

BEFORE THE KANSAS BOARD OF PHARMACY

Filed By

AUG 14 2015

KANSAS STATE BOARD OF PHARMACY

In the Matter of)
)
ANGELA RENEE HOLCOMB)
)
_____)

Case No. 15-094

SUMMARY ORDER OF DENIAL

NOW on this 12 day of August, 2015, comes before the Kansas Board of Pharmacy (the "Board"), through its Investigation Member, the application of Angela Renee Holcomb ("Applicant") for registration as a Kansas pharmacy technician.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Investigation Member enters this Summary Order of Denial in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

For purposes of this order, the Board's Investigative Member makes the following findings of fact:

1. On June 3, 2015, the Board received Applicant's application for registration as a pharmacy technician in the state of Kansas ("Applicant's Application"). See EXHIBIT A.
2. As part of Applicant's Application, she answered "YES" to the following questions:
 - a. "Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted,

In the Matter of Angela Holcomb, No. 15-094

SUMMARY ORDER OF DENIAL

Page 1 of 7

reprimanded, censured, or placed on probation by a state, federal, or foreign authority or have you ever surrendered such credential in connection with, or to avoid action by such authority?”

- b. “Have you ever been cited, charged with, or convicted of the commission of any crime; offense; or violation of the law in any state or by the federal government, even if those charges were dismissed, suspended, diverted, or expunged?”

3. Included with Applicant’s Application was a written, notarized statement which provides an explanation of the circumstances surrounding a 2005 felony theft charge, some driving infractions, and the suspension of Applicant’s Certified Nurse Aide (“CNA”) license. Applicant’s statement provides:

- a. Applicant discloses a 2005 felony Theft charge that resulted from the theft of property by her sister and her husband at that time. Applicant indicates she was not aware that her sister and husband stored the stolen property in the basement of Applicant’s residence. When law enforcement officers arrived at the residence to question Applicant and her husband, the husband attacked the officers and both Applicant and her husband were arrested. Applicant states that her husband went to prison and she was able to divorce him.
- b. Applicant also discloses some driving infractions, including one which resulted from her having no insurance on a vehicle that was wrecked. Her driving privileges were suspended, but were reinstated in 2013. She reports only two tickets since that time.

- c. Applicant discloses that she was placed on a registry of her CNA and Certified Medication Aide (“CMA”) licenses being suspended. Because she did not plan on re-entering either profession, she did not pursue the matter. She states she “cannot think of any reasons why it would have been suspended since I left and went on maternity leave then chose not to go back.”
4. Court pleadings obtained relating to Applicant’s criminal cases reflect the following:
 - a. On June 19, 2002, Applicant was convicted of Theft in Case No. 02CRM703 in the Municipal Court of Salina, Kansas. See EXHIBIT B.
 - b. On September 12, 2005, Applicant was convicted of felony Theft in Case No. 05CR950 in the Saline County (Kansas) District Court, 28th Judicial District. See EXHIBIT C.
 - c. On January 24, 2007, Applicant entered a plea of guilty to Theft, 2nd in Case No. 06CRM956 in the Municipal Court of Salina, Kansas. See EXHIBIT D.
5. The Notification of Change in Kansas Nurse Aide Registry Record obtained from the Kansas Department of Health and Environment (“KDHE”), attached as EXHIBIT E, provides as follows:
 - a. On or about April 24-25, 2009, Applicant worked as a CNA for Windsor Estates Nursing Home in Saline, Kansas. An internal investigation found that Applicant failed to provide proper care for two residents of the home.

- b. On or about July 14, 2009, KDHE confirmed that Applicant was found guilty of abuse as defined by K.S.A. 38-1401(F)(1) and K.S.A. 38-1401(F)(7) and neglect as defined by K.S.A. 39-1401(G).
6. As part of the Applicant's Application, she certified that the information provided was true, correct and complete and that she understood that withholding relevant information was grounds for denying her application.

CONCLUSIONS OF LAW

1. That, pursuant to K.S.A. 65-1663, the Board may limit, suspend, or revoke a registration or deny an application for issuance or renewal of any registration as a pharmacy technician on any ground which would authorize the board to take action against the license of a pharmacist under K.S.A. 65-1627, and amendments thereto.
2. That the Board may take action against the license of a pharmacist for unprofessional conduct or professional incompetency as set forth in K.S.A. 65-1627(a)(3).
3. That K.S.A. 65-1626(ccc)(1) defines unprofessional conduct to include fraud in securing a registration.
4. That, pursuant to K.S.A. 65-1627(a)(1), the Board may take action against the license of a pharmacist if a license was obtained by fraudulent means.
5. Applicant's failure to disclose the criminal convictions identified in Findings of Fact 4a and 4c above is an attempt to obtain a registration by fraud and is a basis to deny Applicant's Application.
6. As set forth in K.S.A. 65-1627(a)(2), the Board may take action against the license of a pharmacist if the pharmacist has been convicted of a felony and the licensee fails to show he or she has been sufficiently rehabilitated to warrant the public trust.

7. Pursuant to K.S.A. 65-1663(c), Applicant's felony conviction, as identified in Finding of Fact 4b above, shall be taken into consideration and is grounds for denying Applicant's Application.

8. As set forth in K.S.A. 65-1627(a)(12), the Board may take action against the license of a pharmacist if the pharmacist has had a license to practice revoked, suspended. . . or has had other disciplinary action taken. . . by the proper licensing authority of another state, territory, District of Columbia or other country.

9. Pursuant to K.S.A. 65-1627(a)(12), the discipline imposed by KDHE in suspending Applicant's CNA license, as identified in Finding of Fact 5 above, is a basis to deny Applicant's Application.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby DENIED.

NOTICES

The Applicant is hereby notified as follows:

1. The Applicant may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order denying Applicant's registration as a pharmacy technician shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

In the Matter of Angela Holcomb, No. 15-094

SUMMARY ORDER OF DENIAL

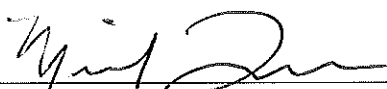
Page 5 of 7

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Debra Billingsley
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

8/12/15
Date


Michael Lonergan, R.Ph.
Investigation Member
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 14 day of August, 2015, deposit in the United States Mail, postage prepaid, a copy of the foregoing *Summary Order of Denial*, properly addressed to the following:

Angela Renee Holcomb
121 W. 14th Avenue
Hutchinson, KS 67501

Mitzi Deards
Kansas Board of Pharmacy Staff



Received

OK 03/2015

KANSAS Board of Pharmacy

KB I 6/3/15 DI-52185

FOR OFFICE USE ONLY:	
LIC/REG NO: 14-	19036
DATE:	BY: AR
CK# 17-209126707	AMT: \$ 70

**KANSAS APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION
APPLICATION FEE: \$70.00**

The Kansas State Board of Pharmacy is required under 42 USC § 666(a)(13) and KSA 74-148 and 39-758 to obtain the social security numbers of all licensees and registrants to provide to the Kansas Office of Child Support to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans. Your social security number will also be used for the required criminal background investigation and will be provided to the Kansas Department of Revenue.

