



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 A. Thomas*  
Executive Director of the Board

BEFORE THE TEXAS BOARD OF NURSING

\*\*\*\*\*

In the Matter of §  
Registered Nurse License Number 794493 §  
issued to ALEJANDRO ALCOCER §

ORDER OF THE BOARD

On this day, the Texas Board of Nursing, hereinafter referred to as the Board, accepted the voluntary surrender of Registered Nurse License Number 794493, issued to ALEJANDRO ALCOCER, hereinafter referred to as Respondent. This action was taken in accordance with Section 301.453(c), Texas Occupations Code.

Respondent waived representation by counsel, informal proceedings, notice and hearing.

The Board makes the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1. Respondent's license to practice professional nursing in the State of Texas is in delinquent status.
2. Respondent waived representation by counsel, informal proceedings, notice and hearing.
3. Respondent received an Associate Degree in Nursing from National University, San Diego, California, on October 19, 2008. Respondent was licensed to practice professional nursing in the State of Texas on December 20, 2010.
4. Respondent's nursing employment history is unknown.
5. On or about October 21, 2015, Respondent's California registered nurse license was issued a Probated Revocation by the California Board of Registered Nursing, Sacramento, California. A copy of the California Board of Registered Nursing's Decision and Order effective October 21, 2015, is attached and incorporated, by reference, as part of this Order.

ORDER

NOW, THEREFORE, IT IS ORDERED that the voluntary surrender of Registered Nurse License Number 794493, heretofore issued to ALEJANDRO ALCOCER, to practice 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 professional nursing, use the title of "registered nurse" or the abbreviation "RN" or wear any insignia identifying himself as a registered nurse or use any designation which, directly or indirectly, would lead any person to believe that RESPONDENT is a registered nurse during the period in which the license is surrendered.
2. RESPONDENT SHALL NOT petition for reinstatement of licensure until: one (1) year has elapsed from the date of this Order; and, RESPONDENT has obtained objective, verifiable proof of twelve (12) consecutive months of sobriety immediately preceding the petition.
3. Upon petitioning for reinstatement, RESPONDENT SHALL satisfy all then existing requirements for relicensure.

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.

Effective this 5th day of May, 2016.

TEXAS BOARD OF NURSING

By:



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

5/5/16

To whom it may concern,

I Alejandro (Alex) Alcocer do hereby relinquish my Texas Nursing License #794493 to the Texas Board of Nursing. I realize I will no longer be allowed to work in the state without this license. Thank you for the opportunity.

Sincerely,

Alejandro (Alex) Alcocer



### ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of IMPERIAL

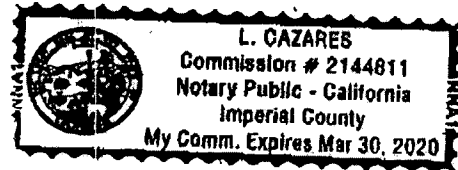
On May 5, 2016 before me, L. CAZARES  
(Insert name and title of the officer)

personally appeared ALEJANDRO ALVAREZ  
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *L. Cazares*



(Seal)

Statement

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

ALEJANDRO ALCOCER  
1254 Pacific Beach Drive, Apt. 1  
San Diego, CA 92109

Registered Nurse License No. 742428

Respondent

Case No. 2015-541

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on October 21, 2015.

IT IS SO ORDERED September 21, 2015.

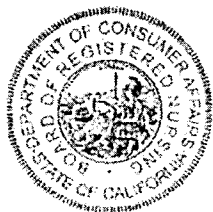
*Michael D. Jackson MSN, RN, CRRN*

Michael D. Jackson, President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

I hereby certify the foregoing to be a true copy of the documents on file in our office

BOARD OF REGISTERED NURSING

*Louise R. Bure, M. Ed., RN*  
Louise R. Bure, M. Ed., RN  
Executive Officer



1 KAMALA D. HARRIS  
Attorney General of California  
2 GREGORY J. SALUTE  
Supervising Deputy Attorney General  
3 RITA M. LANE  
Deputy Attorney General  
4 State Bar No. 171352  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 645-2614  
7 Facsimile: (619) 645-2061  
*Attorneys for Complainant*

8  
9 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2015-541

12 **ALEJANDRO ALCOCER**  
13 **1254 Pacific Beach Drive, Apt. 1**  
**San Diego, CA 92109**  
14 **Registered Nurse License No. 742428**

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

15 Respondent.

16  
17 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-  
18 entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN ("Complainant") is the Executive Officer of the Board  
21 of Registered Nursing. She brought this action solely in her official capacity and is represented in  
22 this matter by Kamala D. Harris, Attorney General of the State of California, by Rita M. Lane,  
23 Deputy Attorney General.

24 2. Respondent Alejandro Alcocer ("Respondent") is represented in this proceeding by  
25 attorney Nicole Tee-Irmer, whose address is: 2550 Fifth Avenue, Suite 1060, San Diego, CA  
26 92103.

27 3. On or about January 12, 2009, the Board of Registered Nursing ("Board") issued  
28 Registered Nurse License No. 742428 to Respondent. The Registered Nurse License was in full

1 force and effect at all times relevant to the charges brought in Accusation No. 2015-541 and will  
2 expire on August 31, 2016, unless renewed.

