#### BEFORE THE TEXAS BOARD OF NURSING

**AGREED** In the Matter of

§ § § Vocational Nurse License Number 323031 **ORDER** issued to DUSTIN HUYNH

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of DUSTIN HUYNH, Vocational Nurse License Number 323031, 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)(3),(8)&(10), 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 July 2, 2018.

#### FINDINGS OF FACT

- Prior to the institution of Agency proceedings, notice of the matters specified below in these 1. 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).
- Respondent waived notice and hearing, and agreed to the entry of this Order. 2.
- Respondent's license to practice as a vocational nurse in the State of Texas is in current 3. status.
- Respondent received a Certificate in Vocational Nursing from Butte College, Oroville, 4. California, on December 18, 2009. Respondent was licensed to practice vocational nursing in the State of Texas on October 27, 2014.
- Respondent's nursing employment history is unknown. 5.

- 6. On or about February 21, 2018, Respondent entered a plea of Guilty to and was convicted of CAUSES/PERMITS ABUSE LIKELY TO PRODUCE INJURY OF ELDER/DEPENDENT ADULT, reduced to a lesser offense of misdemeanor, in the Superior Court of Butte County, California, under Cause No. 17CF02995. As a result of the conviction Respondent was placed on probation for a period of three (3) years and ordered to surrender license as a vocational nurse to issuing agency, pay a fine and court costs.
- 7. On or about July 14, 2017, Respondent's license to practice vocational nursing in the State of California was issued the sanction of Default Decision and Order by the Board of Vocational Nursing and Psychiatric Technicians Department of Consumer Affairs for the State of California.
- 8. In response to Findings of Fact Numbers Six (6) and Seven (7), Respondent states this happened on his first day of employment at Windsor Chico Creek Care. He was assigned to shadow an LVN on the unit. The orientation LVN asked him to pass out medication to the patients on the assigned unit since he had previous experience. Respondent administered a handheld nebulizer treatment to him because he had an episode of decreasing oxygen level. After treatment the levels slightly increased and was appeared to be stable. Respondent left the room to complete the passing of the medication. The patient was later found non-responsive and was transferred to the hospital and died later that evening.

#### 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(13).
- 4. The evidence received is sufficient cause pursuant to Section 301.452(b)(3),(8)&(10), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 323031, heretofore issued to DUSTIN HUYNH, 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 323031, previously issued to DUSTIN HUYNH, 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. 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: <a href="http://www.bon.texas.gov/UnderstandingBoardOrders/index.asp">http://www.bon.texas.gov/UnderstandingBoardOrders/index.asp</a>. 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. A Board-approved course in medication administration 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: a review of proper administration procedures for all standard routes; computation of drug dosages; the six (6) rights of medication administration; factors influencing the choice of route; and possible adverse effects resulting from improper administration. The clinical component SHALL focus on tasks of medication administration only. 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 <u>"Sharpening Critical Thinking Skills,"</u> 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 preapproved 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 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. 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 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 eight (8) quarters [two (2) years] of employment as a nurse.

#### VI. 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.

## VII. 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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CONTINUED ON NEXT PAGE.

#### 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.

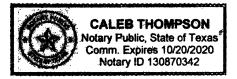
Signed this 19 day of July , 20 18.

DUSTIN HUYNH, Respondent

Sworn to and subscribed before me this  $\frac{19}{100}$  day of  $\frac{3}{100}$ ,  $\frac{19}{100}$ 

**SEAL** 

Notary Public in and for the State of Tons



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 19<sup>th</sup> day of July, 2018, by DUSTIN HUYNH, Vocational Nurse License Number 323031, and said Order is final.

Effective this 21st day of August, 2018.