PART I: APPLICANT IDENTIFYING INFORMATION

SOCIAL SECURITY NUMBER: [REDACTED]		GENDER: (check one) <input type="checkbox"/> MALE or <input checked="" type="checkbox"/> FEMALE	
NAME: Last	First	Middle	Suffix(Jr.)
Holcomb	Angela	Kene'e	
OTHER NAMES USED: Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change. Angela Bruyer, Angela Houston			
DATE OF BIRTH: MM/DD/YYYY	AGE:	PLACE OF BIRTH: (City, State, Country)	
1/1/1983	32	Portsmouth, VA, USA	
CURRENT HOME ADDRESS: (Street, City, State, Zip) 121 W. 14th Ave, Hutchinson, KS 67501			
PERMANENT MAILING ADDRESS: (Including Zip Code, if different from above) 121 W 14th Ave, Hutchinson KS 67501			
HOME PHONE NO: () ()		CELL PHONE NO: (785) 6431000	
WORK PHONE NO: () ()		WORK FAX NO: () ()	
E-MAIL ADDRESS: angie12983@uphoo.com			
CITIZENSHIP a. Are you a citizen of the United States? (check one)			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
b. If you answered NO, are you: (check one)			
<input type="checkbox"/> a qualified alien (as defined in 8 U.S.C. 1641)			
<input type="checkbox"/> a nonimmigrant under the Immigration and Nationality Act(8 USCA 1101 et seq.)			
<input type="checkbox"/> an alien who is paroled into the United States under 8 USC 1182 (d)(5) for less than 1 year			
<input type="checkbox"/> other - please provide a detailed explanation _____			

PART II: EDUCATION INFORMATION Check one of the following qualifications:

<input checked="" type="checkbox"/> High School Diploma or College Transcript or Diploma
What year did you receive/will you receive your high school diploma? 2001
Name of School: Salina High School Central Salina State: KS
<input type="checkbox"/> G.E.D. What month & year did/will you receive your G.E.D.? _____ What state issued your G.E.D.? _____

Applicant's Signature: Angela Holcomb

PART III: EMPLOYMENT PLANS Please check one of the following:

<input type="checkbox"/> I have not yet applied for a position as a pharmacy technician.	
<input checked="" type="checkbox"/> I have applied for a pharmacy technician position with: Pharmacy Name: <u>Walgreens</u>	
Pharmacy License Number: <u>2-13134</u>	Pharmacy Telephone: <u>(620) 663-2241</u>
Pharmacy Address: <u>510 E 302nd Hutchinson, KS 67502</u>	
Pharmacy Contact Person: <u>Janeen Lawrence</u>	
Have you ever been employed as a pharmacy technician in another state/country? If you checked YES please provide the name and address of all pharmacies where you have worked as a pharmacy technician on a separate sheet.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Are you a pharmacy intern?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PART IV: PERSONAL HISTORY INFORMATION

You must respond fully and truthfully to the following questions; and, if the answer is "YES" to any part of these questions, you must provide a notarized written detailed explanation of the circumstances.

You must fully and truthfully report your entire criminal history whether or not the arrest/charge/citation was dismissed; dismissed through drug court diversion; suspended; given a diversion; or expunged under the first offender act, alternative sentencing act, or Acts 305, 346, or 531. This criminal history includes all DWI, DUI, and MIP (Minor in Possession) violations; possession of controlled substances; theft; shoplifting; domestic violence; assault violations; or any other violation of any state or federal law, whether misdemeanor or felony, and regardless of the state or territory in which it occurred.

If you do not fully and truthfully report your history, your application will be denied and/or you will be subject to other sanctions. Please contact the Kansas State Board of Pharmacy at 785-296-4056 if you do not understand the above information.

Have you ever been found in any civil, administrative, or criminal proceeding to have: a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes; b. Diverted controlled substances or prescription drugs; c. Violated any state, federal, or local drug law; d. Dispensed controlled substances for yourself; e. Violated any state or federal law or rule regulating a health care profession?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured, or placed on probation by a state, federal, or foreign authority or have you ever surrendered such credential in connection with, or to avoid action by such authority?	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you ever been cited, charged with, or convicted of the commission of any crime; offense; or violation of the law in any state or by the federal government, even if those charges were dismissed, suspended, diverted, or expunged?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is there any disciplinary action pending or any unresolved or pending complaint against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Do you currently have an alcohol or other substance abuse problem?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Are you currently engaged in the unlawful use of controlled substance(s)? (Unlawful use of controlled substances means the use of controlled substances obtained illegally (e.g. marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you been treated for a drug or alcohol addiction or participated in a rehabilitation program in the last 5 years?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Applicant's Signature: Angela Holcomb

PART V: KBI AND FBI CRIMINAL BACKGROUND CHECK FORM

Instructions:

1. All information on the Criminal Background Check Form **MUST** be completed (typed or printed clearly) or the form will be returned to you.
2. The last name on your Criminal Background Check form **MUST** match the last name on your Board of Pharmacy application, AND your driver's license / state-issued photo ID.
3. You **MUST** submit a legible copy of your driver's license / state-issued photo ID.
4. The Criminal Background Check form **MUST** be Notarized

Full Name: Holcomb Angela Rene'e Bayerl Houston
Last First Middle Maiden/All Other Married Names

Date of Birth: [REDACTED] State of Birth: Virginia Race Wh

Social Security #: [REDACTED] Daytime Phone: 7856431000 Sex: F

Driver's License Number: K01 17 2425 State of Issuance: KS

Mailing Address: 121 W 14th Ave, Hutchinson, KS, 67501
Street Address City State Zip

I, the undersigned, give my consent to the Kansas Bureau of Investigation to conduct the required criminal background checks on myself and release any information to the Kansas State Board of Pharmacy.

Angela Rene'e Holcomb 5/8/15
Signature of Applicant Date

****This form MUST be NOTARIZED****

Return the following items to:
KANSAS STATE BOARD OF PHARMACY
 800 SW JACKSON ST SUITE 1414
 TOPEKA, KS 66612-1244

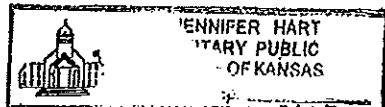
Your application and supporting documents, this form - completed and notarized, and appropriate fees.
 Background checks conducted under Kansas Statutes Annotated 65-1696.

