

**BEFORE THE MINNESOTA
EMERGENCY MEDICAL SERVICES REGULATORY BOARD**

In the Matter of
Kelsey J. Jacobson, EMT-P
Certificate No. 933533

**FINDINGS OF FACT,
CONCLUSIONS,
AND FINAL ORDER**

The above-entitled matter came on for a prehearing conference on March 2, 2012, before Administrative Law Judge Richard C. Luis (“ALJ”), at the request of the Complaint Review Panel (“Panel”) of the Minnesota Emergency Medical Services Regulatory Board (“Board”). The matter was initiated pursuant to the Notice and Order for Prehearing Conference and Hearing (“Notice of Hearing”) issued by the Panel on February 3, 2012. Karen B. Andrews, Assistant Attorney General, represented the Panel. Kelsey J. Jacobson, EMT-P (“Respondent”), made no appearance.

On April 4, 2012, the ALJ issued Findings of Fact, Conclusions and Recommendation (“ALJ’s report”), recommending the Board take disciplinary action against Respondent’s EMT-P certification. (A true and accurate copy of the ALJ’s report is attached hereto and incorporated herein as Exhibit A.)

The Board convened to consider the matter on November 15, 2012, at the Board office, Suite 310, University Park Plaza, 2829 University Avenue SE, Minneapolis, Minnesota 55414-3222. Gregory Schaefer, Assistant Attorney General, appeared and presented oral argument on behalf of the Panel. Respondent did not appear. Board members Matt Simpson and Dr. Paul Satterlee, as members of the Panel, did not participate in deliberations and did not vote in the matter. Board staff members Pamela Biladeau, Rose Olson, and Robert Norlen also did not

participate in the deliberations. Geoffrey S. Karls, Assistant Attorney General, was present as legal advisor to the Board.

FINDINGS OF FACT

The Board has reviewed the record of this proceeding and hereby accepts the April 4, 2012, ALJ's report and accordingly adopts and incorporates by reference the Findings of Fact therein. Paragraph 4 of the ALJ's Findings of Fact states, "Because the Respondent failed to appear, she is in default. Pursuant to Minn. R. 1400.6000, the allegations contained in the Notice and Order for Prehearing Conference and Hearing are taken as true and incorporated into these Findings of Fact."

The allegations contained in the Notice of Hearing are as follows:

1. On March 4, 2011, Respondent was temporarily relieved from duty as a paramedic after it was reported that she had been talking about suicide.

2. On May 31, 2011, Respondent completed an intake interview with the Health Professionals Services Program ("HPSP") following a third-party report. Respondent acknowledged being diagnosed with a major depressive disorder, anxiety and compulsive tendencies. Respondent also disclosed she completed a partial hospitalization program in 2008 and was again hospitalized for four days in February 2011. Respondent stated she was on medical leave from March 30 to May 1, 2011, due to depression, and completed another partial hospitalization program due to depression in April 2011. She further stated she had been prescribed Vicodin for an ovarian cyst, but was switched to Percocet because she was taking more Vicodin than prescribed.

3. On June 7, 2011, Respondent's psychiatrist recommended a chemical dependency evaluation and participation in a dialectical behavior therapy ("DBT") group.

4. On June 10, 2011, Respondent left a message for her psychiatrist, indicating she was experiencing vision difficulties and impaired memory. Her psychiatrist recommended changes to her psychiatric medications.

5. On June 12, 2011, while on duty as a paramedic, Respondent became disoriented and was unable to identify her current location or her current responsibilities. Respondent also engaged in nonsensical discussions with only brief periods of lucidity. During this time, Respondent failed to respond to an ambulance call. Respondent was relieved of her duties and voluntarily

transported by ambulance to the hospital, where she was placed on a 72-hour hold. She was discharged on June 14, 2011, with a diagnosis of acute psychotic disorder related to Ambien use.

