

7. On or about March 21, 2011, while licensed as a Vocational Nurse in the State of Texas, Respondent engaged in the intemperate use of Alcohol, in that she produced a specimen for a random drug screen requested by the Texas Peer Assistance Program for Nurses (TPAPN), which resulted positive for EtG/EtS. Additionally, she admitted to drinking. The use of Alcohol by a Vocational Nurse, while subject to call or duty, could impair the nurse's ability to make rational, accurate, and appropriate assessments, judgments, and decisions regarding patient care, thereby placing the patient in potential danger.
8. On or about March 21, 2011, Respondent became non-compliant with the Agreed Order issued to her by the Texas Board of Nursing on October 20, 2010. Non-compliance is the result of her failure to comply with all requirements of the Texas Peer Assistance Program for Nurses (TPAPN) contract. Stipulation number three (3) of the Order dated October 20, 2010, states:

"(3) RESPONDENT SHALL comply with all requirements of the TPAPN contract during its term...."

Respondent was dismissed from TPAPN on March 28, 2011.

9. The Board finds that there exists serious risks to public health and safety as a result of impaired nursing care due to intemperate use of controlled substances or chemical dependency.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.
2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove a violation of Section 301.452(b)(1),(9)&(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12(4),(5),(9),(10)(A) and (11)(B).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 171486, heretofore issued to LORI ANN MANTEGNA-VANDIVER, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Vocational Nurse License Number 171486, previously issued to LORI ANN

MANTEGNA-VANDIVER, to practice nursing in Texas is hereby SUSPENDED and said suspension is ENFORCED until Respondent completes a treatment program approved by the Board, provides documentation of successful completion, and has obtained twelve (12) consecutive months of sobriety. Any relapse prior to the completion of the twelve (12) consecutive months of sobriety will result in an extension of the enforced suspension until such twelve (12) consecutive months of sobriety and additional treatment have been attained.

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license is encumbered by this order the Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED, upon verification of successful completion of the approved treatment and twelve (12) consecutive months of sobriety as set out in this Order, the Suspension will be STAYED, and RESPONDENT will be placed on PROBATION for three (3) years with the following agreed terms of probation:

(1) RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

(2) RESPONDENT SHALL pay all re-registration fees, if applicable, and RESPONDENT'S licensure status in the State of Texas will be updated to reflect the applicable conditions outlined herein.

(3) RESPONDENT SHALL, within one (1) year of the suspension being stayed, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address:*
<http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>

(4) RESPONDENT SHALL, within one (1) year of the suspension being stayed, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order

to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding*

this workshop may be found at the following web address:

<http://www.learningext.com/products/generalce/critical/ctabout.asp>.

(5) RESPONDENT SHALL pay a monetary fine in the amount of five hundred dollars (\$500.00). RESPONDENT SHALL pay this fine within forty-five (45) days of the suspension being stayed. Payment is to be made directly to the Texas Board of Nursing in the form of cashier's check or U.S. money order. Partial payments will not be accepted.

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING PROBATION CONDITIONS FOR THREE (3) YEARS OF EMPLOYMENT. THE LENGTH OF THE PROBATIONARY PERIOD WILL BE EXTENDED UNTIL SUCH THIRTY-SIX (36) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF AVOCATIONAL NURSE (LVN) LICENSE, WILL NOT APPLY TO THIS STIPULATION PERIOD:

(6) RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the probation conditions on RESPONDENT'S license(s). RESPONDENT SHALL present a

complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(7) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) For the first year of employment as a nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse or Licensed Vocational Nurse. Direct supervision requires another nurse to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(9) For the remainder of the probation period, RESPONDENT SHALL be supervised by a Licensed Vocational Nurse or a Registered Nurse who is on the premises. The supervising nurse is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL

NOT be self-employed or contract for services. Multiple employers are prohibited.

(10) RESPONDENT SHALL NOT practice as a nurse on the night shift, rotate shifts, work overtime, accept on-call assignments, or be used for coverage on any unit other than the identified, predetermined unit(s) to which Respondent is regularly assigned for one (1) year of employment as a nurse.

(11) RESPONDENT SHALL NOT practice as a nurse in any critical care area for one (1) year of employment as a nurse. Critical care areas include, but are not limited to, intensive care units, emergency rooms, operating rooms, telemetry units, recovery rooms, and labor and delivery units.

(12) RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) months for three (3) years of employment as a nurse.

