BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 202503-NUR-0050

IN THE MATTER OF THE LICENSE OF:	)
	)
JILL R. NICHOLS, R.N.	)
	)
LICENSE NO: 28177242A (ACTIVE)	)

FILED
Mar 20, 2025
Indiana Professional Licensing Agency

APPEARANCE OF ATTORNEY

1. The Deputies Attorney General listed on this form now appear on behalf of Petitioner, the State of Indiana, in the above-captioned matter.

2. All pleadings and documents in this matter may be served on the following Deputy Attorney General:

NAME Alex O. James
Deputy Attorney General
Telephone: (317) 232-0310
Email: Alex.James@atg.in.gov
Attorney No.: 27178-02

OFFICE OF ATTORNEY GENERAL TODD ROKITA
302 West Washington Street
Indiana Government Center South, 5th Floor
Indianapolis, IN 46204
Fax: 317-232-7979

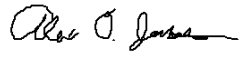
3. Petitioner agrees to accept service by e-mail.

4. However, Petitioner will not accept service by fax.

5. There are no related cases pending with the Board involving the Respondent at this time.

Respectfully submitted,

THEODORE E. ROKITA
Indiana Attorney General
Attorney No. 18857-49

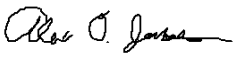
By: 

Alex O. James
Deputy Attorney General
Attorney No.: 27178-02

CERTIFICATE OF SERVICE

I hereby certify that on the 20th day of March, 2025, a true and correct copy of this Appearance was served upon the below-listed party or parties:

Jill R. Nichols, R.N.
295 North Livingston Street
Hanson, KY 42413
By email



Alex O. James
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ADMINISTRATIVE COMPLAINT

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Alex O. James, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Indiana State Board of Nursing ("Board") against the Indiana nursing license of Jill R. Nichols, R.N. ("Respondent") for violations of Ind. Code § 25-1-9-4. In support, Petitioner states and alleges the following:

FACTS

Parties

1. The Office of the Attorney General ("OAG") is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent's license.

2. Respondent is a Registered Nurse ("R.N.") and holds nursing license number 28177242A, which was issued by the Board on February 21, 2008, and expired on October 31, 2025.

3. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 295 North Livingston Street, Hanson, KY 42413.

Jurisdiction

4. May 7, 2024, the OAG received a consumer complaint filed against Respondent, and an investigation was then initiated as authorized by Ind. Code § 25-1-7-5(b)(4).

5. After investigation, the OAG determined that the complaint had merit, and, accordingly, a copy of that consumer complaint is being submitted to the Board herewith as **Exhibit A**.

6. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

7. Further, at all times relevant, Respondent was a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.

8. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Respondent's Misconduct

9. Respondent worked as a registered nurse for Deaconess Hospital in the Gateway Medical Surgical Intensive Care Unit in Newburg, Indiana.

10. On April 21, 2021, Respondent received a written warning for pushing three (3) cubic centimeters of Diprivan against policy because that medication should only be pushed by a physician.

11. On April 7, 2024, Respondent was caring for a patient who was hypoxic and was bradyopneic with apneic spells.

12. After the patient's condition had not improved, Respondent administered Romazicon.

13. Following the administration of Romazicon, Respondent notified the treating physician.

14. The treating physician noted that it was inappropriate to give medication that was not ordered by a doctor.

15. Respondent was suspended pending a complete investigation.

16. On April 29, 2024, Respondent resigned from her position.

17. Respondent was not eligible for rehire because she failed to provide notice, and this was the second incident of practicing outside the scope of her license.

CHARGES

18. Paragraphs one (1) through number seventeen (17) are incorporated by reference.

Count 1
Practice Outside of Scope
Violation of 848 IAC 2-2-3(2)

19. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent's violation of 848 IAC 2-2-3(2). Specifically, Respondent performed outside the scope of practice of a registered nurse by administering Romazicon without a physician's order.

