BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of Registered Nurse	§	AGREED
License Number 591366	§	
issued to SONYA C. COKER	§	ORDER

TEXAS BOARD OF NURSING
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.
Executive Director of the Board

On this day the Texas Board of Nursing, hereinafter referred to as the Boa considered the matter of SONYA C. COKER, Registered Nurse License Number 591366, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(8), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on February 26, 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 professional nursing in the State of Texas.

4. Respondent received an Associate Degree in Nursing from Catawba Valley Community College, Hickory, North Carolina, on May 1, 1992. Respondent was licensed to practice professional nursing in the State of Texas on May 21, 1993.

5. Respondent's nursing employment history is unknown.

6. On or about April 11, 2006, Respondent's license to practice professional nursing in the State of North Carolina was issued the sanction of a PROBATED LICENSE by the North Carolina Board of Nursing, Raleigh, North Carolina. A copy of the Summary of Events, Licensee

Response, Proposed Sanction, and Consent to Accept Proposed Discipline Action dated April 11, 2006, is attached and incorporated, by reference, as part of this Order.

7. In response to Finding of Fact Number Six, Respondent states that during her employment at Frye Regional Medical Center in Hickory, North Carolina, she was working the 7:00 pm-7:00 am shift on the MRDD unit. She had called another unit to see if someone could relieve her so she could take a break. A Mental Health Tech/Certified Nursing Assistant came to the unit in response to her request. She asked if there was anything she needed to do while Respondent was gone and Respondent responded inappropriately, "Yes, you can give my meds and do my charting for me." Respondent then told her everything was done except for one patient's medication which was pulled, but Respondent would not give it until the 7am shift came on because he was violent. Respondent requested they call her if this patient woke up so she could return to the unit. She then left to smoke a cigarette. When she returned the Nursing Assistant told her she had given the medication to the patient Respondent had referred to. Respondent took the Nursing Assistant into a private office and chewed her out for giving the medication, which she knew she was not allowed to do, and for not calling Respondent when the patient woke up as she had instructed. The Nursing Assistant told her she had been written up for multiple absences and would be fired if this was reported. Respondent agreed to not report her this time. Respondent was called into her nursing supervisor's office a few weeks later and asked about the incident, and was fired at that time.

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 violation of Section 301.452(b)(8), Texas Occupations Code.

4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 591366, heretofore issued to SONYA C. COKER, including revocation of Respondent's license to practice professional nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that RESPONDENT SHALL receive the sanction of REMEDIAL EDUCATION,

and 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.

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 nurse licensure compact privilege without the written permission of the State of Texas and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL, within one (1) year of entry of this Order, 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 <u>not</u> 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) contact 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.*

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

BALANCE OF THIS PAGE INTENTIONALLY LEFT BLANK.

CONTINUED ON NEXT PAGE.

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 violation 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 when this Order becomes final and the terms of this Order become effective, 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 professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 9th day of July, 2010.

Sonya C Coker

SONYA C. COKER, Respondent

Sworn to and subscribed before me this 9th day of July, 2010.

SEAL

Brandy S. Wyant

Brandy S. Wyant

Notary Public in and for the State of North Carolina

County of Catawba

My Comission Expires: November 20, 2013

WHEREFORE, PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing, does hereby ratify and adopt the Agreed Order that was signed on the 9th day of July, 2010, by SONYA C. COKER, Registered Nurse License Number 591366, and said Order is final.

Effective this 19th day of July, 2010.

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

Alexis B. Welch, RN, Ed.D
Chair
Ramona C. Whichello, BSN, MN
Vice-Chair
Julia L. George, RN, MSN, FRE
Executive Director

NC BOARD OF NURSING

P.O. Box 2129
Raleigh, North Carolina 27602
919.782.3211
FAX 919.781.9461
Nurse Aide II Registry 919.782.7499
www.ncbon.com

April 28, 2009

Texas Board of Nursing
Ms. Bonnie Krznarich, Investigator
333 Guadalupe Street, Ste. 3-460
Austin, TX 78701

RE: SONYA C. WALKER (COKER), RN# 123064

Dear Ms. Drznarich:

Per your request, enclosed are copies of the disciplinary action taken against the North Carolina license of Sonya C. Walker (Coker):

1) Letter of Charges dated December 16, 2005
2) Probationary Conditions

As custodian of the records, I certify that these are true and accurate copies of the documents on file in this office.

