated the Massachusetts Senate would then need to work within 4 days on similar opioid legislation. She also stated that the state budget needs to be passed by 7/20/18 as Massachusetts is the only state without a budget at this time. In response to a question from D. Drew, L. Nelson stated that if the bills are not passed by 7/31/18, they will have to be filed again in January 2019. At the August Board meeting, F. Medaglia will provide a summary of those bills passed that pertain to Nursing.

D. None.

**ACTION:**

A. 1. None.

A. 2. Motion by L. Keough, seconded by L. Kelly, and voted unanimously to accept the changes to the CASP Amendments 2A and 3A that the Board discussed, and the Board makes them retroactive to the APRNs that have CASP Amendments 2 and 3.

B. 1. a. So noted.

B. 1. b. So noted.

C. So noted.

D. So noted.

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**Break from 10:02 a.m. to 10:18 a.m.**

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Keough, seconded by J. Killion, and voted unanimously to convene the Adjudicatory Session at 10:18 a.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

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**Adjudicatory Session 10:18 a.m. to 10:31 a.m.**

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**TOPIC:**

G.L. c.30A, §21 Executive Session

**DISCUSSION:**

None.

**ACTION:**

Motion by A. Alley, seconded by D. Drew, and voted unanimously to convene the Executive Session at 10:31 a.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

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**G.L. c. 30A, § 21 Executive Session 10:31 a.m. to 1:04 p.m.**

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**Break 1:04 p.m. to 1:27 p.m.**

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**TOPIC:**

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

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Keough, seconded by J. Killion, and voted unanimously to convene the G.L. c. 112, s. 65C Session at 1:27 p.m.

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**G.L. c. 112, s. 65C Session 1:27 p.m. to 2:25 p.m.**

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**TOPIC:**

Adjournment

**DISCUSSION:**

None.

**ACTION:**

CORRECTED July 11, 2018 Regular Session Board Meeting Minutes  
(to be Approved 9/12/18)

Motion by L. Keough, seconded by J. Killion, and voted unanimously to adjourn the meeting at 2:25 p.m.

Minutes of the Board's July 11, 2018, Regularly Scheduled Meeting were approved by the Board on August 8, 2018.

*Barbara Levin*

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Barbara Levin, RN  
Chairperson  
Board of Registration in Nursing

Agenda with exhibits list attached.

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

**REVISED Notice of the Regularly Scheduled Meeting**

**Regular Session**

239 Causeway Street  
Room 417  
Boston, Massachusetts 02114

**Wednesday, July 11, 2018**

**PRELIMINARY AGENDA AS OF 7/3/18 2pm**

<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 June 13, 2018 Meeting of the <i>Board of Registration in Nursing, Regular Session</i>	Minutes	
	IV.	<b>REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS</b> A. Executive Director's Report B. Announcements C. Additional FY2019 Board Meeting	Oral/Memo  Oral	LS  LS
	V.	<b>SARP</b> A. SARP Activity Report – NONE	None	
	VI.	<b>PROBATION</b> A. Probation Staff Action Report B. Request for Termination of Probation 1. B. Okhouzagbon LN90083, NUR-2016-0193 C. Request to Approve Nursing Employment Offer 1. K Keating RN263140, NUR-2016-0030 D. Compliance Review 1. E. Alexandre, LN60586, NUR-2016-0095	Report  Memo  Memo  Memo	KJ
	VII.	<b>PRACTICE</b> A. Practice Coordinator Staff Report	Memo	LT

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

	<b>VIII.</b>	<b>EDUCATION</b> A. Nursing Education Staff Report – NONE B. 244 CMR 6.04(1)(c) & (1)(f) Administrative Changes – NONE C. 244 CMR 6.08(1)(h) <ol style="list-style-type: none"> <li>1. Cape Cod Community College Associate Degree RN Program Site Survey</li> <li>2. Berkshire Community College Associate Degree RN Program Site Survey</li> </ol> D. 2018 Q2 NCLEX Statistics <ol style="list-style-type: none"> <li>1. 2018 Q2 MA Graduates Regardless of State of Licensure</li> <li>2. 2018 Q2 MA Licensure Candidates Regardless of State of Education</li> </ol> E. Quincy College Associate Degree Nursing May Cohort	None None Compliance Report Compliance Report Report Report Memo	  AM AM AM AM AM
	<b>IX.</b>	<b>REQUESTS FOR LICENSE REINSTATEMENT</b> A. None	None	
	<b>X.</b>	<b>STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION</b> A. Systematic Policy Evaluation <ol style="list-style-type: none"> <li>1. Revision to SARP Policy 99-06: Board Staff Action to Implement Substance Abuse Rehabilitation Evaluation Committee (SAREC) Recommendations</li> <li>2. Consent Agreement for SARP Participation (CASP) Amendments 2A and 3A</li> </ol> B. 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. March 2018 Coalition Meeting Minutes</li> <li>b. June 2018 Coalition Report</li> </ol> </li> </ol> C. Legislative Update D. Topics for Next Agenda	Policy Policy Minutes Report Oral	 MG LS ASF/FM FM

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

	<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>1. Specifically, the Board will discuss and evaluate the Good Moral Character as required for registration for pending applicants.</li> <li>2. 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>3. Specifically, the Board will discuss and evaluate pending disciplinary complaints that involve patient records and treatment of patients.</li> <li>4. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the June 13, 2018 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 Beth Rabasco, Phone: 617-624-5291 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.*