

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Stipulated Surrender of  
License and Order Against:

**CANDYCE LYNNE GOLDEN  
AKA CANDYCE LYNNE BLAIR  
HCR 4 Box 49031  
Alturas, CA 96101**

**Registered Nurse License No. 455570**

Respondent

Case No. 2017-567

OAH No. 2017060772

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

**DECISION AND ORDER**

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

IT IS SO ORDERED **February 7, 2018.**

This Decision shall become effective on **February 7, 2018.**



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Joseph L. Morris, PhD, MSN, RN, Executive Officer  
FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

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CANDYCE LYNNE GOLDEN  
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HCR 4 Box 49031  
Alturas, CA 96101

Registered Nurse License No. 455570

Respondent.

Case No. 2017-567

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties that  
the following matters are true:

PARTIES

1. Joseph L. Morris PhD, MSN, RN. (Complainant) is the Executive Officer  
of the Board of Registered Nursing, who brought this action solely in his official capacity.

2. Candyce Lynne Golden, aka Candyce Lynne Blair (Respondent), is  
representing herself in this proceeding and has chosen not to exercise her right to be represented  
by counsel.

3. On or about August 31, 1990, the Board of Registered Nursing issued  
Registered Nurse, License No. 455570 to Candyce Lynne Golden, aka Candyce Lynne Blair  
(Respondent). The Registered Nurse, License No. 455570 will expire on October 31, 2019,  
unless renewed

JURISDICTION

4. On October 17, 2017, the Board of Registered Nursing adopted Proposed  
Decision and Disciplinary Order No. 2017-567, OAH No. 2017060772, which became effective  
on November 16, 2017. The Proposed Decision and Disciplinary Order requires, inter alia, the  
respondent to serve a 3-year probation term that includes Probation Conditions # 1-13. The  
Stipulated Settlement and Disciplinary Order is attached as exhibit A and incorporated herein by

reference.

1                   5.       At all times after the effective date of Respondent's probation, Condition  
2                   13 states,

3                               **“License Surrender.** During Respondent's term of probation, if she  
4                               ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
5                               the conditions of probation, Respondent may surrender her license to the Board.  
6                               The Board reserves the right to evaluate Respondent's request and to exercise its  
7                               discretion whether to grant the request, or to take any other action deemed  
8                               appropriate and reasonable under the circumstances, without further hearing.  
9                               Upon formal acceptance of the tendered license and wall certificate, Respondent  
10                              will no longer be subject to the conditions of probation.

11                              Surrender of Respondent's license shall be considered a disciplinary action  
12                              and shall become a part of Respondent's license history with the Board. A  
13                              registered nurse whose license has been surrendered may petition the Board for  
14                              reinstatement no sooner than the following minimum periods from the effective  
15                              date of the disciplinary decision:

- 16                              (1)     Two years for reinstatement of a license that was surrendered for any  
17                              reason other than a mental or physical illness; or  
18                              (2)     One year for a license surrendered for a mental or physical illness.”

19    ADVISEMENT AND WAIVERS

20                              6.       Respondent has carefully read and understands Proposed Decision  
21                              and Disciplinary Order No. 2017-567. Respondent has carefully read, and understands the  
22                              effects of this Stipulated Surrender of License and Order and understands that this Stipulated  
23                              Surrender, if accepted by the Board, is considered as formal discipline of her license.

24                              7.       Respondent understands that by signing this stipulation she enables  
25                              the Board to accept the surrender of her Registered Nurse License without further process.

26    CONTINGENCY

27                              8.       This stipulation shall be subject to approval by the Board of Registered  
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3. Respondent shall cause to be delivered to the Board both her pocket license and wall certificate, if one was issued, on or before the effective date of the Decision and Order.

4. Respondent fully understands and agrees that if she ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 2017-567 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

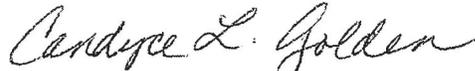
5. Respondent shall not apply for licensure or petition for reinstatement for 1 year from the effective date of the Board of Registered Nursing's Decision and Order.

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ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Registered Nurse License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

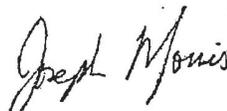
DATED: 1/20/2018

  
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CANDYCE LYNNE GOLDEN  
AKA CANDYCE LYNNE BLAIR  
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully accepted by Joseph L. Morris PhD, MSN, RN. (Complainant) as the Executive Officer for the Board of Registered Nursing.

