

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 ANGELA FACKRELL**

**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 ANGELA FACKRELL, LPN #42995, 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 April 2, 2025, with the following individuals present:

Hearing Tribunal:

Kunal Sharma, Licensed Practical Nurse (“LPN”) Chairperson

Heather Temple, LPN

Andrew Otway, Public Member

Don Wilson, Public Member

Staff:

Tracy Zimmer, Legal Counsel for the Complaints Officer, CLPNA

Stephanie Karkutly, Complaints Officer, CLPNA

Sanah Sidhu, Director of Professional Conduct, CLPNA

Investigated Member:

Angela Fackrell, LPN (“Ms. Fackrell” or “Investigated Member”)

Lee Watson, AUPE Representative 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. Fackrell was an LPN within the meaning of the *Health Professions Act*, RSA 2000, c. H-7 (“the HPA”) at all material times, and more particularly, was registered with CLPNA as an LPN at the time of the complaint. Ms. Fackrell was initially licensed as an LPN in Alberta on September 6, 2016.

On July 9, 2024, the CLPNA received a complaint pursuant to s. 54 of the HPA from Mr. Robert Kovach (the “Complainant”) concerning the conduct of Ms. Fackrell in relation to his nephew, C.K. The Complainant alleged that between May 2024 to July 2024, Ms. Fackrell engaged in an emotional

relationship with C.K. while employed as an LPN at The George Spady Centre (the “Facility”) where C.K. had attended as a patient for treatment and support for substance abuse.

On July 10, 2024, Complaints Director for the CLPNA delegated their authority and powers under Part 4 of the HPA to Ms. Stephanie Karkutly, Complaints Officer for the CLPNA (the “Complaints Officer”) and appointed Mr. Neal York, Investigator to investigate the complaint, in accordance with s. 20(1) and s. 55(2)(d) of the HPA.

On December 2, 2024, following the receipt and review of the Investigation Report, the Complaints Officer determined that there was sufficient evidence of unprofessional conduct. The Complaints Officer decided that the matter should be referred to a hearing and provided Ms. Fackrell with the Statement of Allegations.

On January 27, 2025, Ms. Fackrell was provided all the required hearing notices, under the HPA.

(4) Allegation

The Allegation in the Statement of Allegations (the “Allegation”) is:

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

1. On or between May 12 – July 3, 2024, failed to maintain professional boundaries of the LPN-patient relationship, by doing one or more of the following:
 - a. engaged in a personal relationship with patient CK;
 - b. communicated by phone call, text message, and social media with patient CK;
 - c. disclosed her own personal information to patient CK without a clinical purpose;
 - d. took patient CK to social events;
 - e. took patient CK on a weekend trip for his birthday;
 - f. allowed patient CK to visit and stay in her home; and/or
 - g. communicated with patient CK’s family.

It is further alleged that this conduct constitutes “unprofessional conduct” as defined in s.1(1)(pp)(i), (ii) and (xii) of the *Health Professions Act*, RSA 2000 c H-7 (the “HPA”) and in particular, this conduct breaches one or more of the following:

1. Standards of Practice for Licensed Practical Nurses in Canada (2020), Standard 3: Protection of the public through self regulation, Indicator 3.1;
2. Standards of Practice for Licensed Practical Nurses in Canada (2020), Standard 4: Professional and Ethical Practice, Indicators 4.4 and 4.5;

3. Standards of Practice for Licensed Practical Nurses on Boundary Violations (2023), Standard 8: Other Types of Boundary Violations, Indicator 1;
4. Code of Ethics for Licensed Practical Nurses in Canada (2013), Principle 2: Responsibility to the Clients, Indicators 2.7 and 2.9;
5. Code of Ethics for Licensed Practical Nurses in Canada (2013), Principle 3: Responsibility to the Profession, Indicators 3.1, 3.3, and 3.4; and/ or
6. Code of Ethics for Licensed Practical Nurses in Canada (2013), Principle 5: Responsibility to Self, Indicators 5.1, 5.3 and 5.7.”