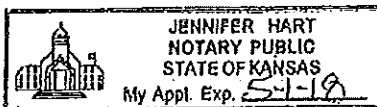
State of: KS County of: Reno

Sworn to before me this 8 day of May, 2015.

[Signature]
 Notary Public Signature

My Commission Expires: 5/1/18


Print, Type, or Stamp Name of Notary



Applicant's Signature: Angela Holcomb

PART VI: CERTIFICATIONS

Please read carefully and sign below.

I hereby certify that I have read this application, that I understand all instructions and questions and that all information I have provided is true, correct, and complete. I understand that falsifying an application, supplying misleading information, or withholding relevant information is grounds for denial or revocation of a license and/or other sanctions. I authorize the Kansas State Board of Pharmacy to review any documents relevant to my registration and practice, including law enforcement records, administrative records, employment records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Kansas State Board of Pharmacy.

Angela Lenée Holcomb 5/8/15
Signature of applicant (Full Legal Name) Date signed

Re-Check your application to make sure it is complete and you have included everything required. Incomplete applications will not be processed. Your application will expire 6 months from date of receipt. Application fees will not be refunded. To complete your application, you must include the following documentation:

- A check or money order made out to the Kansas State Board of Pharmacy in the amount of \$70.00
- A copy of your driver's license
- A completed and notarized KBI and FBI Criminal Background Check form
- Sign **EVERY** page of this application in the lower right hand corner.
- A completed fingerprint card

The application fee is \$70.00 Please make your check payable to:
KANSAS STATE BOARD OF PHARMACY

Send the completed application and documents to:
KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON ST SUITE 1414
TOPEKA, KS 66612-1244

Applicant's Signature Angela Holcomb

ANGELA HOLCOMB
PHARMACY TECH APPLICANT

2005: Felony theft.

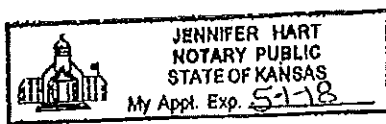
At that time in my life I was in a horrible relationship. My husband at that time was very abusive. Him and my sister decided to get revenge on one of her ex-boyfriends and stole some of his property. Without me knowing, they had it stored in our basement. My sister was questioned and told the police where everything was. When the police showed up to get the property my ex got physical and attacked the officer. Obviously, officers don't like that and they arrested both of us. During the questioning they felt that I was being uncooperative because I would not tell them anything but I just didn't know. Thankfully he went to prison and I was able to divorce him.

I also have some driving infractions. I had no insurance on a van that was wrecked and so my driving privileges were suspended. They have since been reinstated in 2013 and I've only had 2 tickets since. One for a seat belt and one for not rear ending a car.

CNA LICENSE CREDENTIALS:

Last year I applied for a job in a disability home as a scheduling coordinator and found out then that I was on the registry of my licenses being suspended. I am not sure of why it was suspended. Since I have no plans to go back to working as a CNA or CMA, I did not bother to look into this situation. I was told that it was something from 2008 but I cannot think of any reasons it would have been suspended since I left and went on maternity leave then chose to not go back.

Angela R Holcomb



Jennifer Hart 5/30/15

KANSAS

**DRIVER'S
LICENSE**

USA
KS



3 DOB 01/29/1983
1 HOLCOMB
2 ANGELA R.
6 121 WEST 14TH AVENUE
HUTCHINSON, KS 67501

4 LIC. NO. [REDACTED]
11 ISS 01/13/2016
11 EXP 01/28/2018
9 DL CLASS C
CDL CLASS
91 END NONE
12 REST B
6 DO 80133219503
HA15013F1829AB



13 SEX F
14 HGT 6-03
17 WGT 250 lb
18 EYES HAZ
01281983



Kansas State Board of Pharmacy
800 SW Jackson St Suite 1414
Topeka, KS 66612-1244
Main: 785-296-4056
Toll Free: 888-RXBOARD
Fax: 785-296-8420
www.pharmacy.ks.gov

Please read the ENTIRE application before filling it out. Type or print legibly in blue or black ink ONLY on all pages.

PHARMACY TECHNICIAN REGISTRATION
KANSAS APPLICATION and CHECKLIST/INSTRUCTIONS

APPLICATION FEE: \$70.00

To be eligible for a Kansas Pharmacy Technician Registration, you must:

- Pass a state and federal background check
- Answer the personal history questions in Part IV truthfully

1) Read the instructions on the form carefully.

2) Check your application to make sure you have completed everything required. Incomplete applications will not be processed. Applications expire 6 months from date of receipt. Application and fingerprint fees will not be refunded. For your application to be considered complete, you must include the following documentation:

- A check or money order payable to the Kansas State Board of Pharmacy in the amount of \$70.00
- 4-Page Application with every page signed in lower right hand corner
- A legible copy of your driver's license / state-issued photo ID
- A completed and notarized KBI/ FBI Criminal Background Check Form
- A completed fingerprint card. (See instructions on reverse.)

3) Send the completed application, payment, copy of your ID and fingerprint card to:

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON ST., SUITE 1414
TOPEKA, KS 66612-1244

4) Please allow 30 days processing time for your registration. We will run a state and federal criminal background check for your registration.

5) If you have any questions or concerns, please contact the Kansas State Board of Pharmacy by phone at 785-296-4056 or email pharmacy@pharmacy.ks.gov.

Fingerprint Card: PLEASE use the FBI Fingerprint Card provided by the Kansas Board of Pharmacy.

- Have your fingerprints **INKED** at a law enforcement agency. Your local police or sheriff's department may be able to accommodate your request for fingerprinting, and a fee may be involved. Be sure to bring your driver's license for identification. The Kansas Bureau of Investigation at 1620 SW Tyler, Topeka, KS 66612 will also perform inked fingerprinting for a \$10 charge Monday through Friday from 8:00 a.m. to 4:00 p.m.
- You may fill out your personal information on the card in advance using a **BLACK** ink pen, but *****DO NOT SIGN** in the block "SIGNATURE OF PERSON FINGERPRINTED," **UNTIL** you are in the presence of the official who will be rolling your fingerprints. See the table below for assistance in filling out the fingerprint card. **DO NOT BEND, CREASE, OR FOLD THE FBI FINGERPRINT CARD.**
- Fingerprints must be completed in **BLACK** ink.
 - If an individual is missing one or more fingers, a notation is required in the fingerprint block(s) indicating why a partial or missing image exists. Handwritten notation recommended for fingerprint submissions include: AMP=amputated; TI-tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.
- A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints. **IMPORTANT:** If using a fingerprint card that was not provided by the Board of Pharmacy, the "ORI" field must read "KS920152Z KS BD OF PHARMACY" and the "Reason Fingerprinted" field must read "KS BD OF PHARMACY - KSA 65-1696".
- Before mailing, make sure the card is complete with your signature, the signature of the official taking your fingerprints and is dated. Mail the fingerprint card with your application to the Kansas Board of Pharmacy.