3 JURISDICTION

4 4. Accusation No. 2015-541 was filed before the Board and is currently pending against  
5 Respondent. The Accusation and all other statutorily required documents were properly served  
6 on Respondent on January 5, 2015. Respondent timely filed his Notice of Defense contesting the  
7 Accusation.

8 5. A copy of Accusation No. 2015-541 is attached as Exhibit A and incorporated herein  
9 by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 2015-541. Respondent has also carefully read, fully  
13 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary  
14 Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
16 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
17 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
18 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
19 documents; the right to reconsideration and court review of an adverse decision; and all other  
20 rights accorded by the California Administrative Procedure Act and other applicable laws.

21 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
22 every right set forth above.

23 CULPABILITY

24 9. Respondent admits the truth of each and every charge and allegation in Accusation  
25 No. 2015-541.

26 10. Respondent agrees that his Registered Nurse License is subject to discipline and he  
27 agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

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CONTINGENCY

1  
2 11. This stipulation shall be subject to approval by the Board of Registered Nursing.  
3 Respondent understands and agrees that counsel for Complainant and the staff of the Board of  
4 Registered Nursing may communicate directly with the Board regarding this stipulation and  
5 settlement, without notice to or participation by Respondent or his counsel. By signing the  
6 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
7 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
8 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
9 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
10 action between the parties, and the Board shall not be disqualified from further action by having  
11 considered this matter.

12 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
13 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
14 signatures thereto, shall have the same force and effect as the originals.

15 13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an  
16 integrated writing representing the complete, final, and exclusive embodiment of their agreement.  
17 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,  
18 negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary  
19 Order may not be altered, amended, modified, supplemented, or otherwise changed except by a  
20 writing executed by an authorized representative of each of the parties.

21 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
22 the Board may, without further notice or formal proceeding, issue and enter the following  
23 Disciplinary Order:

DISCIPLINARY ORDER

24  
25 IT IS HEREBY ORDERED that Registered Nurse License No. 742428 issued to  
26 Respondent Alejandro Alcocer is revoked. However, the revocation is stayed and Respondent is  
27 placed on probation for three (3) years on the following terms and conditions.

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1           **Severability Clause.** Each condition of probation contained herein is a separate and  
2 distinct condition. If any condition of this Order, or any application thereof, is declared  
3 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
4 applications thereof, shall not be affected. Each condition of this Order shall separately be valid  
5 and enforceable to the fullest extent permitted by law.

6           1.   **Obey All Laws.** Respondent shall obey all federal, state and local laws. A full and  
7 detailed account of any and all violations of law shall be reported by Respondent to the Board in  
8 writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with  
9 this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within  
10 45 days of the effective date of the decision, unless previously submitted as part of the licensure  
11 application process.

12           **Criminal Court Orders:** If Respondent is under criminal court orders, including  
13 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
14 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

15           2.   **Comply with the Board's Probation Program.** Respondent shall fully comply with  
16 the conditions of the Probation Program established by the Board and cooperate with  
17 representatives of the Board in its monitoring and investigation of the Respondent's compliance  
18 with the Board's Probation Program. Respondent shall inform the Board in writing within no  
19 more than 15 days of any address change and shall at all times maintain an active, current license  
20 status with the Board, including during any period of suspension.

21           Upon successful completion of probation, Respondent's license shall be fully restored.

22           3.   **Report in Person.** Respondent, during the period of probation, shall appear in  
23 person at interviews/meetings as directed by the Board or its designated representatives.

24           4.   **Residency, Practice, or Licensure Outside of State.** Periods of residency or  
25 practice as a registered nurse outside of California shall not apply toward a reduction of this  
26 probation time period. Respondent's probation is tolled, if and when he resides outside of  
27 California. Respondent must provide written notice to the Board within 15 days of any change of

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1 residency or practice outside the state, and within 30 days prior to re-establishing residency or  
2 returning to practice in this state.

3 Respondent shall provide a list of all states and territories where he has ever been licensed  
4 as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide  
5 information regarding the status of each license and any changes in such license status during the  
6 term of probation. Respondent shall inform the Board if he applies for or obtains a new nursing  
7 license during the term of probation.

8 **5. Submit Written Reports.** Respondent, during the period of probation, shall submit  
9 or cause to be submitted such written reports/declarations and verification of actions under  
10 penalty of perjury, as required by the Board. These reports/declarations shall contain statements  
11 relative to Respondent's compliance with all the conditions of the Board's Probation Program.  
12 Respondent shall immediately execute all release of information forms as may be required by the  
13 Board or its representatives.

14 Respondent shall provide a copy of this Decision to the nursing regulatory agency in every  
15 state and territory in which he has a registered nurse license.

16 **6. Function as a Registered Nurse.** Respondent, during the period of probation, shall  
17 engage in the practice of registered nursing in California for a minimum of 24 hours per week for  
18 6 consecutive months or as determined by the Board.

19 For purposes of compliance with the section, "engage in the practice of registered nursing"  
20 may include, when approved by the Board, volunteer work as a registered nurse, or work in any  
21 non-direct patient care position that requires licensure as a registered nurse.

22 The Board may require that advanced practice nurses engage in advanced practice nursing  
23 for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

24 If Respondent has not complied with this condition during the probationary term, and  
25 Respondent has presented sufficient documentation of his good faith efforts to comply with this  
26 condition, and if no other conditions have been violated, the Board, in its discretion, may grant an  
27 extension of Respondent's probation period up to one year without further hearing in order to

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1 comply with this condition. During the one year extension, all original conditions of probation  
2 shall apply.

