

IN THE MATTER OF: *The Regulated Health Professions Act, CCSM c R117*

AND IN THE MATTER OF: **ELEONOR MASCARDO, RN# 406009, A MEMBER OF THE
COLLEGE OF REGISTERED NURSES OF MANITOBA**

AND IN THE MATTER OF: **A HEARING BEFORE A PANEL OF THE
INQUIRY COMMITTEE OF THE COLLEGE OF REGISTERED
NURSES OF MANITOBA**

DECISION AND REASONS



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2. The initial return date for the hearing was July 8, 2025, and it was adjourned on the basis of the Registrant's signed consent.
3. Based on a medical condition (supported by a physician's note), the Registrant requested that they be permitted to attend the hearing virtually instead of in-person. Ultimately, counsel to the CIC provided their consent, and the Chair therefore granted the request.
4. At the commencement of the hearing, it was established that the Notice of Hearing dated May 30, 2025 (the "Notice"), had been properly served and the jurisdictional requirements set forth in subsections 102(3), 116(2), and 116(4) of *The Regulated Health Professions Act* (the "Act") had been met.
5. No objections were raised to the composition of the Panel.
6. The Notice alleged that the Registrant is guilty of professional misconduct and/or has breached the Act, a regulation, a standard of practice, practice direction, an entry-level competency and/or *The Code of Ethics for Registered Nurses* (2017 Edition) (the "Code").

II. Plea

7. The Registrant indicated their intention to enter a plea of guilty to all charges contained in the Notice.
8. At the direction of the Chair, counsel to the Panel conducted a plea inquiry. The Panel was satisfied that the Registrant: was voluntarily pleading guilty; understood that by pleading guilty: they gave up the right to contest the factual accuracy of the allegations made against them in the Notice: acknowledged the breaches alleged in the Notice and that they constituted professional misconduct; that, even though a joint recommendation may be made with respect to the appropriate sanction, the Panel – subject to the law applying to joint recommendations – is not bound to follow the joint recommendation, and that the Panel will determine the appropriate penalty after considering the evidence and the submissions of counsel.
9. The Registrant entered a plea of guilty to all the counts in the Notice, namely that they:
 - (a) failed to specify to the College the names and contact information for all employers ("Count 1");
 - (b) failed to notify the College that they were self-employed prior to providing RN services ("Count 2");

- (c) misrepresented their nursing credentials (“Count 3”);
 - (d) (i) accepted work beyond their knowledge and skillset and demonstrated shortcomings in their skill and competency; and
 - (ii) accepted a shift in an Intensive Care Unit (“ICU”) despite not having been trained for ICU nursing or having the required skills to work in an ICU
- (jointly, “Count 4”).

10. The Registrant admitted that their conduct described above constituted professional misconduct and a breach of section 86 of the Act.

11. The Registrant admitted that their conduct contravenes the *CRNM Practice Direction: Registration Requirements* and the *CRNM Practice Direction: Self-Employed Practice*.

12. The Registrant admitted that their conduct contravenes the following indicators from the *CRNM Practice Direction: Practice Expectations for Registered Nurses*: 1, 2(b, c, d, e), 3, 4, 5, 6, 7, 8, 11, 13, 14, 21, 22, 23, 25(a-e), 26(a, b, d, g), 27, and 31.

13. The Registrant admitted that their conduct contravenes the following indicators from the *CRNM Practice Direction: Practice Expectations for Registered Nurses*: 2(c, d, e), 3, 4, 5, 6, 11, 14, 22, 23, 26(b, d), 27, and 31.

14. The Registrant admitted that their conduct demonstrates a failure to meet the following *Entry Level Competencies (ELCs) for the Practice of Registered Nurses (2019)* (the “ELCs”): 1.1, 1.5, 1.7, 2.1, 2.2, 2.3, 2.8, 2.9, 2.10, 2.11, 2.13, 3.6, 3.8, 4.5, 5.1, 5.2, 5.4, 6.10, 7.1, 7.2, and 7.6.

15. The Registrant admitted that their conduct demonstrates a failure to adhere to the following primary values of the Code: A1, A3, A5, A6, A12, B1, B4, C1, C4, D6, G1, G2, G3, and G5.

