



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

April 16, 2001

SHERRIE CATER
PO BOX 220
COVINGTON, TX 76636

Dear Ms. Sherrie Cater:

This office is in receipt of information alleging that while employed as a Licensed Vocational Nurse with Grandview Nursing Home in Grandview, Texas on or about October 20, 2000 you were requested to submit to a random drug screen by your employer. That said drug screen revealed positive readings for AMPHETAMINES and METHAMPHETAMINES.

It is also alleged that you have declined to participate in the Texas Peer Assistance Program for Nurses (TPAPN).

We have initiated an investigation into this matter to determine if you have violated any of the provisions of the Texas Occupations Code.

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., the Texas Occupations Code, Chapter 302, for the retention of your license to practice vocational nursing in Texas.

We have enclosed Order Forms for a copy of the Texas Occupations Code and Rules and Regulations.

You may be interested in a provision of the Texas Occupations Code (302.410) 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 Enforcement Division.

Sincerely,


Clifford F. Lemke
Investigator

CL/cl

Enclosures: Voluntary Surrender Affidavit and Order Forms



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

December 19, 2001

SHERRIE DAWN CATER
 PO BOX 220
 COVINGTON, TEXAS 76636

Dear Ms. Cater:

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 enclosed 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. Also, with the Agreed Board Order you must fill out the DISA participation form and return the form with the Agreed Board Order. If you fail to submit the completed DISA form, with the Agreed Board Order it shall post-pone the ratification of your Agreed Board Order. The Agreed Order does not become effective until it is accepted and ratified by the Board of Vocational Nurse Examiners.

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,


 Clifford F. Lemke
 Investigator

CFL/cd

Enclosure: Agreed Board Order
 DISA Information Sheet

(Certified Mail - RRR)

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No International)</i>	
Article Sent To:	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Name (Please Print Clearly) (To be certified)	
SHERRIE DAWN CATER	
Street, Apt. No.; or PO Box No.	
P O BOX 220	
City, State, ZIP+4	
COVINGTON TEXAS 7	
PS Form 3800, July 1999	

7099 3220 0001 8846 0777

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

SHERRIE DAWN CATER
P O BOX 220
COVINGTON TEXAS 76636

JAN 04 2002

2. Article Number (Copy from service label)
7099 3220 0001 8846 0777

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Sherrie Cater 12/28/01

C. Signature

Sherrie Cater

Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CFL/ABO



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

March 15, 2002

SHERRIE CATER
PO BOX 220
COVINGTON TX 76636

Dear Ms. Cater:

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) and AA/NA program on a quarterly basis are due on the following dates, to-wit:

June 11, 2002
September 11, 2002
December 11, 2002
March 11, 2003

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, 2002
September 15, 2002
December 15, 2002
March 15, 2003

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

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

Sincerely,


Terrie L. Hairston, RN, CHE
Executive Director

TLH/ch

Enclosure: Agreed order and Probation Documentation

BOARD OF VOCATIONAL
NURSE EXAMINERS

VS.

SHERRIE DAWN CATER

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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 110429 held by SHERRIE DAWN CATER, 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, Respondent has engaged in the intemperate use of alcohol or drugs, in violation of the Texas Occupations Code, Chapter 302, Section 302.402 (a) (9), in the following manner:

I.

a. On or about April 13, 2001, the Board of vocational Nurse Examiners received a referral from the Texas Peer Assistance Program for Nurses (TPAPN) alleging that Respondent had declined participation in their program.

II.

a. Respondent was employed as a Licensed Vocational Nurse with Grandview Nursing Center in Grandview, Texas, from about March 16, 1999 through about October 23, 2000.

AGREED BOARD ORDER
RE: SHERRIE DAWN CATER, LVN #110429
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b. While so employed with said facility, on or about October 20, 2000, Respondent was requested to submit to a random drug screen. Said drug screen revealed a positive reading for AMPHETAMINES AND METHAMPHETAMINES.

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 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 that license number 110429, heretofore issued to SHERRIE DAWN CATER 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 one (1) year.

