

**STATE OF INDIANA
MARION COUNTY, ss:**

**IN THE MARION SUPERIOR COURT
CRIMINAL DIVISION**

Cause No: 49

INFORMATION

COUNT I

**FAILURE TO MAKE, KEEP OR FURNISH
RECORDS**

I.C. 35-48-4-14(a)(3)

A LEVEL 6 FELONY

COUNT II

**OBTAINING A CONTROLLED
SUBSTANCE BY FRAUD OR DECEIT**

I.C. 35-48-4-14(c)

A LEVEL 6 FELONY

COUNT III

POSSESSION OF A NARCOTIC DRUG

I.C. 35-48-4-6(a)

A LEVEL 6 FELONY

**STATE OF INDIANA)
)
 vs.)
)**

PATRICE Rene AMOS B/Female

DOB [REDACTED]

On this date, the undersigned Deputy Attorney General of Office of the Indiana Attorney General Todd Rokita, being duly sworn on his oath (or having affirmed), says that in Marion County, Indiana

COUNT I

Between October 4, 2024 and October 11, 2024, PATRICE RENE AMOS did recklessly, knowingly or intentionally fail to make, keep, or furnish a record as required by I.C. 35-48;

COUNT II

Between October 4, 2024 and October 11, 2024, PATRICE RENE AMOS did knowingly acquire possession of a controlled substance, that is: Oxycodone, classified in Schedule II of the Indiana Uniform Controlled Substances Act, by misrepresentation, fraud, forgery, deception or subterfuge;

COUNT III

Between October 4, 2024 and October 11, 2024, PATRICE RENE AMOS did knowingly possess Oxycodone, pure or adulterated, a narcotic drug classified in Schedule II of the Indiana Uniform Controlled Substances Act, without a valid prescription or order of a practitioner acting in the course of the practitioner's professional practice;

all of which is contrary to statute and against the peace and dignity of the State of Indiana.

June 18, 2025

Date

Kyle Sprunger

Deputy Attorney General

Office of the Indiana Attorney General, MFCU

/s/ Kyle Sprunger

Kyle Sprunger, 37755-29

Deputy Attorney General

State's Witnesses:

Craig S Whited

Patricia Bostic

Paula Curran

Sue Ellen Hamilton

Chris Madden

Robert Newcomer

Ashley [REDACTED]

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

STATE OF INDIANA)
)
)
)
)
VS.)
)
Patrice R. Amos)
DOB: [REDACTED])

IN THE MARION SUPERIOR COURT
CAUSE NO:

AFFIDAVIT FOR PROBABLE CAUSE

I, Craig Whited, a Drug Diversion Investigator for the Indiana Office of Attorney General, Medicaid Fraud Control Unit, have probable cause to believe that Patrice Amos did commit the following crimes in the County of Marion, State of Indiana:

I.C. 35-48-4-14(c) – Obtaining a Controlled Substance by Fraud – a Level 6 Felony
I.C. 35-48-4-14(a)(3) – Failure to Make, Keep, or Furnish a Record – a Level 6 Felony
I.C. 35-48-4-6(a) – Possession of a Narcotic Drug – a Level 6 Felony

1. I participated in the investigation of the criminal offenses described in this affidavit. The statements contained in this affidavit are founded, in part, on information provided to me through conversations or written statements and information from employees of Hooverwood Living and medical records related to this investigation. I believe these witnesses to be truthful and credible.
2. Because this affidavit is being submitted for the purpose of filing criminal charges, I have not included all facts that have been revealed during the course of this investigation. I have set forth only the facts that are believed to be necessary to establish the required foundation for probable cause.
3. On 10-18-2024 the State of Indiana received a complaint from the Administration at Hooverwood Living that several of its residents had complained that they did not receive their evening medications from a registered nurse named Patrice Amos, and this case was later assigned to this Investigator.
4. Patrice Amos (RN Amos) is a registered nurse (RN) with the nursing license number of 28235843A. RN Amos also has the date of birth of [REDACTED] and a home address of [REDACTED].
5. RN Amos is or was employed by a staffing agency named Networks Connect; and on 10-11-2024 she was assigned to work a nursing shift at Hooverwood Living from 7am to 11:15pm.
6. Hooverwood Living is a long-term care facility (nursing home) that also has ‘assisted living.’ Residents live at Hooverwood Living because they need long-term nursing care, assistance with the ‘activities of

daily living,' managing their medication, etc. Hooverwood Living is located at 7001 Hoover Road, Indianapolis, IN, 46260, in Marion County.