Kansas Board of Pharmacy
800 SW Jackson St., Ste. 1414
Topeka, Ks 66612-1244
- **DO NOT CONTACT** the **KBI** or the **FBI** about the status of your criminal background check. These agencies notify the Kansas State Board of Pharmacy when the check is completed. Allow 2-3 weeks for FBI background check to be completed.

Complete the following blocks on the FBI Fingerprint card: (type or print, black ink only)	
Last name, first name, middle name	Eyes (Color)
Signature of person fingerprinted *** (See Note Above)	BLU= Blue
Aliases (other names you have used: i.e. nicknames, maiden names, etc.)	BRO= Brown
ORI - This field should read: KS920152Z KS BD OF PHARMACY TOPEKA, KS	GRY= Gray
Date of Birth (Month / Day / Year)	GRN= Green
Residence of person fingerprinted (street address or PO Box, city, state, zip)	HAZ= Hazel
Citizenship (i.e., United States, England, Mexico, etc.)	XXX= Unknown
Sex	Hair (Color)
M= Male	BAL= Bald
F= Female	BRO= Brown
Race	BLK= Black
W= White	SDY= Sandy
H= Hispanic	GRY= Gray (or partially Gray)
B= Black	WHI= White
I= American Indian or Alaskan Native	BLN= Blonde (or Strawberry)
A= Asian or Pacific Islander	RED= Red (or Auburn)
U= Unknown	XXX= Unknown
Height (HGT)	Place of Birth (U.S. State or Foreign Country)
Height in feet and inches: i.e. 5'11" is "511"	Employer and address ("none" if you are unemployed)
Weight (WGT)	Reason Fingerprinted: This block MUST read: Kansas Board of Pharmacy - KSA 65-1696
Weight in pounds: i.e. 160 lbs. is "160"	Social Security Number
	Leave all other spaces blank (i.e., OCA, FBI, MNU)

Applicant's Signature: *Angela Holcomb*

PRINT & PRESS HARD - USE #3 PENCIL OR BALL POINT

UNIFORM NOTICE TO APPEAR AND COMPLAINT

CASE No. 2002-10887 DOCKET No. _____ PAGE No. _____
COUNT _____ of _____ COUNTS

0
0
0
0
0

STATE OF KANSAS }
COUNTY OF SALINE } SS COMPLAINT - AFFIDAVIT NO.
CITY OF SALINA } IN THE MUNICIPAL COURT OF SALINA, KANSAS

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OATH DEPOSES AND SAYS:

On Thursday 2nd Day of May 2002 at 5:30 PM
Name Boyer Angela Renee

Street 214 N. Decatur

City-State Salina, KS 67401

Age 19 DOB [REDACTED] Race K Sex F HL 503 WT 250

Occupation None

Business Address _____
Business Phone _____ Home Phone 827-6315

Within the City Limits, namely at (location) Food 4 Less
1720 Armorey

Did unlawfully in the city, county, and state did then and there commit the following offense: Theft (Shoplifting)
Violation of Ordinance # 25-91

Describe Violation: Angela Boyer concealed two bottles of soda pop in her purse and failed to pay for the items with the intent to permanently deprive the owner of the use or benefit of the items.

THE UNDERSIGNED FURTHER STATES THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE, AND DOES BELIEVE, THAT THE PERSON NAMED ABOVE COMMITTED THE OFFENSE HEREIN SET FORTH, CONTRARY TO LAW

SWORN TO AND SUBSCRIBED BEFORE ME
This _____ Day of _____, 2002
[Signature and Seal of Officer or Other Complainant]
(Und. No.) 464

(Name and Title) _____
Court Appearance 14th Day of May 2002 at 10:00 AM

ADDRESS OF COURT - 256 N. Tenth, Salina, Kansas
I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE.

Signature x Angela Boyer
MUNICIPAL COURT COPY

Filed By
JUL 16 2015
KANSAS STATE BOARD OF PHARMACY

IN THE MUNICIPAL COURT OF SALINA, KANSAS

CITY OF SALINA, KANSAS, Plaintiff
vs

02 MAY 2002

Case No 2002 CRM 703
P.D. Case No. 02 - 10887

BOYER, ANGELA RENEE, Defendant

COMPLAINT

COMES NOW, Jennifer Wyatt, Salina City Prosecutor, for and on behalf of the City of Salina, Kansas, and gives the Court to understand and be informed that in the City of Salina, Kansas, on or about the 2nd day of May, 2002, one ANGELA RENEE BOYER, did then and there unlawfully, obtain or exert unauthorized control over Mt. Dew and Dr. Pepper with the intent of permanently depriving the owner, Food-4-Less, of the use of benefit of the property.

SCC 25-91, Theft

25-181, 25-182, class A misd.

All of said acts then and there committed being contrary to the statutes in such cases made and provided and against the peace and dignity of the City of Salina.

Jennifer Wyatt
Salina City Prosecutor

STATE OF KANSAS, SALINE COUNTY, ss:

I, Jennifer Wyatt, Salina City Prosecutor, being first duly sworn, state that I have read the above and foregoing Complaint/Information and know the contents thereof, and that the same is true in substance and in fact to my best information and belief:

Jennifer Wyatt
Salina City Prosecutor

Subscribed and sworn to before me this 9th day of May, 2002.

MARIA M. ARIAS
Notary Public - State of Kansas
My Term Expires 4-18-2005

Maria M. Arias
Notary Public

Witness List:

Officer Strang

LcAnn Kinderknecht

Filed By

JUL 16 2015

CLERK OF DISTRICT COURT

IN THE MUNICIPAL COURT OF SALINA, KANSAS

'02 JUL 25 PM 2

CITY OF SALINA

MUNICIPAL COURT

Case No. 02CRM703

Vs.

