STATE OF INDIANA
MARION COUNTY, ss:

IN THE MARION SUPERIOR COURT
CRIMINAL DIVISION

Cause No: 49

STATE OF INDIANA)
)
vs.)
)

Ki'Andreia James B/Female
DOB [redacted]

INFORMATION
COUNT I
OBTAINING A CONTROLLED SUBSTANCE BY FRAUD OR DECEIT
I.C. 35-48-4-14(c)
A LEVEL 6 FELONY
COUNT II
FAILURE TO MAKE, KEEP OR FURNISH RECORDS
I.C. 35-48-4-14(a)(3)
A LEVEL 6 FELONY

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

COUNT I

Between June 8, 2024 and November 20, 2025, Ki'Andreia James did knowingly acquire possession of a controlled substance, that is: Hydrocodone, classified in Schedule II of the Indiana Uniform Controlled Substances Act, by misrepresentation, fraud, forgery, deception, or subterfuge;

COUNT II

Between June 8, 2024 and November 20, 2025, Ki'Andreia James did recklessly, knowingly or intentionally fail to make, keep, and/or furnish a record as required by I.C. 35-48;

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

June 8, 2026
Date

Kyle Sprunger
Deputy Attorney General
Office of the Indiana Attorney General

/s/ Kyle Sprunger
Kyle Sprunger, Attorney No. 37755-29
Deputy Prosecuting Attorney

State's Witnesses:
Craig S Whited
[redacted]
Joanne Dockery
Debra Hall
Leona Jordan
Becky Nash

STATE OF INDIANA	**)**	**IN THE MARION SUPERIOR COURT**
	)	**SS:**
COUNTY OF MARION	**)**	**CAUSE NO:**
STATE OF INDIANA		**)**
		)
VS.		**)**
		)
Ki'Andreia James		**)**
DOB: 10-08-1986		

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 Ki'Andreia James did commit the following crimes in the County of Marion, State of Indiana:

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

1. I am a Drug Diversion Investigator for the Office of the Indiana Attorney General's Medicaid Fraud Control Unit (MFCU), and I am currently assigned to the Indianapolis, Indiana office. Prior to being hired by the MFCU, I was employed as a police officer for approximately 20 years with having served as a detective for approximately 13 of those 20 years. And as a Drug Diversion Investigator with the MFCU, I have been involved in numerous narcotic investigations including diversion and theft of controlled substances from health care facilities.

2. 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.

3. 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.

4. On 11-24-2025 Hooverwood Living reported to the State of Indiana that when a resident named [redacted] asked LPN Joann Dockery for a hydrocodone, that LPN Dockery checked the Controlled Substance Record and told [redacted] that it was too early to have another dose. [redacted] then told LPN Dockery that she had not had any hydrocodone yet that day and that she only takes it in the evening. When Hooverwood Living supervision reviewed the Controlled Substance Records for [redacted] hydrocodone, they noted that RN Ki'Andreia James had been regularly signing out the hydrocodone at 8am and at 1pm

and failing to chart the administration of the hydrocodone to [redacted] in the Medication Administration Records. This case was later assigned to this Investigator.

5. RN Ki'Andreia James is a Registered Nurse (RN) with the nursing license number of 28246023A. RN James also has the date of birth of [redacted] and a home address of [redacted].

6. RN James was employed at Hooverwood Living from 02-05-2024 until she was suspended pending investigation on 11-24-2025 and then formally terminated on 12-01-2025. As an RN at Hooverwood Living, RN James typically worked the dayshift from 7am until 3:15pm.

7. 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.

8. 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, IC 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 (USC) 827(a)(3) and Title 21 Code of Federal Regulations (CFR) 1304.22 (21 CFR § 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 CFR §1304.22 and 21 CFR §1317.95 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.

9. Hooverwood Living utilizes Grandview Pharmacy and 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 Grandview Pharmacy and MedScript LTC Pharmacy.

