

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
3421 NORTH CAUSEWAY BOULEVARD, SUITE 505
METAIRIE, LOUISIANA 70002-3715
(504) 838-5791
FAX (504) 838-5279
www.lsbpne.com

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In the matter of: **Shauna Sias**
109 Olympe Dr.
Houma, LA 70363

Applicant for licensure, S.S. # ending with 2925

Date offered: **July 8, 2013**

Date offer expires: **July 31, 2013**

CONSENT ORDER

The Louisiana State Board of Practical Nurse Examiners does hereby offer this consent order to **Shauna Sias, social security # ending with 2925**, based on the following:

1. On the respondent's Evaluation Form for Admission into the Practical Nursing Program at Fletcher Technical Community College, dated August 18, 2010, she responded "yes" to the question #32 which asks the following:

"Have you ever been indicted, charged with, summoned into court as a defendant in a criminal proceeding, arrested (even if you were not taken away in handcuffs or incarcerated), fined, imprisoned, placed on probation or ordered to deposit bail for the violation of any law, police regulation or ordinance, misdemeanor and/or felony offense (except for minor traffic violations) whether or not charges were dismissed and/or refused; or have you ever been convicted (including a nolo contendere plea or guilty plea) of any criminal (misdemeanor and/or felony)?"

2. According to the respondent's narrative statement and Louisiana State Criminal Background check, she was arrested for Theft on 6/22/2001 and on 12/17/2006 for Contempt of Court charges and a Bench Warrant.
3. The board received certified court documents showing the respondent paid restitution, completed the District Attorney's Diversion Program and all cases were dismissed.
4. On the respondents Evaluation Form for Admission into the Practical Nursing Program at Fletcher Technical Community College, dated August 18, 2010, she responded "NO" to question #31 which asks the following:

SS
Shauna Sias

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“Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition (including substance abuse) that might affect your ability to safely practice as a student practical nurse or a licensed practical nurse?”

- 5. In May 2012, while enrolled at Fletcher Technical Community College, it was reported to the board that the respondent had been cheating on drug tests. The school conducted a random drug test of all senior nursing students and the respondent failed, testing positive for marijuana. She had to withdraw from the program on May 9, 2012.
- 6. A court decision favored the respondent’s re-admission into the Practical Nursing Program at Fletcher Technical Community College. She completed a substance abuse program and had documentation of a current negative drug screen.
- 7. On the respondents Evaluation Form for Admission into the Practical Nursing Program at Fletcher Technical Community College, dated January 30, 2013, respondent answered “YES” to question #18 which asks the following:

“Have you been diagnosed with, do you have, or have you ever had a medical, physical, mental, emotional or psychiatric condition (including substance abuse) that might affect your ability to safely practice as a student practical nurse or a licensed practical nurse?”

The respondent indicated on form M under condition:

“Used drugs (cocaine and marijuana)” from 1999-2003 and that the respondent is currently not being treated for this condition.

The respondent stated on form A:

“I was floored by the results because I knew that I did not smoke marijuana that day or any other day, for that matter, since 1994...I have used drugs in the past, as reported when I first enrolled in the PN program, but have, through the grace of God, remained drug free for over 9 years.”

In the respondent’s narrative, received by the board on March 5, 2013, she explains “I began using drugs at the age of 21 and continued for many years.”

The respondent failed to report this to the board on her initial enrollment into the Practical Nursing Program at Fletcher Technical Community College.


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The respondent turned in a second form M indicating she takes the following medications for back pain and inflammation of muscles:

- Soma 350mg every hour of sleep
- Cataflam 50mg three times a day
- Ultram 50mg three times a day

The respondent was asked to provide a written statement from her current physician and/or psychiatrist addressing her current ability to safely practice nursing. Dr. Brian J. Matherne, of the Family Doctor Clinic is prescribing these medications and has furnished this letter to the board.

- 8. The board received the respondent's First Time Writers Application to write the NCLEX-PN to obtain her practical nursing license in the State of Louisiana on May 23, 2013.

Based on the information submitted, the board has concluded that Ms. Sias (respondent) is in violation of the following provisions of Louisiana Revised Statutes, Title 37, Chapter 11. Nurses, Part II. Practical Nurses. Section 969 A. 4. **(b) is guilty of a crime; (c) is unfit, or incompetent by reason of negligence habit, or other causes; (d) is habitually intemperate or is addicted to the use of habit forming drugs; (f) is guilty of unprofessional conduct; (g) has violated any provisions of this Part; and**

And 978 A (8) Violate any provisions of this Part.

