



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.
Stephanie P. Thomas
Executive Director of the Board

**In the Matter of
Permanent Registered Nurse
License Number 794378
Issued to ANGELA JEAN TOMLINSON,
Respondent**

**§ BEFORE THE TEXAS
§ BOARD OF NURSING
§ ELIGIBILITY AND
§ DISCIPLINARY COMMITTEE**

ORDER OF THE BOARD

TO: Angela Tomlinson
1331 Marcie Cir
S San Francisco, CA 94080

During open meeting held in Austin, Texas, on February 12, 2019, the Texas Board of Nursing Eligibility and Disciplinary Committee (hereinafter "Committee") heard the above-styled case, based on the failure of the Respondent to appear as required by 22 TEX. ADMIN. CODE Ch. 213.

The Committee finds that notice of the facts or conduct alleged to warrant disciplinary action has been provided to Respondent in accordance with Texas Government Code § 2001.054(c) and Respondent has been given an opportunity to show compliance with all the requirements of the Nursing Practice Act, Chapter 301 of the Texas Occupations Code, for retention of Respondent's license(s) to practice nursing in the State of Texas.

The Committee finds that the Formal Charges were properly initiated and filed in accordance with section 301.458, Texas Occupations Code.

The Committee finds that after proper and timely Notice regarding the violations alleged in the Formal Charges was given to Respondent in this matter, Respondent has failed to appear in accordance with 22 TEX. ADMIN. CODE Ch. 213.

The Committee finds that the Board is authorized to enter a default order pursuant to Texas Government Code § 2001.056.

The Committee, after review and due consideration, adopts the proposed findings of fact and conclusions of law as stated in the Formal Charges which are attached hereto and incorporated by

reference for all purposes and the Staff's recommended sanction of revocation by default. This Order will be properly served on all parties and all parties will be given an opportunity to file a motion for rehearing [22 TEX. ADMIN. CODE § 213.16(j)]. All parties have a right to judicial review of this Order.

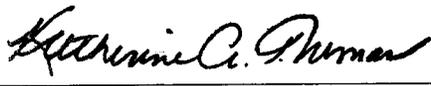
All proposed findings of fact and conclusions of law filed by any party not specifically adopted herein are hereby denied.

NOW, THEREFORE, IT IS ORDERED that Permanent Registered Nurse License Number 794378, previously issued to ANGELA JEAN TOMLINSON to practice nursing in the State of Texas be, and the same is/are hereby, REVOKED.

IT IS FURTHER ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

Entered this 12th day of February, 2019

TEXAS BOARD OF NURSING

BY: 

KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR ON BEHALF OF SAID BOARD

Attachment: Formal Charges filed November 30, 2018

d17r(2019.01.23)

Re: Permanent Registered Nurse License Number 794378
Issued to ANGELA JEAN TOMLINSON
DEFAULT ORDER - REVOKE

CERTIFICATE OF SERVICE

I hereby certify that on the 14th day of February, 2019, a true and correct copy of the foregoing DEFAULT ORDER was served and addressed to the following person(s), as follows:

Via USPS Certified Mail, Return Receipt Requested.

Copy Via USPS First Class Mail

Angela Tomlinson
1331 Marcie Cir
S San Francisco, CA 94080

Copy Via USPS First Class Mail

Angela Tomlinson
1924 Trinity Avenue
Walnut Creek, CA 94596

BY: 

KATHERINE A. THOMAS, MN, RN, FAAN
EXECUTIVE DIRECTOR ON BEHALF OF SAID BOARD

In the Matter of
Permanent Registered Nurse
License Number 794378
Issued to ANGELA JEAN TOMLINSON,
Respondent

§ BEFORE THE TEXAS
§
§
§ BOARD OF NURSING
§

FORMAL CHARGES

This is a disciplinary proceeding under Section 301.452(b), Texas Occupations Code. Respondent, ANGELA JEAN TOMLINSON, is a Registered Nurse holding license number 794378 which is in delinquent status at the time of this pleading.

Written notice of the facts and conduct alleged to warrant adverse licensure action was sent to Respondent at Respondent's address of record and Respondent was given opportunity to show compliance with all requirements of the law for retention of the license prior to commencement of this proceeding.

CHARGE I.

On or about March 16, 2018, Respondent's California Registered Nurse license was Revoked by the California Board of Registered Nursing, Sacramento, California. A copy of the California Board of Registered Nursing's Decision effective March 16, 2018, is attached and incorporated, by reference, as part of this pleading.

