**BEFORE THE INDIANA PHYSICAL THERAPY BOARD**
**CAUSE NO.: 202410-PTB-0013**

**IN THE MATTER OF THE LICENSE OF:** )
)
**KRYSIA NIPPLE, P.T.A.** )
**LICENSE NO.: 06005332A (ACTIVE)** )




## APPEARANCE OF ATTORNEY

1. The Deputy Attorney General listed below now appears on behalf of Petitioner, the State of Indiana, in the above-captioned matter.

2. All pleadings and documents in this matter may be served on the following Deputy Attorney General:

**Autumn R. Murphy**
Deputy Attorney General
Attorney No.: 36914-53
Telephone: 317-232-2079
Email: Autumn.Murphy@atg.in.gov

**OFFICE OF THE ATTORNEY GENERAL TODD ROKITA**
302 West Washington Street
Indiana Government Center South, Fifth Floor
Indianapolis, IN 46204-2770
Fax: 317-232-7979

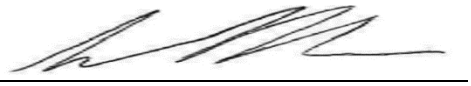
3. Petitioner agrees to accept service by e-mail.

4. However, Petitioner will not accept service by facsimile.

5. At this time, there are no related cases pending with the Board involving the Respondent.

Respectfully submitted,

THEODORE E. ROKITA
Indiana Attorney General
Atty. No.: 18857-49

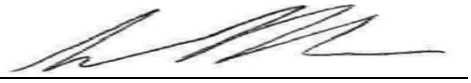
By: 

Autumn R. Murphy
Deputy Attorney General
Atty. No.: 36914-53

**CERTIFICATE OF SERVICE**

I certify that a copy of this "Appearance of Attorney" has been duly served upon those listed below, by electronic mail and by United States mail, first-class, postage prepaid, on this day, October 2, 2024.

Krysia Nipple, P.T.A.
3709 Caney Road
Henryville, IN 47126



Autumn R. Murphy
Deputy Attorney General
Atty. No.: 36914-53

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FILED
Oct 02, 2024
Indiana Professional
Licensing Agency

# ADMINISTRATIVE COMPLAINT

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Autumn R. Murphy, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Indiana Physical Therapy Board ("Board") against the license of Krysia Nipple, P.T.A. ("Respondent") for violations of Ind. Code § 25-1-9-4. In support, Petitioner alleges and states the following:

## FACTS

### Parties

1. Indiana Code § 25-1-7-7 authorizes the Consumer Protection Division of the Office of the Attorney General ("OAG") to prosecute this action on behalf of Petitioner against Respondent's license.

2. Respondent is a licensed Physical Therapy Assistant in the State of Indiana. The Board issued Respondent license number 06005332A on July 13, 2016, and that license will expire on June 30, 2026.

3. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 3709 Caney Road, Henryville, Indiana 47126.

### Jurisdiction

4. At all times relevant herein, Respondent was a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.

5. On January 11, 2024, the OAG received a consumer complaint filed against Respondent and conducted an investigation as authorized by Ind. Code § 25-1-7-5(b)(4).

6. After investigation, the OAG determined that the consumer complaint had merit. Accordingly, a copy of that consumer complaint is attached hereto as **State's Exhibit 1**.

7. As the OAG has tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1) and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

**Green Valley Care Center Employment and Termination**

8. In or around May 2016, Respondent began working as a Physical Therapy Assistant with Green Valley Care Center ("Green Valley") in New Albany, Indiana.

9. On or about May 24, 2022, Respondent's supervisor and Green Valley Director of Rehabilitation, Mark Fuhrman, P.T. ("Fuhrman"), completed a 2022 performance review of Respondent, which was signed by her on August 22, 2022. One of the identified areas of improvement on her 2022 review was "timely documentation."

10. On or about May 24, 2023, Fuhrman completed a 2023 performance review of Respondent, which was signed by her on September 8, 2023. One of the identified areas of improvement on her 2023 review was her "documentation timeliness."

11. On or about Monday, January 1, 2024, Respondent clocked in at or around 11:00 a.m., and Respondent clocked out that day at or around 3:21 p.m.

