

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 PAIGE MAGNUSSON**

**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 PAIGE MAGNUSSON, LPN #52609, WHILE A MEMBER OF THE COLLEGE OF
LICENSED PRACTICAL NURSES OF ALBERTA (THE “CLPNA”)**

DECISION OF THE HEARING TRIBUNAL

(1) Hearing

The hearing was conducted via videoconference on November 16, 2022 with the following individuals present:

Hearing Tribunal:

Kelly Anesty, Licensed Practical Nurse (“LPN”) Chairperson
Jennifer Martin, LPN
James Lees, Public Member
Pat Matusko, Public Member

Staff:

Gregory Sim, Legal Counsel for the Complaints Officer, CLPNA
Kevin Oudith, Complaints Officer, CLPNA
Sandy Davis, Complaints Officer, CLPNA
Stephanie Karkutly, Complaints Officer, CLPNA

Investigated Member:

Paige Magnusson, LPN (“Ms. Magnusson” or “Investigated Member”)
Robyn Graham, Legal Counsel 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. Magnusson was an LPN within the meaning of the *Health Professions Act* (“the Act”) at all material times, and more particularly, was registered with the CLPNA as an LPN at the time of the complaint. Ms. Magnusson was initially licensed as an LPN in Alberta in 2020.

The CLPNA received a complaint dated January 4, 2022 (the "Complaint") from Kolby Ritter, member of the public from Calgary Alberta, pursuant to s. 54 of the Act. The Complaint alleged that Ms. Magnusson had breached professional boundaries by entering into a relationship with a former patient.

By way of letter dated January 7, 2022, Ms. Sandy Davis, Complaints Director of the CLPNA ("Complaints Director"), provided Ms. Magnusson with notice of the Complaint. The Complaints Director also delegated her authority and powers under Part 4 of the Act regarding the Complaint to Mr. Kevin Oudith, Complaints Officer for the CLPNA (the "Complaints Officer"), pursuant to s. 20 of the Act.

On January 10, 2022, the Complaints Officer requested that Lynn Borris, Designated Person appointed by the CLPNA Council, impose an interim suspension of Ms. Magnusson's practice permit pending the outcome of disciplinary proceedings pursuant to s. 65(1)(b) of the Act due to the serious nature of the allegations against Ms. Magnusson.

In accordance with s. 55(2)(d) of the Act, David Burke, Investigator for the CLPNA (the "Investigator"), was appointed to conduct an investigation into the Complaint.

Ms. Magnusson received notice of the investigation and appointment of the Investigator and the Complaints Officer's request for an interim suspension by letter dated January 10, 2022.

By letter dated January 17, 2022, Ms. Magnusson was notified that Ms. Borris granted the request for an interim suspension effective the date of the letter.

On March 16, 2022, the Investigator concluded the investigation into the Complaint and submitted the Investigation Report to the CLPNA.

Following receipt of the Investigation Report, the Complaints Officer determined that the matters should be referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Ms. Magnusson received notice that the Complaint was referred to a hearing as well as a copy of the Statement of Allegations under cover of letter dated April 7, 2022.

A Notice of Hearing, Notice to Attend and Notice to Produce was served upon Ms. Magnusson under cover of letter dated August 9, 2022.

(4) Allegations

The Allegations in the Statement of Allegations (the "Allegations") are:

It is alleged that PAIGE MAGNUSSON, LPN, engaged in unprofessional conduct by:

1. On or about March to August 2021, engaged in conduct of a sexual nature towards a patient, RG, including but not limited to sexual intercourse with RG, thereby committing sexual abuse;

2. Injected RG with an unknown agent in preparation for a tattoo appointment, or without verifying the appropriate information and safety precautions.

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: Protecting Patients from Sexual Abuse and Misconduct*, Standard 1, 2, 3 and 5
2. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 1: Professional Accountability and Responsibility, Indicators 1.6 and 1.9
3. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 2: Knowledge-Base Practice, Indicators 2.1, 2.2, 2.3 and 2.11
4. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 4: Ethical Practice, Indicators 4.6
5. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 2: Responsibility to Clients, including Indicators 2.7, 2.8
6. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 3: Responsibility to the Profession, including Indicator 3.1

(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. Magnusson 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: Statement of Allegations

- Exhibit #2: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct
Exhibit #3: Victim Impact Statement
Exhibit #4: 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 #2.