7. Hooverwood Living and its employees or agents, acting in the usual course of their employment, are required to maintain complete and accurate records under both Indiana and Federal laws pertaining to the dispensation of all controlled substances. Specifically, I.C. 35-48-3-7 mandates that records be kept in conformance with the record-keeping requirements of federal law and regulation and with any additional rules the Indiana State Board of Pharmacy issues such as 856 IAC 1-28.1-12. Title 21 United States Code (U.S.C.) 827(a)(3) and Title 21 Code of Federal Regulations (C.F.R.) 1304.22 (21 C.F.R. § 1304.22) require a complete and accurate record be maintained for the dispensing or administration of a controlled substance to a patient, including:

- a. Number of units or volume of drug dispensed.
- b. Name and address of the person to whom it was dispensed.
- c. Date of dispensing.
- d. Number of units or volume dispensed.
- e. Written or typewritten name or initials of the individual who dispensed or administered the substance.

In addition, Federal Regulation 21 C.F.R. § mandates any controlled substance that is removed for dispensing, but not actually given to the patient, must be witnessed by another staff member and may be destroyed. If destroyed, then a drug destruction record must be made.

8. Hooverwood Living utilizes MedScript LTC Pharmacy to provide pharmacy services to their facility; and Hooverwood Living receives regular deliveries of medication, including controlled substance medications, in the form of daily deliveries from MedScript LTC Pharmacy.

9. Hooverwood Living utilizes Medication Carts ("Med Carts") to store and dispense medications to residents within their facility. A Med Cart will be assigned to a group of residents, and that Med Cart will contain medications that are prescribed to the residents that cart is assigned to. These Med Carts are locked, and require a key to unlock it to access the medications within the cart. Hooverwood Living utilizes nurses to administer medications to the residents, so the nurse that is assigned to that Med Cart will have the keys to unlock that Med Cart to access the medications inside of it. Nurses remove medications from the Med Cart per physician order, then dispense the medications to the appropriate resident, and then make appropriate records that note the medication was dispensed and administered to the resident.

10. When a nurse that is assigned to a Med Cart begins their shift, they will do a count of the medication inside of the Med Cart with the outgoing nurse they are relieving. This count, conducted by the incoming and outgoing nurses, helps to ensure the inventory of medications is correct. Once the controlled substance medications have been counted together, the incoming nurse takes control of the Med Cart and its keys from the outgoing nurse, and the incoming nurse now has the only keys to unlock the Med Cart until that nurse ends their shift and does another medication count with the new incoming nurse that is relieving them.

11. Hooverwood Living's POLICY is that when a nurse withdraws a controlled substance medication from their assigned Med Cart, that assigned nurse will sign and date a paper Controlled Substance Record that shows the date, time, and amount (dose) of the medication they withdrew from the Med Cart to be given to a facility resident.

12. Hooverwood Living's staff members will commonly verbally refer to the "Controlled Substance Record" as other names such as 'narcotic count sheet' or 'narcotic count flow sheet.' When a nurse signs that they withdrew a controlled substance medication on the Controlled Drug Record, it shows that the nurse removed one of the doses from the Med Cart. This assists in keeping a running count/inventory of the remaining controlled substances still left inside the Med Cart, along with the signed name of the staff member who withdrew the controlled substance medications.

