

COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

**IN THE MATTER OF
A HEARING UNDER *THE HEALTH PROFESSIONS ACT*,**

**AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF SHANNON TEOLIS**

**DECISION OF THE HEARING TRIBUNAL
OF THE
COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA**

**IN THE MATTER OF A HEARING UNDER THE *HEALTH PROFESSIONS ACT* REGARDING THE
CONDUCT OF SHANNON TEOLIS, LPN #41953, WHILE A MEMBER OF THE COLLEGE OF
LICENSED PRACTICAL NURSES OF ALBERTA (“CLPNA”)**

DECISION OF THE HEARING TRIBUNAL

(1) Hearing

The hearing was conducted via Videoconference on July 25, 2024, with the following individuals present:

Hearing Tribunal:

Kunal Sharma, Licensed Practical Nurse (“LPN”) Chairperson
Nicole Searle, LPN
Dianna Jossa, Public Member
Vince Paniak, Public Member

Staff:

Kimberly Precht, Legal Counsel for the Complaints Director, CLPNA
Susan Blatz, Complaints Director, CLPNA
Sanah Sidhu, Director of Professional Conduct, CLPNA

Investigated Member:

Shannon Teolis, LPN (“Ms. Teolis” or “Investigated Member”)
Simon Renouf, Counsel for the Investigated Member

(2) Preliminary Matters

The hearing was open to the public.

There were no objections to the members of the Hearing Tribunal hearing the matter, and no Hearing Tribunal member identified a conflict. There were no objections to the jurisdiction of the Hearing Tribunal.

The Hearing was conducted by way of an Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and a Joint Submission on Penalty.

(3) Background

Ms. Teolis was an LPN within the meaning of the Act at all material times, and more particularly, was registered with the CLPNA as an LPN at the time of the complaint. Ms. Teolis was initially licensed as an LPN in Alberta in 2016.

The College of Licensed Practical Nurses of Alberta (“CLPNA”) received a complaint dated August 15, 2023, (the “Complaint”) from Meagan McCoy-McLevin, Site Manager, Alberta Health Services (AHS), Westlock Health Care Centre (the “Facility”), Westlock, Alberta pursuant to s. 57 of the *Health Professions Act* (the “Act”). The Complaint advised Ms. Shannon Teolis (“Ms. Teolis”), LPN, had been terminated from her employment at the Facility for concerns relating to failure to follow proper medication administration guidelines and possible narcotic diversion.

By way of letter dated August 28, 2023, the Director of Professional Conduct/Complaints Director of the CLPNA, Sanah Sidhu (“Complaints Director”), provided Ms. Teolis with notice of the Complaint and notified Ms. Teolis that she was delegating her powers under Part 4 of the Act to Susan Blatz, Complaints Officer (the “Complaints Officer”) pursuant to s. 20 of the Act.

In accordance with s. 55(2)(d) of the Act, the Complaints Director also notified Ms. Teolis that she had appointed Judy Palyga, Investigator for the CLPNA (the “Investigator”), to conduct an investigation into the Complaint. Additionally, the Complaints Director informed Ms. Teolis that due to the nature of the alleged conduct, the Complaints Officer was recommending to Christina Riehl (“Ms. Riehl”), Practice Advisor/Designated Person Appointed by the Council for the CLPNA, that Ms. Teolis' practice permit subject to an immediate interim condition of “Narcotic Restriction” under s. 65(1)(b) of the Act.

The Complaints Officer requested that Ms. Riehl impose an immediate interim condition of “Narcotic Restriction” on Ms. Teolis' practice permit under s. 65(1)(b) of the Act by letter on August 28, 2023.

By letter dated September 6, 2023, Ms. Riehl notified Ms. Teolis that an immediate interim condition of “Narcotic Restriction” was being imposed on Ms. Teolis' practice permit pending the completion of any investigation and/or pending the outcome of disciplinary proceedings.

On December 2, 2023, the Investigator concluded the investigation into the Complaint.

The Complaints Officer determined there was sufficient evidence that the issues raised in the Complaint should be referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Ms. Teolis received notice the matters were referred to a hearing, as well as a copy of the Statement of Allegations and the Investigation Report, on February 28, 2024.

A Notice of Hearing, Notice to Attend and Notice to Produce was served upon Ms. Teolis under cover of letter dated May 27, 2024.

(4) Allegations

The Allegations in the Statement of Allegations (the “Allegations”) are:

“It is alleged that **SHANNON TEOLIS, LPN**, while practising as a Licensed Practical Nurse engaged in unprofessional conduct by:

1. On or about January 25, 2023, did one or more of the following:
 - a) Failed to correctly transcribe the balance forward amount for Hydromorphone 2 mg/ml on the Controlled Substances Record by recording 84 instead of the previous and correct amount of 85;
 - b) Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record.
2. On or about January 27, 2023, did one or more of the following:
 - a) Failed to correctly transcribe the balance forward amount for Hydromorphone 2 mg/ml on the Controlled Substances Record by recording 120 instead of the previous and correct amount of 122;
 - b) Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record.
3. On or about February 4, 2023, failed to record the date, time and signature when transcribing the balance forward on the Controlled Substances Record.
4. On or about March 4, 2023, failed to correctly transcribe the balance forward amount for Hydromorphone 2 mg/ml on the Controlled Substances Record by recording 107 instead of the previous and correct amount of 111.
5. On or about March 4, 2023, did one or more of the following with regards to client LS:
 - a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 0.25 mg removed from the Controlled Substances Record at 1645, 1850 and 2115 hours;
 - b) Withdrew Hydromorphone 0.25 mg at 1645 hours when the Doctor’s order was for Hydromorphone 0.25 mg s/c every 2 hours as needed and the last dose was withdrawn at 1600 hours;
 - c) Withdrew Hydromorphone 0.25 mg at 1950 hours when the Doctor’s order was for Hydromorphone 0.25 mg s/c every 2 hours as needed and the last dose was withdrawn at 1850 hours;

