**IN THE MATTER OF:** ***The Registered Nurses Act, 1988*****.**

B E T W E E N:

COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

-and-

KAREN LEMMERICH, RN #0037531

**NOTICE OF HEARING**

TO: **Karen Lemmerich**

[redacted]

**TAKE NOTICE** that the Investigation Committee of the College of Registered Nurses of Saskatchewan ["CRNS"] is recommending pursuant to section 28(3)(a) of *The Registered Nurses Act, 1988, SS c R-12.2* [the "***Act***"] that the Discipline Committee hear and determine the complaint that you are guilty of professional incompetence and/or professional misconduct which occurred while you were on the Register of the CRNS and held a license from the CRNS to practice registered nursing in Saskatchewan. The Discipline Committee, established in accordance with the ***Act*** and Bylaws will meet on **December 3, 2026 at 9 a.m.** to conduct a virtual hearing [the "**Hearing**"].

The particulars of your alleged professional incompetence and/or professional misconduct are set out in Appendix A which is attached to and forms part of this Notice of Hearing.

**AND FURTHER TAKE NOTICE THAT** where the Discipline Committee finds you guilty of professional misconduct or professional incompetence, pursuant to section 31(1) of the *Act*, the Discipline Committee may:

**(a) order that the nurse be expelled from the college and that the nurse's name be struck from the register;**
**(b) order that the nurse be suspended from the college for a specified period;**
**(c) order that the nurse may continue to practise only under conditions specified in the order which may include, but are not restricted to, an order that the nurse:**
  **(i) not do specified types of work;**
  **(ii) successfully complete specified classes or courses of instruction;**
  **(iii) obtain treatment, counselling or both;**
**(d) reprimand the nurse; or**

**(e) make any other order that to it seems just.**

AND pursuant to section 31(2) of the *Act,* in addition to any order made pursuant to (1), the Discipline Committee may order:

**(a) that the nurse pay to the college within a fixed period:**
- **(i) a fine in a specified amount;**
- **(ii) the costs of the inquiry and hearing into the nurse's conduct and related costs, including the expenses of the investigation committee and the discipline committee; or**
- **(iii) both of the things mentioned in subclauses (i) and (ii); and**

**(b) where a nurse fails to make payment in college with an order pursuant to clause (a), that the nurse be suspended from the college.**

**AND FURTHER TAKE NOTICE THAT** pursuant to section 31(3) of the *Act,* the Discipline Committee will be sending a copy of an order made pursuant to sections 31(1) and 31(2) to you and to the person who made the report against you.

**AND FURTHER TAKE NOTICE THAT** at your own expense, you may choose to be represented by counsel or an agent at the Hearing before the Discipline Committee and have the right to call evidence and examine or cross-examine witnesses pursuant to sections 30(5) and (7) of the *Act.*

**AND FURTHER TAKE NOTICE THAT** if you fail to attend the Hearing, the Discipline Committee may, on proof of service of this Notice on you and/or your legal counsel, proceed with the Hearing in your absence pursuant to section 30(9) of the *Act.*

If you wish to admit the allegations contained in this Notice of Hearing, you and your legal counsel should contact legal counsel for the Investigation Committee of the CRNS at the earliest opportunity in order to implement the appropriate procedure.

**DATED** at Regina, Saskatchewan, this 2nd day of November, 2026.

**Cindy Smith, RN, Executive Director & Registrar**
College of Registered Nurses of Saskatchewan

**APPENDIX A**
**Charges & Particulars**

1. In August of 2023, while you were employed by the Saskatchewan Health Authority as a registered nurse with additional authorized practice RN (AAP) in a northern rural community, you misappropriated narcotic medication belonging to a patient, [redacted], specifically Hydromorph Contin 6mg tablets and Hydromorphone 2mg tablets, from the patient's residence.

2. Between August 18 and August 21, 2023, while you were employed by the Saskatchewan Health Authority as an RN (AAP) in a northern rural community, you made a false entry in the controlled substance register (Narc Sheet) and patient chart of [redacted] in a visit note, indicating you administered (by injection) narcotics, specifically morphine 10mg, to patient [redacted], on the order of [redacted] when the patient had not been present in the clinic.

3. On or about September 26, 2024, while you were employed as a registered nurse in a long-term care facility, you removed one or more Coban wraps for your own personal use, failed to disclose this when inquiries were sent to nursing staff regarding the missing wraps, and responded dishonestly to your employer when questioned about the missing wraps by claiming another nurse instructed you to take one for your own use.