Boyer, Angela

JOURNAL ENTRY

On the 24th day of July, 2002, the defendant appears in person and by J. Reynolds (written waiver obtained). The City appears by Jennifer Wyatt. This matter comes on for sentencing the defendant having plead guilty plead no contest been found guilty on 6/19, 2002 of:

- | | |
|--|--|
| <input type="checkbox"/> Battery | <input type="checkbox"/> Battery D.V. |
| <input type="checkbox"/> Criminal Damage to Property | <input type="checkbox"/> Driving While Suspended |
| <input type="checkbox"/> Telephone Harassment | <input checked="" type="checkbox"/> Theft |
| <input type="checkbox"/> Trespassing | <input type="checkbox"/> Violation of Protection Order |
| <input type="checkbox"/> No Insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Amended Charge of _____ | |

The Court finds that this is the defendant's first second third or subsequent conviction of: Battery Battery D.V. Driving While Suspended Theft Violation of Protection Order No Insurance Other _____

The Court reviews the defendant's alcohol/drug evaluation victim statement driving and/or criminal history record mental health evaluation plea agreement and after hearing statements of defendant/counsel imposed the following:

Jail Sentence 10 days susp
Fine \$ 100

OTHER COUNTS

In addition, having also plead guilty plead no contest to amended charge been found guilty of the following charges, the Court imposes sentence as indicated:

Count _____	Sentence _____	Fine _____
Count _____	Sentence _____	Fine _____
Count _____	Sentence _____	Fine _____
Count _____	Sentence _____	Fine _____

TOTAL MONIES DUE

Fines \$ 100 Costs \$ 50 Warrant Fees \$ —
Reinstatement Fee \$ — Restitution \$ open 30 days
TOTAL OWED \$ 150⁰⁰

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JUL 16 2015

KANSAS STATE BOARD OF PHARMACY

Said sentences are concurrent consecutive, for a controlling sentence of _____.

THE DEFENDANT IS FURTHER ORDERED TO:

Serve _____ days, in custody of the Saline County Sheriff beginning _____ at _____ .m. and ending _____ at _____ .m.

The defendant is ordered remanded to custody. Parole, if any, to begin upon release from incarceration.

Pay \$ 150.00 by 8/15/02 for \$ 100 today & 50 by 8/15/02
per/by _____ beginning _____ and by the _____ of each _____ thereafter; or must appear

in court on a Tuesday prior to the next payment due date. Failure to appear in court will result in the issuance of a bench warrant for the defendant's arrest.

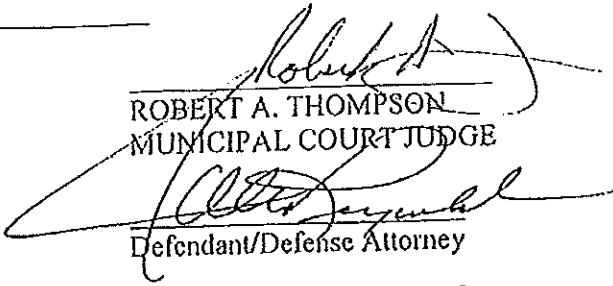
THE DEFENDANT IS ORDERED RELEASED ON:

Probation (supervised/~~unsupervised~~) effective immediately
 Parole, effective upon release from incarceration.
For one (1) year _____

AS A CONDITION OF RELEASE THE DEFENDANT IS ORDERED TO:

- Obtain alcohol and drug evaluation within 90 days and follow recommendations.
- Obtain approved Anger Assessment within 90 days and follow recommendations
- Have no contact either directly or indirectly with _____
- Comply with all conditions of probation or parole set by separate order this date
- Report to Court Services Officer today
- Not to return to any _____ store.
- Obtain DV Assessment at Central Kansas Mental Health Center, and follow recommendations.
- Other _____

Appearance Bond on appeal \$ _____


ROBERT A. THOMPSON
MUNICIPAL COURT JUDGE

Defendant/Defense Attorney

Jennifer Wyatt
Salina City Prosecutor
255 N. 10th
Salina, KS 67401

IN THE MUNICIPAL COURT OF SALINA, KANSAS

CITY OF SALINA, KANSAS '03

VS.

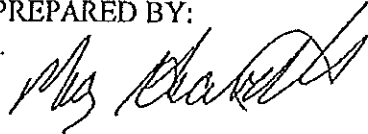
Case No. 2002 CRM 703

BOYER, ANGELA RENEE

RELEASE OF PROBATION

NOW on the 24th day of July, 2003, the defendant is released from probation as the terms and conditions of probation have been completed.

PREPARED BY:



Meg Gravette
Court Services Coordinator
255 N. 10th
Salina, KS 67401
(785) 826-7234

Filed By

JUL 16 2015

KANSAS
BOARD OF PROBATION

For Court Use Only

FILED
SALINE COUNTY KS

2005 KANSAS SENTENCING GUIDELINES JOURNAL ENTRY OF JUDGMENT

SECTION I. CASE IDENTIFYING INFORMATION		Transaction No. 308520505815
Case Name	Court O.R.I. Number	K.B.I. Number
STATE v. ANGELA RENEE HOUSTON	KS085015j	KS01012732

County SALINE	Court Case Number 05CR950	Sentencing Judge DAN D. BOYER	Sentencing Date 11-14-05
------------------	------------------------------	----------------------------------	-----------------------------

Type of Counsel	Type of Trial	Date of Conviction	Pre-Trial Status of Offender
<input checked="" type="checkbox"/> Appointed <input type="checkbox"/> Retained <input type="checkbox"/> Self <input type="checkbox"/> Other	<input type="checkbox"/> Bench Trial <input type="checkbox"/> Jury Trial <input checked="" type="checkbox"/> Plea	9-12-05	<input type="checkbox"/> In Custody <input checked="" type="checkbox"/> Released on Bond <input type="checkbox"/> Other Release

SECTION II. CRIMINAL HISTORY CLASSIFICATION

Offender's Overall Criminal History Classification as Found by the Court (please check appropriate box):	Objection to Criminal History?	If Yes, By:
Non-drug <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Defendant. <input type="checkbox"/> State
Drug <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I	Courts Ruling on Objection:	
	<input type="checkbox"/> Criminal history was amended. <input type="checkbox"/> Criminal history was not amended.	

SECTION III. CURRENT CONVICTION INFORMATION

Name of PRIMARY Offense of Conviction:	K.S.A. Title, Section, Subsection(s):	Grade of Offense:	Offense Severity Level <u>9</u>
<u>THEFT</u>	<u>21-3701 (a)(1)</u>	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor, Class _____	<input checked="" type="checkbox"/> Nondrug <input type="checkbox"/> Drug
Count No. <u>2</u>	<input type="checkbox"/> Attempt <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicitation	<input type="checkbox"/> Person <input checked="" type="checkbox"/> Nonperson	<input type="checkbox"/> Offgrid <input type="checkbox"/> Nongrid
Date of Offense <u>6-3-05</u>			

Presumptive Sentencing Range:

Standard	Aggravated	Mitigated	<input type="checkbox"/> Presumptive Prison
<u>6</u>	<u>7</u>	<u>5</u>	<input checked="" type="checkbox"/> Presumptive Probation
			<input type="checkbox"/> Border Box
			<input type="checkbox"/> Mandatory Drug Treatment, (K.S.A. 21-4729, "SB 123")
			<input type="checkbox"/> Special Rule Applies (see p. 2)

THIS FORM MUST BE ACCOMPANIED BY AN ATTACHED COPY OF THE PRESENTENCE INVESTIGATION FORM. SEE K.S.A. 22-3439.