DATED: February 7, 2018

  
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Joseph L. Morris PhD, MSN, RN.  
Executive Officer  
BOARD OF REGISTERED NURSING

**EXHIBIT "A"**

Proposed Decision and Disciplinary Order No. 2017-567, OAH No. 2017060772

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

**CANDYCE LYNNE GOLDEN  
AKA CANDYCE LYNNE BLAIR  
HCR 4 Box 49031  
Alturas, Ca 96101**

**Registered Nurse License No. 455570**

Respondent.

Case No. 2017-567

OAH No. 2017060772

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on November 16, 2017.

IT IS SO ORDERED this 17<sup>th</sup> day of October, 2017.

*Trande Phillips RN*

Trande Phillips, President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

CANDYCE LYNNE GOLDEN,  
aka CANDYCE LYNNE BLAIR,

Registered Nurse License No. 455570,

Respondent.

Case No. 2017-567

OAH No. 2017060772

**PROPOSED DECISION**

This matter was heard before Karen J. Brandt, Administrative Law Judge, Office of Administrative Hearings, State of California, on July 13, 2017, in Sacramento, California.

Elena L. Almanzo, Deputy Attorney General, represented Joseph L. Morris, Ph.D., MSN, R.N., (complainant), Executive Officer, Board of Registered Nursing (Board), Department of Consumer Affairs, State of California.

Melanie L. Balestra, Attorney at Law, represented Candyce Lynne Golden, also known as Candyce Lynne Blair (respondent), who was present.

Evidence was received, the record was closed, and this matter was submitted for decision on July 13, 2017.

**FACTUAL FINDINGS**

1. On August 31, 1990, the Board issued Registered Nurse License No. 455570 (license) to respondent. The license was in full force and effect at all times relevant to this proceeding and will expire on October 31, 2017, unless renewed or revoked. The issues for determination are: (1) is respondent's ability to practice nursing safely impaired due to mental illness; and (2) if so, what is the appropriate action to be taken with regard to respondent's license to protect the public health, safety and welfare.

*Respondent's Interactions with Law Enforcement*<sup>1</sup>

2. On July 12, 2010, Modoc County deputy sheriffs responded to a "possible 5150" regarding respondent.<sup>2</sup> It was reported that respondent "has some mental health issues" and "was no longer properly taking her medication as prescribed by her physician." When the deputy sheriffs arrived at respondent's home, she "appeared disoriented as well as distraught and at times emotional." A deputy sheriff attempted to "discuss matters" with respondent "for an extended period of time with no success." A county mental health worker also attempted to calm respondent, "but was unable to do so under the circumstances." The deputy sheriff advised respondent that "she was not under arrest, but was going to be taken to mental health to discuss her health." Respondent "actively refused and law enforcement had to control [her] by soft restraints for her safety." She was deemed to be "unable to care for herself and was unable to comprehend simple questions or instructions."

3. On July 27, 2010, the Modoc County Sheriff's Office received a call that respondent "was off of her medications and that Modoc County Mental Health was requesting that she be picked up and brought in to their office." In addition, a neighbor reported that there was a "half naked female at his door who was continuing to disrobe and ranting on about a 'treasure.'" By the time the deputy sheriffs arrived, the neighbor had given respondent a t-shirt to wear. Respondent was "evasive and paranoid," but "semi-cooperative." She requested a glass of water. When she received the glass, she threw the water at the deputy sheriff. She was physically restrained, using "soft restraints." She was then transported to Modoc County Mental Health. The deputy sheriff completed an application for 72-hour detention for evaluation and treatment, in which he described respondent as "delusional, talking to herself, combative [and] disrobing in public."

4. On December 13, 2013, the Modoc County Sheriff's Office responded to a report that respondent had struck her husband with a fire poker. When the deputy sheriffs arrived at respondent's home, respondent stated that the "Devil himself" was in the residence. A deputy sheriff noted that respondent "made incoherent statements and was extremely uneasy."

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<sup>1</sup> Respondent's interactions with law enforcement are taken from sheriffs' reports that were admitted into evidence pursuant to a stipulation of the parties.

<sup>2</sup> Welfare and Institutions Code section 5150, in relevant part, provides:

(a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer . . . may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.