As further defined in the Louisiana Administrative Code, Title 46, Part XLVII. Nurses, Subpart 1, Practical Nurses, Section 306, T.

- 2. **being guilty of a crime;**
- 3. **being unfit, or incompetent by reason of negligence, habit or other causes;**
- 4. **being habitually intemperate or addicted to the use of habit-forming drugs;**
- 8. **being guilty of unprofessional conduct;**
- q. **using or being under the influence of alcohol, while on duty, and/or while making application for employment, or using or being under the influence of drugs which impair judgment while on duty, or using or being under the influence of illegal drugs whether on or off duty;**
- t. **violating any provisions of R.S. 37:961 et seq. (the practical nursing practice act), as amended or aiding or abetting therein.**

In lieu of a formal hearing on the matter, the respondent consents to accept and abide by the following orders of the board:


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1. **Obtain an Evaluation for Chemical Dependency:**

- A. The respondent shall make an appointment to undergo a chemical dependency evaluation. The evaluation shall be conducted by a licensed and certified psychologist/psychiatrist and/or addictionologist. The evaluation shall be conducted using both objective and subjective assessment tools.
- B. Prior to the evaluation, the respondent shall furnish the evaluator with a copy of the findings of facts, conclusions of law, the consent order, and the consent order acknowledgement form. The evaluator shall verify receipt and review of these documents in the evaluator's written report of the evaluation of the respondent.
- C. The respondent shall execute release of information forms to allow the evaluator to communicate with and supply information to the board.
- D. The respondent shall direct the evaluator to submit, directly to the office of the board, the release of information form, the board order acknowledgement form, and a report of the evaluation.
- E. The report of the evaluation shall include, at minimum:
 - i. history of chemical use
 - ii. past and present treatment and/or recovery activities
 - iii. criminal background history
 - iv. results of any testing conducted
 - v. a summary of the findings
 - vi. treatment plan, if applicable
 - vii. list of medications prescribed, if applicable
 - viii. an assessment as to respondent's ability to practice safely as a practical nurse
- F. The respondent shall satisfactorily complete any and all recommendations made by the evaluator. If treatment or therapy is recommended, the respondent shall, within thirty (30) days of the evaluator's report, initiate all treatment and/or therapy activities. If treatment or therapy is recommended, the respondent shall submit to the board the name and credentials of the therapists and/or the name and address of the treatment facilities.


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G. The respondent shall undergo subsequent evaluations by a board approved psychologist/psychiatrist and/or addictionologist if requested by the board following a relapse or for other related causes.

2. Participate in any and all Treatment/Aftercare Programs as prescribed:

- A. The respondent shall enroll and participate in board approved treatment/aftercare programs as prescribed or recommended by the chemical evaluator.
- B. The respondent shall have the aftercare counselor submit to the board office proof of the respondent's entry into an appropriate facility, inpatient program, outpatient program, halfway house, residential long-term treatment, and/or a combination thereof.
- C. The respondent shall execute the release of information forms to allow the treatment facility/center/counselor/practitioner of record to communicate with and supply information to the board.
- D. The respondent must submit evidence of **continued compliance with treatment plan/counseling**, if applicable. Treatment/aftercare compliance must be maintained.
- E. The respondent shall cause the aftercare counselor to submit quarterly to the board office progress reports indicating compliance with treatment recommendations. Reports are due on or before the 10th day of January, April, July, and October of each year until treatment is deemed complete.
- F. Upon completion of the treatment/aftercare program(s), the respondent shall also have the aftercare counselor provide the board with documentation indicating the respondent's successful completion of the program and feels the respondent can safely enter practice as a licensed practical nurse.

3. Select One Primary Pharmacy:

- A. The respondent must notify the board of the name, address, and telephone number of his/her selected pharmacy within ten (10) days of the date of the board order. If the respondent acquires a new pharmacy, written notification must be received within ten (10) days of the first use.