- d) Withdrew Hydromorphone 0.25 mg at 2115 hours when the Doctor's order was for Hydromorphone 0.25 mg s/c every 2 hours as needed and the last dose was withdrawn at 1950 hours.
6. On or about March 9, 2023, withdrew Hydromorphone 0.25 mg from the Controlled Substances Record for client LS at 0910 hours when LS had passed away March 8, 2023.
 7. On or about March 15, 2023, failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record for client ES at 0940 and 1350 hours.
 8. On or about March 24, 2023, did one or more of the following:
 - a) Failed to correctly transcribe the balance forward amount on the Controlled Substances Record for Hydromorphone 2 mg/ml by recording 133 instead of the previous and correct amount of 134;
 - b) Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record.
 9. On or about May 1, 2023, did one or more of the following with regards to client MG:
 - a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1400 hours;
 - b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 0730, 0930 and 1130 hours.
 10. On or about May 2, 2023, did one or more of the following with regards to client MG:
 - a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1150 and 1350 hours;
 - b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 0730 and 1000 hours;
 - c) Withdrew Hydromorphone 1 mg from the Controlled Substances Record at 0740 hours but inaccurately documented in the Medication Administration Record the administration of Hydromorphone prior to that at 0730 hours.

11. On or about May 3, 2023, failed to document in the Medication Administration Record for client MG the amount of Hydromorphone administered at 0730, 0930, 1130 and 1330 hours.
12. On or about May 5, 2023, failed to document in the Medication Administration Record for client MG the amount of Hydromorphone administered at 1530, 2000 and 2200 hours.
13. On or about May 6, 2023, did one or more of the following with regards to client MG:
 - a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1930 hours;
 - b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 1530, 1730 and 2130 hours.
14. On or about May 7, 2023, did one or more of the following with regards to client MG:
 - a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1730, 1900 and 2040 hours;
 - b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 1530 hours.
15. On or about May 13, 2023, failed to obtain a witness/co-signature for the wastage of 1.5 mg of Hydromorphone 2 mg removed from the Controlled Substances Record for client P at 1720 hours.
16. Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record on or about one or more of the following occasions:
 - a) January 26, 2023;
 - b) February 5, 2023;
 - c) March 15, 2023;
 - d) May 1, 2023;
 - e) May 7, 2023;
 - f) May 12, 2023.”

(5) Admission of Unprofessional Conduct

Section 70 of the Act permits an investigated member to make an admission of unprofessional conduct. An admission under s. 70 of the Act must be acceptable in whole or in part to the Hearing Tribunal.

Ms. Teolis acknowledged unprofessional conduct to all the allegations as evidenced by her signature on the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and verbally admitted unprofessional conduct to all the allegations set out in the Statement of Allegations during the hearing.

Legal Counsel for the Complaints Director submitted, where there is an admission of unprofessional conduct, the Hearing Tribunal should accept the admission absent exceptional circumstances.

(6) Exhibits

The following exhibits were entered at the hearing:

- Exhibit #1: Statement of Allegations
- Exhibit #2: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct
- Exhibit #3: Joint Submission on Penalty

(7) Evidence

The evidence was adduced by way of Agreed Statement of Facts, and no witnesses were called to give *viva voce* testimony. The Hearing Tribunal accepts the evidence set out in the Agreed Statement of Facts which was admitted as Exhibit #2.

(8) Decision of the Hearing Tribunal and Reasons

The Hearing Tribunal is aware it is faced with a two-part task in considering whether a regulated member is guilty of unprofessional conduct. First, the Hearing Tribunal must make factual findings as to whether the alleged conduct occurred. If the alleged conduct occurred, it must then proceed to determine whether that conduct rises to the threshold of unprofessional conduct in the circumstances.

The Hearing Tribunal has reviewed the documents included in Exhibit #2 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Ms. Teolis's admission of unprofessional conduct as set out in the Agreed Statement of Facts as described above. Based on the evidence and submissions

before it, the Hearing Tribunal did not identify exceptional circumstances that would justify not accepting the admission of unprofessional conduct from Shannon Teolis.

Allegation 1

Ms. Teolis admitted that on or about January 25, 2023, she:

- a) Failed to correctly transcribe the balance forward amount for Hydromorphone 2 mg/ml on the Controlled Substances Record by recording 84 instead of the previous and correct amount of 85;
- b) Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record.

The Hearing Tribunal reviewed the controlled substance record attached in Exhibit #2. On January 25, 2023, Ms. Teolis started a new CSR and transcribed that the balance forward amount for Hydromorphone 2mg/ml vials was 84. However, the correct amount was 85 vials recorded at 1900 hours count during the shift change. The next entry was made by Ms. Teolis at 1915 hours for a different medication withdrawal. Ms. Teolis also failed to date and time the new CSR.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she inaccurately transcribed on the CSR that the balance forward for Hydromorphone was 84 vials. Recording a false entry in this manner is below the expectation of an LPN. It is expected that LPNs have the knowledge of properly transcribing carry forward for narcotics on the controlled substance record. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN. Ms. Teolis also failed to date and time the new CSR.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice and did not demonstrate the competence expected of an LPN.

The conduct breached the following principles and standards set out in CLPNA’s Code of Ethics (“CLPNA Code of Ethics”) and CLPNA’s Standards of Practice for Licensed Practical Nurses in Canada (“CLPNA Standards of Practice”):

CLPNA Code of Ethics:

Principle 1: Responsibility to the Public – LPNs, as self-regulating professionals, commit to provide safe, effective, compassionate, and ethical care to members of the public. Principle 1 specifically states that LPNs:

1.1 Maintain standards of practice, professional competence, and conduct.

Principle 2: Responsibility to Clients – LPNs have a commitment to provide safe and competent care for their clients. Principle 2 specifically states that LPNs:

2.9 Identify and minimize risks to clients.

Principle 3: Responsibility to the Profession. Licensed Practical Nurses, have a commitment to their profession and foster the respect and trust of their clients, health care colleagues and the public.

3.1 Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession.

3.3 Practice in a manner that is consistent with the privilege and responsibility of self-regulation.

Principle 5: Responsibility to Self – LPNs recognize and function within their personal and professional competence and value systems. Principle 5 specifically provides that LPNs:

5.1 Demonstrate honesty, integrity, and trustworthiness in all interactions.

5. 3 Accept responsibility for knowing and acting consistently with the principles, practice standards, laws, and regulations under which they are accountable.

