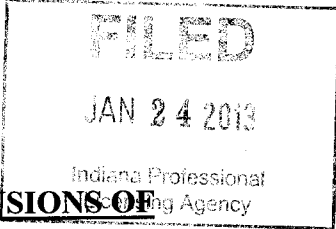


BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2012 NB 414

IN THE MATTER OF THE LICENSE OF)
SHIRLEY MAE SPRADLIN, L.P.N.)
LICENSE NO: 27040398A)



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

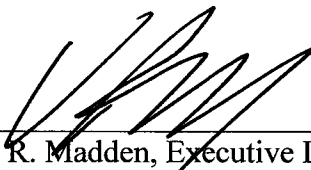
The State of Indiana (“Petitioner”), by the Office of the Attorney General, by Laura E. Wilford Deputy Attorney General, and Shirley Mae Spradlin, L.P.N. (“Respondent”) signed a Proposed Settlement Agreement (“Agreement”) which purports to resolve all issues involved in the action by the Petitioner and 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 January 17, 2013 meeting, held in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana 46204, 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 7-0-0. 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 24 day of January 2013.

INDIANA STATE BOARD OF NURSING

By: 

Virgil R. Madden, 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:

Shirley Mae Spradlin
1800 S. Perdieu Road
Muncie, Indiana 47302
Service by U.S. Mail

Laura E. Wilford
8005 Castleway Drive
Indianapolis, Indiana 46250
Laura.Wilford@atg.in.gov
Service by Email

1.24.13
Date

Lisa Chapman
First/Last Name of Person Mailing

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.

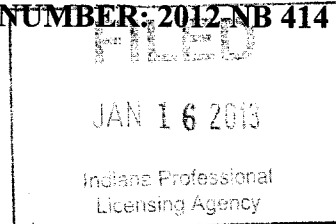
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

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

**BEFORE THE INDIANA STATE
BOARD OF NURSING**

CAUSE NUMBER: 2012 NB 414

**IN THE MATTER OF THE LICENSE OF)
SHIRLEY MAE SPRADLIN, L.P.N.)
LICENSE NO: 27040398A)
(VALID TO PRACTICE WHILE REVIEWED))**



PROPOSED SETTLEMENT AGREEMENT

The State of Indiana, by Laura E. Wilford, Deputy Attorney General (“Petitioner”) and Shirley Mae Spradlin, L.P.N. (“Respondent”) hereby execute this Agreement to a disposition of the Complaint filed in this cause pursuant to a Pre-Hearing/Settlement Conference held December 6, 2012 with the Indiana State Board of Nursing member Lynda Narwold, R.N. This Agreement is subject to the review and approval of the Indiana State Board of Nursing (“Board”) pursuant to Ind. Code ch. 25-1-9 and the Administrative Orders and Procedures Act, Ind. Code ch. 4-21.5-3.

STIPULATED FACTS

1. Respondent is a Respondent is a Licensed Practical Nurse in the State of Indiana having been issued license number 27040398A on April 25, 1995.
2. Respondent’s address on file with the Indiana Professional Licensing Agency is 1800 S. Perdieu Road, Muncie, Indiana 47302.
3. On or around February 17, 2006, Respondent was hired as a Licensed Practical Nurse by Liberty Village in Muncie, Indiana.
4. On or around July 27, 2007, Liberty Village issued Respondent a verbal warning for Respondent’s failure to notify a family of a change in condition for a resident on July 26, 2010.

**Exhibit
A**

5. On or around August 12, 2010, two Liberty Village Certified Nurse Aids (CNAs), Heather Wake and Kaitlin Noel were toileting Resident A when the resident's legs became weak. Wake and Noel helped Resident A to the floor in an assisted fall. Resident A was lowered to the floor on her left hip with her knees slightly bent. A staff nurse was notified of the assisted fall and helped Wake and Noel assist Resident A back up into the shower chair and Resident A was toileted. Following the assisted fall, Resident A did not complain of pain and was able to stand and pivot when she was transferred from the toilet back to her wheelchair. The staff nurse did not document an assessment on Resident A following the assisted fall or report the fall to Liberty Village administration, the resident's family or the resident's physician.

6. Four hours after the assisted fall, Respondent observed Resident A exclaim, "Oh!" after Resident A's legs became caught underneath her wheelchair as it was being pushed by Resident A's daughter. This caused the resident's knees to override her feet. Respondent claims she did assess the resident with no findings; however, admits she did not document the incident. Respondent also failed to report the fall to Liberty Village administration, but she did not feel that the incident warranted anything further than an assessment.

7. On or around August 14, 2010, Resident A was transferred to the Ball Memorial Hospital Emergency Department for evaluation and X-rays of the left leg. The X-rays revealed the resident had suffered a fracture of the left femur. After the fracture was determined, CNAs Wake and Noel reported to Liberty Village about the assisted fall that occurred on August 12, 2010 and Respondent notified Liberty Village of the incident with the wheelchair later the same day.

8. On or around December 29, 2010, Liberty Village issued Respondent an oral warning for failing to follow or comply with instructions or word orders in a timely manner and neglect/attention to duty for an incident where Respondent failed to notify a family of a resident's change in condition or new orders.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent's conduct violated Ind. Code §25-1-9-4(a)(4)(B).

AGREED DISPOSITION

It is now therefore agreed by Respondent and the 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 agrees that she shall within ninety (90) days of the Final Order submit to the Board proof of completion of sixteen (16) hours of continuing education in the following areas:
 - i. Eight (8) hours of continuing education in the area of Documentation/Charting;

- ii. Eight (8) hours of continuing education in the area of Professionalism/ Ethics in Nursing.

Proof of completion shall be submitted to the following address:

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

6. Within ninety (90) days of the Final Order, 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:

Indiana Office of the Attorney General
Attn: Katherine Thorpe
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 the Settlement Agreement may result in the State requesting an emergency 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.

