



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

00103049

October 23, 1998

LOIS ANN CHIOTTI
1008 NORTH CATHERINE STREET
TERRELL TX 75160

Dear Ms. Chiotti:

This office is in receipt of information alleging that while employed as a licensed vocational nurse at HIS of Texas at Terrell Care Center in Terrell, Texas, on or about March 13, 1998, your employer requested that you submit to a drug screen "for cause", missing medications. That said screen revealed a positive reading for COCAINE and PROPOXYPHENE.

It is also, alleged that you declined participation 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 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.

00103049

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

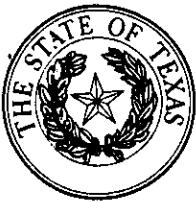
Sincerely,

A handwritten signature in cursive script that reads "Kathleen S. Davies".

Kathleen S. Davies
Supervising Investigator

KD/kd

Enclosures: Voluntary Surrender Affidavit and Order Forms



00103049

BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

February 10, 1999

Lois Ann Chiotti
1008 North Catherine Street
Terrell, TX 75160

Dear Ms. Chiott:

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 Vocational Nurse Act.

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,

Kathleen S. Davies (handwritten signature)

Kathleen S. Davies
Investigator

KSD/vg

Enclosure: Agreed Board Order

(Certified Mail - RRR)

Z 224 160 404

US Postal Service

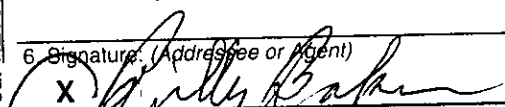
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Table with 10 rows and 2 columns. Rows include: Sent to, Street & Number, Post Office, State, & ZIP Code, Postage, Certified Fee, Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered, Return Receipt Showing to Whom, Date, & Addressee's Address, TOTAL Postage & Fees, Postmark or Date.

PS Form 3800, April 1995

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Lois Ann Chiotti 1008 North Catherine St Terrell, TX 75160</p>		<p>4a. Article Number</p> <p>Z 224 160 404</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X </p>		<p>7. Date of Delivery</p> <p>2/7/99</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>KSD/ABO</p>	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.



BOARD OF VOCATIONAL NURSE EXAMINERS

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

September 17, 1999

Lois Chiotti
 303 E. South St.
 Kaufman, TX 75142

Dear Ms. Chiotti:

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 Chemical Dependency Support Group program sponsor on a **monthly** basis for the first three (3) months of probation are due on the following dates, to-wit:

October 13, 1999 – December 13, 1999

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

March 13, 2000, 2001
June 13, 2000, 2001
September 13, 2000, 2001
December 13, 2000

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:

December 15, 1999, 2000
March 15, 2000, 2001
June 15, 2000, 2001
September 15, 2000, 2001

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 Investigation Division.

Sincerely,

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

MMS/ch
 Enclosure: Agreed order and Probation Documentation

BOARD OF VOCATIONAL
NURSE EXAMINERS

VS.

LOIS ANN CHIOTTI

• STATE OF TEXAS
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•

• 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 103049 held by LOIS ANN CHIOTTI, 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 opinion of the Board, is likely to deceive, defraud, or injure the public, in violation of Article 4528c, Section 10 (a) (9), Revised Civil Statutes of Texas, in the following manner:

I.

a. On or about May 27, 1998, the Board of Vocational Nurse Examiners received a written referral from the Texas Peer Assistance Program for Nurses (TPAPN) alleging that Respondent declined to participate in their program.

II.

a. Respondent was employed as a Licensed Vocational Nurse with Integrated Health Services, INC, at Terrell Care Center, in Terrell, Texas, from about March 21, 1997 through about June 4, 1998.

b. While so employed with said facility Respondent on or about March 13, 1998 was requested by her employer to submit to a random drug screen "for cause". Said cause was for discrepancies in the individual narcotic log of residents Breckenridge, Rogers and Burch's, involving their Darvocet.

c. Subsequently, on or about March 16, 1998, Respondent results to said requested drug screen revealed a positive reading for PROPOXYPHENE and COCAINE.

AGREED BOARD ORDER
RE: LOIS ANN CHIOTTI, LVN #103049
PAGE 2

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, subject to ratification by the Board of Vocational Nurse Examiners that license number 103049, heretofore issued to LOIS ANN CHIOTTI, 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 two (2) years.

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 Act 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.

AGREED BOARD ORDER
RE: LOIS ANN CHIOTTI, LVN #103049
PAGE 3

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 three (3) 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).
6. 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.
7. That Respondent shall not have access to mood altering medications in the workplace during the first three (3) months of probation.
8. 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 three (3) 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.
9. That Respondent shall submit to monthly urine drug screen(s) upon demand of the Board staff for the first three (3) 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.
10. 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. nine (9). An inability to contact Respondent by telephone to request said required drug screens shall be considered a violation of probation.

AGREED BOARD ORDER
RE: LOIS ANN CHIOTTI, LVN #103049
PAGE 4

11. 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 St., 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 7th day of June, 19 99.

Lois Ann Chiotti
Signature of Respondent

303 E. South St.
Current Address

Kaufman Av. 78742
City, State and Zip

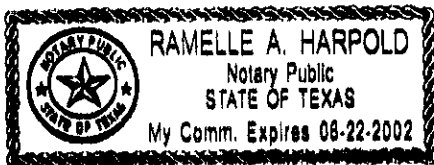
9721932-7769
Area Code and Telephone Number

AGREED BOARD ORDER
RE: LOIS ANN CHIOTTI, LVN #103049
PAGE 5

The State of Texas
County of Kaufman

Before me, the undersigned authority, on this day personally appeared LOIS ANN CHIOTTI, 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.

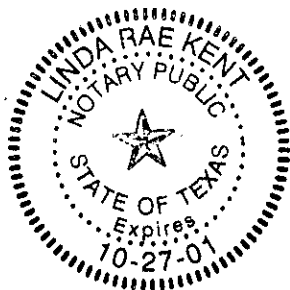
SWORN TO AND SUBSCRIBED before me on this the 7th day of June, 1999.



Ramelle A. Harpold
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires _____

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 21st day of June, 1999.




Linda Rae Kent
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

JUN 10 1999

BOARD ORDER
RE: LOIS ANN CHIOTTI, LVN #103049
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 7th day of June, 1999 by Respondent, license number 103049 and that Said Order is Final.

Effective this 13th day of September, 1999.



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

BOARD ORDER

RE: LOIS ANN CHIOTTI, LVN #103049

PAGE: 7

CERTIFICATE OF SERVICE

I hereby certify that on the 17th day of September, 1999, 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):

LOIS ANN CHIOTTI
303 E. SOUTH ST.
KAUFMAN, TX 75142



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 18, 2001

LOIS CHIOTTI
1066 ROBIN RD
TERRELL TX 75160

Dear Ms. Chiotti:

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