PLEASE USE A SUPPLEMENTAL PAGE FOR ADDITIONAL OFFENSES OF CONVICTION. Filed By

JUL 29 2015

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Sentence Imposed:
 Prison - DOC _____ months
 Life Imprisonment (Off-grid Crime)
 Life 15 Life 20 Hard 10
 Hard 25 Hard 40 Hard 50
 Death Penalty
 Life Imprisonment without Parole
 County Jail _____ days -months
 (For misdemeanor or non-grid felony.)
 3rd D.U.I.
 4th or Subsequent D.U.I.

Probation Term:
 12 months 18 months 24 months
 36 months 60 months
 Other: _____
 Extended Probation Under
 K.S.A. 21-461 1(c)(5) for: _____ months

UNDERLYING PRISON TERM: 7 months.

Mandatory Drug Treatment
 for up to 18 months (K.S.A 214729,
 SB 113 123.)

Guideline Range Imposed:
 Standard
 Aggravated
 Mitigated
 _____ Departure - Complete
 Section IV

Was the Crime Sexually
 Motivated Pursuant to KS
 Offender Registration Act
 K.S.A. 224902 (c)(14)?
 Yes No

Prior Mandatory Drug
 Treatment under K.S.A.
 214729 ("SB 123")?
 Yes No
 If Yes, number of times. _____

- Special Rule Applicable to Sentence, If Any:**
1. Person Felony Committed With a Firearm.
 2. Aggravated Battery of a L.E.O.
 3. Aggravated Assault of a L.E.O.
 4. Crime Committed for Benefit of a Criminal Street Gang.
 5. Persistent Sex Offender.
 6. Felony D.U.I.
 8. Felony Domestic Battery.
 9. Crime Committed While Incarcerated and Serving a Felony Sentence, or While on Probation, Parole, etc., for a Felony.
 10. Crime Committed While on Felony Bond.
 11. Extended Jurisdiction Juvenile Imposed.
 12. Second or Subsequent Manufacture of a Controlled Substance Conviction.
 13. Residential Burglary With a Prior Residential, Nonresidential or Aggravated Burglary Conviction.
 15. Kansas Securities Act.
 16. Second Forgery.
 17. Third or Subsequent Forgery.
 18. Mandatory Drug Treatment (K.S.A. 21-4729, "SB 123").
 19. Mortgage Business Act, Second or Subsequent Conviction
 99. Other:

Postrelease Supervision Term:
 12 months
 24 months
 36 months
 60 months (sex offense) - Complete Section IV
 No Postrelease

Probation to:
 Court Services
 Community Corrections

County Jail Time Imposed AS A CONDITION OF PROBATION
 _____ days
 Comments: _____
Assignment to Correctional Conservation Camp: _____ days
 Men's Camp Women's Camp
 Comments: _____

SECTION IV. DEPARTURE INFORMATION

Type of Departure:
 (Check all that apply.)
 Downward Durational Upward Durational
 Downward Dispositional Upward Dispositional
 Postrelease Supervision (sex offense) - K.S.A. 22-3717 (d) (1) (D) (i) (ii)

Reasons Cited as Basis for Departure:

SECTION V. OTHER CONDITIONS

General/Special Conditions of Probation (ATTACH ORDER OF PROBATION TO THIS JOURNAL ENTRY)

Costs Ordered:

Total Restitution	\$5670	Probation Fee	\$50
Total Court Costs	\$147+5	BIDS Attorney Fee	\$485
Total Fines	\$	KBI Lab Fee	\$400
TOTAL COSTS \$6757.00			

Comments:
 ALL CONDITIONS OF K.S.A. 21-4610 APPLY * COMMUNITY SERVICE OF 40 HOURS; PROVIDE WRITTEN VERIFICATION * GAIN AND MAINTAIN EMPLOYMENT * NOTIFY THE C.S.O. OF CHANGES IN EMPLOYMENT, RESIDENCE AND PHONE NUMBER * NO CONTACT WITH VICTIM ; CHRISTOPHER MOSHIER * ATTEND AND COMPLETE LOC II PROGRAM AS PRESENTED BY COURT SERVICES.

KANSAS SENTENCING GUIDELINES JOURNAL ENTRY OF JUDGMENT

(PAGE 3)

SECTION VI. RECAP OF SENTENCE

GRAND TOTAL Months of Confinement Imposed: (SUM OF DOC, County Jail [nongrid offenses] or Underlying Prison Term):

7 MONTHS

Prior Case(s) to Which the Current Sentence is to Run Concurrent or Consecutive (include, Case No., County of Conviction, and Sentence Length, and State Whether Concurrent or Consecutive):

Probation Term:

- 12 months 18 months 24 months
- 36 months 60 months
- Other _____
- Extended Period Under K.S.A. 21-461 1 (c) (5) for: _____ months
- Mandatory Drug Treatment K.S.A. 21-4729, ("SIB 123")

Postrelease Supervision Term:

- 12 months
- 24 months
- 36 months
- 60 months
- No Postrelease

Sentence Begins Date: (to include jail credit)

Dates of Jail Credit Earned:

From: 7-17-05	To: 7-18-05	= 0	Days
From:	To:	=	Days
From:	To:	=	Days
From:	To:	=	Days

(attach additional pages if necessary)

Total Days of Jail Credit Earned = 0 Days

Maximum Good Time Credit:

- 15% (Offense date on or after 4/20/1995)
- 20% (Offense date 7/1/1993 - 4/20/1995)
- Under K.S.A. 22-3725 (Offense date prior to 1993)

Additional Comments:

- The Sheriff of Saline County shall transport the defendant to the Secretary, Department of Corrections.
- The Court has informed the offender of the prohibition against carrying a firearm pursuant to K.S.A. 21-4204 and amendments thereto. Appeal and expungement rights explained.
- The defendant is ordered to give DNA samples pursuant to K.S.A. (2001 Supp) 21-2511.1

Motion for New Trial Denied: Yes No Motion for Judgment of Acquittal Denied? Yes No

SECTION VII SIGNATURES

Judge's Signature:

Paul L. Bayer

Date:

11-22-05

Name of Prosecuting Attorney:

ELLEN MITCHELL # 12093
Date: 11/15/05

Name of Defense Attorney:

JAMES D. SWEET # 16374
Date: 11-18-05

By: *Ellen Mitchell*

Address:

300 W. Ash, Room 302
Salina, Kansas 67401

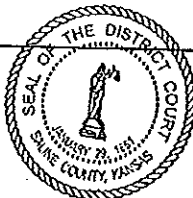
Phone No: 785-309-5815

By: *James D. Sweet*

Address:

206 N. CONCORD, MINNEAPOLIS, KS 67467

Phone No: 785-592-2105



STATE OF KANSAS, COUNTY OF SALINE

I hereby certify the above and foregoing to be a true and correct copy of the original of which is filed and entered of record in the court.

