

00146695

BOARD OF VOCATIONAL NURSE EXAMINERS
333 GUADALUPE STREET, SUITE 3-400
AUSTIN, TEXAS 78701
512/305-8100



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Patricia A. Thomas
Executive Director of the Board

07/26/1999

NICOLE M. WALDREP
P.O. BOX 307
FRED, TX 77616

Dear Ms. Waldrep:

This office is in receipt of information alleging that while employed as a Licensed Vocational Nurse at Silsbee Doctors Hospital in Silsbee, Texas, on or about December 21, 1998, you diverted CODI CLEAR (liquid hydrocodone) from a patient for personal use.

The Board of Vocational Nurse Examiners received a written referral from the Texas Peer Assistance Program for Nurses (TPAPN) advising that you became non-compliant with your TPAPN agreement.

We have initiated an investigation into this matter to determine if you have violated any of the provisions of the Vocational Nurse Act of Texas (Article 4528c, V.A.C.S.).

You are afforded this opportunity to respond to the allegations that have been made and to show that you have complied with all requirements of the law, i.e., Article 4528c, Section 10, V.A.C.S., for the retention of your license to practice vocational nursing in Texas.

We have enclosed Order Forms for a copy of the Vocational Nurse Act and Rules and Regulations.

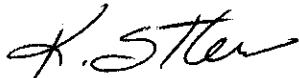
You may be interested in a provision of the Vocational Nurse Act for the Voluntary Surrender of a license. The return of the license along with your notarized statement that you no longer desire to be licensed will enable the Board to revoke your license without formal charges, notice or a hearing.

We are enclosing such an affidavit form for your consideration. To execute it, please sign the affidavit before a notary public and return it to the Board office, along with any vocational nursing license(s)/renewal form that you have in your possession.

One (1) year from the date the Board accepts the voluntary surrender, you may request a reinstatement hearing by submitting a letter to the Board office. You must be present at your reinstatement hearing, and the Board will require that you provide evidence of Rehabilitation/fitness to practice vocational nursing.

Thank you for your attention. If you have any questions concerning this matter, please contact the Investigation Division.

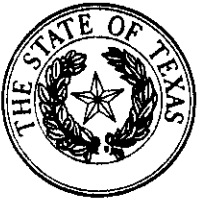
Sincerely,

A handwritten signature in cursive script, appearing to read "K. Suttan".

Kelly Suttan
Investigator

KS/ks

Enclosures: Voluntary Surrender Affidavit and Order Forms



00146695

BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400
AUSTIN, TEXAS 78701
512/305-8100

January 20, 2000

NICOLE WALDREP
PO BOX 307
FRED TX 77616

Dear Ms. Waldrep:

You were previously advised that this office was investigating allegations contained in the enclosed Agreed Board Order.

The investigation has produced evidence of a violation of the Texas Occupations Code.

You are entitled to a formal Complaint, Notice of Hearing, and a Public Hearing held before an Administrative Law Judge with the State Office of Administrative Hearings in which you may present evidence and cross examine witnesses. You are also entitled to representation by an attorney. All hearings are held in Austin. However, at this time, you are offered an alternative to a formal hearing.

If the proposed Agreed Order is acceptable to you, please sign the Agreed Order before a Notary Public and return it (all pages) to our office as soon as possible. The Agreed Order does not become effective until it is ratified by the Board members.

If it is not acceptable, or if we do not hear from you within twenty-one (21) days of the date of this letter, we will proceed with scheduling for a future hearing on this matter in Austin.

Sincerely,

Lynda Pringle
Lynda G. Pringle
Investigator

Z 582 966 955

LGP/saw

Enclosure: Agreed Board Order

(Certified Mail - RRR)

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Nicole Waldrep</i>	
Street Number <i>P.O. Box 307</i>	
Post Office, State, & ZIP Code <i>Fred, TX 77616</i>	
Postage	\$

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p style="text-align: right;">FEB 01 2000</p> <p>Nicole Waldrep P.O. Box 307 Fred, Tx 77416</p>	<p>C. Signature</p> <p>X <i>Nicole Waldrep</i></p> <p><input type="checkbox"/> Agency <input checked="" type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label)</p> <p>Z 582 966 955</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="text-align: center;">JAN 27 2000</p>	
<p>PS Form 3811, July 1999</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
	<p style="text-align: center;">LP/ABO</p>	



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

March 10, 2000

NICOLE WALDREP
PO BOX 307
FRED TX 77616

Dear Ms. Waldrep:

The enclosed Agreed Board Order has been ratified by the Board of Vocational Nurse Examiners, and it is now in effect. Your probation is subject to certain conditions as outlined in the Agreed Board Order.