Respondent's husband told the deputy sheriffs that respondent "had not been taking her medication and was acting violent." He stated further that respondent struck doors and windows with the fire poker. When he tried to retrieve the fire poker from respondent, she struck him on the right side of his jaw. Respondent's husband stated that he did not want to pursue criminal charges against respondent. Instead, he wanted her to "receive help for her mental problems." The deputy sheriffs observed both the injury respondent had caused to her husband's jaw and the damage she caused to her front door. Respondent was taken into custody and transported to the Sheriff's Office to be booked for violating Penal Code section 273.5, domestic violence. When respondent was at the Sheriff's Office, it was agreed that a county mental health worker would take her into custody the following day for a "mental evaluation." Respondent was not arrested or charged with any criminal conduct.

5. On January 28, 2015, a deputy sheriff was advised by Modoc County Dispatch that respondent's husband requested a "possible 5150" for respondent. When the deputy sheriff arrived at respondent's home, respondent told him that her husband "was on drugs and had the devil in him." Respondent was "making incoherent statements." Respondent's husband told the deputy sheriff that respondent "had not been taking her medication properly and was having an 'episode.'" He stated that respondent "had kicked him in the leg and slapped him on the face," and that she had "threatened to throw objects at him, such as a phone." Respondent refused to go willingly with the deputy sheriff to the hospital. The deputy sheriff placed respondent in handcuffs, put her into the rear seat of his patrol vehicle, and transported her to the Modoc Medical Center. When they arrived at the hospital, respondent refused a sedative shot. Another officer assisted hospital staff in giving respondent the sedative shot.

#### *Respondent's Testimony and Exhibits*

6. Respondent testified that she received her registered nursing license in August 1990. For three years prior to that, she was a licensed vocational nurse. She asserted that she never received any complaints against her from patients.

7. Respondent could not remember the first time she received treatment for her bipolar disorder, but she believed it was in 2012. She could not remember whether she was taking any medication in 2010. In the past, when she took prescribed medication, she suffered various side effects, including dizziness and drowsiness. She did not have a clear memory of the incidents that led to her 5150 holds in 2010, 2013, and 2015. In 2015, Wesley J. Stevens, D.O., began treating her for bipolar disorder. He is a general practitioner. She sees him on a monthly basis. Every night, she takes the Lithium he has prescribed. She has experienced no manic episodes since she has been on a consistent dose. She has also seen a marriage and family counselor three or four times over the last two and one-half to three years. She denied drinking alcohol. She does not attend Narcotics Anonymous or Alcoholics Anonymous. She lives in a "very rural" community.

8. At the hearing, respondent could not remember when in the past she was prescribed medications or which medications she was prescribed. At some point, she was

treated by Granville H. Marshall, Jr., M.D., who took her off all medications, but she could not remember which medications those were. She could only "vaguely recall" the incidents underlying her 5150 holds. She did not have a sufficient independent recollection of those incidents to testify about them.

9. Respondent is not currently working as a registered nurse. Since 2015, she has been going to school. She is completing the requirements for a bachelor's degree by taking courses online. She would eventually like to obtain her Bachelor of Science in Nursing (BSN).

10. The last time respondent worked was in 2015 as a charge nurse at Surprise Valley Hospital. She worked three 12-hour shifts a week. She described the hospital as the smallest in California. She left that facility when Dr. Stevens took her off work due to her mental health issues.

11. Respondent submitted a declaration from Dr. Stevens, and three character reference letters. These exhibits were admitted as administrative hearsay and have been considered to the extent permitted under Government Code section 11513, subdivision (d).<sup>3</sup> Complainant submitted employment records for respondent and a letter from Granville H. Marshall, Jr., M.D.

12. July 5, 2017 Declaration of Wesley J. Stevens, D.O. Respondent has been Dr. Stevens' patient for over five years. In his July 5, 2017 declaration, Dr. Stevens stated:

I prescribed [respondent] Lithium for mental health problems in 2015. She saw another physician who told her not to take Lithium. After her incident in 2015 when the police came to her house involving a domestic dispute, I stressed that it was important for her to start taking Lithium again. She realized that she would have to remain on Lithium the rest of her life. She has been consistently taking her Lithium since 2015 and has had no further incidents of anger or depression.

Respondent visits Dr. Stevens every month to manage her medication. Dr. Stevens believes that respondent is "not a danger to herself, patients or anyone else."

13. Character References. Respondent submitted three character reference letters. One of the letters was an October 29, 2014 offer of full-time employment as a Registered

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<sup>3</sup> Government Code section 11513, subdivision (d), in relevant part, provides:

Hearsay evidence may be used for the purpose of supplementing or explaining other evidence but over timely objection shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions.

