



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN,
512/

Z 224 161 742

November 19, 1998

PEGGY LIVESAY
PO BOX 1374
SEMINOLETX 79360

Dear Ms. Livesay

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Peggy Livesay	
Street & Number P. O. Box 1374	
Post Office, State, & ZIP Code Seminole, TX 79360	
Postage	\$

Your request for reinstatement of your license to practice vocational nursing in Texas has been reviewed. A reinstatement hearing will be scheduled for the first available hearing date following receipt of the psychological/medical evaluation information as described below. You will be notified in advance of the date, time and location. You must be present for the hearing once it is docketed.

You have the right to have an attorney represent you at your reinstatement hearing. You also have the right to present evidence and testimony to support your request for reinstatement of your license. You have the burden of proof to show that you are presently fit and/or rehabilitated and sufficiently competent to practice vocational nursing.

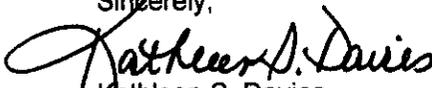
The Board requires that you obtain at your expense, both a current written psychiatric or psychological and a written medical evaluation. You should begin making arrangements for the evaluations now, as it does take some time. Enclosed please find statements of specific information to be included in the Examiners' reports. These evaluations must be mailed directly to the Board office by the Examiner, prior to the hearing.

You are encouraged to secure letters of character reference from individuals such as clergymen, civic leaders, employers and friends who have personal knowledge of your character. These letters should be notarized, addressed to the "Board of Vocational Nurse Examiners", reference "Dear Board Members" on all correspondence, and be mailed directly to the Board office from these individuals, prior to the hearing.

If applicable to your case, the Board also recommends that you obtain a report from your probation or parole officer, drug or alcohol abuse counselor(s), or other evidence relative to your progress and/or rehabilitation. We request that you have these report(s) mailed directly to the Board office by these individuals, prior to the hearing.

Enclosed, please find an Information Sheet outlining the Board's rules and requirements for consideration of reinstatement of your license. Please READ CAREFULLY and obtain all necessary information. We encourage you to contact the Investigation Division if you have any questions.

Sincerely,


Kathleen S. Davies
Investigator

KD/kd

Enclosures: Reinstatement Information Sheet, Psychological and Medical Evaluation Forms

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ 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.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Peggy Livesay P.O. Box 1374 Seminole, TX 79360 NOV 30 1998	4a. Article Number 2224 161 742	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery 11-23-98	
6. Signature: (Addressee or Agent) X <i>Peggy Livesay</i>	8. Addressee's Address (Only if requested and fee is paid) KSD	

Thank you for using Return Receipt Service.



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

00119624

April 15, 1999

Peggy Maxine Livesay
PO Box 1374
Seminole, TX 79360

Certified Mail No. Z 464 134 451

Z 464 134 451

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	Peggy M. Livesay
Post Office, State, & ZIP Code	PO Box 1374 Seminole, TX 79360
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 1999

Dear Ms. Livesay:

You have filed a written request for reinstatement of your vocational nursing license with the Board of Vocational Nurse Examiners office, stating reasons why you believe your license should be reinstated.

Pursuant to the Board of Vocational Nurse Examiners Rules, you are hereby offered the opportunity to schedule a prehearing conference, to be conducted at the Board's office to determine your eligibility for reinstatement of your vocational nursing license. You may be represented by an attorney at the prehearing conference, or you may appear without an attorney. The dates of the prehearing conference are May 10-12, 1999. You must contact Kathleen S. Davies, Supervising Investigator, at (512) 305-8100, no later than April 29, 1999 to schedule your prehearing conference. Docket times are assigned by the Board staff. Be advised that conferences may not be held on the last day indicated, if we anticipate that we will not have enough cases to fill the docket.

You must arrive at the Board office at least thirty (30) minutes prior to the scheduled time in order to meet with your case Investigator. Please bring with you a valid form of picture identification (Drivers License, I.D. Card, etc.).

Should you choose not to schedule an appearance at the prehearing conference, your reinstatement request will be presented to an Administrative Law Judge with the State Office of Administrative Hearings at a regularly scheduled public meeting, for which you will receive advance notification.

A copy of the Board's rules pertaining to prehearing conferences is enclosed. The proceedings relating to the prehearing conference are confidential and your statements made at the hearing will not be offered as evidence at any subsequent hearing in the request for reinstatement. However, if an Agreed Order is proposed as a result of the prehearing conference, it will become a public record if accepted and endorsed by the Board of Vocational Nurse Examiners.

