

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

239 Causeway Street, Room 417A  
Boston, MA 02114

**Minutes of the Regularly Scheduled Board Meeting  
Wednesday, September 11, 2019**

**Board Members Present**

B. Levin, RN, Chairperson  
A. Alley, RN (Left at 4:19 p.m.)  
K.A. Barnes, JD, RPh  
K. Crowley, DNP  
G. Gravlin, EdD  
J. Kaneb, MBA, Public Member  
L. Kelly, CNP  
M. Keohane, RN  
C. LaBelle, RN (Arrived at 9:11 a.m.)  
D. Nikitas, RN  
E. Pusey-Reid, DNP

**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, Interim SARP Coordinator  
A. Fein, RN, JD, Complaint Resolution Coordinator  
V. Berg, JD, Chief Board Counsel  
M. Gilmore, APRN, MSN, SARP Coordinator  
A. MacDonald, RN, DNP, Nursing Education  
Coordinator  
H. Caines Robson, RN, MSN, Nursing Education  
Coordinator  
L. Hillson, RN, MSN, PhD, Assistant Director for  
Policy and Research  
S. Gaun, Office Support Specialist I  
K. Jones, Probation Compliance Officer  
L. Ferguson, Paralegal  
G. Rivera, Office Support Specialist I

**Board Members Not Present**

L. Keough, CNP, Vice Chairperson  
G. Cutillo, LPN  
D. Drew, MBA, Public Member  
L. Wu, RN

**Staff Not Present**

M. Campbell, RN, JD, Nursing  
Investigations Supervisor  
L. Talarico, RN/CNP, Nursing Practice  
Coordinator  
C. Andfield, Office Support Specialist I  
S. Hall, SARP Monitoring Coordinator

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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 9:02 a.m., B. Levin, Chairperson, called the September 11, 2019 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Agenda

**DISCUSSION:**

None.

**ACTION:**

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

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**TOPIC:**

Approval of Board Minutes for the August 14, 2019 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by K.A. Barnes, seconded by G. Gravlin, and voted, with A. Alley, K. Crowley, B. Levin and D. Nikitas in abstention, and all other members present in favor, to accept the Minutes of the August 14, 2019 Regularly Scheduled Board Meeting as presented.

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**TOPIC:**

Reports, Announcements and Administrative Matters

A. Announcements

1. Staff Updates

**DISCUSSION:**

A. 1. C. MacDonald stated the new staff updates: L. Hillson, Assistant Director of Policy and Research, G. Rivera, Office Support Specialist I, and Randall Dumas, Office Support Specialist I.

**ACTION:**

A. 1. So noted.

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**TOPIC:** SARP

Staff Action Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Staff Action Report

**DISCUSSION:**

K. Jones was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Practice Coordinator Staff Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Education  
Nursing Education Staff Report

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Education  
244 CMR 6.04(1)(c) & (1)(f) Administrative Changes, Program Administrator, Worcester State College  
Baccalaureate Nursing Program

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. P. Bylaska-Davies, RN, PhD, Department Chair, Pediatric Nursing, Associate Professor of Maternal Child Health, and appointee for program administrator, was present. Several Board members and staff discussed P. Bylaska-Davies' teaching experience and if she meets the requirements to be the full-time program administrator.

P. Bylaska-Davies asked the Board members for clarification and stated she would give up the nursing education courses she is teaching at the college if the Board required her to do it.

**ACTION:**

Motion by B. Levin, seconded by K. Crowley, and voted unanimously to deny the administrative changes and to require P. Bylaska-Davies to provide to the Board members the updated job description to the Board members within two (2) weeks.

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**TOPIC:** Education  
244 CMR 6.04(1)(c) & (1)(f) Administrative Changes, Program Administrator, Massachusetts College of  
Pharmacy and Health Sciences (MCPHS University)

**DISCUSSION:**

**RECUSAL:** K.A. Barnes recused herself from the matter and left the room during the deliberation and vote. H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. H. Caines Robson distributed additional documents to the Board at the meeting. The Board members reviewed the documents. A. Gauntlett, RN, MSN, Campus Dean of the School of Nursing Boston Campus and appointee for program administrator, was present.