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4. **Abstain from Unauthorized Drug Use and Controlled/Abuse Potential Substances:**

- A. The respondent must abstain at all times from the use of controlled or abuse potential substances, and illegal drugs as defined by law, except as prescribed by a licensed practitioner from whom he/she seeks medical attention.
- B. In the event the respondent obtains a prescription from a licensed practitioner for any controlled/abuse potential substance, the **respondent shall submit a copy of the prescription to the board within 48 hours.** The prescription must be for a current condition. The respondent must not arbitrarily take medications prescribed for a past illness or take a prescription that is prescribed for another person. The respondent shall also have his/her prescribing provider notify the board in writing within ten (10) days of the provider's issuance of the prescription. The board at any time may request the practitioner to document the continued need for the prescribed medication(s).
- C. If the respondent obtains prescription(s) from more than one prescriber, he/she must inform each physician of any/all medication being prescribed. The prescriber(s) must submit a letter to the board indicating that they are aware that the respondent is being medicated by other providers.
- D. The respondent, if enrolled in aftercare, must inform the aftercare counselor of any/all prescriptions, and the aftercare counselor must submit a letter to the board within ten (10) days of the prescription date indicating that they are aware of any/all prescriptions.

The respondent shall NOT consume hemp, poppy seeds, or any product or by-product containing the same.

- E. The respondent's licensed practitioner(s) must complete the board's **controlled medication/abuse potential substance(s) form** for controlled medication(s)/abuse potential substances, and submit it within **ten (10) days** of the date of the prescription **directly** to the board office. The form must come from the provider to the board office by mail. **It may not pass through the respondent's hands; it may not be sent by facsimile.**
- F. The controlled medication/abuse potential substance form must contain a record of all health care providers treating the respondent along with the condition(s) being treated and prescription(s) ordered for listed condition(s). The provider must identify the medication, dosage, and the date the medication was prescribed.


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- G. The respondent's licensed practitioner(s) must complete the board's **board order acknowledgement form** acknowledging that the evaluator has read the entire board order and submit the form within **ten (10) days** of the date of the prescription **directly** to the board office. The form must come from the provider to the board office by mail. **It may not pass through the respondent's hands; it may not be sent by facsimile.**
- H. No medications from a prescription over six (6) months old should be taken without an updated prescription verification. Using prescribed medication(s) over six (6) months old without an updated verification is grounds for further disciplinary action as stated in this order.
- I. If prescription drugs are refilled, the board must also have a letter from the prescribing practitioner attesting to the continued need for the medication(s) and the controlled medication/abuse potential substance form must be updated every six (6) months. The form is required to be re-submitted to the board at that time.

Failure to follow these procedures when obtaining a prescription may be grounds for further disciplinary action as stated in this order.

5. Enroll in a Drug Screening Program:

- A. Within ten (10) days of the date of this order, the respondent shall register with a drug screening firm selected by the board. Drug screens will begin immediately upon registration with the drug screening firm.
- B. It is the responsibility of the respondent to ensure that he/she has properly registered with the drug screening firm selected by the board.
- C. The respondent shall submit to and pay for random drug screens. The random testing shall be done at a minimum of once per month but may be required more frequently as requested by the board. The board may at any time request additional testing, including but not limited to, hair and/or blood samples.
- D. Occurrence of any of the following conditions constitutes noncompliance with the board order: failure to register with the selected firm within ten (10) days of the date of this order; a positive drug screen; failure to call the testing firm daily; failure to submit a specimen on the date selected for screening; refusal to furnish a specimen; submission of a specimen where the integrity has been compromised, as indicated by the presence of adulterants or submission of a sample that is below

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acceptable volume or temperature to be tested; failure to follow requested procedure in obtaining a specimen.

- E. Drug screen results indicating an abnormal/dilute specimen, or a result indicating a low specific gravity with low creatinine levels will be considered positive and non-compliant with board order and grounds for further disciplinary action as stated in this order.
- F. The respondent must listen to the entire message. Failing to listen to the entire message will be considered non-compliant with this order and grounds for further disciplinary action as stated in this order.
- G. Failure to properly fill out or maintain a proper chain of custody form in any way that is not accepted by the drug testing facility will be considered positive and non-compliant with the board order and grounds for further disciplinary action as stated in this order.
- H. The respondent shall adhere to all guidelines set forth by the board and the drug screening firm. The drug screening firm will report any/all violations of their guidelines, policies and procedures to the board.

