

**COLLEGE OF LICENSED PRACTICAL NURSES AND
HEALTH CARE AIDES OF ALBERTA**

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

**AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF JOCELYN RICHTER**

**DECISION OF THE HEARING TRIBUNAL
OF THE
COLLEGE OF LICENSED PRACTICAL NURSES AND
HEALTH CARE AIDES OF ALBERTA**

**IN THE MATTER OF A HEARING UNDER THE *HEALTH PROFESSIONS ACT* REGARDING THE
CONDUCT OF JOCELYN RICHTER, LPN #44480, WHILE A MEMBER OF THE COLLEGE OF
LICENSED PRACTICAL NURSES AND HEALTH CARE AIDES OF ALBERTA (“CLHA”)**

DECISION OF THE HEARING TRIBUNAL

(1) Hearing

The hearing was conducted via videoconference on March 3, 2026, with the following individuals present:

Hearing Tribunal:

Jeff Bell, Licensed Practical Nurse (“LPN”) Chairperson
Amanda Rodzinyak, LPN
Brett Huculak, Public Member
Shirley Pate, Public Member

Staff:

Vita Wensel, Legal Counsel for the Complaints Officer, CLHA
Marrienne Van Elst, Complaints Officer, CLHA
Sanah Sidhu, Director of Professional Conduct, CLHA

Regulated Member:

Jocelyn Richter, LPN (“Ms. Richter” or “Investigated Member” or “Regulated Member”)
Kent West, Legal Counsel for the Regulated 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

The Regulated Member has been registered as a Licensed Practical Nurse (“LPN”) with the CLHA since July 5, 2017, and was registered at all times material to the allegations.

On July 29, 2025, the CLHA received notice from Lindsey Kapasi, Program Manager (the “Complainant”), dated July 28, 2025, that the Regulated Member received a 15-day suspension from their employment at Recovery Alberta – Claresholm Centre for Mental Health and Addictions, in Claresholm, Alberta (the “Facility”). The notice was treated as a complaint under the HPA.

The Complaints Director for the CLHA delegated their powers and duties under the HPA to Marianne Van Elst, Complaints Officer, who appointed Neal York, Investigator to conduct an investigation into the complaint.

The Regulated Member’s practice permit is currently subject to a Direct Supervision condition and has been since September 9, 2025 following an interim decision from a designated person under s. 65 of the *Health Professions Act*, RSA 2000, c. H-7 (the “HPA”).

Following the receipt and review of the Investigation Report, the Complaints Officer determined there was sufficient evidence of unprofessional conduct by the Regulated Member to refer the matter to a hearing in accordance with s. 66(3)(a) of the HPA. The Regulated Member received notice that the matter was referred to a hearing as well as a copy of the Statement of Allegations dated November 26, 2025.

A Notice of Hearing was served upon the Regulated Member under cover letter dated December 3, 2025.

(4) Allegations

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

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

1. On or between January 2025 to June 2025, failed to maintain professional boundaries with Client DB by communicating with Client DB on TextPlus and Instagram.
2. On or between January 2025 to March 2025, engaged in “sexual misconduct” as defined in s. 1(1) (nn.2) of the Health Professions Act, R.S.A., c H-7 (the “HPA”) towards Client DB, by doing one or more of the following:
 - a. Exchanging messages of a “sexual nature” with Client DB; and
 - b. Sending three (3) sexually inappropriate or explicit photographs of herself to Client DB.

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

1. *Standards of Practice for Licensed Practical Nurses on Boundary Violations, Standard 1: The LPN-Patient Relationship, Indicator 1.2;*
2. *Standards of Practice for Licensed Practical Nurses on Boundary Violations, Standard 8: Other Types of Boundary Violations, Indicator 8.1;*
3. *Standards of Practice for Licensed Practical Nurses in Canada, Standard 1: Professional Accountability and Responsibility, Indicator 1.8;*
4. *Standards of Practice for Licensed Practical Nurses in Canada, Standard 3: Protection of the Public through self-regulation, Indicators 3.1, 3.3, and 3.5;*
5. *Standards of Practice for Licensed Practical Nurses in Canada, Standard 4: Professional and Ethical Practice, Indicators 4.4, 4.5, and 4.6;*
6. *Code of Ethics for Licensed Practical Nurses in Canada, Principal 1: LPNs promote optimal health and well-being, Indicator 1.6;*
7. *Code of Ethics for Licensed Practical Nurses in Canada, Principal 4: LPNs develop therapeutic relationships while maintaining professional boundaries, Indicators 4.1 and 4.2.”*

(5) Admission of Unprofessional Conduct

Section 70 of the HPA permits a Regulated Member to make an admission of unprofessional conduct. An admission under s. 70 of the HPA must be acceptable in whole or in part to the Hearing Tribunal.