(13) RESPONDENT SHALL abstain from the consumption of alcohol, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates, and/or the use of controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. **In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and RESPONDENT SHALL submit to an evaluation by a**

Board approved physician specializing in Pain Management or Psychiatry. The performing evaluator will submit a written report to the Board's office, including results of the evaluation, clinical indications for the prescriptions, and recommendations for on-going treatment within thirty (30) days from the Board's request.

(14) RESPONDENT SHALL submit to random periodic screens for controlled substances, tramadol hydrochloride (Ultram), and alcohol. For the first three (3) month period, random screens shall be performed at least once per week. For the next three (3) month period, random screens shall be performed at least twice per month. For the next six (6) month period, random screens shall be performed at least once per month. For the remainder of the probation period, random screens shall be performed at least once every three (3) months. All random screens SHALL BE conducted through urinalysis. Screens obtained through urinalysis are the sole method accepted by the Board.

Specimens shall be screened for at least the following substances:

Amphetamines	Meperidine
Barbiturates	Methadone
Benzodiazepines	Methaqualone
Cannabinoids	Opiates
Cocaine	Phencyclidine
Ethanol	Propoxyphene
tramadol hydrochloride (Ultram)	

A Board representative may appear at the RESPONDENT'S place of employment at any time during the probation period and require RESPONDENT to produce a specimen for screening.

All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. RESPONDENT SHALL be responsible for the costs of all random drug screening during the probation period.

Any positive result for which the nurse does not have a valid prescription or failure to report

for a drug screen, which may be considered the same as a positive result, will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action including EMERGENCY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of Respondent's license(s) and nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

(15) RESPONDENT SHALL attend at least two (2) support group meetings each week, one of which must be for substance abuse and provided by Alcoholics Anonymous, Narcotics Anonymous, or another comparable recovery program that has been pre-approved by the Board. RESPONDENT SHALL provide acceptable evidence of attendance. Acceptable evidence shall consist of a written record of at least: the date of each meeting; the name of each group attended; and the signature and printed name of the chairperson of each group attended by RESPONDENT. RESPONDENT SHALL submit the required evidence on the forms provided by the Board at the end of every three (3) months. No duplications, copies, third party signatures, or any other substitutions will be accepted as evidence.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license, the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT shall be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 5 day of May, 2011.
Lori Ann Mantegna-Vandiver
LORI ANN MANTEGNA-VANDIVER, Respondent

Sworn to and subscribed before me this 5 day of May, 2011.
Ryan Kathleen Sims
Notary Public in and for the State of Texas

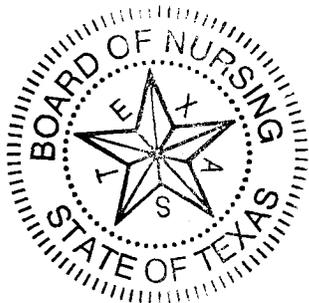


WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 5th day of May, 2011, by LORI ANN MANTEGNA-VANDIVER, Vocational Nurse License Number 171486, and said Order is final.

Effective this 14th day of June, 2011.



Katherine A. Thomas, MN, RN
Executive Director on behalf
of said Board



BEFORE THE TEXAS BOARD OF NURSING

In the Matter of Vocational Nurse	§	AGREED
License Number 171486	§	
issued to LORI ANN MANTEGNA-VANDIVER	§	ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of LORI ANN MANTEGNA-VANDIVER, Vocational Nurse License Number 171486, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(9)&(10), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on March 11, 2010, by Katherine A. Thomas, MN, RN, Executive Director.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license.
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice vocational nursing in the State of Texas.
4. Respondent received a Certificate in Vocational Nursing from John Peter Smith Hospital, Fort Worth, Texas, on January 14, 1999. Respondent was licensed to practice vocational nursing in the State of Texas on March 15, 1999.
5. Respondent's nursing employment history is unknown.

6. On or about March 3, 2007, Respondent was arrested by the Mansfield Police Department, Mansfield, Texas, and subsequently charged with OBSTRUCTION OR RETALIATION (a 3rd Degree felony offense) and DRIVING WHILE INTOXICATED (a Class B misdemeanor offense). On or about July 31, 2008, Cause Number 1058628001 was dismissed in the County Criminal Court of Tarrant County. On or about November 16, 2007, Respondent entered a plea of Guilty and was convicted of DRIVING WHILE INTOXICATED (a Class B Misdemeanor offense), in the County Criminal Court of Law No. 9 of Tarrant County, Texas, under Cause Number 1058629001. As a result of the conviction, Respondent was sentenced to confinement in the Tarrant County Jail for a period of twenty (20) days. Additionally, Respondent was ordered to pay a fine and court costs.

