



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 ORDER
Registered Nurse License Number 799193 §
issued to KHRISTINA ROCHELLE TOWSTER §
§

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of KHRISTINA ROCHELLE TOWSTER, Registered Nurse License Number 799193, 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)(8), Texas Occupations Code.

Respondent waived notice and hearing and agreed to the entry of this Agreed Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on June 26, 2020.

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 Agreed Order.
3. Respondent's license to practice as a professional nurse in the State of Texas is in current status.
4. Respondent received a Baccalaureate Degree in Nursing from Texas Christian University, Fort Worth, Texas, on December 18, 2010. Respondent was licensed to practice professional nursing in the State of Texas on March 24, 2011.
5. Respondent's nursing employment history is unknown.
6. On or about April 15, 2020, Respondent's license to practice professional nursing in the State of California was revoked. However, the revocation was stayed and Respondent was

placed on probation for four (4) years. A copy of the April 15, 2020, State of California Order is attached and incorporated herein by reference as part of this Order.

7. In response to Finding of Fact Number Six (6), Respondent states the California action is pursuant to her voluntary withdrawal from Maximus, the third party entity responsible for overseeing the California Board of Nursing Intervention Program. She states she participated in the California's Intervention Program from June 23, 2017 through her resignation from the program by letter dated March 12, 2019. The case was then referred to the Board of Nursing for consideration which ultimately concluded with the above-referenced California Decision and Order. Respondent is presently compliant with the terms of stated Order, including, educational courses, daily check-ins for random drug/alcohol testing, regular attendance at Nursing Support Groups and 12-step meetings, participation in a rehabilitation program, and active engagement in her recovery. Respondent proactively notified Texas Nursing Board of her disciplinary action on her California nursing license.

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 cause pursuant to Section 301.452(b)(8), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 799193, heretofore issued to KHRISTINA ROCHELLE TOWSTER.
4. 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 **REPRIMAND WITH STIPULATIONS** and RESPONDENT'S license(s) shall be placed in **INACTIVE** status.

Should RESPONDENT decide in the future to reactivate his/her license(s) to practice nursing in the State of Texas, RESPONDENT SHALL be required to petition the

Board for reactivation of the license and satisfy all then existing requirements for reactivation. Further, RESPONDENT'S reactivated license(s) SHALL BE subject to, at a minimum, the remedial education courses, work restrictions, supervised practice, and employer reporting which would have been requirements of this Order had RESPONDENT not chosen to inactivate his/her nursing license(s), subject to possible modification by the Board based upon consideration of evidence provided by RESPONDENT of subsequent remediation, compliance with the State of California's Order, and other mitigating circumstances.

Until such time that RESPONDENT'S license(s) to practice nursing in the State of Texas is/are reactivated, RESPONDENT SHALL NOT use a Privilege to Practice Nursing in the State of Texas from any Nurse License Compact member state.

II. SUBSEQUENT CRIMINAL PROCEEDINGS

IT IS FURTHER AGREED, should the RESPONDENT'S conduct, as outlined in the findings of fact of this Agreed Order, result in subsequent judicial action, including a deferred disposition, RESPONDENT may be subject to further disciplinary action, up to, and including, revocation of RESPONDENT'S license(s) to practice nursing in the State of Texas.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this 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 this Order is subject to ratification by the Texas Board of Nursing and a copy of this Order will be mailed to me once the Order becomes effective. 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) and/or privileges to practice nursing in the State of Texas, as a consequence of my noncompliance. I further understand that, should I decide in the future to reactivate my license(s), I will be required to satisfy, at a minimum, the additional requirements that would have been part of this Order had the license(s) not been placed in inactive status, as stated herein, as well as all then existing requirements for reactivation.