6. On June 17, 2011, Respondent's psychiatrist approved her to return to work without restrictions.

7. On June 30, 2011, Respondent suffered a work-related back injury.

8. On July 4, 2011, Respondent was told she could not return to work until she presented a return-to-work document signed by her provider. Respondent worked her shift on July 4, 2011 without providing the requested documentation.

9. On July 6, 2011, Respondent presented a return-to-work document to her employer from a chiropractor. However, the chiropractor, who is Respondent's family member, denied preparing the document.

10. On July 14, 2011, Respondent informed the HPSP she had been abusing her Percocet prescription by taking up to 30 tablets in three days. She also admitted she had falsified the return-to-work document.

11. On July 15, 2011, Respondent's paramedic employment was terminated.

12. On July 21, 2011, a chemical dependency evaluator recommended that Respondent participate in residential chemical dependency treatment; however, financial concerns prevented her from enrolling immediately.

13. On August 30, 2011, the HPSP received Respondent's signed Participation Agreement. Additionally, an unemployment law judge determined that Respondent was discharged from employment due to employment misconduct.

14. On September 8, 2011, Respondent's chemical dependency evaluator informed the HPSP that Respondent had expressed the desire for detoxification followed by participation in a residential treatment program due to a "medical relapse."

15. On September 21, 2011, Respondent informed the HPSP she had been hospitalized for ten days due to withdrawal from OxyContin and was currently participating in a 30-day residential treatment program.

16. On September 27, 2011, Respondent informed the HPSP she had been discharged from her treatment program for failing to participate enough and because she was still using Suboxone.

17. On several occasions between June and September 2011, the Board's investigator attempted to contact Respondent by telephone and letter to discuss the above allegations; however, Respondent did not cooperate with the Board's investigation.

18. On October 11, 2011, Respondent entered another chemical dependency treatment program.

19. On November 1, 2011, Respondent informed the HPSP she had been released from treatment and transitioned to a halfway house. However, on November 15, 2011, the HPSP contacted the halfway house, which denied having a new female resident.

20. On November 17, 2011, the Board considered the Review Panel's Petition for Temporary Suspension of Respondent's EMT-P certificate and issued an Order of Temporary Suspension pursuant to Minn. Stat. § 144E.28, subd. 6. Respondent later requested a contested case hearing.

21. On December 13 and 26, 2011, Respondent failed to comply with toxicology screening with the HPSP.

22. Between December 22, 2011 and January 10, 2012, the HPSP attempted to contact Respondent by letter and telephone to discuss her monitoring, but she failed to respond.

23. On January 11, 2012, Respondent was discharged from the HPSP for failing to return the HPSP's correspondence and failing to provide toxicology screens.

CONCLUSIONS

The Board accepts the April 4, 2012, ALJ's report and accordingly adopts and incorporates the Conclusions therein.

ORDER

Based on the foregoing Findings of Fact and Conclusions and upon the recommendation of the ALJ, the Board issues the following Order:

1. NOW, THEREFORE, IT IS HEREBY ORDERED that Respondent's EMT-P certificate in the State of Minnesota is **SUSPENDED** for an indefinite period of time. Respondent shall not provide emergency medical services in the State of Minnesota and shall not imply by words or conduct that Respondent is authorized to provide services as an EMT-P.

2. IT IS FURTHER ORDERED that Respondent shall surrender to the Board her EMT-P certificate card. Respondent shall personally deliver or mail the certificate to the Minnesota Emergency Medical Services Regulatory Board, c/o Pamela Biladeau, Executive Director, 2829 University Avenue S.E., Suite 310, Minneapolis, Minnesota 55414-3222, within ten days of the date of this Order.

