

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2012 NB 330

IN THE MATTER OF THE LICENSE OF:)
KRISTI MICHELLE SHAW, R.N.,)
LICENSE NUMBER: 28124912A)



**FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**

The Indiana State Board of Nursing (“Board”) held an administrative hearing on October 17, 2013, in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana 46204, concerning the Order to Show Cause (“OTSC”) filed by the Board on September 16, 2013, against the Indiana Registered Nurse license of Kristi Michelle Shaw, R.N. (“Respondent”).

The State of Indiana (“Petitioner”) was represented by the Office of the Indiana Attorney General, by Mark E. Mader, Deputy Attorney General. Respondent appeared in person and elected to proceed without counsel.

The Board, after considering the evidence presented, including OTSC Exhibit A – Final Order Accepting Proposed Findings of Fact, Conclusions of Law and Order; Exhibit B – Indiana State Nurses Assistance Program (“ISNAP”) Closure Memo dated September 6, 2013; the testimony of Chuck Lindquist, Program Director for ISNAP; Respondent’s testimony; and after taking official notice of its file in this matter, by a vote of 6-0-0, issues the following Findings of Fact, Ultimate Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Respondent is a licensed Registered Nurse (“R.N.”) in the State of Indiana having been issued license number 28124912A on July 13, 1994.

2. Respondent's address on file with the Indiana Professional Licensing Agency is 5315 West Quail Run Lane, Madison, Indiana 47250.

3. On November 28, 2012, this Board ordered Indefinite Probation for Respondent's Registered Nurse license subject to certain terms and conditions.

4. One of the terms and conditions the Board's Order placed on Respondent's nursing license was that Respondent was required to re-enroll in ISNAP and execute a Recovery Monitoring Agreement ("RMA") if she met ISNAP enrollment criteria. In the event Respondent met ISNAP enrollment criteria, Respondent was required to maintain full, complete and continuous compliance with each and every term of her ISNAP RMA.

5. On December 18, 2012, the Indiana State Nurses Assistance Program ("ISNAP") clinical team ("CT") reviewed Respondent's assessment. Respondent was diagnosed at Cornerstone with opioid dependence, rule out amphetamine dependence. The CT recommended a three (3) year RMA. Respondent returned her RMA on January 4, 2013.

6. ISNAP Records submitted as OTSC Exhibit B reported the following non-compliance by Respondent with her RMA:

- a. On April 4, 2013, Respondent's urine drug screen ("UDS") was positive for urine alcohol. The cup was bowed with possible fermentation and the Medical Review Officer ("MRO") ruled it negative. Respondent's UDS's for May 23, 2013 and August 9, 2013 were also positive but had glucose/fermentation present and were ruled negative as well.
- b. Respondent's Quarterly Compliance Report dated May 7, 2013, indicated Respondent was in significant non-compliance. The CT reviewed Respondent's

non-compliance, extended her RMA an additional three (3) months, and advised her that any further non-compliance would result in an OTSC memo.

- c. On June 20, 2013, Respondent submitted a copy of her current prescriptions (Cymbalta, Humalog, Janument XR, Insulin). Respondent's INSPECT was negative for controlled substances.
- d. On July 19, 2013, Respondent's Quarterly compliance report noted Respondent was in partial compliance. Based on its previous addendum, the CT recommended an Order to Show Cause ("OTSC") hearing.
- e. On September 5, 2013, ISNAP prepared a memo requesting an OTSC hearing by the Board and e-mailed a copy to Petitioner's office. ISNAP noted that Respondent's license was on probation.
- f. ISNAP's Closure Memo concluded that to the best of its knowledge, Respondent was not working as a nurse at that time and that Respondent's INSPECT report was negative for controlled substances.

ULTIMATE FINDINGS OF FACT

Respondent's violation of the Board's Order dated November 28, 2012 is in violation of Ind. Code § 25-1-9-4(a)(10).

CONCLUSION OF LAW

Respondent's violation is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation and/or a fine up to the amount of one thousand dollars (\$1,000) per violation as detailed in Ind. Code § 25-1-9-9.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent's Indiana nursing license is placed on **INDEFINITE SUSPENSION**. Prior to petitioning for reinstatement, Respondent must have one (1) year of full, complete, and continuous compliance with her ISNAP RMA.

2. Respondent shall pay a **FINE** in the amount of **TWO HUNDRED FIFTY DOLLARS (\$250.00)**, payable within six (6) months after her license is reinstated by the Board.

3. Prior to petitioning for reinstatement, 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:

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

4. Prior to petitioning for license reinstatement, Respondent shall pay **COSTS** in the amount of **NINETY DOLLARS (\$90.00)** payable to the Indiana Professional Licensing Agency. Costs are payable by check or money order.

5. All fees payable pursuant to the Board's Order, as well as any correspondence to the Board or IPLA should be sent to:

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

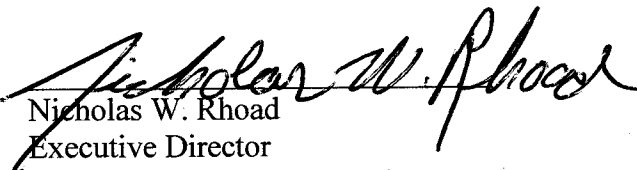
4. Respondent's violation of this Final Order or any non-compliance with the statutes or regulations regarding the practice of nursing may result in Petitioner requesting

another Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code ch. 25-1-9, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED, this 15th day of November, 2013.

INDIANA STATE BOARD OF NURSING

By:



Nicholas W. Rhoad
Executive Director

Indiana Professional Licensing Agency

CERTIFICATE OF SERVICE

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

Kristi Michelle Shaw
5315 West Quail Run Lane
Madison, Indiana 47250
Service by U.S. Mail

Mark E. Mader
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
mmader@atg.in.gov
Service by Email

11.15.13
Date



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.