6. Eligibility for licensure requirements:

- A. All stipulations of the suspension must be successfully fulfilled prior to a request for licensure.
- B. If a chemical and/or psychological assessment was stipulated before licensure can be considered, the mental health professional who conducted the original assessment must submit a letter to the board office indicating that he/she feels the respondent can safely return to the practice of practical nursing and under what conditions (i.e., recommendations for ongoing treatment and a list of medications being prescribed). Furthermore, if the assessment included a treatment plan to be completed prior to licensure, evidence of compliance with this plan must also be submitted to the board.

Upon successful completion of the above stipulations, the respondent may then be made eligible to take the NCLEX-PN. Upon successfully writing the NCLEX-PN the respondent may then be issued a practical nursing license on probation for a minimum period of **one (1) year** with the following stipulations:


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1. **License:**

The license of the respondent will be stamped "PROBATION".

2. **Fines/Fees:**

A. The respondent is to submit a \$250.00 annual probation monitoring fee, payable by cashier's check or money order only.

- i. Due within three (3) months of receiving a probated license. If the respondent's probation progresses beyond one year, she will be required to pay a \$500.00 probation fee, which will be due one year from the date she pays the original program fee, and annually thereafter until the probation is satisfactorily completed
- ii. Failure to pay this fee in the time allotted will result in the immediate suspension of the respondent's practical nursing license.

3. **Employment:**

- A. The respondent must provide a copy of the entire board order/consent order to include the findings of facts and conclusions of law immediately to any/all current employer(s) and at the time of application to any/all prospective employer(s).
 - i. If the respondent is already employed as an LPN, then the current employer must submit the Letter of Hire to the board office within ten (10) days of the date of the board order/consent order.
 - ii. Upon obtaining new employment as an LPN, the respondent must have the prospective employer submit the Letter of Hire to the board office within ten (10) days of the date of hire.
- B. All current and prospective employers must agree to monitor the respondent while on probation.
- C. Probation will run concurrent with employment as an LPN.
- D. The respondent must be employed a minimum of 80 hours a month.


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- E. The respondent shall notify the board, in writing, within ten (10) days of any change in personal address, telephone number, or employment. Changes in employment include accepting a new job, as well as resignation, or termination.
- F. The probationary period will not commence or progress until and unless the respondent is employed and delivering direct patient care as a licensed practical nurse.
- G. Failure to maintain stable employment may be grounds for termination of probation.
- H. The respondent must practice under the supervision of a nurse (RN or LPN whose license is unencumbered) or physician and must provide direct patient care as follows:
 - i. The respondent must be supervised on a regular and consistent basis by his/her assigned supervisor. The supervisor must observe and work closely enough with the respondent to be able to give an informed evaluation of the respondent. The employer must be willing to allow this supervision and provide opportunities for the same supervisor to evaluate the performance of the respondent.
 - ii. It is the respondent's responsibility to ensure that his/her supervisor submits the evaluation reports quarterly.
 - a. Reports are due on or before the 10th day of February, May, August, and November of each year. (Note: these forms will be provided to the employer by the board)
 - b. Only the respondent's supervisor may complete the evaluations according to the observations made during the supervision.
- I. The respondent is prohibited from working in temporary staffing, as an agency nurse, for a nursing pool and/or in the home health setting, or in any other similar setting including but not limited to working in a teaching capacity, as a travel nurse and/or on an "as needed" basis - PRN.

4. Notify Board of Change of Address/Telephone Number/Employment:

- A. Respondent shall notify the board, in writing, within ten (10) days of any change

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in personal address, telephone number, or employment. Changes in employment include accepting a new job, as well as resignation, or termination.

5. **Select One Primary Pharmacy:**

- A. The respondent must notify the board of the name, address, and telephone number of his/her selected pharmacy within ten (10) days of the date of the board order. If the respondent acquires a new pharmacy, written notification must be received within ten (10) days of the first use. This is required regardless of whether the respondent is employed in nursing.

