

STATE OF FLORIDA
BOARD OF NURSING

By: Heather Coleman
Deputy Agency Clerk

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2004-41400
License No.: CNA 0656

WILLIE B. DAVIS,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF NURSING (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on June 9, 2005, in Tampa, Florida, for the purpose of considering a voluntary relinquishment (attached hereto as Exhibit A). Upon consideration of the voluntary relinquishment, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises, it is hereby

ORDERED AND ADJUDGED that the voluntary relinquishment is accepted as a resolution of this case.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 14 day of June,
2005.

BOARD OF NURSING

Dan Coble
Dan Coble, Executive Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to WILLIE B. DAVIS, 701 N. Mobley Street #42, Plant City FL 33566; and by interoffice delivery to and by interoffice delivery to Lee Ann Gustafson, Senior Assistant Attorney General, Department of Legal Affairs, PL-01 The Capitol, Tallahassee FL 32399-1050, Julie Meadows, Department of Health, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265 and Pamela Page, Department of Health, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265, this 14th day of June, 2005.

Skatunda Lee

Deputy Agency Clerk

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Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

DEPARTMENT OF HEALTH,
Petitioner,

v.

DOH Case No. 2004-41400

WILLIE B. DAVIS, C.N.A.
Respondent.

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent WILLIE B. DAVIS, C.N.A., certificate No. 7261380656, hereby voluntarily relinquishes Respondent's certificate to practice nursing in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes.
2. Respondent agrees to never reapply for licensure as a Certified Nursing Assistant in the State of Florida.
3. Respondent agrees to voluntarily cease practicing Nursing immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of Nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.
4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the

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4052 Bald Cypress Way, Bin C-75 * Tallahassee, FL 32399-3275
Telephone Number (850) 414-1976 or Toll Free Call Center 1-888-419-3456
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Secretary

record and complaint become public record and remain public record and that information is immediately accessible to the public. Section 456.073(10) Florida Statutes

5. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

6. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

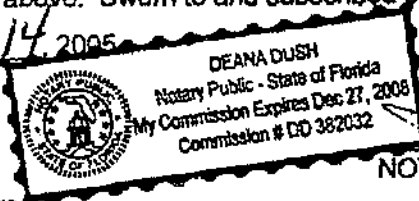
7. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

DATED this 14 day of Feb, 2005.

Willie B Davis
WILLIE B. DAVIS, C.N.A.

STATE OF FLORIDA
COUNTY OF:

Before me, personally appeared Willie B DAVIS, whose identity is known to me by FLD (type of identification) and who, under oath, acknowledges that his signature appears above. Sworn to and subscribed before me this 14 day of February, 2005.



[Signature]
NOTARY PUBLIC

My Commission Expires:

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REC-23
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FLORIDA DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT

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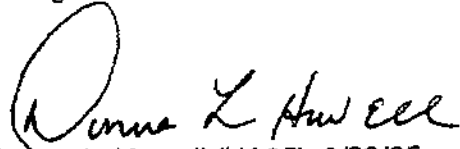
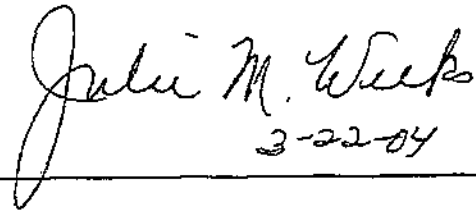
Office: CONSUMER SERVICES		Date of Complaint: 12/20/04		Case Number: CN 2004-41400	
Subject: WILLIE B. DAVIS, CNA 701 N. Mobley St. #42 Plant City, FL 33566 (No Telephone Number Developed)			Source: DEPARTMENT OF HEALTH Bureau of Management Services 4052 Bald Cypress Way Tallahassee, FL 32399		
Prefix: CNA	License #: 7261380656	Profession: Certified Nursing Assistant	Board: Nursing	Report Date: 3/22/05	
Period of Investigation: 12/23/04-3/22/05			Type of Report: FINAL		
Alleged Violation: 456.072(1)(q) F.S.: Violating a Final Order of the Board.					
<p>Synopsis: This investigation is predicated on the receipt of a written complaint and a copy of Final Order, (Ex. #1, UCF and attachments) from the Department of Health, Client Services Unit, stating that DAVIS had violated terms of Final Order dated 11/17/03, case 2001-221741. DAVIS was to pay administrative fine in the amount of \$150 and investigative costs of \$793.26 by 1/16/04. DAVIS has also failed to submit subject and supervisory reports (Ex. #1).</p> <p>DAVIS was notified of this complaint by letter dated 12/23/04 (Ex. #2). Forwarded with this letter were copies of the UCF, Final Order and the complaint (Ex. #1). A certified letter was sent on 1/13/05. The United States Postal green card indicates that the letter was delivered on 1/15/05. A voluntary relinquishment form was mailed to DAVIS on 1/20/05.</p> <p>DOH computer information was obtained 3/22/05 (Ex. #3). It reflects DAVIS is duly licensed to practice nursing in the State of Florida and that her certificate is in a Probation/Active status.</p> <p>DAVIS does not appear to be represented by counsel as of the date of this report.</p> <p>DAVIS' daughter called on 1/20/05 and stated that her mother was elderly and would like to voluntarily relinquish her certificate (Ex. #4).</p>					
Related Case: None					
Investigator/Date:  Donna L. Howell (HA05) 3/22/05 Government Analyst			Approved By/Date:  3-22-05		
Distribution: Legal/Consumer Services Unit Page 1					

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INVESTIGATIVE DETAILS

SUMMARY OF RECORDS

Exhibit #1 is a Uniform Complaint Form, complaint from the Florida Department of Health, and Final Board Order filed 11/17/03.

Exhibit #4 is a Department of Health Voluntary Relinquishment Form submitted by DAVIS.

INTERVIEW/STATEMENT OF DEPARTMENT OF HEALTH -- Source

Address of Record: Bureau of Management Services
4052 Bald Cypress Way
Tallahassee, FL 32399

On 12/20/04, Investigator Howell received a written complaint, including copy of Final Order, from the Florida Department of Health (Ex. #1, UCF and attachments) stating that DAVIS had violated terms of Final Order dated 11/17/03, case 2001-221741. DAVIS was to pay administrative fine in the amount of \$150 and investigative costs of \$793.26 by 1/16/04. DAVIS has also failed to submit subject and supervisory reports (Ex. #1).

INTERVIEW/STATEMENT OF WILLIE B. DAVIS, CNA -- Subject

Address of Record: 701 N. Mobley St. #42
Plant City, FL 33566
(No Telephone Number Developed)

DAVIS' daughter called this investigator on 1/20/05 and stated that her mother was elderly and would like to relinquish her certified nursing assistant certificate. On 1/20/05 this investigator sent DAVIS a voluntary relinquishment form. The form was returned 2/16/05. *The form was notarized but did not have DAVIS' signature on it.* This investigator sent DAVIS another voluntary relinquishment form on 3/3/05 requesting that it be signed and notarized. As of the date of this report, this investigator has not heard a response from DAVIS (Ex. #4).