16. The parties made a joint recommendation as to disposition and suggested:

- (a) a fine of \$8,000;
- (b) a contribution to costs of \$5,000;
- (c) a two-week suspension from practice;

- (d) mandatory provision in writing by the Registrant to the CEO/Registrar of the names and addresses of all the Registrant's RN employers;
- (e) mandatory provision by the Registrant to all RN employers (supervisor/manager/chief nursing officer) of a copy of the Panel's Order;
- (f) a direction to complete a minimum of 2,015 verified independent RN practice hours, which hours are to be completed in a Canadian jurisdiction, are not retroactive, and will commence once the Registrant returns to the practising register – during this time, the Registrant will not:
 - (i) engage in self-employed practice;
 - (ii) work for a health care staffing agency;
 - (iii) engage in medical aesthetic practice;
 - (iv) work in the following practice areas: Critical Care (ICU/CCU/Neonatal ICU, Pediatric ICU); Emergency/Urgent Care; Intermediate care or Step-down units; OR/Post-operative recovery/peri-anesthesia; Pediatrics; Palliative Care, hospice; Labour and delivery; and Long-term Care;
 - (v) obtain employment in the float pool and will not float from unit to unit in a facility;
 - (vi) have supervisory responsibilities including but not limited to management roles, clinical resource nurse roles, educator roles, charge nurse roles, or roles with oversight of students/preceptees;
 - (vii) practice in an environment where they are the sole RN on duty on that unit, at any time. The Registrant shall work under the direction of an on-site RN (no sole practice);
- (g) once the Registrant returns to practice, they will meet with their manager(s) or supervisor(s) to receive feedback about their RN practice and these meetings will take place weekly for two months, then bi-weekly for three months, then monthly thereafter, with RN Practice Report Forms to be submitted promptly to the CEO/Registrar;

- (h) a direction to complete within six months of the date of the Panel's Order, the following coursework, namely, McEwan University – Documentation in Nursing (NURS 0162), Nursing Process (NURS 0167), and Medication Management (NURS 0161); and
- (i) publication of the Decision and Reasons.

17. The Panel briefly adjourned to consider the Joint Recommendation and then advised the parties it was prepared to accept the Joint Recommendation and would subsequently provide written reasons. These are those reasons.

III. Facts

18. The parties filed an Agreed Statement of Facts, Practice Directions and Documents as an exhibit to the proceedings. In addition, the Panel heard submissions from CIC counsel, elaborating on the background facts giving rise to the matters raised in the Notice.

19. The Registrant obtained her Bachelor of Nursing degree from Velez College in March 2011 and after completing her Bachelor of Nursing degree, they began a Master's in Nursing program at Cebu Normal University in the Philippines.

20. After working as a nurse in the Philippines for two years after obtaining their degree, they did not work as a nurse in the Philippines (or elsewhere) from 2013-2019.

21. The Registrant immigrated from the Philippines to Ontario in 2019 and moved to Brandon in 2020.

22. They received their authorization to write the NCLEX from the State of New York in 2022 and successfully passed the NCLEX-RN examination in April 2022. They registered as an RN in New York on May 2, 2022, but never worked or lived in New York.

23. The Registrant registered with the College of Registered Nurses of Ontario on May 18, 2022.

24. Through labour mobility, the Registrant became registered in Manitoba on October 12, 2022.

25. In Manitoba, the Registrant worked for two nursing agencies - Elite Intellicare Staffing ("Elite") and Nightingale Care Staffing ("Nightingale").

26. On August 8, 2023, the Registrant opened their own business, Happy Skin Laser + Aesthetic Clinic ("Happy Skin"), and advertised that they were providing Aesthetic Nursing Services.

27. The Registrant claimed no 2023 nursing hours.
28. The Registrant did not renew their certificate of practice by the end of December 2023, and it therefore expired on December 31, 2023. The Registrant applied for reinstatement and was reinstated on April 4, 2024.
29. They did not have a certificate of practice from December 31, 2023, at 11:59 pm until April 4, 2024.
30. On January 11, 2024, through Nightingale, the Registrant accepted an RN shift at Brandon Regional Health Centre (“BRHC”) and worked this shift despite not having a certificate of practice.
31. The Registrant paid a \$1,500 fee, assessed by Registration Services at the College, for this unauthorized practice.