Ms. Richter 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 Officer submitted that 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

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. Richter'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. Richter.

Facts Found by the Hearing Tribunal

Allegation 1

Ms. Richter admitted on or between January 2025 to June 2025, she failed to maintain professional boundaries with Client DB by communicating with Client DB on TextPlus and Instagram.

Client DB explained to the Regulated Member that he found her on social media and that he knew people in common. The relationship between Client DB and the Regulated Member became more friendly and personal in approximately December 2024 during in-person interactions at the Facility.

On or about January 2025, Client DB initiated contact with the Regulated Member on Instagram. Thereafter, Client DB and the Regulated Member communicated with each other on TextPlus or Instagram between January 2025 to February 13, 2025 while Client DB was still a patient at the Facility.

The Regulated Member continued to exchange messages with Client DB on TextPlus and Instagram following his discharge from the Facility on or about March 2025 to June 2025.

The Regulated Member admits to exchanging friendly and personal messages with Client DB.

Additionally, the Regulated Member specifically sent the following messages to Client DB on Instagram that demonstrate she knew she was not adhering to professional boundaries as an LPN:

- a. *“We should still wait until youre done the program. Are you okay with that?”*
- b. *“It just has your full name in it Like even me following you is sketchy because if someone tried to look you up they would see I’m following you. Maybe I should unfollow you until you’re discharged in case”*

By communicating with Client DB over messages while he was admitted to the Facility and after his discharge, the Regulated Member failed to maintain professional boundaries.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Ms. Richter’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.

Allegation 2

Ms. Richter admitted on or between January 2025 to March 2025, she engaged in “sexual misconduct” as defined in s. 1(1) (nn.2) of the Health Professions Act, R.S.A., c H-7 (the “HPA”) towards Client DB, by doing one or more of the following:

- a. Exchanging messages of a “sexual nature” with Client DB; and
- b. Sending three (3) sexually inappropriate or explicit photographs of herself to Client DB.

An LPN-patient relationship existed between the Regulated Member and Client DB between January 2025 to March 2025.

The Regulated Member exchanged messages of a sexual nature with Client DB over TextPlus and Instagram between January 2025 and February 2025.

The Regulated Member sent three (3) sexually inappropriate or explicit photographs of herself to Client DB between January 2025 and February 2025, that are described as:

- a. A mirror selfie showing her face. She is wearing a sports bra or cropped tank top. Her pants are pulled down, exposing her thong underwear and buttocks cheek from a side angle.
- b. A selfie excluding her face and from the neck down. The photo shows her exposed breasts, including her nipples, with her hand covering part of her breasts.

- c. A mirror selfie without her face. The photo shows her naked back and exposes her thong underwear and buttocks, from a side angle.

In approximately March 2025, Client DB and the Regulated Member stopped talking and the Regulated Member deleted all of their messages. Client DB was only able to provide limited records as evidence during the investigation.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Ms. Richter's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #1 prove that the conduct for Allegation 2 did in fact occur.

The Regulated Member has admitted to the facts as set out above. In writing these reasons, the Hearing Tribunal considered the Regulated Member's admission, the evidence provided by Client DB, and the context of the LPN patient relationship. The Hearing Tribunal finds that the sexual communications and transmission of explicit photographs constituted a clear breach of professional boundaries and the standards expected of a Licensed Practical Nurse. Accordingly, based on the admission and the evidence, the Hearing Tribunal finds that the allegations are proven.

Unprofessional Conduct

The Hearing Tribunal finds 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. Contravention of the Act, a code of ethics or standards of practice;
- xii. Conduct that harms the integrity of the regulated profession.

The Hearing Tribunal finds that the proven allegations meet the definition of unprofessional conduct under the Act on two grounds.

Contravention of the Act, a Code of Ethics, or Standards of Practice

First, the Regulated Member's conduct constitutes a contravention of the Act, the Code of Ethics, and the Standards of Practice. Licensed Practical Nurses are required to establish and maintain clear professional boundaries with clients and to avoid relationships that knowingly compromise the therapeutic nurse client relationship.

