STATE OF NORTH CAROLINA

BEFORE THE NORTH CAROLINA
RESPIRATORY CARE BOARD

IN THE MATTER OF:            CONSENT ORDER
                              
Lindsay A. Adams, RCP        
License Number – 6038         

1. Jurisdiction

The North Carolina Respiratory Care Board (the Board) is an occupational licensing board of the State of North Carolina, organized under The Respiratory Care Practice Act, codified at N.C. Gen. Stat. § 90-646, et seq. The Board has jurisdiction over this matter pursuant to N.C. Gen. Stat. § 90-652, § 90-659; and 21 N.C. Admin. Code 61.0307.

2. Identification of RCP

The Respiratory Care Practitioner whose license is at issue in this matter is Lindsay A. Adams (the “RCP”). Her mailing address is 1605 Holly Grove Way, Durham, NC 27713. The RCP holds North Carolina Respiratory Care License number 6038 (the “License”), first issued on June 25, 2009, with an expiration date of June 30, 2015.

3. Waiver of Rights

I, Lindsay A. Adams, the RCP, hereby confirm that I understand that I have each of the following rights, and as noted by my initials below, I hereby freely and knowingly waive each of these rights without further process and agree to the terms of this Consent Order regarding my License:

(Initials)

LA  The right to a hearing before the Board;
LA  The right to present evidence to disprove all or some of the charges against me;
LA  The right to present evidence to limit or reduce any sanction that could be imposed for a violation;
LA  The right to confront and cross-examine witnesses and to challenge evidence presented by the Board against me;
LA  The right to present legal arguments in a brief; and
LA  The right to appeal from any final decision adverse to my License to practice respiratory care.
4. **Stipulation to Facts**

The Respiratory Care Practitioner and the Board stipulate to the following facts:

A. The RCP was engaged in the practice of respiratory care in North Carolina during the events described in these factual stipulations.

B. On March 11, 2015 the Board received a complaint from Kathy Short, RN, RCP, who is the Respiratory Care Manager at UNC Hospitals in Chapel Hill, NC. The complaint alleged that the RCP was given an order to place a patient on PSV +10 cmH20 plus PEEP of +5 cmH20. The RCP did not do it after many requests by the physician, so another RCP made the change. After the therapist who made the change left the patient’s room, Lindsay went back into the patient's room and changed the settings back to the previous setting violating physician’s order.

C. On March 12, 2015, LeGrande Anderson RRT, who is the Pediatric Manager at UNC Hospitals confirmed the following through email and during a telephone interview: “Lindsay stated she did change the ventilator settings of a Support/CPAP of 10/5 back to settings of 15/5 because she felt the child would struggle on those settings”. Mr. Anderson supplied the email from Dr. Afsaneh Pirzadeh confirming the change in settings by the RCP which were contrary to the order. Mr. Anderson confirmed with Dr. Afsaneh Pirzadeh that morning that this indeed happened, in which she herself went back in and changed the settings back 10/5 to determine if the child would tolerate being extubated”.

D. On June 09, 2015, the RCP attended the Board's Investigation and Informal Settlement Committee meeting at which time she admitted to making the changes but indicated that “I would have done whatever the doctor ordered”. When presented with statements submitted from the supervisors at UNC stated she did change the ventilator settings of a Pressure Support/CPAP of 10/5 back to settings of 15/5 because she felt the child would struggle on those settings. The RCP admitted to making this change based on the assessment but also stated that the resident was notified and the shift change may have been the reason for the confusion. The ventilator record shows that she made the change. The RCP provided letters of reference and a statement of the occurrence.

E. At its regular quarterly meeting on July 9, 2015, the Board voted to issue a Reprimand with the conditions set forth below.

5. **Stipulated Order**

Under N.C. Gen. Stat. § 90-652, in lieu of proceeding to a hearing, the RCP and the Board hereby enter into this Consent Order and agree to the following specific terms:

A. **RCP’s Stipulation as to Pertinent Sections of the Statute and Rules:**

I, Lindsay A. Adams, the RCP, admit that the Stipulated Facts set forth above in this Consent Order constitute violations of N.C. Gen. Stat. § 90-659 (a)(1) (b) and (d), N.C. Gen. Stat. § 90-659 (4); and 21 N.C. Admin. Code 61 .0307 (10) and 61 .0307(11) of the Board’s Rules.
B. RCP’s Stipulation to Sanctions and Future Performance Obligations:

1) The RCP acknowledges that in light of the Stipulated Facts set forth above, a Reprimand of her License is an appropriate sanction for the Board to impose under N.C. Gen. Stat. § 90-659 (1) (b) and (d) and N.C. Gen. Stat. § 90-659 (4). Therefore, the RCP accepts and agrees to receiving a Reprimand from the Board and to comply with and complete each of the specific requirements set forth below within the time period specified for compliance with each.

