BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of Registered Nurse	§	AGREED
License Number 251333 and	§	
Vocational Nurse License	§	
Number 83204 issued to	§	
RHONDA MARIE JARRELL	§	ORDER

TEXAS BOARD OF NURSING
I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.
Executive Director of the Board

On this day the Texas Board of Nursing, hereinafter referred to as the Boa considered the matter of RHONDA MARIE JARRELL, Registered Nurse License Number 251333 and Vocational Nurse License Number 83204, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(10),(12)&(13), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on April 26, 2010, by Katherine A. Thomas, MN, RN, Executive Director, subject to ratification by the Board.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license.

2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas. Respondent holds a license to practice vocational nursing in the State of Texas which is currently in delinquent status.

4. Respondent received a Certificate in Vocational Nursing from McLennan Community College, Waco, Texas, on August 17, 1979. Respondent was licensed to vocational nursing in the State of Texas on October 16, 1979. Respondent received an Associate Degree in Nursing from McLennan Community College, Waco, Texas, on May 1, 1980. Respondent was licensed to practice professional nursing in the State of Texas on September 4, 1980.

5. Respondent's nursing employment history includes:

09/80 - 1983	Unknown	
1983 - 1984	RN	Mobile Nurses, Inc. Mexia, Texas
1984 - 1989	RN	Harris Methodist Health System Mexia/Stephenville, Texas
1991 - 1994	RN	Parkview Hospital Mexia, Texas
1993 - 1998	RN	Waco Allied Health Waco, Texas
1998 - 2001	RN	PhyCor, Inc. Dallas, Texas
2001 - 2003	RN	Navarro Regional Hospital Corsicana, Texas
2003 - 02/04	RN	CARE Inc./Oakridge Manor Brownwood, Texas
03/04 - 07/04	Unknown	
08/04 - 03/05	RN	Mexia Nursing Home Mexia, Texas
03/05 - 07/05	RN	IMS Waco, Texas
08/05 - 01/07	Unknown	
02/07 - 01/08	RN	Supplemental Health Care Dallas, Texas
02/08 - Present	Unknown	

6. At the time of the initial incident, Respondent was employed as a registered nurse with Supplemental Health Care, Dallas, Texas, and had been in this position for eleven (11) months.

7. On or about January 16, 2008, while employed as a Registered Nurse with Supplemental Health Care and on assignment with Baylor Medical Center, Waxahachie, Texas, Respondent lacked fitness to practice nursing in that she displayed disoriented behavior, she appeared confused, she was found sleeping in a patient's room while on duty, used syringes were found in her belongings, and she failed to submit to a drug screen when instructed to do so. Respondent's conduct could have affected her ability to recognize subtle signs, symptoms or changes in patients' conditions, and could have affected her ability to make rational, accurate, and appropriate assessments, judgments, and decisions regarding patient care, thereby placing the patients in potential danger.

8. In response to the incident in Finding of Fact Number Seven (7), Respondent states:

"I absolutely deny and disagree with the statement that I violated the NPA and that I lacked fitness to practice professional nursing. As for the syringes found in my belongings, there were new syringes in the pocket of the nursing smock that I wore that day. This was a small supply used for patient care to prevent having to walk back to the nurse's station each time one was needed . . . During my 12 hour shift, at no time was my nursing care, judgment, ability, or fitness questioned. Because it was so hectic, I had charting to do after all patient care had been performed. During this time, I became violently ill with a severe intestinal virus. Upon request, I was directed to a patient room to lie down before attempting to drive home. I didn't want to go to the ER since I didn't have insurance. The next morning, the day house supervisor told me I had to vacate the room. I left the hospital and drove home, but it took twice as long since I had to keep stopping because I continued to be ill. Just before noon, I was contacted by Supplemental Health Care, and asked to submit to a drug test. I agreed, but when I contacted the lab near my home, I was told that they needed a form or a contact from the company first. I could not reach Supplemental's compliance officer. I later received a call from the compliance officer who told me that if testing may be delayed it would be better for me to drive to Dallas to submit a specimen. I could not drive over 100 miles in my condition. Around 2 pm, I received verification from the nearby lab collection site that paperwork had been done and I would be able to submit there. I arrived at 3pm, but found that the lab had closed for the day. I returned the next morning at 8am and submitted a specimen."