In particular, Ms. Richter's conduct breached:

- The Standards of Practice for LPNs in Canada (2020), adopted on June 14, 2022 ("Standards of Practice");
- Standards of Practice for LPNs on Boundary Violations (2023), adopted on May 31, 2023 ("Standards of Practice – Boundary Violations");

- Code of Ethics for Licensed Practical Nurses in Canada (2023) adopted on December 9, 2024 (“Code of Ethics”); and
- The Act, being the HPA, specifically relating to “sexual misconduct”, as defined in the HPA.

By engaging in friendly and personal communications with Client DB while he was still a patient at the Facility, and by continuing those communications following his discharge, the Regulated Member allowed the professional relationship to shift into a personal one. The evidence demonstrates that the communications were not incidental or clinically related, but personal in nature. Further, the Regulated Member’s own messages reflect an awareness that she was crossing professional boundaries. In doing so, she failed to meet the standards expected of a regulated member.

Specifically, the Hearing Tribunal finds the following Standards of Practice were breached by Ms. Richter:

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

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

Standard 3: Protection of the public through self-regulation – LPNs collaborate with clients and other members of the healthcare team to provide safe care and improve health outcomes. Standard 3 specifically provides that LPNs:

- 3.1 Establish, maintain, and appropriately end the professional therapeutic relationship with the client and their families.
- 3.3 Lead and contribute to a practice culture that promotes safe, inclusive, and ethical care.
- 3.5 Understand and accept the responsibility of self-regulation by following the standards of practice, the code of ethics, and other regulatory requirements.

In addition, the Hearing Tribunal finds that Ms. Richter breached the following additional Standards of Practice – Boundary Violations:

Standard 1: The LPN-Patient Relationship. Standard 1 specifically provides that:

- 2. An LPN must not engage in behaviour towards a patient that is objectionable or unwelcome, including acting in a manner, or making remarks of a sexual nature, that the LPN knows, or ought reasonably to

know, will cause offence or humiliation or adversely affect the patient's health and well-being. This behaviour is considered sexual misconduct.

Standard 8: Other Types of Boundary Violations. Standard 8 specifically provides that:

- 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.

The Regulated Member engaged in personal communications with Client DB during his admission and continued after discharge, which was outside the scope of professional practice. By doing so, they failed to uphold ethical decision making, as these actions knowingly compromised the therapeutic nurse client relationship. The Regulated Member did not take responsibility for maintaining professional boundaries, directly contravening Standard 1.8, which requires LPNs to be accountable for both their practice and conduct.

The Regulated Member failed to maintain a professional therapeutic relationship. By communicating with the client outside of the care setting and after discharge, they did not appropriately establish, maintain, or end the nurse client relationship in a manner consistent with professional expectations.

These personal communications undermined client safety and the ethical standards of care. The conduct failed to contribute to a safe and ethical practice culture, potentially setting a precedent for boundary violations and compromising public trust.

By disregarding professional boundaries and engaging in communications that breached ethical standards, the Regulated Member did not demonstrate an understanding of self-regulation. The actions were inconsistent with the LPN's responsibility to follow standards of practice, the code of ethics, and regulatory requirements.

The proven Allegations demonstrate that the Regulated Member's conduct breached Standards of Practice 1 and 3 by failing to act ethically, maintain professional boundaries, safeguard client well-being, and uphold the responsibilities of self-regulation inherent in the LPN profession. She also breached Standards of Practice – Boundary Violations, Standards 1 and 8, and all such contraventions are sufficiently serious to constitute unprofessional conduct.

The Hearing Tribunal also finds that the following Code of Ethics provisions were breached by Ms. Richter:

Principle 1: LPNs promote optimal health and well-being. Principle 1 specifically provides that LPNs:

- 1.6 Identify and minimize risks to client's, adhering to client safety principles and quality assurance measures.

Principle 4: LPNs develop therapeutic relationships while maintaining professional boundaries. Principle 4 specifically provides that LPNs:

- 4.1 Understand that the nurse-client relationship requires honesty, trust, integrity, respect, professional intimacy, and empathy.
- 4.2 Accept that maintaining professional boundaries is the LPN's responsibility.

By communicating with Client DB over messages while he was admitted to the Facility and continuing contact after his discharge, the Regulated Member created a situation where client safety and well-being were at risk. Such communication compromised professional boundaries, potentially exposing the client to emotional or psychological harm and failing to adhere to established client safety principles and quality assurance measures. Therefore, these actions contravened Principle 1.6, as the Regulated Member did not adequately identify or minimize risks to the client.