13. When medication is given to the patient, the nurse must also complete an entry into the facility's electronic Medication Administration Record (eMAR or MAR) to show that they administered the medication to the resident. The MAR shows which medication, the dosage, and what time of day the medication should be given. The MAR also records the date/time/quantity and reason for giving a patient medication and shows which nurse administered it, and the nurse's initials will appear in the MAR as showing that the nurse administered the medication to the resident. For the purposes of this investigation: RN Amos' initials in the MARs appear as "PA" for "Patrice Amos."

14. Hooverwood Living utilizes a computer program called "Point Click Care" (PCC) for staff members to electronically chart the medical care they give to facility residents. In PCC, both the regular medications and controlled substance medications are listed at the bottom of the resident's profile on the computer program. Therefore, when a nurse charts the administration of medication to a resident, they will electronically ***chart in PCC their administration of both regular medications and controlled substance medications*** to the facility's residents. If a resident is prescribed more medications that can appear on one page of the PCC screen, a user will have to scroll to the side to see all of the medications they are prescribed.

15. For regular medications, PCC's electronic MARs will typically reflect what time a medication is supposed to be given to a resident. For example: if the MAR indicates that the regular medication is supposed to be given at 9am, and the nurse administers the medication at 9:30am, the MAR will reflect the nurse gave the medication at 9am because it is the 9am medication.

16. However, "PRN as-needed" medications are 'time-stamped' in the MAR showing the exact time that a nurse charted that they gave a resident a PRN as-needed medication. For example: when a nurse charts in the MAR that they just administered a controlled substance medication to a resident, the MAR will 'time stamp' the entry into the MAR so it shows what time the nurse charted the administration of the controlled substance medication.

17. The Controlled Drug Record and the MAR serve as the official records of the medications administered to a patient and are part of the patient's permanent medical record. The employee is required to complete these records each time a drug is removed and/or administered. It is vital for patient safety to document the administration of a drug on the MAR, so that physicians and other service

providers can make informed decisions about the care of the patient, and to prevent accidental overdoses. Any controlled substance that is removed from the Med Cart for dispensing, but not actually given to the patient, must be destroyed with another staff member witnessing the destruction of the controlled substance. The staff member would then fill out a corresponding drug destruction record.

18. On 10-12-2024, Director of Nursing Sue Hamilton (DON Hamilton), who was the Director of Nursing for Hooverwood Living at that time, conducted an internal investigation after she received complaints that several residents had complained that they did not receive their evening medications the day before (10-11-2024) while under the care of RN Amos.

19. DON Hamilton's internal investigation revealed that the medication records showed that for most of the residents that their medications were signed out and charted appropriately. However, the oxycodone medication records for a resident named [REDACTED] concerned her because:

- a. [REDACTED] rarely takes his prescribed oxycodone, and RN Amos had signed out on the Controlled Drug Record that she (RN Amos) had withdrew four(4) oxycodone tablets for him on 10-11-2024.
- b. Because [REDACTED] rarely takes his oxycodone, it would be unlikely that he would take four(4) doses in one day as RN Amos had signed that she withdrew for him.
- c. RN Amos did not chart in [REDACTED] MAR that she had administered any of the four(4) oxycodone that she signed that she had withdrew for him.
- d. Lastly, both [REDACTED] and his privately-paid caregiver, identified as Patricia Bostic, both stated that RN Amos did not come into [REDACTED] room for the whole evening of 10-11-2024. They reported that RN Amos came in earlier in the day to unclog his feeding tube but left and never returned for the rest of the evening.

20. DON Hamilton's internal investigation also found that RN Amos had signed on the Controlled Drug Record that she had withdrew two(2) oxycodone tablets for a resident named [REDACTED] on 10-11-2024, and RN Amos also failed to chart in the MAR that she administered the oxycodone to [REDACTED]. [REDACTED] also complained that RN Amos did not give her the medications on 10-11-2024 (note: [REDACTED], who is 66 years old and has cognitive communication deficit, later told this Investigator that she does not remember this incident).

