BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of §
Registered Nurse License Number 806453 §
issued to SANDRA CALANDRILLO CAMPBELL §

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 806453, issued to SANDRA CALANDRILLO CAMPBELL, 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 is currently licensed to practice professional nursing in the State of Texas.

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

3. Respondent received an Associate Degree in Nursing from Felician College, Lodi, New Jersey, on May 1, 1978. Respondent was licensed to practice professional nursing in the State of Texas on July 29, 2011.

4. Respondent's nursing employment history includes:

5/78 - 12/78	Unknown	
1/79 - 1/81	RN	Overlook Hospital Summit, New Jersey

Respondent's nursing employment history continued:

1/81 - 10/96	RN	VA Hospital Lyons, New Jersey
11/96 - 6/99	RN	Villa Maria Nursing Unit North Plainfield, New Jersey
7/99 - 8/99	Unknown	
9/99 - 8/02	RN	Jerry Davis Early Childhood Center Manville, New Jersey
9/02 - 11/11	RN	Somerset Treatment Services Somerville, New Jersey
12/11 - 12/12	Unknown	
1/13 - 5/13	RN	Peach Tree Place Weatherford, Texas
6/13 - Unknown	RN	Vivicare Health Partners Arlington, Texas

5. On May 12, 2015, Respondent was issued the sanction of a Warning with Stipulations through an Agreed Order by the Board. A copy of the Finding of Fact, Conclusions of Law and Order dated May 12, 2015, is attached and incorporated herein by reference as part of this Order.

6. On or about May 13, 2016, Respondent failed to comply with the Agreed Order issued to her on May 12, 2015, by the Texas Board of Nursing. Noncompliance is the result of her failure to comply with Stipulation Number III, subsection B, which states, in pertinent part:

> ...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: B. The course "Sharpening Critical Thinking Skills,"**...

7. On May 25, 2016, the Board received a notarized statement from Respondent voluntarily surrendering the right to practice nursing in Texas in lieu of complying with the Agreed Order issued to her on May 12, 2015. A copy of Respondent's notarized statement, dated May 20, 2016, is attached and incorporated herein by reference as part of this Order.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.12(11)(B).

4. The evidence received is sufficient cause pursuant to Section 301.452(b)(1) and (10), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 806453, heretofore issued to SANDRA CALANDRILLO CAMPBELL, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

5. Under Section 301.453(c), Texas Occupations Code, the Board has the authority to accept the voluntary surrender of a license.

6. Under Section 301.453(d), Texas Occupations Code, the Board may impose conditions for reinstatement of licensure.

7. Any subsequent reinstatement of this license will be controlled by Section 301.453(d), Texas Occupations Code, and 22 TAC§§213.26-.29, and any amendments thereof in effect at the time of the reinstatement.

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ORDER

NOW, THEREFORE, IT IS ORDERED that the voluntary surrender of Registered Nurse License Number 806453, heretofore issued to SANDRA CALANDRILLO CAMPBELL, to practice nursing in the State of Texas, is/are 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 or the abbreviation RN or wear any insignia identifying herself as a registered nurse or use any designation which, directly or indirectly, would lead any person to believe that RESPONDENT is a/an registered nurse during the period in which the license/s is/are surrendered.

2. RESPONDENT SHALL NOT petition for reinstatement of licensure until: one (1) year has elapsed from the date of this Order.

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 25th day of May, 2016.

TEXAS BOARD OF NURSING

By: Katherine A. Thomas

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

Sandra Calandrillo Campbell RN, BS
605 NW 7th Avenue
Mineral Wells, Texas 76067

Katherine A. Thomas
Executive Director
Texas BON
333 Guadalupe Street
Austin, Texas 78701

Dear Katherine Thomas,

After much thought and prayer, I have decided to surrender my Texas RN license (806453). After forty-five years in the field of nursing, this was not an easy decision.

As you can see, I have attended the DADS class on restraints last September. What I discovered in the class, is there is a Texas Administrative Code- 19.601- which is attached. This code allows for the use of restraints "required to treat the resident's medical condition." I would consider a diabetic with a blood sugar of 49 a "medical condition." Wouldn't you?

My attorney failed to note several important items in the "fact finding" section.

1. There was no mention why the IV was placed in the patient by the 1400-2200 shift. The patient had a low blood sugar. As the staff from that shift was leaving they told me "the IV doesn't run well, it is positional, and give him something sweet to eat." Upon assessing the patient, the IV was not labeled, nor was it timed taped. The IV was placed in the right elbow area. I considered re-starting the IV, but the patient's venous access was very poor. Since the site was patent without redness, tenderness, swelling, or drainage, and to prevent distress to the patient, I decided to leave it where it was. I spoke Spanish to the patient "brazo abajo," hoping he

would keep his arm down and not bend it. I tried using a pillow, a blanket, but nothing worked to prevent him from bending his arm and allow the IV to flow at the rate the MD ordered. I did not attempt to give the patient "something sweet to eat "since he was not alert enough to swallow, thus increasing the risk of aspiration.

