



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 BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of License Number 656577 § AGREED
issued to TINA FURR § ORDER

On this day the Board of Nurse Examiners for the State of Texas, hereinafter referred to as the Board, considered the matter of TINA FURR, License Number 656577, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(10)&(12), Texas Occupations Code. Respondent waived representation by counsel, informal conference, notice and hearing, and agreed to the entry of this Order offered on September 28, 2003, 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 professional nursing in the State of Texas.
4. Respondent received an Associate Degree in Nursing from Trinity Valley Community College, Kaufman, Texas, on May 1, 1997. Respondent was licensed to practice professional nursing in the State of Texas on December 8, 1998.
5. Respondent's professional employment history includes:

11/94 - present Foster Care Provider
 Andrews Center
 Athens, Texas

Respondent's professional employment history continued:

06/97 - 11/97 Graduate/Staff Nurse
East Texas Medical Center - Athens
Athens, Texas

01/99 - present Staff Nurse
East Texas Medical Center - Athens
Athens, Texas

6. At the time of the initial incident, Respondent was employed as a Staff Nurse with East Texas Medical Center-Athens, Athens, Texas, and had been in this position for three (3) years and two (2) months.
7. On or about March 11, 2002, while employed with East Texas Medical Center - Athens, Athens, Texas, Respondent lacked fitness to practice professional nursing in that she was observed asleep at the supervisor's desk while on duty. Respondent's conduct could have affected her ability to recognize subtle signs, symptoms or changes in the patient's condition, and could have affected her ability to make rational, accurate, and appropriate assessments, judgments, and decisions regarding patient care, thereby placing the patient in potential danger.
8. On or about June 16, 2002, while employed with East Texas Medical Center - Athens, Athens, Texas, Respondent engaged in the intemperate use of Stadol and may have lacked fitness to practice professional nursing. On June 16, 2002, Respondent was hospitalized for Stadol Dependence and Depression. Respondent's conduct could have affected her ability to recognize subtle signs, symptoms or changes in the patient's condition, and could have affected her ability to make rational, accurate, and appropriate assessments, judgments, and decisions regarding patient care, thereby placing the patient in potential danger.
9. Respondent gives October 31, 2002, as her date of sobriety.
10. Respondent completed a Forensic Psychological Evaluation performed by John M. Lehman, Ph.D, Clinical Psychologist, on September 2, 2003. Dr. Lehman reports that on this assessment, there is a clear indication that she has a chemical dependency. This is confirmed by the SASSI-3, where she shows to have a high probability of a chemical dependency. She also shows on the PAI to have scores outside the normal range in the area of drug abuse, indicating that the use of drugs were sufficient to have negative consequences on her life, including strained relationships and vocational problems. Dr. Lehman states that Respondent had a significant dependence on Stadol, which resulted in a hospitalization in June 2002. While in the hospital she acknowledged her drug dependency and participated in treatment. After that, she had one admitted use of Stadol, which results in her not having one year of continuous sobriety until October 2003. Respondent's involvement in treatment after her

hospitalization has been minimal and is not ongoing at this time. Respondent's personality style shows a lot of denial and minimization of negatives. This can result in buildup of stress and internal tension. Dr. Lehman does not believe that she is using drugs but does believe that she is at a higher risk of relapse than she wants to admit, even to herself. There are no indications of depression at this time. Recommendations are as follows: 1) The Board needs to handle her not having a year of sobriety within their standard procedures. 2) Ms. Furr's practice should be monitored for a sufficient period to assure ongoing abstinence. This monitoring should include random drug testing. Indirect supervision of her practice should be sufficient, especially in her current job. 3) Ms. Furr needs to seek treatment from a qualified mental health professional to examine her long-term personality traits and risks of relapse that come from those. Involvement in an appropriate 12-step program is also recommended. 4) With monitoring in place and participation in treatment and a recovery program, it is believed that Ms. Furr can safely practice within the BNE's guidelines.

11. 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.