12. On or about January 2, 2024, Respondent completed seven (7) treatment encounter notes and service logs for patients she worked with on or about January 1, 2024. Respondent billed the following lengths of time and electronically signed the notes at the following times:

| Patient | Length of Time (Min.) Resp. Billed on Service Logs | Date/Time Resp. E-Signed Encounter Note |
|---|---|---|
| P.D. | 57 | 1/2/24 4:10:23 PM |
| H.E. | 36 | 1/2/24 4:10:24 PM |
| R.G. | 54 | 1/2/24 4:10:24 PM |
| G.L. | 57 | 1/2/24 4:10:24 PM |
| L.P. | 47 | 1/2/24 4:10:25 PM |
| S.T. | 42 | 1/2/24 4:10:25 PM |
| B.W. | 33 | 1/2/24 4:10:25 PM |

13. In total, for the date of on or about January 1, 2024, Respondent documented that she provided five (5) hours and twenty-six (26) minutes of physical therapy assistance for seven (7) total patients.

14. The amount of time Respondent billed for January 1, 2024, exceeded the amount of time Respondent was clocked in that day by approximately one (1) hour and five (5) minutes.

15. On or about Thursday, January 4, 2024, Fuhrman suspended Respondent pending investigation. Before leaving that day, Respondent handwrote and signed the following statement regarding her January 1, 2024, billing:

> On January 1st, I came into the facility and [Patient S.T.] was in the therapy gym. I treated [Patient S.T.], as [Patient S.T.] rode the Nestep, I saw [Patient H.E.] in [Patient H.E.'s] room in bed. [Patient G.L.] was also in the gym so after [Patient S.T.], I treated [Patient G.L.]. Fiona Allen and Aygei Williams [co-workers] were in the gym intermittently at the times. I believe [Patient G.L.] was brought down by staff. [Patient L.P.] was then seen in [Patient L.P.'s] room due to Covid. Had a conversation with Nurse Tiffany about [Patient L.P.'s] current level of function. After [Patient L.P.'s] treatment, I went to [Patient B.W.'s] room who is sick but worked with [Patient B.W.] in [Patient B.W.'s] room as well as [Patient R.G.] (helped dress and walk to bathroom). I then went to [Patient P.D.'s] room who initially refused therapy stating it was too late, but [Patient P.D.] was performing some self care activities and I helped [Patient P.D.] since

> [Patient P.D.] was a bit unsteady, then followed [Patient P.D.] down the hall to walk to nurse.
>
> I usually review my notes and treatment time on Fridays, as I have extra time after group, but I had not had a chance yet and realized that I should've billed concurrent with [Patient S.T.] and [Patient H.E.] (36 mins) and I accidentally inputed extra time on [Patient P.D.] (ther ex 25), [Patient G.L.] (ther act 20), and [Patient R.G.] (15 ther. ex), I put these minutes in Tuesday morning as I had to go to the hospital after work Monday to assist with my sister in law who is in the ICU. Upon reviewing these notes Friday, I thoroughly believe I would have changed these to accurate minutes.
>
> I did not realize these were inaccurate and usually leave my notes unfinished until I am able to double check my billing, but accidentally signed off on them. None of this was intentional and going forth I will record my notes the same day and document after each patient seen to ensure this does not happen again. I take pride in my work and love my job so I do believe this is uncharacteristic of me.

16. Respondent did not communicate to Fuhrman or other coworkers present on January 1, 2024, that a family member had been hospitalized. The written statement was the first time that Fuhrman became aware of this personal situation.

17. On or about January 11, 2024, before arriving to work, Fuhrman texted Respondent's cell phone, asking her to come in for a meeting to discuss the investigation. Respondent did not answer this text message.

18. On or about January 11, 2024, Fuhrman found on his desk a resignation letter from Respondent dated January 10, 2024, stating the following:

> Please accept this letter as my formal resignation from my position as a Physical Therapist Assistant at Green Valley Care Center. I would like to thank you and the company for employing me for the past almost 8 years. I have enjoyed working with and rehabilitating all of the residents I've worked with alongside with coworkers I have loved. I wish you and the company nothing but continued success.