CLPNA Standards of Practice:

Standard 1: Professional Accountability and Responsibility – LPNs are accountable for their practice and responsible for ensuring that their practice and conduct meet both the standards of the profession and legislative requirements. Standard 1 specifically states that LPNs:

1.1 Practice to their full range of competence within applicable legislation, regulations, and employer policies.

1.6. Take action to avoid and/or minimize harm in situations in which client safety and well-being are compromised.

1.8. Are accountable and responsible for their own practice, conduct and ethical decision-making.

1.9. Practice in a manner consistent with ethical values and obligations of the Code of Ethics for Licensed Practical Nurses.

Standard 3: Service to the Public and Self-Regulation – LPNs practice nursing in collaboration with clients and other members of the health care team to provide and improve health care services in the best interests of the public. Standard 3 specifically states that LPNs:

3.3 Support and contribute to an environment that promotes and supports safe, effective, and ethical practice.

3.4. Provide relevant, accurate, and timely information to clients and health care team.

3.5 Provide relevant and timely information to clients and co-workers.

Standard 4: Ethical Practice – LPNs uphold, promote, and adhere to the values and beliefs as described in the Canadian Council for Practical Nurse Regulators (CCPNR) Code of Ethics. Standard 4 specifically states that LPNs:

4.5. Demonstrate effective, respectful, and collaborative interpersonal communication to promote and contribute to a positive practice culture.

4.6. Demonstrate practice that upholds the integrity of the profession.

LPNs are required to reflect and recognize when they need to improve their practices and ensure they are not making mistakes. Doing so is an integral aspect of self-regulation which requires that all regulated members participate in ensuring they are providing safe and effective care. Failing to do so undermines their ability to practice for the good of their clients which then impacts the ability of the whole health care team to provide safe care. Inaccurately recording on controlled substance records for narcotic drugs like Hydromorphone is unacceptable. For these reasons, the Hearing Tribunal concluded that Ms. Teolis breached the CLPNA Code of Ethics and Standards of Practice.

Allegation 2

Ms. Teolis admitted that on or about January 27, 2023, she:

- a) Failed to correctly transcribe the balance forward amount for Hydromorphone 2 mg/ml on the Controlled Substances Record by recording 120 instead of the previous and correct amount of 122;

- b) Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record.

The Hearing Tribunal reviewed the CSR attached in Exhibit #2. On January 27, 2023, Ms. Teolis started a new CSR and documented that the balance forward for Hydromorphone 2mg/ml vials was 120. However, the correct amount was 122 vials recorded at 1430 hours. The next entry was made by Ms. Teolis at 1900 hours for a different medication withdrawal. Ms. Teolis also failed to date and time the new CSR. Except for Hydromorphone the carry forward for all other medications was correct.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she inaccurately transcribed on the CSR that the balance forward for Hydromorphone was 120 vials. Recording a false entry in this manner is below the expectation of an LPN. It is expected that LPNs have the knowledge of properly transcribing balance forward on the controlled substance record. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 3

Ms. Teolis admitted that on or about February 4, 2023, she failed to record the date, time and signature when transcribing the balance forward on the Controlled Substances Record.

The Hearing Tribunal reviewed the CSR attached in Exhibit #2. On February 4, 2023, Ms. Teolis started a new CSR, but Ms. Teolis failed to record the date, time and signature when transcribing the balance forward on the CSR.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to date, time and sign the CSR. It is expected that LPNs have the knowledge of properly transcribing on the controlled substance record. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 4

Ms. Teolis admitted that on or about March 4, 2023, she failed to correctly transcribe the balance forward amount for Hydromorphone 2 mg/ml on the Controlled Substances Record by recording 107 instead of the previous and correct amount of 111.

The Hearing Tribunal reviewed the CSR attached in Exhibit #2. On March 4, 2023, Ms. Teolis started a new CSR and documented that the balance forward for Hydromorphone 2mg/ml vials was 107. However, the correct amount was 111 Hydromorphone vials last recorded at 1156 hours on March 4, 2023. The next entry was made by Ms. Teolis at 1900 hours for a different medication withdrawal. Ms. Teolis also failed to date and time the new CSR. Except for Hydromorphone the carry forward for all other medications was correct.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;

- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she inaccurately transcribed on the CSR that the balance forward for Hydromorphone was 107 vials. Recording a false entry in this manner is below the expectation of an LPN. It is expected that LPNs have the knowledge of properly transcribing narcotics on the controlled substance record. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 5

Ms. Teolis admitted that on or about March 4, 2023, with regards to client LS she:

- a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 0.25 mg removed from the Controlled Substances Record at 1645, 1850 and 2115 hours;
- b) Withdrew Hydromorphone 0.25 mg at 1645 hours when the Doctor's order was for Hydromorphone 0.25 mg s/c every 2 hours as needed and the last dose was withdrawn at 1600 hours;
- c) Withdrew Hydromorphone 0.25 mg at 1950 hours when the Doctor's order was for Hydromorphone 0.25 mg s/c every 2 hours as needed and the last dose was withdrawn at 1850 hours;
- d) Withdrew Hydromorphone 0.25 mg at 2115 hours when the Doctor's order was for Hydromorphone 0.25 mg s/c every 2 hours as needed and the last dose was withdrawn at 1950 hours.

