


5/5/2025	On or before this date, the parties shall file any motions for continuance or special requests for the hearing. Motions for continuance will only be granted for good cause shown.
5/8/2025	On or before this date, the parties shall file with the Board a joint stipulation as to all facts, witnesses, and exhibits not reasonably in dispute. If a party fails to stipulate to any exhibit, it shall file with the Board a statement of its objections to that exhibit. The parties shall label any joint exhibits with roman numerals (e.g., Ex. I).

- 5) If at any point the parties reach a proposed agreement in resolution of this matter, the parties shall immediately file the proposed agreement with the Indiana State Board of Nursing. The filing of such an agreement suspends all deadlines in this order. A new case management order will be issued if the proposed settlement agreement is denied.
- 6) The parties may, by joint motion, request an earlier hearing date in this matter.
- 7) Communications regarding hearing schedules and procedures shall be sent via e-mail to Clerk@pla.in.gov.
- 8) Any party may be represented by counsel at the party's own expense.
- 9) A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under Ind. Code § 4-21.5-3-24.

- 10) Any matters containing confidential material shall be marked “NOT FOR PUBLIC ACCESS” and submitted without redaction. Concurrent with such a filing, a version with all confidential information redacted shall be filed and marked “PUBLICLY ACCESSIBLE”.

SO ORDERED this 29th day of April, 2025.

By:  for
Jennifer Miller, MSN, RN, President
Indiana State Board of Nursing

DISTRIBUTION

I certify that a copy of this Case Management Order has been duly served upon:

Brienna Shoemaker
[REDACTED]

Service by E-mail

Bradley Keffer
Keffer Hirschauer LLP
Keffer@IndyJustice.com

Service by E-mail

Ryan Eldridge
Office of the Attorney General
ryan.eldridge@atg.in.gov

Service by E-mail

4/29/2025

Date

Kayla Cridlin

Kayla Cridlin, Litigation Coordinator

Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-232-2960
Fax: 317-233-4236
Email: Clerk@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.

Jurisdiction

5. On January 31, 2024, 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 1.

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

10. At all times relevant, Respondent worked at Centurion as a Registered Nurse at the Wabash Valley Correctional Facility (“WVCF”).

11. In 2023, Respondent received multiple notes from inmates. Respondent failed to turn these notes over to her superiors.

12. In 2023, Respondent provided “Tylenol” or another medication on multiple occasions to Inmate A. Respondent failed to document the dispensation and did not have an order for the medication.

13. In 2023, Respondent received multiple healthcare request forms from inmates and failed to turn in the requests.

14. Between November 16 and 17, 2023, Respondent exchanged four (4) electronic messages with Inmate A through the Global Tel. Link App (“GTL”). The messages were intimate, and one (1) was sexually explicit.

15. On November 20, 2023, Respondent was interviewed by WVCF regarding an inappropriate relationship with an Inmate A. At the time, no action was taken against Respondent.

16. On January 10, 2024, Respondent was interviewed again by WVCF regarding an inappropriate relationship with the same inmate. Respondent denied speaking to the Inmate A since the last interview.

17. WVCF received consent to search Respondent’s phone and found numerous photographs of the Inmate A and exchanged messages in a deleted folder on her phone. Respondent was using a third party to continue to communicate to the inmate.

18. WVCF concluded that Respondent had engaged in an inappropriate relationship with an inmate and issued an immediate gate closure on her, which resulted in Centurion terminating her employment.

19. Indiana Department of Correction’s’ “Sexual Assault Prevention” documentation defines “sexual contact” to include: “physically touching, verbal or written comments, sexual harassment, etc.” In addition, the documentation makes the employee aware that such conduct is improper, will result in termination, and could be prosecuted as a Level 5 Felony. Respondent acknowledged receipt of these materials on February 6, 2023.