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

Legal Counsel for the Complaints Officer 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: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, including the following tabs:

Tab #	Content	Page #s
Tab 1	Statement of Allegations	9
Tab 2	C.K.’s medication administration record	10-13
Tab 3	Text messages between Ms. Fackrell and C.K.	14-44
Tab 4	Photographs at social events	45-48
Tab 5	Text messages acknowledging gifts given by Ms. Fackrell to C.K.	49-53
Tab 6	Text messages and photographs from the road trip	54-63
Tab 7	Text messages between Ms. Fackrell and C.K.’s mother	64-82
Tab 8	Standards of Practice for Licensed Practical Nurses in Canada 2000	83-91
Tab 9	Standards of Practice for Licensed Practical Nurses in Canada 2000	92-115
Tab 10	Code of Ethics for Licensed Practical Nurses in Canada	116-125

Exhibit 2: 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 1.

(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 1 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Ms. Fackrell'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 Ms. Fackrell.

Allegation 1

Ms. Fackrell admitted on or between May 12, 2024, to July 3, 2024, she failed to maintain professional boundaries of the LPN-patient relationship, by doing one or more of the following:

- a. engaged in a personal relationship with patient C.K.;
- b. communicated by phone call, text message, and social media with patient C.K.;
- c. disclosed her own personal information to patient C.K. without a clinical purpose;
- d. took patient C.K. to social events;
- e. took patient C.K. on a weekend trip for his birthday;
- f. allowed patient C.K. to visit and stay in her home; and/or
- g. communicated with patient C.K.'s family.

The Hearing Tribunal reviewed Exhibit 1 and below is the Hearing Tribunal's summary of the evidence provided by the parties and accepted by the Hearing Tribunal relating to Allegation 1. The full text of the Agreed Statement of Facts can be found within Exhibit 1.

C.K. was admitted to George Spady between April 27, 2024, to May 12, 2024, for substance abuse recovery services. During that time Ms. Fackrell was employed as an LPN at the Facility. Ms. Fackrell and C.K. knew each other as they were introduced by a mutual friend in Spring 2023. Ms. Fackrell and C.K. had met socially approximately 5 or 6 times prior to C.K. being admitted to the Facility. Ms. Fackrell notified her

supervisor that she knew C.K. upon his admission. Ms. Fackrell was permitted by her supervisor to provide professional nursing services to C.K. as no conflict of interest was identified at the time.

An LPN-patient relationship existed between Ms. Fackrell and C.K., as Ms. Fackrell provided professional nursing services to C.K. on several shifts. The Hearing Tribunal reviewed C.K.'s medication administration record where Ms. Fackrell's initials "AF" can be seen relating to multiple medication administrations during C.K.'s admission. On May 12, 2024, C.K. discharged himself from the Facility. On the same day, Ms. Fackrell initiated communication with C.K. via personal text message. C.K. continued to struggle with substance abuse and was vulnerable to relapse. On July 3, 2024, C.K. was found unconscious from an overdose and passed away on July 5, 2024.

Although C.K. was no longer a patient at the Facility as of May 12, 2024, the LPN-patient relationship continued to exist between Ms. Fackrell and C.K. as per the CLPNA's Standards of Practice. The LPN-patient relationship does not end until, at minimum, one year has elapsed since the last day of providing professional nursing services.

However, between May 12, 2024 and July 3, 2024, Ms. Fackrell perpetuated the LPN-patient relationship with C.K. by communicating with C.K. about assisting him to get back into the Facility for treatment demonstrating his vulnerability. Ms. Fackrell continued to provide support to C.K. during his struggles with substance use. Ms. Fackrell coordinated medical appointments, dental appointments and bloodwork for C.K. Ms. Fackrell also drove C.K. to medical appointments and to get his medications from the pharmacy. Ms. Fackrell again continued to provide C.K. advice regarding his medications.

During this time Ms. Fackrell communicated with C.K. via text messages, phone calls, social media, such as Facebook and TikTok for the purpose of engaging in a personal relationship. Ms. Fackrell made plans with C.K. to spend time together at social events.

