



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

\*\*\*\*\*

In the Matter of § AGREED  
Vocational Nurse License Number 196014 §  
issued to IRENE A TUCKER § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of IRENE A TUCKER, Vocational Nurse License Number 196014, 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 November 2, 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 vocational nurse in the State of Texas is in current status.
4. Respondent received a Certificate in Vocational Nursing from Lone Star College Cy-Fair, Cypress, Texas on August 11, 2004. Respondent was licensed to practice vocational nursing in the State of Texas on October 21, 2004.
5. Respondent's nursing employment history includes:

10/2004 - 12/2004	Charge Nurse	Heartland Healthcare Center at Willowbrook Houston, Texas
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Respondent's nursing employment history continued:

12/2004 - 2/2005	Licensed Vocational Nurse	Memorial Hermann Continuing Care Hospital Houston, Texas
3/2005 - 8/2005	Charge Nurse	Oakmont Nursing and Rehabilitation Center Humble, Texas
7/2005 - 9/2005	Charge Nurse	Spanish Meadows Katy, Texas
8/2005 - 3/2006	Licensed Vocational Nurse	Veterans Affairs Medical Center Houston, Texas
4/2006 - 8/2006	Unknown	
9/2006 - 8/2009	Licensed Vocational Nurse	Maxim Healthcare Services Houston, Texas
8/2009 - Present	Charge Nurse	St. Dominic Nursing Home Houston, Texas
9/2015 - Unknown	Licensed Vocational Nurse	Epic Home Health Services Houston, Texas
12/2015 - 7/2016	Licensed Vocational Nurse	West Chase Health & Rehabilitation Center Houston, Texas
7/2016 - Present	Licensed Vocational Nurse	Heritage Park of Katy Katy, Texas

6. At the time of the incident, Respondent was employed as a Licensed Vocational Nurse with West Chase Health & Rehabilitation Center, Houston, Texas, and had been in that position for six (6) months.
7. On or about June 30, 2016, while employed as a Licensed Vocational Nurse with West Chase Health & Rehabilitation Center, Houston, Texas, Respondent failed to intervene and/or notify the physician when she assessed Patient Medical Record Number 2013571 to be hypotensive with a blood pressure of 80/42 mm Hg. Additionally, Respondent failed to assess any other

vital signs of the patient and failed to reassesses the patient and his blood pressure. Subsequently, four (4) hours later, the patient was discovered unresponsive, pulseless, and later expired. Respondent's conduct was likely to injure the patient from a delay in necessary medical treatment and may have contributed to the patient's demise.

8. In response to the incident in Finding of Fact Number Seven (7), Respondent states that the physician was not notified when the patient had low blood pressure because the patient was not in any distress. Respondent states that she wanted to verify the patient's blood pressure history before notifying the physician. Respondent states that she had to prioritize her work load and that she did not have to opportunity to search the patient's blood pressure history before making rounds when they discovered the patient unresponsive.

### 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)(D),(1)(M),(1)(P)&(2)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(1)(B)&(4).
4. The evidence received is sufficient cause pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 196014, heretofore issued to IRENE A TUCKER, including revocation of Respondent's license(s) to practice nursing in the State of Texas.
5. Pursuant to Section 301.463(d), Texas Occupations Code, this Agreed Order is a settlement agreement under Rule 408, Texas Rules of Evidence, in civil or criminal litigation.

### TERMS OF ORDER

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

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Vocational Nurse License Number 196014, previously issued to IRENE A TUCKER, to practice nursing in Texas is hereby **SUSPENDED** with the suspension **STAYED** and

Respondent is hereby placed on **PROBATION**, in accordance with the terms of this Order, for a minimum of two (2) years **AND** until Respondent fulfills the requirements of this Order.

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

## **II. COMPLIANCE WITH LAW**

While under the terms of this Order, **RESPONDENT** agrees to comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §§211.1 *et seq.*, and this Order.

## **III. REMEDIAL EDUCATION COURSE(S)**

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

- A. **A Board-approved course in Texas nursing jurisprudence and ethics** that shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. Home study courses and video programs will not be approved.

- B. **A Board-approved course in physical assessment** with a didactic portion of not less than six (6) hours and a clinical component of not less than twenty-four (24) hours. Both the didactic and clinical components must be provided by the same Registered Nurse. The course's content shall include physical assessment of all body systems. The clinical component SHALL include physical assessment of live patients in a clinical setting; Performing assessments on mock patients or mannequins WILL NOT be accepted. The course description shall indicate goals and objectives for the course, resources to be utilized, and the methods to be used to determine successful completion of the course. Successful completion of this course requires RESPONDENT to successfully complete both the didactic and clinical portions of the course.
- C. **The course “Sharpening Critical Thinking Skills,”** a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension.

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

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

In order to complete the terms of this Order, RESPONDENT must work as a nurse in the State of Texas, providing direct patient care in a clinical healthcare setting, for a minimum of sixty-four (64) hours per month for eight (8) quarterly periods [two (2) years] of employment. This requirement will not be satisfied until eight (8) quarterly periods of employment as a nurse have elapsed. Any quarterly period without continuous employment with the same employer for all three (3) months will not count towards completion of this requirement. Periods of unemployment or of employment that do not require the use of a registered nurse (RN) or a vocational nurse (LVN) license, as appropriate, will not apply to this period and will not count towards completion of this requirement.