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 Texas Occupations Code and Rules and Regulations of the Board.
3. That Respondent shall not practice nursing in a Nurse Licensure Compact remote state without obtaining prior written authority of both the BVNE and the Board of Nursing of the remote state.
4. 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.
5. That 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, throughout the term of probation. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.
6. 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. five.
7. That Respondent shall attend Alcoholics Anonymous (A.A.), or Narcotics Anonymous (N.A.), and shall be responsible for causing his/her program sponsor to submit satisfactory reports directly to the Board office on a quarterly basis, throughout the term of probation. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.
8. That Respondent shall and hereby agrees to abstain from the consumption of Alcohol, Nubain, Stadol, Dalgan or other synthetic opiates, and/or use of 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 ensure such physician knowledge. If prescribed medication, RESPONDENT SHALL CAUSE the attending physician to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the Board office by the *prescribing physician, within ten (10) days of the date of the prescription.*
9. That Respondent shall through the Board's agent (DISA), submit to random blood alcohol and urine drug screens.

10. That Respondent shall be responsible daily for telephoning DISA's Voice Response (DVR) at 1-800-580-1099. That said drug screen shall be administered through the policies and procedures of the Drug Intervention Services of America, Inc. (DISA), utilizing LabCorp facilities. That said drug-screening panel shall consist of the following:

Alcohol (Ethanol)	Cannabinoids	Methaqualone
Amphetamines	Cocaine	Opiates
Barbiturates	Meperidine	Phencyclidine
Benzodiazepines	Methadone	Propoxyphene

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. Any report of failure to contact DISA and/or a positive drug screen for which the Respondent does not have a valid prescription, will be regarded as non-compliance with the terms of this order and may subject the Respondent to further disciplinary action by the Board.

11. That Respondent 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.

12. That Respondent 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.

AGREED BOARD ORDER
RE: SHERRIE DAWN CATER, LVN #110429
PAGE 5

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

Dated this the 2 day of Jan, 2002.

Sherrie Cater
Signature of Respondent

P.O. Box 230
Current Address

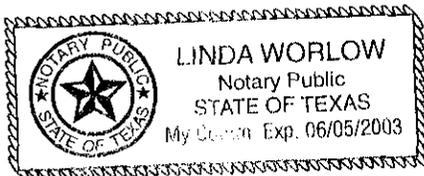
Covington, Texas 76636
City, State and Zip

254 1854-3082
Area Code and Telephone Number

The State of Texas
County of Johnson

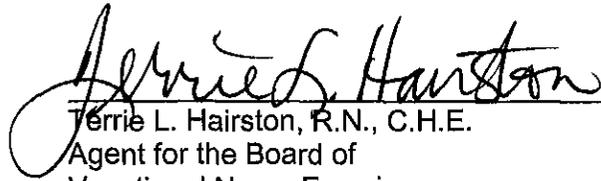
Before me, the undersigned authority, on this day personally appeared SHERRIE DAWN CATER, who being duly sworn by me stated that he or she executed the above for the purpose therein contained, and that he or she understood same.

SWORN TO AND SUBSCRIBED before me on this the 2 day of January, 2002.

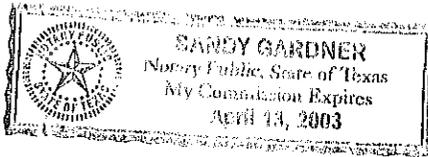


Linda Worlow
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires 06/05/03

AGREED BOARD ORDER
RE: SHERRIE DAWN CATER, LVN #110429
PAGE 5


Terrie L. Hairston, R.N., C.H.E.
Agent for the Board of
Vocational Nurse Examiners

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the
8th day of February, 2002.

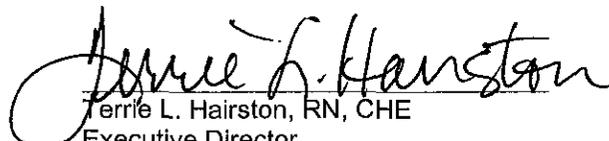



NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires 4/13/03

BOARD ORDER
RE: SHERRIE DAWN CATER, LVN #110429
PAGE: 6

WHEREFORE, PREMISES CONSIDERED, the Board of Vocational Nurse Examiners for the State of Texas does hereby ratify and adopt the Agreed Board Order, notarized on the 2nd day of January, 2002 by Respondent, license number 110429 and that Said Order is Final.

Effective this 11th day of March, 2002


Terrie L. Hairston, RN, CHE
Executive Director
On Behalf of Said Board

BOARD ORDER

RE: SHERRIE DAWN CATER, LVN #110429

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CERTIFICATE OF SERVICE

I hereby certify that on the 15th day of March, 2002, 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):

SHERRIE DAWN CATER
PO BOX 220
COVINGTON TX 76636



Terrie L. Hairston, RN, CHE
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

March 15, 2003

SHERRIE CATER
PO BOX 220
COVINGTON TX 76636

Dear Ms. Cater:

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