Ms. Fackrell shared photos of C.K. and herself, C.K. with her dogs, and a photo she made of herself and her two dogs with C.K. Ms. Fackrell also discussed religion, shared faith, and expressed prayers for C.K.'s wellness.

Ms. Fackrell also disclosed workplace information to C.K. including referencing other patients of the Facility, for no clinical purpose. Ms. Fackrell continued to disclose her personal information to C.K. about her father passing away. Ms. Fackrell then created a joint account with C.K. on TikTok and called it "God is Love" where she shared her personal email address and password.

Ms. Fackrell invited C.K. to her home for activities so they could watch television together, walk her dogs, and work in her garden. Ms. Fackrell also permitted C.K. to stay overnight in the guest bedroom, an average of three times a week. Ms. Fackrell drove C.K. around in her vehicle and permitted C.K. to drive her vehicle.

Ms. Fackrell and C.K. attended various social events together. On June 10, 2024, Ms. Fackrell and C.K. went to an Edmonton Oilers hockey game. On June 14, 2024, Ms. Fackrell and C.K. went to an Edmonton Elks football game. On June 21, 2024, Ms. Fackrell and C.K. went to a restaurant/bar with other friends. The Hearing Tribunal reviewed photographs of Ms. Fackrell and C.K. at these social events.

Ms. Fackrell purchased and gave gifts to C.K. including a bible, bookmarks and Oilers hat. Ms. Fackrell planned a road trip with C.K. for his birthday. Between approximately June 29, 2024, to July 1, 2024, Ms. Fackrell and C.K. travelled together to Crowsnest Pass and Drumheller where they shared a hotel room for 2 nights. The Hearing Tribunal also reviewed text messages and photographs from this trip.

Between June 22, 2024 and July 9, 2024, Ms. Fackrell communicated with C.K.'s mother through text messages and in-person, regarding C.K. Ms. Fackrell also attended the pharmacy for C.K.'s mother, co-ordinating meetings with her, including dropping off C.K.'s items, and expressing prayers for her. Ms. Fackrell referred to C.K.'s mother as 'mom' a few times in their text messages.

After reviewing the evidence provided in Exhibit 1 the Hearing Tribunal found that Ms. Fackrell was engaged in a personal relationship with C.K. between May 12, 2024, to July 3, 2024. The Hearing Tribunal reviewed Exhibit 1 where there was evidence of numerous phone calls, text messages, photographs between Ms. Fackrell and C.K. Ms. Fackrell disclosed personal information to C.K. about her father passing away. Ms. Fackrell also disclosed work information about other patients and events to C.K. Ms. Fackrell took C.K. to social events, hockey games, bar/restaurant, Dr's appointments, blood work, pharmacy, Crowsnest Pass, Drumheller where they spent 2 nights in a hotel together. Ms. Fackrell allowed C.K. to spend 3 nights a week at her home. In text messages Ms. Fackrell referred to C.K.'s mother as her mom.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Ms. Fackrell's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit 1 prove that the conduct for Allegation 1 did in fact occur.

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. Fackrell displayed a serious lack of judgment when she continued to be involved in a personal relationship with C.K. after he was no longer in her care. It is expected that LPNs have the knowledge of what a nurse and patient relationship is and the proper boundaries of this relationship, especially when the patient is no longer in their care. Ms. Fackrell's conduct harms the integrity of the regulated profession as Ms. Fackrell did not act in a manner which would be expected of an LPN.

Ms. Fackrell did not abide by the provisions of the Code of Ethics for Licensed Practical Nurses in Canada (2013) (“CLPNA Code of Ethics”) or the Standards of Practice for Licensed Practical Nurses in Canada (2020) and the Standards of Practice for Licensed Practice Nurses on Boundary Violations (2023) (together, the “CLPNA Standards of Practice”), as acknowledged by Ms. Fackrell 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 and CLPNA’s Standards of Practice:

CLPNA Standards of Practice:

Standard 3: Protection of the public through self-regulation. Licensed Practical Nurses collaborate with clients and other members of the health care team to provide safe care and improve health outcomes.