3       **7. Employment Approval and Reporting Requirements.** Respondent shall obtain  
4 prior approval from the Board before commencing or continuing any employment, paid or  
5 voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
6 performance evaluations and other employment related reports as a registered nurse upon request  
7 of the Board.

8       Respondent shall provide a copy of this Decision to his employer and immediate  
9 supervisors prior to commencement of any nursing or other health care related employment.

10       In addition to the above, Respondent shall notify the Board in writing within seventy-two  
11 (72) hours after he obtains any nursing or other health care related employment. Respondent  
12 shall notify the Board in writing within seventy-two (72) hours after he is terminated or separated,  
13 regardless of cause, from any nursing, or other health care related employment with a full  
14 explanation of the circumstances surrounding the termination or separation.

15       **8. Supervision.** Respondent shall obtain prior approval from the Board regarding  
16 Respondent's level of supervision and/or collaboration before commencing or continuing any  
17 employment as a registered nurse, or education and training that includes patient care.

18       Respondent shall practice only under the direct supervision of a registered nurse in good  
19 standing (no current discipline) with the Board of Registered Nursing, unless alternative methods  
20 of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are  
21 approved.

22       Respondent's level of supervision and/or collaboration may include, but is not limited to the  
23 following:

24       (a) Maximum - The individual providing supervision and/or collaboration is present in  
25 the patient care area or in any other work setting at all times.

26       (b) Moderate - The individual providing supervision and/or collaboration is in the patient  
27 care unit or in any other work setting at least half the hours Respondent works.

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1 (c) Minimum - The individual providing supervision and/or collaboration has person-to-  
2 person communication with Respondent at least twice during each shift worked.

3 (d) Home Health Care - If Respondent is approved to work in the home health care  
4 setting, the individual providing supervision and/or collaboration shall have person-to-person  
5 communication with Respondent as required by the Board each work day. Respondent shall  
6 maintain telephone or other telecommunication contact with the individual providing supervision  
7 and/or collaboration as required by the Board during each work day. The individual providing  
8 supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to  
9 patients' homes visited by Respondent with or without Respondent present.

10 9. **Employment Limitations.** Respondent shall not work for a nurse's registry, in any  
11 private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse,  
12 or for an in-house nursing pool.

13 Respondent shall not work for a licensed home health agency as a visiting nurse unless the  
14 registered nursing supervision and other protections for home visits have been approved by the  
15 Board. Respondent shall not work in any other registered nursing occupation where home visits  
16 are required.

17 Respondent shall not work in any health care setting as a supervisor of registered nurses.  
18 The Board may additionally restrict Respondent from supervising licensed vocational nurses  
19 and/or unlicensed assistive personnel on a case-by-case basis.

20 Respondent shall not work as a faculty member in an approved school of nursing or as an  
21 instructor in a Board approved continuing education program.

22 Respondent shall work only on a regularly assigned, identified and predetermined  
23 worksite(s) and shall not work in a float capacity.

24 If Respondent is working or intends to work in excess of 40 hours per week, the Board may  
25 request documentation to determine whether there should be restrictions on the hours of work.

26 10. **Complete a Nursing Course(s).** Respondent, at his own expense, shall enroll and  
27 successfully complete a course(s) relevant to the practice of registered nursing no later than six  
28 months prior to the end of his probationary term.

1 Respondent shall obtain prior approval from the Board before enrolling in the course(s).  
2 Respondent shall submit to the Board the original transcripts or certificates of completion for the  
3 above required course(s). The Board shall return the original documents to Respondent after  
4 photocopying them for its records.

5 **11. Cost Recovery.** Respondent shall pay to the Board costs associated with its  
6 investigation and enforcement pursuant to Business and Professions Code section 125.3 in the  
7 amount of \$5,706.00. Respondent shall be permitted to pay these costs in a payment plan  
8 approved by the Board, with payments to be completed no later than three months prior to the end  
9 of the probation term.

10 If Respondent has not complied with this condition during the probationary term, and  
11 Respondent has presented sufficient documentation of his good faith efforts to comply with this  
12 condition, and if no other conditions have been violated, the Board, in its discretion, may grant an  
13 extension of Respondent's probation period up to one year without further hearing in order to  
14 comply with this condition. During the one year extension, all original conditions of probation  
15 will apply.

16 **12. Violation of Probation.** If Respondent violates the conditions of his probation, the  
17 Board after giving Respondent notice and an opportunity to be heard, may set aside the stay order  
18 and impose the stayed discipline (revocation) of Respondent's license.

19 If during the period of probation, an accusation or petition to revoke probation has been  
20 filed against Respondent's license or the Attorney General's Office has been requested to prepare  
21 an accusation or petition to revoke probation against Respondent's license, the probationary  
22 period shall automatically be extended and shall not expire until the accusation or petition has  
23 been acted upon by the Board.

24 **13. License Surrender.** During Respondent's term of probation, if he ceases practicing  
25 due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation,  
26 Respondent may surrender his license to the Board. The Board reserves the right to evaluate  
27 Respondent's request and to exercise its discretion whether to grant the request, or to take any  
28 other action deemed appropriate and reasonable under the circumstances, without further hearing.

1 Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be  
2 subject to the conditions of probation.