IV. Position of the Parties

32. Counsel for the CIC characterized the Registrant’s misconduct and multiple breaches of the Act, the practice directions, and the Code, as falling into two categories. Counts 1-3 could be considered in the nature of administrative breaches while Count 4 contained practice breaches demonstrating a serious lack of skill and judgment.
33. With respect to Count 1, counsel directed the Panel to the *CRNM Practice Direction: Registration Requirements*, which requires that all registrants “must specify to the College the names and contact information for all employers, including if they are self-employed, and keep the information current.”
34. The Registrant failed to disclose to the College that they were employed by Nightingale from January 9, 2023, to December 2023.
35. The Registrant informed the College that they were providing nursing services through Happy Skin but did not disclose that they were self-employed by Happy Skin.
36. With respect to Count 2, CIC counsel submitted that RNs in Manitoba must comply with the various requirements of the *CRNM Practice Direction: Self-Employed Practice* and be approved for self-employed practice prior to opening a self-employed business which provides or advertises nursing services.
37. The Registrant opened their self-employed business, Happy Skin, on August 8, 2023, and advertised that they were providing Aesthetic Nursing Services.

38. The Registrant informed Suzanne Wowchuk, the College's Chief of Regulatory Practices, that they were providing "Nursing Services" at Happy Skin.

39. Section 24 of the *CRNM Practice Direction: Self-Employed Practice* requires that nurses must not use their registered nursing designation to market services that are outside the registered nursing scope of practice.

40. The Registrant advertised their business and identified themselves using the protected term "Registered Nurse" and "RN." These protected titles were used in advertising for various services provided by Happy Skin, including Reserved Acts as outlined in the *College of Manitoba General Regulation* (the "Regulation"), subsections 3.4.3 and 3.4.4

41. The term Registered Nurse and RN are protected titles and the College sets restrictions on when individuals may use these terms. Those protected titles may only be used in accordance with subsection 2.39(2) of the Regulation. The use of 'nurse' within the Registrant's website biography constituted a variation of registered nurse. Although the Registrant was a member of the registered nurse membership class, their business, Happy Skin, was deemed not to be providing registered nursing practice.

42. The College warned the Registrant on January 29 and February 15, 2024, that they were not authorized to use the protected title of RN or Registered Nurse while advertising their business as they held no certificate of practice.

43. The College warned the Registrant on October 8 and 23, 2024, that they were not authorized to use the protected title of RN or Registered Nurse while advertising their business as the business was deemed not to be providing nursing services.

44. The Registrant did not remove the protected title RN or Registered Nurse from Happy Skin advertising until after the final warning on October 23, 2024.

45. CIC counsel submitted that nurses cannot hold themselves out to be Registered Nurses in the course of a self-employed business, unless they meet the requirements for Self-employed practice pursuant to the College's *Policy AA-17 Opening, Closing, Leaving or Moving a Self-Employed Practice*.

46. The CIC maintains that the Registrant was not permitted to represent themselves as an RN in the provision of aesthetic technician services.

47. With respect to Count 3, CIC counsel noted that the Registrant's Master's transcript from the Philippines was assessed by World Educational Services as being the equivalent of "one and one-half years of graduate study" in Canada. The Philippines credentials were assessed as "not comparable to a completed Canadian education credential."

48. In advertising for Happy Skin, starting August 2023, the Registrant represented that they had a "Master in Nursing." The "Master in Nursing" credentials were advertised on Happy Skin's website, Facebook page and on various Facebook advertising posts.

49. The Registrant does not hold the credentials of a Master in Nursing by Canadian Standards.

50. Mr. Murkin referred the Panel to section 76 of the Act which states that "no member or health profession corporation shall engage in advertising that is untruthful, inaccurate or otherwise capable of misleading or misinforming the public."

51. Mr. Murkin noted that the Registrant admitted that their actions within Counts 1, 2, and 3 were breaches of the following College practice expectations and highlighted the following:

- (a) The *CRNM Practice Direction: Registration Requirements*;
- (b) The *CRNM Practice Direction: Self-Employed Practice* ;
- (c) The Code, Primary Nursing Value G. – Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical Responsibilities 1 and 2

- 1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code* and in keeping with the professional standards, laws and regulations supporting ethical practice.
 - 2. Nurses are honest and practise with integrity in all of their professional interactions...
- (d) *The CRNM Practice Direction: Practice Expectations for Registered Nurses*, indicators 1 and 21:

Professional Practice

Registered nurses are accountable and responsible to demonstrate professional behaviours, attributes and values that uphold trust in the profession of registered nursing. As an RN you must:

1. Demonstrate understanding of legislation governing registered nursing practice and your practice of registered nursing including but not limited to the *Regulated Health Professions Act* (RHPA), the College's General Regulations, *Practice of Nursing Regulation*, and any/all other applicable legislation (e.g. *The Personal Health Information Act*).

