

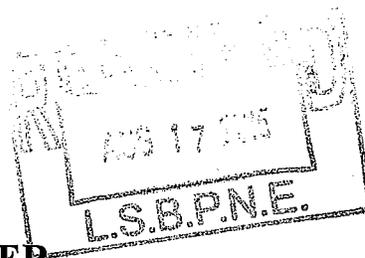
LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
131 AIRLINE DRIVE, SUITE 301  
METAIRIE, LOUISIANA 70001-6266  
(504) 838-5791  
FAX (504) 838-5279  
www.lsbpne.com

**In the matter of:**     **Vanity Spriggins**  
                          **249 Lithcote Rd**  
                          **Ville Platte, LA 70586**

**Applicant for licensure, S.S. # ending with 0801**  
**D.O.B. 04/05/1989**

**Date offered:**         **July 31, 2015**

**Date offer expires:**   **August 20, 2015**



### **CONSENT AGREEMENT/ORDER**

The Louisiana State Board of Practical Nurse Examiners does hereby offer this consent agreement to **Vanity Spriggins**, applicant for licensure, based on the following:

#### **FINDINGS OF FACT**

The respondent entered into the practical nursing program at the Acadiana Technical College – C.B. Coreil Campus. On her Evaluation for Admission to a Practical Nursing Program, she 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**?”

She reported the following arrest:

- June 2009     Shoplifting

On her First Time Writers Application, she answered “yes” to the question which asks:

“Since your enrollment in the practical nursing program, have you been arrested, charged, convicted of, plead guilty or no contest and/or nolo contendere, or been sentenced from any criminal offense in any state? (NOTE: even though an arrest or conviction has been pardoned, EXPUNGED, dismissed or deferred, and your civil rights

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have been restored, you must answer "YES" and attach a detailed written statement and a certified copy of the criminal record(s)."

She reported the following arrest:

- 2/7/14 Disturbing the Peace

Regarding the charge of Shoplifting, the respondent pled guilty and was placed on unsupervised probation. The Disturbing the Peace charge resulted from an argument between the respondent and her child's school bus driver. She pled guilty to a charge of Disturbing the Peace – Offensive Words, and was placed on probation. Both matters have been cleared to the satisfaction of the court.

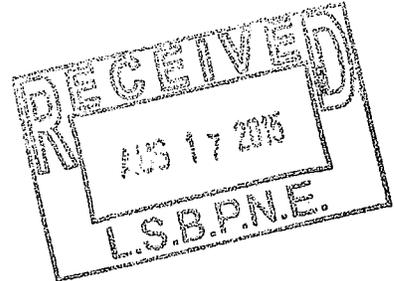
### CONCLUSIONS OF LAW

Based on the information submitted, the board has concluded that Ms. Spriggins, (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;
- (f) is guilty of unprofessional conduct;
- (g) has violated any provisions of this Part;

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

- 2. being guilty of a crime;
- 8. being guilty of unprofessional conduct;
  - n. being convicted of a crime or offense which reflects the inability of the nurse to practice practical nursing with due regard for the health and safety of clients or patients or enters a plea of guilty or nolo contendere to a criminal charge regardless of final disposition of the criminal proceeding including, but not limited to, expungement or nonadjudication or pardon;
  - t. violating any provisions of R.S. 37:961 et seq. (the practical nursing practice act), as amended or aiding or abetting therein.

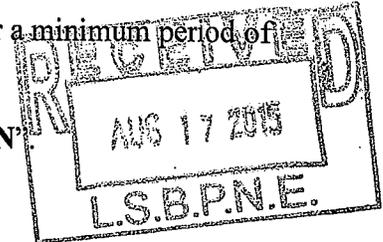


## ORDER

In lieu of a formal hearing in the matter, and upon successfully passing the NCLEX-PN the respondent consents to accept and abide by the following orders of the board:

1. **License:**

- A. The license of the respondent shall be placed on probation for a minimum period of **one (1) year.**
- B. The license of the respondent will be stamped "PROBATION"



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).