21. At the end of DON Hamilton's internal investigation, DON Hamilton suspected that RN Amos may have diverted at least [REDACTED] oxycodone and confirmed that RN Amos had not properly charted the administration of the medications. DON Hamilton then notified Networks Connect, the staffing agency that RN Amos is employed at, to no longer assign RN Amos to work at Hooverwood Living anymore.

22. When this Investigator observed the medication records for Hooverwood Living resident [REDACTED], I observed:

- a. [REDACTED] is prescribed 10mg oxycodone tablets.

b. RN Amos had signed on the Controlled Drug Record for [REDACTED] oxycodone that she had withdrew a dose of oxycodone from the Med Cart on:

- i. 10-04-2024 (no time written)
- ii. 10-11-2024 (handwritten time is ineligible)
- iii. 10-11-2024 (handwritten time appears to be 8pm)

c. RN Amos did **not** chart the administration of any of the oxycodone that she signed that she had withdrew on both 10-04-2024 and 10-11-2024. RN Amos did not indicate what she did with the doses of oxycodone. She did not chart that she administered them to [REDACTED], or destroyed them, or returned them to the Med Cart.

23. When this Investigator attempted to speak with [REDACTED] to learn if she remembered receiving or not receiving her prescribed oxycodone from RN Amos on those days, [REDACTED] stated that she did not remember the incident.

24 When this Investigator observed the medication administration records for Hooverwood Living resident [REDACTED], I observed:

a. [REDACTED] is prescribed oxycodone 5mg tablets that he can take once every 4 hours as needed (PRN) for severe pain.

b. RN Amos had signed on the Controlled Drug Record for [REDACTED] oxycodone that she had withdrew a dose of oxycodone from the Med Cart on:

- i. 10-04-2024 at 8pm
- ii. 10-11-2024 at 8am
- iii. 10-11-2024 at 12pm
- iv. 10-11-2024 at 4pm
- v. 10-11-2024 at 8pm

c. RN Amos also did **not** chart the administration of any of the oxycodone that she signed that she had withdrew for [REDACTED] on both 10-04-2024 and 10-11-2024. RN Amos did not indicate what she did with the doses of oxycodone. She did not chart that she administered them to [REDACTED], or destroyed them, or returned them to the Med Cart.

25. When this Investigator then interviewed [REDACTED] on 01-27-2025, [REDACTED], who is 83 years old, appeared to be a good historian. He knew his name, his date of birth, his age, that it was the year 2025, and that Donald Trump was the President of the United States. During this interview [REDACTED] stated that he remembered an incident where a nurse may have stolen his medication, but he does not remember much about it, other than he did **not** get his medications that night. He also stated that the nurse, who was a black female, came into his room earlier in the day, but she did not come back to his room for the rest of the day. He also advised that he rarely takes his oxycodone, and that he typically takes Tylenol once at night.

26. When this Investigator was speaking to [REDACTED], his wife named Ashley [REDACTED] arrived at his room. When I spoke with Ashley, she described the nurse as being a black female who was walking with a limp. Ashley also stated that the nurse had said that she had hurt her knee and was in pain.

27. When this Investigator interviewed Patricia Bostic, who is the privately paid caregiver for [REDACTED], on 01-28-2025 she advised:

- a. She (Caregiver Bostic) is a privately paid caregiver to [REDACTED] and is not an employee of Hooverwood Living. [REDACTED] family pays for her to provide care for him.
- b. As a caregiver for [REDACTED], she provides care to [REDACTED] at his room in Hooverwood Living.
- c. She (Caregiver Bostic) usually works a split-shift providing care for [REDACTED]. She typically arrives at 9am and works until 11:30am, then leaves between 11:30am and 3pm, and then returns at 3pm and works until 6:30 or 8pm, depending on what time they get [REDACTED] to bed.
- d. [REDACTED] rarely takes his prescribed oxycodone. He must be in extreme pain before he will take it, and he will usually take Tylenol every night instead.
- e. If [REDACTED] does take his oxycodone, he is very careful and mindful about it. He will track how many hours it is before he is allowed to take it again.
- f. She (Caregiver Bostic) remembered being asked one day by Hooverwood administration if a nurse had given [REDACTED] his medications the evening before. This occurred approximately 3 months ago, and the nurse in question was named "Patrice." Patrice was also an agency nurse who was working at Hooverwood Living.
- g. On the evening in question, she (Caregiver Bostic) saw RN Amos enter [REDACTED] room earlier in the day to unclog his feeding tube, but she never saw RN Amos return back to his room. She also did not see RN Amos give [REDACTED] any pain medications.
- h. RN Amos was also acting 'jittery' and 'not with it' that day; and was also walking with a limp and had said that she had hurt her leg.