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 violations of Section 301.452(b)(10)&(12), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12(1).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against License Number 656577, heretofore issued to TINA FURR, including revocation of Respondent's professional license to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Board of Nurse Examiners, that License Number 656577, previously issued to TINA FURR, to practice professional nursing in Texas is hereby SUSPENDED and said suspension is enforced until Respondent completes an inpatient treatment program approved by the Board, provides documentation of successful completion, and has obtained twelve (12) consecutive months of sobriety. Any relapse prior to the completion of the twelve (12) consecutive months of sobriety will result in an extension of the enforced suspension until such twelve (12) consecutive months of sobriety and additional treatment have been attained.

IT IS FURTHER ORDERED that Permanent Certificate Number 656577 previously issued to TINA FURR, upon receipt of this Order, be immediately delivered to the office of the Board of Nurse Examiners for the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's multistate 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 the 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 IF FURTHER AGREED, upon verification of successful completion of the approved inpatient treatment and twelve (12) consecutive months of sobriety as set out in this Order, the Suspension will be stayed, and RESPONDENT will be placed on probation for three (3) years with the following agreed terms of probation:

(1) 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 Professional Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.01 *et seq.* and this Order.

(2) RESPONDENT SHALL pay all re-registration fees, if applicable, and be issued a license to practice professional nursing in the State of Texas with the appropriate notation.

(3) RESPONDENT SHALL, within one (1) year of the stay of suspension, successfully complete a course in nursing jurisprudence. 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 Registered 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, and documentation of care. 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 can be found on the Board's website www.bne.state.tx.us (under BNE events).*

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A REGISTERED 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 PROBATIONARY CONDITIONS FOR THREE (3) YEARS OF EMPLOYMENT. THE LENGTH OF THE PROBATIONARY PERIOD WILL BE EXTENDED UNTIL SUCH THIRTY-SIX (36) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A REGISTERED NURSE (RN) LICENSE WILL NOT APPLY TO THIS PROBATIONARY PERIOD:

(4) RESPONDENT SHALL notify each present employer in professional 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 professional nursing of this Order of the Board and the probation conditions 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.

(5) RESPONDENT SHALL CAUSE each present employer in professional 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 professional nurse.

(6) For the first year of employment as a Registered Nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse. Direct supervision requires another professional nurse to be working on the same unit as RESPONDENT and readily available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The 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.

(7) For the duration of the probationary period, RESPONDENT SHALL be supervised by a Registered Nurse who is on the premises. The supervising RN 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 RN 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.

(8) RESPONDENT SHALL NOT practice as a professional nurse on the night shift, rotate shifts, work overtime, accept on-call assignments, or be used for coverage on any unit other than the identified, predetermined unit(s) to which Respondent is regularly assigned for one (1) year of employment as a professional nurse.

(9) RESPONDENT SHALL NOT practice as a professional nurse in any critical care area for one (1) year of employment as a professional nurse. Critical care areas include, but are not

limited to, intensive care units, emergency rooms, operating rooms, telemetry units, recovery rooms, and labor and delivery units.

(10) RESPONDENT SHALL NOT administer or have any contact with controlled substances, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates for one (1) year of employment as a professional nurse.

(11) 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 professional nursing. These reports shall be completed by the Registered Nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising Registered Nurse to the office of the Board at the end of each three (3) months for three (3) years of employment as a professional nurse.

(12) 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.

(13) 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 second three (3) month period, random screens shall be performed at least once per month. For the remainder of the probation period, random screens shall be performed at least once every three (3) months.

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 probation 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 probation period.

Any positive result for which the nurse does not have a valid prescription will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action by this Board.

(14) RESPONDENT SHALL participate in therapy with a "professional counselor" possessing credentials approved by the Board. RESPONDENT SHALL CAUSE the therapist to

submit written reports, on forms provided by the Board, as to the RESPONDENT's progress in therapy, rehabilitation and capability to safely practice professional nursing. The report must indicate whether or not the RESPONDENT's stability is sufficient to provide direct patient care safely. Such reports are to be furnished each and every month for three (3) months. If therapy is recommended for beyond three (3) months, the reports shall then be required at the end of each three (3) month period for the duration of the probation period, or until RESPONDENT is dismissed from therapy.

