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VA BD OF NURSING

VIRGINIA:

BEFORE THE BOARD OF NURSING

IN RE:

LEIGH ANN SABBAGH, R.N.
License No.: 0001-165367

SECOND AMENDED CONSENT ORDER

The Virginia Board of Nursing ("Board") and Leigh Ann Sabbagh, R.N., as evidenced by her signature hereto, enter into the following Consent Order affecting Ms. Sabbagh's license to practice professional nursing in Virginia.

The Board adopts the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1. Leigh Ann Sabbagh, R.N., was issued License No. 0001-165367 to practice professional nursing by the Virginia Board of Nursing on July 19, 1999. Said license is set to expire on January 31, 2014. She held licenses to practice professional nursing in the State of California and the District of Columbia. Both licenses expired in 2006. Her primary state of residence is Virginia.
2. Ms. Sabbagh is unable to safely practice professional nursing due to substance addiction, as evidenced by the following:
 - a. Ms. Sabbagh has received inpatient and residential substance abuse treatment on several occasions. Most recently, she was admitted to The Lighthouse, Anaheim, California, on August 2, 2011, with an expected release date of October 27, 2011.
 - b. On March 18, 2011, she was arrested for driving under the influence in Winchester, Virginia. As a result of her arrest for driving under the influence, her probationary employment with Blue Ridge Hospice, Winchester, Virginia, was terminated on April 21, 2011. She was convicted of this offense in the Winchester General District Court on November 16, 2011.

c. On June 9, 2011, she was charged with public swearing/intoxication in Winchester, Virginia. She was convicted of this offense in the Winchester General District Court on November 16, 2011.

3. Ms. Sabbagh signed a Participation Contract with the Health Practitioners' Monitoring Program ("HPMP") on September 2, 2011. Ms. Sabbagh was placed on pre-dismissal status with HPMP for failing to check in for urine drug screening on July 31 and August 1 and 2, 2012, and for failing to submit to screening on August 2, 2012. In addition, she relapsed on July 30, 2012, and was arrested and charged with "inhaling drugs/inducing others," reckless driving, and driving without a license.

CONCLUSIONS OF LAW

Finding of Fact No. 2 constitutes a violation of § 54.1-3007(6) of the Code of Virginia (1950), as amended ("Code").

CONSENT

Leigh Ann Sabbagh, R.N., by affixing her signature hereon, agrees to the following:

1. She has been advised to seek advice of counsel prior to signing this document;
2. She acknowledges that without her consent, no legal action can be taken against her except pursuant to the Virginia Administrative Process Act, § 2.2-4000(A) *et seq.* of the Code;
3. She acknowledges that she has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses against her;
4. She waives all such right to an informal conference;
5. She admits to the Findings of Fact and Conclusions of Law contained herein and waives her right to contest such Findings of Fact and Conclusions of Law in any subsequent proceeding before the Board;

6. She consents to the entry of the following Order affecting her right to practice professional nursing in Virginia.

ORDER

WHEREFORE, on the basis of the foregoing, the Virginia Board of Nursing, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. License No. 0001-165367 of Leigh Ann Sabbagh, R.N., is INDEFINITELY SUSPENDED.
2. The license will be recorded as suspended and no longer current.
3. At such time as Ms. Sabbagh shall petition the Board for reinstatement of her license, an administrative proceeding will be convened to determine whether she is capable of resuming the safe and competent practice of professional nursing. Ms. Sabbagh shall be responsible for any fees that may be required for the reinstatement and renewal of the license prior to issuance of the license to resume practice.
4. This suspension applies to any multistate privilege to practice professional nursing in the Commonwealth of Virginia.
5. This suspension shall be STAYED upon proof of Ms. Sabbagh's compliance with the Health Practitioners' Monitoring Program. At such time, the indefinite suspension shall be STAYED and the following terms and conditions shall apply:
 - a. Ms. Sabbagh shall comply with all terms and conditions for the period specified by the HPMP.
 - b. Any violation of the terms and conditions stated in this Order shall be reason for summarily rescinding the stay of indefinite suspension of the license of Ms. Sabbagh, and an administrative proceeding shall be held to determine whether her license shall be revoked. The stay of indefinite suspension may be summarily rescinded at such time the Board is notified that:

- i. Ms. Sabbagh is not in compliance with the terms and conditions specified by the HPMP;
- ii. Her participation in the HPMP has been terminated;
- iii. There is a pending investigation or unresolved allegation against her involving a violation of law, regulation, or any term or condition of this order.

6. This Order is applicable to Ms. Sabbagh's multistate licensure privileges, if any, to practice professional nursing in the Commonwealth of Virginia. For the duration of this Order, Ms. Sabbagh shall not work outside of the Commonwealth of Virginia pursuant to a multistate licensure privilege without the written permission of the Virginia Board of Nursing and the Board of Nursing in the party state where she wishes to work. Any requests for out of state employment should be directed, in writing, to the Executive Director of the Board.

7. Ms. Sabbagh shall maintain a course of conduct in her capacity as a professional nurse commensurate with the requirements of § 54.1-3000 *et seq.* of the Code and the Board of Nursing Regulations.

Pursuant to §§ 2.2-4023 and 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

FOR THE BOARD

Patricia M. Selig
Patricia M. Selig, R.N., F.N.P., Ph.D.
President, Virginia Board of Nursing

ENTERED: 11/14/12

SEEN AND AGREED TO:

Leigh Ann Sabbagh
Leigh Ann Sabbagh, R.N.

COMMONWEALTH OF VIRGINIA,
COUNTY/CITY OF _____, TO WIT:

Subscribed and sworn to before me, Paulina Marie Hoops, a Notary Public, this 10 day of October, 2012.

My commission expires November 19, 2015.

Registration Number 1960901

[Signature]
NOTARY PUBLIC

Certified True Copy
By [Signature]
Virginia Board of Nursing

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Orange

On Oct. 10, 2012 before me, Paulina Marie Hinojosa, Notary Public
(Here insert name and title of the officer)

personally appeared Leigh Ann Sabbagh

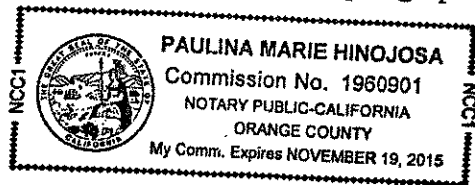
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
 Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT	
<u>Department of Health Professions</u> <small>(Title or description of attached document)</small>	
<u>Second amended Consent Order</u> <small>(Title or description of attached document continued)</small>	
Number of Pages <u>05</u>	Document Date <u>10/10/2012</u>
<small>(Additional information)</small>	

CAPACITY CLAIMED BY THE SIGNER	
<input checked="" type="checkbox"/> Individual (s)	
<input type="checkbox"/> Corporate Officer	
	<small>(Title)</small>
<input type="checkbox"/> Partner(s)	
<input type="checkbox"/> Attorney-in-Fact	
<input type="checkbox"/> Trustee(s)	
<input type="checkbox"/> Other _____	