The reports that are due from your nursing supervisor(s), Chemical Dependency Support Group program sponsor, and Counselor on a monthly basis for the first six (6) months of probation are due on the following dates, to-wit:

April 6, 2000 – September 6, 2000

Thereafter and throughout the remainder of probation, reports are due by your nursing supervisor(s), Chemical Dependency Support Group program sponsor, and Counselor on a quarterly basis on the following dates to-wit:

December 6, 2000

March 6, 2001

June 6, 2001

September 6, 2001

It is also stipulated that you pay a probation monitoring fee in the amount of thirty (\$30.00) dollars on a quarterly basis on the 15th of each quarter on the following dates to-wit:

June 15, 2000, 2001

September 15, 2000, 2001

December 15, 2000

March 15, 2001

It is **your responsibility** to insure that the required reports are submitted to the Board office, on time, and without reminders.

Any period(s) of unemployment must be documented in writing and submitted directly to the Board office as stipulated in the Board Order. Non-compliance with this Order, or violation of the Vocational Nurse Act, may result in a more severe sanction.

If you have any questions concerning this matter, please contact the Investigation Division.

Sincerely,

Mary M. Strange
Mary M. Strange, BSN, RN, CNA
Executive Director

MMS/ch

Enclosure: Agreed order and Probation Documentation

EB 142004

00146695

BOARD OF VOCATIONAL
NURSE EXAMINERS

VS.

NICOLE M. WALDREP

* STATE OF TEXAS
*
*
*
*
* COUNTY OF TRAVIS

AGREED BOARD ORDER

On this day came to be considered by the Board of Vocational Nurse Examiners the matter of vocational nurse license number 146695 held by NICOLE M. WALDREP, hereinafter called Respondent.

By letter, the Board of Vocational Nurse Examiners sent preliminary notice to Respondent of its intent to take disciplinary action with respect to said license held by Respondent, as a result of a complaint and subsequent investigation. Said investigation produced evidence indicating that Respondent has engaged in unprofessional or dishonorable conduct that, in the Board's opinion, is likely to deceive, defraud, or injure the public, in violation of Texas Occupations Code, Chapter 302, Section 302.402 (a) (10), in the following manner:

I.

a. On or about July 16, 1999, the Board of Vocational Nurse Examiners received a written referral from the Texas Peer Assistance Program for Nurses (TPAPN) alleging that Respondent had become non-compliant with its program.

II.

a. Respondent was employed as a Licensed Vocational Nurse with Silsbee Doctors Hospital from about November 23, 1996 through about May 31, 1999.

b. While so employed with said facility, on or about December 22, 1998, Respondent acknowledged to her supervisor that she had diverted Hydrocodone liquid from the facility.

By Respondent's signature on this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order with respect to the above-mentioned investigation. By Respondent's signature on this Order, Respondent acknowledges that they have read and

AGREED BOARD ORDER
RE: NICOLE M. WALDREP, LVN #146695
PAGE 2

understood this Order and have approved it for consideration by the Board.

By their notarized signature on this Order, Respondent does hereby waive the right to a formal Complaint, Notice of Hearing and a Public Hearing held before an Administrative Law Judge with the State Office of Administrative Hearings, and to judicial review of this disciplinary action. Notice of this disciplinary action will appear in the Board's newsletter sent to Texas employers.

ORDER OF THE BOARD

NOW THEREFORE, IT IS ORDERED, subject to ratification by the Board of Vocational Nurse Examiners that license number 146695, heretofore issued to NICOLE M. WALDREP to practice vocational nursing in the State of Texas be, and the same is hereby suspended, with said suspension stayed and placed on probation for a period of eighteen (18) months.