**[continued on next page]**

19. On or about March 2, 2024, Respondent submitted a handwritten response to the OAG consumer complaint investigation as follows:

> On January 1st, I left work early due to my sister in law being in the ICU after having a stroke. On January 2nd, I came into work and just put minutes in as a filler knowing I would have time to double check everything on Group Friday when I had more time. I had my actual minutes on a post it note and I just had a generic treatment note I put in, I would go back and put a more detailed note in as I often did. I also know of several other clinicians that do the same. Before given the chance, I was informed on Thursday I was being investigated for being overproductive at 123%, being the assistant director, I was able to see all therapist's productive and many have been over 100% productive and never questioned as to why. I was not even given a chance to fix my errors before being terminated. Everyone makes mistakes and I've seen others have chances after chances to fix them. I worked at GVCC for 8 years and was never even given a verbal warning or written up for anything. I've mentored students over the years and all my co-workers and residents can vouch for my character and what kind of clinician I am. I would never do anything to intentionally endanger my license as I have 3 children to support. Green Valley was my second home and I was heart broken to be terminated. I did not intentionally do anything wrong, but going forth I know to have better timely input of my billed minutes. I feel like I was targeted and fined unfairly. However, being a Physical Therapist Assistant means so much to me and always has, so I will continue to strive to do my best. Thank you for considering my side of things and working through this.

**2024 Indiana Physical Therapy Assistant Licensure Renewal Application**

20. On or about June 28, 2024, Respondent submitted her 2024 Indiana Physical Therapy Assistant licensure renewal application ("2024 application").

21. On the 2024 application, Respondent answered, "No," to Question Five (5), which asked, "Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice in physical therapy or as another health care professional?"

22. Respondent's negative answer to Question Five (5) on her 2024 application was a false statement in that Respondent was required to answer each of the renewal questions honestly and under oath, and Respondent failed to answer Five (5) honestly.

23. Respondent's answer to Question Five (5) was a material statement because, as a matter of course, the Board uses the renewal application answers to determine whether to require an applicant to appear for a personal appearance in front of the Board for more information, pursuant to Ind. Code §§ 25-1-5-4 *et seq.*, to deny licensure, or place an applicant's renewed license on probation.

24. Respondent had knowledge that Respondent's answer to Question Five (5) was false at the time Respondent submitted the 2024 application because Respondent wrote in her response to the OAG consumer complaint investigation that she was terminated from Green Valley.

## CHARGES

25. Paragraphs one (1) through twenty-three (23) are incorporated by reference.

**Counts 1–5**
**Inaccurate Billing Information**
**Ind. Code § 25-27-1-14(b)**

26. Respondent's conduct constitutes five (5) violations of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated a state statute regulating the physical therapy profession, as evidenced by Respondent's knowing violation of Ind. Code § 25-27-1-14(b). Specifically, Respondent knowingly violated that state statute by inputting and electronically signing inaccurate billing information—to wit, amount of time spent provided physical therapy assistance—for the following five (5) patients:

a. **Count 1:** Patient S.T.'s amount of time billed was inaccurate due to the lack of concurrent billing, by Respondent's own admission;

b. **Count 2:** Patient H.E.'s amount of time billed was inaccurate due to the lack of concurrent billing, by Respondent's own admission;

c. **Count 3:** Patient P.D.'s amount of time billed was inaccurate due to extra time having been input, by Respondent's own admission;

d. **Count 4:** Patient G.L.'s amount of time was inaccurate due to extra time having been input, by Respondent's own admission; and,

e. **Count 5:** Patient R.G.'s amount of time was inaccurate due to extra time having been input, by Respondent's own admission.

**Count 6**
**Failure to Keep Abreast of Current Professional Theory or Practice**
**Ind. Code § 25-1-9-4(a)(4)(B)**

27. **Count 6:** Respondent's conduct constitutes 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 entry of "filler" minutes and treatment notes for Monday, January 1, 2024, and intending to complete the notes four days later on Friday, January 5, 2024, instead of completing accurate minutes and treatment notes within the same day or next day, thereby increasing the risk of inaccuracy in documentation and deviating from documentation best practices.