3.1 Establish, maintain, and appropriately end the professional therapeutic relationship with the client and their families.

Standard 4: Professional and Ethical Practice. Licensed Practical Nurses adhere to the ethical values and responsibilities described in the Canadian Council for Practical Nurse Regulators.

4.4 Maintain professional boundaries in the nurse/client therapeutic relationship.

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

Boundary Violations SOP, Standard 8: Other Types of Boundary Violations, Indicator:

8.1 An LPN must maintain professional boundaries in the LPN-patient relationship at all times. Boundary violations: can be related to behaviours between an LPN and a patient in areas such as cultural insensitivity, gift giving or receiving, emotional or financial abuse, and may occur physically and verbally.

Code of Ethics:

Principle 2: Responsibility to the Clients. Licensed Practical Nurses provide safe and competent care for their clients.

2.7 Develop trusting, therapeutic relationships, while maintaining professional boundaries.

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.

3.4 Promote workplace practices and policies that facilitate professional practice in accordance with the principles, standards, laws, and regulations under which they are accountable.

Principle 5: Responsibility to Self. Licensed Practical Nurses recognize and function within their personal and professional competence and value system.

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.

5.7 Prevent or manage conflict of interest situations.

LPNs are required to reflect and recognize when they need to improve their practices and to ensure they are not overstepping in the nurse patient relationship. An LPN must always maintain professional boundaries. 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 to patients within the guidelines set out by CLPNA. 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 care. It is unacceptable to be involved in a personal relationship with a patient when such a relationship is outside the requirements of the CLPNA Standards of Practice and CLPNA Code of Ethics. For these reasons, the Hearing Tribunal concluded that Ms. Fackrell has also breached the CLPNA Code of Ethics and the CLPNA Standards of Practice.

(9) Joint Submission on Penalty

The Complaints Officer and Ms. Fackrell jointly proposed to the Hearing Tribunal a Joint Submission on Penalty, which was entered as Exhibit 2. 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. Fackrell's practice permit shall be suspended for a period of 30 days, which will be held in abeyance pending completion of the orders set out in paragraphs 3 to 5.

- a) If Ms. Fackrell completes the orders set out in paragraphs 3 to 5, Ms. Fackrell shall not be required to serve the 30-day suspension.
 - b) If Ms. Fackrell fails to complete any of the orders set out in paragraphs 3 to 5, Ms. Fackrell's practice permit shall immediately be suspended for a period of 30 days, prohibiting her from practicing as a Licensed Practical Nurse in Alberta.
3. Within **30 days** of the Decision, Ms. Fackrell shall read and reflect on how the following Educational Readings will impact their nursing practice and provide a written and signed declaration to the Complaints Officer attesting that they have reviewed the documents:
- a. Code of Ethics for Licensed Practical Nurses in Canada;
 - b. Standards of Practice for Licensed Practical Nurses in Canada;
 - c. Standards of Practice for Licensed Practical Nurses on Boundary Violations;
 - d. CLPNA Policy: Professional Responsibility & Accountability; and
 - e. CLPNA Practice Guideline: Professional Boundaries.

These documents are available on CLPNA's website and will be provided. If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Officer.

4. Within **6 months** of the Decision, Ms. Fackrell shall complete the following Remedial Education, at her own cost, and shall provide the Complaints Officer with documentation confirming successful completion:
- a. PBI Course - PBI Navigating Professional Boundaries in Health Care (DR-2 Non-doctoral Edition);
 - b. ICRS Course - ICRS Righting a Wrong' - Ethics & Professionalism in Nursing; and
 - c. CLPNA Course - Code of Ethics for LPNs - CLPNA.

If such course(s) become unavailable, an equivalent course(s) may be substituted where approved in advance in writing by the Complaints Officer.