Sincerely,

Donna H. Mooney

Donna H. Mooney, RN, MBA
Manager, Discipline Proceedings

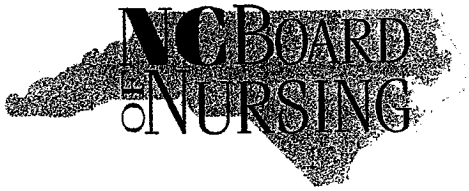
State of North Carolina
County of Wake

Sworn to and subscribed before me
This the 28th day of April, 2009

Teresa J. White

Notary Public
My commission expires 05/19/2009

Jacqueline F. Ring, RN, MBA, MHA
Chair
Pamela B. Edwards, Ed.D., RN
Vice-Chair
Mary P. Johnson, RN, MSN
Executive Director



P.O. Box 2129
Raleigh, North Carolina 27602
919.782.3211
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Nurse Aide II Registry 919.782.7499
www.ncbon.com

December 16, 2005

Sonya C. Walker
1107 Sandhurst Drive
Newton, North Carolina 28658

License Type: Registered Nurse
License Number: 123064
Expiration: 01/31/2006
Original Date of Licensure: 08/28/1992
Original State of Licensure: NC

Dear Ms. Walker:

It has come to the attention of the North Carolina Board of Nursing that while you were employed at the Frye Regional Medical Center in Hickory, North Carolina you were involved in incidents that indicate you may not be safe and competent to practice medicine, or you may have violated the Nursing Practice Act. Specifically, our investigation shows you delegated a professional responsibility to an unlicensed person, and you were involved in unsafe nursing practices.

SUMMARY OF EVENTS

While you were employed in this agency, you were assigned to work the 7:00 pm to 7:00 am shift on the Mentally Retarded, Developmentally Delayed (MRDD) Adult Unit. On or about October 7, 2005 you were passing medications, you had completed all but one (1) of your medications when an unlicensed person was allowed to give the last person their medication. On this date, the unlicensed person has indicated you instructed her to give the medication to the patient. The medication was given while you were off the Unit on a smoke break.

This is not the first time you have been involved in inappropriate nursing care. On or about April 20th, 2005 you received a verbal warning for your failure to comply with the sterile dressing technique. It is noted on this date, a patient reported her Dialysis shunt dressing had fallen off and needed to be re-applied. You allegedly told the patient this was a "medical intervention" and required a physician's order. However, you told the patient you would be willing to reinforce the dressing. You reinforced the tape on the old dressing despite the fact you were aware this dressing had fallen on the floor and was being placed over a Dialysis shunt device.

Additionally, on July 15th, 2005 you received a written warning for non-therapeutic communication with a patient. While talking with a patient that had attempted suicide, using Tylenol. You allegedly told the patient, "Tylenol will not kill you right away, but it will eventually."

On August 26th, 2005 a patient was scheduled to receive Zyrtec at 9:00 am. The PYXIS shows this medication was not removed until 11:15 am. On the MAR you documented

administration of the medication at 9:00 am. Also, two (2) other patients were to receive Ativan at 5:00 pm on this same date. The PYXIS report reflects Ativan was removed at 7:14 pm and 7:18 pm. The MAR shows you documented the administration of these medications at 5:00 pm.

LICENSEE RESPONSE

On November 9th, 2005 you were interviewed by a Practice Consultant with the North Carolina Board of Nursing. When asked if you were aware of the allegations made against you, you admitted you were and stated you had been questioning if you even wanted to continue in nursing.

You stated you jokingly told a Tech she could give your medications and do your charting for you. You stated you had already administered your medications to everyone on the Unit except one (1) patient that had just gotten up in a chair. You said you did not hand the technician any medications, but you prepared them for administration. You admitted the medications were at the Nurse's Station and not secured. You said while you were on break. The Tech gave the medication. You said, you never intended for the Tech to administer the medications and you thought the Tech understood this was a joke. You admitted you knew it was wrong to leave the medications unsecured.

As it related to the documentation issues regarding the medications, you said times reported in the PYXIS were accurate up to the time the medications were removed to be administered. You said you were away from the Unit at 5:00 pm, and you were late in administering your scheduled medications. You admitted you did not note this change in the medical record.