BOARD OF CALIFORNIA  
FIDELITY

Nurse at Surprise Valley Health Care District. The other two were written in 2002. The first 2002 letter was written by Lorraine Flournoy, R.N., PHN, who stated that respondent worked under her supervision during the 2001-2002 school year and was a valuable employee. The second 2002 letter was written by Dr. Stevens, who stated that respondent worked for him as his office nurse for six years and she was "one of the best."

14. Employment Records. Respondent's employment records from Surprise Valley Health Care District were received in evidence. Included in these employment records were performance appraisals for May 2003 to May 2004, May 2004 to May 2005, May 2005 to May 2006, and May 2006 to May 2007. In these performance appraisals, respondent received ratings from average to exceptional. In the May 2006 to May 2007 performance evaluation, she was described as "an extremely dependable employee" with "exceptional knowledge and skills." There were no performance appraisals for respondent after May 2007.

15. Letter from Granville H. Marshall, Jr., M.D. Dr. Marshall wrote a letter dated May 6, 2014. It stated that he had seen respondent on a monthly basis since November 2013, and that she was "no longer on any psychotropic medications."

#### *Experts' Reports and Testimony*

##### Psychological Evaluation by Clifford R. Graham, Ph.D.

16. Clifford R. Graham, Ph.D., was retained to conduct a psychological evaluation of respondent on behalf of the Board.<sup>4</sup> Dr. Graham has been a licensed Clinical Psychologist since 1978. He works primarily in inpatient chemical dependency treatment settings. He has been in independent practice for over 38 years.

17. May 2014 Psychological Assessment. Dr. Graham evaluated respondent on May 8, 2014. During the evaluation, Dr. Graham conducted a clinical interview, which took one and one-half hours, and a mental status examination. He also administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). In addition, Dr. Graham reviewed the sheriff's report regarding the December 13, 2013 incident described above. Dr. Graham prepared a Psychological Assessment report of his May 8, 2014 evaluation.

In his Psychological Assessment report, Dr. Graham described the results of his mental status examination of respondent as follows:

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<sup>4</sup> The Accusation alleged that: (1) "On or about April 4, 2014, a Petition and Order Compelling Mental or Physical Examination was filed with the Board"; (2) "Respondent was served with the Order on or about April 9, 2014"; and (3) "On May 8, 2014, Respondent complied with the Order and underwent an examination." The Petition and Order Compelling Mental or Physical Examination was not offered into evidence, and no evidence was presented regarding the service of the Order on respondent.

[Respondent] was well oriented to person, place, time, and situation. Her remote, recent and short-term memories were functional. She described her feelings and opinions well. She evidenced some insight into this situation and her own behavior. Her affect was positive and she was normally animated. Her manner was one of average energy and she did not demonstrate any unusual effort to think or recall. She did not give any objection to being interviewed. Her stream of thought was coherent, focused and without digressions, irrelevancies, disturbances of logic, or bizarreness. There were no signs of any psychotic processes.

During the interview, respondent told Dr. Graham that she had never been admitted to a psychiatric facility for treatment for psychiatric problems prior to or since the December 13, 2013 incident. Respondent reported seeing a counselor after her first husband committed suicide. She came home and found him dead. She reported that she was taking a "tapering dose of Prednisone PRN," Imitrex PRN, Propanolol, and Norco PRN for a wrist injury. She told Dr. Graham that she did not drink alcohol at all at that time. She also stated that she tried marijuana in college, but had never used any other type of illegal drug.

When asked about the incident on December 13, 2013, respondent explained that her husband had increased his alcohol intake to address the pain from a hip that needed to be replaced. On the night of the incident, she argued with her husband. She stated that he cornered her by the stove, and that she grabbed the fire poker because she "wanted him to leave [her] alone." She claimed that the fire poker "slipped from her hand when he grabbed it from [her] and it hit him." She also claimed that she was the one who called the sheriff. She stated further that the deputy sheriffs first took her to the "drunk tank." The next day, County Mental Health took her to the hospital on a 5150. She ended up in Restpadd in Redding. The doctor there "mentioned something about Bipolar" and "PTSD." She was given Lithium, but she stopped taking it after she was discharged because "it caused cramping and did not produce any positive effects for her."

