



STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158

ANGUS S. KING, JR.  
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
 EXECUTIVE DIRECTOR

IN RE: **Viola Faye Wisotzkey, L.P.N.** ) **CONSENT AGREEMENT**  
 of Waterville, Maine ) **FOR PROBATION WITH**  
 License # P011464 ) **CONDITIONS**

**INTRODUCTION**

This document is a Consent Agreement regarding Viola Faye Wisotzkey's license to practice licensed practical nursing in the State of Maine. The parties enter into this Agreement pursuant to 10 M.R.S.A. § 8003(5)(A-1)(4), 10 M.R.S.A. § 8003(5)(B) and 32 M.R.S.A. § 2105A(1A)(B). The parties to this Consent Agreement are Viola Faye Wisotzkey ("Licensee"), Maine State Board of Nursing ("Board") and the Department of Attorney General, State of Maine. The parties reached this Agreement following an informal conference held on March 25, 2002, on the basis of information submitted by Dexter Health Care, Dexter, Maine and Mount St. Joseph, Waterville, Maine by respective letters dated December 27, 2000 and January 22, 2002.

**FACTS**

1. Viola Faye Wisotzkey has been a licensed practical nurse since 1993 and licensed by the Board to practice in Maine since 1996.
2. Ms. Wisotzkey dispersed medications to certified nursing assistants to administer to residents.
3. Ms. Wisotzkey falsified documentation, which indicated that blood sugars were taken from residents which were not taken.
4. Ms. Wisotzkey violated residents right in an instance of unauthorized use of restraints.

**AGREEMENT**

5. Viola Faye Wisotzkey's conduct constitutes grounds for discipline under 32 M.R.S.A. § 2105-A(2)(E)(2), (2)(F), (2)(H) and Rules and Regulations of the Maine State Board of Nursing, Chapter 4(1)(A)(5)(b), 4(1)(A)(6), 4(3)(D), 4(3)(F), 4(3)(H) and 4(3)(K) because she:
  - a. assigned unqualified persons to perform functions of licensed nurses;



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME  
 PHONE: (207) 287-1133

TDD: (207) 287-1151

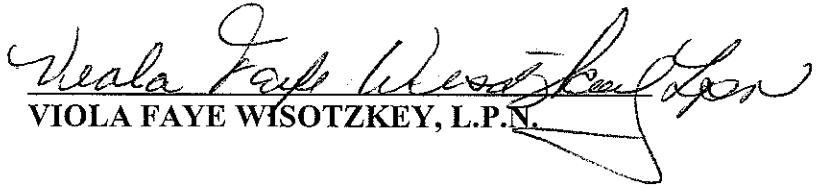
FAX: (207) 287-1149

- b. failed to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;
  - c. negligently caused emotional injury to a patient; and,
  - d. falsified patients' records.
6. Viola Faye Wisotzkey's license to practice licensed practical nursing is placed on a probationary status with conditions for a period of one year, effective while she is employed in nursing practice. The conditions of probation are as follows:
  - a. Viola Faye Wisotzkey will notify any and all of her nursing employers of the terms of this Consent Agreement and shall provide them with a copy of it. For purposes of this Consent Agreement, nursing employment is any employment during which Ms. Wisotzkey performs nursing services or holds herself out as a nurse such as through the designation "L.P.N."
  - b. Viola Faye Wisotzkey will immediately notify the Board in writing of any employment in the field of nursing, including the place and position of employment and of any change in nursing employment.
  - c. Viola Faye Wisotzkey will arrange for and ensure the submission to the Board of quarterly reports from her nursing employer(s) addressing her competence in nursing practice.
  - d. Viola Faye Wisotzkey understands and agrees that her license will remain on probationary status and subject to the terms of this Agreement indefinitely beyond the one year probationary period, until and unless the Board, at Ms. Wisotzkey's request, votes to terminate Ms. Wisotzkey's probation. When considering whether to terminate probation, the Board will consider Ms. Wisotzkey's compliance with the terms and conditions of this Consent Agreement.
7. The Board agrees to take no further disciplinary action upon these facts so long as Ms. Wisotzkey fully complies with the terms and conditions of this Consent Agreement.
8. Viola Faye Wisotzkey understands and agrees that this document imposes discipline regarding her license to practice practical nursing in the State of Maine. Ms. Wisotzkey understands that she does not have to execute this Consent Agreement and that she has the right to consult with an attorney before entering into this Consent Agreement.
9. Viola Faye Wisotzkey affirms that she executes this Consent Agreement of her own free will.

10. Modification of this Consent Agreement must in writing and signed by all the parties.
11. This Consent Agreement is not subject to appeal or review by the Licensee but
12. This Consent Agreement becomes effective upon the date of the last necessary signature below.

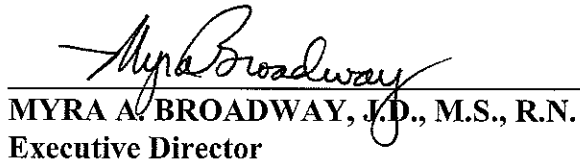
**I, VIOLA FAYE WISOTZKEY, L.P.N., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.**

DATED: 5-10-02

  
\_\_\_\_\_  
VIOLA FAYE WISOTZKEY, L.P.N.

**FOR THE MAINE STATE  
BOARD OF NURSING**

DATED: 5/15/02

  
\_\_\_\_\_  
MYRA A. BROADWAY, J.D., M.S., R.N.  
Executive Director

**FOR THE DEPARTMENT OF  
ATTORNEY GENERAL**

DATED: 5/16/02

  
\_\_\_\_\_  
JOHN H. RICHARDS  
Assistant Attorney General