10. Hooverwood Living utilizes locked 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 Med Cart is assigned to. These Med Carts are locked and require a key to unlock it in order to access the medications within that cart.

11. Hooverwood Living then utilizes nurses to administer the medications within a Med Cart to the facility residents that the medications are prescribed to. Each shift, a nurse will be assigned a specific locked Med Cart and will be the only staff member on the floor that will have the keys to unlock their assigned Med Cart to access the medications within it. For example: While on duty, RN Ki'Andreia James would be the only staff member on the floor that would have the keys to unlock her assigned Med Cart in order to access hydrocodone and other medications inside of it.

12. Nurses that are assigned to a Med Cart will unlock it to access the medications, withdraw the medications for the appropriate resident per physician order, and then make the appropriate records that note the medication was removed from the Med Cart and then administered to the patient.

13. When a nurse that is assigned to a Med Cart begins their shift, they will do an inventory count of the controlled substance medication inside of the Med Cart with the outgoing nurse they are relieving. This is many times called a "shift-change count." This count, conducted by the incoming and outgoing nurses together, helps to ensure the inventory of controlled substance 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 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.

14. 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 Drug Use 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. Many nurses will often refer to the Controlled Drug Use Record as 'narcotic count sheets' or 'narc sheet,' etc.

15. When a nurse signs and dates that they withdrew a dose of a controlled substance medication on the Controlled Drug Use Record, it shows that the nurse removed one of the doses from the Med Cart. This assists in keeping a running inventory/count of the remaining controlled substances that should still be left inside the Med Cart, along with the signed name of the staff member who withdrew the controlled substance medications. For the purposes of this investigation: every time that RN James removed a dose of hydrocodone from the Med Cart, she was required to sign and date on the Controlled Drug Use Record for that hydrocodone to show the date & time she removed that dose.

16. 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, date, and what time of day the medication was given to the resident. 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 Ki'Andreia James' initials in the MARs appear as "KJ" for "Ki'Andreia James."

17. 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 in the residents’ 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.

18. The Controlled Drug Use 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 administered to a patient. 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.

19. [redacted] is a resident of Hooverwood Living and is prescribed hydrocodone tablet 5-325 which she can take up to every 6 hours as needed for pain. This prescription is “PRN” or “as needed for pain,” which means that [redacted] must request a dose and nurses cannot give it to her more than once every six hours. Hydrocodone is a controlled substance and a narcotic pain-reliever and is classified as a Schedule II drug.

20. In early November 2025, around dinner time, [redacted] requested a dose of her hydrocodone from LPN Joanne Dockery, who was [redacted] nurse for the evening. When LPN Dockery checked the Controlled Drug Use Record, she saw that RN Ki’Andreia James had already signed that she had withdrew hydrocodone for [redacted] less than six hours prior. When LPN Dockery advised [redacted] that she could not have hydrocodone yet because RN James had signed that she withdrew hydrocodone less than six hours before, [redacted] told LPN Dockery that she ([redacted]) had not asked for, or received, her hydrocodone that day.

21. Upon being told by [redacted] that she had not received hydrocodone that day, LPN Dockery then checked [redacted] Medication Administration Records and saw that RN James did not chart the administration of the hydrocodone to [redacted] that RN James had signed that she had withdrawn earlier in the day. LPN Dockery then notified her supervision, and on 11-22-2025 Director of Nursing Becky Nash began an internal investigation where she found that RN James had been regularly withdrawing [redacted] hydrocodone and failing to chart the administration of her withdrawals in [redacted] Medication Administration Records. Director of Nursing Nash also observed that [redacted] typically only takes her hydrocodone in the evening; and RN James was the only nurse who was withdrawing [redacted] hydrocodone during the dayshift. All other nurses only withdrew the hydrocodone during the evening shift.