I brought all the notebooks, charts, treatment books, etc. to the patient's bedside, so I could observe him closely. If I held his hand, he would not bend his arm, and the IV would flow. However, if I was called away from his bedside, upon my return, his right arm was bent, and the IV was not flowing.

2. The "fact finding" did not include the 0100 blood sugar of 49, nor that it was reported to the MD. The MD expressed his concern and increased the IV flow. It was at that time I informed the MD of the patient keeping his right arm bent, thus impeding the IV flow. He said "That is not good." At that time I suggested the use of a wristlet restraint to keep the patient's arm straight and allow him to get the benefit of the IV. The MD agreed and ordered the soft restraint, and increased the IV flow, and wanted to be updated at 0430 of the patient's blood sugar reading.

Yes, I did make a wrist restraint. It was fashioned from stockingnette (NOT ace bandage as the witness stated) and unsterile 4x4's. It was a thick and soft restraint. Ms. Thomas, you, nor any other board member were there with me, you did not see my patient's life slipping away. Was I supposed to let my patient's blood sugar slip even lower? And possibly causing my patient's death.

3. In the "fact finding" section # 7 stated: that I "unnecessarily exposed the patient to risk of complications, including decreased circulation, skin breakdown, and emotional distress." Perhaps if my attorney had interviewed me about the incident, the BON would have been aware the patient suffered NO decreased circulation, NO skin breakdown

(he was positioned q 1h, kept dry since he was incontinent, and lotion applied to his body, especially his arms and wrists), and NO emotional distress, he slept most of the shift, and at one point, he patted my cheek and said "gracias." And as he became more alert from receiving the IV, I was able to feed him ice cream and yogurt to help increase his blood sugar. I spent the entire shift at his bedside, holding his hand, the only time the wrist restraint was used, was when I was called away from his bedside to assist one of the nursing assistants, hourly patient rounds, the morning med pass, vital signs, and treatments.

4. My attorney failed to inform the BON, as I requested that I was badly injured while transferring my patient according to the recommendations of Physical Therapy, from the shower chair to bed on March 30, 2015. I wanted the BON to be aware that I was not able to work due to the driving and lifting weight restrictions. I have retired and not practiced since the day I was injured. Thus, I would be unable to complete the work with supervision section of the order.

I truly believe the BON did not have information needed to make an informed decision. I have lived with this nightmare for over three years, and it is time to let it all go.

I once was asked if anyone said "thank you" for saving the patient's life, I replied " no." They shook their head, and told me if they were in the same situation, they would have done exactly what I did - this was a doctor who said this.

Thank you for taking the time to read my letter.

Best regards,

Sandra Calandrillo Campbell RN BS

Sandra Calandrillo Campbell RN BS

Notary page follows

Late entry: The patient's blood sugar @ the end of my shift was ↑ 120.

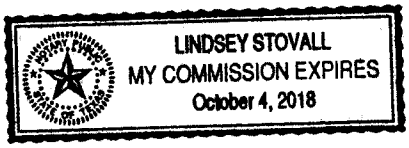
Signed this day 20 **of** May **, 20** 16

Sandra Calandrillo Campbell

sworn to and subscribed to me

this 20 **day of** May **, 20** 16

seal



Lstovall

Notary Public in and for the State of

10-4-2018

State Rule

40 Texas Administrative Code §19.601 Resident Behavior and Facility Practice

The state rule at 40 TAC §19.601(a) states that a **resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptom.**

The rule at §19.601(a)(1) provides that if physical restraints are used because they are required to treat the resident's medical condition, the restraints must be released and the resident repositioned as needed to prevent deterioration in the resident's condition. Residents must be monitored **hourly** and, at a minimum, restraints must be released every **two hours** for a minimum of **10 minutes** each time, and the resident repositioned.

Per §19.601(a)(2)(A-D), a facility must not administer a restraint that:

(A) obstructs the resident's airway, including a procedure that places anything in, on, or over the resident's mouth or nose;
(B) impairs the resident's breathing by putting pressure on the resident's torso;
(C) interferes with the resident's ability to communicate; or
(D) places the resident in a prone or supine hold.