The Regulated Member's personal communications with Client DB compromised the honesty, trust, and integrity inherent in the nurse client relationship. By engaging in messages that extended beyond a professional scope, the Regulated Member failed to maintain the professional intimacy required in the therapeutic relationship, as required by Principle 4.1.

The Regulated Member knowingly engaged in communications that crossed the boundaries of a professional nurse client relationship. By doing so, they failed to uphold their personal responsibility to maintain professional boundaries, as required by Principle 4.2.

Through these actions, Ms. Richter both exposed the client to unnecessary risk and compromised the trust and integrity essential to a therapeutic nurse client relationship. This conduct demonstrates a clear contravention of Principles 1 and 4 of the LPN Code of Ethics, and such contraventions are sufficiently serious to constitute unprofessional conduct.

Regarding Allegation 2, the Hearing Tribunal finds that the Regulated Member, Ms. Richter, has violated the HPA and engaged in "sexual misconduct" based on the evidence, facts, and her own admissions.

The HPA defines sexual misconduct as the following:

1(1) ...

(nn.2) "sexual misconduct" means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse;

By exchanging messages of a sexual nature with Client DB, Ms. Richter engaged in unwelcome and objectionable conduct of a sexual nature, which she knew, or ought reasonably to have known, could cause offence and humiliation to Client DB or adversely affect the client's health and well-being.

In addition, by sending sexually inappropriate or explicit photographs of herself to Client DB, Ms. Richter further engaged in unwelcome and objectionable sexual conduct, which she knew, or ought reasonably to have known, could similarly cause offence and humiliation or negatively impact the client's health and well-being. This constitutes "sexual misconduct" under the HPA, by the facts and by Ms. Richter's own admissions.

Conduct that Harms the Integrity of the Profession

Second, the Hearing Tribunal finds that this conduct harms the integrity of the regulated profession. Members of the profession are entrusted with significant responsibility and are expected to uphold the trust placed in them by patients and the public. Clear and consistent professional boundaries are foundational to that trust.

When a regulated member engages in personal communications with a current patient, and continues those communications shortly after discharge, it undermines public confidence in the profession's commitment to professionalism and ethical practice. Even absent evidence of further misconduct, such boundary violations risk diminishing the reputation and integrity of the profession as a whole.

Conclusion

The Hearing Tribunal concludes that these actions constitute sexual misconduct under the HPA, was a breach of professional boundaries, and harms the integrity of the LPN profession.

(9) Joint Submission on Penalty

The Complaints Officer and Ms. Richter 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. For **90 days** from the date of the hearing, the Regulated Member's practice permit shall be suspended and they are prohibited from providing professional services as a Licensed Practical Nurse in Alberta. The Regulated Member's practice permit and the Public Registry will reflect the suspension.

3. Following the completion of the suspension in paragraph 2, the Regulated Member shall, within **30 days**, read and reflect on how the following Educational Readings will impact their nursing practice:
 - a. Code of Ethics for Licensed Practical Nurses in Canada;
 - b. Standards of Practice for Licensed Practical Nurses in Canada; and
 - c. Standards of Practice for Licensed Practical Nurses on Boundary Violations.

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

4. Following the completion of the suspension in paragraph 2, the Regulated Member shall, within **6 months**, complete the following remedial education, at their own cost, and shall provide the Complaints Officer with documentation confirming successful completion:
 - a. CLHA Learning Module – Code of Ethics for LPNs, available online <https://www.clha.com/lpn/lpn-knowledge-hub/lpn-code-of-ethics-learning-module/>
 - b. John Collins Consulting – Professional Boundaries in Nursing available online <https://www.jcollinsconsulting.com/index.php/courses-modules/licensed-practical-nurse>

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

5. Following the completion of the suspension in paragraph 2, the Regulated Member shall, within **48 months**, pay a portion of the costs of the investigation and hearing, in the amount of \$1,750.00.
 - a. The costs must be paid to the CLHA, whether or not the Regulated Member holds an active practice permit with the CLHA. Any outstanding costs are a debt owed to the CLHA and if not paid by the deadline indicated, may be recovered as an action in debt.
6. The orders set out above at paragraphs 3-5 will appear as conditions on the Regulated Member's practice permit and the Public Registry, subject to the following:
 - a. The requirements at paragraphs 3 – 4 will appear as "CLHA Monitoring Orders (Conduct)";
 - b. The requirement at paragraph 5 will appear as "Conduct Cost/Fines".