The above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(8), Texas Occupations Code.

NOTICE IS GIVEN that staff will present evidence in support of the recommended disposition of up to, and including, revocation of Respondent's license(s) and/or privilege(s) to practice nursing in the State of Texas pursuant to the Nursing Practice Act, Chapter 301, Texas Occupations Code and the Board's rules, 22 TEX. ADMIN. CODE §§ 213.27 - 213.33.

NOTICE IS GIVEN that all statutes and rules cited in these Charges are incorporated as part of this pleading and can be found at the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on adopted policies related to Substance Use Disorders and Other Alcohol and Drug Related Conduct, which can be found under the "Discipline & Complaints; Board Policies & Guidelines" section of the Board's website, www.bon.texas.gov.

NOTICE IS GIVEN that, based on the Formal Charges, the Board will rely on the Disciplinary Matrix, located at 22 TEX. ADMIN. CODE §213.33(b), which can be found under the "Discipline & Complaints; Board Policies & Guidelines" section of the Board's website, www.bon.texas.gov.

Filed this 30th day of November, 2018.

TEXAS BOARD OF NURSING


James W. Johnston, General Counsel
Board Certified - Administrative Law
Texas Board of Legal Specialization
State Bar No. 10838300

Jena Abel, Deputy General Counsel
Board Certified - Administrative Law
Texas Board of Legal Specialization
State Bar No. 24036103

Jessica DeMoss, Assistant General Counsel
State Bar No. 24091434

Helen Kelley, Assistant General Counsel
State Bar No. 24086520

Skyler Landon Shafer, Assistant General Counsel
State Bar No. 24081149

Jacqueline A. Strashun, Assistant General Counsel
State Bar No. 19358600

John Vanderford, Assistant General Counsel
State Bar No. 24086670

333 Guadalupe, Tower III, Suite 460
Austin, Texas 78701
P: (512) 305-8657
F: (512) 305-8101 or (512)305-7401

D(2018.11.01)

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

ANGELA JEAN TOMLINSON
AKA ANGELA TOMLINSON
AKA ANGELA J. RIKER

Registered Nurse License No. 626090

Respondent.

Case No. 2017-326

OAH No. 2017090277

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on March 16, 2018.

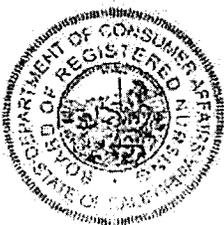
IT IS SO ORDERED this 15th day of February 2018.

Trande Phillips RN
Trande Phillips, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

I hereby certify the
foregoing to be a true copy
of the documents on file in our office.

BOARD OF REGISTERED NURSING

Joseph L. Morris, PhD, MBA, RN
Executive Officer



BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

ANGELA JEAN TOMLINSON, aka
ANGELA TOMLINSON, aka
ANGELA J. RIKER

Registered Nurse License No. 626090

Respondent.

Case No. 2017-326

OAH No. 2017090277

PROPOSED DECISION

This matter was heard before Marilyn A. Woollard, Administrative Law Judge for the Office of Administrative Hearings (OAH), State of California, on October 26, 2017, in Sacramento, California.

Deputy Attorney General Joshua B. Eisenberg appeared on behalf of complainant Joseph L. Morris, Ph.D., M.S.N., R.N., in his official capacity as the Executive Officer of the Board of Registered Nursing (Board), Department of Consumer Affairs.

There was no appearance by or on behalf of respondent Angela Jean Tomlinson.

Oral and documentary evidence was received and complainant offered oral closing arguments. The record was then closed and the matter was submitted for decision on October 26, 2017.

FACTUAL FINDINGS

1. *License History:* On September 16, 2003, the Board issued Registered Nurse (RN) License Number 626090 to respondent Angela Jean Tomlinson, who is also known as Angela Tomlinson and Angela J. Riker. This license expired on September 30, 2017.
2. *Accusation:* On July 27, 2017, complainant, in his official capacity only, made and caused the Accusation against respondent to be signed and filed. As cause for discipline, complainant alleged that respondent's ability to practice safely as a registered nurse was

impaired due to mental illness affecting competency, within the meaning of Business and Professions Code section 822. Complainant reached this conclusion after the Board issued its November 3, 2016 Order Compelling a Mental and/or Physical Examination (Order) of respondent as authorized by Business and Professions Code section 820. As discussed below, respondent was evaluated by Cynthia Newman, Ph.D., who determined respondent is not presently safe to practice nursing. Complainant requested that respondent's license be suspended or revoked and that such other action be taken as deemed necessary and proper.

