

Respondent's nursing employment history continued:

1/2000 - 5/2000	LVN	Bluebonnet Nursing Home Karnes City, TX
1/2007 - 12/2007	LVN PRN	Wackenhut Kenedy, TX
1/2008 - 1/2010	LVN	Regency Nursing Home Floresville, TX
9/2008 - 1/2010	LVN	Floresville Nursing Center Floresville, TX
6/2010 - Present	LVN	Otto Kaiser Memorial Hospital Kenedy, TX
9/2010 - 2/2011	LVN	TLC Agency Victoria, TX
1/2015 - 1/2017	LVN	Karnes City Health and Rehab Karnes City, TX
7/2015 - 2/2018	LVN	Kenedy Health and Rehabilitation Kenedy, TX
3/2018 - Present	Unknown	

6. At the time of the initial incident, Respondent was employed as a Licensed Vocational Nurse with Kenedy Health and Rehabilitation, Kenedy, Texas, and had been in that position for two (2) years and eight (8) months.
7. On or about February 8, 2018, while employed as a Licensed Vocational Nurse with Kenedy Health and Rehabilitation, Kenedy, Texas, Respondent pinched the nose of Resident 00449-048 to make the resident open his mouth to feed him. In addition, when a co-worker asked Respondent how to get the resident to eat, Respondent told them to hold his nose. Respondent's conduct was likely to cause emotional, physical, and/or psychological harm to the patient and could have interfered or disrupted this patient's treatment.
8. In response to Finding of Fact Number Seven (7), Respondent denies holding the nose of a resident and telling a co-worker to hold the nose of a resident. Respondent states she has been misrepresented by the nursing home.

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) and 22 TEX. ADMIN. CODE §217.12(1)(A),(1)(B),(4),(6)(C)&(6)(F).
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 169659, heretofore issued to MONA LISA MARTINEZ.
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. As a result of this Order, Respondent's license(s) will be designated "single state" and Respondent may not work outside the State of Texas in another nurse licensure compact party state.

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. UNDERSTANDING BOARD ORDERS

Within thirty (30) days of entry of this Order, RESPONDENT must successfully complete the Board's online course, "Understanding Board Orders," which can be accessed on the Board's website from the "Discipline & Complaints" drop-down menu or directly at: <http://www.bon.texas.gov/UnderstandingBoardOrders/index.asp>. Upon successful completion, RESPONDENT must submit the course verification at the conclusion of the course, which automatically transmits the verification to the Board.

IV. 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. 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.*

V. 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 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. 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. **Indirect Supervision:** 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.
- D. **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 individual who supervises the RESPONDENT and these reports shall be submitted by the supervising individual 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.

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, subject to meeting all existing eligibility requirements in Texas Occupations Code Chapter 304, Article III, RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

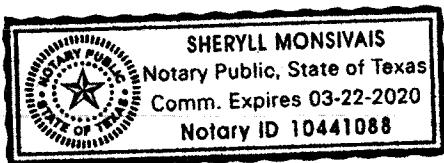
I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the entry of this Order, and any conditions of said 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 day of MAY, 2018.
Mona Lisa Martinez
MONA LISA MARTINEZ, Respondent

Sworn to and subscribed before me this 31 day of MAY, 2018.

SEAL

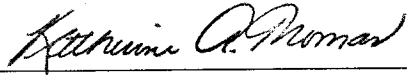
Sheryll Monsivais



Notary Public in and for the State of TEXAS

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 31st day of May, 2018, by MONA LISA MARTINEZ, Vocational Nurse License Number 169659, and said Order is final.

Effective this 19th day of July, 2018.