A. Gauntlett stated her nursing education experience.

**ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted unanimously to defer this matter to the October 9, 2019 Board Meeting to allow the Board members to review the additional documents which were distributed to them.

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**TOPIC:** Education

244 CMR 6.05, Quincy College, Associate Degree Nursing Program, Initial Approval Application, Request

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. R. Mihal, RN, DNP, Dean of the Academic Division of Nursing, and the program administrator, was present. A. MacDonald stated her recommendations. Several Board members and staff discussed the recommendations.

R. Mihal stated that regarding the memorandum, there have been many students who have inquired. R. Mihal stated the preparations the program has made.

**ACTION:**

Motion by B. Levin, seconded by K.A. Barnes, and voted unanimously to find that the program has submitted documentation of the planned changes in resources to address the increase in admissions to enroll 40 full-time students in September 2020 in the program.

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**TOPIC:** Education

244 CMR 6.06, Holyoke Community College Practical Nursing Program

**DISCUSSION:**

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. T. Beaudry, Interim Director of Nursing, and the program administrator, was present. A. MacDonald stated her recommendations. Several Board members and staff discussed the recommendations.

**ACTION:**

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

1. Accept the compliance report finding that the Program has demonstrated compliance with all regulations at 244 CMR 6.04.
2. Continue Full Approval

3. For the effectiveness of the Program
  - a. Due December 31, 2019
    1. Revised SEP which includes:
      1. measurable level of achievement for each component of the Program;
      2. the evaluation of the 11 Board required policies on a regular basis; and
      3. assessment methods that demonstrate if the expected level of achievement is met.
    2. Meeting minutes demonstrating that the 11 Board required policies are developed, implemented and evaluated by faculty using data and are consistent with the policies of the parent institution, or with differences that are justified by the goals of the program;
    3. Updated credit calculation for PNR 190
    4. Evidence of an internal audit of all Clinical agreements to ensure that all agreements include:
      1. A statement that agreements are developed and reviewed annually by both program and agency personnel; and
      2. defined parameters of activities and the responsibilities of the program, the student and the cooperating agency.

Failure to provide evidence to the Board 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, Bay Path Practical Nursing Academy

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. G. Bolandrina, RN, MSN, Academy Director, and the program administrator, was present. H. Caines Robson stated her recommendations. There was no discussion.

G. Bolandrina did not make a statement.

**ACTION:**

Motion by B. Levin, seconded by L. Kelly, and voted unanimously to accept the program updates from the program administrator, direct the program to continue to complete the previously determined Board directives by the due dates listed in the report.

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**TOPIC:** Education

244 CMR 6.08, MGH IHP Baccalaureate Nursing Program Site Survey Report

**DISCUSSION:**

**RECUSALS:** E. Pusey-Reid and G. Gravlin recused themselves from the matter and left the room during the deliberation and vote. H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. E. Tagliareni, EdD, Interim Dean and program administrator, was present. H. Caines Robson stated her recommendations. There was no discussion.

E. Tagliareni stated she believes this was an opportunity for the program to look at its procedures, policies and curriculum in order to meet the core requirements, thanked the Board staff for the gracious way the site survey was conducted, the program has started to make some changes regarding what it needs to

achieve, and the program has already allocated resources and will be able to meet the deadlines stated in the site survey report.