3 Surrender of Respondent's license shall be considered a disciplinary action and shall  
4 become a part of Respondent's license history with the Board. A registered nurse whose license  
5 has been surrendered may petition the Board for reinstatement no sooner than the following  
6 minimum periods from the effective date of the disciplinary decision:

7 (1) Two years for reinstatement of a license that was surrendered for any reason other  
8 than a mental or physical illness; or

9 (2) One year for a license surrendered for a mental or physical illness.

10 14. **Physical Examination.** Within 45 days of the effective date of this Decision,  
11 Respondent, at his expense, shall have a licensed physician, nurse practitioner, or physician  
12 assistant, who is approved by the Board before the assessment is performed, submit an  
13 assessment of the Respondent's physical condition and capability to perform the duties of a  
14 registered nurse, including a determination as set forth below in the condition titled "Rule-Out  
15 Substance Abuse Assessment." Such an assessment shall be submitted in a format acceptable to  
16 the Board. If medically determined, a recommended treatment program will be instituted and  
17 followed by the Respondent with the physician, nurse practitioner, or physician assistant  
18 providing written reports to the Board on forms provided by the Board.

19 If Respondent is determined to be unable to practice safely as a registered nurse, the  
20 licensed physician, nurse practitioner, or physician assistant making this determination shall  
21 immediately notify the Board and Respondent by telephone, and the Board shall request that the  
22 Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall  
23 immediately cease practice and shall not resume practice until notified by the Board. During this  
24 period of suspension, Respondent shall not engage in any practice for which a license issued by  
25 the Board is required until the Board has notified Respondent that a medical determination  
26 permits Respondent to resume practice. This period of suspension will not apply to the reduction  
27 of this probationary time period.

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1 If Respondent fails to have the above assessment submitted to the Board within the 45-day  
2 requirement, Respondent shall immediately cease practice and shall not resume practice until  
3 notified by the Board. This period of suspension will not apply to the reduction of this  
4 probationary time period. The Board may waive or postpone this suspension only if significant,  
5 documented evidence of mitigation is provided. Such evidence must establish good faith efforts  
6 by Respondent to obtain the assessment, and a specific date for compliance must be provided.  
7 Only one such waiver or extension may be permitted.

8 **15. Mental Health Examination.** Respondent shall, within 45 days of the effective date  
9 of this Decision, have a mental health examination including psychological testing as appropriate  
10 to determine his capability to perform the duties of a registered nurse, including a determination  
11 as set forth below in the condition titled "Rule-Out Substance Abuse Assessment." The  
12 examination will be performed by a psychiatrist, psychologist or other licensed mental health  
13 practitioner approved by the Board. The examining mental health practitioner will submit a  
14 written report of that assessment and recommendations to the Board. All costs are the  
15 responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a  
16 result of the mental health examination will be instituted and followed by Respondent.

17 If Respondent is determined to be unable to practice safely as a registered nurse, the  
18 licensed mental health care practitioner making this determination shall immediately notify the  
19 Board and Respondent by telephone, and the Board shall request that the Attorney General's  
20 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease  
21 practice and may not resume practice until notified by the Board. During this period of  
22 suspension, Respondent shall not engage in any practice for which a license issued by the Board  
23 is required, until the Board has notified Respondent that a mental health determination permits  
24 Respondent to resume practice. This period of suspension will not apply to the reduction of this  
25 probationary time period.

26 If Respondent fails to have the above assessment submitted to the Board within the 45-day  
27 requirement, Respondent shall immediately cease practice and shall not resume practice until  
28 notified by the Board. This period of suspension will not apply to the reduction of this

1 probationary time period. The Board may waive or postpone this suspension only if significant,  
2 documented evidence of mitigation is provided. Such evidence must establish good faith efforts  
3 by Respondent to obtain the assessment, and a specific date for compliance must be provided.  
4 Only one such waiver or extension may be permitted.

5 **16. Rule-Out Substance Abuse Assessment.** If the examiner conducting the physical  
6 and/or mental health examination determines that the respondent is dependent upon drugs or  
7 alcohol, or has had problems with drugs or alcohol (i.e. drug dependence in remission or alcohol  
8 dependence in remission), that might reasonably affect the safe practice of nursing, then the  
9 respondent must further comply with the following additional terms and conditions of probation:

10 **A. Participate in Treatment/Rehabilitation Program for Chemical**

11 **Dependence.** Respondent, at his expense, shall successfully complete during the  
12 probationary period or shall have successfully completed prior to commencement  
13 of probation a Board-approved treatment/rehabilitation program of at least six  
14 months duration. As required, reports shall be submitted by the program on forms  
15 provided by the Board. If Respondent has not completed a Board-approved  
16 treatment/rehabilitation program prior to commencement of probation,  
17 Respondent, within 45 days from the effective date of the decision, shall be  
18 enrolled in a program. If a program is not successfully completed within the first  
19 nine months of probation, the Board shall consider Respondent in violation of  
20 probation.

21 Based on Board recommendation, each week Respondent shall be required  
22 to attend at least one, but no more than five 12-step recovery meetings or  
23 equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse  
24 support group as approved and directed by the Board. If a nurse support group is  
25 not available, an additional 12-step meeting or equivalent shall be added.  
26 Respondent shall submit dated and signed documentation confirming such  
27 attendance to the Board during the entire period of probation. Respondent shall  
28 continue with the recovery plan recommended by the treatment/rehabilitation



1 program or a licensed mental health examiner and/or other ongoing recovery  
2 groups.