2) The RCP agrees to pay a civil penalty of two hundred and fifty dollars ($250.00) pursuant to N.C. Gen. Stat. § 90-666 and 21 N.C. Admin. Code 61.0309 and also agrees to the assessment of one hundred dollars ($100.00) in costs pursuant to N.C. Gen. Stat. § 90-666(d). The RCP agrees that the civil penalty and cost amounts are reasonable in light of the factual stipulations and agrees to remit these sums to the Board no later than 90 days after execution of this order. The RCP also assumes financial responsibility for any other costs associated with fulfilling the terms of this Consent Order.

3) The RCP accepts and agrees to complete a two page essay on truthful communication and proper documentation of patient status according to Board writing guidelines and submit it electronically no later than 30 days after signing this Consent Order.

6) The RCP agrees to continue to comply with the Respiratory Care Practice Act, the Board’s Rules, and the Board’s published interpretation of those rules.

7) The RCP acknowledges that this disciplinary action will be reported to appropriate entities as outlined in Board policy and as required by state and/or federal law or guidelines. Those entities include, but are not limited to, the National Databank maintained by the National Board for Respiratory Care and the Healthcare Integrity and Protection Data Bank (HIPDB).

8) The RCP acknowledges and agrees that if she fails to comply with the terms of this Consent Order, either by completely failing to carry out one of her obligations, or failing to complete it within the time specified, that will constitute a violation of 21 N.C. Admin. Code 61 .0307(3); the Board may suspend or revoke the License, or impose additional disciplinary sanctions or performance obligations on the RCP.

9) The RCP acknowledges and agrees that this Consent Order and the materials compiled by the Board are matters of public record under the North Carolina Public Records Law, N.C. Gen. Stat. § 132-1 et seq.; and that the contents of this Consent Order will be reported to the appropriate entities as outlined in Board policy and as required by state and/or federal law or guidelines, including but not limited to the National Databank maintained by the National Board for Respiratory Care and the Healthcare Integrity and Protection Data Bank (HIPDB).

10) The RCP agrees that if circumstances arise which affect the RCP’s ability to remain in compliance with any of the terms of this Consent Order, the RCP shall immediately notify the Board in writing by return receipt mail, fully describing the situation and providing a specific request to modify its terms for Board consideration. However, no modification of this Consent Order shall be in effect until the Board confirms such a modification in writing to the RCP.
6. Effective Date/Modification

All provisions of this Consent Order are effective upon the date that the Executive Director of the Board signs it, and it shall remain in effect for the time period or periods specified, or until amended in writing by the Board.

The terms of this Consent Order shall remain in effect for one year from its effective date and expire at that point. However, the Licensee must continue to comply with the Respiratory Care Practice Act and the Board's Rules; and if other evidence of the RCP's non-compliance with the Act or the Rules that is not presented in the Stipulated Facts above should arise, then the Board may invoke other disciplinary measures against the RCP, based on that other evidence; and in determining the appropriate action to take, the Board also may consider the conduct of the RCP which is presented in the Stipulated Facts in this Consent Order.

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CONSENT TO ISSUANCE OF ORDER BY RESPIRATORY CARE PRACTITIONER

I, Lindsay A. Adams, state that I have read the foregoing Consent Order; that I know and fully understand its contents; that I agree freely and without threat or coercion of any kind to comply with the terms and conditions stated herein; and that I consent to the entry of this Consent Order as a condition of maintaining my license from the North Carolina Respiratory Care Board.

Lindsay A. Adams

STATE OF NORTH CAROLINA
COUNTY OF Durham

There personally appeared before me, a Notary Public in and for the County of Durham, State of North Carolina, Lindsay Ambrose Adams who, after having presented documentation of her identity that was satisfactory to me, did acknowledge that she executed the foregoing Consent Order as her free and voluntary act.

This 23rd day of July, 2015.

Brandon Guy
Notary Public

My Commission Expires: 11/6/2019

ENTRY OF CONSENT ORDER ON BEHALF OF THE NORTH CAROLINA RESPIRATORY CARE BOARD

The foregoing Consent Order is entered at Cary, North Carolina, this 27th day of July, 2015.

William L. Croft, PhD, RRT, RCP
Executive Director, North Carolina Respiratory Care Board