Dr. Graham's May 8, 2014 Psychological Assessment report referenced a letter from respondent's physician dated May 6, 2014, which stated that he had seen respondent "on a monthly basis since 11-2013," and that she was "no longer on any psychotropic medications."<sup>5</sup>

In his report, Dr. Graham discussed the results of respondent's MMPI-2 testing. According to Dr. Graham, respondent "responded to the MMPI-2 test questions in a manner

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<sup>5</sup> Dr. Graham's May 8, 2014 Psychological Assessment report also included a summary of a conversation he had with the Modoc County Undersheriff about respondent. The report noted that Dr. Graham asked respondent for permission to allow him to obtain other information. After consulting with her attorney, respondent declined Dr. Graham's request.

which produced a degree of invalidity in her results which made the test results uninterpretable.” Her responses “suggested that she may have answered the questions in such a way as to ‘Cast herself in a good light’ which is sometimes described in the literature as ‘faking good.’” But Dr. Graham stated that it was not possible to tell if respondent acted intentionally or unknowingly. Dr. Graham called respondent and told her the results could not be validly interpreted. Respondent stated that when she took the test, she felt tired from the long trip to Redding and that she was anxious about maintaining her license. She believed that she may have rushed through the test questions too quickly, and that people talking in the waiting area affected her concentration.

Dr. Graham allowed respondent to repeat the MMPI-2 test on May 23, 2014. Respondent’s results on this second test were “within normal limits.” But Dr. Graham found that respondent’s “Clinical Scales were so dramatically different for the second MMPI-2 test administration,” he deemed them not to be valid. As a result, he concluded that “no positive or negative judgment could be rendered by using the first or second MMPI-2 test results as to whether her job-related psychological, emotional or mental traits, characteristics, or conditions might adversely affect or support the performance of her duties and powers as a Registered Nurse.”

18. Addendum to Psychological Assessment. In May 2016, Dr. Graham was provided with additional information about respondent, including an Investigative Report prepared by an investigator for the Department of Consumer Affairs, Division of Investigation. After reviewing the additional information, Dr. Graham prepared an Addendum to Psychological Assessment dated June 1, 2016 (Addendum). In the Addendum, Dr. Graham summarized the four interactions respondent had with the Modoc County Sheriff’s Office described above and opined regarding whether respondent’s behavior constituted unprofessional conduct.<sup>6</sup>

19. Second Addendum to Psychological Assessment. Dr. Graham prepared an undated Second Addendum to Psychological Assessment (Second Addendum). In the Second Addendum, Dr. Graham stated, “In my professional opinion, [respondent’s] ability to safely practice as a registered nurse is impaired due to mental illness.” Dr. Graham did not include in the Second Addendum an analysis to explain how he reached this conclusion.

20. Dr. Graham’s Testimony. At the hearing, Dr. Graham testified that, when he saw respondent in May 2014, she told him that the December 2013 incident was the only time the police had been called to her home. When he received the additional information from the Board in May 2016, he learned that respondent had additional contacts with the police that she did not disclose during the May 2014 interview. Respondent had also denied that she had previously been admitted to a psychiatric facility. Dr. Graham learned about her admission from the information he received in May 2016. Dr. Graham reached his opinion that respondent was not safe to practice as set forth in the Second Addendum based upon

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<sup>6</sup> Complainant did not allege in the Accusation that respondent’s conduct was unprofessional.

respondent's untreated mental disorder and her pattern of losing control. None of the medications that respondent listed during her May 2014 interview were for treating bipolar disorder.

21. Dr. Graham explained that he had to disregard the results of respondent's first MMPI-2 test because one of the validity indicators was in a range that made the results invalid. Although the results of respondent's second MMPI-2 test were within the valid range, he made the determination that her answers on the two tests were so "remarkably different" they could not be interpreted.

22. Dr. Graham testified that determining the correct amount of Lithium for a given patient with bipolar disorder was often a matter of "trial and error," which depended on that patient's personal chemistry and the side effects he or she might suffer. The medication dosage and regimen may have to be changed until the best medication fit for that patient is determined. Dr. Graham also opined that whether a medicated patient with bipolar disorder is safe to practice depends on that patient's personal motivation and emotional desire to change.

23. The only time that Dr. Graham met with respondent was in May 2014. He stated that if a registered nurse with bipolar disorder receives appropriate medication and treatment, and follows his or her physician's instructions "religiously and seriously," then that nurse would be safe to practice. But one of the issues with patients with bipolar disorder is that they may become "complacent" and taper off their medications. According to Dr. Graham, the critical factor is whether the patient takes responsibility for his or her own behavior, and is willing to do what it takes to remain successful.