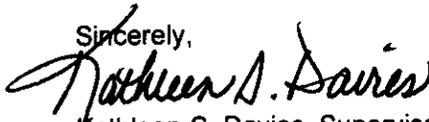
Due to security concerns, purses, briefcases, backpacks, etc., will not be allowed into the conference chambers. (Attorneys are exempt from this requirement). Please make prior arrangements for the safekeeping of your personal belongings, as the Board will not be responsible for these items.

Peggy Maxine Livesay
April 15, 1999
Page 2

**FIREARMS ARE NOT PERMITTED IN THE BOARD OF VOCATIONAL NURSE EXAMINERS
OFFICES AND/OR HEARING CHAMBERS.**

Should you have questions regarding the prehearing conference procedure, please contact the Investigation Division.

Sincerely,


Kathleen S. Davies, Supervisor
Investigations

KSD/vg

Enclosure: Prehearing Conference Rules, Board Location Map

cc: Regular Mail

<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>Peggy M. Livesay PO Box 1374 Seminole, TX 79360</p>	<p>4a. Article Number</p> <p>Z 464 134 451</p>
<p>5. Received By: (Print Name)</p>	<p>7. Date of Delivery</p> <p>4-20-99</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>Peggy Livesay</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>May PH</p>	

Is your RETURN ADDRESS completed on the reverse side?

APR 22 1999

Thank you for using Return Receipt Service.

STATEMENT OF PREHEARING CONFERENCE PROCEDURES

You have received a copy of the Complaint filed against you alleging statutory violations or grounds to take disciplinary action against you under the Vocational Nurse Act, Tex. Rev. Civ. Stat. Ann., Art. 4528c. This prehearing conference was scheduled at your request, to give you an opportunity to refute the allegations of the Complaint, in whole or in part and to potentially avoid the necessity of conducting a contested case hearing on the Complaint before an Administrative Law Judge with the State Office of Administrative Hearings.

The prehearing conference will be conducted pursuant to the Rules of the Board of Vocational Nurse Examiners and as part of a contested case proceeding under the Administrative Procedure Act. You should be aware of the following standards, which apply to this prehearing conference:

- 1) You have the right to be represented by an attorney in the prehearing conference. At anytime, should you decide not to proceed without an attorney being present, please advise us immediately, and we will discontinue the prehearing conference.
- 2) During the prehearing conference, other parties, including the Board staff and any Board member present, may ask you questions. You are under no obligation to answer any question posed to you in the conference.
- 3) Your participation in the conference is voluntary and you may terminate the conference at any time.

If you elect not to complete the prehearing conference, a hearing will be scheduled before an Administrative Law Judge with the State Office of Administrative Hearings, to consider evidence and propose action on the Complaint filed against you.

No written or recorded transcript of this hearing will be made. Nothing said by you or your attorney will be used as evidence at any hearing or proceeding on the Complaint. This does not mean that any other evidence, including any prior statements made by you, will not be presented at such hearing.

At the prehearing conference, the staff will describe the evidence to be offered in support of the allegations in the Complaint and you will be given the opportunity to review such available evidence. You may present evidence in your defense of the charges against you. If, in the judgment of the prehearing conference members, the evidence offered does not substantiate the allegations of the Complaint, it will be dismissed and no further action taken.

At the conclusion of the prehearing conference, you will be excused from the room, and the prehearing conference members will deliberate and formulate a proposed disposition of the Complaint. You may accept or reject the proposed disposition. If you reject the recommendation, a hearing on the Complaint will be scheduled before an Administrative Law Judge with the State Office of Administrative Hearings.

STATEMENT OF PREHEARING CONFERENCE PROCEDURES
PAGE 2

If you elect to accept the recommendation, the staff will prepare an Agreed Order for your signature. By signing the Agreed Order, you are waiving your right to a hearing on the Complaint and are authorizing the staff to present the Agreed Order to the Board for its consideration. The Board will consider the Agreed Order at the next available regularly scheduled meeting. In considering the Agreed Order, the Board will only have knowledge of the Complaint; no other evidence or information will be presented.

If the Board elects to ratify the Agreed Order, that action will finally dispose of the Complaint. If the Board rejects the Agreed Order, the Complaint will be scheduled for hearing at another meeting, with advance notice to you. The staff does not have authority to ratify the Agreed Order or settle the case without Board approval. The entry of an Agreed Order is public information. The Board will not consider the execution of an Agreed Order as an admission that the allegations in the Complaint are true.

Should you have any questions, please bring them to the attention of the prehearing conference members, or consult your attorney, if any. By placing your signature below, you indicate that you have read and understood this Statement of Prehearing Conference Procedures.

