

**In the matter of:**     **Amy Thompson**  
                          **c/o It's All About Change**  
                          **16408 LA HWY 685**  
                          **Erath, LA 70533**

**License #200236**

**Date offered:**         **September 29, 2005**

**Date offer expires:**   **October 15, 2005**

### CONSENT ORDER

The Louisiana State Board of Practical Nurse Examiners does hereby offer this Consent Order to Amy Thompson, license #200236 based on the following:

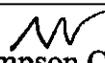
- **That the respondent self-reported to the board that she has entered into Palmetto Addiction Recovery Center for treatment for Anorexia Nervosa, Bulimia Nervosa, Amphetamine/Stimulant Dependence and Gambling addiction.**

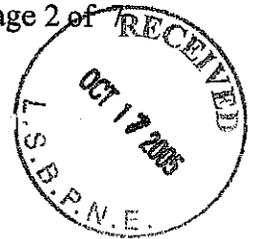
Based on the evidence submitted, the Board has concluded that Ms. Thompson is in violation of the following provisions of Louisiana Revised Statutes, Title 37, Chapter 11. Nurses, Part II. Practical Nurses, Section 969 A. 4. **(c) is unfit, or incompetent by reason of negligence, habit, or other causes; (d); being habitually intemperate or is addicted to the use of habit forming drugs; (f) is guilty of unprofessional conduct:** 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;**
- 4. being habitually intemperate or addicted to the use of habit-forming drugs;**

In lieu of a formal hearing on the matter, the respondent consents to accept and abides by the following Orders of the Board:

- A. That her license be suspended until the following stipulations are met:

  
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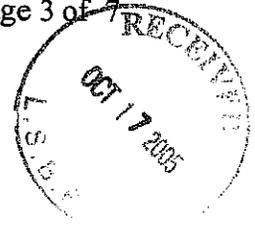


1. The respondent must obtain a chemical addiction assessment conducted by a Board approved psychologist/psychiatrist/addictionologist which assessment must contain evidence that it is based on the use of objective and subjective evaluation tools. The assessment must also include a summary of the findings and a treatment plan, if appropriate.
  2. That the respondent must provide the board with a copy of any/all prescriptions for narcotics from all treating physician and/or dentist.
  3. After all stipulations of the suspension have been satisfactorily fulfilled, the respondent may submit a written request for reinstatement. If suspension stipulations included a chemical and/or psychological assessment, then the reinstatement request must include a letter, from the mental health professional who conducted the original assessment, indicating that the respondent is safe to re-enter practice and under what conditions (i.e., recommendations for on-going treatment, and/or prescribed medications). Furthermore, if the assessment included a treatment plan to be completed prior to reinstatement, evidence of compliance with this plan must also be submitted to the Board.
- B. Upon favorable review of the reinstatement request, the license of the respondent may then be placed on probation for a period of 4 years with the following stipulations:
1. The license of the respondent will be stamped "**PROBATION**".
  2. Probation will run concurrent with employment as a LPN and the respondent must be employed a minimum of 10 days per month. If unemployed, or if not employed as an LPN, the respondent must submit a letter to the Board indicating same. The probationary period will not commence or progress until and unless the respondent is employed (as noted above). In addition, failure to maintain stable employment may be grounds for termination of the probation (**see violations**).
  3. The respondent must provide a copy of the entire Board order immediately, to each and every current employer, and at the time of application, to potential future employers, if applicable.
  4. The respondent must practice under the *direct* supervision of a nurse (RN or LPN) or physician. Employment must provide for the supervisor to have regular and consistent opportunities to evaluate the performance of the respondent.

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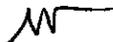
LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
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METAIRIE, LOUISIANA 70002-3715  
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5. Supervisors must submit evaluative reports quarterly. Reports are due on or before the 10<sup>th</sup> day of January, April, July, and October of each year. An administrator of the facility must co-sign the evaluative report.
6. 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.
7. The respondent must notify the Board immediately (within 3 days), and in writing, of any change in name, address, and/or telephone number.
8. The 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 and/or use of controlled or abuse potential substances, and respondent shall cause all such licensed practitioners to complete the board's controlled medication form (**copy enclosed**) and submit same directly to the board office. The form must come from the provider to the board office by mail. It may not pass through the respondent's hands; it may not be sent by facsimile. The controlled medication form must contain a record, provided by the respondent, of all health care providers treating the respondent and the conditions being treated and prescriptions ordered for these conditions.

