



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.  
*Patricia Thomas*  
Executive Director of the Board

BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of § AGREED  
Registered Nurse License Number 782538 §  
issued to KIMBERLY BLASINI § ORDER

An investigation by the Texas Board of Nursing, hereinafter referred to as the Board, produced evidence indicating that KIMBERLY BLASINI, Registered Nurse License Number 782538, hereinafter referred to as Respondent, may be subject to discipline pursuant to Sections 301.452(b)(10)&(13) and 301.453, Texas Occupations Code.

An informal conference was conducted on September 2, 2015, in accordance with Section 301.464, Texas Occupations Code. Respondent appeared in person. Respondent was represented by David C. Courreges, Attorney at Law.

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 notice and hearing, and agreed to the entry of this Order.
3. Respondent's license to practice as a professional nurse in the State of Texas is in current status. Respondent has not been the subject of any prior Board disciplinary action.
4. Respondent received a Baccalaureate Degree in Nursing from The University of Texas at Austin, Austin, Texas, on December 19, 2009. Respondent was licensed to practice professional nursing in the State of Texas on March 9, 2010. Respondent is enrolled in the Graduate School of Nursing at Texas Woman's University, Denton, Texas, and anticipates graduation in May 2016.
5. Respondent's nursing employment history includes:
 

03/10 - 04/10	Unknown
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Respondent's nursing employment history continued:

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05/10 - 04/11	Staff RN	Riverside Regional Medical Center Newport News, Virginia
04/11 - 02/13	Staff RN	The Medical Center of Plano Plano, Texas
10/12 - 03/13	RN	Vibrant Health MD Plano, Texas
03/13 - Present	RN	Dallas IVF McKinney, Texas

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6. At the time of the initial incident, Respondent was employed as a Staff RN with The Medical Center of Plano, Plano, Texas, and had been in that position for one (1) year and six (6) months.
7. On or about October 26, 2012, while employed as a Staff RN with The Medical Center of Plano, Plano, Texas, Respondent misinterpreted the FHR and uterine activity of Patient Number E000897379. At 4:45 p.m., Respondent documented the FHR baseline was one hundred fifteen (115) beats per minute and that there were early and variable decelerations of the FHR. The FHR tracing actually showed an indeterminate baseline with prolonged and variable decelerations to the eighties (80s) and nineties (90s). A prolonged deceleration is more telling of stress to the fetus than early decelerations, as documented by Respondent. Respondent's conduct was likely to injure the unborn baby in that accurate interpretation of the fetal heart rate and uterine activity is necessary in order to intervene appropriately based upon the FHR and uterine activity tracings.
8. On or about October 26, 2012, while employed as a Staff RN with The Medical Center of Plano, Plano, Texas, Respondent twice failed to assess the maternal heart rate and blood pressure of the aforementioned Patient Number E000897379 during her shift. Maternal vital signs are important to assess because the fetus is dependant on adequate maternal blood pressure to maintain a normal FHR. Respondent's conduct put the patient and unborn baby at risk of undetected maternal low blood pressure.
9. On or about October 26, 2012, while employed as a Staff RN with The Medical Center of Plano, Plano, Texas, Respondent failed to assess and document the FHR and uterine activity at 5:15 p.m. for the aforementioned Patient Number E000897379. Appropriate documentation at this time should have reflected an early deceleration to ninety (90) beats per minute, which is an abnormal FHR. Respondent's conduct led to an incomplete medical record and was likely to injure the unborn baby, up to and including fetal demise, in that accurate assessment and documentation of the fetal heart rate and uterine activity are necessary in order to intervene appropriately if necessary based upon the FHR and uterine activity tracings.