Psychological Evaluation by Martin H. Williams, Ph.D.

24. Martin H. Williams, Ph.D., was called as an expert witness by respondent. Dr. Williams has been licensed as a psychologist in California since 1976. Since 1985, he has had a private practice in Forensic and Clinical Psychology.

25. December 2016 Psychological Evaluation. On December 6, 2016, Dr. Williams conducted a clinical interview of respondent, which lasted approximately two hours. He also administered the MMPI-2RF to respondent.<sup>7</sup> The evaluation was conducted remotely using a high-definition video link. He prepared a report of his psychological evaluation dated December 9, 2016.

In his report, Dr. Williams described the results of his mental status examination of respondent as follows:

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<sup>7</sup> "MMPI-2RF" stands for Minnesota Multiphasic Personality Inventory-2 Restructured Form.

[Respondent] presents as an attractive, pleasant and neatly attired woman. She is 5' tall and weighs 100#. She denies any history of auditory hallucinations or delusions. She was alert and oriented as to time, place, person and situation. Cognition, judgement, sensorium and memory were intact. Her mood was euthymic, with no indication of acceleration or pressured speech consistent with mania, and no indication of psychomotor retardation or hopelessness consistent with depression. She is insightful into her mental health issues and accepts her need for treatment. She appeared to be honest and forthcoming during the interview, speaking spontaneously and in great detail, while making no effort to carefully craft her replies or to create any particular impression. Although not formally assessed, [respondent] appears to be of above average intelligence.

In his report, Dr. Williams described the treatment respondent had received over time. Respondent had previously been diagnosed with Bipolar Disorder and Posttraumatic Stress Disorder (PTSD) resulting from her late husband's suicide and from her discovering the body. Respondent was being treated by a licensed Marriage and Family Therapist, whom she has seen intermittently. Respondent had prescriptions for Lithium, to control the mood swings of her Bipolar Disorder, Valium, a tranquilizer to help her PTSD symptoms, and Halcion, a sleep medication. Respondent had been taking Lithium consistently for about one and one-half years. Respondent was initially given Lithium in 2013 when she was first put on a 5150 hold, but her physician discontinued it after about one month due to its side effects.

Respondent's treatment began in 2007 after her first husband committed suicide. At that time, she was treated with counselling and prescribed Xanax. She also was treated with psychotherapy for about six months. Respondent's next episode of treatment was in 2013, when she was placed on the 5150 hold. Dr. Williams noted that respondent received treatment from a psychiatrist for two months after she was released from Restpadd.

Respondent had no treatment after that until February 2015, when she was again placed on a 5150 hold and hospitalized at Sierra Vista Hospital in Sacramento, where she was treated for two weeks. Respondent told Dr. Williams that her diagnosis was Bipolar Disorder, and she was restarted on Lithium and Risperdal. After discharge, respondent's insurance company arranged for respondent to see a Marriage and Family Therapist, who respondent sees as needed. Respondent followed up with her primary care physician, Dr. Stevens, who adjusted respondent's Lithium dose and discontinued Risperdal.

Dr. Williams administered the MMPI-2RF to respondent. Dr. Williams found that respondent "produced a *valid* MMPI-2RF protocol." (Italics in original.) Dr. Williams opined that this was "highly significant as it indicates that [respondent] made no effort to minimize her mental or emotional problems and was frank and open as she took the test." According to Dr. Williams, respondent made no "*effort to put her best foot forward and,*

*instead, completed the test honestly and accurately.*" (Italics in original.) Dr. Williams' clinical findings indicated that respondent "has no psychological problems pertaining to somatic, cognitive, thinking, emotional, behavioral or interpersonal issues." He found that her MMPI-2RF profile was of "someone who is mentally healthy."

Dr. Williams diagnosed respondent as follows: "Bipolar I disorder, Current or most recent episode hypomanic, In full remission." Dr. Williams described respondent's bipolar disorder as follows:

Bipolar disorder is a condition such that the individual experiences mood swings, ranging from depression to mania. Unlike many other mental health conditions, this disorder can be fully controlled with medication and does not require psychotherapy. Individuals with this disorder can be viewed as similar to insulin-dependent diabetics or individuals with hypertension. As long as the patient continues to use her medication as prescribed, she is expected to function normally and experience no recurrences of mood swings.

