LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
(504) 838-5791
FAX (504) 838-5279
www.lsbpne.com

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JAN 16 2015
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In the matter of: **Le Kethia Julien**
P. O. Box 524
Loreauville, LA 70552

License #270331

Date offered: **December 29, 2014**

Date offer expires: **January 18, 2015**

CONSENT AGREEMENT/ORDER

The Louisiana State Board of Practical Nurse Examiners does hereby offer this consent agreement/order to **Le Kethia Julien, license #270331**, based on the following:

FINDINGS OF FACT

1. The respondent was issued a license to practice practical nursing in the state of Louisiana on February 13, 2007.

2. While employed as a licensed practical nurse with Iberia Comprehensive CHC the respondent ordered Depo-Provera for a patient without doctor's approval or prior assessment of the patient.

3. The respondent was terminated from the facility.

CONCLUSIONS OF LAW

Based on the evidence submitted, the board has concluded that **Ms. Julien** (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.

(c) is unfit, or incompetent by reason of negligence habit, or other causes;
(f) is guilty of unprofessional conduct;
(g) has violated any provisions of this Part;

LKJ
Le Kethia Julien

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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.

3. being unfit, or incompetent by reason of negligence, habit or other causes;
8. being guilty of unprofessional conduct;
- **a. failure to practice practical nursing in accordance with the standards normally expected;**
- **b. failure to utilize appropriate judgment in administering nursing practice;**
- **e. performing procedures beyond the authorized scope of practical nursing;**
- **i. falsifying records;**
- **p. inappropriate, incomplete or improper documentation;**
- **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 in the matter, the respondent consents to accept and abide by the following orders of the board:

That the respondent's license be placed on probation for a minimum period of **one (1) year** with the following stipulations:

1. **License:**

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

   B. The respondent shall return his/her current practical nursing license to the board office with the signed agreement, so the license can be stamped with the mandatory probation stamp.

2. **Obey all laws:**

   A. The respondent shall obey all laws/rules governing the practice of practical nursing in this state and obey all federal, state, and local laws.

   B. The respondent shall report to the board within **ten (10) days** any misdemeanor and/or felony arrest(s) or conviction(s).

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3. **Fines/Fees:**

A. The respondent is hereby fined $1000.00, **payable by cashier's check or money order only**, for the violations detailed in the conclusions of law, due within **90 days** from the date this order is executed.

a. The first payment of $500.00 is due within **90 days** from the date this order is executed.

b. The second payment of $500.00 is due within **180 days** from the date this order is executed.

B. The respondent is to submit a $500.00 annual probation monitoring fee, **payable by cashier's check or money order only**.

C. The probation monitoring fee is due within **three (3) months** of receiving a probated license and annually thereafter until the probation is satisfactorily completed.

D. Failure to pay this fine/fee in the time allotted will result in the immediate suspension of the respondent's practical nursing license.

4. **Notify board of change of address/telephone number/employment:**

A. 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.

5. **Employment:**

A. The respondent shall provide a copy of the entire board order/consent order including the findings of fact 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, the respondent and the current employer shall enter into the board's **Employer's Agreement** (form(s) issued by board). The signed form(s) shall be submitted to the board office within **ten (10) days** from the date this order is executed.

ii. Upon obtaining new employment as an lpn, the respondent shall enter into the board's **Employer's Agreement** (form(s) issued by board)

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with the prospective employer. The signed form(s) shall be submitted to the board office within **ten (10) days** of the date of hire.

B. All current and prospective employers must agree to allow the respondent's direct supervisor to monitor the respondent while on probation as well as timely submission of evaluations.

C. Probation will run concurrent with employment as an lpn.

D. The respondent must be employed a minimum of 80 hours per month.

E. 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.

F. Failure to maintain stable employment may be grounds for termination of probation.

G. The respondent must practice under the supervision of a nurse (rn or lpn) or physician, whose license is unencumbered, 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 January, April, July, and October of each year. (Note: these forms will be provided to the employer)

      b. Only the respondent's direct supervisor may complete the evaluations according to the observations made during the supervision.

H. 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.

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I. Upon obtaining a prescription for controlled/abuse potential substance(s) while holding a probated license, the respondent is responsible for informing his/her employer within **three (3) days** of the date of the prescription(s).

6. **Courses:**

The respondent must take and satisfactorily complete board approved courses in the following areas: **Communication Skills in Nursing-30 CEU, Documentation for Nurses-30 CEU, Nurses Legal Handbook-30 CEU.**
Evidence of completion of the course(s) is due in the board office within 90 days of the date of this order.

The respondent is hereby notified and by **signature** Le Kethia Julien acknowledges and agrees that failure to comply with the orders of the board may result in any or all of the following:

Violations

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 g) revocation.

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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CONSENT AGREEMENT/ORDER ACCEPTANCE

I, **Le Kethia Julien,** 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 this agreement shall constitute as public record and is considered disciplinary action by the board. I also understand that this action will be reported as mandated to all state and federal agencies.

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 this agreement.

I voluntarily agree to sign and have witnessed the terms of this agreement 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 this agreement. 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 this agreement.

I understand that this agreement is effective immediately upon signature of the executive director and will become an order of the board. It is understood that this agreement does not preclude the Board of Practical Nurse Examiners from requiring a formal hearing of my case. I further understand that should this agreement not be accepted by the board, I agree that presentation to and consideration of this agreement, the documenting evidence and information obtained 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.

I further agree that if at any point during the execution of this agreement, I violate the stipulations set forth, my license will be suspended. In order for my license to be reinstated, 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 this agreement to ensure that patients and the public are protected.

Le Kethia Julien
Signature of licensee/applicant

1/11/15
Date

Mary D. Freeman
Signature of witness #1

1-11-2015
Date

Lyra Olivier
Signature of witness #2

1-12-2015
Date

M Lynn Ansardi RN
M. LYNN ANSARDI, RN
EXECUTIVE DIRECTOR

01.20.15
Date

LKJ
Le Kethia Julien