7. On or about September 25, 2008, Respondent submitted a License Renewal Form License Vocational Nurse to the Texas Board of Nursing in which she answered "Yes" to the question:

"In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?"

8. In response to Findings of Fact Number Six (6) and Seven (7), Respondent states that she had a mishap in the March 2007, she got a DWI charge in Mansfield, Texas. On that night, she had said something to a female officer that very much offended her. She advised the female officer that they were in the same line of work and then she began to argue with her. During the entire arrest the female officer felt she was very threatening. The officer gave her a Retaliation Charge. She saw the tape of the arrest with her lawyer and was so ashamed she could not watch the entire thing. She has been in many courts with different judges because they separated the cases. She was put into a program called Tarrant County Assertive Treatment. She had gone through many measures to qualify for the special program which is something quite new for Tarrant County based out of MHMR. She had to go through months and months of Counseling. Her counselor was Pam Leary who was once a Parole Officer, but now is the supervisor/officer of Mental Health Diversion Programs. She was a very good participant in the program. She saw both of her Judges as ordered throughout her lengthy program. She also went to the Centers for Therapeutic change in Arlington. Her counselor was Tracy Kholen who decided at one time that she had done so well "she was wasting my time." It was the worst time of her life, but she has come out of it a much better human being. Her Retaliation charge was dismissed.

9. On or about September 28, 2009, Respondent was seen by Emily Fallis Ph.D to undergo a forensic psychological evaluation to include a chemical dependency and polygraph examination.

Dr Emily Fallis states: This examiner is of the opinion that Ms Vandiver is at moderate risk for relapse in terms of substance abuse. She currently appears to have insight into her

alcoholism. On the other hand, she has a long history of resorting to alcohol when under stress. Moreover, she has continued to drink alcohol since treatment. She admitted she was drinking up to eight beers virtually daily while involved with her previous boyfriend and after her DUI. Furthermore, she acknowledged she drinks alcohol when she and her current boyfriend fight. Note also that this examiner is concerned that she was perceived as compliant with the mental health diversion program but was not compliant with her medication regime and hid this noncompliance from her psychiatrist and therapist. Moreover, this examiner is concerned about her ongoing use of alcohol while also using anxiolytic medication. She seems to be fairly dependent on others and likely feels empty when not in an intimate relationship with a man. This facet of her personality puts her at risk for relapse. Others likely will find her friendly, extroverted person with a lot of energy. She seems to have a sense of purpose for her life. She appears to be fairly trusting. She acknowledged episodes of anxiety when under stress. She likely has developed some coping resources through court-ordered treatment, although these could be reinforced through further treatment. Her support system likely should be strengthened to extend beyond her family and her current paramour. She does not appear to suffer from clinical depression, Bipolar Disorder, or a psychotic disorder. She has had anxiety symptoms and continues to use medication to control these symptoms. These anxiety symptoms do not appear to be panic attacks which occur unexpectedly but, rather, are a response to stress. She appears to have problems modulating negative emotions such as depression and anger at times. She should be participating in a support group such as Alcoholics Anonymous. She likely would benefit from individual counseling, as well as medication monitoring by a psychiatrist.

1. Ms. Vandiver demonstrated evidence of current psychopathology, including significant anxiety and alcohol dependence, through interview and observation. Psychological testing showed she was relatively straightforward during the assessment, acknowledging a history of alcohol abuse and anxiety symptoms. She has a history of treatment for both anxiety and alcohol dependence; and currently is taking psychotropic medication for the former.
2. In this examiner's opinion, Ms. Vandiver may have difficulty avoiding behaviors which the board of Nursing has identified as constituting unprofessional conduct. In particular, this examiner found evidence that she is at moderate risk of abusing alcohol, either as part of her duties as a nurse or in other contexts. This opinion is based on her general history, data generated during the evaluation, and review of records.
3. Ms. Vandiver may have difficulty behaving consistently in accordance with the requirements of Rules 213.27 to 213.29 at 22 Texas Administrative Code (TAC), as well as the minimum standards set by the Board's rules 217.11 at 22 TAC and generally accepted nursing standards. Specifically referencing 213.28, section (c), Ms. Vandiver's alcohol abuse and related behavior are unlikely to recur simply because she is licensed, particularly since her offense conduct has not been particular to someone in the nursing profession. With reference to 213.28, section (d), she has evidence of prosocial, stable behaviors since the time of her most recent legal situation, the DWI arrest. On the other hand, since completing

court-mandated treatment she has continued to drink alcohol while using prescription medication and has resorted to drinking when stressed in her relationship.

