

IN THE MATTER OF

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BEFORE THE MARYLAND

LAURA SCHLOER

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BOARD OF NURSING

License Number: R224392

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OAG CASE No. 22-BP-028

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**ORDER FOR SUMMARY SUSPENSION OF REGISTERED NURSE LICENSE
PURSUANT TO SECTION 10-226(c)(2) OF THE ADMINISTRATIVE PROCEDURE
ACT**

The Maryland Board of Nursing (the "Board") hereby orders the SUMMARY SUSPENSION of the license of Laura Schloer (the "Respondent"), License Number R224392 to practice registered nursing in the State of Maryland. The Board takes this action pursuant to the authority of Maryland Code Ann., State Government Article ("SG") § 10-226(c)(2) (2021 Repl. Vol.), which provides:

- (2) A unit may order summarily the suspension of a license if the unit:
 - (i) finds that the public, health, safety, or welfare imperatively requires emergency action; and
 - (ii) promptly gives the licensee:
 - 1. Written notice of the suspension, the finding and the reasons that support the finding; and
 - 2. An opportunity to be heard.

The Board has reason, as set forth below, to find that the public health, safety, or welfare imperatively requires emergency action ("SG") § 10-226(c) (2).

**INVESTIGATIVE FINDINGS AND REASONS IN SUPPORT OF SUMMARY
SUSPENSION**

Based on investigatory information obtained by, received by and made known to and available to the Board, the Board has reason to believe that the following facts are true:¹

- 1. On September 15, 2016, the Respondent was issued a license to practice as a registered

¹The allegations set forth in this document are intended to provide the Respondent with reasonable notice of the Board's action. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

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nurse (“RN”) in the State of Maryland, license number. The Respondent’s license is currently active and is scheduled to expire on September 28, 2023. The Compact² status of the Respondent’s Maryland RN license is “Multistate.”

2. The Respondent practiced as an RN at a retirement healthcare community (the “Community”)³ located in Maryland from January 2021 until May 19, 2021 when the Respondent was terminated from her employment.

3. The Board received a Complaint on or about May 27, 2021, by the director of nursing (“Director of Nursing”) for the Community alleging the following:

On May 12, 2021 the CMA/GNA assigned to the dementia care unit . . . notified myself (Director of Nursing) that she had some concerns regarding the behavior of the nurse (Laura Schloer, RN) assigned to the unit. At 1150am [sic] the nurse stated she wanted to go to lunch and attempted to give the CMA the medication cart keys. The keys had the narcotic box keys on them so the CMA refused to take the keys. The nurse then left the unit and took keys with her, with no other nurse coverage and returned at 1240pm. [sic] The GNA noticed that the nurse seemed “hyper”. The nurse then left for another break at 125pm, [sic]when she returned the GNA noticed that her pupils seemed “bigger than normal”. [S]he returned to the unit at 150pm. [sic] At 215pm [sic] the nurse stated she was going on another break and left the unit at this point the GNA notified the DON of her concerns. The DON and the ADON . . . went to unit. Upon arrival to unit observed both medication and treatment carts to be unlocked. The nurse then called in around 235pm [sic] and spoke with the ADON requesting 5 or 10 extra minutes for her break. She was told to return to the unit immediately. During this time both carts were secured and residents safe and accounted for by DON and ADON. The nurse arrived on the unit approximately 240pm, [sic] the DON requested that she hand over the keys to the medication and treatment carts immediately. She did comply with

² The Nurse Licensure Compact (NLC) is an agreement between Boards of Nursing of party states that allows nurses to have one Multistate nursing license with the ability to practice nursing in both their home state and other party states. In accordance with the Nurse Licensure Compact, Md. Code Ann., Health Occ. § 8-7A-01.3(h) and § 8-7A-01.3(m) respectively, “Home state” means the party state that is the nurse’s primary state of residence and, “Party state” means any state that has adopted this Compact.

³ For purposes of ensuring confidentiality, proper names have been omitted and replaced with generic placeholders. Upon written request, the Administrative Prosecutor will provide the information to the Respondent.

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the request. The DON and the ADON then brought the nurse to a private office and interviewed her, the nurse was questioned regarding her behavior. The nurse originally denied any use of drugs, when she was informed that we were sending her for a drug test, the nurse then stated "I'm going to pop" when questioned for what she stated "cocaine"[.] Transportation was set up and the nurse was compliant with going to the lab. She was driven to the lab by the community driver . . . Nurse complied with test. On 5/19/2021 results were in . . . with a positive result for Cocaine.

