

**BEFORE THE INDIANA STATE  
BOARD OF NURSING  
CAUSE NUMBER: 2012 NB 460**

**IN THE MATTER OF THE LICENSE OF:     )**  
**BRANDI LOUISE HAIGHT, L.P.N.,         )**  
**LICENSE NO: 27052714A                 )**

**FILED**  
**MAR 08 2013**  
Indiana Professional  
Licensing Agency

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

A Default hearing was scheduled to be held on February 21, 2013, before the Indiana State Board of Nursing (“Board”) in the Auditorium of the Indiana State Government Building South, 302 West Washington Street, Indianapolis, Indiana 46204, regarding the Administrative Complaint filed against Brandi Louise Haight, L.P.N. (“Respondent”).

The State of Indiana (“Petitioner”) was represented by Patricia Gibson, Deputy Attorney General. Respondent failed to appear in person or by counsel.

On or about November 5, 2012, the Indiana Professional Licensing Agency (“IPLA”) sent notice to Respondent’s last reported address informing Respondent of the date, time, and place of the pre-hearing settlement conference scheduled for January 3, 2013, regarding the Administrative Complaint filed against Respondent.

Petitioner was represented by Patricia Gibson, Deputy Attorney General. Respondent failed to appear in person or by counsel for the scheduled pre-hearing settlement conference and a Notice of Proposed Default was issued on January 3, 2013. A Notice of Proposed Default Order was sent by U.S. mail on or about January 11, 2013, to Respondent at her last reported address and another known address, 4729 North Whitsett Road, Austin, Indiana 47102. Respondent did not respond to the Order within the time specified by Indiana law.

The Board, after considering the evidence presented and taking official notice of its file in this matter, by a vote of 8-0-0, finds Respondent to be in **DEFAULT**. The Board, by another vote of 8-0-0, issues the following Findings of Fact, Ultimate Findings of Fact, Conclusions of Law, and Order:

**FINDINGS OF FACT**

1. Respondent is a Licensed Practical Nurse (“LPN”) in the State of Indiana having been issued license number 27052714A on September 18, 2003. Respondent’s address on file with the Indiana Professional Licensing Agency is 3854 West Thomastown Road, Scottsburg, Indiana 47170. Another known address for Respondent is 4729 North Whitsett Road, Austin, Indiana 47102.

2. On or about October 3, 2007, Respondent was arrested for Public Intoxication, Class B Misdemeanor, and Disorderly Conduct, Class B Misdemeanor, in Cause Number 72D01-0710-CM-533, Scott County Superior Court.

3. On or about December 3, 2007, a pre-trial diversion agreement was filed on Respondent’s behalf.

4. On or about February 17, 2009, the Court, pursuant to the prosecutor’s motion, dismissed Cause Number 72D01-0710-CM-533 because Respondent had complied with the terms and conditions of the pre-trial diversion program.

5. On or about July 19, 2010, Respondent was hired as a LPN at Hanover Nursing Center (“Hanover”) located in Hanover, Indiana.

6. On or about May 11, 2011, the emergency drug kit tags were changed for no reason while Respondent was on duty.

7. On or about May 14, 2011, Respondent was administered a for cause urine drug screen ("UDS"). The results of the UDS were negative.

8. On or about May 15, 2011, at about 10:00 P.M., Respondent began her shift which she completed at about 6:00 A.M., on May 16, 2011.

9. On or about May 16, 2011, at about 10:00 A.M., the nurse who followed Respondent's shift discovered Resident A had only one (1) hydromorphone card count sheet to correspond to one (1) shipment of hydromorphone, and the numbers on Resident A's remaining hydromorphone medication log had been changed to reflect two fewer boxes of hydromorphone.

10. On or about May 16, 2011, the Director of Nursing ("DON") interviewed the nurses who worked the two shifts prior to Respondent. Both nurses informed the DON that during their shifts there were two (2) hydromorphone card count sheets to correspond to two (2) different shipments of hydromorphone which Resident A had received.

11. On or about May 16, 2011, the nurses who worked the two shifts prior to Respondent informed the DON that during their shifts there were no alterations on Resident A's hydromorphone card count sheets and Resident A had between four (4) and five (5) boxes of hydromorphone.

12. On or about May 16, 2011, the DON determined the count on Resident A's hydromorphone card count sheet had been altered during Respondent's shift. The DON determined approximately two (2) boxes of hydromorphone were missing.

13. On or about May 16, 2011, the DON found Resident A's empty missing hydromorphone boxes in the shredder.

14. On or about May 16, 2011, the DON obtained statements from other staff. They reported Respondent left the floor to go to the medication room for approximately an hour at a time, returned "out of it" and fell asleep standing up during her shifts.

15. On or about May 18, 2011, Respondent's employment with Hanover was terminated for alleged drug diversion and falsification of documentation.

### ULTIMATE FINDINGS OF FACT

1. Respondent's conduct is in violation of Ind. Code § 25-1-9-4(a)(1)(B).
2. Respondent's conduct is in violation of Ind. Code § 25-1-9-4(a)(4)(D).

### CONCLUSIONS 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, or revocation and 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 shall be placed on **INDEFINITE SUSPENSION**.
2. Prior to petitioning for reinstatement, Respondent shall contact the Indiana State Nurses Assistance Program ("ISNAP"), enter into a Recovery Monitoring Agreement ("RMA") and have six (6) months full and continuous compliance with her ISNAP RMA.
3. 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, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

4. Respondent shall, within six (6) months of the Final Order, pay a **FINE** in the amount of **TWO HUNDRED FIFTY DOLLARS (\$250.00)** payable to the Indiana Professional Licensing Agency. The costs, payable by check or money order, should be sent to:

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

5. Prior petitioning for reinstatement, Respondent shall successfully complete **SIXTY (60) HOURS OF CONTINUING EDUCATION**, with twelve (12) hours in medication administration, twelve (12) hours in assessment, twelve (12) hours in legal/ethical issues, twelve (12) hours in documentation and twelve (12) hours in impaired nursing. Certificates of completion shall be sent to the following address:

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

6. Respondent shall, within ninety (90) days of the Final Order, pay **COSTS** in the amount of **ONE HUNDRED SEVENTY-TWO DOLLARS AND SIXTY CENTS (\$172.60)** payable to the Indiana Professional Licensing Agency. The costs, payable by check or money order, should be sent to:

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

7. Respondent shall, within ninety (90) days of the Final Order, pay **COSTS** in the amount of **SIX DOLLARS (\$6.00)** payable to the Office of the Indiana Attorney General. The costs, payable by check or money order, should be sent to:

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

8. 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 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.

SO ORDERED this 8<sup>th</sup> day of March, 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 "Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order" has been duly served upon:

Brandi Louise Haight, LPN  
3854 West Thomastown Road  
Scottsburg, IN 47170  
**Service by U.S. Mail**

Brandi Louise Haight, LPN  
4729 North Whitsett Road  
Austin, IN 47102  
**Service by U.S. Mail**

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

3.8.13  
Date

Jose 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.