Date: 11-27-05

Clerk of the District Court

By: *[Signature]*
Deputy

Exhibit C 003

IN THE MUNICIPAL COURT OF SALINA, KANSAS
SALINA MUNICIPAL COURT

CITY OF SALINA, KANSAS, Plaintiff
vs

2006 JUN 8 AM 10 59 Case No 2006 CRM 956
P.D. Case No. 06 - 12891

MUNICIPAL COURT
HOUSTON, ANGELA RENEE, Defendant
a.k.a. BOYER, ANGELA
a.k.a. BOYER HOUSTON, ANGELA
a.k.a. BOYER-HOUSTON, ANGELA

COMPLAINT

COMES NOW, Jennifer Wyatt, Salina City Prosecutor, for and on behalf of the City of Salina, Kansas, and gives the Court to understand and be informed that in the City of Salina, Kansas, on or about the 19th day of May, 2006, one ANGELA RENEE HOUSTON, did then and there unlawfully, obtain or exert unauthorized control over \$290.00 U.S. currency with the intent of permanently depriving the owner of the use of benefit of the property.
SCC 25-91, Theft (2nd Offense)
25-181, 25-182, class A misd.

All of said acts then and there committed being contrary to the statutes in such cases made and provided and against the peace and dignity of the City of Salina.

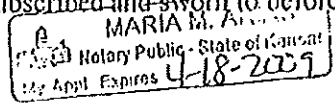
Jennifer Wyatt
Salina City Prosecutor

STATE OF KANSAS, SALINE COUNTY, ss:

I, Jennifer Wyatt, Salina City Prosecutor, being first duly sworn, state that I have read the above and foregoing Complaint/Information and know the contents thereof, and that the same is true in substance and in fact to my best information and belief:

Jennifer Wyatt
Salina City Prosecutor

Subscribed and sworn to before me this 8th day of June, 2006.



Maria M. Quias
Notary Public

Witness List:

- | | |
|----------------|--------------|
| Officer Tomson | Lisa McCourt |
| Pedro Jiminez | Andre Hull |

Filed By
JUL 16 2015
KANSAS STATE BOARD OF PHARMACY

IN THE MUNICIPAL COURT OF SALINA, KANSAS

2007 JAN 25 11:10 AM

CITY OF SALINA

Vs.
HOUSTON, ANGELA RENEE

Case No. 2006CRM 956

Address _____

JOURNAL ENTRY

On January 24, 2007, the defendant appears in person and by JANICE NORLIN (written waiver obtained). The City appears by Jennifer Wyall. This matter comes on for sentencing, the defendant having plead been found guilty at trial on JANUARY 24 2007.

The Court reviews the defendant's file and after hearing statements of defendant/counsel and being duly advised in the premises imposes the following:

Count	NC	G	NG	Charge/Amended	Sentence	Fine
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THEFT (2ND)	6 MONTHS	\$500.00
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Cost \$60.00 War. Fees _____ Reinst. Fees _____ Prob. Fee _____ Restitution OPEN THIRTY DAYS \$60.00

TOTAL MONIES DUE Forfeit and apply cash bond _____ \$560.00
TOTAL

THE DEFENDANT IS ORDERED TO:

Pay \$50.00 by per each MONTH beginning 1-31-07 and continuing by the END of each MONTH thereafter; or must appear in court on a Tuesday at 3:00pm prior to the next payment due date. Failure to appear in court will result in the issuance of a bench warrant for the defendant's arrest.

Filed By

JUL 16 2015

KANSAS STATE BOARD OF PHARMACY Exhibit D 002

IT IS FURTHER ORDERED

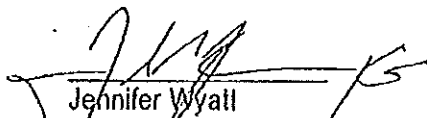
Said sentences are consecutive, for a controlling sentence of _____
and consecutive to Case Number _____

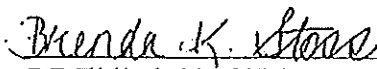
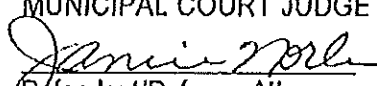
Sentence suspended Probation granted (supervised unsupervised), effective immediately
 Parole granted (supervised unsupervised), after serving _____ days in custody of the
Saline County Sheriff beginning _____

Length of parole/probation one (1) year other _____
 Other terms of sentence _____

AS A CONDITION OF RELEASE THE DEFENDANT IS ORDERED TO:

- Obtain alcohol and drug evaluation within 90 days and follow recommendations.
- Have no contact either directly or indirectly with _____
- Comply with all conditions of probation or parole set by separate order this date
- Report to Court Services Officer today
- Not to return to any _____ store.
- Obtain DV/Anger Assessment at Central Kansas Mental Health Center within 90 days and follow recommendations.
- Not to violate the law
- Fingerprints ordered
- Community Service _____
- Other _____
- Follow-up Court date _____
- Appearance Bond on appeal _____


Jennifer Wyatt
Salina City Prosecutor
255 N. 10th
Salina, KS 67401


BRENDA K. STOSS
MUNICIPAL COURT JUDGE

Defendant/Defense Attorney



K A N S A S

RODERICK L. BREMBY, SECRETARY

MARK PARKINSON, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Notification of Change in Kansas Nurse Aide Registry Record
State Administrative Findings
July 14, 2009

Name and Address Information:

ANGELA RENEE HOUSTON

Other Names:

ANGELA RENEE BOYER
ANGELA RENEE BOYER-HOUSTON

Personal Information:

Social Security Number:

Credential Number: 118345

Credential Type

Certified Medication Aide
Certified Nurse Aide
Home Health Aide

Received
JUL 10 2015
KANSAS STATE
Board of Pharmacy

Issue Date

06/25/2001
12/21/2000
03/20/2001

Abuse Information:

Type of Findings: Abuse & Neglect
Aide Waived State Administrative Hearing: Yes
State Administrative Confirmation Date: 07/14/2009

Summary of State Administrative Confirmation Findings

Summary Findings:

ON OR ABOUT APRIL 24TH TO 25TH, 2009, ANGELA R. HOUSTON, CNA, ("RESPONDENT") COMMITTED AN ACT OR FAILED TO ACT INTENTIONALLY OR RECKLESSLY THAT CAUSED OR WAS LIKELY TO HAVE CAUSED HARM TO RESIDENTS OF WINDSOR ESTATES NURSING HOME, 623 S. 3RD STREET, SALINE, KS 67401 ("FACILITY") INCLUDING THE INFLICTION OF PHYSICAL OR MENTAL INJURY AS DEFINED BY K.S.A. 39-1401(F)(1), THE OMISSION OR DEPRIVATION BY A CARETAKER OR ANOTHER PERSON OF GOODS OR SERVICES WHICH ARE NECESSARY TO AVOID PHYSICAL OR MENTAL HARM OR ILLNESS AS DEFINED BY K.S.A. 39-1401(F)(7) AND THE FAILURE OR OMISSION TO PROVIDE GOODS OR SERVICES TO RESIDENTS OF THE FACILITY WHICH ARE REASONABLY NECESSARY TO ENSURE SAFETY AND WELL-BEING AND TO

DIVISION OF HEALTH
Bureau of Child Care and Health Facilities
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 200, TOPEKA, KS 66612-1365
Voice 785-296-1240 Fax 785-296-3075 <http://www.kdheks.gov/hoc>



K A N S A S

RODERICK L. BREMBY, SECRETARY

MARK PARKINSON, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

AVOID PHYSICAL OR MENTAL HARM OR ILLNESS WHICH IS DEFINED BY K.S.A. 39-1401(G) AS NEGLIGENCE.

MORE SPECIFICALLY, ON THE EVENING OF APRIL 24TH THROUGH THE EARLY MORNING OF APRIL 25TH, 2009 THE RESPONDENT WORKED AS A CNA AT THE FACILITY WHERE SHE WAS ASSIGNED TO PROVIDE CARE FOR TWO RESIDENTS (RESIDENT #1 AND RESIDENT #2). AT ABOUT 6:30 A.M. ON APRIL 25TH FACILITY EMPLOYEES WORKING THE ONCOMING SHIFT ENTERED RESIDENT #1'S ROOM AND FOUND THE RESIDENT IN BED LAYING IN WET AND URINE STAINED SHEETS. RESIDENT #1 SUFFERS FROM IMPAIRED SKIN INTEGRITY. A PRESSURE RELIEVING MATTRESS IS TO BE USED ON HIS BED. THE RESIDENT'S CARE PLAN REQUIRES THAT HE BE MONITORED FOR INCONTINENCE AT LEAST EVERY TWO TO THREE HOURS.

THE RESIDENT'S CONDITION WAS REPORTED TO THE CHARGE NURSE WHO RESPONDED TO THE RESIDENT'S ROOM WHERE SHE OBSERVED THAT THE RESIDENT'S SHEETS WERE DRY AND WET WITH YELLOW AND BROWN COLORED URINE. THE CHARGE NURSE ASKED THE RESPONDENT WHETHER SHE HAD CHANGED THE RESIDENT THROUGH THE NIGHT. THE RESPONDENT REPLIED "YEAH, BUT HE TAKES IT OFF AND PEEES." THE CHARGE NURSE TOLD THE RESPONDENT THAT DID NOT SEEM POSSIBLE BASED ON HER OBSERVATION OF THE CONDITION OF THE RESIDENT'S SHEETS.

ABOUT THIRTY MINUTES LATER A FACILITY EMPLOYEE FOUND RESIDENT #2 IN BED LYING ON HIS LEFT SIDE WITH THE SIDE RAILS UP. THE RESIDENT'S BRIEF WAS COMPLETELY SATURATED WITH URINE. THE EMPLOYEE ALSO OBSERVED THAT THE LEFT SIDE OF THE RESIDENT'S FACE WAS RED AND THAT WHAT APPEARED TO BE A FLUID FILLED POCKET WAS PRESENT UNDER HIS LEFT EYE.

THE MATTER WAS REPORTED TO THE CHARGE NURSE WHO RESPONDED TO THE RESIDENT'S LOCATION AND OBSERVED THAT THE RESIDENT HAD A PUFFY, FLUID FILLED AREA UNDER HIS LEFT EYE IN ADDITION TO THE SATURATED BRIEF. RESIDENT #2 HAS IMPAIRED SKIN INTEGRITY AND HAS SUFFERED FROM A PRESSURE ULCER. HIS CARE PLAN SPECIFICALLY REQUIRES REPOSITIONING AT LEAST EVERY TWO TO FOUR HOURS AND THAT HIS SKIN AND BED LINENS BE KEPT CLEAN AND DRY. THE RESIDENT'S CARE PLAN ALSO REQUIRES THAT HM'S EXPOSURE TO MOISTURE SUCH AS INCONTINENCE, PERSPIRATION AND WOUND DRAINAGE BE MINIMIZED.

AN INTERNAL INVESTIGATION INTO THE ABOVE DESCRIBED INCIDENTS OF APRIL 24TH THROUGH APRIL 25, 2009 WAS BEGUN BY FACILITY MANAGEMENT. THE INVESTIGATION CONCLUDED THAT THE RESPONDENT FAILED TO PROVIDE RESIDENT #1 WITH INCONTINENCE CARE AND THAT SHE

DIVISION OF HEALTH
Bureau of Child Care and Health Facilities
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 200, TOPEKA, KS 66612-1365
Voice 785-296-1240 Fax 785-296-3075 <http://www.kdheks.gov/hoc>



K A N S A S

RODERICK L. BREMBY, SECRETARY

MARK PARKINSON, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

FAILED TO REPOSITION RESIDENT #2 AND PROVIDE INCONTINENCE CARE AS REQUIRED BY HIS CARE PLAN.

THE ABOVE ACTIONS BY THE RESPONDENT, ANGELA R. HOUSTON, CONSTITUTE ABUSE AS DEFINED BY K.S.A. 38-1401 (F)(1) AND K.S.A. 38-1401(F)(7) AND NEGLECT AS DEFINED BY K.S.A. 39-1401(G).

Additional Findings:

Alde's Dispute of State Administrative Findings

DIVISION OF HEALTH
Bureau of Child Care and Health Facilities
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 200, TOPEKA, KS 66612-1365
Voice 785-296-1240 Fax 785-296-3075 <http://www.kdheks.gov/hoc>

Exhibit E 003