9. On or about January 15, 2008, while employed as a Registered Nurse with Supplemental Health Care, Dallas, Texas, and assigned at Baylor Medical Center, Waxahachie, Texas, Respondent withdrew medications from the Omnicell medication dispensing system for patients, but failed to document, and/or accurately document, the administration of the medications in the patients' Medication Administration Records (MAR), as follows:

Patient Acct. #	Physician's Order	Medication Dispensing System Record	Medication Administration Record
1288670	Ativan 1mg IV q4-6h prn anxiety	0815-Lorazepam 2mg	Not Documented
1289079	Zofran 4mg IV q4h prn	0848-Zofran 4mg	Not Documented
1288670	Sinemet 50/200 TID po	0853-Sinemet 25/100 (2)	Not Documented
1288288	Lopressor 75mg i BID	1223-Lopressor 50mg	0900 - (No withdrawal at time of documentation)
1289079	Zofran 4mg IV q4h prn	1225-Zofran 4mg	Not Documented
1288670	Lovenox inj 40mg syringe SQ daily	1349-Lovenox 40mg	Not Documented
1289079	Levaquin 500mg i po q24h, 1st dose now - 1140	1623-Levaquin 500mg	Not Documented
1288670	Start PEG feeding 5pm w/ 8oz Ensure Plus & 4 oz water qid	1820-(2) Ensure Plus 240ml	Not Documented
1289010	Ensure i can TID via PEG	1821-Ensure (1 can)	1400 - (No withdrawal at time of documentation)
1288288	Prednisone 20mg po q am & hs	1849-Prednisone 20mg	1700 (No withdrawal at time of documentation)
1288288	Amiodarone 200mg am & pm x 30 days, then only am	1849-Amiodarone 200mg	1700 (No withdrawal at time of documentation)
1288288	Simvastatin 40mg q bedtime	1849-Zocor 20mg (2)	Not Documented

Respondent's conduct was likely to injure the patients in that subsequent care givers would rely on her documentation to further medicate the patient which could result in an overdose.

10. On or about January 15, 2008, while employed as a Registered Nurse with Supplemental Health Care, Dallas, Texas, and assigned at Baylor Medical Center, Waxahachie, Texas, Respondent withdrew medications from the Omnicell medication dispensing system for patients, but failed to follow the facility's policy and procedure for wastage of the unused portions of the medications, as follows:

Patient Acct. #	Physician's Order	Medication Dispensing System Record	Medication Administration Record	Wastage
1288670	Ativan 1mg IV q4-6h prn anxiety	0815-Lorazepam 2mg	Not Documented	No Wastage
1289010	Tylenol 650mg PO q4-6h prn temp/HA	0821-(2) Tylenol 325mg	0830-"Refused"	No Wastage

1289079	Zofran 4mg IV q4h prn	0848-Zofran 4mg	Not Documented	No Wastage
1288670	Sinemet 50/200 TID po	0853-Sinemet 25/100 (2)	Not Documented	No Wastage
1289079	Zofran 4mg IV q4h prn	1225-Zofran 4mg	Not Documented	No Wastage
1288670	Lovenox inj 40mg syringe SQ daily	1349-Lovenox 40mg	Not Documented	No Wastage
1289079	Levaquin 500mg i po q24h, 1st dose now - 1140	1623-Levaquin 500mg	Not Documented	No Wastage
1288670	Start PEG feeding 5pm w/ 8oz Ensure Plus & 4 oz water qid	1820-(2) Ensure Plus 240ml	Not Documented	No Wastage
1288288	Simvastatin 40mg q bedtime	1849-Zocor 20mg (2)	Not Documented	No Wastage

Respondent's conduct was likely to deceive the hospital pharmacy and placed them in violation of Chapter 481 of the Texas Health and Safety Code (Controlled Substances Act).

11. On or about January 15, 2008, while employed as a Registered Nurse with Supplemental Health Care, Dallas, Texas, and assigned at Baylor Medical Center, Waxahachie, Texas, Respondent misappropriated, and/or failed to take precautions to prevent such misappropriation of, Lorazepam, Tylenol, Zofran, Sinemet, Lovenox, Levaquin, Ensure and Zocor, from the facility and patients thereof. Respondent's conduct was likely to defraud the facility and patients of the cost of the medications.

12. In response to Findings of Fact Numbers Nine (9) through Eleven (11), Respondent states:

"Around 6:00 - 6:30 am, I began experiencing extreme fatigue, body aches and nausea. Along with these symptoms, the demands of the day left me exhausted and extremely stressed. After report I was feeling worse and stepped outside for fresh air, Tylenol for aches, and Dramamine for nausea. When I returned to the floor approximately 10 minutes later the charge nurse asked why I left the floor. I explained to her I was not feeling well and needed some fresh air before beginning my charting. I gathered and organized my notes and retrieved a patient chart to begin documentation. I was so tired and once still, I began to experience drowsiness. Concentration was difficult and my notes were incomplete. Two elderly female patients required routine care and because factors were so similar I went to one of the elderly female patient's rooms to document items correctly. I informed the patient that my shift had ended and different nurse would be caring for her throughout the night and my need to chart some items related to her care. My body ached, nausea continued, and I felt very weak, so I asked if I might sit in the chair beside the bed to document assessment items. Drowsiness apparently overtook me and I awoke startled. Once I realized my condition, I left the room."

13. The Board finds that there exists serious risks to public health and safety as a result of impaired nursing care due to intemperate use of controlled substances or chemical dependency.