Katherine A. Thomas, MN, RN, FAAN

Executive Director on behalf

of said Board

(DUSTIN ANH HUYNH) DEPAULT DECISION & ORDER Case No. VN 2013 4673

- 3. On or about April 6, 2017, Respondent was served by Certified Mail copies of the Accusation No. VN 2013 4673, Statement to Respondent, Notice of Defense, Request for Discovery, and Discovery Statutes (Government Code sections 11507.5, 11507.6, and 11507.7) at Respondent's address of record which, pursuant to Business and Professions Code section 136, is required to be reported and maintained with the Board. Respondent's address of record was and is: 13906 Merganser Drive, Houston, TX 77047.
- 4. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c) and/or Business & Professions Code section 124.
- 5. On or about April 11, 2017, the aforementioned documents were signed for at Respondent's address of record and the signed certified mail receipt was returned.
  - 6. Government Code section 11506(c) states, in pertinent part:
  - (c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense . . . and the notice shall be deemed a specific denial of all parts of the accusation . . . not expressly admitted. Failure to file a notice of defense . . . shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.
- 7. Respondent failed to file a Notice of Defense within 15 days after service upon him of the Accusation, and therefore waived his right to a hearing on the merits of Accusation No. VN 2013 4673.
  - 8. California Government Code section 11520(a) states, in pertinent part:
  - (a) If the respondent either fails to file a notice of defense . . . or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent . . . .
- 9. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on the relevant evidence contained in the Default Decision Evidence Packet in this matter, as well as taking official notice of all the investigatory reports, exhibits and statements contained therein on file at the Board's offices regarding the allegations contained in Accusation No. VN 2013 4673,

finds that the charges and allegations in Accusation No. VN 2013 4673, are separately and severally, found to be true and correct by clear and convincing evidence.

10. Taking official notice of its own internal records, pursuant to Business and Professions Code section 125.3, it is hereby determined that the reasonable costs for Investigation and Enforcement is \$1,887.50 as of May 5, 2017.

### **DETERMINATION OF ISSUES**

- 1. Based on the foregoing findings of fact, Respondent Dustin Anh Huynh has subjected his Vocational Nurse License No. VN 249551 to discipline.
  - 2. The agency has jurisdiction to adjudicate this case by default.
- 3. The Board of Vocational Nursing and Psychiatric Technicians is authorized to revoke Respondent's Vocational Nurse License based upon the following violations alleged in the Accusation which are supported by the evidence contained in the Default Decision Evidence Packet in this case.:
- a. Respondent's license is subject to disciplined under Code section 2878, subdivision

  (a), in that on or about April 19, 2013, while working as a licensed vocational nurse at Windsor in Chico, California, Respondent committed acts constituting gross negligence and incompetence, as defined in Code section 2878, subdivision (a)(1), and California Code of Regulations, title 16, section 2519. The circumstances are that Respondent noted a change of condition as to a patient, HP, but failed to provide adequate intervention including, but not limited to:
- i. Respondent failed to evaluate and attend to HP after finding HP unresponsive and despite knowledge of HP's respiratory distress. Respondent failed to check HP's carotid pulse and cardiac status, the presence of adequate respirations, or respiratory monitoring required by HP's respiratory distress.
- ii. Respondent failed to contact HP's physician, the supervising registered nurse, or to properly notify the licensed vocational nurse assigned to HP regarding HP's change of condition.
  - iii. Respondent failed to immediately seek emergency care for HP.

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1	iv. Respondent failed to follow Windsor's policies and procedures regarding the					
2	administration of oxygen, oxygen service, the emergency use of oxygen, and the administration					
3	of CPR.					
4	v. Respondent failed to take resuscitative measures despite the orders of HP's					
5	physician and the POLST that indicated full emergency treatment, including CPR.					
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7	ORDER					
8	IT IS SO ORDERED that Vocational Nurse License No. VN 249551, heretofore issued to					
9	Respondent Dustin Anh Huynh, is revoked.					
10	Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a					
11	written motion requesting that the Decision be vacated and stating the grounds relied on within					
12	seven (7) days after service of the Decision on Respondent. The agency in its discretion may					
13	vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.					
14	This Decision shall become effective on JUL 1 4 2017					
15	It is so ORDERED JUN 0 2 2017					
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17	7					
18	FOR THE BOARD OF VOCATIONAL					
19	NURSING AND PSYCHIATRIC TECHNICIANS DEPARTMENT OF CONSUMER AFFAIRS					
20	DEFACIMENT OF COMBONIER MATACO					
21	12677627,DOC					
22	DOJ Matter, ID: \$A2016104441					
23	Attachment: Exhibit A: Accusation					
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	4 (DUSTIN ANH HUYNH) DEFAULT DECISION & ORDER Case No. VN 2013 46					