In a written statement presented to the agency in April, 2005 regarding the inappropriate level of contact with the suicidal patient, you said you were in the patient's room relieving her One-to-One Nurse for a break. You said during your conversation with the patient, you began discussing the overdose, and you asked her what made her take an overdose. She apparently responded to you, "her boyfriend". You said you had asked her why she chose Tylenol, and she said she wanted to make sure she did it right. You told her Tylenol was a nasty drug to overdose on, it may not kill you immediately, but it sure could play havoc with the kidneys and liver. You stated at no time did you mean any disrespect to the patient.

As it related to the incident regarding the dressing, you said the patient came to you and said she needed her dressing over her Dialysis shunt changed. You told her you could not change the dressing without a physician's order because it was a Dialysis dressing. You said when you finished passing meds, you went into the patient's room with her and lifted her shirt. You said the dressing was intact over the shunt site but was loose in places. You said you needed to clean it with Betadine and put a new dressing on. You admitted the patient told you the dressing had fallen off earlier while she was in the bathroom, and she had picked it up off the floor and put it back on. You then secured the edge of the dressing with paper tape.

You failed to maintain minimum standards of nursing care when you delegated a professional responsibility to an unlicensed person, and you were involved in unsafe nursing practices.

POSSIBLE NURSING PRACTICE ACT VIOLATIONS

This indicates you may have violated the Nursing Practice Act, Section G.S. 90-171.37 (4), (5), (6), (7) and (8) as follows:

(4) engages in conduct that endangers the public health; and,

(5) is unfit or incompetent to practice nursing by reason of deliberate or negligent acts or omissions regardless of whether actual injury to the patient is established; and,

(6) engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services; and,

(7) has violated any provision of this Article; and,

(8) has willfully violated any rules enacted by the Board.

As further indicated in Regulation N.C.A.C. 36.0217(c) (10), (22) (25) as follows:

(10) abandoning or neglecting a client who is in need of nursing care, without making reasonable arrangements for the continuation of such care; and,

(22) delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such a person is not qualified by training, by experience, or by licensure; and,

(25) falsifying a client's record or the controlled substance records of the agency.

OPTIONS FOR RESOLUTION

1) ADMINISTRATIVE HEARING

You are entitled to have an Administrative Hearing before a majority of the members of the Board of Nursing or its designated Hearing Officer. At that time, you would be given the opportunity to present sworn testimony, arguments and evidence regarding the allegations against you. Should you desire such a Hearing, one will be scheduled for you within a reasonable time in keeping with the provisions of Chapter 150B, Article 3A of the General Statutes. The following general statutes, rules and procedures apply according to G.S. 150B, unless another specific statute or Rule of the North Carolina Board of Nursing provides otherwise: Rules of Civil Procedure as contained in G.S. 1A-1 and Rules of Evidence pursuant to G.S. Chapter 8C; G.S. 90-86 through 90-113.8; 21 NCAC 36.0224-.0225; Article 3A, Chapter 150B; and Rule 6 of the General Rules of Practice for Superior and District Court.

Every document filed with the Board of Nursing shall be signed by the person, applicant, Licensee, or his attorney who prepares the document and shall contain his name, title/position, address, and telephone number. If the individual involved is a licensed nurse, the nursing license certificate number shall appear on all correspondence with the Board of Nursing.

2) PROPOSED SANCTION

You must successfully complete a Board-approved ETHICAL-LEGAL DECISION MAKING COURSE within four (4) months. Failure to complete the course within the prescribed period of time will result in suspension of the license.

If the license is suspended you must then appear before the Licensure Committee of the Board to request re-instatement of the license and to present evidence that you are safe and competent to re-enter nursing practice.

Additionally, you will be issued a Probationary License. The terms of probation are:

(1) Must comply with the Board's Probation Program. Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Program.

(2) Must notify the North Carolina Board of Nursing, in writing, within five (5) days of any change in address or employer. This includes new employment or probation, suspension, termination and/or resignation from employment.

(3) Must have quarterly written performance reports submitted to the North Carolina Board of Nursing from all employers. (The quarterly reports must involve three (3) consecutive months of employment in the same facility and must show an average of 64 hours worked per month.)