5. Within **8 months** of the Decision, Ms. Fackrell shall author and provide a Written Reflection Paper on the professional LPN-patient relationship, taking into account the Educational Readings and remedial education at paragraphs 3 and 4. The Written Reflection Paper must be satisfactory to the Complaints Officer and meet the following requirements:
- a. Is typed;
 - b. At least 1,000 words in length;
 - c. Identify at least three (3) goals of self-improvement relating to maintaining professional boundaries in an LPN-patient relationship;
 - d. Describe how Ms. Fackrell will improve her own practice, including plans and supports or resources that may assist in achievement of her identified goals;

- e. Identify and describe risks factors to a professional boundary violation and strategies to prevent boundary violations for health care professionals; and
 - f. Detail the impact of an LPN-patient power imbalance or boundary violation on a patient and their family.
6. Within **30 days** of the Decision, Ms. Fackrell shall provide the Complaints Officer with the name and contact information of her supervisor(s) at her current practice location(s) so that the Complaints Officer can provide the required s. 119 notifications.
7. Ms. Fackrell shall pay 15% of the costs of the investigation and hearing, to a maximum of \$3,000, to be paid in full over **24 months** following the Decision.
 - a) A letter advising of the final costs will be forwarded when final costs have been confirmed.
 - b) The costs must be paid to the CLPNA, whether or not Ms. Fackrell holds an active practice permit with the CLPNA. Any outstanding costs are a debt owed to the CLPNA and if not paid by the deadline indicated, may be recovered as an action in debt.
8. The orders set out above at paragraphs 3 to 7 will appear as conditions on Ms. Fackrell's practice permit and the Public Registry subject to the following:
 - a) The requirement to complete the Educational Readings and Remedial Education outlined at paragraphs 3 to 5 will appear as "CLPNA Monitoring Orders (Conduct)"; and
 - b) The requirement to pay the costs outlined at paragraph 7, will appear as "Conduct Cost/Fines".
9. The conditions on Ms. Fackrell's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above at paragraphs 3 to 7.
10. Ms. Fackrell 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, and keep her contact information current with the CLPNA on an ongoing basis.
11. Should Ms. Fackrell be unable to comply with any of the deadlines for completion of the orders identified above, the deadlines may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.
12. Should Ms. Fackrell fail or be unable to comply with any of the above orders, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
 - a. Suspend Ms. Fackrell's practice permit in accordance with paragraph 2;
 - b. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;

- c. Treat Ms. Fackrell's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
- d. In the case of nonpayment of fines or costs, suspend the Ms. Fackrell's practice permit until such fines or costs are paid in full or the Complaints Officer is satisfied that such fines or costs are being paid in accordance with a schedule of payment agreed to by the Complaints Officer.

Legal Counsel for the Complaints Officer 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 Officer 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. Fackrell and the Complaints Officer.

(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. Fackrell 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

Applying those factors to this case,

The nature and gravity of the proven allegations:

The Hearing Tribunal considers the nature and gravity of Ms. Fackrell actions as being very serious. As an LPN, Ms. Fackrell was in a position of power over C.K. and it was her responsibility to uphold professional boundaries with C.K.

LPNs are expected to maintain professional boundaries with patients at all times. However, Ms. Fackrell failed to do so when she got involved in a personal relationship with C.K. The Hearing Tribunal considers this as a failure to meet the minimum obligations of maintaining professional boundaries with patient C.K. This demonstrates a need for significant penalties to address these failures. The Hearing Tribunal considers this as an aggravating factor.

The age and experience of the investigated member:

Ms. Fackrell was initially registered as a member of the CLPNA on September 6, 2016. At the time of the investigation, she had been an LPN for approximately 7.5 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 how to maintain professional boundaries in a nurse-patient relationship. Based on Ms. Fackrell's knowledge and experience as an LPN, she should have known that her conduct was unacceptable. This is therefore an aggravating factor and demonstrates the need for significant sanctions, and given that Ms. Fackrell may remain in the profession, 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. Fackrell and therefore considers this as a mitigating factor.

The age and mental condition of the victim, if any:

The Hearing Tribunal does not have any information about C.K.'s age. The Hearing Tribunal finds that C.K. was vulnerable as he suffered from substance abuse and was seeking assistance to recover. This is therefore considered an aggravating factor.