14. Formal Charges were filed on January 21, 2009; First Amended Formal Charges were filed on May 7, 2009; Second Amended Formal Charges were filed on April 20, 2010.

15. Formal Charges were mailed to Respondent on January 27, 2009; First Amended Formal Charges were mailed to Respondent on May 8, 2009; Second Amended Formal Charges were mailed to Respondent on April 22, 2010.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation of Section 301.452(b)(10),(12)&(13), Texas Occupations Code, and 22 TEX. ADMIN. CODE §§217.11(1)(A),(B)&(D) and 217.12(1)(A),(1)(B),(4),(5),(6)(G),(8),(10)(C)&(11)(B).

4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 251333 and Vocational Nurse License Number 83204, heretofore issued to RHONDA MARIE JARRELL, including revocation of Respondent's licenses to practice professional and vocational nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that RESPONDENT SHALL receive the sanction of a WARNING WITH STIPULATIONS, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable

to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license is encumbered by this Order, Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL deliver the wallet-sized license issued to RHONDA MARIE JARRELL, to the office of the Texas Board of Nursing within ten (10) days from the date of ratification of this Order.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT's successful completion of the course. This course shall be taken in addition to any other courses

stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html.*

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in nursing documentation. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. The course shall be a minimum of six (6) hours in length of classroom time. In order for the course to be approved, the target audience shall include Nurses. The course shall include content on the following: nursing standards related to accurate and complete documentation; legal guidelines for recording; methods and processes of recording; methods of alternative record-keeping; and computerized documentation. RESPONDENT SHALL cause the instructor to submit a Verification of Course Completion form, provided by the Board, to the Board's office to verify RESPONDENT's successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html.*

(4) RESPONDENT SHALL, within one (1) year of entry of this, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of

Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding this workshop may be found at the following web address: http://ncsbn.hivelive.com/hives/a0f6f3e8a0/summary.*

(5) RESPONDENT SHALL pay a monetary fine in the amount of five hundred dollars ($500). RESPONDENT SHALL pay this fine within forty-five (45) days of entry of this Order. Payment is to be made directly to the Texas Board of Nursing in the form of cashier's check or U.S. money order. Partial payments will not be accepted.

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING STIPULATIONS FOR ONE (1) YEAR OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWELVE (12) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A REGISTERED NURSE (RN) OR VOCATIONAL NURSE (LVN) LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD:

(6) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT's license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the stipulations on

RESPONDENT's license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(7) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) RESPONDENT SHALL be supervised by a Registered Nurse who is on the premises. The supervising nurse is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(9) RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT's capability to practice nursing. These reports shall be completed by the Registered Nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month period for one (1) year of employment as a nurse.

(10) RESPONDENT SHALL abstain from the consumption of alcohol, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates, and/or the use of controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. **In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and RESPONDENT SHALL submit to an evaluation by a Board approved physician specializing in Pain Management or Psychiatry. The performing evaluator will submit a written report to the Board's office, including results of the evaluation, clinical indications for the prescriptions, and recommendations for on-going treatment within thirty (30) days from the Board's request.**

(11) RESPONDENT SHALL submit to random periodic screens for controlled substances, tramadol hydrochloride (Ultram), and alcohol. For the first three (3) month period, random screens shall be performed at least once per week. For the next three (3) month period, random screens shall be performed at least twice per month. For the next six (6) month period, random screens shall be performed at least once per month. All random screens SHALL BE conducted through urinalysis. Screens obtained through urinalysis are the sole method accepted by the Board.

Specimens shall be screened for at least the following substances:

Amphetamines	Meperidine
Barbiturates	Methadone
Benzodiazepines	Methaqualone
Cannabinoids	Opiates

Cocaine	Phencyclidine
Ethanol	Propoxyphene
tramadol hydrochloride (Ultram)	

A Board representative may appear at the RESPONDENT's place of employment at any time during the stipulation period and require RESPONDENT to produce a specimen for screening.

All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. RESPONDENT SHALL be responsible for the costs of all random drug screening during the stipulation period.

Any positive result for which the nurse does not have a valid prescription or failure to report for a drug screen, which may be considered the same as a positive result, will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action including EMERGENCY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of Respondent's license and nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT's license to practice nursing in the State of Texas and RESPONDENT shall be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my licenses to practice professional and vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 28th day of April, 2010.

Rhonda Marie Jarrell

RHONDA MARIE JARRELL, Respondent

Sworn to and subscribed before me this 28th day of April, 2010.

Traci Michelle Cordova

Notary Public in and for the State of Texas

TRACI MICHELLE CORDOVA
NOTARY PUBLIC
STATE OF TEXAS
EXPIRES
08-04-2012

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 28th day of April, 2010, by RHONDA MARIE JARRELL, Registered Nurse License Number 251333 and Vocational Nurse License Number 83204, and said Order is final.

Effective this 8th day of June, 2010.

Katherine A. Thomas, MN, RN
Executive Director on behalf
of said Board