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

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

Allegation 1

Ms. Magnusson admitted on or about March to August 2021, she engaged in conduct of a sexual nature towards a patient, RG, including but not limited to sexual intercourse with RG, thereby committing sexual abuse.

RG was a resident at the Thorpe Recovery Centre (“the Facility”) from February 1, 2021 to March 18, 2021. During his time at the Facility, RG was being treated for opioid use disorder.

In her role as an LPN at the Facility, Ms. Magnusson administered medications to RG on several occasions, including suboxone and testosterone, and monitored him afterward. Ms. Magnusson recorded her care on RG’s Medication Administration Record with the initials “PM”.

Ms. Magnusson last administered medication to RG on or around March 16, 2021. RG was discharged from the Facility after successfully completing the program on March 18, 2021.

On or around April 23, 2021, Ms. Magnusson sent a message to RG via the Facebook Messenger App. The two exchanged phone numbers and began communicating via text and phone calls the same day.

A short time later, the two met in person for the first time.

After their initial contact, Ms. Magnusson and RG continued speaking on the phone and exchanging text messages, which included messages of a sexual nature. Ms. Magnusson also sent RG sexually explicit photos of herself.

Ms. Magnusson and RG shared a hotel room in Edmonton in June of 2021.

Ms. Magnusson and RG engaged in sexual intercourse on multiple occasions.

Ms. Magnusson and RG last had contact via text message in late August 2021. Ms. Magnusson subsequently left a voice message for RG in December of 2021 on the anniversary of his sobriety.

Section 1(1)(nn.1) of the Act sets out the following definition of sexual abuse:

“sexual abuse” means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

(i) sexual intercourse between a regulated member and a patient of that regulated member;...

Section 1(1)(x.1) of the Act sets out that the definition of a “patient” as it related to sexual abuse is determined by each college in its Standard of Practice.

The CLPNA Standards of Practice on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct, adopted by the CLPNA on March 19, 2019, (“Standards of Practice on Boundary Violations”) sets out the definition of “patient” as it relates to sexual abuse. The term “patient” is defined as “an individual to whom the nurse provides a professional nursing service.” “Professional nursing service” is further defined as “a service that comes within the practice of a regulated profession” and for LPNs includes “the application of nursing knowledge, skills and judgement to assess patients’ need and the provision of nursing care for patients and families.”

The Standards of Practice on Boundary Violations also sets out that once someone has become a patient, a minimum of one year from the last day of providing professional nursing services must elapse before the LPN engages in a sexual relationship with that patient. Further, if the LPN has a sexual relationship with the patient before the one year is over, the Standards of Practice on Boundary Violations states that will be considered sexual abuse.

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

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. 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. Magnusson displayed a lack of knowledge of or lack of skill or judgment in the provision of professional services by looking up RG on Facebook and then sending him a message on the Facebook Messenger App. Ms. Magnusson then exchanged phone numbers with RG and started communicating with RG. Ms. Magnusson then also began sending messages of a sexual nature and also sent RG sexually explicit photos of herself. This demonstrates a lack of knowledge, skill, or judgment in that it is an expectation of an LPN not to engage in a relationship with a patient for a minimum of at least 1 year past the last date of care. The Hearing Tribunal received evidence in which Ms. Magnusson herself stated, "Pretty sure I should not be reaching out for 1 year to you etc". This shows that Ms. Magnusson did in fact understand that she should not be in contact with RG however she decided to contact RG regardless.

Ms. Magnusson was in contravention of the Act, a code of ethics or standards of practice. It is an expectation that an LPN be familiar with these documents and work in adherence to these documents.

The conduct breached the following principles and standards set out in the Code of Ethics for Licensed Practical Nurses in Canada, adopted by the CLPNA on June 3, 2013 ("CLPNA Code of Ethics"), the Standards of Practice on Boundary Violations, and the Standards of Practice for Licensed Practical Nurses in Canada, adopted by the CLPNA on June 2, 2013 ("CLPNA Standards of Practice"), as acknowledged by Ms. Magnusson 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, as set out below, and that such breaches are sufficiently serious to constitute unprofessional conduct

CLPNA Code of Ethics:

Ms. Magnusson acknowledges her conduct breached the following requirements in the CLPNA Code of Ethics:

Principle 2: Responsibility to Clients, including:

- 2.7 Developing trusting, therapeutic relationships, while maintaining professional boundaries.
- 2.8 Use evidence and judgement to guide nursing decisions.