**Count 7**
**Material Deception in Order to Obtain a License to Practice**
**Ind. Code § 25-1-9-4(a)(1)(A)**

28. **Count 7:** Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by Respondent's knowing failure to disclose on her 2024 Indiana Physical Therapy Assistant licensure renewal application that, in January 2024, Respondent had been suspended pending investigation and terminated in January 2024 from Green Valley Care Center.

## REQUESTED RELIEF

**ACCORDINGLY,** Petitioner respectfully requests the Board 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 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
Atty. No.: 18857-49

By: 

Autumn R. Murphy
Deputy Attorney General
Atty. No.: 36914-53

**OFFICE OF THE ATTORNEY GENERAL TODD ROKITA**
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
Phone: 317-232-2079
Fax: 317-233-7979
Autumn.Murphy@atg.in.gov

**CERTIFICATE OF SERVICE**

I certify that a copy of this "Administrative Complaint" has been duly served upon those listed below, by electronic mail and by United States mail, first-class, postage prepaid, on this day, October 2, 2024.

Krysia Nipple, P.T.A.
3709 Caney Road
Henryville, IN 47126



Autumn R. Murphy
Deputy Attorney General
Atty. No.: 36914-53

# CONSUMER COMPLAINT

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

*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: 11740761

## Section 1: Your Information

| | | | |
|---|---|---|---|
| Salutation<br>☐ Det. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss. ☐ Rev. | Street Address<br>3118 Green Valley Rd. | | |
| Full Name/Organization/Agency<br>Agency: Green Valley Care Center<br>[redacted] | City<br>New Albany | State<br>IN | Zip Code<br>47150 |
| If an Organization/Agency provide a Primary Contact Name<br>[redacted] | County<br>Floyd | Daytime Phone<br>[redacted] | |
| Age Group<br>☐ 18-24 ☐ 25-34 ☒ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+ | Email Address<br>[redacted] | | |
| | May we contact you by email? If yes, we will not contact you by regular mail | ☐ No ☒ Yes | |
| | Are you or your spouse active military? | ☐ No ☐ Yes | |

## Section 2: Who is the Complaint Against?

| | | | |
|---|---|---|---|
| Individual/Business<br>Krysia Nipple | Name of Individual/Representative you dealt with | | |
| Street Address<br>3709 Caney Road | City<br>Henryville | State<br>IN | Zip Code<br>47126 |
| County<br>Clark | Daytime Phone<br>[redacted] | Email Address | |

## Section 3: Transaction/Incident Details

3-A: Date of Transaction/Incident
1/1/2024

3-B: If a Transaction, what was the Transaction for?
☒ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church

3-C: Where did the Transaction/Incident occur? (*check box where applicable*)

- ☐ My home
- ☒ At the location of the business
- ☐ Away from the location of the business
- ☐ By mail
- ☐ By Internet/email
- ☐ By telephone
- ☐ By Social Media
- ☐ Other

3-D: What was the very first contact between you and the Individual/Business?

- ☐ I telephoned the individual/business
- ☐ I responded to a TV/radio ad
- ☐ A person came to my home
- ☐ I received information by email
- ☐ I received information in the mail
- ☐ I went to the location of the business
- ☐ I received a phone call from the business
- ☐ I responded to an offer on the Internet
- ☐ I responded to a printed advertisement
- ☐ Other, describe below

3-E: How did you Pay?

- ☐ Cash
- ☐ Check
- ☐ Credit Card/Pre-pay
- ☐ Installment Loan
- ☐ Medicaid
- ☐ Medicare
- ☐ Pay-Pal
- ☐ Private Insurance
- ☐ Wire Transfer
- ☒ Other N/A

| | | |
|---|---|---|
| 3-F: What, if any, is the Dollar amount associated with your loss? | $ | |
| 3-G: Vehicle Identification Number (if applicable) | | |

## 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? 1/3/2024
Investigation into the incident.

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.

Krysia was a Physical Therapy Assistant at Green Valley Care Center. On 1/3/24 an investigation was opened in regard to her signed billing on 1/1/24. Investigation concluded fraudulent billing for the date of 1/1/24.

## Section 6 How would you like your Complaint resolved?

Misconduct filed.

## Section 7 WHAT HAPPENS NEXT?

**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.

## Section 8 Mail Completed Forms to:

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).

[redacted] January 11, 2024

Your signature Date