The Hearing Tribunal reviewed the documents in Exhibit #2. The doctor order and the pharmacy clarification for patient L.S. dated February 21, 2023, at 1145 hours stated: "Please give hydromorphone 0.25 mg SC/IM tid (continue current prn of 0.25 mg q2h prn)". On March 4, 2023, Ms. Teolis documented the withdrawal of Hydromorphone 0.25 mg for LS on the CSR at 1600, 1645, 1745, 1850, 1950 and 2115 hours. Ms. Teolis documented the administration of

Hydromorphone 0.25 mg subcutaneously every 2 hours as needed on LS's MAR at 1600 hours and 2050 hours but failed to document the reason for withdrawal and/or medication administration for the 1645 hours, 1850 hours and 2115 hours doses withdrawn for patient L.S. on the CSR. Ms. Teolis withdrew doses of Hydromorphone 0.25 mg for L.S. at 1645, 1950, and 2115 hours, even though 2 hours had not yet passed since the previous dose.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she did not document on the MAR and CSR the withdrawal of Hydromorphone. Ms. Teolis withdrew doses of Hydromorphone when these doses were not due. Recording a false entry in this manner is below the expectation of an LPN. It is expected that LPNs have the knowledge of properly recording medication administration on the MAR and medication withdrawal on the CSR. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 6

Ms. Teolis admitted that on or about March 9, 2023, she withdrew Hydromorphone 0.25 mg from the Controlled Substances Record for client LS at 0910 hours when LS had passed away March 8, 2023.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On March 9, 2023, at 0910 hours, Ms. Teolis documented the withdrawal of Hydromorphone 0.25 mg from the CSR for client L.S. Ms. Teolis did not document the administration of the Hydromorphone 0.25 mg on L.S.'s MAR. Ms. Teolis also did not document the reasons for the removal of the Hydromorphone 0.25

mg in the Nursing Assessment and Care Record. Client L.S. had passed away on March 8, 2023, at 2223 hours, as documented in the NACR.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she did not document on the MAR and CSR the withdrawal of Hydromorphone. Ms. Teolis withdrew Hydromorphone for patient L.S. even though L.S. had passed away almost 11 hours earlier. Recording a false entry in this manner is below the expectation of an LPN. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 7

Ms. Teolis admitted that on or about March 15, 2023, she failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record for client ES at 0940 and 1350 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On March 15, 2023, at 0940 hours and 1350 hours, Ms. Teolis documented the withdrawal of Hydromorphone 1 mg from the CSR for patient ES. Ms. Teolis did not document the administration of the Hydromorphone 1 mg on E.S.'s MAR. Ms. Teolis also did not document the reasons for the removal of the Hydromorphone 1 mg in the NACR.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she did not document on the MAR the administration of two doses of Hydromorphone 1 mg to patient E.S. at 0940 hours and 1350 hours. Accurate medication administration and documentation are core competencies required from LPNs. When Ms. Teolis failed to follow these core competencies it could have had an adverse effect on the care E.S. was receiving. The other members of the health care team rely on this information to provide care to patients. They would not have known the amount of Hydromorphone that was administered to patient E.S. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 8

Ms. Teolis admitted that on or about March 24, 2023, she:

- a) Failed to correctly transcribe the balance forward amount on the Controlled Substances Record for Hydromorphone 2 mg/ml by recording 133 instead of the previous and correct amount of 134;
- b) Failed to record the date and time when transcribing the balance forward on the Controlled Substances Record.

The Hearing Tribunal reviewed the CSR attached in Exhibit #2. On March 24, 2023, Ms. Teolis started a new CSR and transcribed that the balance forward for Hydromorphone 2mg/ml vials was 133. However, the correct amount was 134 vials recorded at 1515 hours. The next entry was made by Ms. Teolis at 1520 hours. Ms. Teolis also failed to date and time the new CSR.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she inaccurately documented on the CSR that the balance forward for Hydromorphone was 133 vials. Recording a false entry in this manner is below the expectation of an LPN. It is expected that LPNs have the knowledge of properly transcribing narcotics on the controlled substance record. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 9

Ms. Teolis admitted that on or about May 1, 2023, with regards to client MG, she:

- a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1400 hours;
- b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 0730, 0930 and 1130 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 1, 2023, at 1400 hours, Ms. Teolis documented the withdrawal of Hydromorphone 1 mg from the CSR for client M.G. Ms. Teolis did not document the administration of the Hydromorphone 1 mg on M.G.'s MAR. Ms. Teolis also did not document the reason for the removal of the Hydromorphone 1 mg in the NACR. Ms. Teolis also failed to document in M.G.'s MAR the amount of Hydromorphone administered at 0730, 0930 and 1130 hours.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she did not document on the MAR the administration of two doses of Hydromorphone 1 mg to patient M.G. at 0940 hours and 1350 hours. Accurate medication administration and documentation are core competencies required from LPNs. When Ms. Teolis failed to follow these core competencies it could have had an adverse effect on the care the M.G. was receiving. The other members of the health care team rely on this information to provide care to patient. They would not have known the amount of Hydromorphone that was administered to patient M.G. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 10

Ms. Teolis admitted that on or about May 2, 2023, with regards to client MG, she:

- a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1150 and 1350 hours;
- b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 0730 and 1000 hours;
- c) Withdrew Hydromorphone 1 mg from the Controlled Substances Record at 0740 hours but inaccurately documented in the Medication Administration Record the administration of Hydromorphone prior to that at 0730 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 2, 2023, Ms. Teolis documented the removal of Hydromorphone 1 mg for patient M.G. on the CSR at 0740, 1000, 1150 and 1350 hours. Ms. Teolis did not document the administration of Hydromorphone 1mg on M.G.'s MAR at 1150 hours and 1350 hours. Ms. Teolis also failed to document the reason for

the removal of the Hydromorphone 1mg at 1150 hours and 1350 hours in the NACR. Ms. Teolis did not document the amount of Hydromorphone administered at 0730 hours and 1000 hours in M.G.'s MAR.

Ms. Teolis documented the removal of Hydromorphone 1 mg for M.G. on the CSR at 0740 hours. However, Ms. Teolis documented the administration of Hydromorphone in M.G.'s MAR at 0730 hours.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to accurately document the amount of Hydromorphone and the reason for administration on four different occasions in one shift to patient M.G. Medication administration and documentation are core competencies required from an LPN. When Ms. Teolis failed to follow these core competencies it could have had an adverse effect on the care patient M.G. was receiving. The other members of the health care team rely on this documentation to provide care to patients. They would not have known the amount of Hydromorphone that was administered to patient M.G. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 11