(4) Must continue to perform duties in a safe and competent manner, satisfactory to the North Carolina Board of Nursing.

(5) Must notify the NCBON, in writing, within five (5) days of any DUI, misdemeanor and/or felony charges. Additionally, following final disposition of the charges by the court system, notify the Board, in writing, within three (3) days of the outcome.

(6) During the period of probation shall appear in person at interviews/meetings as directed by the Board.

(7) Employment Limitations –

A. Shall work at least twelve (12) months under the direction of an on-site RN.

Conditions shall remain in effect for a period of twelve (12) months and until you have satisfactorily complied with the Board's conditions.

Failure to submit the reports within the prescribed period of time may be grounds for suspension or revocation of the license and the Executive Director of the Board is authorized to suspend or revoke the license at her discretion after investigation of the failure to submit the reports and the reason for such failure.

You must be employed in a licensed nursing position during the time the required reports are submitted and you may be required to submit quarterly Progress Reports until such time as employment is secured. Further, the license may be immediately suspended if the Board of Nursing receives evidence you have violated any of the conditions on the license issued to me.

This action also becomes public information. The Board posts a list of persons who have received discipline action to the North Carolina Board of Nursing's Website and inquiries to the Board will be informed that this action has occurred.

Enclosed is a Consent To Accept Disciplinary Action Form. This form should be signed, notarized and returned to the Board office within ten (10) days of receipt.

IF YOU ARE REQUIRED TO COMPLETE A COURSE OR TO HAVE AN EVALUATION, THE APPROPRIATE LISTS WILL BE SENT TO YOU ONCE WE RECEIVE YOUR COMPLETED CONSENT FORM.

3) SETTLEMENT COMMITTEE

Chapter 150B, Article 3A of the General Statutes and Board of Nursing rules promulgated there from, does provide for a mechanism for attempted resolution of contested administrative matters in lieu of a formal Hearing. The Board of Nursing has established a Settlement Committee for the purpose of attempting to resolve matters. Although the Board of Nursing desires to settle cases whenever possible, such can only be achieved if all parties agree to the terms and conditions of the settlement. The Settlement Committee is composed of two (2) or three (3) Board members.

A settlement conference, if requested by you, is held for the purpose of attempting to resolve a dispute through informal procedures prior to the commencement of formal administrative proceedings. The conference shall be held in the offices of the Board of Nursing. All parties shall attend or be represented at the settlement conference. You should be prepared to discuss the alleged violations and the incidents on which these are based. If an attorney attends the Settlement Committee Meeting without his/her client, he/she must bring a notarized statement from the Licensee granting authority to enter into a final Agreement on the Licensee's behalf.

On the date of the Settlement Committee Meeting, a form shall be signed by you which invalidates all previous offers made to the Licensee by the staff on behalf of the Board of Nursing.

As this is an informal setting, testimony will not be taken from individual witnesses. However, you may present any written testimony or documentation that you may choose from persons who would be called upon as witnesses. For these documents to be considered, they **MUST** be notarized.

The Settlement Committee will consider information/evidence presented by the Board staff and the Licensee (or his/her attorney) in reaching a proposed settlement.

The Settlement Committee is vested with the authority by the North Carolina Board of Nursing to reach a final decision regarding settlement. If a settlement is reached, the Board of Nursing will forward a written Settlement Agreement containing all conditions of the settlement to the Licensee and other party(ies). On the date of the Settlement Conference, a form **MUST** be signed by all parties which indicates whether the settlement offer is accepted or rejected.

The Licensee should bring their wallet-sized license with them to the Settlement Conference. If a Settlement is reached, the action is effective the day of the meeting, and the license (if suspended of revoked) is surrendered at the time the Settlement Agreement is signed. If the sanction imposed is a **PROBATIONARY** license, the regular wallet sized license will be surrendered at the time the Agreement is signed and a **PROBATIONARY** license will be issued. Should the Licensee fail to bring the license and an Agreement is reached, the effective date of the Agreement will be the date on which the actual wallet sized license is received in the office of the Board of Nursing.

If a settlement is reached, the decision of the Settlement Committee will be reported on the North Carolina Board of Nursing's Website. All actions of the Board, including disciplinary matters, are considered public information and will be reported on the Website.

