

**BEFORE THE INDIANA  
STATE BOARD OF NURSING  
CAUSE NUMBER: 2024 NB 0054**

**IN THE MATTER OF THE LICENSES OF:    )**  
**MARIA SAMUEL, R.N.                            )**  
**LICENSE NUMBER: 28190337A/C (ACTIVE)    )**



**ADMINISTRATIVE COMPLAINT**

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Ryan P. Eldridge, 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 against the Indiana nursing licenses of Maria Samuel, 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.”) in the State of Indiana. The Board issued Respondent license number 28190337A on June 8, 2010, which is set to expire on October 31, 2025.
3. Respondent also holds a compact R.N. license (License No. 28190337C). The license was issued on October 14, 2021, which is set to expire on October 31, 2025.
4. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 820 South Buckeye Street, Kokomo, Indiana 46901.

## **Jurisdiction**

5. On December 3, 2021, the OAG received a consumer complaint filed against Respondent, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

6. 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.

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

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

9. 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**

### Indiana HomeCare

10. On June 14, 2021, Respondent was hired by Indiana HomeCare as a Registered Nurse.

11. On November 27, 2021, Respondent was scheduled to complete a home visit for a patient.

12. On or about November 28, 2021, Respondent completed documentation for the visit including a full set of vitals and her signature.

13. HomeCare determined that the patient was not present at the home on November 27, 2021, and in fact had been in the hospital since November 22, 2021.

14. On December 1, 2021, Respondent's contract with Indiana HomeCare was terminated based on falsification of nursing documentation.

#### Renewal Application in 2023

15. On or about July 21, 2023, Respondent submitted her R.N. renewal application.

16. Question 5 reads, "Since you were 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?"

17. Respondent answered "N" to Question 5. Respondent's answer in the negative to Question 5 at the time of her renewal application submission was a false and material statement in that Respondent was required to answer each of the renewal questions honestly.

18. Respondent had knowledge that Respondent's answer was false at the time in which Respondent answered "no" on the renewal application to Question 5, because Respondent has been terminated by Indiana HomeCare in December 2021.

19. Respondent's intent was to deceive IPLA or anyone reviewing the renewal application.

20. IPLA and the Board relies upon true and accurate renewal questionnaires to determine worthiness of renewal of licensure.

21. Respondent's fraud or material deception in her false answer to Question 5, deprived IPLA and the Board of its ability to adequately determine worthiness of renewal of licensure.

#### CHARGES

22. Paragraphs one (1) through twenty-one (21) are incorporated by reference.

**Count 1  
Renewal Fraud**

23. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by Respondent's failure to reveal her December 2021 termination on her 2023 renewal.

**Count 2  
Falsification of Nursing Documentation**

24. 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(6). Specifically, Respondent violated 848 IAC 2-2-3(6) by falsifying documentation for a nursing visit for November 27, 2021.


**REQUESTED RELIEF**

**ACCORDINGLY**, Petitioner requests that the Board to 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:

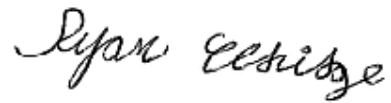
Ryan Eldridge  
Deputy Attorney General  
Attorney No.: 34578-49

Office of Attorney General Todd Rokita  
302 West Washington Street  
Indiana Government Center South, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
Email: Ryan.eldridge@atg.in.gov

**CERTIFICATE OF SERVICE**

I hereby certify that on the 18th day of March, 2024, a true and correct copy of this Administrative Complaint was served upon the below-listed party or parties:

Maria Samuel  
820 South Buckeye Street  
Kokomo, Indiana 46901  
**By U.S. Mail**



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Ryan Eldridge  
Deputy Attorney General  
Attorney No.: 34578-49

# State Exhibit A



**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R4 / 11-16)

**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: 11655382

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 checked="" type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address <i>1107 S. Tillitson Ave, Suite 1</i>	
Full Name/Organization/Agency <i>Indiana HomeCare</i>		City <i>Muncie</i>	State <i>IN</i>
If an Organization/Agency provide a Primary Contact Name <i>Cynthia Robinson RN, BSN, Executive Dir.</i>		County <i>Delaware</i>	Zip Code <i>47304</i>
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or your spouse active military? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Section 2: Who is the Complaint Against?			
Individual/Business <i>Maria Samuel</i>		Name of Individual/Representative you dealt with	
Street Address <i>820 South Buckeye St.</i>		City <i>Kokomo</i>	State <i>IN</i>
County <i>Howard</i>		Daytime Phone [REDACTED]	Zip Code <i>46901</i>
Email Address			
Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident <i>12/01/2021</i>		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 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 checked="" 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? <i>N/A</i>			
<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?		\$ <i>N/A</i>	

N/A

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:  
*Employee was a contract nurse. I contacted my corporate HR about the matter and they reached out to her contract company, Core Medical Group, and they terminated her.*

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.

*Maria Samuel is a contract RN for my home health agency. She had a ReCertification visit scheduled to her for 11/27/21 for a long standing patient of hers. Maria completed the documentation of this visit on 11/28/21, including a full set of vital signs and with her signature. However, we came to find out that the patient was admitted to the hospital on 11/22/21 and is still there at this time. Obviously there is no way she could have seen the patient on 11/27/21 when he was at the hospital. She told the scheduler she had seen the patient and when I asked she said she didn't end up seeing him and that she "had messed up." This is falsifying documentation, a clear violation of policy.*

Section 6 How would you like your Complaint resolved?

*RN/license reported to Indiana 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, 5<sup>th</sup> 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).

*Cynthia Robinson RN, BSN, ED*  
 Your signature

*12/03/2021*  
 Date