10. On or about October 26, 2012, while employed as a Staff RN with The Medical Center of Plano, Plano, Texas, Respondent failed to clarify the physician's order to restart Pitocin for the aforementioned Patient Number E000897379. Respondent also failed to notify the charge nurse to initiate the chain of command for an unsafe order when the FHR tracing showed more than one late deceleration in the thirty (30) minutes prior and recurrent early decelerations to the nineties (90s) and one hundreds (100s). Instead, Respondent inappropriately restarted the Pitocin without completing the Pitocin Checklist, as required. Respondent's conduct was likely to injure the unborn baby because Pitocin increases the frequency and intensity of contractions, resulting in a decrease in the amount of available oxygen to the fetus during contractions.
11. On or about October 26, 2012, while employed as a Staff RN with The Medical Center of Plano, Plano, Texas, Respondent failed to document in the medical record of the aforementioned Patient Number E000897379 that the FHR showed minimal variability, tachycardia and a prolonged deceleration to the seventies (70s) lasting four (4) to five (5) minutes between 6:17 p.m. and 6:22 p.m. Respondent's conduct led to an inaccurate medical record.
12. On or about October 26, 2012, while employed as a Staff RN with The Medical Center of Plano, Plano, Texas, Respondent notified the physician of the minimal variability and late decelerations of the FHR of the aforementioned Patient Number E000897379 at 6:31 p.m. instead of communicating to the physician that the FHR pattern showed tachycardia and recurrent prolonged decelerations, both of which are signs of fetal distress and deteriorating fetal status. The physician arrived to the patient's bedside fifteen (15) minutes after he was called by Respondent and then discussed his recommendation for a forceps assisted delivery with the patient. After two (2) unsuccessful attempts to deliver the baby vaginally with the forceps, the physician determined that a Cesarean Section would be required to deliver the baby. At 7:21 p.m. the baby was delivered in unstable condition and died thirty (30) minutes later after unsuccessful attempts at resuscitation. Respondent's conduct may have contributed to the neonatal demise.
13. In response to the incidents in Findings of Fact Numbers Seven (7) through Twelve (12), Respondent states that the patient's care was reviewed by the facility and it was determined that there were "some late decelerations open to interpretation," that "the MD was informed," and that there was "no critical concern during the time frame of [my] care." Respondent also adds that staffing was not in accordance with the Association of Women's Health, Obstetric and Neonatal Nurses' guidelines and was "inadequate" during the incident. Respondent states, "I feel strongly, that the result was directly attributable to an environment of certain failure created by the hospital that perpetuated daily through short-staffing, over-worked management and lack of employee confidence in the system." Respondent states she did inform the MD of her interpretation of the FHR and was ordered to restart Pitocin. After getting the order to restart, Respondent conferred with the Charge Nurse and they agreed resuming Pitocin was justified. Respondent stipulates the Pitocin checklist was not properly utilized, and the conversation with the Charge Nurse was not properly documented. Respondent states she did communicate the urgency of the situation to the physician and wa

unaware that he was not near the hospital. In the duration, Respondent reports she performed medical interventions to help the FHR recover from prolonged deceleration, called the charge nurse and prepared the patient for a cesarean section.

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14. On or about July 23, 2015, Respondent successfully completed a Board approved course in "Intermediate Fetal Monitoring," which would have been a requirement 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 violation(s) of 22 TEX. ADMIN. CODE §217.11(1)(A),(1)(B),(1)(D),(1)(M),(1)(N),(1)(P)&(3)(A) and 22 TEX. ADMIN. CODE §217.12(1)(B)&(4).
4. The evidence received is sufficient cause pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 782538, heretofore issued to KIMBERLY BLASINI, including revocation of Respondent's license(s) to practice nursing in the State of Texas.
5. Pursuant to Section 301.463(d), Texas Occupations Code, this Agreed Order is a settlement agreement under Rule 408, Texas Rules of Evidence, in civil or criminal litigation.

### TERMS OF ORDER

#### **I. SANCTION AND APPLICABILITY**

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Registered Nurse License Number 782538, previously issued to KIMBERLY BLASINI, to practice nursing in Texas is hereby **SUSPENDED** with the suspension **STAYED** and Respondent is hereby placed on **PROBATION**, in accordance with the terms of this Order, for a minimum of two (2) years **AND** until Respondent fulfills the requirements of this Order.

- A. This Order **SHALL** apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

- B. This Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.
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- C. Respondent may not work outside the State of Texas in another nurse licensure compact party state without first obtaining the written permission of the Texas Board of Nursing and the Board of Nursing in the nurse licensure compact party state where Respondent wishes to work.

## II. COMPLIANCE WITH LAW

While under the terms of this Order, RESPONDENT agrees to 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.~~

## III. REMEDIAL EDUCATION COURSE(S)

In addition to any continuing education requirements the Board may require for licensure renewal, RESPONDENT SHALL successfully complete the following remedial education course(s) **within one (1) year of the effective date of this Order, unless otherwise specifically indicated:**

- A. **A Board-approved course in Texas nursing jurisprudence and ethics** that 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. Home study courses and video programs will not be approved.
- B. **A Board-approved course in physical assessment** with a didactic portion of not less than six (6) hours and a clinical component of not less than twenty-four (24) hours. Both the didactic and clinical components must be provided by the same Registered Nurse. The course's content shall include physical assessment of all body systems. The clinical component SHALL include physical assessment of live patients in a clinical setting; 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. Successful completion of this course requires RESPONDENT to successfully complete both the didactic and clinical portions of the course.

