

Respectfully submitted,

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

By:



Autumn R. Murphy
Deputy Attorney General
Atty. No.: 36914-53

CERTIFICATE OF SERVICE

I certify that a copy of this “Appearance of Attorney” has been duly served upon those listed below, by electronic mail and by United States mail, first-class, postage prepaid, on this day, July 31, 2024.

Shaquanda A. Prim, R.N.

████████████████████
Indianapolis, IN 46260
████████████████████

Lorie A. Brown
BROWN LAW OFFICE, P.C.
6214 Broadway Street
Indianapolis, IN 46220

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Atty. No.: 36914-53

Jurisdiction

5. At all times relevant herein, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.

6. On October 10, 2023, the OAG received a consumer complaint filed against Respondent and conducted an investigation as authorized by Ind. Code § 25-1-7-5(b)(4).

7. After investigation, the OAG determined that the consumer complaint had merit. Accordingly, a copy of that consumer complaint is attached hereto as **State’s Exhibit 1**.

8. As the OAG has tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1) and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Facts Supporting Charge

9. On or about May 8, 2023, Respondent started a contract R.N. assignment at through her staffing agency, ProLink Staffing (“ProLink”) at Hendricks Regional Hospital (“Hendricks”) in Danville, Indiana on the med/surg floor.

10. On or about September 13, 2023, Respondent was assigned to provide care to Patient A. Patient A was prescribed, in pertinent part, morphine sulfate 4mg/mL to be administered every two (2) hours as needed.

11. At or around 8:24 p.m., Respondent removed one (1) syringe of morphine sulfate 4mg/mL from a Hendricks Omnicell machine under Patient A’s name, and at or around 8:31 p.m., Respondent documented administering that syringe to Patient A.

12. At or around 11:54 p.m., Respondent removed two (2) syringes of morphine sulfate 4mg/mL from a Hendricks Omnicell machine under Patient A’s name. Respondent is seen on video surveillance footage grabbing both syringes simultaneously, hesitating a few seconds, and then

closing the drawer. At or around 11:58 p.m., Respondent documented administering one (1) of the syringes to Patient A.

13. On or about September 14, 2023, at or around 5:57 a.m., Respondent removed one (1) syringe of morphine sulfate 4mg/mL from a Hendricks Omnicell machine under Patient A's name, and at or around 6:01 a.m., Respondent documented administering that syringe to Patient A.

14. Respondent did not place the additional syringe, pulled at or around 11:54 p.m. on September 23, 2023, in the return bin.

15. Respondent did not document wasting the additional syringe, pulled at or around 11:54 p.m. on September 23, 2023.

16. Respondent did not document administering the additional syringe, pulled at or around 11:54 p.m. on September 23, 2023, in Patient A's medical record.

Aggravation

17. Investigation by Hendricks Regional Health pharmacy personnel revealed additional missing medications, summarized as follows:

a. On or about May 14, 2023, at or around 12:36 a.m., Respondent removed one (1) syringe of morphine sulfate 4mg/mL from a Hendricks Omnicell machine, but there was no documentation of administration in the patient's medical record or documentation of wasting. An email was sent to Respondent on or about May 15, 2023, but there was no response.

b. On or about May 14, 2023, at or around 3:15 a.m., Respondent removed one (1) tablet of hydromorphone 1mg from a Hendricks Omnicell machine, but there was no documentation of administration in the patient's medical

record or documentation of wasting. An email was sent to Respondent on or about May 15, 2023, but there was no response.

c. On or about May 15, 2023, at or around 3:40 a.m., Respondent removed one (1) tablet of hydrocodone/acetaminophen 7.25/325mg from a Hendricks Omnicell machine, but there was no documentation of administration in the patient's medical record or documentation of wasting. An email was sent to Respondent on or about May 15, 2023, but there was no response.

d. On or about June 22, 2023, at or around 8:07 p.m., Respondent removed one (1) syringe of fentanyl 50mcg/mL from a Hendricks Omnicell machine, but there was no documentation of administration in the patient's medical record or documentation of wasting. An email was sent to Respondent on or about June 23, 2023, but there was no response.

18. On or about October 2, 2023, Hendricks contacted ProLink staffing to terminate Respondent's contract.

CHARGE

19. Paragraphs one (1) through eighteen (18) are incorporated by reference.

Count 1 Drug Diversion Ind. Code § 25-1-9-4(a)(8)(A)

20. **Count 1:** Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent has diverted a legend drug, as evidenced by, on or about September 13, 2023, Respondent's removal of two (2) syringes of morphine sulfate 4mg/mL from a Hendricks

Omnicell machine when the order for the patient only called for one (1) syringe and Respondent's lack of documentation as to the wasting of the second syringe.