Dr. Williams stated further that respondent told him that she was "overmedicated initially, which led her to discontinue treatment due to side effects following her initial hospitalization in 2013." Dr. Williams stated further that, "Discontinuation of medications led to a second hospital admission in 2015." But with the assistance of her primary care physician, respondent had "established a maintenance dose of lithium that she can tolerate and that controls her symptoms." Respondent had been on the same medication regimen for more than one and one-half years. Dr. Williams opined that respondent's MMPI-2RF findings "indicated that she is essentially normal with her current medication regimen." Dr. Williams concluded that respondent presents "no risk to the public so long as [she] continues her medication regimen."

26. Dr. Williams' Testimony. Dr. Williams saw respondent in December 2016. He opined that respondent's MMPI-2RF tests results were "completely valid." Dr. Williams disagreed with Dr. Graham's decision to disregard the results of respondent's second MMPI-2 test in May 2014. While he understood that the results of her first test were not valid, he did not understand why the results of the second test could not be used if they satisfied the validity criteria.

27. At the time Dr. Williams tested respondent, she was taking her medication. He described respondent as "perfectly normal" as long as she was on her medication. He stated that respondent must remain on Lithium. If she remains on a proper dose of Lithium, she can function normally and should not have any recurrences of her past episodes.

28. Dr. Williams recognized that it often takes time to find the right dose of medications for a patient. During this "trial and error" period, patients may get "scared off" by the side effects. Dr. Williams also recognized that it was not uncommon for a patient to

unilaterally stop taking his or her medications once he or she is stabilized and no longer experiencing the symptoms of the disorder. He also stated that bipolar disorder may come on at any time in a patient's life and that there is no clear understanding as to why it occurs.

29. With regard to respondent's inability to remember the times when the police came to her home, Dr. Williams explained that when people are severely psychotic or manic, they are "out of their right minds" and cannot store memories. Dr. Williams analogized this inability to store memories to what happens when someone drinks too much alcohol. According to Dr. Williams, respondent's lack of memories does not indicate that she has any current memory problems.

30. Dr. Williams opined that respondent can practice nursing safely so long as she remains on her medication, but if she ceases taking her medication, she would become unsafe to practice. According to Dr. Williams, if respondent goes off her medication, it will cause a crisis that could endanger patients. He explained that there is no benefit for respondent to receive psychotherapy. All that she needs is medication. He opined further that seeing her primary care doctor once a month for medication management is within the standard of care and sufficient. He believes that respondent so values her current state of serenity that she is "intensely motivated" to remain on her medication.

#### *Discussion*

31. Complainant challenged the testimony of Dr. Williams, arguing that based on a 2008 proposed decision and certain articles he had written, he had a "political agenda" against the Board. Complainant's argument was without merit. Both Dr. Williams and Dr. Graham presented as qualified clinical psychologists who had reached their opinions based upon the particular facts and issues raised in this matter. Neither expert appeared to base his opinions on a political agenda or desire to testify in a manner favorable to the client who had retained him.

32. Although Dr. Graham and Dr. Williams disagreed on whether the results of respondent's second MMPI-2 test in May 2014 were reliable, both experts expressed the same opinion on the ultimate issue in this matter: that respondent was safe to practice nursing so long as she remained on her medication, and that she would be unsafe to practice if she went off her medication. Both also recognized that patients may cease taking their medication if they experience adverse side effects or they become so stabilized on their medication, they believe they no longer need it.

33. When all the evidence and expert opinions are considered in this matter, complainant established by clear and convincing evidence that respondent's mental illness impairs her ability to practice nursing safely. In order to protect the public health, safety and welfare, respondent will be placed on probation for three years under the terms and conditions set forth below.

34. Respondent argued that placing her on probation was not necessary because she has been taking her Lithium faithfully since 2015 without any episodes of manic behavior. She argued that, if she were placed on probation, she could not obtain nursing work in her rural community, she would not be able to obtain her BSN, she would be disciplined for having a mental health condition, and she would be treated differently from nurses with chronic physical conditions that require lifelong medication. Respondent's arguments were not persuasive.

35. It is positive that respondent now recognizes that she must remain on the Lithium prescribed by her physician. But given the chronology of respondent's past conduct, her current recognition is not sufficient to ensure the public is adequately protected. Respondent has been on Lithium since 2015. Her recent period of stabilization is equal to or shorter than the periods of time between her manic episodes in 2010, 2013, and 2105. The sheriffs' reports noted that those episodes were triggered by respondent going off her medications. Respondent had so little memory of those episodes that the fear of their repetition does not appear to be an effective deterrent. While respondent may be enjoying her current period of serenity, both experts recognized that patients sometimes become complacent and stop taking their medications during such serene periods.