The number of times the offence was proven to have occurred:

The conduct took place regularly between May 12, 2024, and July 3, 2024. This was not a single anomalous incident. During this time, Ms. Fackrell could have ended this relationship or could have sought further guidance if she realized that she was involved in a relationship with a patient that was recently under her care. She did not do either. The Hearing Tribunal considers this as an aggravating factor.

The role of the investigated member in acknowledging what occurred:

The Hearing Tribunal takes into consideration that Ms. Fackrell acknowledged that the conduct found relating to the Allegation was unprofessional. Ms. Fackrell worked with the Complaints Officer on an Agreed Statement of Facts and a Joint Submission on Penalty. Ms. Fackrell cooperated during the investigation. This demonstrates accountability and Ms. Fackrell's willingness to take responsibility for her actions. This is a mitigating factor.

Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made:

The Hearing Tribunal is not aware of any serious financial or other penalties suffered by Ms. Fackrell.

The presence or absence of any mitigating circumstances:

The Hearing Tribunal was not made aware of any mitigating circumstances.

The impact of the incidents on the victim:

The Hearing Tribunal was not made aware of any direct impact this relationship had on C.K. This is therefore considered as a neutral factor.

The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice:

The Hearing Tribunal believes that there is a need to impose a sanction that deters Ms. Fackrell from repeating this conduct again, 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. Fackrell 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, colleagues, and the profession. This public dimension is of critical significance.

The Hearing Tribunal believes that Ms. Fackrell's actions towards C.K. were kind and compassionate and that she genuinely tried to help C.K. when she offered him a bed at the Facility and offered that C.K. could stay with her at her home. However, Ms. Fackrell should have been

aware of the boundary violations occurring in her continued personal relationship with C.K. and that her involvement in a personal relationship with a patient that was recently in her care was problematic. The orders sought by the Complaints Officer are designed to deter Ms. Fackrell from conducting herself in such a manner again by imposing a remedial sanction. The orders also reflect an appropriate response to the unprofessional conduct at issue and will also 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 not be tolerated, and it will be addressed with appropriate sanctions.

The need to maintain the public's confidence in the integrity of the profession:

LPNs are recognized as independent and capable members of the healthcare team that appreciates the privilege of being a self-regulating profession. The public needs to be reassured that this standard is upheld in each case.

The Hearing Tribunal understands that it is important to hold the members of the CLPNA to the standards and obligations expected of them. This is particularly the case regarding fundamental aspects of an LPNs practice, including the maintenance of proper professional boundaries with patients. 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. Fackrell in a manner that would deter such conduct from occurring again and which demonstrates that 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 decisions provided by counsel for the Complaints Director indicate that a sanction focusing on remedial education and an order for costs are appropriate in similar situations.

It is important for the profession of LPNs to maintain the CLPNA Code of Ethics and the CLPNA Standards of Practice, and in doing so, to protect the public. The Hearing Tribunal has considered this in the deliberation of this matter and again considered the seriousness of Ms. Fackrell's actions. The penalties ordered in this case are intended, in part, to demonstrate to the profession and the public that 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.

The Hearing Tribunal is of the view the proposed penalties adequately balance the factors, referred to in the *Jaswal* decision, and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure the public is protected. After considering the proposed orders for penalties, the Hearing Tribunal finds the submission on penalties 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. Fackrell's practice permit shall be suspended for a period of 30 days, which will be held in abeyance pending completion of the orders set out in paragraphs 3 to 5.
 - a) If Ms. Fackrell completes the orders set out in paragraphs 3 to 5, Ms. Fackrell shall not be required to serve the 30-day suspension.
 - b) If Ms. Fackrell fails to complete any of the orders set out in paragraphs 3 to 5, Ms. Fackrell's practice permit shall immediately be suspended for a period of 30 days, prohibiting her from practicing as a Licensed Practical Nurse in Alberta.
3. Within **30 days** of the Decision, Ms. Fackrell shall read and reflect on how the following Educational Readings will impact their nursing practice and provide a written and signed declaration to the Complaints Officer attesting that they have reviewed the documents:
 - a. Code of Ethics for Licensed Practical Nurses in Canada;
 - b. Standards of Practice for Licensed Practical Nurses in Canada;
 - c. Standards of Practice for Licensed Practical Nurses on Boundary Violations;
 - d. CLPNA Policy: Professional Responsibility & Accountability; and
 - e. CLPNA Practice Guideline: Professional Boundaries.