3. On July 27, 2017, the Accusation and related documents were served on respondent at her official address of record with the Board, in Walnut Creek, California, and at her address in Becker, Minnesota, by regular and certified mail. On July 31, 2017, respondent requested a hearing via email message to Mr. Eisenberg.

4. On September 12, 2017, the Notice of Hearing (Notice) was served on respondent at her Walnut Creek address of record, by regular and certified mail, and delivery of the Notice at this address was confirmed on September 21, 2017. Complainant established that respondent was timely served with the Notice and the matter proceeded as a default pursuant to Government Code section 11520.¹

Psychological Assessment by Dr. Neuman

5. Cynthia J. Neuman, Ph.D., has been licensed as a clinical psychologist in California since 1983. As part of her doctoral education and training, Dr. Neuman completed both an internship (1979-1980) and an advanced internship in forensic psychology at Patton State Hospital in Patton, California (1980-1981). In 1985, Dr. Neuman began her private practice in Sacramento, where she specializes in forensic and clinical assessment of adults, adolescents, and children, and maintains a small practice for individual adult psychotherapy. In addition to her private practice, Dr. Neuman has worked as an independent contractor, performing psychological evaluations for adults and children involved in dependency proceedings, with the Yolo County Department of Employment and Social Services and the Sacramento County Department of Health and Human Services. She has also contracted with the California Department of Mental Health to perform Mentally Disordered Offender evaluations, and she has been an expert reviewer for the Board of Psychology since 1991.

6. On April 27, and May 3, 2017, respondent came to Dr. Neuman's Sacramento office for a psychological evaluation. At the time of the evaluation, respondent was 49 years old. The April 27, 2017 clinical interview and assessment lasted 2.83 hours. During the May 3, 2017 appointment, respondent participated in written testing. This assessment, and

¹ Mr. Eisenberg noted that respondent's living situation had changed; she was homeless and had advised that her preferred method of service is by email. Respondent's email correspondence with Mr. Eisenberg was reviewed and confirmed her awareness of the hearing.

Dr. Neuman's response to the specific questions posed to her by the Board, were then memorialized in the May 30, 2017 Psychological Assessment Report.

7. During the evaluation, Dr. Neuman conducted a clinical interview and mental status examination of respondent, and administered the following tests to respondent: the Rorschach Performance Assessment System (R-PAS); the Minnesota Multiphasic Personality Inventory - 2-RF (MMPI-2-RF); the Millon Clinical Multiaxial Inventory-III (MCMI-III); the Personality Adjective Check List (PACL); and the Substance Abuse Subtle Screening Inventory-3 (SASSI-3).

8. The Order listed six incidents, detailed in police reports, as the basis for questioning whether respondent's ability to practice was impaired due to mental illness. As briefly described below, in each of the incidents, respondent was arrested. Three of the incidents occurred between 2003 and 2005, and the other three took place in August and September of 2015. Five of the incidents involved domestic violence allegedly perpetrated by respondent on her male partners. Of these, four incidents involved respondent's then-spouse TR. In five of the six incidents, respondent was intoxicated from alcohol.

On September 20, 2003, police responding to a report of a disturbance found respondent to be heavily intoxicated. Respondent initially reported her boyfriend MK had beaten her up; she then denied that he had hit her. MK reported that respondent had scratched him and marks were observed by the police officer, who arrested both respondent and MK for domestic violence (Pen. Code, § 243, subd. (e)(1)). On February 14, 2004, respondent was arrested for corporal injury to a spouse (Pen. Code, § 273.5) after police noticed scratch marks on various parts of TR's body. Respondent appeared intoxicated, and had one scratch on her back. On January 31, 2005, a heavily intoxicated respondent went to the Stockton Police Department asking to speak with the Chief of Police and was arrested for being drunk in public. (Pen. Code, § 647, subd. (1)).

