LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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In the matter of:

Natalie Raymond
880 Ole Hwy 15
West Monroe, LA 71291

License # 981046

Respondent

CONSENT AGREEMENT

Terms Agreed by Licensee

I, **Natalie Raymond**, voluntarily agree to sign and have notarized terms of agreement for the purpose of avoiding a formal hearing with the Louisiana State Board of Practical Nurse Examiners.

I, **Natalie Raymond** , do say that I freely, knowingly and voluntarily enter into this agreement. I understand that I have a right to a hearing in this matter and I freely waive such right. I understand that I have a right to legal counsel prior to entering into this agreement.

I acknowledge that the Louisiana State Board of Practical Nurse Examiners makes the following **Finding of Fact**:

1. That on October 19, ~~2001~~ graduated from Delta Ouachita Regional Technical School and received a license to practice Practical Nursing in the State of Louisiana on December 11,1998.

2. That on November 29, 2001 the respondent self reported to the Board an admission to treatment for chemical dependency.

3. That on December 4, 2001 the Board summarily suspended the respondent' s Practical Nursing License.

4. That as of May 1, 2001 the respondent has provided to the Board a psychiatric evaluation and updates for continued aftercare.

To facilitate submission of this Consent Order, I do not offer any defense to the Finding of Fact. I admit to the allegations and agree that there is sufficient evidence upon which to predicate a finding of violation of the provisions of Louisiana Revised Statute, Title 37, Chapter 11 Nurses, Part II, Practical Nurses, Section 969 as defined in the Louisiana Administrative Code, Title 46, Part XLVII. Nurses, Subpart 1, Practical Nurses, Section 307. I agree that the Board has jurisdiction of this matter. I specifically waive my right to contest these findings in any subsequent proceedings before the Board. I understand that this Consent Order shall constitute as public record and is disciplinary action by the Board.

4. Is habitually intemperate or is addicted to the use of habit- forming drugs;
6. Is guilty of unprofessional conduct;
a. Failure to practice practical nursing in accordance to the standards normally expected;
g. Improper use of drugs, medical supplies, or patient's records;

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

In order to avoid administrative proceedings, I, **Natalie Raymond** . hereby consent to accept and abide by the following Order of the Board:

1. That the respondent's license be suspended for a period of 24 months from documented date of sobriety.

A. That she must submit prior to reinstatement two years documented evidence of sobriety in the form of AA/NA meetings, aftercare/counseling reports, negative monthly urine drug screens and a recent update from her evaluator indicating he/she feels respondent may safely return to the practice of practical nursing.

2. That upon written request for reinstatement no earlier than October 27, 2003 the Board will evaluate the evidence of sobriety submitted . Should it meet the Board's satisfaction the Board will grant reinstatement of his/her license. This license will be placed on probation for a period of two years with the following stipulations:

a) **PROBATIONARY LICENSE:** practical nurse license will be on probationary status for at least 24 months to run concurrent with employment as a Licensed Practical Nurse. License must be stamped **PROBATION.** License must be stamped **PROBATION.** Licensee must be employed a minimum of 10 days per month to be considered employed as a Licensed Practical Nurse.

b) **NOTIFICATION OF CHANGES:** shall notify the Board in writing **immediately**(within 5 days) of any change in name, address, telephone number or employment. Licensee must provide the Board immediately with current address and telephone number

c) **DIRECT SUPERVISION:** will provide patient care only under direct supervision of a nurse, (RN or LPN), or physician.

d) **EMPLOYER REPORTS:** upon obtaining employment as a Licensed Practical Nurse, licensee must request employer to submit a letter of hire **within 5 days of hire date**. If licensee is already employed at a facility at time of signature of agreement employer is to submit the enclosed form indicating facility is aware of probation and will agree to monitor respondent while on probation Employer must submit evaluative reports quarterly. If unemployed or not employed as an LPN, the respondent must send a letter to the Board monthly stating the respondent's current employment status. Reports are due on or before the 10th day of January, April, July and October of each year.

e) **PROHIBITED PRACTICE:** prohibited from working in temporary staffing or any other unsupervised setting such as staffing/agency/pool or home health setting.

f) **INFORM EMPLOYER:** must provide a copy of this Agreement to each employer immediately.

g) **MONETARY COMPLIANCE:** agrees to pay probationary fee of $15.00 a month on the 10th day of each month.

h) **MOOD ALTERING CHEMICAL:** Respondent **must abstain at all times** from the use of controlled or abuse potential substances, including alcohol. except as prescribed by a licensed practitioner from whom he/she seeks medical attention. Should the respondent obtain a prescription from a licensed practitioner he/she shall submit a copy of the prescription to the Board within **48 hours.** Respondent shall inform all licensed practitioners who authorize prescriptions of controlled or abuse potential substances. of his/her dependency on controlled or abuse potential substances. and respondent shall cause all such licensed practitioners to submit a written report identifying the medication, dosage, and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioners **within ten (10) days** of the date of the prescription. If prescription drugs are refilled the Board must also have a letter from the prescribing practitioner to the continued need for the medication.

i) **VERIFICATION OF MEETINGS:** must at the direction of the counselor/treating practitioner evidence of attendance to monthly AA and or aftercare meetings. Counselor is to submit to the Board a minimum of quarterly evaluations of compliance with treatment plan. Upon discharge from treatment counselor is to submit to the Board a discharge summary to include any future recommendations. Licensee must sign the enclosed release of information form and submit to her treatment center , counselor/practitioner of record giving the Board the authority to speak regarding treatment recommendations and compliance with treatment plan at all times.

j) **DRUG SCREENS:** must submit to and pay for random urine drug screens. Refusal to furnish a urine specimen, positive screen. failure to follow requested procedure in obtaining a specimen or failure to submit a specimen on date color is called will be considered non- compliance with the Board Order and grounds for disciplinary action as stated in this agreement. Urine screens will be managed by a drug testing firm selected by the Board. You will receive information from a selected firm and drug screens begin as soon as your "color" selection is mandated on a random day of the month.

Failure to comply with Order may result in the following: a) indefinite suspension of license, b) ineligibility for annual renewal of license, c) additional fines, cost and penalties up to $500.00 per occurrence, d) increased probationary period if applicable, e) summary suspension and f) revocation.

2. That licensee is to submit a fine of $250.00 for the violation of the Nurse Practice Act prior to the end of probation.

3. That licensee is to submit $250.00 to accept Consent Agreement prior to issuance of probationary license.

Receipt of any new verifiable reports of violation of the Law relating to the practice of Practical Nursing your license will be immediately suspended for 2 years without a appearance before the Board.

I agree that if I request reinstatement of my license, I must demonstrate, to the satisfaction of the Board, that I pose no danger to the practice of nursing or to the public 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, to ensure that patients and the public are protected.

I, **Natalie Raymond**, 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 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 this respondent.

Natalie Raymond
RESPONDENT

Dated this 8 **Day of** May, **2002**.

S. Clements RN
witness

Bruce Adams RN
witness

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

Claire Doody Glaviano
CLAIRE DOODY GLAVIANO
EXECUTIVE DIRECTOR