22. When this Investigator reviewed [redacted] hydrocodone Controlled Drug Use Records and Medication Administration Records from February 2024 through November of 2025, this Investigator observed where RN James withdrew [redacted] hydrocodone approximately 241 times during that period but failed to chart the administration of it to [redacted] approximately 186 times. Below is a list of dates and times that RN

James signed that she withdrew doses of hydrocodone for [redacted], but failed to chart that she either administered the dose to [redacted], or destroyed the dose, or returned it to the Med Cart:

1. 06-28-2024 at 8:30am
2. 07-04-2024 at 12pm
3. 07-18-2024 at 7am
4. 07-19-2024 at 8:30am
5. 09-08-2024 at 11am
6. 09-11-2024 at 10am
7. 09-12-2024 at 12pm
8. 09-13-2024 at 9:30am
9. 09-16-2024 at 9am
10. 09-17-2024 at 11:28am
11. 09-18-2024 at 12pm
12. 09-20-2024 at 11:30am
13. 09-21-2024 at 10am
14. 09-22-2024 at 11:35am
15. 09-25-2024 at 08:15am
16. 09-27-2024 at 10:30am
17. 09-30-2024 at 11am
18. 10-01-2024 at 10:20am
19. 10-02-2024 at 11:10am
20. 10-04-2024 at 09:30am
21. 10-04-2024 at 1pm
22. 10-05-2024 at 7:20am
23. 10-06-2024 at 11am
24. 10-14-2024 at 10:57am
25. 10-18-2024 at 10am
26. 10-23-2024 at 10am
27. 10-29-2024 at 9:45am
28. 10-30-2024 at 10:30am
29. 11-01-2024 at 10am
30. 11-05-2024 at 11:30am
31. 11-06-2024 at 11am
32. 11-07-2024 at 12pm
33. 11-11-2024 at 11am
34. 11-12-2024 at 10:50am
35. 11-15-2024 at 12pm
36. 11-16-2024 at 9:40am
37. 11-17-2024 at 10:15am
38. 11-19-2024 at 10am
39. 11-20-2024 at 10:30am
40. 11-22-2024 at 10am
41. 11-25-2024 at 10am
42. 11-26-2024 at 11:15am
43. 11-28-2024 at 10am
44. 12-01-2024 at 12pm
45. 12-29-2024 at 10:40am
46. 01-01-2025 at 10:45am
47. 01-02-2025 at 11:30am
48. 01-03-2025 at 12pm
49. 01-08-2025 at 10am
50. 01-10-2025 at 12pm
51. 01-12-2025 at 10:15am
52. 01-13-2025 at 10am
53. 01-16-2025 at 10am
54. 01-17-2025 at 10:20am
55. 01-20-2025 at 11am
56. 01-21-2025 at 11:30am
57. 01-22-2025 at 11am
58. 01-30-2025 at 11:45am
59. 01-31-2025 at 10:30am
60. 01-31-2025 at 11:10am
61. 02-03-2025 at 11am
62. 02-05-2025 at 12:35pm
63. 02-07-2025 at 11am
64. 02-18-2025 at 11am
65. 02-19-2025 at 10am
66. 02-21-2025 at 10am
67. 02-27-2025 at 10:45am
68. 03-03-2025 at 10:45am
69. 03-07-2025 at 11am
70. 03-08-2025 at 9:40am
71. 03-09-2025 at 10:30am
72. 03-12-2025 at 10:15am
73. 03-14-2025 at 10:15am
74. 03-18-2025 at 10am
75. 03-21-2025 at 11am
76. 03-26-2025 at 11:15am
77. 03-27-2025 at 10:40am
78. 03-28-2025 at 11:50am
79. 04-04-2025 at 11am
80. 04-09-2025 at 11am
81. 04-10-2025 at 11:30am
82. 04-10-2025 at 09:30am