**ACTION:**

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

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)(b), (1)(f), (1)(h), (2)(a), (2)(b)4, (3)(a)3, (4)(a), (4)(b)1, (4)(b)3, (5)(a), (5)(c), (5)(d) and noncompliance with 244 CMR 6.04 (1)(a), (1)(d), (1)(e), (1)(g), (2)(b)1, (2)(b)3, (2)(b)5, (2)(c), (3)(a)1, (3)(a)2, (3)(b), (4)(b)2, (4)(b)4, (4)(b)5, (5)(b), (5)(e), and (5)(f).
2. Continue Full Approval at this time.
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies with a verification site survey to be scheduled for Spring 2020:
  - A. Due by December 30, 2019:
    1. table highlighting congruence between published parent institution mission and core values program goals and student learning outcomes [ref 244 CMR 6.04 (1)(a)];
    2. revised faculty job descriptions that includes the following as component of the role responsibilities the development, implementation, and evaluation of policies and development of the nursing curriculum plan is a component of the role responsibilities [ref 244 CMR 6.04 (1)(d) and (4)(a)];
    3. comparative table identifying congruence of program and parent institution policies and rationale for differences [ref 244 CMR 6.04 (1)(d)];
    4. 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];
    5. 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 11 policies [ref 244 CMR 6.04 (1)(e)];
    6. publication of a written policy for maintenance and retirement of student, graduate and faculty records and evidence of an internal audit to ensure compliance with that policy [ref 244 CMR 6.04 (1)(g)];
    7. updated list of faculty teaching each course (clinical and didactic) demonstrating that they meet all regulatory requirements for licensure, education, and experience [ref 244 CMR 6.04 (2)(b)];
    8. 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];
    9. 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 updated CVs for all faculty and a formalized mentoring plan for faculty under waiver option #3 [ref:244 CMR 6.04(2)(c)];
    10. revised published admission policy require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent, and compliance with the

immunization requirements specified by the Massachusetts Department of Public Health [ref 244 CMR 6.04(3)(a)1];

11. a table demonstrating correlation of nursing course and clinical objectives with leveled outcomes for each course demonstrating achievement of nursing competence at defined points in the program leading to the achievement of end of program student learning outcomes. [ref:244 CMR 6.04(3)(b)];
  12. table demonstrating correlation between the didactic and clinical components of a course with the course and program student learning outcomes [244 CMR 6.04(4)(b)2];
  13. revised clinical evaluation tools demonstrating congruence with course description and course and clinical student learning outcomes [244 CMR 6.04(4)(b)2];
  14. revised clinical evaluation tools demonstrating congruence with course description and course and clinical student learning outcomes [244 CMR 6.04(4)(b)2];
  15. table demonstrating the course student learning outcomes demonstrating progression to the program learning outcomes [ref 244 CMR 6.04(4)(b)3 and (4)(b)5];
  16. 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];
  17. revised course outcomes and clinical evaluation tools to demonstrate integration of curriculum concepts in all courses, and evidence of student progression of nursing competencies [ref 244 CMR 6.04 (4)(b)5];
  18. updated list of preceptors demonstrating that all preceptors possess a Bachelor's degree and compliance with clinical education guidelines [244 CMR 6.04(5)(b)];
  19. operational budget that is broken down by pre-licensure program that demonstrates specific budgeted amounts for lab and simulation supplies and maintenance of equipment, learning resources, and faculty development including meeting minutes demonstrating faculty input into the budget process [ref 244 CMR 6.04(5)(e)];
  20. 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 March 28, 2020:
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)]; and
  2. individual and aggregate student data, showing compliance with admission, progression standards [ref 244 CMR 6.04(3)(a)2];

4. For the effectiveness of the Program

Due December 30, 2019:

1. Meeting minutes demonstrating that data from student evaluations is analyzed and used to make program decisions [ref 244 CMR 6.04 (3)(a)3];
2. Meeting minutes demonstrating that learning resources were developed with faculty input [ref 244 CMR 6.04 (5)(c)]

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

**TOPIC:** Education

MGH IHP Direct Entry Masters Nursing Program Site Survey Report

**DISCUSSION:**

**RECUSALS:** E. Pusey-Reid and G. Gravlin recused themselves from the matter and left the room during the deliberation and vote. A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. E. Tagliareni, EdD, Interim Dean and program administrator, was present. A MacDonald stated her recommendations. There was no discussion.