(15) RESPONDENT SHALL attend at least two (2) support group meetings each week, one of which shall be for substance abuse; and RESPONDENT SHALL provide acceptable evidence of attendance. Acceptable evidence shall consist of a written record of at least; the date of each meeting, the name of each group attended, and the signature and printed name of the chairperson of each group attended by RESPONDENT. RESPONDENT SHALL submit the required evidence on the forms provided by the Board at the end of every three (3) months. No duplications, copies, third party signatures, or any other substitutions will be accepted as evidence.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license, the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

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.

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 professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 3 day of Nov, 2003

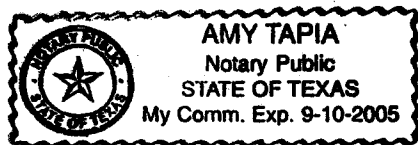
Tina Furr
TINA FURR, Respondent

Sworn to and subscribed before me this 3rd day of Nov, 2003.

SEAL


Amy Tapia

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 3rd day of November, 2003, by TINA FURR, License Number 656577, and said Order is final.

Effective this 9th day of December, 2003.


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

BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS
P.O. Box 430
AUSTIN, TEXAS 78767-0430

Board Order Billing Form

PLEASE SUBMIT THIS FORM WITH REMITTANCE OF FINE

Name _____
(Please Print) First Middle Last

Maiden Name

RN License Number

Social Security Number

I have enclosed a **cashier's check** or **U.S. Money Order** payable to the Texas Board of Nurse
Examiners in the amount of \$ _____. (Please initial)

DO NOT WRITE BELOW THIS LINE

Amount of Remittance _____

Audit Number _____

Date Received _____

Accepted By _____

BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS

BOX 430

AUSTIN, TEXAS 78767-0430

(512) 305-6838

NOTICE

Be advised that the following information relates to the monitoring of your compliance with the enclosed Board Order:

Read your Board Order carefully. **Return your wallet-sized license to this office immediately so that it may receive the appropriate coding.** A new, stipulated license will be mailed to you within 7-10 working days of the Board's receipt of your current license.

All required courses must be completed within one (1) year from the date of the order regardless if your license is in delinquent status or current.

A Notification of Employment form is enclosed for you to give to your employer for submission to this office. This form is only to be used by employers who employ you as a registered nurse in the State of Texas.

1. If you are currently employed as a professional nurse, you are required to cause your current employer to submit the Notification of Employment form to our office within ten (10) days of your receipt of the enclosed Board Order.
2. If you are not currently employed as a registered nurse, you will be required to cause your potential employer to submit the Notification of Employment form to our office within five (5) days of employment as a registered nurse.
3. If you change employers during the term of your Order, you will be required to cause your new employer to submit a new Notification of Employment form to this office within five (5) days of your new employment as a registered nurse.

Once this office receives the completed Notification of Employment form, you will be sent your first set of report forms to be used to document your compliance with the stipulations of your Board Order. You will also be informed of the date on which your first set of reports will be due in the Board's office.

This office works on due dates of either the 15th or the last day of any given month. **All reports will only be accepted if received in this office within two weeks prior to, or two weeks immediately following the due date. Also, please be aware that all reports, except for Support Group attendance, must be submitted directly from the individual completing the report.**

You are responsible for ensuring the appropriate forms are mailed to the Board's office within the correct time frame. You are also responsible for ensuring that the appropriate personnel at your place of employment have been notified of the Order and that you have provided your employer with a copy of the Order.

You will be credited only for reports verifying your compliance with your stipulations during periods of time in which you are employed as a registered nurse.

The effective date of the Order is the date the Order was ratified by the Board. That date may be found on the Executive Director's signature page contained in your Order.

You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully and contact Diane E. Burell, Investigator, at (512) 305-6827 if you have questions.