Polygraph-Dianne Robinson states: After careful analysis of the charts produced, it is my professional opinion that Ms. Mantegna-Vandiver's results are-No Deception Indicated. The polygraph that Ms. Mantegna-Vandiver's exam was administered on is a Lafayette LX-400 computerized instrument.

10. The Board finds that there exists serious risks to public health and safety as a result of impaired nursing care due to intemperate use of controlled substances or chemical dependency.
14. Respondent's conduct described in Findings of Fact Numbers Six (6) through Nine (9) resulted was significantly influenced by Respondent's impairment by dependency on chemicals and mental illness.
15. Respondent's compliance with the terms of a Board approved peer assistance program should be sufficient to protect patients and the public.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.455, the Board has jurisdiction over this matter.
2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove violations of Section 301.452(b)(9)&(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12(13).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 171486, heretofore issued to LORI ANN MANTEGNA-VANDIVER, including revocation of Respondent's license to practice nursing in the State of Texas.
5. The Board may, in its discretion, order a nurse to participate in a peer assistance program approved by the Board if the nurse would otherwise have been eligible for referral to peer assistance pursuant to Section 301.410, Texas Occupations Code.

ORDER

IT IS THEREFORE AGREED and ORDERED that RESPONDENT, in lieu of the sanction of Revocation under Section 301.453, Texas Occupations Code, SHALL comply with the following conditions for such a time as is required for RESPONDENT to successfully complete the Texas Peer Assistance Program for Nurses (TPAPN):

(1) RESPONDENT SHALL, within forty-five (45) days following the date of entry of this final Order, apply to TPAPN and SHALL, within ninety (90) days following the date of entry of this final Order, sign and execute the TPAPN participation agreement, which SHALL include payment of a non-refundable participation fee in the amount of three hundred fifty dollars (\$350.00) payable to TPAPN.

(2) Upon acceptance into the TPAPN, RESPONDENT SHALL waive confidentiality and provide a copy of the executed TPAPN participation agreement to the Texas Board of Nursing.

(3) RESPONDENT SHALL comply with all requirements of the TPAPN participation agreement during its term and SHALL keep her license to practice nursing in the State of Texas current.

(4) RESPONDENT SHALL CAUSE the TPAPN to notify the Texas Board of Nursing of any violation of the TPAPN participation agreement.

IT IS FURTHER AGREED and ORDERED, RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code, Section §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license is encumbered by this Order, Respondent may not work outside the State of Texas pursuant to a multistate licensure privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED, SHOULD RESPONDENT fail to comply with this Order or the terms of the participation agreement with the TPAPN, such noncompliance will result in further disciplinary action including EMERGENCY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of Respondent's license and nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

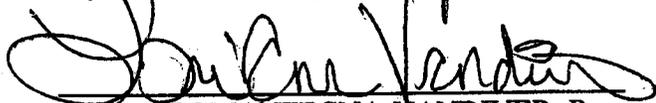
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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. I do acknowledge possessing a diagnosis that deems me eligible to participate in the Texas Peer Assistance Program for Nurses. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, and Conditions One (1) through Four (4) of this Order to obtain disposition of the allegations through peer assistance and to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order becomes effective upon acceptance by the Executive Director on behalf of the Texas Board of Nursing, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license to practice vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 22 day of Sept, 2010.

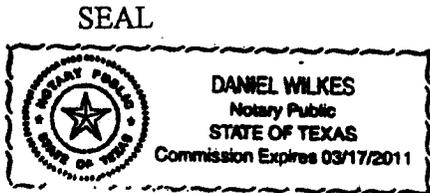


LORI ANN MANTEGNA-VANDIVER, Respondent

Sworn to and subscribed before me this 22 day of Sept, 2010.



Notary Public in and for the State of Texas



WHEREFORE PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing, does hereby accept and enter the Agreed Order that was signed on the 22th day of September, 2010, by LORI ANN MANTEGNA-VANDIVER, Vocational Nurse License Number 171486, and said Order is final.



