

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

In the matter of:

Corinthia Williams
S.S. # ending in 7363

This cause having come to be heard at a formal hearing conducted at the board office on **December 11, 2014 at 9:00 a.m.** upon the complaint filed in this matter.

1. The respondent did appear at the scheduled hearing and did give sworn testimony. The hearing officer did find the respondent credible.
2. There were no witnesses called to give sworn testimony on the board's behalf.
3. Exhibits A-I were admitted into evidence at the hearing, as well as Respondent's Exhibits 1-3. The hearing officer fully reviewed and considered all exhibits.
4. The hearing officer fully reviewed and considered the transcript of the hearing as prepared and certified by the court reporter, Dawn H. Hymel, CCR, who was present and recorded the hearing.

The hearing officer, having reviewed all evidence and testimony, and being fully advised in the premises, makes the following findings of fact and conclusions of law based on the entire record:

FINDINGS OF FACT

On May 13, 2013, the board received the respondent's Evaluation for Admission to a Practical Nursing Program. On this form, the respondent answered "yes" to question #19 which asks:

"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 expunged/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?"
(Refer to Exhibit B)

The respondent reported the following charges to the board on 5/13/13:

- 2/14/12 Domestic Abuse Battery
Simple Criminal Damage to Property

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Following the completion of her FBI criminal background check, she reported the following additional charges to the board on 7/9/14:

- 07/1999 G-13248-99
- 09/2010 R.S. 14:35.3

Her Louisiana state criminal background check indicated the following arrests, several of which she failed to report, as required:

- 07/14/99
Obscenity
Crime Against Nature
Drugs – Schedule IV DST
Drugs – Schedule IV POS
B Drinking
Lewd Dancing
- 08/25/01
Mun or Traffic Attachment
- 09/20/10
Simple Battery
- 11/15/11
Domestic Abuse Battery
- 12/24/11
Violation of Protective Orders

Her FBI criminal background check indicated the following additional arrest, which she failed to report, as required:

- 06/17/06 Aggravated Assault W/ Deadly Weapon

All charges have been refused, dismissed, or nolle prossed, except the charge of B Drinking, to which the respondent pled guilty. (Refer to Exhibit G)

On August 29, 2014, the Board received the respondent's First Time Writers Application requesting to take the NCLEX-PN to receive a practical nursing license in the state of Louisiana. (Refer to Exhibit E)

The respondent has had a challenging life. She witnessed her mom being killed through domestic violence, and then she placed herself in similar situations. This has led to her legal issues, which were ultimately dismissed. The respondent has been working in the medical field for multiple years as a phlebotomist and a CNA. For character witnesses, please refer to Exhibits G and Respondent's Exhibits 1-3.

The hearing officer found that the respondent has been able to grow beyond her past legal issues. The respondent was able to provide evidence of her professional character by having a continued committed medical career.

The board has jurisdiction over the parties hereto and the subject matter hereof.

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CONCLUSIONS OF LAW

Based on the facts set forth in the entire record and outlined herein above, the respondent is in violation of the following:

1. The Louisiana Revised Statutes of 1950, Title 37, Chapter 11, Part II, Section 969 A. (4);

(a) is guilty of fraud or deceit in procuring or attempting to procure a license to practice practical nursing; (b) is guilty of a crime; (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;

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

2. The Louisiana Administrative Code, Title 46, Part XLVII, Subpart 1, Sections § 306 T.

1. **being guilty of fraud or deceit in procuring or attempting to procure a license to practice practical nursing;**
2. **being guilty of a crime;**
3. **being unfit, or incompetent by reason of negligence, habit or other causes;**
8. **being guilty of unprofessional conduct;**
 - i. **falsifying records;**
 - t. **violating any provisions of R.S. 37:961 et seq. (the practical nursing practice act), as amended or aiding or abetting therein.**

ORDER

The matter of **Corinthia Williams, applicant for licensure**, on **March 13, 2015**, came on for final action by the Louisiana State Board of Practical Nurse Examiners.

NOW THEREFORE, IT IS ORDERED, that the license of the respondent, **Corinthia Williams, applicant for licensure**, prior to being made eligible to take the NCLEX-PN must complete the following stipulations:

1. **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.

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

2. **Notify board of change of address/telephone number:**

A. The respondent shall notify the board in writing within **ten (10) days** of any change in personal address or telephone number.