4. On about October 16, 2024, while employed as a registered nurse at a long-term care facility, in your care of patient [redacted], an unstable patient who was not eating or drinking (NPO), had a decreased level of consciousness with minimal responsiveness, a temperature of 37.3 degrees Celsius, blood pressure of 74/45, pulse of 45, oxygen of 81.7 on room air, and was being prepared for transfer by ambulance to the emergency room, you:
    a. disregarded the instruction from a clinical lead nurse and proceeded to inappropriately administer correction insulin to the patient;
    b. were dishonest about administering the patient's PRN Hydromorphone/Dilaudid 2mg tablet, stating it was done at their request, when the patient was incapable of requesting the medication for pain or of swallowing the medication, and proceeded to falsely document the administration on the patient's chart;

5. On or between October 25, and 27, 2024, while on medical leave from your registered nursing employment, you attended to the long-term care facility where you were employed and misappropriated narcotics belonging to residents.

**IT IS THEREFORE ALLEGED** that you are guilty of professional incompetence and/or professional misconduct and breached the following provisions of *The Registered Nurses Act, 1988*, Bylaws, Code of Ethics, Practice Standards, and Competencies:

***The Registered Nurses Act, 1988***

25 For the purpose of this Act, professional incompetence is a question of fact, but the display by a nurse in the professional care of a client of a lack of knowledge, skill or judgment or a disregard for the welfare of a client of a nature or to an extent that demonstrates that the nurse is unfit:

[…]

(b) to provide one or more services ordinarily provided as part of the practice of registered nursing;

is professional incompetence within the meaning to this Act.

26(1) For the purpose of this Act, professional misconduct is a question of fact but any matter, conduct or thing, whether or not disgraceful or dishonorable, that is contrary to the best interests of the public or nurses or tends to harm the standing of the profession of nursing is professional misconduct within the meaning of this Act.

(2) Without restricting the generality of subsection (1), the discipline committee may find a nurse guilty of professional misconduct if the nurse has:

[…]

(b) misappropriated a client's personal property;

[…]

(f) misappropriated drugs;

(g) misappropriated property belonging to a nurse's employer;

[…]

(i) falsified a record with respect to the observation, rehabilitation or treatment of a client;

[…]

(l) failed to comply with the code of ethics of the college;

[…]

(n) an addiction to the excessive or habitual use of intoxicating liquor, opiates, narcotics, or other habit forming substances;

[…]

(q) contravened any provision of this Act or the bylaws.

***The SRNA Bylaws 2022 & CRNS Bylaws 2023***[1]

Bylaw IV Section 2: Practicing Membership

(3) Practicing membership carries obligations including but not limited to the following:

(a) to adhere to the Canadian Nurses Association *Code of Ethics for Registered Nurses* adopted at bylaw XIV;

(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV;

[1] Gazetted August 11, 2023.

***CRNS Bylaws 2024***[2]

Bylaw III Section 2: Practicing Membership

(3) Practicing membership carries obligations including but not limited to the following:

(a) to adhere to the Canadian Nurses Association *Code of Ethics for Registered Nurses* adopted at bylaw XIV;

(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV;

***Code of Ethics for Registered Nurses (2017)***

**A. Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

***Ethical responsibilities:***

3. Nurses build trustworthy relationships with persons receiving care as the foundation of meaningful communication, recognizing that building these relationships involves a **conscious** effort. Such relationships are critical to understanding people's needs and concerns.
5. Nurses are honest and take all necessary actions to prevent or minimize **patient safety incidents**. They learn from **near misses** and work with others to reduce the potential for future risks and preventable harms (see Appendix B).

**C. Promoting and Respecting Informed Decision-Making**

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

***Ethical responsibilities:***

4. Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse that power to influence decision-making.

**D. Honouring Dignity**

Nurses recognize and respect the intrinsic worth of each person.

***Ethical responsibilities:***

6. Nurses maintain appropriate professional **boundaries** and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the **therapeutic relationship**. They do not abuse their relationship for personal or financial gain and do not enter into personal relationships (romantic, sexual or other) with persons receiving care.

**G. Being Accountable**

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

***Ethical responsibilities:***

[2] Gazetted May 24, 2024.

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. Nurses represent themselves clearly with respect to name, title and role.