Ms. Teolis admitted that on or about May 3, 2023, she failed to document in the Medication Administration Record for client MG the amount of Hydromorphone administered at 0730, 0930, 1130 and 1330 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 3, 2023, Ms. Teolis documented the administration of Hydromorphone on M.G.'s MAR. However, Ms. Teolis failed to document the amount of Hydromorphone administered.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to document the amount of Hydromorphone administered to patient M.G. on four different occasions in one shift. Accurately documenting the amount of medication administered is a core competency required from LPNs. When Ms. Teolis failed to follow this core competency it could have had an adverse effect on the care patient M.G. was receiving. The other members of the health care team rely on this information to provide care to patients. They would not have known the amount of Hydromorphone that was administered to patient M.G. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 12

Ms. Teolis admitted that on or about May 5, 2023, she failed to document in the Medication Administration Record for client MG the amount of Hydromorphone administered at 1530, 2000 and 2200 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 5, 2023, Ms. Teolis documented the administration of Hydromorphone on patient M.G.'s MAR at 1530, 2000, and 2200 hours. However, Ms. Teolis failed to document the amount of Hydromorphone administered.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to document the amount of Hydromorphone administered to patient M.G. on three different occasions in one shift. Accurately documenting the amount of medication administered is a core competency required from LPNs. When Ms. Teolis failed to follow this core competency it could have had an adverse effect on the care patient M.G. was receiving. The other members of the health care team rely on this information to provide care to patients. They would not have known the amount of Hydromorphone that was administered to patient M.G. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 13

Ms. Teolis admitted that on or about May 6, 2023, with regards to client MG, she:

- a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1930 hours;
- b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 1530, 1730 and 2130 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 6, 2023, at 1930 hours, Ms. Teolis documented the removal of Hydromorphone 1 mg for patient M.G. on the CSR. However, Ms. Teolis failed to document the administration of Hydromorphone in M.G.'s MAR.

Ms. Teolis also failed to document the reason for the removal of the Hydromorphone in the NACR.

On May 6, 2023, Ms. Teolis documented the administration of Hydromorphone on M.G.'s MAR at 1530, 1730 and 2130 hours, but failed to document the amount of Hydromorphone administered.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to document on the MAR the administration and amount of Hydromorphone administered to patient M.G. Accurate medication administration and documentation are core competencies required from LPNs. When Ms. Teolis failed to follow these core competencies it could have had an adverse effect on the care M.G. was receiving. The other members of the health care team rely on this information to provide care to patients. They would not have known the amount of Hydromorphone that was administered to patient M.G. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 14

Ms. Teolis admitted that on or about May 7, 2023, with regards to client MG, she:

- a) Failed to document in the Medication Administration Record the reason for the withdrawal and/or medication administration of Hydromorphone 1 mg removed from the Controlled Substances Record at 1730, 1900 and 2040 hours;

- b) Failed to document in the Medication Administration Record the amount of Hydromorphone administered at 1530 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 7, 2023, at 1730, 1900 and 2040 hours, Ms. Teolis documented the removal of Hydromorphone 1 mg for patient M.G. on the CSR. However, Ms. Teolis failed to document the administration of Hydromorphone in M.G.'s MAR. Ms. Teolis also failed to document the reasons for the removal of the Hydromorphone in the NACR.

Ms. Teolis documented the removal of Hydromorphone 1 mg for M.G. at 1530 hours, but failed to document the amount of Hydromorphone administered in M.G.'s MAR.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to document on the MAR the administration and amount of Hydromorphone administered to patient M.G. Accurate medication administration and documentation are core competencies required from LPNs. When Ms. Teolis failed to follow these core competencies it could have had an adverse effect on the care M.G. was receiving. The other members of the health care team rely on this information to provide care to patients. They would not have known the amount of Hydromorphone that was administered to patient M.G. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 15

Ms. Teolis admitted that on or about May 13, 2023, she failed to obtain a witness/co-signature for the wastage of 1.5 mg of Hydromorphone 2 mg removed from the Controlled Substances Record for client P at 1720 hours.

The Hearing Tribunal reviewed the attached documents in Exhibit #2. On May 13, 2023, at 1720 hours, Ms. Teolis documented the removal of Hydromorphone 0.5 mg for client P on the CSR. However, Ms. Teolis failed to obtain a witness/co-signature for the wastage of 1.5 mg of Hydromorphone.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to obtain a witness/co-signature for the wastage of 1.5 mg of Hydromorphone. LPNs are required to follow facility guidelines when wasting narcotic medications. This is considered a core competency required from an LPN. Ms. Teolis failed to follow it. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

Allegation 16

Ms. Teolis admitted that she failed to record the date and time when transcribing the balance forward on the Controlled Substances Record on the following occasions:

- a) January 26, 2023;
- b) February 5, 2023;

- c) March 15, 2023;
- d) May 1, 2023;
- e) May 7, 2023;
- f) May 12, 2023

The Hearing Tribunal reviewed the CSR attached in Exhibit #2. Ms. Teolis started a new CSR but failed to date and time the CSR for the following dates.

- a) January 26, 2023.
- b) February 5, 2023.
- c) March 15, 2023.
- d) May 1, 2023.
- e) May 7, 2023.
- f) May 12, 2023.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

Ms. Teolis displayed a serious lack of skill or knowledge or judgement when she failed to date and time the controlled substance record on six different dates. It is expected that LPNs have the knowledge of properly transcribing on the controlled substance record. Ms. Teolis's conduct harms the integrity of the regulated profession as Ms. Teolis did not act in a manner which would be expected of an LPN.

Ms. Teolis did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by Ms. Teolis in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

For the reasons discussed above, this conduct also does harm to the integrity of the profession. Finally, the Hearing Tribunal has also determined that for substantially the same reasons given at Allegation #1, Ms. Teolis has also breached the CLPNA Code of Ethics and CLPNA Standards of Practice as set out above.

The Hearing Tribunal concluded that this conduct was unprofessional for these reasons.