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

Courses Approved to Meet BON Stipulations

Texas Board of Nursing Phone: 512-305-6844 Email: workshops@bon.texas.gov Website: https://www.bon.texas.gov/catalog/ Course offered at various times and locations in Texas	Jurisprudence and Ethics (Protecting Your Patients and Your Practice)
A & P Healthcare Training, LLC Carolyn D. Perry, 1200 Pigeon Hawk Drive, Little Elm, TX 75068 Phone: 214-708-8878 Email: cperry@aandphealthcaretraining.com Website: www.aandphealthcaretraining.com/ Courses offered at various times in Carrollton and the Dallas-Fort Worth Metroplex	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
Absolute Direction for Nursing Professionals Leah Montoya, MSN, RN, CNOR, PO Box 164111, Austin, TX 78716 Phone: 512-766-7725 or 512-797-4250 Email: absolutedirectionnp@gmail.com Website: www.absolutedirectionnp.com Course offered at various times in Austin	Nursing Documentation
A Professional Healthcare Education Service, Inc. Yvette Checks, RN, MSN, 3727 Greenbriar, # 403, Stafford, TX 77477 Phone: 877-313-7437 (toll free) or 281-313-7437 Email: phes@windstream.net Website: www.phesonline.com Courses offered at various times in Houston, Dallas, San Antonio, San Marcos, and Texarkana	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment Pharmacology
ACE Nursing Education Services Rachel M. Lozano, MSN, RN, 609 Drummer Boy, El Paso, TX 79932 Phone: 915-204-6733 Email: acenurseed@gmail.com Website: www.acenursingeducation.com	Jurisprudence and Ethics Nursing Documentation
AMES HIGH - A Continuing Education Company Dierdre D. Fisher, MSN, RN, PMHCNS-BC, PO Box 691175, San Antonio, TX 78269-1175 Phone: 210-694-0625 Email: dfisher@ameshigh.com Website: www.ameshigh.com Courses offered at various times in San Antonio	Jurisprudence and Ethics Nursing Documentation Medication Administration
A N G Felicia Edoghotu, RN, BSN, MHA, P.O. Box 270161, Dallas, TX 75227 Phone: 469-744-6246 Email: associatednursesgroup@yahoo.com Website: www.angcares.com Courses offered at various times in Dallas, Tyler, Ft. Worth, and Houston	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
Bracey's Nursing Solutions Patsy Bracey, RN, BS, 1301 Leader Drive, Killeen, TX 76549 Phone: 800-688-6149 Email: nurse.PB1963@gmail.com Website: www.braceynursingsolutions.com Courses offered at various times in Killeen, Lubbock, Pflugerville	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
CPR Stat of Texas Laurie Foley, RN, MSN, CEN, 6335 Camp Bullis Rd, STE 35B, San Antonio, TX 78257 Phone: 832-647-1003 Email: cprstatof texas@yahoo.com Website: www.cprstat-tx.com	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
Dinah Lewis Dinah Lewis, MSN, RN, 2004 7th Ave, Canyon, TX 79015 Phone: 806-212-0703 Email: dinah.lewis@bsahs.org	Jurisprudence and Ethics
JMA - Nursing Consultant Jeanette Anderson, RN, MSN, PO Box 24971, Fort Worth, TX 76124-1971 Phone: 817-845-1937 Email: jmanc101@sbcglobal.net Website: www.jmanursingconsultant.com	Jurisprudence and Ethics Nursing Documentation
Lolly Lockhart, Health Care Consultant Lolly Lockhart, PhD, RN, 3520 Killingsworth Lane, Pflugerville, TX 78660 Email: Lollylock@gmail.com Course offered in Central Texas	Jurisprudence and Ethics
San Antonio Nursing Education Associates, LLC Felecia Washington, 1777 NE Loop 410, STE 600, San Antonio, TX 78217 Phone: 210-678-3080 or 210-781-9489 Email: info@satxnea.com Website: www.satxnea.com	Jurisprudence and Ethics Nursing Documentation
National Council of State Boards of Nursing (NCSBN) Learning Extension Website: http://learningext.com/nurses/default.aspx	Delegating Effectively Patient Privacy Respecting Professional Boundaries Sharpening Critical Thinking Skills
Texas Department of Aging and Disability Services Website: http://www.dads.state.tx.us/providers/Training/jointtraining.cfm	Dehydration and Weight Loss Detecting and Preventing Abuse & Neglect Infection Control Pressure Ulcers

The above information is current as of October 5, 2017.

Please refer to the Board's website (https://www.bon.texas.gov/discipline_and_complaints_courses.asp#t0) for current additional information.

TEXAS BOARD OF NURSING
333 Guadalupe Street, Suite 3-460, Austin, Texas 78701

NOTIFICATION OF EMPLOYMENT INFORMATION

Please be informed 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
 - o 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.
 - o 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.
 - o 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.
 - o 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.
 - o 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.
 - o 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
 - o 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.
 - o 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.
 - o 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.

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.

TEXAS BOARD OF NURSING
333 Guadalupe Street, Suite 3-460, Austin, Texas 78701
(512) 305-6838

NOTIFICATION OF EMPLOYMENT FORM

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

Regarding: Mona Lisa Martinez
License Number(s): LVN 169659

(Name of Facility) _____, which is a
(Type of Facility) _____ in the position of
(Position) _____ since the date of (Date) _____.

I have received a complete copy of the Order of the Board/Agreed Order 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:* _____

Printed Name and 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 someone other than the above Supervisor, please list that individual's name and title below.

Name: _____

Title: _____

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