4. According to the Community's Census Report, the Respondent was scheduled to work at the Community on May 12, 2021, from 8:00 a.m. to 3:00 p.m., 3:00 p.m. to 7:00 p.m., and 7:00 p.m. to 11:00 p.m.

5. On May 12, 2021, the Respondent submitted to a drug screen. The "reason for test" cited on the Results of Controlled Substance Test was - "reasonable suspicion." According to the Medical Review Officer, the verified results were positive for cocaine.

6. A review of the Respondent's personnel file from the Community revealed the Respondent had previously received written counseling on May 11, 2021, for the following:

a. On 5/8/21 and 5/9/21, [the Respondent] did not assess or document on a Resident in CHF exacerbation who has a midline catheter in place and is receiving IV Lasix. Another Resident in CHF exacerbation gained a significant amount of weight in a 24-hour period that was documented by the GNA on 5/9/21, [the Respondent] did not complete a change in condition report and did not notify the MD or POA of this significant change.

b. [The Respondent] failed to assess and document on another Resident with suspected bowel obstruction. Resident has no [sic] had a bowel movement since 5/7/21 despite intervention for Lactulose placed on 5/7/21. Residents

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symptoms persisted, and Resident was not assessed, a change in condition was not completed and the MD was not notified.

- c. [The Respondent] does not notify POA's of Residents regarding new orders.

7. In a written response sent to the Board, dated April 11, 2022, the Respondent wrote, in part:

I was depressed and anxious due to home stress. I was barely sleeping. I started drinking and became an alcoholic. I never drank at work or any other drugs. At work on 5/12/2021 I was exhausted and falling asleep while sitting at the computer documenting. I asked for frequent breaks early before I wasn't going to have the coverage to take breaks. I would come back and have more energy due to the breaks. The last break I fell asleep and woke up to my cell phone ringing. I wasn't back on time. The[y] sent me for a drug test which tested positive for cocaine. It was a one time thing which I did while drunk.

DISCUSSION

8. The Respondent tested positive for cocaine while on duty as an RN. The Respondent further admitted in her letter to the Board that she "became an alcoholic." The Respondent's actions make her practice as an RN a danger to all patients under her care. The Respondent has an active multistate RN license and without Board action there is nothing preventing the Respondent from practicing. Based on the information cited above, the Respondent's continued practice poses a serious risk and danger to the public health, safety, and welfare.

CONCLUSION OF LAW

Based on the foregoing investigative findings and reasons, the Board finds that the public health, safety or welfare imperatively requires emergency action in this case pursuant to Md. Code Ann., State Govt. § 10-226(c)(2) (2021 Repl. Vol.).

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ORDER

It is hereby:

ORDERED that pursuant to the authority vested in the Board of Nursing by Maryland Code Ann., State Govt. § 10-226(c)(2) (2021 Repl. Vol.) the license of **LAURA SCHLOER** to practice as a **REGISTERED NURSE** in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that there will be a Show Cause Hearing on **August 24, 2022 at 11:30 a.m.** before the Board at the Maryland Board of Nursing offices, 4140 Patterson Avenue, Baltimore, Maryland 21215; and be it further

ORDERED that if, the suspension of the Respondent's license is continued following a Show Cause Hearing, the Respondent has the right to a full evidentiary hearing before the Board and a hearing will be scheduled before the Board if the Respondent submits a written request for an evidentiary hearing to the Board **no later than thirty (30) days from the date of the Board's written decision issued after the Show Cause Hearing**; and be it further

ORDERED that if the Respondent does not submit a timely written request to the Board for an evidentiary hearing within 30 days from the date of the Board's written decision issued after the Show Cause Hearing, the Respondent shall have waived all rights now and in the future to any hearing on the merits of the summary suspension of the Respondent's license and the factual allegations contained in this Order for Summary Suspension; and it is further

ORDERED that this Order for Summary Suspension shall remain in effect and the summary suspension of the Respondent's license shall continue until further Order of the Board; and it is further

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ORDERED that this, “Order for Summary Suspension of Registered Nurse License” is a
PUBLIC RECORD pursuant to Md. Code Ann., General Provisions § 4-101 *et seq.* & § 4-333
(2019).

August 10, 2022
Date

Karen E.B. Evans, MSN, RN-BC
The Executive Director’s Signature
Appears on the Original Document

Maryland Board of Nursing