1	XAVIER BECERRA					
	Attorney General of California		٠.	•		
2	KENT D. HARRIS Supervising Deputy Attorney General		٠	•		
3	JOSHUA B. BISENBERG Deputy Attorney General	•		•		
4	State Bar No. 279323	•	•	••		
5	1300 I Street, Suite 125 P.O. Box 944255			•		
	Sacramento, CA 94244-2550			•		
6	Telephone: (916) 327-1466 Facsimile: (916) 327-8643	•	•	•		
7	Attorneys for Complainant	•				
8	BEFORE THE					
9	BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS DEPARTMENT OF CONSUMER AFFAIRS					
	STATE OF C			•		
10						
11	In the Matter of the Accusation Against:	Case No. VN 2013	3 4673	•		
12	DUSTIN ANH HUYNH	•				
13	13906 Merganser Drive Houston, TX 77047	ACCUSATION	ON			
14	Vocational Nurse License No. VN 249551		•			
15	Respondent.			:		
16				•		
17	Kameka Brown, PhD, MBA, NP ("Complainant") alleges:					
18	PARTIES					
19	1. Complainant brings this Accusation solely in her official capacity as the Executive					
20	Officer of the Board of Vocational Nursing and Psychiatric Technicians ("Board"), Department					
21	of Consumer Affairs.					
22	2. On or about April 27, 2010, the Board issued Vocational Nurse License Number VN					
23	249551 to Dustin Anh Huynh (Respondent). The Vocational Nurse License expired on					
24	October 31, 2015, and has not been renewed.					
25	JURISDICTION					
26	3. This Accusation is brought before the Board, Department of Consumer Affairs, under					
27	the authority of the following laws. All section references are to the Business and Professions					
28	Code ("Code") unless otherwise indicated.					
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(DUSTIN ANH HUYNH) ACCUSATION

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#### STATUTORY AND REGULATORY PROVISIONS

- 4. Code section 2875 provides, in pertinent part, that the Board may discipline the holder of a vocational nurse license for any reason provided in Article 3 (commencing with section 2875) of the Vocational Nursing Practice Act.
- 5. Code section 118(b) provides, in pertinent part, that the expiration of a license shall not deprive the Bureau jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.
  - 6. Code section 2878 states, in pertinent part:

The Board may suspend or revoke a license issued under this chapter [the Vocational Nursing Practice Act (Bus. & Prof. Code, 2840, et seq.)] 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 nursing functions.
- 7. California Code of Regulations, title 16, section 2519 states:

As set forth in Section 2878 of the Code, gross negligence is deemed unprofessional conduct and is a ground for disciplinary action. As used in Section 2878 "gross negligence" means a substantial departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent licensed vocational nurse, and which has or could have resulted in harm to the consumer. An exercise of so slight a degree of care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the consumer shall be considered a substantial departure from the above standard of care.

8. California Code of Regulations, title 16, section 2520 states:

As set forth in Section 2878 of the Code, incompetence is deemed unprofessional conduct and is a ground for disciplinary action. As used in Section 2878 "incompetence" means the lack of possession of and the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by responsible licensed vocational nurses.

#### COST RECOVERY

9. Code section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being

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renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