7. The conditions on the Regulated Member's practice permit and on the Public Registry will be removed upon completion of each order. The CLHA will provide the required notices in accordance with s. 119 of the HPA.
8. The Regulated Member shall ensure their contact information with the CLHA, including home mailing address, telephone number(s), e-mail address and employment information, is up to date. The Regulated Member will keep their contact information current with the CLHA on an ongoing basis.
9. Should the Regulated Member be unable to comply with any of the deadlines for completion of the orders identified above, the Regulated Member 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 granted. The Regulated Member will be notified, in writing, if the extension has been granted.
10. Should the Regulated Member 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. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - b. Treat the Regulated Member's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
 - c. In the case of non-payment of the costs, suspend the Regulated Member's practice permit until such costs are paid in full or there is satisfaction that the costs are being paid in accordance with a schedule of payment agreed to by the CLHA.

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 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. Richter 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 Jocelyn Richter 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 Regulated Member
- The previous character of the Regulated 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 Regulated Member in acknowledging what occurred
- Whether the Regulated 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 Hearing Tribunal considered the following factors in considering the orders proposed by the parties:

a. Nature and Gravity of the Proven Allegations

The Allegations involve sexual misconduct and boundary violations by an LPN toward a vulnerable patient. The conduct included exchanging sexual messages and sending explicit photographs while the patient was under care, which directly contravenes professional standards and ethical obligations. The Hearing Tribunal recognizes the serious breach of professional trust and the potential harm to the patient, reflecting the gravity of the misconduct.

b. Age and Experience of the Regulated Member

The Regulated Member, Ms. Richter, has been registered with CLHA since 2017, with employment at the Facility since 2020. The Hearing Tribunal considers that, with several years of professional experience, the Regulated Member should have been fully aware of professional boundaries, making the conduct more serious.

c. The previous character of the Regulated Member and in particular the presence or absence of any prior complaints or convictions

There is no mention of prior complaints against Ms. Richter or previous convictions in the ASF. The Hearing Tribunal has noted a clean disciplinary record, which could be a mitigating factor, but the severity of the current misconduct still weighs heavily.

d. Age and Mental Condition of the Victim

The victim, Client DB, was an adult with a history of mental health challenges and PTSD. The Hearing Tribunal finds that the patient was particularly vulnerable, increasing the seriousness of the breach.

e. The number of times the offending conduct was proven to have occurred

The misconduct occurred multiple times over several months. From January 2025 to February 2025, there were sexual messages and explicit photographs, and from January 2025 to June 2025 there were personal and friendly messaging outside professional boundaries. The repeated nature of the conduct demonstrates patterned behaviour, aggravating the severity.

f. Role of the Regulated Member in Acknowledging What Occurred

The Regulated Member fully admitted the conduct and its unprofessional nature. The Hearing Tribunal considers this acknowledgement as a mitigating factor, showing insight, accountability, and willingness to accept responsibility.

g. Whether the Regulated Member has already suffered other serious financial or other penalties as a result of the allegations having been made

The Regulated Member received a 15-day employment suspension at her place of employment, and in addition the Regulated Member has been placed and is currently on administrative leave as of the date of the hearing. The Hearing Tribunal considers this as a prior penalty, though it does not replace regulatory consequences in this process, designed to protect the public.

h. Impact of the Incident(s) on the Victim

Client DB was a vulnerable patient, and the Hearing Tribunal finds the impact has the potential to be very serious, as sexual misconduct can cause humiliation, distress, and potential harm to mental health. The death of Client DB in November 2025 adds complexity, however the Hearing Tribunal focused on the harm while the patient was alive.

i. Presence or Absence of Mitigating Circumstances

The Regulated Member acknowledged her wrongdoing and admitted unprofessional conduct, and had no prior disciplinary record.

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

The Tribunal recognized the importance of both specific and general deterrence. The sanctions imposed were intended to prevent recurrence by the Regulated Member and to signal to the profession the critical importance of following care directives and ethical standards. The remedial education and monitoring requirements were designed to reinforce professional and ethical obligations, ensuring safe and proper practice in the future.

