**BEFORE THE INDIANA STATE BOARD OF NURSING**
**CAUSE NUMBER: 2020 NB 0005**

**IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:**

**PEGGY STOGNER, R.N.,**

**LICENSE NUMBER: 28106909A**

FILED
JAN 22 2020
Indiana Professional Licensing Agency

## DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Peggy Stogner ("Applicant") personally appear on December 12, 2019, in the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana. She came for the purpose of providing information and answering questions concerning her application to renew her license as a registered nurse.

☒ **The Applicant appeared in person and without counsel.**

☐ The Applicant appeared in person and represented by counsel _____.

The Board, after interviewing the Applicant and reviewing its file in this matter, voted 5 to 0 on December 12, 2019, to issue the following decision:

## FACTS

1. The Applicant, at her personal appearance before the Board member, revealed the following:

☐ The Applicant's license expired in _____.

☒ **The Applicant was arrested or charged with Operating While Intoxicated.**

☐ The Applicant was convicted of a crime.

☐ The Applicant is currently on criminal probation or completing a pre-trial diversion program. The Applicant anticipates that she will complete the terms of her criminal probation or diversion in _____.

☐ The Applicant was terminated in the scope of her practice as a nurse or as another health care professional for _____.

☐ The Applicant was reprimanded, disciplined or demoted in the scope of her practice as a nurse or as another health care professional for _____.

☐ That disciplinary action was taken against a license, certificate or permit held by the Applicant in another jurisdiction.

☒ **The Applicant plead guilty and completed probation on August 1, 2019. The Applicant has other OWI arrests in the past.**

2. The Applicant has demonstrated to the Board that she may be able to practice competently and safely if she complies with the probationary terms set out below. The Applicant agrees to the terms of probation.

## PROBATION

Based upon the foregoing and pursuant to Ind. Code § 25-1-5-4, the Board renews the license of the Applicant on probation. The following **TERMS AND CONDITIONS** govern the Applicant's practice while on probation: **[conditions which are marked apply]**

**CONDITIONS PRIOR TO PRACTICE**

1. The Applicant may not practice as a nurse until the Applicant:

☐ completes a refresher course with a clinical component.

☐ enrolls in an recovery monitoring agreement ("RMA") with ISNAP. The length of the RMA is to be determined by ISNAP.

☐ enrolls in an RMA with ISNAP for a mandatory length of three years.

**LENGTH OF PROBATION**

2. The Applicant's license is renewed on **INDEFINITE PROBATION.**

**ALL terms and conditions governing the length of probation must be completed before the Board will be receptive to a petition to withdraw the probation on the license.** The Applicant may petition to have this probationary order withdraw after:

- ☒ **Documenting the successful completion of her RMA with ISNAP if she is a candidate for that program.**
- ☐ Documenting _____ of full continuous compliance with her RMA with ISNAP.
- ☐ Documenting the successful completion of her criminal matter or probation.
- ☐ Documenting the successful completion of _____ of active nursing practice.

**TERMS AND CONDITIONS:**

- ☒ **The Applicant must keep the Board apprised of the following information in writing and update it as necessary:**
  - **i. The Applicant's current home address, mailing address, e-mail address and residential telephone number.**
  - **ii. The Applicant's place of employment, employment telephone number, employment e-mail address and name of supervisor.**
- ☒ **The Applicant shall provide a copy of all Board orders, including this one, imposing discipline or limiting practice to any nursing employer who shall sign and return a copy of such orders to the Board within ten (10) days of employment or receipt of the Order.**
- ☒ **The Applicant shall cause the person evaluating her nursing practice to submit quarterly reports to the Board indicating her professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Applicant is unemployed while on probation, she will submit a written personal report to the Board.**
- ☒ **The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests, instances of substance abuse, work discipline or terminations to the Board immediately in writing.**
- ☒ **The failure of the Applicant to comply with the terms of this decision may subject her to a show cause hearing and the imposition of further sanctions, including emergency suspension of her license.**
- ☐ The Applicant must enroll into a _____ RMA with ISNAP. The Applicant must fully comply with the terms of her RMA until completion.

☒ **The Applicant must immediately contact ISNAP and sign a recovery monitoring agreement with that organization if she is deemed eligible. If she enters into an agreement with ISNAP she must comply with its terms and submit quarterly reports from ISNAP to the Board.**

☐ The Applicant must maintain her RMA with ISNAP and comply with its terms until completion.

☐ The Applicant may not practice as a nurse until she enrolls into an RMA with ISNAP.

☐ The Applicant must comply with the terms of her criminal probation until completion.

☐ The Applicant must document completion of _____ hours of continuing education credits with a total of:

- ☐ _____ hours in legal/ethics.
- ☐ _____ hours in charting and documentation.
- ☐ _____ hours in professionalism.
- ☐ Other:_____.

☐ The Applicant must not practice as a nurse in a supervisory position or role until after _____ of active nursing practice.

☐ The Applicant must practice as a nurse under supervision until she successfully completes her _____ RMA.

**SO ORDERED**, this 22nd day of January, 2020.

INDIANA STATE BOARD OF NURSING

By: Maureen Bennett
for Kim Cooper, R.N.
Board President
Indiana State Board of Nursing

## NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION

You may petition for review of this decision under Ind. Code § 4-21.5-3-7. The petition must be filed with the Indiana State Board of Nursing in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the state of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

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## CERTIFICATE OF SERVICE

I certify that a copy of the "Decision on Application to Renew License" has been duly served upon:

Peggy Stogner
700 East Indiana Avenue
Eaton, Indiana 47338
**Service by U.S. Mail**

1. 22. 2020
Date

Lisa Chapman
Lisa Chapman, Litigation Coordinator

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Indianapolis, IN 46204
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**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.