INSTRUCTIONS FOR BNE URINE DRUG SCREEN COLLECTION

1. As a result of the proposed Order of the Board being offered by the Board of Nurse Examiners (BNE) for the State of Texas, you will be required to submit to periodic random drug screens **during employment as a professional nurse**. The BNE has contracted with National Confederation of Professional Services, Inc. (NCPS) and you will be submitting random urine specimens through that program. No other drug screens will be accepted toward meeting your Board-ordered requirements.
2. Enrollment in NCPS is required before testing can begin. In order to confirm that you are aware of the BNE policy for drug screening, and the process, you are asked to sign this form and return it to the Board. Once this form is received, NCPS will be notified of your intent to participate in the program, and you will be sent a "start-up" packet which explains the process of screening, purchasing chain of custody forms, and telephone numbers, etc. **Once NCPS is notified of your participation, you have two (2) weeks to submit your registration information and payment for chain of custody forms.**
3. Initially, you will be required to purchase a minimum of two (2) chain of custody forms to have on hand at all times. These forms are available through NCPS for approximately \$43 each. You may pay by money order or credit card. If you choose to pay by money order, please include your Social Security Number on the money order. **All monies are to be sent to NCPS**, not to the Board's office. NCPS's mailing address is: P.O. Box 120083, Newport News, VA 23612-0083. Phone Number 1 (800) 948-8589.
4. NCPS contracts with LabCorp to provide collection sites throughout the state of Texas. LabCorp collection sites require no collection fee, however, NCPS does provide alternative collection sites which are not a part of the LabCorp network. These alternative sites will expect you to pay an additional processing fee when you submit your specimen to them. When you access the NCPS Voice Response System (DVR) to locate a collection site nearest you, the system will state "no collection fee" if the site is a LabCorp site. **If you do not hear the statement "no collection fee," you should expect to pay an additional processing fee.**
5. **You will be required to phone NCPS every day to verify if you have been chosen to provide a specimen for screening. Failure to call every day could result in further action taken by the Board.** If you are planning to travel out of state, you must contact the Board's office in advance to make arrangements for drug screening; you may be required to submit to a random drug screen even during your time out of town or on vacation.
6. If, due to an emergency, you are unable to report to the collection site on the day you are requested to provide a urine specimen, or if you do not have the proper chain of custody form, you must immediately contact the Monitoring Investigator at the Board's office at (512) 305-6838. **Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action being taken against your license to practice professional nursing in the state of Texas for your failure to comply with the Order of the Board.**
7. If your specimen tests positive, you may have your results reviewed by a Medical Review Officer (MRO) for an additional fee of \$110.00; however, you must request a review from the MRO within seventy-two (72) hours from the time the Monitoring Investigator notifies you of a positive result. In addition, you must notify the Monitoring Investigator prior to making the request, so that it may be approved with NCPS. (During this time period, the result will be treated as a positive result until proven otherwise).
8. **While you are being monitored by the Board, your employer or a representative from the Board of Nurse Examiners may require you to submit to a random drug screen at any time.**

I have read and understood the requirements of the Board's random drug screening requirements. I agree to comply with the Board's drug screening requirements, should the proposed Order of the Board become effective. I understand a Board representative may appear at my place of employment at any time during my monitoring term in order to gather a specimen for random drug screening.

Printed name of RN

Signature of RN

Date

Board of Nurse Examiners for the State of Texas
Box 430
Austin, Texas 78767-0430
(512) 305-6838

NOTIFICATION OF EMPLOYMENT

Regarding: _____ License Number: _____

This is to certify that the above identified Registered Nurse has been employed by

_____ which is a _____ in the position
Name of Facility *Type of Facility*

of _____ since the date of _____.

I have received a complete copy of the Order of the Board and am aware of the stipulations placed on this license by the Board of Nurse Examiners. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

Supervisor's Signature: _____ **Date:** _____

Title: _____

Address: _____

Telephone #: _____

If the Board's Order requires that the nurse cause her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by a registered nurse other than the above Supervisor, please list that individual's name and title below.

Name: _____

Title: _____

**Return to the Attention of: Diane E. Burell, Investigator
Monitoring
at the above address**