28. On 02-25-2025 this Investigator conducted an interview with RN Amos at the Indiana Office of Attorney General Medicaid Fraud Control Unit. At the beginning of the interview, I advised RN Amos that she did not have to speak to me, and that she was free to leave at any time. RN Amos stated that she understood, and she also advised me that she had driven herself to meet with me. During this interview RN Amos stated:

- a. Her name is Patrice Amos, and her date of birth is [REDACTED].
- b. She has been a nurse for approximately 15 years and has been a registered nurse since 2017.
- c. Hooverwood Living used the electronic charting program called Point Click Care (PCC) to chart the care and medications given to the residents.

29. When this Investigator asked RN Amos to describe to me the process of administering medication to a resident, she advised:

- a. When you are in the PCC program, you can click on the 'profile picture' of each resident, and the PCC program will then show all of the medications that a resident is prescribed.
- b. When you give a resident their medication, you 'click' on the medication in the PCC program to show that you gave it to them. The listing of medications for a resident in the PCC program will initially be 'green,' and you click on the medication in the PCC program to turn it 'white' to show that you gave the medication to the resident.
- c. When she 'clicks' on the medication in the program to show that she gave it to a resident, the PCC program will automatically put her initials in the MAR which shows that she gave the medication to the resident.
- d. The process of giving a resident a pain medication is:
 - i. When a patient tells her they are having pain, she (RN Amos) will ask the resident what their 'pain score' is. A lesser pain score may mean a resident may get Tylenol. A higher pain score of '4 to 10' may mean a resident may get their prescribed narcotic medication.
 - ii. Before administering the narcotic pain medication to the patient, she'll then check to ensure the resident is prescribed the medication, and can have it, and how many doses she can give.
 - iii. She will then withdraw the narcotic medication from the Med Cart and then sign and date the 'narcotic flow sheet' (Controlled Drug Record) to show that she withdrew the narcotic medication.
 - iv. She also charts the resident's pain level in the Nurse's Notes when she gave them the pain medication. She charts it in the Nurse's Notes, and not in the MAR.
 - v. She then later charts it in the MAR that she gave the medication.

30. When this Investigator asked RN Amos about her work history at Hooverwood Living, she advised:

- a. She (RN Amos) used to work at Hooverwood Living located at 7001 Hoover Road, Indianapolis, IN, 46260 as an 'agency nurse' through Networks Connect.
- b. She no longer covers shifts at Hooverwood Living after facility administration said she failed to give some of the residents their medications on the last shift that she worked there. On her last shift, there were a lot of errors on the computer system regarding resident medications. The errors were where the residents' medications in PCC did not match up to what the prescription label on the medication bottle stated, and she had to contact the Unit Nurse Manager several times to get the errors fixed.

c. On her (RN Amos) last shift at Hooverwood Living (10-11-2024), she worked a double-shift by working from approximately 6am until 11:30pm.

31. When this Investigator showed RN Amos the Controlled Drug Record for [REDACTED] oxycodone and asked her if those were her signatures showing that she withdrew oxycodone from the Med Cart, she confirmed that those were her signatures.

32. When this Investigator asked RN Amos if she gave [REDACTED] all of the oxycodone that she had withdrew for him from the Med Cart, she stated that she *did* give him the oxycodone. She stated that his caregiver (Patricia Bostic) was actually approaching her (RN Amos) and advising that [REDACTED] was in pain and to give him his oxycodone. RN Amos also advised that Caregiver Bostic was asking her to give [REDACTED] another dose of oxycodone before the 4-hour time window was up from the last dose.