3 **B. Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
4 shall completely abstain from the possession, injection or consumption by any  
5 route of all controlled substances and all psychotropic (mood altering) drugs,  
6 including alcohol, except when the same are ordered by a health care professional  
7 legally authorized to do so as part of documented medical treatment. Respondent  
8 shall have sent to the Board, in writing and within fourteen (14) days, by the  
9 prescribing health professional, a report identifying the medication, dosage, the  
10 date the medication was prescribed, the Respondent's prognosis, the date the  
11 medication will no longer be required, and the effect on the recovery plan, if  
12 appropriate.

13 Respondent shall identify for the Board a single physician, nurse  
14 practitioner or physician assistant who shall be aware of Respondent's history of  
15 substance abuse and will coordinate and monitor any prescriptions for Respondent  
16 for dangerous drugs, controlled substances or mood-altering drugs. The  
17 coordinating physician, nurse practitioner, or physician assistant shall report to the  
18 Board on a quarterly basis Respondent's compliance with this condition. If any  
19 substances considered addictive have been prescribed, the report shall identify a  
20 program for the time limited use of any such substances.

21 The Board may require the single coordinating physician, nurse  
22 practitioner, or physician assistant to be a specialist in addictive medicine, or to  
23 consult with a specialist in addictive medicine.

24 **C. Submit to Tests and Samples.** Respondent, at his expense, shall  
25 participate in a random, biological fluid testing or a drug screening program which  
26 the Board approves. The length of time and frequency will be subject to approval  
27 by the Board. Respondent is responsible for keeping the Board informed of  
28 Respondent's current telephone number at all times. Respondent shall also ensure

1 that messages may be left at the telephone number when he is not available and  
2 ensure that reports are submitted directly by the testing agency to the Board, as  
3 directed. Any confirmed positive finding shall be reported immediately to the  
4 Board by the program and Respondent shall be considered in violation of  
5 probation.

6 In addition, Respondent, at any time during the period of probation, shall  
7 fully cooperate with the Board or any of its representatives, and shall, when  
8 requested, submit to such tests and samples as the Board or its representatives may  
9 require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other  
10 controlled substances.

11 If Respondent has a positive drug screen for any substance not legally  
12 authorized and not reported to the coordinating physician, nurse practitioner, or  
13 physician assistant, and the Board files a petition to revoke probation or an  
14 accusation, the Board may suspend Respondent from practice pending the final  
15 decision on the petition to revoke probation or the accusation. This period of  
16 suspension will not apply to the reduction of this probationary time period.

17 If Respondent fails to participate in a random, biological fluid testing or  
18 drug screening program within the specified time frame, Respondent shall  
19 immediately cease practice and shall not resume practice until notified by the  
20 Board. After taking into account documented evidence of mitigation, if the Board  
21 files a petition to revoke probation or an accusation, the Board may suspend  
22 Respondent from practice pending the final decision on the petition to revoke  
23 probation or the accusation. This period of suspension will not apply to the  
24 reduction of this probationary time period.

25 D. **Therapy or Counseling Program.** Respondent, at his expense, shall  
26 participate in an on-going counseling program until such time as the Board  
27 releases him from this requirement and only upon the recommendation of the

28 ///

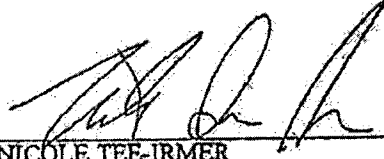
1 counselor. Written progress reports from the counselor will be required at various  
2 intervals.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
5 discussed it with my attorney, Nicole Tee-Irmer. I understand the stipulation and the effect it will  
6 have on my Registered Nurse License. I enter into this Stipulated Settlement and Disciplinary  
7 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order  
8 of the Board of Registered Nursing.

9  
10 DATED: 6/16/15   
11 ALEJANDRO ALCOCER  
12 Respondent

13  
14 I have read and fully discussed with Respondent Alejandro Alcocer the terms and  
15 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
16 I approve its form and content.

17  
18 DATED: 6/16/15   
19 NICOLE TEE-IRMER  
20 Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Registered Nursing.

DATED: 6-17-15

Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
GREGORY J. SALUTE  
Supervising Deputy Attorney General

  
RITA M. LANE  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 2015-541**

1 KAMALA D. HARRIS  
Attorney General of California  
2 GREGORY J. SALUTE  
Supervising Deputy Attorney General  
3 State Bar No. 164015  
AMANDA DODDS  
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6 San Diego, CA 92186-5266  
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7 Facsimile: (619) 645-2061  
*Attorneys for Complainant*

8  
9 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. *2015-541*

13 **ALEJANDRO ALCOCER**  
3047 Pacific Palm Way  
14 San Diego, CA 92117

**ACCUSATION**

15 Registered Nurse License No. 742428

16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her  
21 official capacity as the Executive Officer of the Board of Registered Nursing, Department of  
22 Consumer Affairs.

23 2. On or about January 12, 2009, the Board of Registered Nursing issued Registered  
24 Nurse License Number 742428 to Alejandro Alcocer (Respondent). The Registered Nurse  
25 License was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on August 31, 2016, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2750 of the Code provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

STATUTORY PROVISIONS

6. Section 2761 of the Code states:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions.

....

7. Section 2762 of the Code states:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

....

(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.

