

6. On December 16, 2007, Respondent submitted a statement to the Board expressing her desire to voluntarily surrender the right to practice vocational nursing in the State of Texas due to illness. A copy of the December 16, 2007, statement is attached and incorporated, by reference, as part of this Order.

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 a violation of Section 301.452(b)(1) and (10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12 (11)(B).
4. Under Section 301.453(c), Texas Occupations Code, the Board has the authority to accept the voluntary surrender of a license.
5. Under Section 301.453(d), Texas Occupations Code, the Board may impose conditions for reinstatement of licensure.
6. Any subsequent reinstatement of this license will be controlled by Section 301.452 (b), Texas Occupations Code, and 22 TAC §§213.26-.29, and any amendments thereof in effect at the time of the reinstatement.

ORDER

NOW, THEREFORE, IT IS ORDERED that the voluntary surrender of Vocational Nurse License Number 127821, heretofore issued to YOLANDA DAVIS, to practice vocational nursing in the State of Texas, is accepted by the Executive Director on behalf of the Texas Board of Nursing. In connection with this acceptance, the Board imposes the following conditions:

1. RESPONDENT SHALL NOT practice vocational nursing, use the title of "vocational nurse" or the abbreviation "LVN" or wear any insignia identifying herself as a vocational nurse or use any designation which, directly or indirectly, would lead any person to believe that RESPONDENT is a vocational nurse during the period in which the license is in surrendered status.

2. Upon petitioning for reinstatement, RESPONDENT SHALL satisfy all then existing requirements for relicensure and shall not petition for reinstatement until at least one (1) year has elapsed since the effective date of this Order.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's multistate licensure privilege, if any, to practice vocational nursing in the State of Texas.

Effective this 20th day of March, 2008.

TEXAS BOARD OF NURSING

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

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of Vocational Nurse § AGREED
License Number 127821 §
issued to YOLANDA DAVIS § ORDER

On this day the Board of Nurse Examiners for the State of Texas, hereinafter referred to as the Board, considered the matter of YOLANDA DAVIS, Vocational Nurse License Number 127821, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Sections 301.452(b)(10)&(13) and 302.402(a)(10), Texas Occupations Code. Respondent waived representation by counsel, informal conference, notice and hearing, and agreed to the entry of this Order offered on July 22, 2007, 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 conference, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice vocational nursing in the State of Texas.
4. Respondent received a Certificate in Vocational Nursing from Bee County College, Kingsville, Texas, on August 26, 1988. Respondent was licensed to practice vocational nursing in the State of Texas on May 29, 1990.
5. Respondent's vocational nursing employment history includes:

05/1990 - 01/2005	Staff Nurse	Christus Spohn Hospital Kleburg Kingsville, Texas
02/2005 - Present	Unknown	

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, and had been in this position for thirteen (13) years and six (6) months.
7. On or about November 23, 2003, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to document in the medical record of Patient Number MRN SK539471 the reason for not administering the medications Consopt (eye drops) at 0800 hours, and Antivert and Pravachol at 0900 hours, as required. Respondent's conduct resulted in an incomplete medical record, and was likely to injure the patient in that subsequent care givers would not have accurate information on which to base their care decisions.
8. On or about March 24, 2004, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to transcribe a new physician's order to administer Aminophylline every six (6) hours to Patient Number SK564891. Although it appears Respondent noted the order at 0056 hours, she failed to correctly document revised administration times on the Medication Administration Record (MAR). Consequently, the patient received the medication at 1400 hours, in error, when it should have been administered earlier at 1200 hours, resulting in a two (2) hour delay. Respondent's conduct was likely to injure the patient in that failure to administer the medication as ordered could have resulted in non-efficacious treatment.
9. On or about April 17, 2004, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to administer the medications Plavix, Methyldopa (Aldomet), and Zinc Gluconate to Patient Number SK570278, and instead, falsely documented on the MAR that they had been administered. Additionally, Respondent failed to administer a scheduled dose of Vitamin C to the patient, and although it was available in the facility as "Ascorbic Acid," she documented it as "unavailable." Respondent's conduct resulted in an inaccurate medical record and was likely to injure the patient in that failure to administer medications as ordered could have resulted in non-efficacious treatment.
10. On or about August 3, 2004, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to notify the physician of changes in the condition of Patient Number SK589832, including that the patient was not responding verbally, had an abnormally low pulse and blood pressure, and had abdominal distention. Despite the changes in the patient's condition, Respondent documented in the medical record that the patient's neurological, cardiac and respiratory status were all within normal limits (WNL). An hour and fifteen (15) minutes later, the patient expired. Respondent's conduct resulted in an inaccurate medical record and was likely to injure the patient in that failure to notify the physician deprived the patient of the benefit of a physician's care or expertise.