The probation of said license is subject to the following stipulations, to wit:

1. That if Respondent's place of employment, name, address or telephone number changes, Respondent is to notify the Board office immediately, or no later than ten (10) days after said change has occurred. Said notification shall be in the form of a written letter or report.
2. That Respondent shall comply with Federal, State, and local laws, and all the provisions of the Vocational Nurse Texas Occupations Code, Chapter 302 and Rules and Regulations of the Board.
3. That by copy of this Board Order, Respondent shall provide notice of Board disciplinary action to his/her immediate nursing supervisor(s) and Director(s) of Nursing, throughout the term of probation.
4. That Respondent shall be responsible for causing his/her immediate nursing supervisor(s) to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Respondent shall be responsible for causing his/her immediate nursing supervisor(s) to submit satisfactory reports directly to the Board office on a quarterly basis. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.
5. That any period(s) of nursing unemployment must be documented in writing by Respondent and submitted to the Board office, as provided in Stipulation No. four (4).

AGREED BOARD ORDER
RE: NICOLE M. WALDREP, LVN #146695
PAGE 3

6. That Respondent shall work only under the supervision of a licensed medical professional (MD, RN, LVN) who is physically present on the work premises during Respondent's shift assignment(s), throughout the term of the probation.
7. That Respondent shall not be employed by a nurse registry, temporary nurse employment agency, home health agency, or as a private duty nurse, throughout the term of probation.
8. That Respondent shall not be the only licensed medical professional in the facility throughout the term of probation.
9. That Respondent shall not have access to mood altering medications in the workplace during the first six (6) months of probation, working as an LVN.
10. That Respondent shall attend weekly meetings of a Chemical Dependency Support Group (AA/NA), and shall be responsible for causing his/her program sponsor to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Respondent shall be responsible for causing his/her program sponsor to submit satisfactory reports directly to the Board office on a quarterly basis. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.
11. That Respondent shall and hereby agrees to remain free of alcohol and all unprescribed controlled substances. Any controlled or legend medication must be prescribed by a physician knowledgeable about the disease of addiction, as well as Respondent's history, and it is incumbent upon Respondent to insure such physician knowledge. In all such cases, the prescribed drugs must be verified in writing to the Board by the prescribing physician.
12. That Respondent shall submit to monthly drug screen(s) upon demand of the Board staff for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Respondent shall submit to random urine drug screen(s) upon demand of the Board staff throughout the term of probation. Respondent shall submit to a drug screening panel consisting of the following: Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Hydrocodone, Meperidine, Opiates, Propoxyphene, PCP, Morphine, Codeine, Methadone, and Methaqualone. Said screen(s) shall be properly monitored with adherence to chain of custody procedures. A positive result shall be legally confirmed by Gas Liquid Chromatography/Mass Spectrometry (GCMS). The results of said screen(s) shall be submitted directly to the Board office by the laboratory. The expense of said screen(s) shall be borne by Respondent. That a report of a positive drug screen or unprescribed controlled substances shall be considered a violation of probation.
13. That Respondent shall provide the Board a telephone number by which Respondent may be contacted between the hours of 8:00 a.m. and 5:00 p.m. on weekdays. Respondent must maintain with the Board, during the term of this probation, a current telephone number in order for the Board to request random blood alcohol and urine drug screens, as provided in Stipulation No. twelve (12). An inability to contact Respondent by telephone to request said required drug screens shall be considered a violation of probation.

AGREED BOARD ORDER
RE: NICOLE M. WALDREP, LVN #146695
PAGE 4

14. That Respondent shall obtain counseling and shall be responsible for causing his/her counselor to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Respondent shall be responsible for causing his/her to submit satisfactory reports directly to the Board office on a quarterly basis. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.

15. That Respondent shall successfully complete nursing program course(s) encompassing the following areas of study: Nursing Ethics, and submit documentation of successful course completion to the Board office prior to the end of probation. Respondent shall be responsible for locating said course(s) and obtaining prior written approval of Board staff prior to committing to said course(s). Said course(s) shall be correspondence (through a recognized provider), in-house at a community college, university or nursing program, and/or tutored by a state approved, licensed nursing program faculty member. The expense of said course(s) shall be borne by Respondent. Failure to successfully complete said course(s) within the time frame stipulated, shall be considered a violation of probation.

