



SOUTH DAKOTA BOARD OF NURSING

DEPARTMENT OF COMMERCE AND REGULATION
4300 S. Louise Ave., Suite C-1
Sioux Falls, South Dakota 57106-3124
Phone: 605-362-2760

April 29, 1999

Wayne Lloyd
108 W Frederick
Flandreau, SD 57028

FILE COPY

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Dear Wayne:

This letter is written to confirm decisions made by the Board of Nursing at the April 22, 1999 meeting in response to your appearance before the board requesting modifications in your July 18, 1996 Order of Reinstatement with Conditions.

Condition 1 requires continued counseling from Rita Olson, with the type, frequency and duration of counseling to be determined by Ms. Olson. You requested that the Board lift this condition. The Board determined that Condition 1 of the Order of Reinstatement with Conditions could be lifted contingent upon receipt in the Board Office of a letter from Ms. Olson specifically stating that counseling sessions were no longer needed. As the Conditions of the Reinstatement Order state, Ms. Olson's letter should also address your diagnosis and treatment plan; your ability to handle stress; your ability to practice professional nursing and any other information she believes would assist the Board in its review of your request to lift this Order. Upon receipt of Ms. Olson's order, Board staff will make a final determination regarding your request.

Condition 2 of the July 18, 1996 Order of Reinstatement with Conditions requires your nursing employer to provide quarterly reports to the Board during the first year of probation and every six months during the balance of the probationary period. You requested that the Board modify the frequency of the reporting periods because you are employed fulltime at Loiseau Construction and will be working few if any hours during peak construction months. The Board approved the following probationary monitoring modifications:

1. Condition 5 - You must submit a self-evaluation report to the Board Office every 6 months for the duration of your probationary monitoring period. These reports will be due regardless of whether or not a probationary monitoring meeting is scheduled with Board staff. You will be expected to submit self-evaluation reports according to the following schedule:

October, 1999

April, October 2000

April, October 2001

The content of each self-evaluation report should comply with Condition 5 a-e of the July 18, 1996 Order.

2. You are responsible to schedule probationary monitoring meetings with Board staff for every 80 hours worked or at a minimum of every 12 months. Self-evaluation and employer reports must be received at the Board Office prior to conducting a probation meeting. It is your responsibility to ensure that these reports are submitted to the office on your behalf. You are required to advise your nursing employer to report nursing performance concerns to the Board within two business days. Please also advise your employer to include in each employer report, evidence as to the number of hours that you have worked during the reporting period.

If have any questions regarding any of these matters, please contact me at the above number.

Sincerely,



Linda Benedict, RN, MA
Nursing Practice Specialist