33. When this Investigator later interviewed Caregiver Patricia Bostic to confirm if she did ask RN Amos to give [REDACTED] the oxycodone, Caregiver Bostic stated:

a. [REDACTED] never asked her (Caregiver Bostic) to ask RN Amos for oxycodone.

b. She did *not* ask RN Amos to give [REDACTED] oxycodone that day.

c. [REDACTED] did *not* take oxycodone that day.

d. Since she (Caregiver Bostic) does not start work until 9am, she would not have even been at Hooverwood at 8am to ask RN Amos to give [REDACTED] the 8am withdrawal of the oxycodone.

e. She (Caregiver Bostic) was with [REDACTED] most of that day, and RN Amos was acting 'flighty.' For instance, RN Amos came into [REDACTED] room around midday to unclog his feeding tube but never returned back to his room.

34. When this Investigator advised RN Amos that [REDACTED] had said that she (RN Amos) did not give him oxycodone that day, RN Amos stated that [REDACTED] has dementia and will not remember things 10 minutes later. She also stated that [REDACTED] had a Urinary Tract Infection, which can cause confusion. She also suggested checking his Brief Interview for Mental Status (BIMS) score.

35. When this Investigator later spoke with Hooverwood Living Administrator Robert Newcomer to confirm if [REDACTED] did or did not have a diagnosis of dementia, I learned that [REDACTED] has *not* been diagnosed with dementia. I also learned that [REDACTED] has scored a perfect '15' points on his last several BIMS tests.

36. When this Investigator asked RN Amos why she did not chart her administration of the oxycodone into [REDACTED] and [REDACTED] MARs when she had charted that her administration of all their regular medications, she stated:

a. She must have not 'seen' the oxycodone listed in the PCC program to click that she administered the oxycodone to them.

b. She did not think to bring the issue that the oxycodone was not listed in PCC program (for her to chart that she administered it) to her supervisor's attention because she had already shown so many other PCC errors to the supervisor that shift that the supervisor was beginning to become irritated.

c. That she *did chart* the administration of the oxycodone by signing out on the Controlled Drug Record. In the "nursing world," signing that you withdrew a medication on the Controlled Drug Record is "charting too."

d. She also may have charted the administration of the oxycodone by noting in the Nursing Notes.

37. When this Investigator later reviewed the Progress Notes (where nurses make notes on residents in PCC), I did not observe where RN Amos had made any nurse's note entries that documented that she had administered oxycodone to [REDACTED] or [REDACTED] on 10-04-2024 or 10-11-2024.

38. At the end of our interview, RN Amos denied that she stole oxycodone from [REDACTED] and [REDACTED]. She also stated that she does not use drugs, and that she does not like narcotic pain killers.

39. This investigation reveals that on at least one occasion between 10-04-2024 and 10-11-2024 Patrice Amos knowingly or intentionally acquired possession of a controlled substance; to wit: oxycodone, by misrepresentation, fraud, forgery, deception, subterfuge, or concealment of a material fact in violation of I.C. 35-48-4-14(c).

40. This investigation reveals that on at least one occasion between 10-04-2024 and 10-11-2024 Patrice Amos did recklessly, knowingly or intentionally fail to make, keep or furnish a record, a notification, an order form, a statement, an invoice, or information required under I.C. 35-48 as to the documentation of the dispensing or administration of controlled substances in violation of I.C. 35-48-4-14(a)(3).

41. This investigation reveals that on at least one occasion between 10-04-2024 and 10-11-2024 Patrice Amos knowingly or intentionally acquired a controlled substance; to wit: oxycodone, a Schedule II controlled substance, in violation of I.C. 35-48-4-6(a).

I swear, under the penalty for perjury as specified by I.C. 35-44.1-2-1 that the foregoing is true to the best of my information and belief.

/s/Craig Whited

Affiant, Craig Whited

Drug Diversion Investigator

OAG-MFCU