3. IT IS FURTHER ORDERED that Respondent may petition the Board to have the suspended status removed from her certificate at such time as she is willing to respond to the Findings of Fact set forth above. Her certificate may be reinstated, if at all, as the evidence dictates and based upon the need to protect the public. The burden of proof shall be upon Respondent to demonstrate by a preponderance of the evidence that she is capable of conducting herself in a fit and competent manner when providing emergency medical services, has stable mental health, is successfully participating in a program of chemical dependency rehabilitation, and has been sober and free from mood-altering chemicals during the 12 months immediately preceding her petition. At the time of Respondent's petition, Respondent must meet with a Board Review Panel to review her response to the Findings of Fact and provide documentation of 12 months of uninterrupted sobriety and stable mental health. In petitioning for removal of the suspension, Respondent shall comply with or provide the Board with, at a minimum, the following:

- a. A written response to each separate fact set forth in the Findings of Fact.
- b. Evidence of compliance with the provisions of this Order. As part of the proof of compliance, Respondent shall submit the following in support of her petition:
 - 1) Reports from two adult persons, at least one of whom is not related to Respondent, who can attest to Respondent's sobriety. Each report shall provide and address:

a) Respondent's active participation in a chemical dependency rehabilitation program;

b) Respondent's sobriety, including the date she last used mood-altering chemicals, including alcohol; and

c) Any other information the reporter believes would assist the Board in its ultimate review of this matter.

2) A report from Respondent's employment supervisor(s), if any, during the 12 months immediately preceding the petition. This report shall provide and address:

a) Respondent's attendance and reliability;

b) Respondent's ability to carry out assigned functions;

c) Respondent's ability to handle stress; and

d) Any other information the supervisor believes would assist the Board in its ultimate review of this matter.

3) A report from Respondent herself. This report shall provide and address:

a) Respondent's sobriety, including the date she last used mood-altering chemicals, including alcohol, and the circumstances surrounding any use while this Order is in effect;

b) Respondent's treatment and weekly participation in a chemical dependency support group, such as Alcoholics Anonymous, during the 12 months preceding the petition;

c) Respondent's ability to handle stress;

d) Respondent's employment, if any;

e) Respondent's future plans for returning to practice as a paramedic and the steps she has taken to prepare herself to return to practice;

f) Evidence Respondent has maintained the knowledge, skills, and ability to work as a paramedic safely; and

g) Any other information Respondent believes would assist the Board in its ultimate review of this matter.

4) A report from any and all physicians and dentists and any other health professional who has prescribed mood-altering chemicals to Respondent during the 12 months preceding her petition. This report shall provide and address:

a) The name, dosage, frequency, and purpose of the mood-altering chemicals prescribed to Respondent;

b) Confirmation the prescribing health professional has been informed of Respondent's chemical dependency history; and

c) Any other information the reporter believes would assist the Board in its ultimate review of this matter.

5) A report from any mental health treatment professional whom Respondent consults during the 12 months preceding her petition. This report shall provide and address:

a) Verification the mental health treatment professional has reviewed this Order;

b) Identification of a plan of treatment, including any medications, devised for Respondent;

c) A statement of the involvement between Respondent and the mental health treatment professional, including the number and frequency of meetings;

d) Respondent's progress with therapy and compliance with the treatment plan;

e) The mental health treatment professional's conclusion as to the need for continuing therapy and Respondent's discontinuance of therapy; and

f) Any other information the mental health treatment professional believes would assist the Board in its ultimate review of this matter.

6) A report from any health care provider whom Respondent consults for physical health, mental health, or chemical dependency treatment during the 12 months preceding her petition. Each report shall provide and address:

a) Verification the provider has reviewed this Order;

b) Identification of diagnoses and any plans of treatment, including medications, devised for Respondent;

c) Respondent's progress with therapy and compliance with the treatment plan;

d) A statement regarding Respondent's mental health status;

e) A statement regarding Respondent's sobriety;

f) Recommendations for additional treatment, therapy, or monitoring; and

g) Any other information the provider believes would assist the Board in its ultimate review of this matter.

7) Within 60 days of petitioning, if requested by the Review Panel or the Board, Respondent shall undergo a chemical dependency evaluation performed by a chemical dependency professional. Respondent shall submit, or cause to be submitted, the credentials of the chemical dependency evaluator for review and preapproval by Board staff for purposes of this evaluation. Respondent is responsible for the costs of the evaluation. The results of the evaluation shall be sent directly to the Board and must include a statement verifying the evaluator has reviewed this Order prior to the evaluation.