On August 27, 2015, police arrested respondent for corporal injury to a spouse, after they observed TR with an apparently broken nose, blood stains on his shirt, dried blood on both arms and a large bump on the back of his head. Respondent admitted she had been drinking alcohol. Her statement that TR attempted to choke her was not substantiated by a medical examination. TR obtained an Emergency Protective Order (EPO) against respondent. On August 30, 2015, TR reported that respondent was biting him in the face and hitting his head. Respondent, who was incoherent, unfocused, and smelled of alcohol, was in the residence in violation of the EPO. Police observed TR had a 2-inch bruise and laceration on his forehead from an apparent bite mark, and blood under his left eye by his nose. Respondent was arrested for domestic battery and violation of a protective order. Finally, on September 2, 2015, respondent was arrested for contempt of a court order after TR reported someone was banging on his window, and police discovered respondent there in violation of the EPO.

9. During the clinical interview with Dr. Neuman, respondent was vague in discussing these incidents. In the incidents in which she was described as having been

intoxicated, respondent told Dr. Neuman she may have had a glass or two of wine. She reported that she stopped drinking alcohol from age 19 to 29, because it made her violently ill after drinking three beers. Once she was placed on Klonopin, respondent could tolerate up to four drinks before becoming ill. She denied drinking currently or using any recreational drugs. Respondent told Dr. Neuman that she had been divorced from TR for two years and emphasized that she had never been convicted following any of these incidents. Respondent reported that she attends battered women's groups every two weeks in Walnut Creek and in San Joaquin County, and does a great deal of reading. There are support people she can call when she is having "a bad day." She reported having been "basically homeless" for the past 18 months, staying with different friends on a rotating basis.

10. Respondent reported a history of physical abuse and possibly sexual abuse as a child, during a childhood marked by divorce and custody battles. She maintains few relationships with family members. Her father abused alcohol and methamphetamines, and her mother was depressed. Respondent has been married four times, and has two living adult children. She had a son who died shortly after birth. His death made her feel like a failure. Respondent has attended psychotherapy at various times in her life. At age 28, she was prescribed Klonopin to treat panic disorders and anxiety. She has been treated by a psychiatrist over the past few years and has taken Buspar for anxiety, and Prozac, Wellbutrin, Pristiq and Effexor for depression. The antidepressants never helped and she reported chronic insomnia. She was once placed on Ritalin and Adderall for suspected Attention Deficit Hyperactivity Disorder (ADHD). Physically, respondent reported experiencing ongoing hormonal problems due to Premenstrual Dysphoric Disorder, and an untreated pituitary tumor that she suspected might impact these hormonal issues. Respondent recently began taking Prozac again.

11. Respondent's last nursing job was approximately five years ago, as a home health nurse in the Bay Area. Prior to that, in her late 30s and early 40s, respondent worked in pediatrics and labor and delivery in a hospital setting. Respondent has supported herself with her savings and General Assistance, which has now ended. Respondent's current goal is returning to home health nursing where she enjoys working with a geriatric population.

12. Respondent's test results on the MMPI-2-RF, MCM-III, PACL and SASSI-3 profiles "reflected a desire to present herself in an unrealistically favorable light, which is not an uncommon presentation in situations where one's livelihood is at stake." Respondent's responses to the SASSI-3 indicated that she "has a low probability of having a substance dependence disorder. However, her defensiveness on the instrument suggests the possibility that an actual substance dependence disorder may have been missed because of her manner of responding to the inventory." Her R-PAS was a sufficiently detailed basis on which to base valid inferences about her personality functioning.

13. Based on this assessment, Dr. Neuman indicated respondent demonstrated average functioning in the areas of: complexity of information processing, the ability to synthesize and integrate different concepts and ideas, theoretical psychological coping resources, the ability to use her imagination to elaborate her human experiences and

activities, flexible thinking, responsiveness to emotional situations, and to view interpersonal interaction as supportive and rewarding. Dr. Neuman also found respondent to be "above average" in her ability to process new information with a degree of richness and flexibility by simultaneously attending to multiple features of a situation.

14. Despite these adequate psychological resources, Dr. Neuman reported:

[Respondent] is so preoccupied with irritating, upsetting or pressing needs and feelings or with uncommon and idiosyncratic details in her environment, that her ability to cope effectively with the day-to-day demands of life is seriously compromised. Her concentration and behavioral controls are likely to be impaired, which will lead to unstable and unpredictable behavior, and the spontaneous intrusion of unrelated ideas into her train of thought takes her thinking in directions that are far from the topic at hand. Rather than stepping back and making decisions based on thoughtful reflection, she is likely to be swept up by situations, coping by responding spontaneously to her impulses and emotions. Her reactions to emotionally toned stimuli deriving from both her internal and external environments tend to be direct, spontaneous, immediate and absorbing, accompanied by relatively little cognitive control, mental filtering, intellectual processing or restraint. In an effort to compensate for her scattered and disrupted thinking, and to distance herself from her underlying pain and anguish, she often tries to bring her thoughts under control by utilizing intellectualization and talking about her feelings without really experiencing them directly. Her stress and worry may be contributing to or exacerbating her physical complaints.

