BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2012 NB 023

IN THE MATTER OF THE LICENSE OF:)
BRENDA JOYCE PARKER, L.P.N.)
LICENSE NO: 27040853A)

FINAL ORDER ACCEPTING PROPOSED FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The State of Indiana ("Petitioner"), by the Office of the Attorney General, by Laura E. Wilford Deputy Attorney General, and Brenda Joyce Parker, L.P.N. ("Respondent") signed a Proposed Settlement Agreement ("Agreement") which purports to resolve all issues involved in the action by the Petitioner and the Indiana State Board of Nursing ("Board") regarding the Respondent's license, and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the March 22, 2012 meeting held in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana 46204, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 5-0-0. Incorporated into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law and Order.

WHEREFORE, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby ORDERED to abide by all the terms of the Agreement.

SO ORDERED, this 09 day of April, 2012.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly, Executive Director
Indiana Professional Licensing Agency

Distribution:

Brenda Parker
5782 Pine Knoll Boulevard
Noblesville, Indiana 46062
CERTIFIED MAIL NO: 91 7190 0005 2720 0018 0435
RETURN RECEIPT REQUESTED

Laura E. Wilford
Deputy Attorney General
Office of the Attorney General
8005 Castleway Drive
Indianapolis, Indiana, 46250

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2012 NB-023

IN THE MATTER OF THE LICENSE OF BRENDA JOYCE PARKER, L.P.N. LICENSE NO: 27040853A (VALID TO PRACTICE WHILE REVIEWED)

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana, by Laura E. Wilford, Deputy Attorney General ("Petitioner") and Brenda Joyce Parker, L.P.N. ("Respondent") hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Board of Nursing ("Board") pursuant to Ind. Code ch. 25-1-9 and the Administrative Orders and Procedures Act, Ind. Code ch. 4-21.5-3.

STIPULATED FACTS

1. Respondent is a Licensed Practical Nurse in the State of Indiana having been issued license number 27040853A on September 11, 1995.

2. Respondent's address on file with the Indiana Professional Licensing Agency is 5782 Pine Knoll Boulevard, Noblesville, Indiana.

3. On or about May 27, 2008, Respondent began employment as a Licensed Practical Nurse at Manor Care at Summer Trace ("Manor Care").

4. On or about August 13, 2008, the physician for Manor Care patient, Patient A, ordered an increase in the dosage of Patient A's duragesic patch from 75MCG to 100MCG. The first two doses of the 100MCG duragesic patched were obtained from the Emergency Drug Kit.

Exhibit
A

5. On or about August 18, 2008, Respondent did not review Patient A's medication sheet that called for administration of a 100MCG duragesic patch. Instead, Respondent incorrectly administered a 75MCG duragesic patch to Patient A and initialed that she administered a 100MCG patch.

6. On or about August 20, 2008, Respondent did not review Patient A's medication sheet that called for administration of a 100MCG duragesic patch. Instead, Respondent incorrectly administered a 75MCG duragesic patch to Patient A and initialed she administered a 100MCG patch.

7. On or about August 21, 2008, Manor Care conducted a One-on-One Inservice with Respondent informing Respondent that the facility protocol for Schedule II medications required a written prescription from the patient's nurse practitioner or physician and the hand written telephone order be faxed to the pharmacy.

8. On or about August 21, 2008, Manor Care conducted a One-on-One Inservice with Respondent informing Respondent that she is required to verify the dosage of a transdermal duragesic patch against the MAR at each administration.

9. On or about October 2, 2008, Manor Care issued Formula Coaching to Respondent for her failure to follow facility protocol when she did not ask a second nurse to confirm the Coumadin dosage she was about to administer, nor did Respondent obtain the required second signature on the MAR for that dosage. As a result, the facility's Coumadin count was short one tablet at the next day's audit.

10. On or about February 24, 2010, Manor Care issued Formula Coaching to Respondent for her failure to transcribe a verbal laboratory order for PT/INR, or note the

next lab due date on the facility's Coumadin Flow Sheet. As a result, another nurse missed the order and the anticipated lab results were not reported.

11. As of November 2011, Respondent remains employed at Manor Care.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent's conduct violated Ind. Code §25-1-9-4(a)(4)(B).

AGREED DISPOSITION

It is now therefore agreed by Respondent and the Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana nursing license.

5. Respondent agrees that she shall within ninety (90) days of the Final Order submit to the Board proof of completion of forty-eight (48) hours of continuing education in the following areas:

i. Twelve (12) hours in the area of Documentation/Charting;

ii. Twelve (12) hours in the area of Medication Administration; and

iv. Twenty-four (24) hours of continuing education in the area of Professionalism/ Ethics in Nursing.

Proof of completion shall be submitted to the following address:

Indiana Professional Licensing Agency
Attn: Nursing, Group 2
402 West Washington Street, Room W072
Indianapolis, IN 46204

6. Within ninety (90) days of the Final Order, Respondent shall, pursuant to Ind. Code § 4-6-14-10 (b), pay a fee of Five Dollars ($5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Indiana Office of the Attorney General
Attn: Katherine Thorpe
302 West Washington Street, 5th Floor
Indianapolis, IN 46204

7. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

8. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any

violation of the Settlement Agreement may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

9. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

Brenda Joyce Parker, L.P.N.
Respondent

3-13-12
Date

Laura E. Wilford
Deputy Attorney General

3/15/12
Date

STATE OF INDIANA)
) **SS:**
COUNTY OF Hamilton)

Before me a Notary Public for said County and State, personally appeared **Brenda Joyce Parker, L.P.N.**, and being first duly sworn by me upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 13th day of March, 2012.

Rachel K March
Signature

Rachel K Morris
Printed Name

NOTARY PUBLIC SEAL INDIANA

My Commission Expires: 10/14/17

County of Residence: Hamilton