Client-centered Practice

The practice of registered nursing encompasses several domains such as clinical practice, education, administration, and research. Your client may be an individual, a family, a group of people, a community, or a population. Depending on your domain(s) of practice, a client may be a patient, a nursing student, a research participant, another member or other health-care provider. As an RN:

21. You may engage in the practice of registered nursing only if you are legally permitted, competent and fit to do so.
- (e) *The College of Registered Nurses Entry Level Competencies (ELCs) for the Practice of Registered Nurses (2019)*, 2.2 and 2.8:

Professional

2. Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.
 - 2.2 Demonstrates a professional presence, and confidence, honesty, integrity, and respect in all interactions.
 - 2.8 Demonstrates professional judgment to ensure social media and information and communication technologies (ICTs) are used in a way that maintains public trust in the profession.

52. For the admitted breaches in Counts 1, 2, and 3, counsel noted that the parties were recommending a two-week suspension, an \$8,000 fine, costs of \$5,000, and publication.

53. With respect to Count 4, CIC counsel noted the Registrant's admission that they accepted and worked a shift at the BRHC Intensive Care Unit ("ICU") in January 2024. The Registrant had no certificate of practice at that time.

54. On January 11, 2024, the Registrant accepted the assignment of a ventilated patient in ICU without any ICU training or experience.

55. Mr. Murkin submitted that the Registrant did not have the skills, knowledge or experience to accept care of a ventilated patient, as they had never worked in an ICU or other high acuity unit.

56. BRHC requires that all nurses working in the ICU complete specialized training prior to working in the unit.

57. BRHC did not allow the Registrant to complete their shift and sent them home after it was discovered that they lacked the proper training and experience to work in ICU and after BRHC checked the CRNM's Nurse Check and found that they did not have a certificate of practice.

58. Mr. Murkin also noted that, while working a shift at the BRHC, the Registrant received an order to provide a blood transfusion. The charge nurse showed the Registrant how to complete the procedure but the Registrant never started the blood transfusion on the patient and did not communicate this to other staff.

59. Further, while working a shift at BRHC, the Registrant's patient required a patent IV before going to the operating room. The Registrant was asked by operating room staff if the fluids had been started and the Registrant indicated "Yes" the fluids had been started. The patient was later found to not have an IV established.

60. While working a shift at BRHC, the Registrant received an order to begin a TPN (Total Parenteral Nutrition) and, on at least two occasions, the Registrant failed to follow the order and failed to start or stop the TPN for the patient.

61. Mr. Murkin also submitted that management at Prairie Mountain Health ("PMH") identified general concerns that the Registrant did not have the necessary knowledge, skills and judgment to work in their facilities.

62. A Care Team Manager at PMH reported that the Registrant "spent most days saying she did not know how to do most skills."

63. Given their lack of knowledge and abilities, PMH management banned the Registrant from working shifts on Medicine floors 400 and 500 as well as units 200 and 300 at BRHC.
64. Management of various units at BRHC raised concerns about the Registrant missing documentation and flow sheets for patients.
65. Management of various units at BRHC raised general concerns that the Registrant did not have the knowledge, skills or judgment to safely work as an RN.
66. Counsel noted that the Registrant admitted that they had displayed a general lack of knowledge, skill and judgment in their nursing practice and did not have the necessary skills or knowledge to safely engage in independent RN practice.
67. In respect of Count 4, CIC counsel reminded the Panel that the Registrant admitted that their actions were breaches of numerous College practice expectations and highlighted the following:

- (a) The Code, Primary Value A, Providing Safe, Compassionate, Competent and Ethical Care: 1, 6, and 12; Primary Value B, Promoting Health and Well-Being: 1 and 4; Primary Value C, Promoting and Respecting Informed Decision-Making: 1; Primary Value G, Being Accountable: 1 and 3;

Nursing Values and Ethical Responsibilities

Nurses in all contexts and domains of practice and at all levels of decision-making bear the ethical responsibilities identified under each of the seven primary nursing values. These responsibilities apply to nurses' interactions with all persons who have health-care needs or are receiving care as well as with students, colleagues and other health-care providers. The responsibilities are intended to guide nurses in applying the Code to their practice. They also serve to articulate nursing values to employers, other health-care providers and the public. Nurses help their colleagues implement the Code and they ensure that nursing students are acquainted with it

A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical Responsibilities:

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the health-

care team.

