

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF NURSING
DISCIPLINARY SUBCOMMITTEE

In the Matter of

TAMARA JO LARSEN, R.N.
License No. 47-04-255248,

File No. 47-19-001358

Respondent.

ORDER OF SUMMARY SUSPENSION

The Department filed an *Administrative Complaint* against Respondent as provided by the Public Health Code, MCL 333.1101 *et seq*, the rules promulgated under the Code, and the Administrative Procedures Act, MCL 24.201 *et seq*.

After careful consideration and after consultation with the Chairperson of the Board of Nursing pursuant to MCL 333.16233(5), the Department finds that the public health, safety, and welfare requires emergency action.

Therefore, IT IS ORDERED that Respondent's license to practice as a registered nurse in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this *Order* is served.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this *Order* by filing a document clearly titled **Petition for Dissolution of Summary Suspension** with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS



Dated: 10-18-19

By: Forrest Pasanski
Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent Tamara J. Larsen, R.N. as follows:

1. The Michigan Board of Nursing is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent holds a Michigan license to practice as a registered nurse.

3. After consultation with the Board Chairperson, the Department found that the public health, safety, and welfare requires emergency action. Therefore, pursuant to MCL 333.16233(5), the Department summarily suspended Respondent's license to practice as a registered nurse in the state of Michigan, effective upon service of the accompanying *Order of Summary Suspension*.

4. Fentanyl is an opioid schedule 2 controlled substance. Fentanyl is between 50 and 100 times as potent as morphine.

5. At all relevant times, Respondent was employed as a registered nurse at Michigan Pain Consultants, Greenville Pain Management Center (facility) located in Greenville, Michigan.

6. On August 23, 2019, the facility reported to the Department reasonable suspicion that Respondent diverted a significant amount of IV fentanyl from the facility. A Department investigation was authorized.

Diversion Investigation

7. On or about July 24, 2019, facility management met with staff, including Respondent, to discuss apparent documentation errors that were found in the narcotic count sheets, specifically regarding the administration of fentanyl. Respondent was among those whose documentation was at issue.

8. On or about August 14, 2019, a facility nurse reported that several bottles of fentanyl in the narcotic storage room appeared to have been tampered with. Additionally, facility management discovered that a box of fentanyl contained numerous empty vials and had been taped shut. Law enforcement was contacted, and the facility was instructed to inventory how much fentanyl was missing.

9. On or about August 14, 2019, facility management inventoried the fentanyl stock and discovered that approximately 70,000 mcg of the drug were missing.

10. On or about August 15, 2019, facility management interviewed staff and conducted an audit of the 2019 narcotic administration records. Facility management found numerous instances where Respondent documented using a fresh 250 mcg vial for a single procedure when she should have used a 100 mcg vial or remaining fentanyl from another vial that had already been taken from the inventory. Facility management also reviewed building access records and discovered multiple instances where Respondent had entered the facility after hours, unsupervised.

11. On or about August 15, 2019, facility management discovered that some of the fentanyl narcotic administration sheets that were reviewed at the July 24th meeting were missing.

12. On or about August 20, 2019, law enforcement interviewed Respondent. During that interview, Respondent admitted to diverting fentanyl from the facility beginning in the winter of 2018 until July 4, 2019. Respondent stated that she removed the fentanyl bottles from work, after hours, and administered the fentanyl to herself at home. Respondent stated that she threw some of the empty bottles out and filled other empty bottles with saline, glued the cap back on, and returned them to the facility stock.

13. Respondent also admitted to altering narcotic administration sheets, stealing some of the administration records from the July 24th meeting, and destroying them to cover up her diversion.

14. As a result of the aforementioned confession, the facility terminated Respondent's employment.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, or a condition, conduct, or practice that impairs, or may impair, the ability safely and skillfully to engage in the practice of the health profession in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct departs from, or fails to conform to, minimal standards of acceptable and prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

COUNT III

Respondent's conduct demonstrates Respondent's lack of a "propensity . . . to serve the public in the licensed area in a fair, honest, and open manner," MCL 338.41(1), and accordingly a lack of "good moral character," in violation of MCL 333.16221(b)(vi).


COUNT IV

Respondent's conduct constitutes obtaining, possessing, or attempting to obtain or possess a controlled substance or drug without lawful authority, and/or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer it in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the written answer to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of all Complaint allegations. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS



Dated: 10-18-19

By: Forrest Pasanski
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