



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.
Katherine A. Thomas
Executive Director of the Board

BEFORE THE TEXAS BOARD OF NURSING

In the Matter of Registered Nurse § AGREED
License Number 682992 §
issued to VALERIE MARIE KOSANOVICH § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of VALERIE MARIE KOSANOVICH, Registered Nurse License Number 682992, 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 informal proceedings, notice and hearing, and agreed to the entry of this Order offered on September 9, 2011, 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(s).
- 2. Respondent waived 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.
- 4. Respondent received a Baccalaureate Degree in Nursing from Bloomsburg University of Pennsylvania, Bloomburg, Pennsylvania, on May 1, 1994. Respondent was licensed to practice professional nursing in the State of Texas on December 13, 2001.
- 5. Respondent's nursing employment history includes:

5/94 - 1/96	Unknown	
1/96 - 7/96	Staff Nurse	Millville Health Care Center Millville, Pennsylvania

Respondent's nursing employment history continued:

8/86 - 2/97	Staff Nurse	Mapleton Manor Health Care Center Denver, Colorado
1/97 - 4/98	Staff Nurse	Uptown Health Care Center Denver, Colorado
5/98 - 12/98	Staff Nurse	Lakeridge Care Center Denver, Colorado
1/99 - 1/00	Staff Nurse	Arkansas Manor Health Care Center Denver, Colorado
2/00 - 11/01	Staff Nurse	Autumn Heights Care Center Denver, Colorado
12/01 - 3/04	Director of Nursing (DON)	August Healthcare Bridgeport, Texas
4/04 - 11/04	DON	Gardens Care Center Fort Worth, Texas
12/04 - 3/06	DON	Lakewood Village Care Center Fort Worth, Texas
4/06 - 12/06	DON	Community Care Center of Fort Worth Fort Worth, Texas
1/07 - 4/10	DON	West Side Campus of Care White Settlement, Texas
5/10 - 10/10	DON	Fort Worth Center of Rehabilitation Fort Worth, Texas
11/10 - Unknown	DON	West Side Campus of Care Fort Worth, Texas

6. At the time of the incident in Finding of Fact Number Seven (7), Respondent was employed as a Director of Nursing (DON) with West Side Campus of Care, White Settlement, Texas, and had been in this position for two (2) years and eleven (11) months.

7. On or about December 7, 2010 through January 4, 2011, while employed as Director of Nurses with Westside Campus of Care, White Settlement, Texas, Respondent failed to ensure that adequate care was being provided for Resident S.B. in that she failed to ensure that all licensed staff had been trained and were knowledgeable on the resident's left ventricular assistive device (LVAD), a heart pump. At approximately 10:15 pm on January 3, 2011, the LVAD alarm started sounding. A Certified Nurse Aide (CNA) responded to the alarm. At that time the resident informed the CNA that the battery needed to be changed. Since the CNA lacked the knowledge to perform such a task, she notified the Licensed Vocational Nurse (LVN), the Charge Nurse, that the device was alarming. This LVN, as well as the other LVN Charge Nurse, had not been trained on this device and as a result, the resident expired due to the battery not being changed. Respondent's conduct was likely to expose the patient unnecessarily to a risk of harm from medical complications and may have contributed to the resident's demise.
8. On or about December 7, 2010 through January 4, 2011, while employed as Director of Nurses with Westside Campus of Care, White Settlement, Texas, Respondent failed to ensure that the LVAD measurements/readings were documented every two (2) hours in the medical record for Resident S.B., as ordered by the physician. One of the readings required was on the battery and might have indicated a problem with the battery. Respondent's conduct resulted in an incomplete medical record and may have contributed to the resident's demise.
9. In response to the incidents in Findings of Fact Numbers Seven (7) and Eight (8), Respondent's attorney states that Respondent "acknowledges that mistakes occurred in the facility and that the licensed staff did not act appropriately with regards to this resident. However, while Respondent understands that her title of Director of Nursing places her with the ultimate responsibility for all the care that is provided in the facility, it does not give her any super powers that would have allowed her to have known in advance to the actions of the staff, that her staff were not performing their duties correctly or putting resident's in harm's way."

At the time of the incident, Respondent states that she was not at the facility. The Certified nurse Aide (CNA) reports that she informed the Charge Nurse, M.H., LVN, that the resident's alarm was sounding. However, M.H., LVN, states that she was never informed nor did she hear the alarm until she got closer to the room. "At this point, a tragic error in communication occurred and neither the CNA nor M.H., LVN, took responsibility for the resident."

10. Charges were filed on August 23, 2011.
11. Charges were mailed to Respondent on August 24, 2011.

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)(P),(1)(S)&(1)(U) and 217.12(1)(A),(1)(B),(1)(F)&(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 682992, heretofore issued to VALERIE MARIE KOSANOVICH, including revocation of Respondent's license(s) to practice 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, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

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(s) is/are 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, 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>.*

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, 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 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, 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 A VOCATIONAL NURSE (LVN) LICENSE, AS APPROPRIATE, WILL NOT APPLY TO THIS STIPULATION PERIOD:

(3) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT'S license(s). 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(s). 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.

(4) 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.

(5) RESPONDENT SHALL CAUSE each employer to immediately submit any and all incident, counseling, variance, unusual occurrence, and medication or other error reports involving RESPONDENT, as well as documentation of any internal investigations regarding action by RESPONDENT, to the attention of Monitoring at the Board's office.

(6) 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 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.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) 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 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(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 21 day of October, 2011.

Valerie Marie Kosanovich RN
VALERIE MARIE KOSANOVICH, Respondent

Sworn to and subscribed before me this 21 day of October, 2011.

SEAL



Brenda June Ford

Notary Public in and for the State of Texas

Approved as to ~~form and substance~~.

William E. Hopkins
William E. Hopkins, Attorney for Respondent

Signed this 26th day of October, 2011.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 21st day of October , 2011, by VALERIE MARIE KOSANOVICH, Registered Nurse License Number 682992, and said Order is final.

Effective this 13th day of December , 2011.



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