11. On or about August 3, 2004, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to accurately and completely document care of patients in the medical records, as follows:

Patient No.	Respondent's documentation
SK 591407	Although Respondent noted a physician's order to decrease the rate of intravenous fluid being administered from 100 ml/hr to 20 ml/hr, she documented the patient's Intake as 100 ml/hr for each hour of her shift.
SK 591407	Although the patient had an abdominal incision and dressing, Respondent documented that the patient had no incision. As a result, Respondent failed to assess and/or document an assessment of the patient's incision site pain, as required.
SK 591435	Although the patient's abdomen was distended, Respondent documented that it was "WNL."
SK 591435	Respondent failed to document an assessment of the patient's pain in the medical record, as required.
SK 591435	Respondent failed to legibly document the patient's Intake and Output, as required.
SK 591435	Respondent failed to document that the first solution of a newly ordered IV included one (1) amp of multivitamins; that once the first IV was infused, it was to be discontinued and a second, different IV was to be started; and that the administration rate of the second IV was different from the first.
SK 590305	Respondent failed to document administration of Oxygen to the patient after she received a new physician's order to administer Oxygen at 2 l/min per nasal cannula.
SK 590305	Although a physician ordered the patient to receive IV fluids at the rate of 70 ml/hr, Respondent documented that the patient received 100 ml/hr for each hour of her shift.
SK 590305	Although Respondent documented that the patient had complained of pain and that she notified the physician and received orders, Respondent failed to document whether or not she medicated the patient, as ordered, or whether the patient's pain resolved.
SK 591773	Respondent failed to document an assessment of a small laceration sustained by the patient while an infiltrated IV was being removed. Additionally, Respondent failed to notify the Charge Nurse of the injury.
SK 591773	Respondent documented that the patient had two (2) IVs, when only one (1) was present.
SK 591773	Respondent failed to assess and/or document any other assessments in the patient's medical record for her shift.

Respondent's conduct resulted in incomplete, inaccurate medical records and was likely to injure patients in that subsequent care givers would not have accurate information on which to base their care decisions.

12. On or about January 9, 2005, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to administer Lasix and Aricept to Patient Number SK624564 at 1700 hours, as ordered and scheduled. Respondent indicated in the MAR that she did not administer the Aricept, but failed to document a reason, as required. Respondent documented in the morning that the patient was awake but not verbally responsive; however, she failed to document any interventions regarding the change of condition, or to document any further assessments regarding the patient's level of consciousness. Respondent's conduct resulted in an inaccurate medical record and was likely to injure the patient in that failure to administer medications as ordered could have resulted in non-efficacious treatment.
13. On or about January 12, 2005, while employed as a Staff Nurse with Christus Spohn Hospital Kleburg, Kingsville, Texas, Respondent failed to administer Dilantin to Patient Number SK625538 at 1600 hours, as ordered and scheduled. Additionally, the patient had an order to administer Clonidine for high blood pressure readings, and although Respondent documented three (3) abnormally high blood pressure readings, she failed to administer the Clonidine, as ordered, until the third reading. Respondent's conduct was likely to injure the patient in that failure to administer medications as ordered could have resulted in non-efficacious treatment.
14. In response to the incidents in Findings of Fact Numbers Seven (7) through Thirteen (13), Respondent states that during the time span of the reported errors she had been having difficulty adjusting to her blood pressure medication, which she states she believes may have impacted her thought processes. Additionally, Respondent states that she was under severe stress, and because of her uncontrolled blood pressure, she experienced fainting episodes at times. Regarding the eye drops, Respondent states that the patient self-administered them and did not notify her that she was ready for them to be administered. Regarding the physician's orders, Respondent states that she became busy with another physician and forgot to write down the medication in the MAR. Regarding failure to administer the medications Plavix, Aldomet, and Zinc Oxide, Respondent states that she had crushed the medications in a medication cup, but it was time for shift change, so she informed the oncoming nurse that she had already prepared the medications which were "waiting" to be administered, but "for some reason" the oncoming nurse ignored her verbal report and prepared some more medications. Regarding failure to administer the medications Lasix and Aricept, Respondent states that she worked an extra four (4) hours after her shift was supposed to end and became confused about the time.