6. Nurses practise "within their own level of competence and seek [appropriate] direction and guidance ... when aspects of the care required are beyond their individual competence" (Licensed Practical Nurses Association of Prince Edward Island [LPNAPEI], Association of Registered Nurses of Prince Edward Island, & Prince Edward Island Health Sector Council, 2014, p. 3).

12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNIJI, 2015).

B. Promoting Health and Well-Being

Nurses work with persons who have health-care needs or are receiving care to enable them to attain their highest possible level of health and well-being.

Ethical Responsibilities:

1. Nurses provide care directed first and foremost toward the health and well-being of persons receiving care, recognizing and using the values and principles of primary health care.

4. Nurses collaborate with other health-care providers and others to maximize health benefits to persons receiving care and with health-care needs and concerns, recognizing and respecting the knowledge, skills and perspectives of all.

C. Promoting and Respecting Informed Decision-Making

Nurses recognize, respect and promote a person's right to be informed and make decisions.

Ethical Responsibilities:

1. Nurses provide persons receiving care with the information they need to make informed and autonomous decisions related to their health and well-being. They also work to ensure that health information is given to those persons in an open, accurate, understandable and transparent manner.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical Responsibilities:

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the Code and in keeping with the professional

standards, laws and regulations supporting ethical practice.

3. Nurses practise within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information or knowledge, report to their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.

- (b) *The College of Registered Nurses, Practice Direction: Practice Expectations for Registered Nurses*, indicators 1, 2b, 2c, 2d. 2e. 3, 4, 5, 11, 14, 21, and 22;

Professional Practice

Registered nurses are accountable and responsible to demonstrate professional behaviours, attributes and values that uphold trust in the profession of registered nursing. As an RN you must:

1. Demonstrate understanding of legislation governing registered nursing practice and your practice of registered nursing including but not limited to the Regulated Health Professions Act (RHPA), the College's General Regulations, Practice of Nursing Regulation, and any/all other applicable legislation (e.g. The Personal Health Information Act).
2. Promote a practice environment that supports responsibility, accountability, professional development, and respect for others by:
 - b. Taking personal responsibility for your professional conduct and fitness to practice including responsibility to notify the College as required according to College regulations and practice directions.
 - c. Identifying issues which could have an injurious effect on clients or others.
 - d. Participating in resolving professional practice issues that interfere with your ability to practice according to the College regulations, practice expectations, practice directions, *Code of Ethical Conduct*, and other provincial and federal legislation.
 - e. Demonstrating an understanding of and adherence to your duty to report, including reporting of unsafe practice, professional incompetence, professional misconduct and incapacity or unfitness to practice.

Competent Practice

Registered nurses are accountable and responsible to demonstrate competence in registered nursing practice. As an RN, you must:

3. Apply the entry-level competencies for registered nurses in your practice.
4. Develop your continuing competence to maintain and enhance your nursing knowledge, skill and judgment so your practice is both safe and relevant to your clients' health-care needs.
5. Demonstrate critical thinking and use of your current evidence from nursing science, other disciplines and other pertinent peer-reviewed evidence-informed sources.

Professional Communication

Registered nurses are accountable and responsible to effectively communicate with the client, other health care providers, and the public, integrating the nursing perspective into professional communication. As an RN, you must:

11. Communicate effectively in complex and changing situations to promote care continuity and delivery of safe, competent and ethical care. Demonstrate willingness to answer clients' questions about their health care.

Ethical Practice

Registered nurses recognize, promote, and uphold the ethical standards of the nursing profession. As an RN, you must:

14. Practise in accordance with the values outlined in the *Code of Ethical Conduct*.

Client-centered Practice

The practice of registered nursing encompasses several domains such as clinical practice, education, administration, and research. Your client may be an individual, a family, a group of people, a community, or a population. Depending on your domain(s) of practice, a client may be a patient, a nursing student, a research participant, another member or other health-care provider. As an RN:

21. You may engage in the practice of registered nursing only if you are legally permitted, competent and fit to do so.
 22. You must acknowledge your limitations in skill, knowledge and judgment and must ensure that you practice registered nursing within those limitations.
- (c) *The College of Registered Nurses Entry Level Competencies (ELCs) for the Practice of Registered Nurses (2019)*, competencies 1.1, 1.7, and 2.10:

1. Clinician

Registered nurses are clinicians who provide safe, competent, ethical,

compassionate, and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

1.1 Provides safe, ethical, competent, compassionate, client-centred and evidence-informed nursing care across the lifespan in response to client needs.

