



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.  
*Katherine A. Thomas*  
Executive Director of the Board

BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of § AGREED  
Registered Nurse License Number 821499 §  
issued to REBECCA WENLIN SHAN § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of REBECCA WENLIN SHAN, Registered Nurse License Number 821499, 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 September 12, 2016.

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 a baccalaureate degree in nursing from the University of Texas at Arlington, Arlington, Texas, on May 12, 2012. Respondent was licensed to practice professional nursing in the State of Texas on July 3, 2012.
5. Respondent's nursing employment history includes:  
7/2012 – Present      Staff RN      Medical Center of Plano, Plano, Texas
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 four (4) months.

7. On or about October 26, 2012, while employed as a Staff RN at the Medical Center of Plano, Plano, Texas, Respondent, while in the role of a nurse intern, and caring for Patient Medical Record No. #000897379, mis-interpreted the fetal heart rate (FHR), and thus, inaccurately documented the FHR baseline, accelerations, and decelerations on several occasions.
8. On or about October 26, 2012, while employed as a Staff RN at the Medical Center of Plano, Plano, Texas, Respondent, while in the role of a nurse intern, and caring for the aforementioned Patient Medical Record No. #000897379, failed to document the presence or absences of FHR accelerations and decelerations, the monitoring mode of uterine activity, and the frequency, duration, and intensity of contractions at 8:42 a.m., as required by the physician order and facility policy, and increased Pitocin infusion to ten (10) milli units per minute, without completing the In-Use Pitocin Checklist while inappropriately documenting under the log-in/signature code of a co-worker.
9. On or about October 26, 2012, while employed as a Staff RN at the Medical Center of Plano, Plano, Texas, Respondent, while in the role of a nurse intern, and caring for aforementioned Patient Medical Record No. #000897379, failed to document that she increased the Pitocin infusion rate from eight (8) milli units per minute to ten (10) milli units per minute between 12:30 p.m. and 2:30 p.m. and failed to document the In Use Pitocin Checklist at 4:29 p.m. as required. Respondent's conduct resulted in an inaccurate and incomplete medical record.
10. In response to Findings of Fact Numbers. Seven (7) through Nine (9), Respondent states she believes the care provided to the patient was appropriate and met the standard of care. Respondent mentioned that, at the time of the incident, she was an RN but training under the supervision of a preceptor. Respondent states she was more comfortable in her position and worked more independently, without her preceptor right by her side at all times at the time of the incident. Respondent states the preceptor was monitoring her work, and they would have been in regular communication with continuous and ongoing discussion about the assessments and interventions performed. Respondent reports she does acknowledge her charting was deficient at times; however mentions some of this was related to aspects of the electronic medical record system that she was still learning. Respondent denies failing to assess, intervene, notify the provider of signs of fetal distress, and denies inappropriately increasing the Pitocin. Respondent states she believes the care of this patient and her fetus was appropriate, and there was no time when she compromised or endangered the health and well being of the patient or her fetus. Respondent states it was she who made the note and increased the Pitocin at 8:42 a.m. and is unsure why another nurse's signature is on the note at that time. Respondent states she acknowledges a mistake in her documentation at 2:00 p.m. Respondent states she has used what she has learned from this incident to make herself a better nurse, improve her charting, and improve the patient care she provides.
11. Formal Charges were filed on April 27, 2016, and mailed to the Respondent on May 3,

2016.

### 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)(P)&(3)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(1)(B),(1)(C)&(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 821499, heretofore issued to REBECCA WENLIN SHAN, 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 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. KNOWLEDGE, SKILLS, TRAINING, ASSESSMENT AND RESEARCH (KSTAR) PILOT PROGRAM**

IT IS AGREED and ORDERED that RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot Program and RESPONDENT SHALL:

- (A) Within forty-five (45) days of entry of this Order, apply to and enroll in the KSTAR Pilot Program, including payment of any fees and costs, unless otherwise agreed in writing;
- (B) Submit to an individualized assessment designed to evaluate RESPONDENT'S nursing practice competency and to support a targeted remediation plan;
- (C) Follow all requirements within the remediation plan, if any;
- (D) Successfully complete a Board-approved course in Texas nursing jurisprudence and ethics as part of the KSTAR Pilot Program; and
- (E) Provide written documentation of successful completion of the KSTAR Pilot Program to the attention of Monitoring at the Board's office.

**IV. FURTHER COMPETENCY ISSUES AND VIOLATIONS**

IT IS FURTHER AGREED, SHOULD RESPONDENT'S individualized KSTAR Pilot Program assessment identify further competency issues and violations of the Nursing Practice Act, including inability to practice nursing safely, further disciplinary action, up to and including revocation of Respondent's license(s) to practice nursing in the State of Texas, may be taken based on such results in the assessments.

**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.

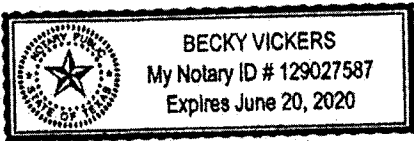
Signed this 22 day of September, 2016.

Rebecca Shan  
REBECCA WENLIN SHAN, Respondent

Sworn to and subscribed before me this 22 day of September, 2016.

SEAL

Becky Vickers  
Notary Public in and for the State of TX



Approved as to form and substance.

T. Reynolds  
Timothy Reynolds, Attorney for Respondent

Signed this 22 day of Sept, 2016.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 22nd day of September, 2016, by REBECCA WENLIN SHAN, Registered Nurse License Number 821499, and said Order is final.

Effective this 27th day of October, 2016.



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