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ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

MAY 14 2025

INDIANA STATE
ETHICS COMMISSION

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Tim	Name (first) Bailey	Name (middle)
Name of office or agency Indiana Department of Health		Job title Long Term Care Nurse Surveyor
Address of office (number and street) 2 N Meridian Street		City Indianapolis
Office telephone number (317) 233-1325	Office e-mail address (required) tbailey2@idoh.in.gov	
ZIP code 46204		
Describe the conflict of interest: Tim Bailey is currently a Nurse Surveyor in the Long Term Care Division of the Indiana Department of Health. Mr. Bailey wishes to seek outside employment and eventually full-time employment with either the Veterans Administration Hospital or Johnson Memorial Hospital. Mr. Bailey has worked with the IDOH ethics officer and the Long Term Care Division to identify long term care facilities in his survey area that are owned or operated by Johnson Memorial Hospital or the Veterans Administration and he will be screened out of all survey activity involving these facilities while he is in the application and hiring process with these entities.		

Describe the screen established by your ethics officer. (Attach additional pages as needed.)

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee 	Date signed (month, day, year) 5/13/25
Printed full name of state officer, employee or special state appointee Tim Bailey	

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer		Date signed (month, day, year)
Printed full name of ethics officer	Erin R. Elam	

From: Elam, Erin R
To: Weaver, Lindsay
Cc: Ferguson, Jon; Kent, Amy (IDOH)
Subject: COI-Tim Bailey Disclosure form
Date: Wednesday, May 14, 2025 9:20:00 AM
Attachments: [image013.png](#)
[Tim Bailey COI disclosure form.pdf](#)
[image014.png](#)
[image015.png](#)
[image016.png](#)
[image017.png](#)
[image018.png](#)
[image019.png](#)

Good morning, Dr. Weaver-

Tim Bailey is a Nurse Surveyor in LTC. He reached out to me a few months ago about seeking outside employment or post-employment in a hospital setting. Because he is a LTC surveyor this would not violate the ethics rules unless he was making regulatory decisions regarding LTC facilities that are owned by the hospital. Out of an abundance of caution LTC, via Suzanne Williams, has agreed to screen him out of survey activity regarding the VA and Johnson Memorial Hospital. This involves a very limited number of facilities. I must file the attached Conflict of Interest form regarding the screen and must notify you as part of that process.

Erin Elam | Staff Attorney & Ethics Officer
Office of Legal Affairs
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eeelam@health.in.gov
health.in.gov



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