83. 04-16-2025 at 10am
84. 04-16-2025 at an unreadable time.
85. 04-18-2025 at 11am
86. 04-24-2025 at 11am
87. 04-25-2025 at 10am
88. 04-28-2025 at 10am
89. 04-30-2025 at 10am
90. 05-03-2025 at 11am
91. 05-07-2025 at 9:45am
92. 05-08-2025 at 9:30am
93. 05-14-2025 at 11am
94. 05-17-2025 at 8am
95. 05-18-2025 at 10am
96. 05-22-2025 at 9:40am
97. 05-23-2025 at 9:30
98. 05-26-2025 at unreadable time
99. 05-27-2025 at 9am
100. 05-27-2025 at 9:30am
101. 05-28-2025 at 9am
102. 06-01-2025 at 9:05am
103. 06-04-2025 at 9am
104. 06-05-2025 at 9:45am
105. 06-05-2025 at 09:30am
106. 06-11-2025 at 8:30am
107. 07-07-2025 at 9:20am
108. 07-09-2025 at 10:30am
109. 07-26-2025 at 09:30am
110. 07-27-2025 at 11am
111. 07-30-2025 at 11am
112. 07-31-2025 at 10:30am
113. 08-03-2025 at unreadable time
114. 08-05-2025 at 9am
115. 08-05-2025 at 1pm
116. 08-06-2025 at 9am
117. 08-06-2025 at 1pm
118. 08-08-2025 at 9am
119. 08-08-2025 at 1pm
120. 08-09-2025 at 9am
121. 08-09-2025 at 1pm
122. 08-10-2025 at 1pm
123. 08-13-2025 at an unreadable time
124. 08-13-2025 at 1pm
125. 08-14-2025 at 9am
126. 08-14-2025 at 1pm
127. 08-15-2025 at 10:30am
128. 08-18-2025 at 11am
129. 08-19-2025 at 10am
130. 08-20-2025 at 10am
131. 08-23-2025 at 11am
132. 08-24-2025 at 10am
133. 08-27-2025 at 10am
134. 08-28-2025 at 11:30am
135. 08-29-2025 at 10am
136. 09-02-2025 at 10am
137. 09-03-2025 at 11am
138. 09-06-2025 at 9am
139. 09-07-2025 at 10am
140. 09-11-2025 at 10am
141. 09-15-2025 at 10am
142. 09-17-2025 at 10am
143. 09-19-2025 at 9am
144. 09-20-2025 at unreadable time
145. 09-21-2025 at 10am
146. 09-24-2025 at 10:30am
147. 09-25-2025 at 11am
148. 10-14-2025 12pm
149. 10-15-2025 ineligible time
150. 10-16-2025 11:30am
151. 10-17-2025 11:34am
152. 10-19-2025 11:45am
153. 10-22-2025 11:30am
154. 10-23-2025 11am
155. 10-24-2025 1pm
156. 10-27-2025 8:33am
157. 10-27-2025 1pm
158. 10-28-2025 8:45am
159. 10-28-2025 1:30pm
160. 10-29-2025 8am
161. 10-29-2025 1pm
162. 10-31-2025 8:30am
163. 10-31-2025 1pm
164. 11-05-2025 8am
165. 11-05-2025 1pm
166. 11-06-2025 9am
167. 11-06-2025 1pm
168. 11-07-2025 9am
169. 11-07-2025 1pm
170. 11-10-2025 8:50am

171. 11-10-2025 1pm
172. 11-10-2025 1pm (this was signed out a 2nd time on a separate Controlled Drug Use record)
173. 11-11-2025 8:30am
174. 11-12-2025 8am
175. 11-12-2025 1pm
176. 11-14-2025 8:20am
177. 11-14-2025 1pm
178. 11-15-2025 8:40am
179. 11-15-2025 1pm
180. 11-16-2025 8am
181. 11-16-2025 1pm
182. 11-19-2025 8am
183. 11-19-2025 1:45pm
184. 11-20-2025 8am
185. 11-20-2025 8am (this was signed out a 2nd time on a separate Controlled Drug Use Record)
186. 11-20-2025 1pm