6. **Abstain from Unauthorized Drug Use and Controlled/Abuse Potential Substances:**

- A. The respondent must abstain at all times from the use of controlled or abuse potential substances, and illegal drugs as defined by law, except as prescribed by a licensed practitioner from whom he/she seeks medical attention.
- B. In the event the respondent obtains a prescription from a licensed practitioner for any controlled/abuse potential substance, the **respondent shall submit a copy of the prescription to the board within 48 hours.** The prescription must be for a current condition. The respondent must not arbitrarily take medications prescribed for a past illness or take a prescription that is prescribed for another person. The respondent shall also have his/her prescribing provider notify the board in writing within ten days of the provider's issuance of the prescription. The board at any time may request the practitioner to document the continued need for the prescribed medication(s).
- C. If the respondent obtains prescription(s) from more than one prescriber, he/she must inform each physician of any/all medication being prescribed. The prescriber(s) must submit a letter to the board indicating that they are aware that the respondent is being medicated by other providers.
- D. The respondent, if enrolled in aftercare, must inform the aftercare counselor of any/all prescriptions, and the aftercare counselor must submit a letter to the board within ten (10) days of the prescription date indicating that they are aware of any/all prescriptions.

The respondent shall NOT consume hemp, poppy seeds, or any product or by-product containing the same.

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- E. The respondent's licensed practitioner(s) must complete the board's **controlled medication/abuse potential substance(s)** form for controlled medication(s)/abuse potential substances (copies enclosed), and submit it within **ten (10) days** of the date of the prescription **directly** to the board office. The form must come from the provider to the board office by mail. **It may not pass through the respondent's hands; it may not be sent by facsimile.**
- F. The controlled medication/abuse potential substance form must contain a record of all health care providers treating the respondent along with the condition(s) being treated and prescription(s) ordered for listed condition(s). The provider must identify the medication, dosage, and the date the medication was prescribed.
- G. The respondent's licensed practitioner(s) must complete the board's **board order acknowledgement form** acknowledging the respondent's reason(s) for holding a probated license and submit the form within **ten (10) days** of the date of the prescription **directly** to the board office. The form must come from the provider to the board office by mail. **It may not pass through the respondent's hands; it may not be sent by facsimile.**
- H. No medications from a prescription over six (6) months old should be taken without an updated prescription verification. Using prescribed medication(s) over six (6) months old without an updated verification is grounds for further disciplinary action as stated in this order.
- I. If prescription drugs are refilled, the board must also have a letter from the prescribing practitioner attesting to the continued need for the medication(s) and the controlled medication/abuse potential substance form must be updated every six (6) months. The form is required to be re-submitted to the board at that time.

Failure to follow these procedures when obtaining a prescription may be grounds for further disciplinary action as stated in this order.

7. **Enroll in a Drug Screening Program:**

- A. The respondent shall continue to submit to and pay for random drug screens. The random testing shall be done at a minimum of once per month but may be required more frequently as requested by the board. The board may at any time request additional testing, including but not limited to, hair and/or blood samples.

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- B. Any occurrence of the following conditions constitutes noncompliance with the board order: failure to register with the selected firm within ten (10) days of the date of this order; a positive drug screen; failure to call the testing firm daily; failure to submit a specimen on date selected for screening; refusal to furnish a specimen; submission of a specimen where the integrity has been compromised, as indicated by the presence of adulterants or submission of a sample that is below acceptable volume or temperature to be tested; failure to follow requested procedure in obtaining a specimen.
- C. Drug screen results indicating an abnormal/dilute specimen, or a result indicating a low specific gravity with low creatinine levels will be considered positive and non-compliant with board order and grounds for further disciplinary action as stated in this order.
- D. Calling the drug screening firm from a cell phone is prohibited. A landline telephone must be used and the respondent must listen to the entire message. Using a telephone other than a landline or failing to listen to the entire message will be considered non-compliant with this order and grounds for further disciplinary action as stated in this order.
- E. Failure to properly fill out or maintain a proper chain of custody form in any way that is not accepted by the drug testing facility will be considered positive and non-compliant with the board order and grounds for further disciplinary action as stated in this order.
- F. The respondent shall adhere to all guidelines set forth by the board and the drug screening firm. The drug screening firm will report any/all violations of their guidelines, policies and procedures to the board.

8. Participate in any and all Treatment/Aftercare Programs as prescribed:

- A. The respondent shall enroll and participate in board approved treatment/aftercare programs as prescribed or recommended by the chemical evaluator.
- B. The respondent shall have the aftercare counselor submit to the board office proof of the respondent's entry into an appropriate facility, inpatient program, outpatient program, halfway house, residential long-term treatment, and/or a combination thereof.