36. Placing respondent on probation is not disciplinary action. This matter arises under Business and Professions Code section 822. Actions taken under this section are not disciplinary in nature (notwithstanding some mistaken language in the Accusation). Respondent is not being punished for having a mental illness. As reflected in the sheriffs' reports described above, when respondent stopped taking her medication in the past, she engaged in conduct that posed a serious threat of harm to the public. Protection of the public is the Board's paramount concern. Safeguards must be put in place to ensure that respondent is monitored for a sufficient period of time to provide adequate assurances that her past conduct will not be repeated.

37. The expert psychologists who testified at the hearing do not manage medication. Dr. Stevens is a general practitioner. There was no evidence that he has any particular expertise in psychiatry or psychotropic medication. Consequently, as a condition precedent, before respondent may return to the practice of nursing under probationary terms and conditions, she must first be evaluated by an expert in psychiatry and psychotropic medication.

#### LEGAL CONCLUSIONS

1. Business and Professions Code section 2708.1 provides:

Protection of the public shall be the highest priority for the Board of Registered Nursing in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection

of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

2. Business and Professions Code section 820 provides:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

3. Business and Professions Code section 822 provides:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.
- (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

4. Complainant established by clear and convincing evidence that respondent's ability to practice nursing safely is impaired by her mental illness. In order to ensure that the public health, safety and welfare is adequately protected, in accordance with Business and

Professions Code section 822, subdivision (c), respondent will be placed on probation for three years under the terms and conditions set forth below.

### ORDER

IT IS HEREBY ORDERED that Registered Nurse License Number 455570 issued to respondent Candyce Lynne Golden, also known as Candyce Lynne Blair, is revoked. However, the revocation is stayed and respondent is placed on probation for three (3) years on the following conditions.

**SEVERABILITY CLAUSE** - Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. MENTAL HEALTH EXAMINATION - Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

Respondent shall not engage in the practice of nursing until notified by the Board or its designee that respondent is mentally fit to practice medicine safely. The period of time that respondent is not practicing nursing shall not be counted toward completion of the term of probation.

2. OBEY ALL LAWS - Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of

compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

**CRIMINAL COURT ORDERS:** If respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

3. COMPLY WITH THE BOARD'S PROBATION PROGRAM - Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, respondent's license shall be fully restored.

4. REPORT IN PERSON - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

5. RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE - Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when she resides outside of California. Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing license during the term of probation.

6. SUBMIT WRITTEN REPORTS - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which she has a registered nurse license.

7. FUNCTION AS A REGISTERED NURSE - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for six (6) consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for six (6) consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

8. EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS - Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

9. SUPERVISION - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.
- (d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

10. EMPLOYMENT LIMITATIONS - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

11. COMPLETE A NURSING COURSE(S) - Respondent, at her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

12. VIOLATION OF PROBATION - If respondent violates the conditions of her probation, the Board after giving respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

13. LICENSE SURRENDER - During respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

- 1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
- 2) One year for a license surrendered for a mental or physical illness.

DATED: August 1, 2017

DocuSigned by:  
*Karen Brandt*  
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KAREN J. BRANDT  
Administrative Law Judge  
Office of Administrative Hearings

CALIFORNIA  
BOARD OF NURSING

AUG 1 2017

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8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2017-567

12 **CANDYCE LYNNE GOLDEN,**  
13 **AKA CANDYCE LYNNE BLAIR**  
14 HCR 4 Box 49031  
Alturas, CA 96101

**ACCUSATION**

15 **Registered Nurse License No. 455570**

16 Respondent.

17  
18 Joseph L. Morris, PhD, MSN, R.N. (Complainant) alleges:

19 **PARTIES**

20 1. Complainant brings this Accusation solely in his official capacity as the Executive  
21 Officer of the Board of Registered Nursing ("Board"), Department of Consumer Affairs.

22 2. On or about August 31, 1990, the Board issued Registered Nurse License  
23 Number 455570 to Candyce Lynne Golden, also known as Candyce Lynne Blair ("Respondent").  
24 The license was in full force and effect at all times relevant to the charges brought herein and will  
25 expire on October 31, 2017, unless renewed.

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