

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO: 2013 NB 227

IN THE MATTER OF THE LICENSE OF:)
SAMANTHA ANN SCHUELKE, R.N.,)
LICENSE NO: 28144224A)



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

The State of Indiana (“Petitioner”), by Patricia Gibson, Deputy Attorney General, and Samantha Ann Schuelke, R.N., (“Respondent”) signed a Proposed Settlement Agreement (“Agreement”) which purports to resolve all issues involved in the action by 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 June 20, 2013, meeting held in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, 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 5-1-1. 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 17th day of July, 2013.

INDIANA STATE BOARD OF NURSING

By: Herbert W. Rhoad
for Nicholas W. Rhoad, Executive Director
Indiana Professional Licensing Agency

CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Findings of Fact, Conclusions of Law and Order" has been duly served upon:

Samantha Ann Schuelke, RN
65914 Lakeshore Drive
Vandalia, Michigan 49095
Service by U.S. Mail

Patricia Gibson, Deputy Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Service by Email

July 17, 2013
Date

Lisa Chapman
Lisa Chapman

Indiana State Board of Nursing
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Email: pla2@pla.in.gov

Explanation of Service Methods

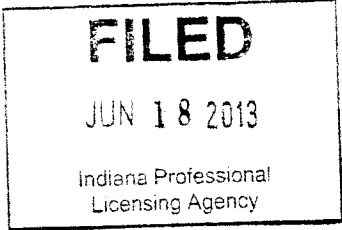
Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

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LICENSE NO: 28144224A)



PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (“Petitioner”), by Patricia Gibson, Deputy Attorney General, and Samantha Ann Schuelke, R.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 § 25-1-9 et seq. and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq.

STIPULATED FACTS

1. Respondent is a Registered Nurse (“RN”) in the State of Indiana having been issued license number 28144224A on June 21, 1999. Respondent’s address on file with the Indiana Professional Licensing Agency is 65914 Lakeshore Drive, Vandalia, Michigan 49095.
2. On or about August 2, 1999, Respondent was employed as a RN at St. Joseph Regional Medical Center (“SJRMC”) located in Mishawaka, Indiana.
3. On or about July 2, 2009, Respondent received her first corrective action, a verbal warning for poor attendance.
4. On or about December 11, 2012, Respondent received a written warning for poor attendance.
5. On or about March 13, 2013, Respondent contacted the Indiana State Nurses Assistance Program (“ISNAP”) at the direction of her manager. Respondent claimed to have been prescribed Vicodin since June, 2012, because of a severe burn.

6. On or about March 19, 2013, Respondent resigned her employment with SJRMC in lieu of termination. SJRMC determined from February 11, 2013, through March 12, 2013, Respondent diverted fifteen (15) Percocet and three (3) Norco tablets. Respondent admitted diverting narcotics for personal use.

7. On or about April 5, 2013, Respondent was diagnosed with opioid dependence. ISNAP recommend a three (3) year recovery monitoring agreement ("RMA").

8. On or about May 14, 2013, Respondent informed ISNAP she had discontinued her Vicodin. Respondent was instructed to taper off her Vyvance within three months of starting her RMA.

9. On or about May 30, 2013, Respondent entered into a three (3) year RMA.

10. On or about June 3, 2013, Respondent began calling for random urine drug screens.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent's conduct violated Code § 25-1-9-4(a)(4)(D) in that Respondent has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing Respondent's ability to practice safely as evidenced by Respondent's diagnosis of opioid dependence.

2. Respondent's conduct violated Indiana Code IC 25-1-9-4(a)(8)(A) in that Respondent has diverted a legend drug (as defined in IC 16-18-2-199); as evidenced by Respondent's admission of diverting narcotics for personal use.

AGREED DISPOSITION

It is now therefore agreed by Respondent and 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's Indiana nursing license shall be placed on **INDEFINITE PROBATION**. Prior to petitioning for the withdrawal of probation, Respondent shall successfully complete her ISNAP RMA.

6. Respondent's probation shall be governed by the following **TERMS and CONDITIONS**:

a. Respondent shall fully comply with the terms and conditions of her ISNAP RMA while she is on probation.

b. Respondent must provide the Board with her current home address, mailing address, e-mail address and residential telephone number.

c. Respondent must notify the Board of her place of employment, employment telephone number, employment e-mail address and name of supervisor.

d. All documentation required by this Agreement, including employer information and requests for a hearing, shall be submitted to:

Probation2@pla.in.gov

e. Respondent shall comply with all rules and statutes regulating the practice of nursing.

f. Respondent shall within ninety (90) days of the Final Order, 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:

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

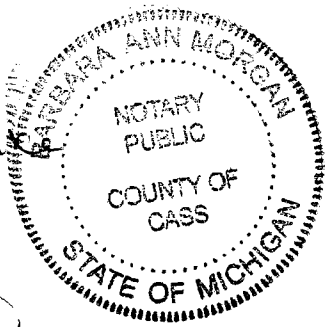
7. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

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 this Settlement Agreement may result in Petitioner requesting a summary 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.

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Samantha Ann Schuelke
Samantha Ann Schuelke RN
Respondent



6/12/2013
Date

Patricia Gibson
Patricia Gibson
Deputy Attorney General
Attorney No. 12011-49

Date

STATE OF Michigan)
COUNTY OF Cass) SS:

Before me a Notary Public for said County and State, personally appeared Samantha Ann Schuelke, RN, first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 12 day of June, 2013.

Barbara Ann Morgan
Signature

Barbara Ann Morgan
Printed

My Commission Expires: 2-13-2014

County of Residence: Cass