Peggy Lwesoy
Name

5-10-99
Date

Attorney

Date



BOARD OF VOCATIONAL NURSE EXAMINERS

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

June 11, 1999

Peggy Livesay
 P.O. Box 1374
 Seminole, TX 79360

Dear Ms. Livesay:

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) on a **monthly** basis for the first six (6) months of probation are due on the following dates, to-wit:

July 7, 1999 – December 7, 1999

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

March 7, 2000, 2001, 2002
June 7, 2000, 2001, 2002
September 7, 2000, 2001
December 7, 2000, 2001

It is also stipulated that you cause your Chemical Dependency Support Group program sponsor and Counselor to submit **monthly** reports to the Board office for the first year of probation on the following dates to-wit:

July 7, 1999 – June 7, 2000

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

September 7, 2000, 2001
December 7, 2000, 2001
March 7, 2001, 2002
June 7, 2001, 2001

It is also stipulated that you cause your Probation Officer to submit **quarterly** reports to the Board office on the following dates to-wit:

September 7, 1999, 2000, 2001
December 7, 1999, 2000, 2001
March 7, 2000, 2001, 2002
June 7, 2000, 2001, 2002

Peggy Livesay
June 11, 1999
Page 2

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:

September 15, 1999, 2000, 2001

December 15, 1999, 2000, 2001

March 15, 2000, 2001, 2002

June 15, 2000, 2001, 2002

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

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

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

Sincerely,


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

MMS/ch

Enclosure: Agreed order and Probation Documentation

BOARD OF VOCATIONAL
NURSE EXAMINERS

* STATE OF TEXAS

*

*

VS.

*

*

PEGGY MAXINE LIVESAY

* COUNTY OF TRAVIS

AGREED BOARD ORDER

On this day came to be considered by the Board of Vocational Nurse Examiners for the State of Texas, hereinafter referred to as the Board, the matter of vocational nurse license number 119624, previously held by PEGGY MAXINE LIVESAY, hereinafter called Applicant.

The Board of Vocational Nurse Examiners previously found that Applicant had violated the Vocational Nurse Act, or a rule, regulation or Order issued under the Vocational Nurse Act, Texas Revised Civil Statutes Annotated, Article 4528c. Applicant has submitted a written request for reinstatement of said previously held license.

A prehearing conference was held on Monday, May 10, 1999, at the office of the Board of Vocational Nurse Examiners. The conference was conducted by Mary M. Strange, R.N., Executive Director of the Board, assisted by Geneva Harvey, member of the Board of Vocational Nurse Examiners. Applicant was present and was not represented by counsel.

The conference was attended by Kathleen S. Davies, Investigator for the Board, and Kay Johnsonius, Assistant Attorney General. By their notarized signature on this Order, Applicant does hereby waive the right to Notice of Formal Hearing and a Formal Hearing on the Application for Reinstatement before the Board, and to judicial review of this disciplinary action after this Order is ratified by the Board.

AGREED BOARD ORDER
RE: PEGGY MAXINE LIVESAY, LVN #119624
PAGE 2

After reviewing the matters relative to the request for reinstatement at the prehearing conference, Applicant agrees to the entry of an Order dispensing with the need for further action on this reinstatement request. By Applicant's signature on this Order, Applicant acknowledges that they have read and understood this Order and have approved it for consideration by the Board. Notice of this disciplinary action will appear in the Board's newsletter sent to Texas Employers.

ORDER OF THE BOARD

NOW IT IS ORDERED, subject to ratification by the Board of Vocational Nurse Examiners that license number 119624, previously issued to PEGGY MAXINE LIVESAY, to practice vocational nursing in the State of Texas be, and the same is hereby reinstated, suspended, with said suspension stayed and placed on probation for a period of three (3) years.

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

1. That is Applicant's place of employment, name, address or telephone number changes, Applicant 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 Applicant 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, Applicant shall provide notice of Board disciplinary action to his/her immediate nursing supervisor(s) and Director(s) of Nursing, throughout the term of probation.
4. That Applicant shall be responsible for causing his/her immediate nursing supervisor(s) to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Applicant shall be responsible for causing his/her 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 Applicant and submitted to the Board office, as provided in Stipulation No. four (4).
6. That Applicant shall work only under the direct supervision of a licensed medical professional (M.D., R.N., L.V.N.) who is physically present on the premises during Applicant's shift assignment(s), throughout the term of probation.