There are times when a facility is faced with a behavioral emergency, which is defined at 40 TAC §19.601(a)(3) as a situation in which severely aggressive, destructive, violent, or self-injurious behavior exhibited by a resident:

(A) poses a substantial risk of imminent probable death of, or substantial bodily harm to, the resident or others;
(B) has not abated in response to attempted preventive de-escalatory or redirection techniques;
(C) could not reasonably have been anticipated; and
(D) is not addressed in the resident's comprehensive care plan.

According to 40 TAC §19.601(a)(4), if restraint is used in a behavioral emergency, the facility must use only an acceptable restraint hold. An acceptable restraint hold is one in which the resident's limbs are held close to the body to limit or prevent movement and that does not violate the provisions of §19.601(a)(2)(A-D).

According to 40 TAC §19.601(a)(5), a staff person may use a restraint hold only for the shortest period of time necessary to ensure the protection of the resident or others in a behavioral emergency.

The use of restraints and their release must be documented in the clinical record as required in 40 TAC §19.601(a)(7).

Indications for Use of Restraints

A comprehensive nursing assessment of the problem behavior should be performed before using a restraint. Determine the causes underlying the behavior or symptom for which a restraint is being considered. After these have been done, restraints might be indicated **IF all** of the following conditions are met:

1) The behavior cannot be modified with other interventions, short of applying a restraint as evidenced by:
   a) documentation of the prior failure of these alternatives.
2) There is a medical symptom that warrants the use of the restraint.
3) There is a prior physician's order for the restraint. (In an emergency, the order may be obtained immediately after the episode.)

> "Medical symptoms that warrant the use of restraints must be documented in the resident's medical record, ongoing assessments, and care plans. While there must be a physician's order reflecting the presence of a medical symptom, CMS will hold the facility ultimately accountable for the appropriateness of that determination. The physician's order alone is not sufficient to warrant the use of the restraint. It is further expected, for those residents whose care plans indicate the need for restraints, that the facility engages in a systematic and gradual process toward reducing restraints (e.g., gradually increasing the time for ambulation and muscle strengthening activities). This systematic process would also apply to recently admitted residents for whom restraints were used in the previous setting."
>
> Appendix PP

Some potential medical reasons for restraint use may include, but are not limited to:

- preventing a resident from disrupting life-saving therapy by for example, pulling out an endotracheal tube used for oxygenation;
- preventing repeated, traumatic removal of an indwelling bladder catheter by a resident;
- protecting the resident and others from hitting or biting;
- protecting the resident from injury after a hip fracture or after surgery before it is safe to ambulate; or
- permitting the performance of certain procedures or treatments.

BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of	§	AGREED
Registered Nurse License Number 806453	§	
issued to SANDRA CALANDRILLO CAMPBELL	§	ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of SANDRA CALANDRILLO CAMPBELL, Registered Nurse License Number 806453, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code. Respondent waived notice and hearing and agreed to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on March 11, 2015.

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.

4. Respondent received an Associate Degree in Nursing from Felician College, Lodi, New Jersey, on May 1, 1978. Respondent was licensed to practice professional nursing in the State of Texas on July 29, 2011.

5. Respondent's professional nursing employment history includes:

05/78 - 12/78	LPN in New Jersey

Respondent's professional nursing employment history continued:

01/79 - 01/81	RN	Overlook Hospital Summit, New Jersey
01/81 - 10/96	RN	VA Hospital Lyons, New Jersey
11/96 - 06/99	RN	Villa Maria Nursing Unit North Plainfield, New Jersey
07/99 - 08/99	Unknown	
09/99 - 08/02	RN	Jerry Davis Early Childhood Center Manville, New Jersey
07/02 - 11/11	RN	Somerset Treatment Services Somerville, New Jersey
12/11 - 12/12	Unknown	
01/13 - 05/13	RN	Peach Tree Place Weatherford, Texas
04/13 - Present	RN	Vivicare Health Partners Arlington, Texas

6. At the time of the initial incident, Respondent was employed as a Registered Nurse with Peach Tree Place, Weatherford, Texas, and had been in that position for four (4) months.

7. On or about May 4, 2013, while employed with Peach Tree Place, Weatherford, Texas, Respondent inappropriately restrained Resident Medical Record Number 2013012 by tying his right wrist to the bed frame, using tape, gauze and an elastic bandage, after discovering that soft wrist restraints were unavailable. Additionally, Respondent failed to notify the physician regarding the unavailability of soft wrist restraints. Respondent's conduct unnecessarily exposed the patient to risk of complications, including decreased circulation, skin breakdown, and emotional distress. Additionally, Respondent's conduct deprived the physician of information required to make appropriate decisions regarding patient care.