8. Section 4022 of the Code states

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

1 (b) Any device that bears the statement: "Caution: federal law restricts this  
2 device to sale by or on the order of a \_\_\_\_\_," "Rx only," or words of similar  
3 import, the blank to be filled in with the designation of the practitioner licensed to use or  
4 order use of the device.

5 (c) Any other drug or device that by federal or state law can be lawfully  
6 dispensed only on prescription or furnished pursuant to Section 4006.

### 7 REGULATORY PROVISIONS

8 9. California Code of Regulations, title 16, section 1442, states:

9 As used in Section 2761 of the code, "gross negligence" includes an extreme  
10 departure from the standard of care which, under similar circumstances, would have  
11 ordinarily been exercised by a competent registered nurse. Such an extreme departure  
12 means the repeated failure to provide nursing care as required or failure to provide care  
13 or to exercise ordinary precaution in a single situation which the nurse knew, or should  
14 have known, could have jeopardized the client's health or life.

15 10. California Code of Regulations, title 16, section 1443 states:

16 As used in Section 2761 of the code, "incompetence" means the lack of possession  
17 of or the failure to exercise that degree of learning, skill, care and experience ordinarily  
18 possessed and exercised by a competent registered nurse as described in Section 1443.5.

19 11. California Code of Regulations, title 16, section 1443.5 states:

20 A registered nurse shall be considered to be competent when he/she consistently  
21 demonstrates the ability to transfer scientific knowledge from social, biological and  
22 physical sciences in applying the nursing process, as follows:

23 (1) Formulates a nursing diagnosis through observation of the client's physical  
24 condition and behavior, and through interpretation of information obtained from the  
25 client and others, including the health team.

26 (2) Formulates a care plan, in collaboration with the client, which ensures that  
27 direct and indirect nursing care services provide for the client's safety, comfort, hygiene,  
28 and protection, and for disease prevention and restorative measures.

(3) Performs skills essential to the kind of nursing action to be taken, explains the  
health treatment to the client and family and teaches the client and family how to care for  
the client's health needs.

(4) Delegates tasks to subordinates based on the legal scopes of practice of the  
subordinates and on the preparation and capability needed in the tasks to be delegated,  
and effectively supervises nursing care being given by subordinates.

(5) Evaluates the effectiveness of the care plan through observation of the client's  
physical condition and behavior, signs and symptoms of illness, and reactions to  
treatment and through communication with the client and health team members, and  
modifies the plan as needed.

///



1 (6) Acts as the client's advocate, as circumstances require, by initiating action to  
2 improve health care or to change decisions or activities which are against the interests or  
3 wishes of the client, and by giving the client the opportunity to make informed decisions  
4 about health care before it is provided.

#### 5 COSTS

6 12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
7 administrative law judge to direct a licentiate found to have committed a violation or violations of  
8 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
9 enforcement of the case, with failure of the licentiate to comply subjecting the license to not  
10 being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs  
11 may be included in a stipulated settlement.

#### 12 DRUGS

13 13. Dilaudid, a brand name for hydromorphone, is a Schedule II controlled substance as  
14 designated by Health and Safety Code section 11055(b)(1)(J) and is a dangerous drug pursuant to  
15 Business and Professions Code section 4022.

16 14. Morphine is a Schedule II controlled substance as designated by Health and Safety  
17 Code section 11055(b)(1)(L), and is a dangerous drug pursuant to Business and Professions Code  
18 section 4022.

19 15. Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety  
20 Code section 11057(d), and a dangerous drug pursuant to Business and Professions Code section  
21 4022.

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## FACTUAL ALLEGATIONS

16. At all times referenced herein, Respondent was employed as a registered nurse in the Emergency Department at Scripps Memorial Hospital Encinitas (SMH). In a complaint filed by SMH, it was alleged that Respondent's employment was terminated after three months, on November 5, 2013, when an audit revealed that Respondent failed to account for controlled substances he removed from the Pyxis MedStation<sup>1</sup>, and that he mismanaged the administration of medications.

17. SMH's policy entitled "Medication Administration" requires, among other things, that all medications have a valid order, that medications be removed from Pyxis for one patient at a time just prior to administration, that medications be prepared and administered in accordance with the Medication Pass Checklist, and that completed medication administration must be timely documented and properly authenticated in the medical record by the person administering the medication. The "Eight Rights" of administering medications include: (1) right patient; (2) right drug; (3) right dose/rate/expiration date; (4) right route; (5) right time; (6) right reason; (7) right response; and (8) right documentation.

18. SMH's policy entitled "Pain Management," requires, among other things, that pain assessments of patients be conducted at regular intervals to determine appropriate therapeutic interventions. Documentation of patient assessments, reassessments, interventions and responses to interventions are to occur throughout the patient's stay.

19. An investigation of the SMH complaint and patient records alleges the following discrepancies:

20. Patient Record No. 700593376: At 1735 hours on September 5, 2013, this patient received a physician's order for a one-time dose of 1 mg Dilaudid (hydromorphone) IV.

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<sup>1</sup> "Pyxis" is a trade name for the automatic single-unit dose medication dispensing system that records information such as patient name, physician orders, the date and time the medication was withdrawn, and the name of the licensed individual who withdrew and administered the medication. Each user/operator must use an identification code and biometric data (thumbprint) to operate the control panel and open the dispensing drawer. Sometimes only portions of the withdrawn medications are administered to the patient. The portions not administered are referred to as "wastage." Wasted medications must be disposed of in accordance with hospital rules and must be witnessed by another authorized user and recorded in Pyxis.