23. When this Investigator further reviewed the Controlled Drug Use Records for [redacted] prescribed hydrocodone, I observed:

a. On 04-10-2025 RN James signed that she withdrew a dose of hydrocodone at 9:30am and again at 11:30am and did not chart the administration of either of the doses she withdrew in the Medication Administration Record. [redacted] prescription ordered that she could not receive hydrocodone doses closer than 6 hours apart, so RN James' withdrawals at only 2 hours apart would violate the doctor's order.

b. On 05-27-2025 RN James again signed that she withdrew a dose of hydrocodone at 9am and again at 9:30am and did not chart the administration of either of the doses she withdrew in the Medication Administration Record. Again, these withdrawals at only 30 minutes apart would violate the doctor's order that [redacted] could not receive hydrocodone doses closer than 6 hours apart.

c. On 06-05-2025 RN James again signed that she withdrew a dose of hydrocodone at 9:30am and again at 9:45am and did not chart the administration of either of the doses she withdrew in the Medication Administration Record. Again, these doses at only 15 minutes apart would violate the doctor's order that [redacted] could not receive hydrocodone doses closer than 6 hours apart.

d. On 11-10-2025 RN James signed that she withdrew a dose of hydrocodone at 1pm on the last withdrawal of a Controlled Drug Use Record, and then signed out another dose on that same date and time (11-10-2025 at 1pm) on the first withdrawal on the next Controlled Drug Use Record, and RN James did not chart the administration of either of these doses she signed she withdrew in the Medication Administration Record.

e. On 11-20-2025 RN James again signed that she withdrew a dose of hydrocodone at 8am on the last withdrawal of a Controlled Drug Use Record, and then signed out another dose on that same date and time (11-20-2025 at 8am) on the first withdrawal on the next Controlled Drug Use Record, and RN James did not chart the administration of either of these doses she signed she withdrew in the Medication Administration Record.

24. When this Investigator interviewed [redacted] she stated that she has never asked for, or received, her prescribed hydrocodone during the dayshift from RN Ki'Andreia James.

25. On 02-16-2026 this Investigator conducted an interview with RN James at the Indiana Office of Attorney General Medicaid Fraud Control Unit, and at the beginning of this interview this Investigator advised RN James that she did not have to speak with me and that she could leave at any time.

26. When this Investigator asked RN James to explain the process a nurse follows to when withdrawing and administering a controlled substance medication to a resident, RN James explained how a nurse first obtains a 'pain score' from the patient, then removes a dose from the medication 'card,' then signs on the "Narc Sheet" that she removed a dose, and then charts in the patient's Medication Administration Record that a dose was given to the patient.

27. When I asked RN James if Hooverwood Living utilized the same computer charting program to chart both regular medications and controlled substance medications, RN James stated that Hooverwood Living utilized the computerized charting system known as Point Click Care to chart both regular and controlled substance medications, and that a nurse does not have to use a separate charting system to chart the administration of controlled substance medications.

28. When this Investigator showed RN James a copy of [redacted] hydrocodone Controlled Drug Use Records between the dates of 10-11-2025 at 11-21-2025 where RN James' signatures were highlighted, RN James confirmed that the highlighted signatures of "KJ" were her signatures where she had signed that she withdrew doses of hydrocodone out of the Medication Cart.

29. When this Investigator asked RN James of why she had only charted the administration of only one of her approximate 40 withdrawals of hydrocodone between the dates of 10-11-2025 and 11-21-2025, RN James denied that she diverted the uncharted withdrawals and admitted to that she failed to chart that she administered them.

30. This investigation reveals that on at least one occasion between 06-08-2024 and 11-20-2025 Ki'Andreia James 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).

31. This investigation reveals that on at least one occasion between 06-08-2024 and 11-20-2025 Ki'Andreia James knowingly or intentionally acquired possession of a controlled substance; to wit: hydrocodone, by misrepresentation, fraud, forgery, deception, subterfuge, or concealment of a material fact in violation of I.C. 35-48-4-14(c).

All events took place in Marion County, Indiana.

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