3. **Obtain the following evaluation(s):**

Psychological prior to being made eligible

- A. Within **thirty (30) days** of the date of this order, the respondent shall undergo the above ordered evaluation(s). The evaluation(s) shall be conducted by a licensed certified psychologist/psychiatrist/addictionologist of the respondent's choice. The evaluation(s) shall be conducted using both objective and subjective assessment tools.
- B. Prior to the evaluation(s), the respondent shall furnish the evaluator with a copy of the board order/consent order to include the findings of fact, conclusions of law, and the **Board Order Acknowledgement Form**. The evaluator shall verify receipt and review of these documents in the evaluation(s) of the respondent.
- C. The respondent shall execute the **Release of Information Form** 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 the evaluative report(s).
- E. The report of the evaluation(s) shall include, but not be limited to, the following:
- i. history of chemical/alcohol use
 - ii. past and present treatment and/or recovery activities
 - iii. results of any testing conducted
 - iv. a summary of the findings
 - v. treatment plan, if applicable
 - vi. list of medications prescribed, if applicable
 - vii. an assessment as to respondent's ability to practice safely as a

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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 therapeutic 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.
 - G. The respondent shall undergo subsequent evaluations by a board approved psychologist/psychiatrist/addictionologist if requested by the board following a relapse or for other related causes.
4. **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 addiction/psychological 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 Form** to allow the treatment facility/center/counselor/practitioner of record to communicate with and supply information to the board.
 - D. The respondent shall submit evidence of **continued compliance with the treatment plan/counseling**. Treatment/aftercare compliance must be maintained throughout the duration of this order or until treatment is deemed complete.
 - 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.

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F. Upon completion of the treatment/aftercare program(s), the respondent shall have the aftercare counselor provide the board with documentation indicating the respondent's successful completion of the program.

5. **Courses:**

The respondent must take and satisfactorily complete board approved courses in the following areas: **Anger Management-30 hours; Family/Domestic Violence-10 hours.**

Evidence of completion of the course(s) is due in the board office within **90 days** of the date of this order.

6. **Fines/Fees:**

A. The respondent is hereby fined \$500.00, **payable by cashier's check or money order only**, for the violations detailed in the conclusions of law, payable within **90 days** from the date this order is executed.

B. The respondent is hereby assessed a hearing assessment fee of \$500.00, **payable by cashier's check or money order only**, within **90 days** of the date of this order.

C. The respondent must pay any/all fines/fees owed to the board, including a reinstatement fee, if/when applicable. Fines/fees are **payable by cashier's check or money order only**.

7. **Reinstatement requirements:**

A. All stipulations must be successfully fulfilled prior to being made eligible to take the NCLEX-PN.

B. The respondent is to submit a written request to be made eligible to take the NCLEX-PN to the board office.

C. If a chemical and/or psychological assessment was stipulated prior to being made eligible, the provider who conducted the original assessment must submit a letter to the board office indicating that he/she feels the respondent can safely practice practical nursing and under what conditions (i.e., recommendations for ongoing treatment and a list of medications being prescribed). If the assessment includes a treatment plan, evidence of

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compliance with this plan must also be submitted to the board.

Upon favorable review of compliance with the above listed stipulations, the respondent may then be made eligible to take the NCLEX-PN. Upon passing the licensure exam, the respondent's license may then be placed on probation for a minimum period of **one (1) year**. During this probationary period the respondent shall follow **stipulations #1, 2, 4, 5 and 6 as stipulated above and the following stipulations as stipulated below:**

PROBATION STIPULATIONS:

1. **License:**
 - A. The license of the respondent will be stamped "PROBATION".
2. **Fines/Fees:**
 - A. The respondent is to submit a \$500.00 annual probation monitoring fee, **payable by cashier's check or money order only.**
 - B. The probation monitoring fee is due within **three (3) months** of receiving a probated license and annually thereafter until the probation is satisfactorily completed.
 - C. 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 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** of the date of the board order/consent order.
 - ii. Upon obtaining new employment as an lpn, the respondent shall

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enter into the board's **Employer's Agreement** (form(s) issued by board) 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.

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- 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.
- I. The respondent shall notify the board in writing within **ten (10) days** of any change in employment. Changes in employment include accepting a new job, as well as resignation, or termination.
- J. 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** from the date of the prescription(s).

Violations

The respondent is hereby notified that failure to comply with any stipulations of this order of the board may result in any 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 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.

Rendered this **13th** day of **March, 2015**, and signed this **13th** day of **March, 2015**, at Metairie, Louisiana.

Myron L. Collins LPN

MYRON COLLINS, LPN
CHAIRMAN OF THE BOARD

M Lynn Ansardi RN

M. LYNN ANSARDI, RN
EXECUTIVE DIRECTOR

Mailed this **13th** day of **March, 2015**, by U.S. postal service certified mail return receipt **#7014 2120 0003 8719 3035** and regular mail to the following address:

Corinthia Williams
321 Blossom Ct.
Waggaman, LA 70094