***SRNA Registered Nurse Practice Standards (2019 and (2024)***[3]

**Standard 1: Professional Responsibility and Accountability**
The registered nurse is responsible for practicing safely, competently and ethically, and is accountable to the client, public, employer and profession.
The registered nurse upholds this standard by:

1. Being accountable and accepting responsibility for their own actions and decisions.
3. Recognizing the registered nurse scope of practice and individual competence limitations within the practice setting and seeking guidance as necessary.
7. Advocating and intervening in the client's best interest, and acting to protect client, self and others from actual or perceived harm.

**Standard 2: Knowledge-Based Practice**
The registered nurse practices using evidence-informed knowledge, skills and judgment from diverse sources of knowledge and ways of knowing.
The registered nurse upholds this standard by:

12. Applying a knowledge base from nursing in the practice of registered nursing.
17. Anticipating potential health problems or issues for clients, the possible consequences and responding appropriately.
20. Evaluating the effectiveness of nursing interventions at the point of care to modify and individualize client care.

**Standard 3: Ethical Practice**
The registered nurse applies the principles in the current *CNA Code of Ethics for Registered Nurses* when making practice decisions and using professional judgment. The registered nurse engages in critical inquiry to inform clinical decision-making, and establishes therapeutic caring and culturally-safe relationships with clients and the health care team.
The registered nurse upholds this standard by:

26. Practicing in accordance with the current *CNA Code of Ethics for Registered Nurses*.
30. Upholding and maintaining professional boundaries, privacy, and confidentiality with clients.
31. Advocating in the best interest of clients to help achieve positive health outcomes, especially when they are unable to advocate for themselves.

[3] The 2024 standards were effective June 19, 2024. The 2019 document applies to charges 1 and 2, the 2024 document applies to charges 3-5. There are no differences in the provisions cited between documents, so they have been combined.

**Standard 4: Service to the Public**
The registered nurse demonstrates leadership in quality and ethical nursing practice, delivery of health care services and establishing professional relationships.
The registered nurse upholds this standard by:

35. Demonstrating professional presence and modelling professional behaviour.

**Standard 5: Self-Regulation**
The registered nurse demonstrates an accountability to regulate themselves in accordance with their legislated scope of practice.
The registered nurse upholds this standard by:

49. Practicing in accordance with *The Registered Nurses Act, 1988*, other current relevant legislation, bylaws, scope of practice, standards, entry-level competencies, guidelines and employer policies.
50. Recognizing and addressing professional practice, legal or ethical violations by themselves or others in a timely and appropriate manner.

***RN with Additional Authorized Practice [RN(AAP)] Practice Standards (2022)***

**Standard 3: Ethical Practice**
The Registered Nurse applies the principles in the current CNA *Code of Ethics* for Registered Nurses when making practice decisions and using professional judgment. The RN engages in critical inquiry to inform clinical decision-making and establishes therapeutic caring and culturally safe relationships with clients and the health care team.

**Standard 4: Service to the Public**
The Registered Nurse demonstrates leadership in quality and ethical nursing practice, delivery of health care services and establishing professional relationships.

**Standard 5: Self-Regulation**
The Registered Nurse demonstrates accountability to regulate themselves in accordance with their legislated scope of practice.

***SRNA Registered Nurse Entry-Level Competencies (2019) and (2024)***[4]

**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.

[4] The 2024 competencies were effective June 19, 2024. The 2019 document applies to charges 1 and 2, the 2024 document applies to charges 3-5. There are no differences in the provisions cited between documents so they have been combined.

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

1.2 Conducts a holistic nursing assessment to collect comprehensive information on client health status.

1.4 Analyses and interprets data obtained in client assessment to inform ongoing decision-making about client health status.

1.7 Anticipates actual and potential health risks and possible unintended outcomes.

1.11 Applies knowledge of pharmacology and principles of safe medication practice.

**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.

Registered nurses demonstrate accountability, accepts responsibility and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

2.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions.

> Professional presence is the demonstration of respect, confidence, integrity, optimism, passion and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members. (CLPNNS and CRNNS, 2018, p.2)

2.3 Exercises professional judgment when using agency policies and procedures, or when practicing in their absence.

2.6 Establishes and maintains professional boundaries with clients and the health care team.

**3. Communicator**

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information and foster therapeutic environments.

3.8 Documents and reports clearly, concisely, accurately and in a timely manner.

**4. Collaborator**

Registered nurses are collaborators who play an integral role in the health care team partnership.

4.1 Demonstrates collaborative professional relationships.