These documents are available on CLPNA's website and will be provided. If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Officer.

4. Within **6 months** of the Decision, Ms. Fackrell shall complete the following Remedial Education, at her own cost, and shall provide the Complaints Officer with documentation confirming successful completion:
 - a. PBI Course - PBI Navigating Professional Boundaries in Health Care (DR-2 Non-doctoral Edition);
 - b. ICRS Course - ICRS Righting a Wrong' - Ethics & Professionalism in Nursing; and
 - c. CLPNA Course - Code of Ethics for LPNs - CLPNA.

If such course(s) become unavailable, an equivalent course(s) may be substituted where approved in advance in writing by the Complaints Officer.

5. Within **8 months** of the Decision, Ms. Fackrell shall author and provide a Written Reflection Paper on the professional LPN-patient relationship, taking into account the Educational Readings and remedial education at paragraphs 3 and 4. The Written Reflection Paper must be satisfactory to the Complaints Officer and meet the following requirements:
 - a. Is typed;
 - b. At least 1,000 words in length;
 - c. Identify at least three (3) goals of self-improvement relating to maintaining professional boundaries in an LPN-patient relationship;
 - d. Describe how Ms. Fackrell will improve her own practice, including plans and supports or resources that may assist in achievement of her identified goals;
 - e. Identify and describe risks factors to a professional boundary violation and strategies to prevent boundary violations for health care professionals; and
 - f. Detail the impact of an LPN-patient power imbalance or boundary violation on a patient and their family.
6. Within **30 days** of the Decision, Ms. Fackrell shall provide the Complaints Officer with the name and contact information of her supervisor(s) at her current practice location(s) so that the Complaints Officer can provide the required s. 119 notifications.
7. Ms. Fackrell shall pay 15% of the costs of the investigation and hearing, to a maximum of \$3,000, to be paid in full over **24 months** following the Decision.
 - a) A letter advising of the final costs will be forwarded when final costs have been confirmed.
 - b) The costs must be paid to the CLPNA, whether or not Ms. Fackrell holds an active practice permit with the CLPNA. Any outstanding costs are a debt owed to the CLPNA and if not paid by the deadline indicated, may be recovered as an action in debt.
8. The orders set out above at paragraphs 3 to 7 will appear as conditions on Ms. Fackrell's practice permit and the Public Registry subject to the following:
 - a) The requirement to complete the Educational Readings and Remedial Education outlined at paragraphs 3 to 5 will appear as "CLPNA Monitoring Orders (Conduct)"; and
 - b) The requirement to pay the costs outlined at paragraph 7, will appear as "Conduct Cost/Fines".
9. The conditions on Ms. Fackrell's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above at paragraphs 3 to 7.
10. Ms. Fackrell 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, and keep her contact information current with the CLPNA on an ongoing basis.

11. Should Ms. Fackrell be unable to comply with any of the deadlines for completion of the orders identified above, the deadlines may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.
12. Should Ms. Fackrell fail or be unable to comply with any of the above orders, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
 - a. Suspend Ms. Fackrell's practice permit in accordance with paragraph 2;
 - b. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - c. Treat Ms. Fackrell's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
 - d. In the case of nonpayment of fines or costs, suspend the Ms. Fackrell's practice permit until such fines or costs are paid in full or the Complaints Officer is satisfied that such fines or 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 14th DAY OF APRIL 2025, IN THE CITY OF CALGARY, ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA



Kunal Sharma, LPN
Chair, Hearing Tribunal