8) Respondent shall comply with any recommendations for additional evaluation and treatment made by the chemical dependency evaluator.

9) Within 60 days of petitioning, if requested by the Review Panel or the Board, Respondent shall undergo a mental health evaluation performed by a psychiatrist or a licensed psychologist. Respondent shall submit, or cause to be submitted, the credentials of the evaluator for review and preapproval by Board staff for purposes of this evaluation. Respondent is responsible for the costs of the evaluation. The results of the evaluation shall be sent directly to the Board and must include a statement verifying the evaluator has reviewed this Order prior to the evaluation.

10) Respondent shall comply with any recommendations for additional evaluation and treatment made by the mental health evaluator.

11) At any time during the petitioning process and at the request of the Review Panel or the Board, Respondent shall complete and sign health records waivers and chemical dependency waivers supplied by the Board to allow representatives of the Board to discuss Respondent's case with and to obtain written evaluations and reports and copies of all of Respondent's health, mental health, and chemical dependency records from her physician,

therapist, chemical dependency counselor, or others from whom Respondent has sought or obtained support or assistance.

12) Any additional information relevant to Respondent's petition reasonably requested by the Board Review Panel.

4. IT IS FURTHER ORDERED that Respondent shall meet all re-registration requirements in effect at the time of her petition, including but not limited to completing the appropriate application, paying the requisite fees, and completing any necessary continuing education requirements.

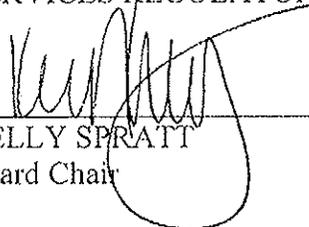
5. This Order constitutes a disciplinary action against Respondent. This Order is a public document and will be sent to all appropriate data banks.

6. IT IS FURTHER ORDERED that the Board may, at any regularly scheduled meeting following Respondent's petition for reinstatement and her meeting with a Board Review Panel, take any of the following actions:

- a. Issue an EMT-P certificate to Respondent;
- b. Issue an EMT-P certificate to Respondent with limitations upon the scope of Respondent's practice and/or with conditions for Respondent's practice; or
- c. Deny Respondent an EMT-P certificate based upon her failure to meet the burden of proof.

Dated this 20 day of November, 2012.

MINNESOTA EMERGENCY MEDICAL
SERVICES REGULATORY BOARD



KELLY SPRATT
Board Chair

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

FOR THE EMERGENCY MEDICAL SERVICES REGULATORY BOARD

In the Matter of
Kelsey J. Jacobson, EMT-P

**FINDINGS OF FACT,
CONCLUSIONS AND
RECOMMENDATION**

This matter came on for a Prehearing Conference before Administrative Law Judge (ALJ) Richard C. Luis at 1:30 p.m. on March 2, 2012 at the Offices of the Minnesota Emergency Medical Services Regulatory Board (Board) in Minneapolis.

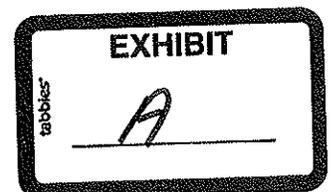
Karen B. Andrews, Assistant Attorney General, appeared on behalf of the Complaint Review Panel of the Minnesota Emergency Medical Services Regulatory Board (Review Panel). There was no appearance by or on behalf of Kelsey J. Jacobson (Respondent).

By letter filed March 6, 2012, the Review Panel moved for default recommendation pursuant to Minn. R. 1400.6000. The hearing record closed on March 22, 2012; the date upon which Respondent's written response to the motion for default was due. There was no response by or on behalf of the Respondent.