(9) Joint Submission on Penalty

The Complaints Director and Ms. Teolis jointly proposed to the Hearing Tribunal a Joint Submission on Penalty, which was entered as Exhibit #3. The Joint Submission on Penalty proposed the following sanctions to the Hearing Tribunal for consideration:

1. The Hearing Tribunal's written decision (the "Decision") shall serve as a reprimand.
2. Ms. Teolis shall pay 25% of the costs of the investigation and hearing, to a maximum of \$5,000.00, to be paid over a period of **24 months** of service of the Decision, as follows:
 - (a) a letter advising of the final costs will be forwarded to Ms. Teolis when final costs have been confirmed by CLPNA;
 - (b) the Costs must be paid to the CLPNA, whether or not Ms. Teolis holds an active practice permit with the CLPNA; and
 - (c) the Costs are a debt owed to the CLPNA and if not paid by the deadline indicated, may be recovered by the CLPNA as an action of debt.
3. The condition on Ms. Teolis' practice permit arising from the section 65 order dated September 6, 2023, shall continue until the Decision is issued and served upon Ms. Teolis, and Ms. Teolis has complied with the requirements set out in paragraph 4.
4. Upon receipt of the Decision, the condition on Ms. Teolis's practice permit shall remain until she has complied with the following:
 - (a) Ms. Teolis shall read and reflect on how the following CLPNA documents will impact her nursing practice. These documents are available on the CLPNA's website <http://www.clpna.com/> in the "Knowledge Hub". Ms. Teolis shall provide a signed written declaration to the Complaints Officer attesting she has reviewed the CLPNA's documents:
 - i. Code of Ethics for Licensed Practical Nurses in Canada;
 - ii. Standards of Practice for Licensed Practical Nurses in Canada;
 - iii. The CLPNA Policy: Professional Responsibility and Accountability;
 - iv. The CLPNA Policy: Medication Management;
 - v. The CLPNA Policy: Documentation.

If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Officer.

- (b) Ms. Teolis shall complete the following remedial education, at her own cost, and shall provide the Complaints Officer with certificates confirming successful completion of the following:

- a. **NURS 0161: Medication Management** available online at www.macewan.ca;
- b. **Documentation** available online at <https://selfstudywithclpna.com>;
- c. **LPN Code of Ethics** available on <https://learningnurse.org>.

If any of the required education becomes unavailable, Ms. Teolis shall make a written request to the Complaints Officer to be assigned alternative education. Upon receiving Ms. Teolis's written request, the Complaints Officer, in her sole discretion, may assign alternative education in which case Ms. Teolis will be notified in writing of the new education requirements.

5. The sanction set out above at paragraphs 2-4 will appear on Ms. Teolis' practice permit and the Public Registry subject to the following:
 - (a) The requirement to complete the educational readings outlined in paragraph 4(a) and the remedial education outlined in paragraph 4(b) will appear as "CLPNA Monitoring Orders (Conduct)" on Ms. Teolis' practice permit and the Public Registry until all requirements outlined in paragraphs 4(a) and (b) have been completed;
 - (b) The condition on Ms. Teolis' practice permit, referenced in paragraph 3, will continue to appear on Ms. Teolis' practice permit and the Public Registry until Ms. Teolis provides proof to the Complaints Officer that Ms. Teolis has successfully completed the requirements outlined in paragraph 4; and
 - (c) The requirement to pay costs in paragraph 2 will appear as "Conduct Cost/Fines" on Ms. Teolis' practice permit and the Public Registry until the costs have been fully paid;
6. The conditions on Ms. Teolis' practice permit and on the Public Registry will be removed upon successful completion of each of the requirements outlined above in paragraph 5.
7. Ms. Teolis shall provide the CLPNA with her contact information, including home mailing address, home and cellular telephone numbers, current e-mail address and current employment information. Ms. Teolis will keep her contact information current with the CLPNA on an ongoing basis.
8. Should Ms. Teolis be unable to comply with any of the sanctions' deadlines identified above, Ms. Teolis may request an extension. The request for an extension must be submitted in writing to the Complaints Officer, prior to the deadline, state a valid reason for requesting the extension and state a reasonable timeframe for completion. The Complaints Officer

shall, in their sole discretion, determine whether a time extension is accepted. Ms. Teolis will be notified by the Complaints Officer, in writing, if the extension has been granted.

9. Should Ms. Teolis fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
 - (a) Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - (b) Treat Ms. Teolis's non-compliance as information for a complaint under s. 56 of the Act; or
 - (c) In the case of non-payment of the costs described in paragraph 2 above, suspend Ms. Teolis's practice permit until such costs are paid in full or the Complaints Officer is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Officer.

Legal Counsel for the Complaints Director submitted the primary purpose of orders from the Hearing Tribunal is to protect the public. The Hearing Tribunal is aware that s. 82 of the Act sets out the available orders the Hearing Tribunal is able to make if unprofessional conduct is found.

The Hearing Tribunal is aware, while the parties have agreed on a joint submission as to penalty, the Hearing Tribunal is not bound by that submission. Nonetheless, as the decision-maker, the Hearing Tribunal should give deference to a joint submission unless the proposed sanction is unfit, unreasonable or contrary to public interest. Joint submissions make for a better process and engage the member in considering the outcome. A rejection of a carefully crafted agreement would undermine the goal of fostering cooperation through joint submissions and may significantly impair the ability of the Complaints Director to enter into such agreements. If the Hearing Tribunal had concerns with the proposed sanctions, the proper process is to notify the parties, articulate the reasons for concern, and give the parties an opportunity to address the concerns through further submissions to the Hearing Tribunal.

The Hearing Tribunal therefore carefully considered the Joint Submission on Penalty proposed by Ms. Teolis and the Complaints Director.

(10) Decision on Penalty and Conclusions of the Hearing Tribunal

The Hearing Tribunal recognizes its orders with respect to penalty must be fair, reasonable and proportionate, taking into account the facts of this case.

The orders imposed by the Hearing Tribunal must protect the public from the type of conduct that Ms. Teolis has engaged in. In making its decision on penalty, the Hearing Tribunal considered

a number of factors identified in *Jaswal v Newfoundland Medical Board* [1986] NJ No 50 (NLSC-TD), specifically the following:

- The nature and gravity of the proven allegations
- The age and experience of the investigated member
- The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions
- The age and mental condition of the victim, if any
- The number of times the offending conduct was proven to have occurred
- The role of the investigated member in acknowledging what occurred
- Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made
- The impact of the incident(s) on the victim, and/or
- The presence or absence of any mitigating circumstances
- The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice
- The need to maintain the public's confidence in the integrity of the profession
- The range of sentence in other similar cases

The nature and gravity of the proven allegations: The Hearing Tribunal considers the nature and gravity of Ms. Teolis's actions as being very serious and shocking. All 16 allegations are related to narcotic Hydromorphone with either improper medication administration, documentation, wastage or withdrawal. LPNs are expected to follow proper medication administration and documentation. As an LPN, Ms. Teolis occupied a position of trust in caring for patients that were highly vulnerable. These people were dependent upon the integrity of LPNs who cared for them. LPNs play a very important role in protecting patients' health and well-being. However, Ms. Teolis failed in protecting that responsibility. The Hearing Tribunal considers this as a failure to meet the minimum obligations of the profession and documentation.