Principle 3: Responsibility to the Profession, including:

- 3.1 Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession.

Standards of Practice on Boundary Violations:

Ms. Magnusson acknowledged that her conduct breached the following provisions of the Standards of Practice on Boundary Violations:

- **Standard 1:** The LPN-Patient Relationship
- **Standard 2:** Prohibited Sexual Conduct
- **Standard 3:** Sexual Relations with Former Patients
- **Standard 5:** Providing Professional Nursing Services to Partners

CLPNA Standards of Practice:

Ms. Magnusson acknowledges her conduct breached the following CLPNA Standards of Practice:

Standard 1: Professional Accountability and Responsibility, including:

- 1.6 Take action to avoid and/or minimize harm in situations in which client safety and well-being are compromised.
- 1.9 Practice in a manner consistent with ethical values and obligations of the Code of Ethics for Licensed Practical Nurses.

Standard 2: Knowledge-Base Practice; including:

- 2.1 Possess current knowledge to support critical thinking and professional judgment.
- 2.2 Apply knowledge from nursing theory and science, other disciplines, evidence to inform decision making and LPN practice.
- 2.3 Access and use relevant and credible information technology and other resources.
- 2.11 Use critical inquiry to assess, plan and evaluate the implications of interventions that impact client outcomes.

Standard 4: Ethical Practice, including:

- 4.6 Maintain professional boundaries in the nurse/client therapeutic relationship at all times.

The Hearing Tribunal would like to note that engaging in a sexual relationship with one's patient presents the possibility of significant harm to the patient and undermines the therapeutic relationship which is not in the best interests of the patient. This is the reason for the strict requirements, applicable to Ms. Magnusson, forbidding relationships with patients until at least 1 year after treatment. It does not demonstrate that Ms. Magnusson was maintaining professional boundaries in the nurse/client therapeutic relationship.

Finally, Ms. Magnusson failed to act in a manner which is expected that another LPN would do in a similar situation. This conduct harms the integrity of the profession as it is discordant with the expectations of a skilled LPN. Clearly, having a sexual relationship with a recent patient harms the integrity of the nursing profession as the public would expect a nurse to know better, and it can have significant impacts on the victim, as in this case.

Allegation 2

Ms. Magnusson admitted she injected RG with an unknown agent in preparation for a tattoo appointment, or without verifying the appropriate information and safety precautions.

On or around the weekend of July 1, 2021, Ms. Magnusson accompanied RG to a tattoo appointment. While at the tattoo shop in advance of the appointment, Ms. Magnusson injected RG with a numbing agent that he had brought to the appointment.

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

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. 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. Magnusson displayed a lack of knowledge, skill or judgment in the provision of professional services by performing an injection of numbing agent that RG had brought to a tattoo appointment. Ms. Magnusson injected RG with an unknown agent in preparation for a tattoo appointment, or without verifying the appropriate information and safety precautions. This is a concern as RG did not provide informed consent, did not know what was being injected, and there may not have been appropriate information and safety precautions. This clearly demonstrates a lack of judgment on the part of Ms. Magnusson.

Ms. Magnusson did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice as acknowledged by Ms. Magnusson in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, as set out in more detail under Allegation 1. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice and that such breaches are sufficiently serious to constitute unprofessional conduct. In particular, these actions did not demonstrate that Ms. Magnusson was committed to avoiding and/or minimizing harm in situations in which client safety and well-being are compromised.

Finally, Ms. Magnusson failed to act in a manner which is expected that another LPN would do in a similar situation. This conduct harms the integrity of the profession as it is discordant with the expectations of a skilled LPN.

(9) Joint Submission on Penalty

The Complaints Officer and Ms. Magnusson jointly proposed to the Hearing Tribunal a Joint Submission on Penalty, which was entered as Exhibit #4. The Joint Submission on Penalty proposed the following sanctions to the Hearing Tribunal for consideration:

1. Ms. Magnusson's registration and practice permit with the CLPNA shall be cancelled as required by s. 82(1.1) of the *Health Professions Act*.
2. Ms. Magnusson shall pay 25% of the costs of the investigation and hearing, to be paid in full within 36 months of the date that Ms. Magnusson is served with the Decision. Should Ms. Magnusson be unable to comply with the deadline for completion of this costs order, the deadline may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.
3. The Hearing Tribunal will not direct publication of the matter in the CLPNA's Care Magazine.
4. Should Ms. Magnusson fail or be unable to comply with any of the above orders for penalty, or if any disputes arise 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; or
 - b) Treat Ms. Magnusson's non-compliance as information under s. 56 of the *Health Professions Act*.

