



STATE OF MAINE
 BOARD OF NURSING
 158 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0158

ANGUS S. KING, JR.
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

IN RE: **KIM LOCKHART, R.N.**)
 of Biddeford, Maine) **CONSENT AGREEMENT**
 License #R035517) **FOR WARNING**

INTRODUCTION

This document is a Consent Agreement regarding Kimberly Lockhart's license to practice professional nursing in the State of Maine. The parties enter into this Agreement pursuant to 10 M.R.S.A. § 8003(5)(A-1)(1), § 8003(5)(B) and 32 M.R.S.A. § 2105-A(1-A)(A). The parties to this Consent Agreement are Kimberly Lockhart ("Licensee"), Maine State Board of Nursing ("Board") and the Department of Attorney General, State of Maine. An informal conference was held on October 18, 2001. The parties reached this Agreement on the basis of information submitted by River Ridge, Kennebunk, Maine by letter dated July 21, 2000.

FACTS

1. Kimberly Lockhart has been a registered professional nurse licensed by the Board to practice in Maine since 1992.
2. Kimberly Lockhart admits that she was inconsistent in the nursing process regarding assessments and documentation and communication skills.
3. There is no documented patient harm.

AGREEMENT

4. Kimberly Lockhart agrees and understands that her conduct constitutes grounds for discipline under Title 32 M.R.S.A. § 2105-A(2)(F) and (2)(H) and Chapter 4 1.A.6. and 4.3.F. Kimberly Lockhart is hereby **WARNED** because she failed to take appropriate action or to follow policies or procedures in the practice situation designed to safeguard the patient.
5. Kimberly Lockhart understands that this Consent Agreement imposes discipline regarding her license to practice professional nursing in the State of Maine. Ms. Lockhart understands that she does not have to execute this Consent Agreement and that she has the right to consult with an attorney before entering into this Consent Agreement.
6. Kimberly Lockhart affirms that she executes this Consent Agreement of her own free will.
7. Modification of this Consent Agreement must be in writing and signed by all the parties.



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 PHONE: (207) 287-1133

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8. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
9. This Consent Agreement becomes effective upon the date of the last necessary signature below.

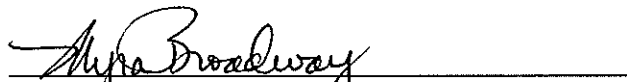
I, KIMBERLY LOCKHART, R.N., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.

DATED: 11-3-01


KIMBERLY LOCKHART, R.N.

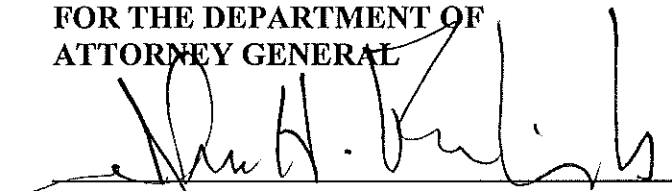
**FOR THE MAINE STATE
BOARD OF NURSING**

DATED: 11/28/01


MYRA A. BROADWAY, J.D., M.S., R.N.
Executive Director

**FOR THE DEPARTMENT OF
ATTORNEY GENERAL**

DATED: 11/29/01


JOHN H. RICHARDS
Assistant Attorney General