1 Respondent removed 2 mg hydromorphone from Pyxis at 1724, documented 1 mg wasted, and  
2 documented 1 mg hydromorphone administered at 1735 on the Nursing Flowsheet. At 2038,  
3 Respondent removed a 2 mg dose of hydromorphone from Pyxis for this patient without a  
4 verified physician's order. No hydromorphone was documented administered on the Nursing  
5 Flowsheet, and no pain assessments were documented. At 0015 on September 6, 2013,  
6 Respondent documented wastage of 1 mg hydromorphone. Respondent failed to account for 1  
7 mg hydromorphone for this patient.

8 21. Patient Record No. 700224652: At 2000 hours on September 5, 2013, this patient  
9 received a physician's order for a one-time dose of 6 mg morphine IV. Respondent removed 10  
10 mg morphine from Pyxis at 2011, and documented the administration of 6 mg morphine at 2000  
11 on the Nursing Flowsheet. No post-medication reassessment was recorded. Respondent did not  
12 account for the wastage of 4 mg morphine until 0016 on September 6, 2013, over four hours later.  
13 A second order for 5 mg morphine was entered at or around 2030.<sup>2</sup> Respondent removed 5 mg  
14 morphine from Pyxis at 2029, and documented it administered at 2030 on the Nursing Flowsheet.  
15 No post-medication pain reassessment was documented by Respondent.

16 22. Patient Record No. 701325099: At 1732 hours on September 17, 2013, this patient  
17 received a physician's order for one dose of 5 mg morphine IV, with the instructions "may repeat  
18 one time." Respondent removed 5 mg morphine from Pyxis at 1756, and documented the  
19 administration of 5 mg morphine at 1755 on the patient's Nursing Flowsheet. Respondent  
20 removed a second dose of 5 mg morphine from Pyxis at 1820, but did not account for its  
21 administration in the Nursing Flowsheet, and it was not documented as wasted. This patient  
22 received a physician's order for a one-time dose of 1 mg Dilaudid at 1835. Respondent removed  
23 2 mg hydromorphone from Pyxis at 1841, and documented 1 mg hydromorphone was  
24 administered at 1845 in the Nursing Flowsheet. No wastage was documented. No post-  
25 medication reassessments were conducted. Respondent failed to account for 5 mg morphine, and  
26 1 mg hydromorphone for this patient.

27 <sup>2</sup> The time the morphine was ordered was partially obscured by a label regarding a blood  
28 culture.

1           23. Patient Record No. 305259576: On August 2, 2013, this patient received a  
2 physician's order for a 1 mg oral dose of Ativan "now," and every two hours as needed for  
3 vertigo. Respondent removed a 2 mg vial of lorazepam (Ativan) from Pyxis at 1518, wasted 1  
4 mg, and documented the administration of 1 mg lorazepam intravenously in this patient's Nursing  
5 Flowsheet, which violated the physician's order that the medication be administered orally.

6           24. Patient Record No. 305280400: At 1730 on August 9, 2013, this patient received a  
7 physician's order for 10 mg morphine IM. At 1733, Respondent removed a 10 mg vial of  
8 morphine from Pyxis, and documented it administered at 1740 in the Nursing Flowsheet. No  
9 post-medication reassessment was recorded. At 1810, the physician ordered another 10 mg dose  
10 of morphine. Respondent removed a 10 mg vial of morphine from Pyxis at 1817, however, 10  
11 mg morphine was documented wasted at 1820. Because there was no documentation of  
12 administration on the Nursing Flowsheet, it is unknown whether this patient received the  
13 morphine.

14           25. Patient Record No. 305172049: At 2345 on August 10, 2013, this patient received a  
15 physician's order for 0.1 mg clonidine, 375 mg Depakote, 0.5 mg clonazepam, and 64.8 mg  
16 phenobarbital. At 2335, Respondent removed 1 mg clonazepam from Pyxis, and wasted 0.5 mg.  
17 There was no documentation in the patient's Nursing Flowsheet regarding administration of any  
18 of the medications. Respondent failed to account for 0.5 mg clonazepam for this patient.

19           26. Patient Record No. 604492901: At 1915 on August 14, 2013, this patient received a  
20 physician's order for 1 mg Dilaudid IV, which was documented administered by another nurse at  
21 2002. At 2315, the physician ordered another 1 mg dose of Dilaudid. At 2322, Respondent  
22 removed 2 mg hydromorphone from Pyxis, and documented it administered to the patient at 2330  
23 in the Nursing Flowsheet. No wastage was documented. Respondent failed to account for 1 mg  
24 hydromorphone for this patient.

25           27. Patient Record No. 700680145: At 1725 on August 15, 2013, this patient received a  
26 physician's order for 4 mg morphine IV, with instructions to repeat as needed for pain within  
27 vital sign parameters. At 1736, Respondent removed 4 mg morphine from Pyxis, and  
28 documented it administered at 1810 in the Nursing Flowsheet. At 1859, Respondent removed

1 another 4mg dose of morphine from Pyxis, but did not account for its administration in the  
2 Nursing Flowsheet, and no wastage was recorded. Respondent failed to account for 4 mg  
3 morphine for this patient.