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 that 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 defer 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. Magnusson 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. Magnusson 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

- **The nature and gravity of the proven allegations:** This conduct constitutes some of the most serious misconduct that an LPN can engage in.

- **The age and experience of the investigated member:** Ms. Magnusson completed the LPN program at Vancouver Island University in 2020. Ms. Magnusson was initially registered with the CLPNA in 2020 and has been continually registered from that time, until she was suspended on January 17, 2022. Regardless of her duration as an LPN, Ms. Magnusson should have (and her text messages suggest she did) know better than to engage in this conduct.

- **The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions:** The Hearing Tribunal was not made aware of any prior complaints or convictions.
- **The age and mental condition of the victim, if any:** RG was in a vulnerable state as he was in a Recovery Center and was relying on the staff of that Facility to provide care to him. RG provided a Victim Impact Statement, entered as Exhibit #3, which demonstrated the impact on him personally and mentally from these interactions with Ms. Magnusson.
- **The number of times the offending conduct was proven to have occurred:** The time period in which the allegations took place were from March 2021 until late August 2021. This only occurred with one patient, RG, but did occur with him multiple times.
- **The role of the investigated member in acknowledging what occurred:** Ms. Magnusson acknowledged and admitted the conduct, and this is a significant factor. This showed that Ms. Magnusson accepted accountability with respect to the allegations.
- **Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made:** Ms. Magnusson lost her employment at the Facility as a result of the allegations and then had her CLPNA license suspended. She has therefore not worked as an LPN for some time and will not be able to work as an LPN in the future.
- **The impact of the incident(s) on the victim:** RG was in a vulnerable state as he was recovering from an addiction in the Facility and was relying on the staff of that Facility to provide care to him. The Hearing Tribunal did receive a victim impact statement from RG, entered as Exhibit #3, which demonstrated a severe emotional impact on RG.
- **The presence or absence of any mitigating circumstances:** The Hearing Tribunal was not made aware 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:** Specific deterrence is the need to impose a sanction to deter Ms. Magnusson from repeating this type of conduct in the future. General deterrence is a concurrent need to prevent other LPNs from engaging in similar behavior by sending a message that this type of behavior will not be tolerated. Ms. Magnusson's practice permit will be cancelled upon receipt of the written decision which will ensure the safe and proper practice of patients who might have been in her care in the future and will demonstrate to other practicing LPNs the severity of this conduct and how seriously the CLPNA takes this type of behavior.
- **The need to maintain the public's confidence in the integrity of the profession:** Deterrence is an important factor in maintaining the public's confidence in the LPN

profession. Ms. Magnusson acted contrary to her position of trust. By cancelling her registration, the CLPNA is maintaining the public's confidence in the integrity of the profession.

- **The range of sentence in other similar cases:** The Hearing Tribunal was not made aware of any similar cases.

It is important to the profession of LPNs to abide by the provisions of the CLPNA Code of Ethics and the CLPNA 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 Investigated 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. Ms. Magnusson's registration and practice permit with the CLPNA shall be cancelled as required by s. 82(1.1) of the Health Professions Act.
2. Ms. Magnusson shall pay 25% of the costs of the investigation and hearing, to be paid in full within 36 months of the date that Ms. Magnusson is served with the Decision. Should Ms. Magnusson be unable to comply with the deadline for completion of this costs order, the deadline may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.
3. The Hearing Tribunal will not direct publication of the matter in the CLPNA's Care Magazine.
4. Should Ms. Magnusson fail or be unable to comply with any of the above orders for penalty, or if any disputes arise 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; or

- b) Treat Ms. Magnusson's non-compliance as information under s. 56 of the *Health Professions Act*.

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 28th DAY OF NOVEMBER 2022 IN THE CITY OF EDMONTON, ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA



Kelly Anesty, LPN
Chair, Hearing Tribunal