Should the Settlement Committee be unable to successfully resolve a case, the matter will be scheduled for an Administrative Hearing before a majority of the members of the Board.

The Settlement Committee has the authority to reject any offers of settlement for which they feel the ends of justice would be better served by a decision being rendered by the majority of the members of the North Carolina Board of Nursing.

An appearance before the Settlement Committee will only be held upon the written request of the Licensee or his/her attorney. If a written request for a Settlement Conference is not made, an Administrative Hearing will be conducted if resolution to the matter has not been achieved.

In accordance with G.S. 90-171.27(d) and Board of Nursing policy derived there from, an administrative fee may be assessed for disciplinary matters. (See enclosed administrative fee schedule.)

A written response is required from you WITHIN TEN (10) DAYS of receipt of this notice to notify us as to how you wish to proceed.

Should you have any questions about any information in this letter, please feel free to call or write.

Sincerely,

Donna H. Mooney, RN, MBA
Director of Discipline
(919) 782-3211, Ext. 226
donna@ncbon.com

DHM/rh

Certified/RRR
Enclosures:
- Instruction Sheet for Responding to the Board
- Fee Policy
- 21-36.0217
- Nursing Practice Act/Settlement Brochure
- Information on Board Approved Course

CONSENT TO ACCEPT PROPOSED DISCIPLINE ACTION

I, **SONYA C. WALKER**, having been advised by the North Carolina Board of Nursing of charges against me and, also, of my right to have an Administrative Hearing, a Settlement Committee meeting, or any other proceedings before the Board, do hereby waive my right in either of these forums.

Further, I hereby accept the proposed offer:

I must successfully complete a Board-approved ETHICAL-LEGAL DECISION MAKING COURSE within four (4) months. Failure to complete the course within the prescribed period of time will result in suspension of the license.

If the license is suspended I must then appear before the Licensure Committee of the Board to request re-instatement of the license and to present evidence that I am safe and competent to re-enter nursing practice.

Additionally, I will immediately be issued a Probationary License. The terms of probation are:

(1) Must comply with the Board's Probation Program. Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Program.

(2) Must notify the North Carolina Board of Nursing, in writing, within five (5) days of any change in address or employer. This includes new employment or probation, suspension, termination and/or resignation from employment.

(3) Must have quarterly written performance reports submitted to the North Carolina Board of Nursing from all employers. (The quarterly reports must involve three (3) consecutive months of employment in the same facility and must show an average of 64 hours worked per month.)

(4) Must continue to perform duties in a safe and competent manner, satisfactory to the North Carolina Board of Nursing.

(5) Must notify the NCBON, in writing, within five (5) days of any DUI, misdemeanor and/or felony charges. Additionally, following final disposition of the charges by the court system, notify the Board, in writing, within three (3) days of the outcome.

(6) During the period of probation shall appear in person at interviews/meetings as directed by the Board.

(7) Employment Limitations –

- **A. Shall work at least twelve (12) months under the direction of an on-site RN.**
- **B. Respondent may not work for a nurse staffing agency; home health agency; private duty, home hospice for twelve (12) months.**

(8) Must submit to random drug screens showing chain of custody.

(9) Must remain alcohol/drug free.

Conditions shall remain in effect for a period of twelve (12) months and until I have satisfactorily complied with the Board's conditions.

Failure to submit the reports within the prescribed period of time may be grounds for suspension or revocation of the license and the Executive Director of the Board is authorized to suspend or revoke the license at her discretion after investigation of the failure to submit the reports and the reason for such failure.

I understand I must be employed in a licensed nursing position during the time the required reports are submitted and I may be required to submit quarterly Progress Reports until such time as employment is secured. Further, I understand my license may be immediately suspended if the Board of Nursing receives evidence I have violated any of the conditions on the license issued to me.

This action also becomes public information. The Board posts a list of persons who have received discipline action on the North Carolina Board of Nursing's Website and inquiries to the Board will be informed that this action has occurred.

This Agreement shall constitute my consent to all conditions stated in the Board's letter dated **DECEMBER 16, 2005** and sent to me by Certified Mail.

This Consent contains the entire agreement between the Board and the Licensee, there being no agreement of any kind, verbal or otherwise, which varies, alters or adds to this Consent.