The prescribing provider must acknowledge, in writing and by documenting on the controlled medication form, that said provider has knowledge of the respondent's dependency and/or use of controlled or abuse potential substances and identify the medication, dosage, and the date the medication was prescribed. The report shall be submitted, within **5 (five) days** of the date of the prescription, and must be sent directly from the prescribing practitioner to the Board office. If prescription drugs are refilled, the Board must also have a letter from the prescribing practitioner attesting to the continued need for the medication and if the controlled medication form must be updated and re-submitted to the board.

  
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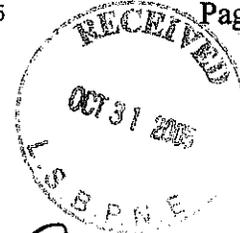


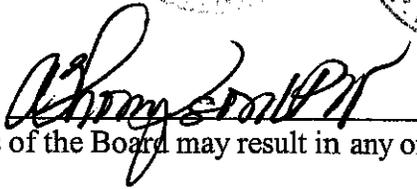
9. The respondent must submit evidence of **continued compliance with treatment plan/counseling**. Psychologist/psychiatrist/counselor is to submit to the Board a minimum of quarterly evaluations of compliance with treatment plan. Upon discharge from treatment counselor is to submit to the Board a discharge summary to include any future recommendations. Respondent must sign the enclosed release of information form and submit it to his/her treatment center, counselor/practitioner of record, giving the Board the authority to discuss treatment recommendations and compliance with treatment plan at all times.
10. The respondent must submit to and pay for random urine drug screens. A drug-testing firm selected by the Board will manage urine screens. Respondent will receive information from the selected firm and drug screens will begin as soon as the respondent's "name" selection is mandated on a random day of the month. Refusal to furnish a urine specimen, a positive screen, failure to follow requested procedure in obtaining a specimen, or failure to submit a specimen on date name is called will be considered non-compliance with the Board Order and grounds for further disciplinary action as stated in this order (**see violations**).
11. The respondent is to submit a \$250.00 probation monitoring fee prior to the issuance of the probationary license and annually thereafter until the probation is satisfactorily completed.
12. That the fine of \$500.00 for the violations of the Nurse Practice Act be waived as long as the stipulations of this order are in force and in good standing.

  
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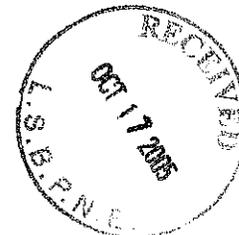
Furthermore, the respondent is hereby notified and by signature  acknowledges and agrees that failure to comply with the Orders of the Board may result in any or all of the following:

### VIOLATIONS

**Failure to comply with any and/or all sections of this order may result in any and/or all of the following: a) immediate suspension of license, b) ineligibility for annual renewal of license, c) additional fines/penalties up to \$500.00 per occurrence, d) increased probationary period, e) summary suspension, and/or f) revocation.**

**FAILURE TO COMPLY WITH ANY SECTION OF THIS ORDER RELATED TO DRUG SCREENS, TREATMENT PLANS, AND/OR REGARDING ABUSE POTENTIAL PRESCRIPTION DRUGS MAY RESULT IN A FOUR YEAR PERIOD OF SUSPENSION 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 consecutive years of being drug/alcohol free prior to the respondent's initiation of a reinstatement request.

  
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**CONSENT ORDER ACCEPTANCE**

I, Amy Thompson, 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 the Consent Order shall constitute as public record and is disciplinary action by the Board.

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 the order.

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

I understand that the order is effective immediately upon signature of the Executive Director and will become an Order of the Board. It is understood that the order 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 the respondent.

*Amy Thompson* 10/12/05  
Signature of licensee Date

*Donna Zervas* 10/12-05  
Signature of witness # 1 Date

*Arthur R. G. H.* 10-12-05  
Signature of witness # 2 Date

Louisiana State Board of Practical Nurse Examiners

*Claire Doody Glaviano* 10/31/05  
Signature Date  
CLAIRE DOODY GLAVIANO  
EXECUTIVE DIRECTOR

*Amy Thompson*  
Amy Thompson C. A. 9/29/05