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

The proposed orders appropriately maintain the public's confidence in the integrity of the nursing profession. The 90-day suspension required under the HPA recognizes the seriousness of the sexual misconduct and clearly communicates that such conduct is incompatible with professional nursing practice. The Hearing Tribunal's written decision serving as a reprimand, the requirement for remedial education on the Code of Ethics and Standards of Practice, the public reporting of conditions on the registry, and the order to pay a portion of investigation and hearing costs together promote accountability, transparency, and deterrence. These measures demonstrate that the CLHA takes breaches of professional boundaries seriously and responds in a manner that protects the public and upholds the integrity of the profession.

l. Range of Sentence in other Similar Cases

The proposed orders fall within the range of sanctions imposed in similar cases involving sexual misconduct and boundary violations by regulated health professionals. Under the HPA, a finding of sexual misconduct requires a mandatory suspension, and the 90-day suspension proposed in this matter is consistent with penalties imposed in comparable cases where the misconduct involved inappropriate sexual communications rather than physical contact. The Hearing Tribunal was provided with a book of authorities containing similar disciplinary decisions, which was addressed during the hearing and assisted the Tribunal in assessing the appropriate range of sanctions. The additional orders requiring remedial education on the Code of Ethics and Standards of Practice, the publication of conditions on the Public Registry, and the payment of a portion of investigation and hearing costs are also consistent with disciplinary measures commonly imposed by the CLHA in cases involving professional boundary violations.

It is important to 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 the Regulated Member'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 is not 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 Joint Submission on Penalty is appropriate, reasonable and serves the public interest and therefore accepts the parties' 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. For **90 days** from the date of the hearing, the Regulated Member's practice permit shall be suspended and they are prohibited from providing professional services as a Licensed Practical Nurse in Alberta. The Regulated Member's practice permit and the Public Registry will reflect the suspension.
3. Following the completion of the suspension in paragraph 2, the Regulated Member shall, within **30 days**, read and reflect on how the following Educational Readings will impact their nursing practice:
 - a. Code of Ethics for Licensed Practical Nurses in Canada;
 - b. Standards of Practice for Licensed Practical Nurses in Canada; and
 - c. Standards of Practice for Licensed Practical Nurses on Boundary Violations.

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

4. Following the completion of the suspension in paragraph 2, the Regulated Member shall, within **6 months**, complete the following remedial education, at their own cost, and shall provide the Complaints Officer with documentation confirming successful completion:
 - a. CLHA Learning Module – Code of Ethics for LPNs, available online <https://www.clha.com/lpn/lpn-knowledge-hub/lpn-code-of-ethics-learning-module/>

- b. John Collins Consulting – Professional Boundaries in Nursing available online <https://www.icollinsconsulting.com/index.php/courses-modules/licensed-practical-nurse>

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

5. Following the completion of the suspension in paragraph 2, the Regulated Member shall, within **48 months**, pay a portion of the costs of the investigation and hearing, in the amount of \$1,750.00.
 - a. The costs must be paid to the CLHA, whether or not the Regulated Member holds an active practice permit with the CLHA. Any outstanding costs are a debt owed to the CLHA and if not paid by the deadline indicated, may be recovered as an action in debt.
6. The orders set out above at paragraphs 3-5 will appear as conditions on the Regulated Member's practice permit and the Public Registry, subject to the following:
 - a. The requirements at paragraphs 3 – 4 will appear as "CLHA Monitoring Orders (Conduct)";
 - b. The requirement at paragraph 5 will appear as "Conduct Cost/Fines".
7. The conditions on the Regulated Member's practice permit and on the Public Registry will be removed upon completion of each order. The CLHA will provide the required notices in accordance with s. 119 of the HPA.
8. The Regulated Member shall ensure their contact information with the CLHA, including home mailing address, telephone number(s), e-mail address and employment information, is up to date. The Regulated Member will keep their contact information current with the CLHA on an ongoing basis.
9. Should the Regulated Member be unable to comply with any of the deadlines for completion of the orders identified above, the Regulated Member 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 granted. The Regulated Member will be notified, in writing, if the extension has been granted.

10. Should the Regulated Member 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. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - b. Treat the Regulated Member's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
 - c. In the case of non-payment of the costs, suspend the Regulated Member's practice permit until such costs are paid in full or there is satisfaction that the costs are being paid in accordance with a schedule of payment agreed to by the CLHA.

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 Regulated 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 18 OF MARCH 2026 IN THE CITY OF LETHBRIDGE ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES AND HEALTH CARE AIDES OF ALBERTA



Jeff Bell, LPN
Chair, Hearing Tribunal