Controlled substances such as Hydromorphone need to be properly handled. Proper documentation as per facility guidelines is evidence of nursing care. If care and/or medication administration is not documented, it could mean it never happened. These errors create a risk of overdosing or under dosing vulnerable patients and puts patients at risk. The Hearing Tribunal notes that significant harm can result when proper medication administration and documentation is not followed. Ms. Teolis's conduct could cause a diminished view of Licensed Practical Nurses and their profession. In specific reference to Ms. Teolis's documentation errors, the Hearing Tribunal noted that other members of the care team must be able to review and rely on records kept in making informed decisions for care, and when documentation is inaccurate it can cause harm to patients.

Accordingly, the conduct in issue is significant and serious because it demonstrates a failure to adhere to basic nursing practice and pertains to basic, core competencies of an LPN. The gravity

of the proven allegations is an important consideration as the failure to properly carry out these competencies has the potential to cause harm to patients under Ms. Teolis's care.

Ms. Teolis failed to demonstrate fundamental nursing skills and failed to meet the minimum obligations of the profession. This demonstrates a need for significant penalties to address these failures.

The age and experience of the investigated member: Ms. Teolis was initially registered as a member of the CLPNA in 2016. At the time of the investigation, she had been an LPN for eight years. As such, this is not a case where allegations have been made against a young or new member of the profession who is unaware of the importance of medication administration and documentation practices. Based on Ms. Teolis's knowledge and experience, she should have realized her conduct was unacceptable. This is therefore an aggravating factor and demonstrates the need for significant sanctions, particularly sanctions with a remedial focus.

The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions. The Hearing Tribunal is not aware of any prior complaints or convictions against Ms. Teolis.

The age and mental condition of the affected person or, in other words, whether the affected person was particularly vulnerable. The Hearing Tribunal is not aware of the mental condition of the affected persons involved in these allegations. While there was no specific evidence in relation to the vulnerability of the clients, the Hearing Tribunal determined that the patients Ms. Teolis was caring for were in a vulnerable position as some of these patients were in the last stage of their lives. In either situation, they were dependent on Ms. Teolis for safe and effective care. This is therefore an aggravating factor.

The number of times the offence was proven to have occurred. The conduct took place over a period of four months, between January 2023 and May 2023. Ms. Teolis's conduct was not a matter of a single instance, but a pattern of behavior which persisted over four months. Ms. Teolis repeated her conduct on multiple occasions and on multiple dates. Ms. Teolis engaged in numerous instances of unprofessional conduct, many of which were repeated. The number of times the conduct occurred, in various forms, points to the need for serious penalties. The conduct was not a single anomalous incident but rather represents errors in Ms. Teolis's conduct over a period, on multiple different occasions. Ms. Teolis had ample opportunity to address her practice concerns but still failed to do so. The Hearing Tribunal considers this an aggravating factor.

The role of the investigated member in acknowledging what occurred: The Hearing Tribunal commends Ms. Teolis for acknowledging the conduct in these allegations and for cooperating during the investigation. This demonstrates accountability and Ms. Teolis's willingness to take responsibility for her actions.

Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made: Ms. Teolis was placed on administrative leave with pay on July 27, 2023. Ms. Teolis was terminated from her employment with Alberta Health Services on August 15, 2023. Ms. Teolis has not been able to secure another job as an LPN.

The impact of the incidents on the affected person. The Hearing Tribunal was not made aware of any impact these incidents had on the persons involved. However, the risk of adverse events was very high when dealing with a controlled substance like Hydromorphone.

The presence or absence of any mitigating circumstances: The Hearing Tribunal was not made aware of any mitigating circumstances.

The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice: There is a need to impose a sanction that deters Ms. Teolis from repeating this conduct as well as a sanction that would deter other LPNs from engaging in similar conduct. The sanctions that are ordered should send a message to both Ms. Teolis as well as other LPNs to state that this type of conduct will not be tolerated. There are two aspects to deterrence. The first is specific deterrence, meaning that the orders imposed ought to deter the member from repeating the conduct in the future. The second aspect of deterrence is general deterrence, meaning that the orders ought to deter other members of the profession from engaging in similar conduct. A professional discipline hearing involves not just the individual, but it also affects the individual's conduct on their patients and on the profession. This public dimension is of critical significance.

Ms. Teolis had the opportunity to reflect and correct her conduct but chose to remain willfully blind to the impact her conduct had. The orders sought by the Complaints Officer are suited to deter Ms. Teolis from conducting herself in such a manner again by imposing a combination of remedial and punitive sanctions. The orders also reflect an appropriate response to the unprofessional conduct at issue and would serve as general deterrence for other members of the profession. It will send a message to other members of the profession that this conduct is unacceptable and that such conduct will be addressed with appropriate sanctions.

LPNs are recognized as independent and capable members of the healthcare team and follow self-regulation and the public needs to be reassured that this standard is upheld.

The need to maintain the public's confidence in the integrity of the profession. The Hearing Tribunal understands that it is important to hold the members of the CLPNA to the standards and obligations expected of them. Particularly regarding fundamental aspects of an LPN's practice such as medication administration and documentation. The Hearing Tribunal must consider what message it will send to the public to maintain confidence in the profession. The public would therefore expect a Hearing Tribunal to sanction Ms. Teolis in a manner that would deter such conduct from occurring again and which demonstrates the regulator has taken the conduct

seriously. The orders sought by the Complaints Officer will maintain the public's confidence in the integrity of the profession.