REQUESTED RELIEF

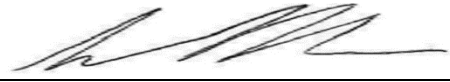
ACCORDINGLY, Petitioner respectfully requests the Board issue an order against Respondent that:

- 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 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
Atty. No.: 18857-49

By: _____


Autumn R. Murphy
Deputy Attorney General
Atty. No.: 36914-53

OFFICE OF THE ATTORNEY GENERAL TODD ROKITA

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302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
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Fax: (317) 233-7979
Autumn.Murphy@atg.in.gov

CERTIFICATE OF SERVICE

I certify that a copy of this “Administrative Complaint” has been duly served upon those listed below, by electronic mail and by United States mail, first-class, postage prepaid, on this day, July 31, 2024.

Shaquanda A. Prim, R.N.

████████████████████
Indianapolis, IN 46260
████████████████████

Lorie A. Brown
BROWN LAW OFFICE, P.C.
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Indianapolis, IN 46220
lorie@brownlaw1.com; amanda@brownlaw1.com



Autumn R. Murphy
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Atty. No.: 36914-53



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: 11731695

Section 1: Your Information			
Salutation <input type="checkbox"/> Det. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address 402 W Washington St	
Full Name/Organization/Agency Timothy Thomas		City Indianapolis	State IN
If an Organization/Agency provide a Primary Contact Name		County	Zip Code 46204
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		Daytime Phone [REDACTED]	
		Email Address [REDACTED]	
May we contact you by email? If yes, we will not contact you by regular mail		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Are you or your spouse active military?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Section 2: Who is the Complaint Against?			
Individual/Business Shaquanda Prim RN		Name of Individual/Representative you dealt with	
Street Address [REDACTED]		City Indianapolis	State IN
County		Daytime Phone	Zip Code 46260
		Email Address	
Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident 10-10-23		3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church	
3-C: Where did the Transaction/Incident occur? (check box where applicable)			
<input type="checkbox"/> My home		<input type="checkbox"/> By Internet/email	
<input type="checkbox"/> At the location of the business		<input type="checkbox"/> By telephone	
<input type="checkbox"/> Away from the location of the business		<input type="checkbox"/> By Social Media	
<input type="checkbox"/> By mail		<input type="checkbox"/> Other	
3-D: What was the very first contact between you and the Individual/Business?			
<input type="checkbox"/> I telephoned the individual/business		<input type="checkbox"/> I received information in the mail	
<input type="checkbox"/> I responded to a TV/radio ad		<input type="checkbox"/> I went to the location of the business	
<input type="checkbox"/> A person came to my home		<input type="checkbox"/> I received a phone call from the business	
<input type="checkbox"/> I received information by email		<input type="checkbox"/> I responded to an offer on the Internet	
<input type="checkbox"/> I responded to a printed advertisement		<input type="checkbox"/> Other, describe below	
3-E: How did you Pay?			
<input type="checkbox"/> Cash		<input type="checkbox"/> Credit Card/Pre-pay	
<input type="checkbox"/> Check		<input type="checkbox"/> Installment Loan	
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicare	
<input type="checkbox"/> Pay-Pal		<input type="checkbox"/> Private Insurance	
<input type="checkbox"/> Wire Transfer		<input type="checkbox"/> Other	
3-F: What, if any, is the Dollar amount associated with your loss?		\$ [REDACTED]	
3-G: Vehicle Identification Number (if applicable)		[REDACTED]	

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?

- 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.

In my duties as a Diversion Officer with the Indiana Board of Pharmacy it was reported to me by Lauren Villetto, Pharmacy Director, Hendricks Community Hospital in Danville regarding the diversion of controlled substances from the inpatient pharmacy. The loss was attributed to Shaquanda Prim RN (28224744A). Shaquanda was a contract nurse through ProLink Staffing. Shaquanda was identified through diversion software and video removing 2 syringes of Morphine from the ADM. The order was for one syringe. Shaquanda had no explanation for removing two syringes but did not admit to diverting the medication. She was not drug tested or arrested. Her contract with the hospital was terminated.

Section 6 How would you like your Complaint resolved?

A review of the license of Shaquanda Prim by your office and the Indiana Board of Nursing. We would request a possible suspension or probation of her license.

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).

Timothy Thomas

 Your signature

October 10, 2023

 Date