DATE: 4-11-06

SIGNATURE: Sonya C Walker

I decline the proposed offer and wish to be:

_____ Scheduled for a Settlement Committee Meeting

_____ Scheduled for an Administrative Hearing

DATE: _____

SIGNATURE: _____

THIS FORM SHOULD BE RETURNED TO THE BOARD OFFICE WITHIN 10 DAYS OF RECEIPT OF THIS NOTICE, SO THAT WE MAY KNOW HOW YOU WISH TO PROCEED.

NORTH CAROLINA BOARD OF NURSING PROBATIONARY LICENSE

CERTIFICATE NUMBER: 123064
REGISTERED NURSE
EXPIRATION DATE: 01/31/2008
Date issued: 05/8/2006-vs

Sonya C. Walker, is issued this probationary license to practice nursing in the state of North Carolina. The conditions include the following:

1. Must comply with the Board's Probation Program. Licensee shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the licensee's compliance with the Program
2. Must notify the Board, in writing, within five (5) days of any change in address or employer. This includes new employment or probation, suspension, termination and/or resignation from employment
3. Must have quarterly written performance reports submitted to the Board from all employers. (The quarterly reports must involve three (3) consecutive months of employment in the same facility and must show an average of 64 hours worked per month)
4. Must continue to perform duties in a safe and competent manner, satisfactory to the Board
5. Must notify the NCBON, in writing, within five (5) days of any DUI, misdemeanor and/or felony charges. Following final disposition of the charges, notify the Board, in writing, within three (3) days of the outcome
6. During the period of probation shall appear in person at interviews/meetings as directed by the Board or Board staff

Conditions shall remain in effect for a period of one (1) year and until I have satisfactorily complied with the Board's conditions.

Further, the following conditions will be in effect for the stated time:

1. Shall work for at least one (1) year under the direction of an on-site RN.

Must complete an Ethical-Legal Decision-Making course within four (4) months or by the deadline date of **September 10, 2006.**

Licensee shall work in a licensed position for the full term of the probationary period and until such time as all conditions of probation are satisfied. Further, licensee understands that the license may be immediately suspended if the Board of Nursing receives evidence licensee has violated any of the conditions on the license.

LICENSEE HEREBY AGREES THAT IN ACCORDANCE WITH THE INTERSTATE COMPACT FOR NURSE LICENSURE, LICENSEE SHALL NOT PARTICIPATE IN ANY OTHER PARTY STATE DURING THE FULL TERM OF THE PROBATIONARY PERIOD WITHOUT PRIOR WRITTEN AUTHORIZATION FROM THE NORTH CAROLINA BOARD OF NURSING AND THE OTHER PARTY STATE. LICENSEE MUST PROVIDE EVIDENCE OF SUCH AUTHORIZATION FROM THE OTHER PARTY STATE TO THE NORTH CAROLINA BOARD OF NURSING.

LICENSEE PLEASE SIGN AND DATE ABOVE

Mary C. Johnson

Executive Director

BOARD SEAL

(ANY ALTERATION TO THIS LICENSE IS SUBJECT TO SUSPENSION)

EMPLOYERS: TO VERIFY THIS PROBATIONARY LICENSE, CALL THE BOARD OFFICE AT 919-782-3211, EXTENSION 240 OR EXTENSION 277.

Beverly B. Foster, PhD, RN
Chair
Alexis B. Welch, RN, Ed.D
Vice-Chair
Mary P. Johnson, RN, MSN, FAAN
Executive Director

NC BOARD OF NURSING

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www.ncbon.com

04/03/2007

Ms. Sonya C Walker
1107 Sandhurst Dr
Newton, NC 28658

Dear Ms. Walker:

A review of your file indicates that effective 4/3/07 you have successfully satisfied all conditions of your probationary nursing license. Congratulations for your work in accomplishing this. The Board of Nursing will no longer issue the wallet-size license card. The Board's database serves as the primary source for nurse licensure information for North Carolina. To verify your licensure status, you may go to our website at www.ncbon.com or verify via the automated telephone verification system at 919-881-2272.

Once again, congratulations. If you have any questions, please contact me.

Sincerely,

Vicki Sferruzzo
Investigator & Monitoring Coordinator
(919) 782-3211 ext. 240
Vicki@ncbon.com

/vs

cc: Robin Turner