BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of Registered Nurse License Number 715854 issued to MARY ELLEN ROYCE	§ §	AGREED 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 Bo considered the matter of MARY ELLEN ROYCE, Registered Nurse License Number 7158 hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(10)&(13), Texas Occupations Code. Respondent waived representation by counsel, informal conference, notice and hearing, and agreed to the entry of this Order offered on June 20, 2008, by Katherine A. Thomas, MN, RN, Executive Director.

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 conference, 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.

4. Respondent received a Baccalaureate Degree in Nursing from Northern Illinois University, Dekalb, Illinois, on June 1, 1972. Respondent was licensed to practice professional nursing in the State of Texas on June 1, 2005.

5. Respondent's professional nursing employment history includes:

July 1972 - July 1975	Staff Nurse	Great Lakes Naval Hospital Great Lakes, Illinois
July 1975 - July 1977	Staff Nurse	Highland Park Hospital Highland Park, Illinois

Respondent's professional nursing employment history continued:

July 1977 - July 1979	Staff Nurse	American International Hospital Zion, Illinois
August 1979 - June 1989		Not employed in nursing
July 1989 - September 1995	Staff Nurse	Victory Memorial Hospital Waukegan, Illinois
October 1995 - June 2004		Not employed in nursing
July 2004 - January 2005	Staff Nurse	Rolling Hills Manor Zion, Illinois
February 2005 - March 2005	Unknown	
April 2005 - September 2005	Pediatric Home Health Staff Nurse	Maxim Healthcare Services Dallas, Texas
September 2005 - March 2006	Med/Surg/Telemetry Staff Nurse	Trinity Medical Center Carrollton, Texas
March 2006 - Unknown	Home Health Staff Nurse	Prestige Healthcare Allen, Texas
April 2006 - Unknown	Home Health Staff Nurse	Texas Healthcare Solutions Allen, Texas
May 2006 - Present	Hospice Nurse	Odyssey Healthcare Dallas, Texas

6. At the time of the initial incident, Respondent was employed as a Med/Surg/Telemetry Staff Nurse with Trinity Medical Center, Carrollton, Texas, and had been in this position for four (4) months.

7. On or about January 10, 2006, while employed with Trinity Medical Center, Carrollton, Texas, Respondent failed to check the ID bracelet of a confused patient before administering several medications, including Insulin. Consequently, Respondent administered the medications in error to Patient Number 000302785, for whom the medications were neither intended nor ordered. Respondent's conduct was likely to injure the patient from adverse reactions to medications not intended for that patient and from non-therapeutic treatment of the patient's medical conditions.

8. On or about February 9, 2006, while employed with Trinity Medical Center, Carrollton, Texas, Respondent failed to administer Heparin in a timely manner to Patient Number 000427462, as ordered. Respondent was late in re-starting the patient's Heparin infusion, and set the infusion for a two (2) hour time interval instead of a one (1) hour time interval, as ordered. Respondent's conduct was likely to injure the patient in that the anticoagulant level in the patient's blood would decrease, which could lead to possible formation of blood clots.

9. On or about March 8, 2006, while employed with Trinity Medical Center, Carrollton, Texas, Respondent failed to properly identify Patient Number 000373825, and consequently, flushed the Peripherally Inserted Central Catheter (PICC) line of the incorrect patient. Respondent's conduct was likely to injure the patient in that the PICC line would be flushed twice, which could expose the patient to double the flush solution and/or to added risk of infection.

10. On or about March 11, 2006, while employed with Trinity Medical Center, Carrollton, Texas, Respondent administered Packed Red Blood Cells to Patient Number 000029270 over a ninety (90) minute period, which was faster than the two (2) to three (3) hour period ordered by the physician. Respondent's conduct was likely to injure the patient from adverse reactions to the rapid infusion of Packed Red Blood Cells.

11. In response to the incidents in Findings of Fact Numbers Seven(7) through Ten(10) Respondent states that she was overwhelmed in her assignment and had informed the facility that she had been working outside of nursing for approximately eight (8) years, that she had taken a refresher course, and that she would need an "extended preceptorship or full internship." Regarding the Heparin, Respondent indicates that the infusion was stopped when the patient took a shower, and that the nurse aide did not inform her when the patient's shower had been completed. Regarding the PICC line, Respondent states that the patient was in the room next to her assigned patient and that when it came time to flush the PICC line, she went into the wrong room. Regarding the Packed Red Blood Cells, Respondent states that the patient requested that they be transfused as quickly as possible and that the physician's order which included the time frame was from the previous day, when she had not been assigned that patient. Since leaving Trinity Medical Center, Respondent submits that she has been successfully employed with Odyssey Healthcare, Dallas, Texas, a hospice provider, without incident and has positive performance evaluations, which include the following:
    - Is exceedingly thorough in her assessments and completes in a timely manner;
    - Does an excellent job in McKesson (Home care documentation tool), communicating in her notes to the team regarding updates to the plan of care;
    - Does an exceptional job keeping records current and to date in a timely fashion; and
    - Documentation and attention to detail is excellent.

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 violations of Section 301.452(b)(10)&(13), Texas Occupations Code, and 22 TEX. ADMIN. CODE §§217.11(1)(A),(1)(B), (1)(C)&(1)(T) and 217.12(1)(B),(1)(E)&(4).

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 715854, heretofore issued to MARY ELLEN ROYCE, including revocation of Respondent's license to practice professional 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 REMEDIAL EDUCATION, 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 Professional 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 multistate licensure privilege, if any, to practice professional 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 multistate licensure privilege without the written permission of the State of Texas 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 MARY ELLEN ROYCE to the office of the Texas Board of Nursing within ten (10) days of 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) contact 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 medication administration. 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. The didactic portion of this course shall be a minimum of six (6) hours in length. The course shall contain a minimum twenty-four (24) hour clinical component which is to be provided by the same Registered Nurse who provides the didactic portion of this course. The clinical component SHALL focus on tasks of medication administration

only. In order for the course to be approved, the course's content shall include: a review of proper administration procedures for all standard routes; computation of drug dosages; the five (5) rights of medication administration; factors influencing the choice of route; and possible adverse effects resulting from improper administration. The course description shall indicate goals and objectives for the course, resources to be utilized, and the methods to be used to determine successful completion of the course. RESPONDENT SHALL successfully complete both the didactic and clinical portions of the course to satisfy this stipulation. RESPONDENT SHALL CAUSE the instructor 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.*

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, RESPONDENT SHALL be issued an unencumbered license and multistate licensure privileges, if any, to practice professional nursing in the State of Texas.

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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 when this Order becomes final and the terms of this Order become effective, 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 license to practice professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 12 day of January, 2009.

Mary Ellen Royce

MARY ELLEN ROYCE, Respondent

Sworn to and subscribed before me this 12 day of January, 2009.

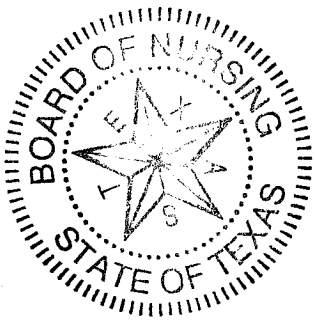
SEAL

KELINE DAVID
Notary Public, State of Texas
My Commission Expires
[illegible] 21, 2011

Keline David

Notary Public in and for the State of Texas

WHEREFORE, PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing, does hereby ratify and adopt the Agreed Order that was signed on the 12th day of January, 2009, by MARY ELLEN ROYCE, Registered Nurse License Number 715854, and said Order is final.



Effective this 16th day of January, 2009.

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