The range of sentence in other similar cases. The Hearing Tribunal has considered the sentencing in similar cases. The Hearing Tribunal's decisions indicate that a sanction focusing on remedial education and an order for costs are appropriate in a situation involving numerous medication administration and documentation errors.

It is important for the profession of LPNs to maintain the Code of Ethics and Standards of Practice, and in doing so to promote specific and general deterrence and, thereby, to protect the public. The Hearing Tribunal has considered this in the deliberation of this matter, and again considered the seriousness of Ms. Teolis's actions. The penalties ordered in this case are intended, in part, to demonstrate to the profession and the public that actions and unprofessional conduct such as this will not be tolerated and it is intended that these orders will, in part, act as a deterrent to others.

After considering the proposed orders for penalty, the Hearing Tribunal finds the submission on penalty is appropriate, reasonable and serves the public interest and therefore accepts the proposed penalties.

(11) Orders of the Hearing Tribunal

The Hearing Tribunal is authorized under s. 82(1) of the Act to make orders in response to findings of unprofessional conduct. The Hearing Tribunal makes the following orders pursuant to s. 82 of the Act:

1. The Hearing Tribunal's written decision (the "Decision") shall serve as a reprimand.
2. Ms. Teolis shall pay 25% of the costs of the investigation and hearing, to a maximum of \$5,000.00, to be paid over a period of 24 months of service of the Decision, as follows:
 - (a) a letter advising of the final costs will be forwarded to Ms. Teolis when final costs have been confirmed by CLPNA;
 - (b) the Costs must be paid to the CLPNA, whether or not Ms. Teolis holds an active practice permit with the CLPNA; and
 - (c) the Costs are a debt owed to the CLPNA and if not paid by the deadline indicated, may be recovered by the CLPNA as an action of debt.
3. The condition on Ms. Teolis' practice permit arising from the section 65 order dated September 6, 2023, shall continue until the Decision is issued and served upon Ms. Teolis, and Ms. Teolis has complied with the requirements set out in paragraph 4.
4. Upon receipt of the Decision, the condition on Ms. Teolis's practice permit shall remain until she has complied with the following:

(a) Ms. Teolis shall read and reflect on how the following CLPNA documents will impact her nursing practice. These documents are available on the CLPNA's website <http://www.clpna.com/> in the "Knowledge Hub". Ms. Teolis shall provide a signed written declaration to the Complaints Officer attesting she has reviewed the CLPNA's documents:

- i. Code of Ethics for Licensed Practical Nurses in Canada;
- ii. Standards of Practice for Licensed Practical Nurses in Canada;
- iii. The CLPNA Policy: Professional Responsibility and Accountability;
- iv. The CLPNA Policy: Medication Management;
- v. The CLPNA Policy: Documentation.

If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Officer.

(b) Ms. Teolis shall complete the following remedial education, at her own cost, and shall provide the Complaints Officer with certificates confirming successful completion of the following:

- a. **NURS 0161: Medication Management** available online at www.macewan.ca;
- b. **Documentation** available online at <https://selfstudywithclpna.com>;
- c. **LPN Code of Ethics** available on <https://learningnurse.org>.

If any of the required education becomes unavailable, Ms. Teolis shall make a written request to the Complaints Officer to be assigned alternative education. Upon receiving Ms. Teolis's written request, the Complaints Officer, in her sole discretion, may assign alternative education in which case Ms. Teolis will be notified in writing of the new education requirements.

5. The sanction set out above at paragraphs 2-4 will appear on Ms. Teolis' practice permit and the Public Registry subject to the following:

- (a) The requirement to complete the educational readings outlined in paragraph 4(a) and the remedial education outlined in paragraph 4(b) will appear as "CLPNA Monitoring Orders (Conduct)" on Ms. Teolis' practice permit and the Public Registry until all requirements outlined in paragraphs 4(a) and (b) have been completed;
- (b) The condition on Ms. Teolis' practice permit, referenced in paragraph 3, will continue to appear on Ms. Teolis' practice permit and the Public Registry until Ms. Teolis provides proof to the Complaints Officer that Ms. Teolis has successfully completed the requirements outlined in paragraph 4; and

- (c) The requirement to pay costs in paragraph 2 will appear as “Conduct Cost/Fines” on Ms. Teolis’ practice permit and the Public Registry until the costs have been fully paid;
6. The conditions on Ms. Teolis’ practice permit and on the Public Registry will be removed upon successful completion of each of the requirements outlined above in paragraph 5.
 7. Ms. Teolis shall provide the CLPNA with her contact information, including home mailing address, home and cellular telephone numbers, current e-mail address and current employment information. Ms. Teolis will keep her contact information current with the CLPNA on an ongoing basis.
 8. Should Ms. Teolis be unable to comply with any of the sanctions’ deadlines identified above, Ms. Teolis may request an extension. The request for an extension must be submitted in writing to the Complaints Officer, prior to the deadline, state a valid reason for requesting the extension and state a reasonable timeframe for completion. The Complaints Officer shall, in their sole discretion, determine whether a time extension is accepted. Ms. Teolis will be notified by the Complaints Officer, in writing, if the extension has been granted.
 9. Should Ms. Teolis fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
 - (d) Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - (e) Treat Ms. Teolis’s non-compliance as information for a complaint under s. 56 of the Act; or
 - (f) In the case of non-payment of the costs described in paragraph 2 above, suspend Ms. Teolis’s practice permit until such costs are paid in full or the Complaints Officer is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Officer.

The Hearing Tribunal believes these orders adequately balances the factors referred to in Section 10 above and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure that the public is protected.

Under Part 4, s. 87(1)(a),(b) and 87(2) of the Act, the Investigated Member has the right to appeal:

“87(1) An investigated person or the complaints director, on behalf of the college, may commence an appeal to the council of the decision of the hearing tribunal by a written notice of appeal that

- (a) identifies the appealed decision, and
- (b) states the reasons for the appeal.

(2) A notice of appeal must be given to the hearings director within 30 days after the date on which the decision of the hearing tribunal is given to the investigated person.”

DATED THE 19th DAY OF AUGUST 2024 IN THE CITY OF EDMONTON ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA



Kunal Sharma, LPN
Chair, Hearing Tribunal