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- C. The respondent shall execute the release of information forms to allow the treatment facility/center/counselor/practitioner of record to communicate with and supply information to the board.
- D. The respondent must submit evidence of **continued compliance with treatment plan/counseling**, if applicable. Treatment/aftercare compliance must be maintained.
- E. The respondent shall cause the aftercare counselor to submit quarterly to the board office progress reports indicating compliance with treatment recommendations. Reports are due on or before the 10th day of January, April, July, and October of each year until treatment is deemed complete.
- F. Upon completion of the treatment/aftercare program(s), the respondent shall also have the aftercare counselor provide the board with documentation indicating the respondent's successful completion of the program and feels the respondent can safely enter practice as a licensed practical nurse.

Furthermore, I, Shauna Sias (signature of respondent), acknowledge that I have been notified and agree that failure to comply with the orders of the board may result in any or all of the following:

VIOLATIONS

Failure to comply with any and/or all sections of this order may result in any and/or all of the following: a) immediate suspension of license, b) indefinite suspension of license, c) ineligibility for annual renewal of license, d) additional fines/penalties up to \$500.00 per occurrence, e) increased probationary period, f) summary suspension, and/or g) revocation.

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VIOLATIONS CONT.

FAILURE TO COMPLY WITH ANY SECTION OF THIS ORDER RELATED TO DRUG SCREENS, TREATMENT PLANS, AND/OR REGARDING ABUSE POTENTIAL PRESCRIPTION DRUGS MAY RESULT IN A FOUR YEAR PERIOD OF SUSPENSION WITHOUT A HEARING BEFORE THE BOARD.

During the period of suspension, if related to substance abuse, appropriate consistent treatment must be obtained, and the respondent must show evidence of two consecutive years of being drug/alcohol free immediately prior to the respondent's initiation of a reinstatement request. If during your 2 consecutive years of sobriety you relapse, your 2 consecutive years of sobriety will re-start on date of relapse occurrence provided that the respondent is in treatment.

Public Records

This order is public record. All disciplinary actions of the board will be reported to all required data banks and agencies as required by law.

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LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
3421 NORTH CAUSEWAY BOULEVARD, SUITE 505
METAIRIE, LOUISIANA 70002-3715
(504) 838-5791
FAX (504) 838-5279
www.lsbpne.com

RECEIVED
MAY 10 2013
L.S.B.P.N.E.

CONSENT ORDER ACCEPTANCE

I, Shauna Sias the undersigned respondent, agree that the board has jurisdiction over the matter and specifically waive my right to contest these findings in any subsequent proceedings before the board. I understand that the consent order shall constitute as public record and is disciplinary action by the board.

I further acknowledge and attest that I have fully cooperated with the Louisiana State Board of Practical Nurse Examiners in resolving this matter, and intend to comply with all stipulations of the order.

I voluntarily agree to sign and have witnessed the terms of the order for the purpose of avoiding a formal hearing with the Louisiana State Board of Practical Nurse Examiners.

I do say that I freely, knowingly and voluntarily enter into the order. I understand that I have a right to a hearing in the matter and I freely waive such right. I understand that I have a right to legal counsel prior to entering into the order.

I understand that the order is effective immediately upon signature of the executive director and will become an order of the board. It is understood that the order does not preclude the Board of Practical Nurse Examiners from requiring a formal hearing of my case. I further understand that should the consent order not be accepted by the board, I agree that presentation to and consideration of the consent order, the documenting evidence and information by the board shall not unfairly or illegally prejudice the board or any of its members from participation in hearings or other proceedings pertaining to these or other matters regarding the respondent.

I further agree that if at any point in the execution of this order, my license is under suspension and I request reinstatement of said license, I must demonstrate, to the satisfaction of the board, that I pose no danger to the practice of nursing or to the public and that I can safely and competently perform the duties of a practical nurse. The board, in reinstating my license will require a period of probation, along with supportive conditions or stipulations as outlined in the board order, to ensure that patients and the public are protected.

<u>Wahley Knight</u>	<u>7/11/13</u>
Signature of applicant	Date
<u>Shauna Sias</u>	<u>7/11/13</u>
Signature of witness #1 applicant	Date
<u>Laquontis Williams</u>	<u>7/11/13</u>
Signature of witness # 2	Date

Louisiana State Board of Practical Nurse Examiners

M Lynn Ansardi RN 7/23/13
M. Lynn Ansardi, RN Date
Executive Director

SS
Shauna Sias