1.7 Anticipates actual and potential health risks and possible unintended outcomes

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

2.10 Demonstrates fitness to practice.

(d) Section 86 of the Act.

68. For the admitted breaches in Count 4, counsel noted that the parties were recommending the penalties listed in paragraph 16(d) to (i) above.

69. CIC counsel asked the Panel to accept the Joint Recommendation and directed the Panel to judicial authorities with respect to joint submissions on penalty, including *CRNM v. Brittany Marius*, a February 14, 2024 decision of a College Inquiry Committee Panel, at paragraphs 40-42:

In *Anthony Cook v. Her Majesty the Queen*, 2016 SCC 43 (“Anthony-Cook”), the Supreme Court of Canada confirmed that an adjudicator may reject and depart from a joint recommendation on penalty only where the proposed disposition would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. At paragraph 34 of that decision, the Court described this as an “undeniably high threshold”, writing:

[A] joint submission should not be rejected lightly... Rejection denotes a submission so unhinged from the circumstances of the offence and the offender that its acceptance would lead reasonable and informed persons, aware of all the relevant circumstances, including the importance of promoting certainty in resolution discussions, to believe that the proper functioning of the justice system had broken down. Though the principles in Anthony-Cook were articulated in the context of a criminal prosecution, the “public interest test” has been adopted by healthcare regulators and regulators of other self-governing professions in Manitoba.

70. Mr. Murkin also asked the Panel to consider the cases of the *College of Registered Nurses Ontario and Mohammed (2008 CanLii 89801)* and *College of Registered Nurses and Martyn (2022 CanLii 135166)* which are comparable cases where a suspension and remedial work were considered an appropriate sanction.

71. The Registrant made a brief statement explaining that they had made mistakes relating to their registration renewal. They stated they had not been sufficiently aware and that was their fault.

72. The Registrant also acknowledged that it was their fault that they took the shift at the BRHC ICU but claimed they had informed the agency before taking the shift.

73. The Registrant acknowledged that the safety of the public was very important and they were taking accountability and responsibility for what they did.

74. CIC counsel, in reply, noted there was no evidence before the Panel of the Registrant informing the agency of their limited qualifications.

Analysis and Decision

75. The Panel finds, as admitted by the Registrant, that the facts submitted establish that the Registrant is guilty of professional misconduct and has contravened the Practice Direction, the Code, and the Act as alleged in the Notice.

76. Subsection 124(1) of the Act authorizes the Panel to make any finding permitted under subsection 124(2) which includes that an investigated member has breached the Code or, a practice direction or, is guilty of professional misconduct.

77. The authority of a Panel to make sentencing orders, and orders related to costs are found in sections 126 and 127 of the Act.

78. In reaching its decision, the Panel acknowledges the submissions of counsel to the CIC and was mindful of the objectives of such orders which have been articulated by various authorities.

79. In *The Regulation of Professions in Canada*, Carswell 2021, James T. Casey describes the purpose of sentencing in professional discipline cases, citing *McKee v. College of Psychologists (British Columbia)*, [1994] 9 W.W.R. 374 (at page 376):

[W]here the legislature has entrusted the disciplinary process to a self-governing professional body, the legislative purpose is regulation of the

profession in the public interest. The emphasis must clearly be upon the protection of the public interest...

80. Citing McKee and a number of other authorities, Casey goes on to list the factors in determining how the public is protected including:

... specific deterrence of the member from engaging in further misconduct, general deterrence of other members of the profession, rehabilitation of the member, punishment of the offender, ..., the denunciation by society of the conduct, the need to maintain the public's confidence in the integrity of the profession's ability to properly supervise the conduct of its members and ensuring that the penalty imposed is not disparate with penalties in other cases.

81. When determining an appropriate penalty, in accordance with *Jaswal v. Medical Board* (Nfld.) 1996 CanLII 11630 (NLSC), the Panel considered the following factors:

- (a) the nature and gravity of the proven allegations;
- (b) the absence of any prior discipline history;
- (c) the role of the Registrant in acknowledging what had occurred;
- (d) the presence or absence of any mitigating circumstances;
- (e) the need to promote specific and general deterrence and, thereby, to protect the public;
- (f) the need to maintain the public's confidence in the integrity of the profession; and,
- (g) the degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct; and
- (h) the range of sentence in other similar cases.