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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 Sections 301.452(b)(10)&(13) and 302.402(a)(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §§ 217.11(1)(A),(1)(B),(1)(C),(1)(D),(1)(M)&(1)(T)[*effect. 9/28/04*], 217.12(1)(A),(1)(B), (4)&(5)[*effect. 9/28/04*] and 239.11(2),(3),(4),(27)(A),(27)(B)&(27)(K).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 127821, heretofore issued to YOLANDA DAVIS, including revocation of Respondent's license to practice vocational nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Board of Nurse Examiners, that RESPONDENT SHALL receive the sanction of a WARNING WITH STIPULATIONS, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas as amended, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Vocational Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.01 *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 vocational nursing in compact states.

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 YOLANDA DAVIS, to the office of the Board of Nurse Examiners within ten (10) days from the date of ratification of this Order for appropriate notation.

(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 Chemical Dependency, 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.bne.state.tx.us/about/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.bne.state.tx.us/about/stipscourses.html>.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in physical assessment. RESPONDENT SHALL obtain Board approval of the course prior to enrollment. 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. RESPONDENT SHALL perform physical assessments on live patients in a clinical setting for a minimum of twenty-four (24) hours. The clinical component SHALL focus on tasks of physical assessment only and shall be provided by the

same Registered Nurse who provides the didactic portion of this course. To be approved, the course shall cover all systems of the body. Performing assessments on mock patients or mannequins WILL NOT be accepted. 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.bne.state.tx.us/about/stipscourses.html>.*

(5) 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.bne.state.tx.us/about/stipscourses.html>

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 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 or a Licensed Vocational 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 or Licensed Vocational 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) months for one (1) year of employment as a nurse.

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 vocational 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 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 license to practice vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 22 day of 8, 2007.

Yolanda Davis
YOLANDA DAVIS, Respondent

Sworn to and subscribed before me this 22nd day of August, 2007.

Sonia S. Gonzales

Notary Public in and for the State of Texas



WHEREFORE, PREMISES CONSIDERED, the Board of Nurse Examiners for the State of Texas does hereby ratify and adopt the Agreed Order that was signed on the 22nd day of August, 2007, by YOLANDA DAVIS, Vocational Nurse License Number 127821, and said Order is final.

Effective this 18th day of October, 2007.



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

December 16, 2007

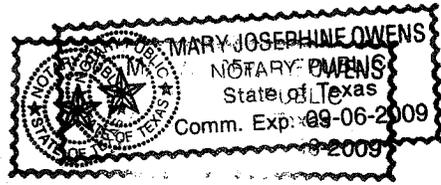
To Whom It May Concern:

I, Yolanda Davis, surrender my Texas Vocational Nurses License as of this date due to illness. I have already mailed my current license to the State Board of Nursing. If you need any further information, you can contact me at 361-595-4580.

Sincerely,



Yolanda R. Davis



State of TEXAS

County of Kleberg

This instrument was acknowledged before me on the 17th day of
December, 2007 by Yolanda DAVIS.

Mary Josephine Owens
Signature of Notary Public