E. Tagliareni did not make a statement.

**ACTION:**

Motion by B. Levin, seconded by K. Crowley, and voted unanimously to

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)(b), (1)(f), (1)(h), (2)(a), (2)(b)4, (3)(a)3, (4)(a), (4)(b)1, (4)(b)3, (5)(a), (5)(b), (5)(c), (5)(d) and noncompliance with 244 CMR 6.04 (1)(a), (1)(d), (1)(e), (1)(g), (2)(b)1, (2)(b)3, (2)(b)5, (2)(c), (3)(a)1, (3)(a)2, (3)(b), (4)(b)2, (4)(b)4, (4)(b)5, (5)(e), and (5)(f).
2. Continue Full Approval at this time.
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies with a verification site survey to be scheduled for Spring 2020:
  - A. Due by December 31, 2019:
    1. table highlighting congruence between published parent institution mission and core values program goals and student learning outcomes [ref 244 CMR 6.04 (1)(a)];
    2. revised faculty job descriptions that includes the following as component of the role responsibilities the development, implementation, and evaluation of policies and development of the nursing curriculum plan is a component of the role responsibilities [ref 244 CMR 6.04 (1)(d) and (4)(a)];
    3. comparative table identifying congruence of program and parent institution policies and rationale for differences [ref 244 CMR 6.04 (1)(d)];
    4. 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];
    5. 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 11 policies [ref 244 CMR 6.04 (1)(e)];
    6. publication of a written policy for maintenance and retirement of student, graduate and faculty records and evidence of an internal audit to ensure compliance with that policy [ref 244 CMR 6.04 (1)(g)];
    7. updated list of faculty teaching each course (clinical and didactic) demonstrating that they meet all regulatory requirements for licensure, education, and experience [ref 244 CMR 6.04 (2)(b)];



8. 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];
9. 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 updated CVs for all faculty and a formalized mentoring plan for faculty under waiver option #3 [ref:244 CMR 6.04(2)(c)];
10. Revised published admission policy require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent, and compliance with the immunization requirements specified by the Massachusetts Department of Public Health [ref 244 CMR 6.04(3)(a)1];
11. a table demonstrating correlation of nursing course and clinical objectives with leveled outcomes for each course demonstrating achievement of nursing competence at defined points in the program leading to the achievement of end of program student learning outcomes [ref:244 CMR 6.04(3)(b)];
12. table demonstrating correlation between the didactic and clinical components of a course with the course and program student learning outcomes [244 CMR 6.04(4)(b)2];
13. revised clinical evaluation tools demonstrating congruence with course description and course and clinical student learning outcomes [244 CMR 6.04(4)(b)2];
14. revised course outcomes and clinical evaluation tools to demonstrate integration of curriculum concepts in all courses, and evidence of student progression of nursing competencies [ref 244 CMR 6.04 (4)(b)5];
15. 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];
16. table demonstrating the course student learning outcomes demonstrating progression to the program learning outcomes[ref 244 CMR 6.04 (4)(b)5];
17. Operational budget that is broken down by pre-licensure program that demonstrates specific budgeted amounts for lab and simulation supplies and maintenance of equipment, learning resources, and faculty development including meeting minutes demonstrating faculty input into the budget process [ref 244 CMR 6.04(5)(e)];
18. 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 March 31, 2020:

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)]; and
2. Individual and aggregate student data, showing compliance with admission, progression standards [ref 244 CMR 6.04(3)(a)2]; .

4. For the effectiveness of the Program

Due December 31, 2019:

1. Meeting minutes demonstrating that data from student evaluations is analyzed and used to make program decisions [ref 244 CMR 6.04 (3)(a)3]; and
2. Meeting minutes demonstrating that learning resources were developed with faculty input[ref 244 CMR 6.04 (5)(c)].

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

The Due Date is corrected to be December 31, 2019 instead of November 30, 2019.