16. That Respondent shall pay a Probation Monitoring fee in the amount of thirty (\$30.00) dollars in the form of a cashier's check or money order, payable to the Board of Vocational Nurse Examiners. Said fee shall be paid quarterly, due on the 15th of each quarter, commencing the quarter following the date of the Board's endorsement of the Order, and continuing thereafter until the successful completion of Respondent's probation. Said fee shall be sent to the Board office, addressed to the "Board of Vocational Nurse Examiners, 333 Guadalupe, Suite 3-400, Austin, TX 78701". Failure by Respondent to make any quarterly payment on time shall constitute a violation of probation.

This Agreed Order shall not be effective or take effect and become enforceable in accordance with its terms until ratified by a majority of the Board present and voting, at its next regularly called session.

Dated this the 9 day of February, ~~19~~ 2000.

Nicole M. Waldrep
Signature of Respondent

AGREED BOARD ORDER
RE: NICOLE M. WALDREP, LVN #146695
PAGE 5

PO Box 307
Current Address

Fred, Tx 77616
City, State and Zip

409 / 331-0513
Area Code and Telephone Number

The State of Texas
County of Jefferson

Before me, the undersigned authority, on this day personally appeared 6
NICOLE M. WALDREP, who being duly sworn by me stated that he or she executed the above
for the purpose therein contained, and that he or she understood same.

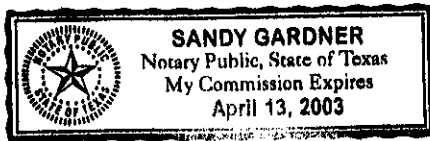
SWORN TO AND SUBSCRIBED before me on this the 9 day of February
~~19~~ 2000.



Lori Valdez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires 05-11-2003

Mary M. Strange
Mary M. Strange, RN
Agent for the Board of
Vocational Nurse Examiners

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the 23rd
day of February, 19 2000

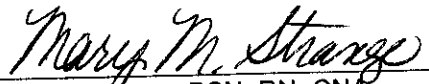


Sandy Gardner
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

BOARD ORDER
RE: NICOLE M. WALDREP, LVN #146695
PAGE: 6

WHEREFORE, PREMISES CONSIDERED, the Board of Vocational Nurse Examiners for the State of Texas does hereby ratify and adopt the Agreed order that was signed on the 9th day of February, 2000 by Respondent, license number 146695 and that Said Order is Final.

Effective this 6th day of March, 2000.



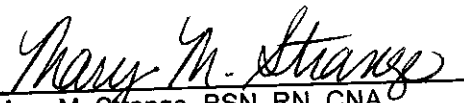
Mary M. Strange, BSN, RN, CNA
Executive Director
On Behalf of Said Board

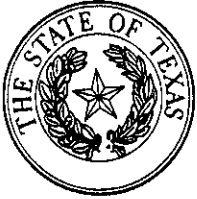
BOARD ORDER
RE: NICOLE M. WALDREP, LVN #146695
PAGE: 7

CERTIFICATE OF SERVICE

I hereby certify that on the 10th day of March, 2000, a true and correct copy of the foregoing **BOARD ORDER** was served by placement in the U.S. Mail, first class, and addressed to the following person(s):

NICOLE M. WALDREP
P.O. BOX 307
FRED, TX 77616


Mary M. Strange, BSN, RN, CNA
Executive Director
Agent for the Board of Vocational Nurse Examiners



BOARD OF VOCATIONAL NURSE EXAMINERS
333 GUADALUPE STREET, SUITE 3-400
AUSTIN, TEXAS 78701
512/305-8100

September 25, 2001

NICOLE WALDREP
907 IVANHOE RANCHETTES DR
WOODVILLE TX 75979

Dear Ms. Waldrep:

You have successfully completed your term of probation as stipulated by the Board of Vocational Nurse Examiners.

All pertinent information will remain in your permanent records. We urge you in the future to promote and uphold the ethical standards a Licensed Vocational Nurse should practice.

If you have any questions concerning this matter, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Hudson".

Carolyn Hudson
Probation Monitor, Enforcement Division

/ch