Entered and effective this 20th day of October, 2010.

A handwritten signature in cursive script, appearing to read 'Katherine A. Thomas', is written over a horizontal line.

Katherine A. Thomas, MN, RN
Executive Director on behalf
of said Board

TEXAS BOARD OF NURSING
333 GUADALUPE STREET, SUITE 3-460
AUSTIN, TEXAS 78701

Board Order Billing Form

PLEASE SUBMIT THIS FORM WITH REMITTANCE OF FINE

Name _____
(Please Print) First Middle Last

Maiden Name

License Number

Social Security Number

I have enclosed a **cashier's check or U.S. Money Order** payable to the Texas Board of Nursing in
the amount of \$ _____. (Please initial)

DO NOT WRITE BELOW THIS LINE

Amount of Remittance _____

Audit Number _____

Date Received _____

Accepted By _____

NOTICE

Be advised that the following information relates to the monitoring of your compliance with the enclosed Board Order:

All required courses must be completed within one (1) year from the date of the order regardless if your license is in delinquent status or current.

You are responsible for ensuring the appropriate forms are mailed to the Board's office within the correct time frame. You are also responsible for ensuring that the appropriate personnel at your place of employment have been notified of the Order and that you have provided your employer with a copy of the Order.

A Notification of Employment form is enclosed, for you to give to your employer for submission to this office if you are required to cause your employer to submit periodic reports. This form is only to be used by employers who employ you as a registered nurse in the State of Texas.

1. If you are currently employed as a registered/vocational nurse, you are required to cause your current employer to submit the Notification of Employment form to our office within ten (10) days of your receipt of the enclosed Board Order.
2. If you are not currently employed as a registered/vocational nurse, you will be required to cause your potential employer to submit the Notification of Employment form to our office within five (5) days of employment as a registered nurse.
3. If you change employers during the term of your Order, you will be required to cause your new employer to submit a new Notification of Employment form to this office within five (5) days of your new employment as a registered nurse.

Once this office receives the completed Notification of Employment form, you will be sent your first set of report forms to be used to document your compliance with the stipulations of your Board Order. You will also be informed of the date on which your first set of reports will be due in the Board's office.

This office works on due dates of either the 15th or the last day of any given month. **All reports will only be accepted if received in this office within two weeks prior to, or two weeks immediately following the due date. Also, please be aware that all reports, except for Support Group attendance, must be submitted directly from the individual completing the report.**

You will be credited only for reports verifying your compliance with your stipulations during periods of time in which you are employed as a registered/vocational nurse. Quarterly reports will only be accepted if you have been working with the same employer for a full three (3) months. Employment for one (1) or two (2) months will not count towards your monitoring period.

The effective date of the Order is the date the Order was ratified by the Board. That date may be found on the Executive Director's signature page contained in your Order. You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully. If you are a registered nurse and have any questions, contact Diane E. Burell, Investigator at (512) 305-6827. If you are a vocational nurse and have any questions, contact Carolyn Hudson, Probation Monitor, at (512) 305-7667.

Texas Board of Nursing
333 Guadalupe Street, Suite 3-460
Austin, Texas 78701
(512) 305-6827

NOTIFICATION OF EMPLOYMENT

Regarding: _____

License Number: _____

This is to certify that the above identified nurse has been employed by

_____ which is a _____
Name of Facility *Type of Facility*

in the position of _____ since the date of _____.

I have received a complete copy of the Order of the Board and am aware of the stipulations placed on this license by the Texas Board of Nursing. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

Supervisor's Signature: _____ **Date:** _____

Title: _____

Facility Name and Address: _____

Telephone #: _____

If the Board's Order requires that the nurse cause his/her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by a nurse other than the above Supervisor, please list that individual's name and title below.