Dr. Neuman also noted that respondent: "is prone to a disorienting type of mixed emotional experience, wherein pleasant thoughts and occurrences are suddenly compromised by the intrusion of uncomfortable preoccupation with distress and vulnerability. She is probably feeling a sense of desperation that could lead to sudden and unexpected self-destructive behavior."

15. Dr. Neuman responded to questions posed by the Board in the Order. Regarding respondent's current mental status, Dr. Neuman noted that respondent "is so preoccupied with her distressing past experiences that her ability to think logically and to make reasoned decisions is compromised. . . ." While there was no evidence to indicate that respondent's work as a nurse ever fell below acceptable standards, she has not worked in five years, "so there is no current gauge as to how she would function on the job at present." Regarding alcohol or chemical dependency, Dr. Neuman opined it was "unlikely" respondent has a diagnosable alcohol abuse problem. Because she was involved in the five alcohol-

related incidents described above, respondent "is vulnerable to using alcohol to some extent when under stress." There was no evidence that respondent has a sociopathic personality.

16. Regarding actions respondent has taken to insure that future such incidents will not occur, Dr. Neuman noted her involvement in therapy and psychotropic medications. Unfortunately, "all of the incidents in question occurred while she was taking medication and after her episodes of psychotherapy." In Dr. Neuman's opinion, respondent's efforts, including recently going back on Prozac, "are not sufficient to ameliorate her currently deteriorated psychological state."

17. Asked whether respondent can be considered a safe practitioner, Dr. Neuman opined:

Because of [respondent's] rambling thought processes and lack of focus, she cannot be considered a safe practitioner at this time. Clear, quick, and logical thinking, as well as foresight and planning, are necessary for a nurse to practice safely.

18. There were no restrictions that might allow respondent to safely practice at this time. However, Dr. Neuman recommended appropriate interventions necessary for respondent to improve her mental state to a point where she can practice safely. These interventions involve respondent: (a) participating in a psychiatric evaluation and ongoing medication management; (b) participating in consistent, long-term psychotherapy to address her "long history of traumas, reconstitute her coping resources, and learn how to surmount her past and to make realistic plans for her future"; (c) continue participating in support groups; and (d) participate in Alcoholics Anonymous "if alcohol should emerge as an issue in the future." Dr. Neuman acknowledged the financial challenge facing respondent, and expressed her hope that county mental health clinics would be able to provide necessary services to her.

19. Dr. Neuman's testimony was largely consistent with her report. When questioned about the absence of any psychological diagnosis for respondent in the report, Dr. Neuman clarified that she typically does not provide a diagnosis to avoid having individuals focus on their "labels," rather than on the symptoms that are hampering their functioning. Based on her evaluation, Dr. Neuman would diagnose respondent with Post Traumatic Stress Disorder, Panic Attacks, and Major Depressive Disorder. Finally, Dr. Neuman explained that she is not saying respondent can never safely practice; however, given her long history of serious unaddressed mental illness, it may take respondent longer to comply with the recommended interventions.

Discussion

20. Dr. Neuman's report and testimony were thorough and persuasive. Her conclusion that respondent cannot currently safely practice as a registered nurse is

APR 28 1987
MAY 28 1987
MAY 28 1987

undisputed. Consequently, respondent's license should be revoked until such time as she can establish that her right to practice as a registered nurse can be safely reinstated.

Costs

21. At hearing, complainant submitted the Certification of Prosecution Costs: Declaration of Joshua B. Eisenberg (Declaration), and requested an order for respondent to reimburse it for the costs of its investigation and enforcement as authorized by Business and Professions Code section 125.3. Mr. Eisenberg declared that, as indicated in the Department of Justice's (DOJ's) "Matter Time Activity by Professional Type," the DOJ has billed the Board a total of \$5,482.50 for its attorney and paralegal time spent working on this matter. This request is addressed below.