AGREED BOARD ORDER
RE: PEGGY MAXINE LIVESAY, LVN #119624
PAGE 3

7. That Applicant shall not be employed by a nurse registry, temporary nurse employment agency, home health agency or as a private duty nurse, throughout the term of probation.
8. That Applicant shall not be the only licensed medical professional in the facility.
9. That Applicant shall attend weekly meetings of a Chemical Dependency Support, (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 year of probation. Thereafter and throughout the remainder of said probation, Applicant 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 unsatisfactory report shall be considered a violation of probation.
10. That Applicant shall submit to monthly blood alcohol drug screen(s) upon demand of the board staff for the first year of probation. Thereafter, and throughout the remainder of said probation, Applicant shall submit to random periodic blood alcohol drug screen(s) upon demand of the Board staff throughout the term of probation. Applicant 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 Applicant. That a report of a positive drug screen for unprescribed controlled substances shall be considered a violation of probation.
11. That Applicant shall provide the Board a telephone number by which Applicant may be contacted between the hours of 8:00 a.m. and 5:00 p.m. on weekdays. Applicant 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. ten (10). An inability to contact Respondent by telephone to request said required drug screens shall be considered a violation of probation.
12. That Applicant shall obtain counseling and shall be responsible for causing his/her counselor to submit satisfactory reports directly to the Board office on a monthly basis for the first year of probation. Thereafter, and throughout the remainder of said probation, Applicant shall obtain counseling and shall be responsible for causing his/her counselor 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.
13. That Applicant shall be responsible for causing his/her probation officer to submit satisfactory reports directly to the Board office on a quarterly basis, throughout the term of probation. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.
14. That is Applicant is discharged from court ordered probation, prior to the completion of this probationary term, Applicant shall be responsible for causing his/her probation officer to submit a final satisfactory report directly to the Board office.

AGREED BOARD ORDER
 RE: PEGGY MAXINE LIVESAY, LVN #119624
 PAGE 4

15. That Applicant shall successfully complete nursing program course(s) encompassing the following areas of study: Nursing Ethics, and submit documentation of successful course completion to the Board office within the first six (6) months of probation. Applicant shall be responsible for locating said course(s) and obtaining prior written approval of Board staff prior to committing to said course(s). Said course(s) shall be correspondence (through a recognized provider), in-house at a community college, university or nursing program, and/or tutored by a state approved, licensed nursing program faculty member. The expense of said course(s) shall be borne by Applicant. Failure to successfully complete said course(s) within the time frame stipulated shall be considered a violation of probation.

16. That Applicant 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 Applicant's probation. Said fee shall be sent to the Board office, addressed to the "Board of Vocational Nurse Examiners, 333 Guadalupe, Suite 3-400, Austin, TX 78701". Failure by Respondent to make any quarterly payment on time shall constitute a violation of probation.

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

Agreed to this the 10 day of May, 1999.

Peggy Livesay 5-10-99
 Signature of Applicant

Rt 2 Box 199
 Current Address

Seminole, TX 77560
 City, State and Zip

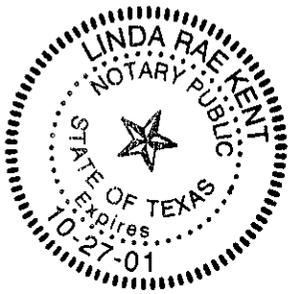
915 5758-2891
 Area Code and Telephone Number

AGREED BOARD ORDER
RE: PEGGY MAXINE LIVESAY, LVN #119624
PAGE 5

The State of Texas
County of Travis

Before me, the undersigned authority, on this day personally appeared PEGGY MAXINE LIVESAY, 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 it.

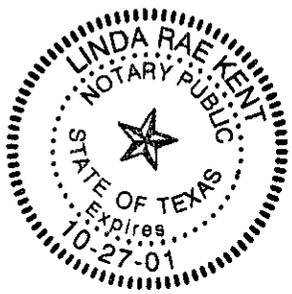
SWORN TO AND SUBSCRIBED before me this the 10th day of May, 1999



Linda Rae Kent
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires 10-27-01

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 12th day of May, 1999



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

BOARD ORDER
RE: PEGGY MAXINE LIVESAY, LVN #119624
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 10th day of May, 1999 by Respondent, license number 119624 and that Said Order is Final.

Effective this 7th day of June, 1999.



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

BOARD ORDER

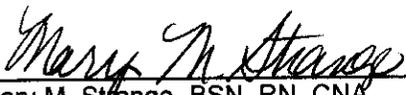
RE: PEGGY MAXINE LIVESAY, LVN #119624

PAGE: 7

CERTIFICATE OF SERVICE

I hereby certify that on the 11th day of June, 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):

PEGGY MAXINE LIVESAY
P.O. BOX 1374
SEMINOLE, TX 79360



Mary M. Stange, 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

June 20, 2002

PEGGY LIVESAY
PO BOX 1374
SEMINOLE TX 79360

Dear Ms. Livesay:

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