4 28. Patient Record No. 701363787: At 2114 on August 21, 2013, this patient received a  
5 physician's order for 1 mg Dilaudid IV. At 2143, Respondent removed 2 mg hydromorphone  
6 from Pyxis, and documented 1 mg administered at 2145. The patient received another order for 1  
7 mg Dilaudid at 2315. Respondent removed 2 mg hydromorphone from Pyxis at 2324, and  
8 documented 2 mg administered at 2315 in the Nursing Flowsheet. Respondent did not document  
9 the wastage of the excess 1 mg hydromorphone until 0233 on August 22, 2013.

10 29. Patient Record No. 598121106: At 2345 on August 27, 2013, this patient received a  
11 physician's order for 1 mg Dilaudid IV. At 2354, Respondent removed 1 mg hydromorphone  
12 from Pyxis, and documented 1 mg administered at 2355 in the Nursing Flowsheet. The patient  
13 received another order for 1 mg Dilaudid at 0100 on August 28, 2013. Respondent removed 1  
14 mg hydromorphone from Pyxis at 0107, but failed to document its administration in the Nursing  
15 Flowsheet. Respondent failed to account for 1 mg hydromorphone for this patient.

16 30. Patient Record No. 700348184: At 1737 on October 2, 2013, Respondent removed 4  
17 mg. of morphine from Pyxis for this patient. There was no physician's order for morphine,  
18 Respondent was not the assigned nurse for this patient, the administration of morphine was not  
19 documented in the Nursing Flowsheet, and no wastage was recorded. Respondent failed to  
20 account for 4 mg morphine for this patient.

21 31. Patient Record No. 305046288: At 1810 on October 4, 2013, this patient received a  
22 physician's order for 4 mg morphine IM. At 1810, Respondent removed 4 mg morphine Inj from  
23 Pyxis, and documented it administered at 1810 in the Nursing Flowsheet. At 2045, the patient  
24 received another order for 4 mg morphine IM. At 2047, Respondent removed 4 mg morphine Inj  
25 from Pyxis, but failed to document its administration in the Nursing Flowsheet. Respondent  
26 failed to account for 4 mg morphine for this patient.

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1 not take corrective action. Respondent's conduct demonstrates a lack of possession of or the  
2 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and  
3 exercised by a competent registered nurse.

4 **SECOND CAUSE FOR DISCIPLINE**

5 **(Gross Negligence)**

6 36. Respondent has subjected his registered nurse license to disciplinary action for  
7 unprofessional conduct under section 2761(a)(1) in that he was grossly negligent, as defined by  
8 California Code of Regulations, title 16, section 1442, in that during the period from August 2,  
9 2013 and October 18, 2013, while employed at Scripps Memorial Hospital Encinitas, as  
10 described in paragraphs 16-34, above, Respondent repeatedly removed controlled substances  
11 from Pyxis and failed to properly document his handling of the narcotics in the hospital's records.  
12 A total of 24 mg. morphine, 4 mg. Dilaudid, and 0.5 mg clonazepam are unaccounted for.  
13 Respondent repeatedly failed to properly document wastage, documented wastage outside of the  
14 required timeframe to do so, and removed medication that was not ordered. Respondent further  
15 withdrew a controlled substance for a patient who was not assigned to him, and wasted  
16 medications outside the prescribed timeframe to do so. By failing to properly document the  
17 administration of narcotic pain medications, the patients' response to pain medications, their vital  
18 signs, and the time of administration, he repeatedly exposed patients to significant harm of  
19 respiratory depression, hypotension, and bradycardia.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(False or Grossly Incorrect, Inconsistent, or Unintelligible Documentation in Hospital Records)**

22 37. Respondent has subjected his registered nurse license to disciplinary action under  
23 section 2762(e) of the Code for unprofessional conduct in that on multiple occasions, as described  
24 in paragraphs 16-34, above, he falsified, or made grossly incorrect or grossly inconsistent entries  
25 in hospital records pertaining to controlled substances, and failed to account for 24 mg. morphine,  
26 4 mg. Dilaudid, and 0.5 mg. clonazepam.

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1 FOURTH CAUSE FOR DISCIPLINE

2 (Unprofessional Conduct)

3 38. Respondent has subjected his registered nurse license to disciplinary action for  
4 unprofessional conduct under section 2761(a) in that on or between August 2, 2013 and October  
5 18, 2013, while employed at Scripps Memorial Hospital Encinitas, as described in paragraphs 16-  
6 34, above, Respondent repeatedly failed to properly document his handling of controlled  
7 substances, and failed to follow hospital policy regarding medication administration and pain  
8 management. His conduct jeopardized the health or life of the patients in his care.

9 **PRAYER**

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
11 and that following the hearing, the Board of Registered Nursing issue a decision:

- 12 1. Revoking or suspending Registered Nurse License Number 742428, issued to  
13 Alejandro Alcocer;
- 14 2. Ordering Alejandro Alcocer to pay the Board of Registered Nursing the reasonable  
15 costs of the investigation and enforcement of this case, pursuant to Business and Professions  
16 Code section 125.3;
- 17 3. Taking such other and further action as deemed necessary and proper.
- 18

19 DATED

20 January 5, 2015

21 *Louise R. Bailey*  
22 LOUISE R. BAILEY, M.ED., RN  
23 Executive Officer  
24 Board of Registered Nursing  
25 Department of Consumer Affairs  
26 State of California  
27 Complainant  
28

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