STATEMENT OF ISSUES

Whether disciplinary action should be taken against the EMT-P Certificate of the Respondent for failing to cooperate fully with the Board's investigation, in violation of Minn. Stat. §§ 144E.28, Subds. 5(a)(1) and 144E.30; for actual or potential inability to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical condition, in violation of Minn. Stat. § 144E.28, Subd. 5(a)(4); and for unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public or by demonstrating a willful or careless disregard for the health, welfare, or safety of the public, in violation of Minn. Stat. § 144E.28, Subd. 5(a)(5).

Based on the proceedings herein, the Administrative Law Judge makes the following:



FINDINGS OF FACT

1. On February 6, 2012, the Review Panel served the Notice and Order for Prehearing Conference and Hearing in this matter, by First Class Mail to the Respondent at her last-known address.

2. The Notice, on page 4, included the following paragraph:

1. Respondent's failure to appear at the prehearing conference, settlement conference, or hearing may result in a finding that Respondent is in default, that the allegations contained in this Notice and Order for Prehearing Conference and Hearing may be accepted as true, and its proposed action may be upheld.

3. On March 2, 2012, the Respondent failed to appear at the Prehearing Conference, and had not contacted the Administrative Law Judge, Review Panel, Board, or Office of Attorney General, for prior approval to be absent. She did not request a continuance or any other relief.

4. Because the Respondent failed to appear, she is in default. Pursuant to Minn. R. 1400.6000, the allegations contained in the Notice and Order for Prehearing Conference and Hearing are taken as true and incorporated into these Findings of Fact.

Based on the Findings of Fact, the Administrative Law Judge makes the following:

CONCLUSIONS

1. The Administrative Law Judge and the Emergency Medical Services Regulatory Board have jurisdiction in this matter pursuant to Minn. Stat. §§ 14.50 and 144E.28.

2. The Board gave proper Notice in this matter and has fulfilled all procedural requirements.

3. The facts alleged by the Review Panel in the Notice support the statutory violations alleged.

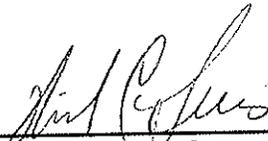
4. The Respondent is in default pursuant to Minn. R. 1400.6000. She has violated Minn. Stat. §§ 144E.28, Subds. 5(a)(1), 5(a)(4), 5(a)(5) and 144E.30.

Based on the Conclusions, the Administrative Law Judge makes the following:

RECOMMENDATION

IT IS RECOMMENDED that the Emergency Medical Services Regulatory Board take appropriate disciplinary action against the Respondent's EMT-P certificate of Kelsey J. Jacobson.

Dated: April 4, 2012



RICHARD C. LOUIS
Administrative Law Judge

Reported: Default

NOTICE

This report is a recommendation, not a final decision. The Emergency Medical Services Regulatory Board will make the final decision after a review of the record. The Board may adopt, reject or modify the Findings of Fact, Conclusions, and Recommendations. Under Minn. Stat. § 14.61, the final decision of the Board shall not be made until this Report has been made available to the parties to the proceeding for at least ten days. An opportunity must be afforded to each party adversely affected by this Report to file exceptions and present argument to the Board. Parties should contact Pamela Biladeau, Executive Director, Minnesota Emergency Medical Services Regulatory Board, 2829 University Avenue SE, Suite 310, Minneapolis, MN 55414, telephone (651) 201-2804 to learn the procedure for filing exceptions or presenting argument.

If the Board fails to issue a final decision within 90 days of the close of the record, this report will constitute the final agency decision under Minn. Stat. § 14.62, subd. 2a. In order to comply with this statute, the Board must then return the record to the Administrative Law Judge within 10 calendar days to allow the Judge to determine the discipline to be imposed. The record closes upon the filing of exceptions to the report and the presentation of argument to the Board, or upon the expiration of the deadline for doing so. The Board must notify the parties and the Administrative Law Judge of the date on which the record closes.

Under Minn. Stat. § 14.62, subd. 1, the Board is required to serve its final decision upon each party and the Administrative Law Judge by first class mail or as otherwise provided by law.