LEGAL CONCLUSIONS

1. Under the Nursing Practice Act, section 2700 et seq., protection of the public is the highest priority for the Board in the exercise of its licensing, regulatory, and disciplinary functions. "Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." (Bus. & Prof. Code, § 2708.1.) The Board may discipline a licensee holding a temporary or inactive license for any reason provided in Article 3 (commencing with Business and Professions Code section 2750), and retains jurisdiction to discipline an expired license. (Bus. & Prof. Code, § 2764.)

2. Complainant has the burden of proving each of the grounds for discipline alleged in the Accusation, and must do so by clear and convincing evidence. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a *high probability* [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics original.) Rehabilitation is akin to an affirmative defense; consequently, the burden of establishing an affirmative defense is on the proponent of that defense. (*Whetstone v. Board of Dental Examiners* (1927) 87 Cal.App. 156, 164.)

3. Business and Professions Code section 820 provides:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or

psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

4. Business and Professions Code section 822 provides:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

5. As set forth in the Factual Findings and Legal Conclusions as a whole, complainant established by clear and convincing evidence that respondent is presently unable to safely practice as a registered nurse, and that there are no restrictions that could be placed on her license that would allow her to safely practice at this time. As a result, respondent's license must be revoked until such time as she can establish that her right to practice as a registered nurse can be safely reinstated.

Costs

6. Pursuant to Business and Professions Code section 125.3, subdivision (a), the board may request an order directing a licensee "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." A "certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs

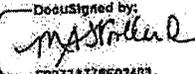
of investigation and prosecution of the case." Such costs shall include, but not be limited to, charges imposed by the Attorney General. (Bus. & Prof. Code, § 125.3, subd. (c).)

7. The Accusation in this matter did not request an order for respondent to pay costs under Business and Professions Code section 125.3; rather, it asked only that "such other and further action be taken as deemed necessary and proper." Respondent was not given notice that an order requiring her to pay costs might result from this hearing. In addition, as discussed above, respondent is homeless, nearly destitute and will require funds to comply with the recommended interventions. By this decision, respondent is not "found to have committed a violation or violations of the licensing act." She did not violate the Nursing Practice Act; rather, she has a mental health condition that renders her currently unable to safely practice. Consequently, an order that respondent pay costs under Business and Professions Code section 125.3 is not appropriate and the request is denied.

ORDER

Registered Nurse License No. 626090, issued to respondent Angela Jean Tomlinson, also known as Angela Tomlinson and Angela J. Riker, is hereby REVOKED.

DATED: November 27, 2017

Designated by:

F0927A77BF02483

MARILYN A. WOOLLARD
Administrative Law Judge
Office of Administrative Hearings

1 XAVIER BECERRA
Attorney General of California
2 KENT D. HARRIS
Supervising Deputy Attorney General
3 JOSHUA B. EISENBERG
Deputy Attorney General
4 State Bar No. 279323
1300 I Street, Suite 125
5 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 REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:
12 ANGELA JEAN TOMLINSON, AKA
ANGELA TOMLINSON
13 1924 Trinity Avenue
Walnut Creek, CA 94596
14 Registered Nurse License No. 626090
15 Respondent.

Case No. 2017-326

16 ACCUSATION
[Bus. & Prof. Code § 822]

17 Joseph L. Morris, PhD, MSN, RN ("Complainant") alleges:

18 PARTIES

- 19 1. Complainant brings this Accusation solely in his official capacity as the Executive
20 Officer of the Board of Registered Nursing (the "Board"), Department of Consumer Affairs.
21 2. On or about September 16, 2003, the Board issued Registered Nurse License Number
22 626090 to Angela Jean Tomlinson, also known as Angela Tomlinson and Angela J. Riker
23 ("Respondent"). The Registered Nurse License was in full force and effect at all times relevant to
24 the charges brought herein and will expire on September 30, 2017, unless renewed.

25 ///
26 ///
27 ///
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

JURISDICTION

3. This Accusation is brought before the Board, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Code section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practice Act.

5. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

6. Code section 824 states, "[t]he licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections."

STATUTORY PROVISIONS

7. Code section 820 states:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

8. Code section 821 states, "The licentiate's failure to comply with an order issued under Section 820 shall constitute grounds for the suspension or revocation of the licentiate's certificate or license."

9. Code section 822 states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.

///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

2. Taking such other and further action as deemed necessary and proper.

DATED: July 27, 2017

Joseph L. Morris
for JOSEPH L. MORRIS, PHD, MSN, RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

SA2016103507
12533851.docx