REQUESTED RELIEF

ACCORDINGLY, Petitioner requests that the Board issue an order against Respondent that:

I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;

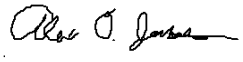
II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-15;

III. Directs Respondent to pay a fee of Five Dollars ($5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and

IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA
Indiana Attorney General
Attorney No. 18857-49

By: 

Alex O. James
Deputy Attorney General
Attorney No.: 27178-02

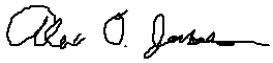
Office of Attorney General Todd Rokita
302 West Washington Street
Indiana Government Center South, 5th Floor
Indianapolis, IN 46204
Email: Alex.James@atg.in.gov
Phone: (317) 232-0310

CERTIFICATE OF SERVICE

I hereby certify that on this 20th day of March, 2025, a true and correct copy of this Complaint was served upon the below-listed parties via First Class U.S. Mail, postage prepaid.

Jill R. Nichols, R.N.
295 North Livingston Street
Hanson, KY 42413

Respectfully submitted,



Alex O. James
Deputy Attorney General
Atty. No.: 27178-02

State's Exhibit A

CONSUMER COMPLAINT

Office of the Indiana Attorney General
(R5 / 12-17)

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. ***Do not include your*** **Social Security Number** on this form or in any accompanying documents. ***Please note:*** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11753542

Section 1: Your Information

Salutation ☐ Det. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss. ☐ Rev.	Street Address 600 Mary Street		
Full Name/Organization/Agency Agency: Deaconess Hospital [redacted]	City Evansville	State IN	Zip Code 47747
If an Organization/Agency provide a Primary Contact Name [redacted]	County	Daytime Phone [redacted]	
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+	Email Address [redacted]		
	May we contact you by email? If yes, we will not contact you by regular mail	☐ No ☒ Yes	
	Are you or your spouse active military?	☐ No ☐ Yes	

Section 2: Who is the Complaint Against?

Individual/Business Jill Nichols RN (License # 28177242A)	Name of Individual/Representative you dealt with		
Street Address [redacted]	City Hanson	State KY	Zip Code 42413
County Out/State County	Daytime Phone [redacted]	Email Address	

Section 3: Transaction/Incident Details

3-A: Date of Transaction/Incident
04/07/2024

3-B: If a Transaction, what was the Transaction for?
☒ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church

3-C: Where did the Transaction/Incident occur? (*check box where applicable*)

- ☐ My home
- ☒ At the location of the business
- ☐ Away from the location of the business
- ☐ By mail
- ☐ By Internet/email
- ☐ By telephone
- ☐ By Social Media
- ☐ Other

3-D: What was the very first contact between you and the Individual/Business?

- ☐ I telephoned the individual/business
- ☐ I responded to a TV/radio ad
- ☐ A person came to my home
- ☐ I received information by email
- ☐ I received information in the mail
- ☐ I went to the location of the business
- ☐ I received a phone call from the business
- ☐ I responded to an offer on the Internet
- ☐ I responded to a printed advertisement
- ☒ Other, describe below
  RN was an employee

3-E: How did you Pay?

- ☐ Cash
- ☐ Check
- ☐ Credit Card/Pre-pay
- ☐ Installment Loan
- ☐ Medicaid
- ☐ Medicare
- ☐ Pay-Pal
- ☐ Private Insurance
- ☐ Wire Transfer
- ☒ Other N/A

3-F: What, if any, is the Dollar amount associated with your loss?	$	
3-G: Vehicle Identification Number (if applicable)		

Section 4 Actions Taken by Consumer

☐ Yes ☒ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.

☐ Yes ☒ No 4-B: Have you hired a private attorney?

☐ Yes ☒ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.

☐ Yes ☒ No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

Section 4 Actions Taken by Consumer - *continued*

☐ Yes ☒ No 4-E: Have you complained to the Individual/Business?
Employee resigned on 4/29/24

Yes☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

Section 5 Transaction/Incident Details – *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number**.

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

On 4/7/2024, Jill Nichols RN (License # 28177242A) administered a reversal medication (flumazenil/romazicon) without a physician order. This action is against hospital as well as outside the scope of Ms. Nichol's scope of practice. Ms. Nichols resigned her position as of 4/29/24.

Section 6 How would you like your Complaint resolved?

In whatever manner that is deemed appropriate by the Indiana State Board of Nursing.

Section 7 WHAT HAPPENS NEXT?

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:

Office of Attorney General
Consumer Protection Division
Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public? ➔

☐ Yes ☒ No The nature of the complaint and the individual/business name
☐ Yes ☒ No Your name
☐ Yes ☒ No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

[redacted] May 7, 2024

Your signature Date