#### **BACKGROUND INFORMATION**

- 10. At the time of the events set forth herein, Respondent worked as a licensed vocational nurse at Windsor Chico Creek and Rehabilitation ("Windsor"), a skilled nursing facility located in Chico, California.
- 11. On or about April 15, 2013, "HP" was admitted to Windsor. HP was diagnosed with, among other things, pneumonia, cancer in situ bronchus and lung, and chronic obstructive pulmonary disease.
- 12. Upon admission, HP and his physician signed a *Physician Orders for Life-Sustaining Treatment* ("POLST") that included CPR and full treatment, including intubation and defibrillation.
- 13. On or about April 15, 2013, HP's physician ordered exygen via nasal cannula as needed for shortness of breath (SOB) and to maintain HP's exygen saturation level (O2sat) ≥ 90%.
- 14. On or about April 19, 2013, Respondent was assigned to work between 14:30 and 23:00 hours. It was Respondent's first day working at Windsor and "B.E.", the licensed vocational nurse who had been assigned to care for HP, was assigned to Respondent's orientation.
- 15. On or about April 19, 2013, at or around 15:15 hours, a certified nurse assistant reported to B.E. that HP was SOB, anxious, and his O2sat was 82%.
- 16. B.E. documented that on April 19, 2013, at 16:00 hours, HP's O2sat was 82%. At 16:15 hours, HP's O2sat was 76-80%. At 17:00 hours, HP's O2sat was in the low eighty percentile. Emergency responders were called at approximately 17:36 hours. They found HP unresponsive and unconscious. HP was declared deceased shortly thereafter.
- 17. Sometime before the emergency response team was summoned, Respondent observed HP lying flat on his back and very still. Respondent noted that HP's color was much paler than he had observed it to be before and that HP "didn't look right at all." Respondent left the room to

check on other residents. Respondent left HP alone in his room until the emergency response team arrived.

18. When later questioned regarding the incident, Respondent stated that after he noted HP's change in condition he told B.B., who was on the telephone, that HP did not look not right. Respondent stated that he felt limited as he was being oriented that day and felt like a fly on the wall, just observing.

#### FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 19. Paragraphs 10 through 18 above are incorporated by reference herein. Respondent is subject to discipline under Code section 2878(a), on the grounds of unprofessional conduct, in that on or about April 19, 2013, while working as a licensed vocational nurse at Windsor in Chico, California, Respondent committed acts constituting gross negligence as defined in Code section 2878(a)(1), and California Code of Regulations, title 16, section 2519, as follows:
- a. Respondent noted a change of condition as to HP, yet failed to provide adequate intervention including, but not limited to:
- i. Respondent failed to evaluate and attend to HP after finding HP unresponsive and despite knowledge of HP's respiratory distress. Respondent failed to check HP's carotid pulse and cardiac status, the presence of adequate respirations, or respiratory monitoring required by HP's respiratory distress.
- Respondent failed to contact HP's physician, the supervising registered nurse, or to properly notify the licensed vocational nurse assigned to HP regarding HP's change of condition.
  - iii. Respondent failed to immediately seek emergency care for HP.
- b. Respondent failed to follow Windsor's policies and procedures regarding the administration of oxygen, oxygen service, the emergency use of oxygen, and the administration of CPR.
- c. Respondent failed to take resuscitative measures despite the orders of HP's physician and the POLST that indicated full emergency treatment, including CPR.

# SECOND CAUSE FOR DISCIPLINE (Incompetence) Respondent is subject to discipline under Code section 2878(a), on the grounds of unprofessional conduct, as defined in Code section 2878(a)(1), and California Code of Regulations, title 16, section 2520. Specifically, on or about April 19, 2013, while working as a licensed vocational nurse at Windsor, in Chico, California, Respondent demonstrated incompetence as set forth in paragraph 19, above. THIRD CAUSE FOR DISCIPLINE (Unprofessional Conduct) Respondent is subject to discipline under Code section 2878(a), on the grounds of unprofessional conduct, in that on or about April 19, 2013, while working as a licensed vocational

conduct as set forth in paragraphs 19 and 20, above.

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PRAYER

nuise at Windsor, in Chico, California, Respondent, Respondent demonstrated unprofessional

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged. and that following the hearing, the Board of Vocational Nursing and Psychiatric Technicians issue a decision:

- Revoking or suspending Vocational Nurse License Number VN 249551, issued to Dustin Anh Huynh;
- Ordering Dustin Anh Huynh to pay the Board of Vocational Nursing and Psychiatric Technicians the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,
  - Taking such other and further action as deemed necessary and proper.

DATED: Executive Officer

Board of Vocational Nursing and Psychiatric Technicians

Department of Consumer Affairs

State of California Complainant

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