- A. Notifying Present and Future Employers:** RESPONDENT SHALL notify each present employer in nursing and present each with a complete copy of this Order, including all attachments, if any, within five (5) days of receipt of this Order. While under the terms of this Order, RESPONDENT SHALL notify all future employers in nursing and present each with a complete copy of this Order, including all attachments, if any, prior to accepting an offer of employment.
- B. Notification of Employment Forms:** RESPONDENT SHALL CAUSE each present employer in nursing to submit the Board's "Notification of Employment" form to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Board's "Notification of Employment form" to the Board's office within five (5) days of employment as a nurse.
- C. Direct Supervision:** For the first year [four (4) quarters] of employment as a Nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse. Direct supervision requires another nurse, as applicable, to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.
- D. Indirect Supervision:** For the remainder of the stipulation/probation period, RESPONDENT SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises. 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.
- E. Nursing Performance Evaluations:** RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board,

periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed 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 eight (8) quarters [two (2) years] of employment as a nurse.

**V. FURTHER COMPLAINTS**

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

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

Upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

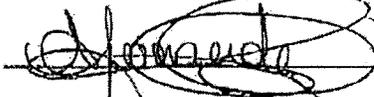
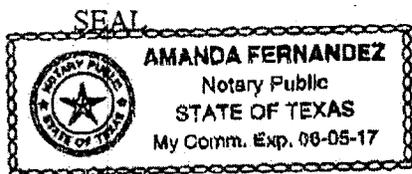
I understand that I have the right to legal counsel prior to signing this Agreed Order I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the entry of this Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that when this Order becomes final and the terms of this Order become effective, a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including possible revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 31<sup>st</sup> day of January, 2017.



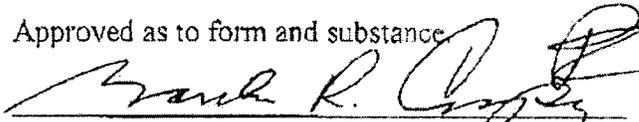
\_\_\_\_\_  
IRENE A TUCKER, Respondent

Sworn to and subscribed before me this 31<sup>st</sup> day of January, 2017.



\_\_\_\_\_  
Notary Public in and for the State of Tx

Approved as to form and substance



\_\_\_\_\_  
Gordon R. Cooper, Attorney for Respondent

Signed this 31<sup>st</sup> day of January, 2017

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 31<sup>st</sup> day of January, 2017, by IRENE A TUCKER, Vocational Nurse License Number 196014, and said Order is final.

Effective this 21<sup>st</sup> day of March, 2017.

A handwritten signature in cursive script, appearing to read "Katherine A. Thomas".

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

TEXAS BOARD OF NURSING  
333 GUADALUPE STREET, SUITE 3-460  
AUSTIN, TEXAS 78701

**NOTICE**

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

- I. The effective date of the Order is the date the Order was ratified by the Board and can be located on the Executive Director's signature page contained in your Order.
- II. Any required courses must be completed within the time frame specified in your Order regardless of whether your license is in delinquent or current status.
- III. Notification of Employment Forms

A Notification of Employment form is enclosed for you to have your employer complete and submit to this office if you are required to cause your employer to submit periodic reports.

Notification of Employment forms are to be used by employers who employ you as a nurse **in the State of Texas and cannot be accepted prior to the effective date of the order.**

It is your responsibility to ensure your employer has been provided a copy of your Order and the appropriate personnel at your place of employment have been notified of your Order.

If you **are currently employed** as a nurse, your employer must submit the Notification of Employment form **within ten (10) days** of when you received the enclosed Board Order.

If you **are not currently employed** as a nurse, your employer must submit the Notification of Employment form **within five (5) days** of your becoming employed as a nurse.

If you **change employers** during the term of your Order, your employer must submit the Notification of Employment form **within five (5) days** of your new employment as a nurse.

IV. Report Forms

We will send your first set of report forms to be used to document your compliance with the stipulations of your Board Order **once we receive your completed Notification of Employment form.** Each report form will indicate the date on which it must be received in the Board's office.

It is your responsibility to ensure **each required report is mailed to the Board's office before its due date.** **Please be aware that reports received more than two (2) weeks prior to their due date will NOT be accepted and that all reports, except for Support Group attendance logs, must be submitted directly from the individual completing the report.**

**Only reports verifying your compliance with your stipulations during periods of time in which you are employed as a nurse are credited toward meeting the requirements of your Order. Further, quarterly employment reports will only be credited if you have been working with the same employer for the full three (3) months of that quarter. (Employment for one (1) or two (2) months does not count towards your monitoring period.)**

You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully. If you have any questions, please call (512) 305-6838.

**NOTIFICATION OF EMPLOYMENT**

**This form cannot be accepted prior to the effective date of the order.**

Regarding: \_\_\_\_\_

License Number: \_\_\_\_\_

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

\_\_\_\_\_ which is a \_\_\_\_\_

*Name of Facility*

*Type of Facility*

in the position of \_\_\_\_\_ since the date of \_\_\_\_\_.

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

*Supervisor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Facility Name and Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Telephone #:* \_\_\_\_\_

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

*Name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

Please call (512) 305-6838 with any questions.