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**TOPIC:** Requests for License Reinstatement  
C. Beliveau, NUR-2012-0278, RN260152

**DISCUSSION:**

L. Ferguson summarized her previously distributed memorandum and attached exhibits to the Board. The Licensee was present. L. Ferguson stated her recommendations. Several Board members and staff discussed the previous Board disciplines, the Licensee will need to take an RN refresher course, and the time period the Licensee has to complete the RN refresher course.

The Licensee stated she would like to work as a nurse again, restore her RN license to current status, and she last practiced in 2012.

**ACTION:**

Motion by C. LaBelle, seconded by L. Kelly, and voted unanimously to require the Licensee to complete a RN refresher course as determined by the Board staff within six (6) months, reinstate the Licensee's License contingent upon the RN refresher course being completed within six (6) months, and contingent upon the Licensee entering into a superceding STANDARD POST-SURRENDER CONSENT AGREEMENT FOR PROBATION for no less than one (1) year.

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**TOPIC:** Requests for License Reinstatement  
S. Fonseca, NUR-2009-0212, RN177670

**DISCUSSION:**

L. Ferguson summarized her previously distributed memorandum and attached exhibits to the Board. The Licensee was present. L. Ferguson stated her recommendations.

The Licensee stated she would like to work as a nurse again, she last practiced as a nurse in 2009, she will be more than willing to take a refresher course which is approved by the Board, and she worked as a nurse for 23 years.

**ACTION:**

Motion by C. LaBelle, seconded by L. Kelly, and voted unanimously to require the Licensee to complete a RN refresher course as determined by the Board staff within six (6) months, reinstate the Licensee's License contingent upon the RN refresher course being completed within six (6) months and contingent upon the Licensee entering into a superceding POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION for no less than one (1) year with the requirements of the probation to include the standard terms and conditions as stated in the CONSENT AGREEMENT FOR SUSPENSION FOLLOWED BY PROBATION which was executed in 2011, and the POST-SUSPENSION CONSENT AGREEMENT FOR PROBATION acknowledge receipt by the Board of the Licensee's successful completion of the remedial continuing education required in the CONSENT AGREEMENT FOR SUSPENSION FOLLOWED BY PROBATION which was executed in 2011.

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

**A. Presentation/Report:**

1. Complaint Resolution Informal and Formal Process
2. Mass Coalition for the Prevention of Medical Errors:
  - a. June 10, 2019 Coalition Meeting Minutes
  - b. July 2019 Coalition Report
  - c. August 2019 Coalition Report

**B. Policies/Guidelines:**

1. Education Guideline for Reporting Changes Related to Program Outcomes
2. Templates for Resolution and Prosecution of Unlicensed Practice Complaints (Fines)

**C. Topics for Next Agenda:**

**DISCUSSION:**

- A. 1. B. Oldmixon summarized her previously distributed exhibits to the Board. Several Board members and staff discussed the process and their concerns.
- A. 2. A. Fein was available for questions
- B. 1. A. MacDonald stated this matter will be removed from the Agenda.
- B. 2. V. Berg summarized her previously distributed exhibits to the Board. V. Berg stated her recommendations. There was no discussion.
- C. B. Levin stated she would like to provide updates to the Board on the NCSBN Annual Conference that she, L. Silva and C. MacDonald attended in August 2019.

**ACTION:**

- A. 1. So noted.
- A. 2. So noted.
- B. 1. Removed.
- B. 2. Motion by L. Kelly, seconded by A. Alley, and voted unanimously to accept the fines of \$1,000.00 for the first complaint and \$2,500.00 for any subsequent complaint, adopt the template, and the typographical errors that K.A. Barnes noticed in the template will be corrected.
- C. 1. So noted.

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**Break from 10:30 a.m. to 10:45 a.m.**

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**TOPIC:**

G.L. c.30A, §21 Executive Session

**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by L. Kelly, and voted unanimously to convene the Executive Session at 10:45 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 10:45 a.m. to 4:18 p.m.