CHARGES

20. Paragraphs one (1) through nineteen (19) are incorporated by reference.

Count 1
Unsafe Judgment
848 IAC 2-2-3(1)

21. 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(1). Specifically, Respondent violated 848 IAC 2-2-3(1) by exhibiting unsafe judgment by engaging in an inappropriate relationship with an inmate at WVCF. In addition, Respondent engaged in inappropriate interpersonal behaviors in the workplace by her actions.

Count 2
Failure to Keep Abreast of Current Professional Theory or Practice
Ind. Code § 25-1-9-4(a)(4)(B)

22. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice as evidenced by Respondent's violation of Indiana Department of Corrections policies, such as the "Sexual Assault Prevention" policy. In addition, Respondent's actions are in violation of the ANA Code of Ethics regarding inappropriate relationships with patients.

Count 3
Falsified, Omitted, or Destroyed Records
848 IAC 2-2-3(6)

23. 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 failing to document the dispensing of medication to an inmate and failing to turn in healthcare request forms.

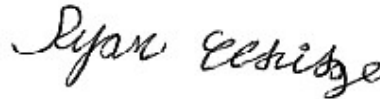
REQUESTED RELIEF

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

Office of Attorney General Todd Rokita
302 West Washington Street
Indiana Government Center South, 5th Floor
Indianapolis, IN 46204
Email: Ryan.eldridge@atg.in.gov
Telephone: (317)-233-6247

CERTIFICATE OF SERVICE

I hereby certify that on the 11th day of September, 2024, a true and correct copy of this Administrative Complaint was served upon the below-listed party or parties:

Brienna Shoemaker, R.N.

████████████████████
████████████████████

By U.S. Mail & E-mail

Melissa Middleton
Counsel for Brienna Shoemaker, R.N.
Keffer Hirschauer LLP
230 East Ohio St., Ste. 400
Indianapolis, IN 46204
middleton@indyjustice.com

By U.S. Mail & E-mail

Ryan Eldridge

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



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R5 / 12-17)

State Exhibit 1

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: 11742854

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 PO Box 500 Attn: Office of Investigation and Intelligence	
Full Name/Organization/Agency Agency: W [redacted] G [redacted]		City Carlisle	State IN
		Zip Code 47838	
If an Organization/Agency provide a Primary Contact Name [redacted]		County Sullivan	Daytime Phone [redacted]
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 [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 Brienna Shoemaker		Name of Individual/Representative you dealt with	
Street Address [redacted]		City [redacted]	State [redacted]
		Zip Code [redacted]	
County	Daytime Phone [redacted]	Email Address	
Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident 1/10/2024		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	
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"/> Medicare	
		<input type="checkbox"/> Pay-Pal	
		<input type="checkbox"/> Private Insurance	
		<input type="checkbox"/> Wire Transfer	
		<input checked="" type="checkbox"/> Other	
3-F: What, if any, is the Dollar amount associated with your loss?		\$N/A	
3-G: Vehicle Identification Number (if applicable)		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:

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.

RN Brienna Shoemaker was employed at the Wabash Valley Correctional Facility as a contract employee through Centurion. On 1/9/2024, our Office of Investigation and Intelligence launched an investigation on RN Shoemaker (along with two other Centurion staff members) regarding inappropriate contact with an incarcerated individual housed at the facility. During our interview with Shoemaker, she admitted to having a romantic relationship with the incarcerated individual and had spoken to him several times outside of work through text messaging (while using a pseudonym) and third-party contact. She was immediately gate closed and banned from all Indiana Department of Correction facilities.

It should be noted that Shoemaker was investigated for having a relationship with the same incarcerated individual in November 2023. We were unable to substantiate the relationship at that time.

Section 6 How would you like your Complaint resolved?

RN Shoemaker violated facility policy by engaging in a romantic/unprofessional relationship with someone under the care and custody of the Indiana Department of Correction, placing staff, incarcerated individuals, and the public at risk. We recommend a full review by your agency to determine if Shoemaker should remain a registered nurse in the State of Indiana.

Section 7 WHAT HAPPENS NEXT?	Section 8 Mail Completed Forms to:
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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.

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).

W G
 Your signature

January 31, 2024
 Date