82. In this case, the Panel noted the following aggravating factors:

- (a) the Registrant appeared to have taken little interest in understanding their regulatory obligations and complying with the College's requirements; and
- (b) the Registrant did not appear to have sufficiently considered patient safety in accepting RN work for which they were manifestly unqualified.

83. The Panel also took into consideration the following mitigating factors, noting that the Registrant:

- (a) has no previous discipline/complaints history;
- (b) accepted responsibility for their actions and apologized for their conduct; and

- (c) pled guilty to all charges thereby saving the time and expense of a protracted disciplinary hearing.

84. RNs must be cognizant of and compliant with their regulatory obligations and ethical requirements. It is simply not good enough to claim ignorance or to be “unaware”. This type of behaviour will not be tolerated.

85. There is a reason why the Act prohibits misleading representations (as occurred here). The provision exists to protect the public and to prevent them from being misinformed or misled. The Registrant here was not careful enough.

86. With respect to taking on work for which they were unqualified, the Panel was concerned by the Registrant’s cavalier acceptance of the shift, particularly with no certificate of practice and no relevant experience. This endangered the public and is unacceptable.

87. From the Panel’s perspective, this case also raises concerns about the manner in which RNs are placed into positions in which they lack the necessary experience and qualifications. The potential for patient harm is significant and there appears to be a need for more checks and balances in the system over and above the individual responsibility of RNs.

88. The Panel accepts that it should depart from a joint recommendation on penalty only where the proposed disposition would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. That is not the case here.

89. The Panel is of the view that the penalty it is imposing properly addresses and protects the public interest, and achieves the purpose of:

- (a) providing general deterrence to all registered nurses that this type of conduct will be investigated, reviewed, and punished; and
- (b) reassuring the public that the College is working to maintain standards and ensure continued trust in registered nurses.

90. The Panel has therefore accepted the guilty plea and makes the following Order:

- (a) a fine of \$8,000;
- (b) a contribution to costs of \$5,000;
- (c) a two-week suspension from practice;

- (d) mandatory provision in writing by the Registrant to the CEO/Registrar of the names and addresses of all the Registrant's RN employers;
- (e) mandatory provision by the Registrant to all RN employers (supervisor/manager/chief nursing officer) of a copy of the Panel's Order;
- (f) a direction to complete a minimum of 2,015 verified independent RN practice hours, which hours are to be completed in a Canadian jurisdiction, are not retroactive, and will commence once the Registrant returns to the practising register – during this time, the Registrant will not:
 - (i) engage in self-employed practice;
 - (ii) work for a health care staffing agency;
 - (iii) engage in medical aesthetic practice;
 - (iv) work in the following practice areas: Critical Care (ICU/CCU/Neonatal ICU, Pediatric ICU); Emergency/Urgent Care; Intermediate care or Step-down units; OR/Post-operative recovery/peri-anesthesia; Pediatrics; Palliative Care, hospice; Labour and delivery; and Long-term Care;
 - (v) obtain employment in the float pool and will not float from unit to unit in a facility;
 - (vi) have supervisory responsibilities including but not limited to management roles, clinical resource nurse roles, educator roles, charge nurse roles, or roles with oversight of students/preceptees;
 - (vii) practice in an environment where they are the sole RN on duty on that unit, at any time. The Registrant shall work under the direction of an on-site RN (no sole practice);
- (g) once the Registrant returns to practice, they will meet with their manager(s) or supervisor(s) to receive feedback about their RN practice and these meetings will take place weekly for two months, then bi-weekly for three months, then monthly thereafter, with RN Practice Report Forms to be submitted promptly to the CEO/Registrar;

- (h) a direction to complete within six months of the date of the Panel's Order, the following coursework, namely, McEwan University – Documentation in Nursing (NURS 0162), Nursing Process (NURS 0167), and Medication Management (NURS 0161); and
- (i) publication of the Decision and Reasons.

DATED at Winnipeg, Manitoba, the 24th day of June, 2026.

BRENDA SULLIVAN, Chair, RN, *has authorized the use of electronic signature*

TRICIA TYERMAN, RN, *has authorized the use of electronic signature*

JENNIFER COLVINE, RN, *has authorized the use of electronic signature*

DONALD SOLAR, Public Representative, *has authorized the use of electronic signature*

MIKE BLACKBURN, Public Representative, *has authorized the use of electronic signature*