



5. On February 22, 2021, the OAG received a consumer complaint filed against Respondent and conducted an investigation as authorized by Ind. Code § 25-1-7-5(b)(4).

6. After an 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**.

7. 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.

### **Criminal Matter**

8. On or about April 17, 2020, law enforcement officers found Respondent's vehicle stopped in the middle of the roadway.

9. Respondent then approached the responding officers on foot. The officers observed that Respondent appeared to have unsteady balance and slurred speech.

10. Witnesses stated that Respondent nearly hit several mailboxes, nearly hit a parked Indianapolis Metro Police Department vehicle, and ran off the road several times.

11. Officers transported Respondent Eskenazi Hospital for medical observation. While receiving medical observation, another officer noted that Respondent had unsteady balance, slurred speech, droopy eyelids, as well as small and constricted pupils.

12. Officers read Respondent her *Miranda* rights, and Respondent waived her rights.

13. Respondent stated to officers that she was prescribed methadone for an opiate dependency. When asked if she had taken methadone that day, Respondent stated that she had.

14. Officers found on Respondent's person a bottle of gabapentin. Respondent stated that she had taken four (4) or five (5) gabapentin pills that day.

15. Respondent consented to a blood draw, and Respondent was placed under arrest.

16. On or about April 20, 2020, Respondent was charged in Marion County Superior Court under cause number 49D25-2004-CM-014010 with one count of Operating a Vehicle While Intoxicated (“OVWI”), a class C misdemeanor, and one count of OVWI Endangering a Person, a class A misdemeanor.

17. On or about May 11, 2022, Respondent entered into a plea agreement for and was convicted of one (1) count of OVWI Endangering a Person, a class A misdemeanor. The remaining count was dismissed.

18. Respondent was sentenced to 365 days, with 345 days suspended to be served on probation. Additionally, Respondent’s driver’s license was suspended for 90 days, and Respondent was ordered to complete alcohol evaluation and treatment.

#### **Employment Matter**

19. On or about January 8, 2020, Resource Residential Treatment Facility (“R.R.T.F.”) offered Respondent employment as an LPN.

20. Prior to beginning her employment, Respondent knowingly acknowledged that she had received R.R.T.F.’s “Drug-Free Workforce Policy,” which included employee drug screening.

21. On or about January 13, 2020, Respondent began her employment with R.R.T.F.

22. On or about January 5, 2021, R.R.T.F. management directed Respondent to complete a urine drug screen, which resulted positive for alprazolam and methadone.

23. On or about January 8, 2021, R.R.T.F. terminated Respondent’s employment.

**[continued on next page]**

### **Respondent's L.P.N. Licensure Renewal Applications**

24. On or about July 30, 2020, Respondent submitted her L.P.N. licensure renewal application ("2020 application").

25. On the 2020 application, Respondent failed to disclose that she had been arrested for OVWI in Marion County, Indiana on or about April 20, 2020.

26. Specifically, Respondent answered, "No," on the 2020 application when prompted with Question 3, "Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled *nolo contendere* to any offense, misdemeanor, or felony in any state or U.S. territory?"

27. On or about July 25, 2022, Respondent submitted her L.P.N. licensure renewal application ("2022 application").

28. On the 2022 application, Respondent failed to disclose (i) that she had been convicted of OVWI on or about May 11, 2022, under cause number 49D25-2004-CM-014010; and (ii) that she had been terminated from her employment with Resource Residential Treatment Facility on or around January 8, 2021.

29. Specifically, Respondent answered, "No," on the 2022 application when prompted with Question 3, "Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled *nolo contendere* to any offense, misdemeanor, or felony in any state or U.S. territory?"

30. Respondent also answered, “No,” on the 2022 application when prompted with Question 5, “Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?”

31. Respondent’s negative answers to Question 3 on the 2020 application and Questions 3 and 5 on the 2022 application were false statements in that Respondent was required to answer each of the renewal questions honestly and under oath, and Respondent failed to answer Questions 3 and 5 honestly.

32. Respondent’s answers to Question 3 on the 2020 application and Questions 3 and 5 on the 2022 application were material statements because, as a matter of course, the Board uses the renewal application answers to determine whether to require an applicant to appear for a personal appearance in front of the Board for more information, pursuant to Ind. Code §§ 25-1-5-4 *et seq.*, to deny licensure, or place an applicant’s renewed license on probation.

33. Respondent had knowledge that Respondent’s answers to Question 3 on the 2020 application and Questions 3 and 5 on the 2022 application were false at the time Respondent submitted the 2020 and 2022 applications because Respondent had been present in court for her conviction and sentencing and because Respondent had been notified of her termination.

**[continued on next page]**

**CHARGES**

34. Paragraphs one (1) through thirty-three (33) are incorporated by reference.

**Count 1  
Conviction for Crime Harmful to the Public  
Ind. Code § 25-1-9-4(a)(2)(B)**

35. Respondent's conduct constitutes one (1) violation of Ind. Code § 25-1-9-4(a)(2)(B) in that Respondent has been convicted of a crime harmful to the public, as evidenced by Respondent's May 2022 conviction for one (1) count of OVWI, a class A misdemeanor, under cause number 49D25-2004-CM-014010.

**Counts 2-3  
Material Deception in Order to Obtain a License  
Ind. Code § 25-1-9-4(a)(1)(A)**

36. Respondent's conduct constitutes two (2) violations of Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent has engaged in material deception in order to obtain a license to practice, as evidenced by, the following:

- a. **Count 2:** on or about July 30, 2020, Respondent's knowing failure to disclose her April 2020 arrest for OVWI in response to Question 3 on her 2020 L.P.N. licensure renewal application; and,
- b. **Count 3:** on or about July 25, 2022, Respondent's knowing failure to disclose (i) her January 2021 termination from Resource Residential Treatment Facility in response to Question 5 on her 2022 L.P.N. renewal application; and (ii) her May 2022 conviction for OVWI in response to Question 3 on her 2022 L.P.N. licensure renewal application.

**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**  
Indiana Government Center South  
302 West Washington Street, Fifth Floor  
Indianapolis, Indiana 46204-2770  
Phone: 317-232-2079  
Fax: 317-233-7979  
[Autumn.Murphy@atg.in.gov](mailto:Autumn.Murphy@atg.in.gov)

**CERTIFICATE OF SERVICE**

I certify that a copy of this “Amended 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, January 15, 2025.

Nikki Jo Robinson  
7140 Vedder Place, Apartment 112  
Indianapolis, IN 46241  
[Nikrobi22@gmail.com](mailto:Nikrobi22@gmail.com)



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Autumn R. Murphy  
Deputy Attorney General  
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: 11613678

Section 1: Your Information			
Salutation <input type="checkbox"/> Det. <input 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 1404 S. State Ave	
Full Name/Organization/Agency Agency: Resource Treatment Facility Tiffany Lockridge		City Indianapolis	State IN Zip Code 46203
If an Organization/Agency provide a Primary Contact Name Tiffany Lockridge		County	Daytime Phone
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+		Email Address	
		May we contact you by email? If yes, we will not contact you by regular mail	<input checked="" type="checkbox"/> No <input 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 Nikki Robinson		Name of Individual/Representative you dealt with	
Street Address 6035 East JL Lane		City Mooresville	State IN Zip Code 46158
County	Daytime Phone	Email Address	
Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident		3-B: If a Transaction, what was the Transaction for? <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other, describe below <u>Submitting information about a LPN not passing a drug screen.</u>	
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 checked="" type="checkbox"/> Other <u>Submitting information about a LPN not passing a drug</u>	
3-F: What, if any, is the Dollar amount associated with your loss?		\$	

