LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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In the matter of: **Jessica Hall**
9250 Dean Rd. Apt 822
Shreveport, LA 71119

Applicant for licensure, S.S. # ending with 1907
D.O.B. 03/20/1987

Date offered: **September 8, 2015**

Date offer expires: **September 28, 2015**

CONSENT AGREEMENT/ORDER

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

FINDINGS OF FACT

The respondent entered into the practical nursing program at LSU – Shreveport. She graduated from the program on or about December 11, 2014.

The Board received information from the respondent's state background check which shows on 08/02/2013, respondent was charged with unlawfully prescribing, dispensing or assisting in illegally obtaining CDS by fraud, namely Adipex.

The respondent has since enrolled in and successfully completed the Caddo Parish District Attorney's Pre-Trial Diversion Program.

CONCLUSIONS OF LAW

Based on the information submitted, the board has concluded that **Ms. Hall**, (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;

JH
Jessica Hall

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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;
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 $250.00 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:**

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

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 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.

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).

6. **Select one primary pharmacy:**

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

7. **Select one primary care physician:**

A. The respondent shall notify the board within **ten (10) days** from the date this order is executed, the name, address and telephone number of his/her selected primary care physician. The physician must hold an unencumbered license. All medical care received by the respondent for the duration of this order shall be furnished by the primary care physician or by the referral of the primary physician with the exception of emergency care. In the event emergency medical care is necessary, the respondent must notify the board within **three (3) days** from the date the emergency care was rendered if the treatment included administration of mood-altering, controlled, or addictive substances.

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B. The respondent shall execute the **Release of Information Form** to allow the primary care physician/referred specialist to communicate with and supply information to the board.

8. **Abstain from unauthorized drug use and controlled/abuse potential substances, including alcohol:**

The respondent shall abstain at all times from the use of controlled or abuse potential substances, and illegal drugs as defined by law, except as prescribed by the primary care physician from whom he/she seeks medical attention.

The respondent shall not consume hemp, poppy seeds, or any product or by-product containing the same, nor shall the respondent consume any product(s) containing alcohol if it is stipulated that the respondent must abstain from alcohol.

A. The respondent shall present a copy of his/her board order/consent order to include the findings of fact and conclusions of law to their primary care physician/referred specialist at the time of obtaining a prescription for controlled/abuse potential substances.

B. In the event the respondent obtains a prescription from their primary care physician/referred specialist 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 medication that is prescribed for another person.

No medications from a prescription over **six (6) months old** will be accepted 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.

C. The respondent's primary care physician/referred specialist must complete the board's **Medication Form** for controlled medication(s)/abuse potential substances, and the **Board Order Acknowledgement Form**. He/she must submit the forms within **ten (10) days** of the date of the prescription directly to the board office. The forms must come from the provider to the board office by mail. **They may not pass through the respondent's hands. THEY MAY NOT BE SENT BY FACSIMILE.**

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The **Medication Form** must contain the identification of the primary care physician/referred specialist along with the condition(s) being treated and the prescription(s) ordered. The condition that warrants the medication must be identified.

If prescription medications are refilled, the board must also have a letter from the primary care physician/referred specialist attesting to the continued need for the medication(s) and the **Medication Form** must be updated every **six (6) months**. The form is required to be re-submitted to the board at that time directly from the primary care physician/referred specialist.

The primary care physician/referred specialist must acknowledge in writing and by documenting on the **Medication Form** that said provider has knowledge of the respondent's dependency and/or use of controlled or abuse potential substances. The provider must identify the medication, dosage, and the date the medication was prescribed. **The practitioner must state whether the medication(s) being prescribed will negatively impact the respondent's ability to perform his/her nursing duties.**

D. In the event of an emergency or referral to a specialist by the primary care physician, the respondent must notify the emergency care provider and/or specialist of any/all medication already being prescribed. Should the respondent obtain any prescriptions from the emergency care provider and/or specialist for controlled medication(s)/abuse potential substance(s), the respondent shall inform his/her primary care physician. Each prescriber/physician/specialist must submit a letter to the board office indicating they are aware that the respondent is being prescribed controlled medication(s)/abuse potential substance(s) by the other provider(s) and include the reason(s). These notices must be received at the board office within **ten (10) days** of the date of the prescription(s) and must include a list of medication(s) being prescribed by each physician.

E. The respondent, if enrolled in aftercare, shall 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.

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

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9. **Enroll in a drug screening program:**

A. Within **ten (10) days** from the date of receiving a probated license, the respondent shall register with the drug screening firm selected by the board. The respondent is required to call into the system immediately upon registering 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 and/or alcohol 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. All drug screens must be observed. 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 this board order: 1) failure to register with the selected drug testing firm within **ten (10) days** from the date of receiving a probated license; 2) a positive drug screen; 3) failure to contact the testing firm daily; 4) failure to submit a specimen on the date selected for screening; 5) refusal to furnish a specimen; 6) failure to be observed when submitting a specimen or reporting that the facility did not observe screening process; 7) 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; 8) 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 this board order. Positive screens are grounds for further disciplinary action as stated in this order.

F. When checking in with the drug testing company daily by telephone, the respondent must listen to the entire message. Failing to complete the call 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 non-compliant with the board order and grounds for further disciplinary action as stated in this order.

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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.

The respondent is hereby notified and by signature Jessica Hall 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 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, **Jessica Hall,** 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.

Jessica Hall	9-14-15
Signature of licensee/applicant	**Date**
Carolyn Cheek	9-14-15
Signature of witness #1	**Date**
Ashlee Vasley	9-14-15
Signature of witness #2	**Date**
M Lynn Ansardi RN	9/18/15
M. LYNN ANSARDI, RN **EXECUTIVE DIRECTOR**	**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):

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature of licensee/applicant **Date**

_____ _____
Signature of witness #1 **Date**

_____ _____
Signature of witness #2 **Date**

Jessica Hall