C. **A Board-approved course in nursing documentation** that shall be a minimum of six (6) hours in length. The course's content shall include: 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. Home study courses and video programs will not be approved.

D. **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/these course(s), RESPONDENT SHALL CAUSE the instructor to submit a Verification of Course Completion form or SHALL submit the continuing education certificate, as applicable, to the attention of Monitoring at the Board's office. RESPONDENT SHALL first obtain Board approval of any course prior to enrollment if the course is not being offered by a pre-approved provider. *Information about Board-approved courses and Verification of Course Completion forms are available from the Board at [www.bon.texas.gov/compliance](http://www.bon.texas.gov/compliance).*

#### IV. **EMPLOYMENT REQUIREMENTS**

In order to complete the terms of this Order, RESPONDENT must work as a nurse, providing direct patient care in a licensed healthcare setting, for a minimum of sixty-four (64) hours per month for eight (8) quarterly periods [two (2) years] of employment. This requirement will not be satisfied until eight (8) quarterly periods of employment as a nurse have elapsed. Any quarterly period without continuous employment with the same employer for all three (3) months will not count towards completion of this requirement. 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 period and will not count towards completion of this requirement.

A. **Notifying Present and Future Employers:** RESPONDENT SHALL notify

each present employer in nursing and present each with a complete copy of this Order, including all attachments, if any, within five (5) days of receipt of this Order. While under the terms of this Order, RESPONDENT SHALL notify all future employers in nursing and present each with a complete copy of this Order, including all attachments, if any, prior to accepting an offer of employment.

- B. Notification of Employment Forms:** RESPONDENT SHALL CAUSE each present employer in nursing to submit the Board's "Notification of Employment" form to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Board's "Notification of Employment form" to the Board's office within five (5) days of employment as a nurse.
- C. Direct Supervision:** For the first year [four (4) quarters] of employment as a Nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, **with the exception of RESPONDENT'S current employment as Staff RN at Dallas IVF- McKinney Fertility Center, McKinney, Texas, where she may be directly supervised by a physician. Should RESPONDENT'S current employment as a Staff RN at Dallas IVF- McKinney Fertility Center, McKinney, Texas, cease or change, RESPONDENT SHALL be directly supervised by a Registered Nurse.** Direct supervision requires another nurse or physician, as applicable, to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on 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.
- D. Indirect Supervision:** For the remainder of the stipulation/probation period, RESPONDENT SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises **with the exception of RESPONDENT'S current employment as Staff RN at Dallas IVF- McKinney Fertility Center, McKinney, Texas, where she may be indirectly supervised by a physician. Should RESPONDENT'S current employment as a Staff RN at Dallas IVF- McKinney Fertility Center, McKinney, Texas, cease or change, RESPONDENT SHALL be indirectly supervised by a Registered Nurse.** The supervising nurse or physician, as applicable, 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.

**E. Nursing Performance Evaluations:** 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 and submitted by the nurse or physician, as applicable, who supervises the RESPONDENT to the office of the Board at the end of each three (3) month quarterly period for eight (8) quarters [two (2) years] of employment as a nurse.

**V. FURTHER COMPLAINTS**

If, during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license(s), the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

**VI. RESTORATION OF UNENCUMBERED LICENSE(S)**

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 may 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.

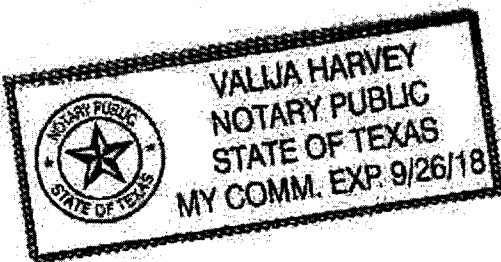
I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the entry of this Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that when 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 possible revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 5 day of October, 2015.

Kimberly Blasini  
KIMBERLY BLASINI, Respondent

Sworn to and subscribed before me this 5 day of October, 2015.

SEAL



Wally H. [Signature]  
Notary Public in and for the State of Texas

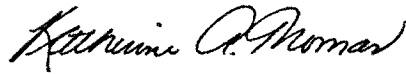
Approved as to form and substance.

David C. Courreges  
David C. Courreges, Attorney for Respondent

Signed this 6<sup>th</sup> day of October, 2015.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 5th day of October, 2015, by KIMBERLY BLASINI, Registered Nurse License Number 782538, and said Order is final.

Effective this 10th day of November, 2015.



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