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**TOPIC:**

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

**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by K. Crowley, and voted unanimously to convene the G.L. c. 112, s. 65C Session at 4:19 p.m.

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G.L. c. 112, s. 65C Session 4:19 p.m. to 4:54 p.m.

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None.

**ACTION:**

Motion by B. Levin, seconded by K. Crowley, and voted unanimously to convene the Adjudicatory Session at 4:54 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

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Adjudicatory Session 4:54 p.m. to 4:57 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 4:58 p.m.

Minutes of the Board's September 11, 2019, Regularly Scheduled Meeting were approved by the Board on October 9, 2019.

*Barbara J. 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**

**Notice of the Regularly Scheduled Meeting**

**Regular Session**

239 Causeway Street  
Room 417  
Boston, Massachusetts 02114

**Wednesday, September 11, 2019**

**PRELIMINARY AGENDA AS OF 8/30/19 9:50am**

<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 August 14, 2019 Meeting of the <i>Board of Registration in Nursing, Regular Session</i>	Minutes	
	IV.	<b>REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS</b> A. Announcements 1. Staffing Update	Oral/Memo	LS
	V.	<b>SARP</b> A. SARP Activity Report - NONE	None	
	VI.	<b>PROBATION</b> A. Probation Staff Action Report	Report	KJ
	VII.	<b>PRACTICE</b> A. Practice Coordinator Staff Report - NONE	None	

**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 1. Program-Administrator, Worcester State College Baccalaureate Nursing Program 2. Program Administrator, Massachusetts College of Pharmacy and Health Sciences (MCPHS University). C. 244 CMR 6.05 1. Quincy College, Associate Degree Nursing Program, Initial Approval Application, Request D. 244 CMR 6.06 1. Holyoke Community College Practical Nursing Program 2. Bay Path Practical Nursing Academy E. 244 CMR 6.08 1. MGH IHP Baccalaureate Nursing Program Site Survey Report 2. MGH IHP Direct Entry Masters Nursing Program Site Survey Report	None Memos    Memo   Compliance Report Compliance Report  Compliance Report  Compliance Report	HCR     AM  AM HCR  HCR  HCR
	<b>IX.</b>	<b>REQUESTS FOR LICENSE REINSTATEMENT</b> A. C. Beliveau, NUR-2012-0278, RN260152 B. S. Fonseca, NUR-2009-0212, RN177670	Memo Memo	LF LF
	<b>X.</b>	<b>STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION</b> A. Presentation/Report 1. Complaint Resolution Informal and Formal Process 2. Massachusetts Coalition for the Prevention of Medical Errors: a. June 10, 2019 Coalition Meeting Minutes b. July 2019 Coalition Report c. August 2019 Coalition Report B. Policies/Guidelines 1. Education Guideline for Reporting Changes Related to Program Outcomes 2. Templates for Resolution and Prosecution of Unlicensed Practice Complaints (Fines) C. Topics for Next Agenda	Outline   Minutes Report Report  Memo/Proposed Guideline Memo/Templates	BAO   ASF   AM VPB

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

	<b>XI.</b>	<p><b>EXECUTIVE SESSION</b></p> <p>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.</p> <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 a request by a licensee for a waiver of licensure renewal requirements due to ongoing medical issues.</li> <li>4. Specifically, the Board will discuss and evaluate pending disciplinary complaints that involve patient records and treatment of patients.</li> <li>5. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the August 14, 2019 meeting.</li> </ol>	CLOSED SESSION	
		<b>LUNCH BREAK</b>		
	<b>XII.</b>	<b>M.G.L. c. 112, § 65C SESSION</b>	CLOSED SESSION	
	<b>XIII.</b>	<b>M.G.L. c. 30A, § 18 ADJUDICATORY SESSION</b>	CLOSED SESSION	
5:00 p.m.	<b>XIV.</b>	<b>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.*