8. In response to Finding of Fact Number Seven (7), Respondent states the patient's cognitive impairments prevented him from maintaining his arm in a position to allow for his intravenous (IV) fluids to flow, so she contacted the attending physician and obtained an order for a soft wrist restraint. Respondent states she went to the supply area and discovered

no soft wrist restraints were available. Respondent states she improvised and used an elastic bandage and paper tape. Respondent points out that the tape was not fastened to the frame of the bed, but to the bed sheets along the side of the bed mattress. Respondent states she did not notify the physician of the unavailability of soft wrist restraints because she was under the impression that when the routine day shift staff returned to work on May 4, 2013, the patient would no longer receive IV fluids as it was counter to his order for Hospice care.

9. On or about September 11, 2014, Respondent successfully completed a Board approved course in Texas nursing jurisprudence and ethics, which would have been a requirement in this Order.

10. Respondent supplied a letter of recommendation from her current employer, Vivicare Health Partners, Arlington, Texas.

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),(B)&(D) and 217.12(1)(A),(1)(B),(4)&(6)(C).

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 806453, heretofore issued to SANDRA CALANDRILLO CAMPBELL.

TERMS OF ORDER

I. SANCTION AND APPLICABILITY

IT IS THEREFORE AGREED and ORDERED that RESPONDENT SHALL receive the sanction of **WARNING WITH STIPULATIONS** in accordance with the terms 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.

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 **The course "Restraints in Long Term Care,"** a 6.0 contact hour workshop presented in various locations by the Texas Department of Aging and Disability Services.

B. **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.*

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 four (4) quarterly periods [one (1) year] of employment. This requirement will not be satisfied until four (4) 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. **Incident Reporting for Current Employer:** RESPONDENT SHALL CAUSE Vivicare Health Partners, Arlington, Texas, to immediately submit any and all incident, counseling, variance, unusual occurrence, and medication or other error reports involving RESPONDENT, as well as documentation of any internal investigations regarding action by RESPONDENT, to the attention of Monitoring at the Board's office, for so long as RESPONDENT remains employed with Vivicare Health Partners.

D. **Monitored Home Health Practice for Current Employer:** RESPONDENT'S home health nursing practice will be monitored by a Registered Nurse Supervisor proficient in the area of home health nursing

approved by the Board. RESPONDENT MUST, within ten (10) days of receipt of this Order, provide to the Board a list of three (3) potential Registered Nurse Supervisors, including name, license number, educational experience, and work experience for each. Monitoring shall commence no later than thirty (30) days following the date of Respondent's receipt of the name of the Registered Nurse Supervisor selected by the Board. The Registered Nurse Supervisor must identify and document individualized goals and objectives, resources to be utilized, and the methods to be used to determine successful completion of the monitoring period relative to the violations identified in this Order. RESPONDENT SHALL meet with the Registered Nurse Supervisor at least once a month, for a minimum of one (1) hour each session. Meetings may be longer and more frequent if the monitor determines necessary. If either improvement of documentation and/or physical assessment skills is a goal or objective of the monitoring, RESPONDENT SHALL perform assessments on and document assessment findings for live patients. Performing assessments on and documenting findings for mock patients or mannequins WILL NOT be accepted. Multiple employers are prohibited.

E. **Indirect Supervision for Subsequent Employers:** Should Respondent's employment with Vivicare Health Partners cease, 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.** The supervising nurse is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

F. **Nursing Performance Evaluations:** For current position at Vivicare Health Partners, Arlington, Texas, RESPONDENT SHALL ensure that the Registered Nurse Supervisor monitoring Respondent's practice submits reports addressing Respondent's progress toward achievement of the identified monitoring goals and objectives to the office of the Board at the end of each three (3) month quarterly period for four (4) quarters [one (1) year] of employment as a nurse. Should Respondent's employment with Vivicare Health Partners cease, RESPONDENT SHALL CAUSE each subsequent employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the nurse who supervises the

RESPONDENT and these reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month quarterly period for four (4) quarters [one (1) year] of employment as a nurse.

V. 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 16 day of April, 2015

Sandra Calandrillo Campbell

SANDRA CALANDRILLO CAMPBELL, Respondent

Sworn to and subscribed before me this 16 day of April, 2015.

SEAL

KRISTI ADAMS
MY COMMISSION EXPIRES
October 19, 2018

Kristi Adams

Notary Public in and for the State of Texas

Approved as to form and substance.

A. Clay Graham

A. Clay Graham, Attorney for Respondent

Signed this 16th day of April, 2015

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 16th day of April, 2015, by SANDRA CALANDRILLO CAMPBELL, Registered Nurse License Number 806453, and said Order is final.

Effective this 12th day of May, 2015.

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