3. **Fines/Fees:**

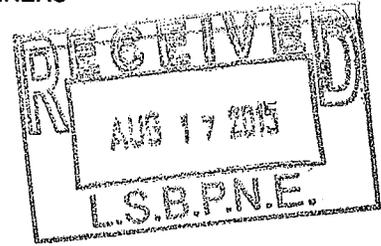
- A. The respondent shall submit a \$500.00 annual probation monitoring fee, **payable by cashier's check or money order only**, due within **three (3) months** of receiving a probated license, and annually thereafter until the probation is satisfactorily completed.
- B. Failure to pay these fees in 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:**

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

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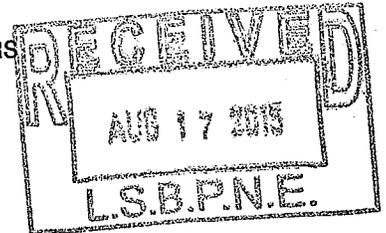
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5. **Employment:**

- 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 prospective employer(s) and at the time of making application.
- i. Upon obtaining new employment as an lpn, the respondent shall 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.

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- a. Reports are due on or before the 10<sup>th</sup> 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.
- 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** of the date of the prescription(s).

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

### Violations

a) denial of licensure, b) immediate suspension of license, c) indefinite suspension of license, d) ineligibility for annual renewal of license, e) additional fines/penalties up to \$500.00 per occurrence, f) increased probationary period, g) summary suspension and h) revocation.

**FAILURE TO COMPLY WITH ANY SECTION OF THIS ORDER RELATED TO DRUG SCREENS, TREATMENT PLANS, AND/OR REGARDING PERSONAL SUBSTANCE ABUSE WHETHER PRESCRIPTION DRUGS OR ILLEGAL DRUGS MAY RESULT IN SUSPENSION OF UP TO A FOUR (4) YEAR PERIOD WITHOUT A HEARING BEFORE THE BOARD.** During the

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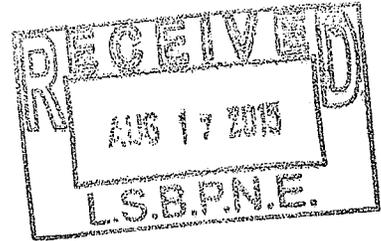
period of suspension, if related to substance abuse, appropriate consistent treatment must be obtained, and the respondent must show evidence of **two (2) consecutive years** of being drug/alcohol free immediately prior to the respondent's initiation of a reinstatement request. If during the **two (2) consecutive years** of sobriety the respondent relapses, the **two (2) consecutive years** of sobriety will re-start on the date of the 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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### CONSENT AGREEMENT/ORDER ACCEPTANCE

I, Vanity Spriggins, 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 agree that if at any point during the execution of this agreement, I violate the stipulations set forth, prior to being made eligible to write the NCLEX-PN, I may be denied eligibility to write the NCLEX-PN, and understand that denial of licensure in the state of Louisiana is permanent. I further agree that if I violate the stipulations set forth after being issued a license, that my license may 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.

Vanity Spriggins  
Signature of licensee/applicant

8/14/15  
Date

Letha Spriggins  
Signature of witness #1

8/14/15  
Date

[Signature]  
Signature of witness #2

8/14/15  
Date

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

8/19/15  
Date

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**DO NOT ACCEPT**

I, \_\_\_\_\_, **DO NOT ACCEPT** the consent agreement offered and request to appear before the board for a formal hearing.

I am not accepting this agreement for the following reason(s):

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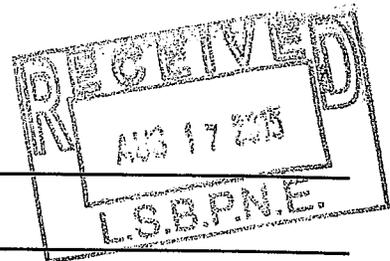
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\_\_\_\_\_  
Signature of licensee/applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness #2

\_\_\_\_\_  
Date