Name: _____

Title: _____

For Registered Nurses: Return to the attention of Diane E. Burell, Investigator, at the above address
For Vocational Nurses: Return to the attention of Carolyn Hudson, Probation Monitor, at the above address

INSTRUCTIONS FOR BON URINE DRUG SCREEN COLLECTION

1. As a result of the Order ratified by the Board (BON), you will be required to submit to periodic random drug screens **during employment as a registered/vocational nurse**. The BON has contracted with FirstLab Professional Health Monitoring (PHM) testing program and you will be submitting random urine specimens through this program. No other drug screens will be accepted toward meeting your Board-ordered requirements unless pre-authorized by your monitoring investigator/program analyst.
2. Enrollment in FirstLab is required before testing can begin. In order to confirm that you are aware of the BON policy for drug screening and the process, you are asked to sign this form and return it to the Board. Once you are employed as a nurse, and your Notification of Employment form has been received by the Board **you have two (2) weeks to submit your registration information to FirstLab's website at www.firstlab.com**. If access to a computer is a problem, you may contact FirstLab at 1-800-732-3784.
3. Credit or Debit cards are required to be kept on file for testing fees.
4. FirstLab contracts with LabCorp collection sites throughout the state of Texas. You will be receiving Chain of Custody Forms (CCF) from LabCorp at no cost to you once you are enrolled in the FirstLab System. When your supply gets low (less than 3) please order more from the FirstLab online system and the lab will send you a supply. All collection fees are to be paid at the time of collection if you are not using a LabCorp Patient Service Center (PSC). FirstLab will NOT pay any of these fees. Pricing for all of urine drug test panels is **\$43.00**.
1. **You will be required to login to the FirstLab website or call every day to verify if you have been chosen to provide a specimen for screening. Failure to login or call every day could result in further action taken by the Board.** If you are planning to travel out of state, you must contact the Board's office in advance to make arrangements for drug screening; you may be required to submit to a random drug screen even during your time out of town or on vacation.
2. If, due to an emergency, you are unable to report to the collection site on the day you are requested to provide a urine specimen, or if you do not have the proper chain of custody form, you must immediately contact the Monitoring Investigator at the Board's office at (512) 305-6838. **Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action being taken against your license to practice registered/vocational nursing in the state of Texas for your failure to comply with the Order of the Board.**
7. If your specimen tests positive, you may have your results reviewed by a Medical Review Officer (MRO) for an additional fee. In addition, you must notify the Monitoring Investigator prior to making the request, so that it may be approved with FirstLab. (During this time period, the result will be treated as a positive result until proven otherwise).
8. While you are being monitored by the Board, your employer or a representative from the Texas Board of Nursing may require you to submit to a random drug screen at any time.

I have read and understood the requirements of the Board's random drug screening requirements. I agree to comply with the Board's drug screening requirements, should the proposed Order of the Board become effective. I understand a Board representative may appear at my place of employment at any time during my monitoring term in order to gather a specimen for random drug screening.

Printed name of Nurse

Signature of Nurse

Date
0403/190

License Number



FirstLab Enrollment Instructions for Texas Board of Nursing(TXBON)

As a participant of the TXBON you are required to enroll in FirstLab's Professional Health Monitoring (PHM) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to **www.firstlab.com**.
2. Click on the “**phm login**” button.
3. Then click on “**Enroll with FirstLab**”
4. Enter the Login and Passcode
Program Login ID: **txbonrn (for RNs) or txbonlvn (for LVNs)**
Password: **enroll**

FirstLab

Participant Login for PHM

Login ID:

Password:

Enroll with FirstLab
Already Enrolled? [Click here to create user ID and Password.](#)
Cannot access your account? [Forgot password](#) [Forgot User ID](#)
For additional account and login information please email:
phm@firstlab.com or call 800-732-3784 and ask for your Account Representative.

5. Fill in the required fields indicated with an * which includes your SSN and credit/debit card account information. Read and electronically sign the Agreement. Then click “**Submit**”.
6. Print and read the enrollment packet in its entirety.
7. You do not need to return any paperwork when enrolling on-line unless you are using another party's credit/debit card for payment.

If you do not have access to the internet, please call the FirstLab PHM Department at 1-800-732-3784 to request an enrollment packet.

File Copy Only.

Texas Procurement And Support Service

Tracking 9171082133393425668003

From:

Name: Erin Raesz
Department: 507 Enforcement
Phone: 305-6944
Remark1: g
Remark2:
Remark3:
Reference:

To:

Ship To 1: Lori Ann Mantegna-Vandiver
Ship To 2:
Address: 4310 Foxborough Trail

Arlington, TX 76001
Country: US

Special Instructions:

Requested Date: 5/24/2011 9:21:53 AM

To print this form:

- 1) Click the Print button. (Print two copies, one to attach to your package and one to keep for your records.)
- 2) Place the form in a waybill pouch or attach it to your shipment so that the barcode portion of the page can be read and scanned.

Form (1 of 1)