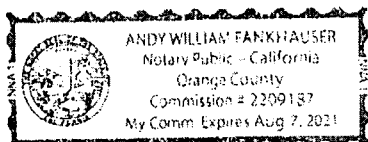
Signed this 8 day of September 20 20

KTOWSTER
KIRSTINA ROCHELLE TOWSTER, RESPONDENT

Sworn to and subscribed before me this 8 day of September, 2020

SEAL

Andy William Fankhauser
Notary Public in and for the State of California



Approved as to form and substance.

Darrin Dest
Darrin Dest, Attorney for Respondent

Signed this 11 day of Sept, 20 20.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 8th day of September, 2020, by KHRISTINA ROCHELLE TOWSTER, Registered Nurse License Number 799193, and said Agreed Order is final.

Effective this 22nd day of October, 2020.

A handwritten signature in black ink, appearing to read "Katherine A. Thomas". The signature is written in a cursive style and is positioned above a horizontal line.

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

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

In the Matter of Accusation Against:

KHRISTINA ROCHELLE TOWSTER

Registered Nurse License No. 95076327

Respondent

Case No. 2020-1

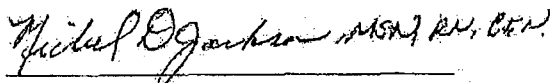
OAH No. 2019090379

Decision and Order

The attached Decision and Order 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 April 15, 2020.

IT IS SO ORDERED this 16th day of March 2020.



Michael D Jackson, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

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

In the Matter of the Accusation Against:

KHRISTINA ROCHELLE TOWSTER, Respondent

Case No. 2020-1

OAH No. 2019090379

PROPOSED DECISION

Adam L. Berg, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on December 17, 2019, in San Diego, California.

Daniel J. Cross, Deputy Attorney General, Department of Justice, State of California, represented complainant, Joseph L. Morris, Ph.D., MSN, RN, Executive Officer, Board of Registered Nursing, Department of Consumer Affairs (department), State of California (board).

Lindsay Johnson, Attorney at Law, Law Offices of Ray & Bishop, represented respondent Khristina Rochelle Towster.

The matter was submitted on December 17, 2019.

FACTUAL FINDINGS

Background

1. On October 29, 2015, the board issued Registered Nurse License Number 95076327 to respondent. There is no history of discipline imposed against respondent's license.
2. On July 1, 2019, complainant signed the accusation alleging that respondent diverted controlled substances, falsified patient records, and committed general unprofessional conduct. Complainant seeks the revocation or suspension of respondent's license and recovery of investigation and enforcement costs.
3. Respondent timely filed a notice of defense. This hearing ensued.

The Board's Investigation

4. On June 22, 2017, the board received an online complaint¹ from Hoag Memorial Hospital in Newport Beach alleging that respondent diverted Fentanyl² from the Pyxis³ machine on three occasions and falsified patient records. The board asked the department's Division of Investigations (DOI) to conduct an investigation. The case

¹ The complaint was received as "administrative hearsay" under Government Code section 11513, subdivision (d).

² Fentanyl, a synthetic opioid, is a Schedule II controlled substance and dangerous drug. (Health & Saf. Code, § 11055, sub. (c)(8); Bus. & Prof. Code, § 4022.)

³ Pyxis is the brand name for an automated medication dispensing system.

was assigned to Investigator Tina Cleland on August 7, 2017, who prepared an investigation report. On September 29, 2017, the board requested DOI terminate its investigation as the board had accepted respondent into its Intervention Program.⁴

The Board's Intervention Program

5. On June 23, 2017, respondent underwent intake for the board's Intervention Program, which is administered by a contractor, MAXIMUS. Upon acceptance into the program, respondent signed an acknowledgement that she would abide by the terms of the program.

6. Respondent sent a letter to MAXIMUS dated March 12, 2019, received on March 20, 2019, that is summarized as follows: Respondent indicated her appreciation for the diversion program the positive effect it has had on her recovery. However, MAXIMUS had denied her request to remove the work restriction prohibiting her from working night shifts. Respondent had spent a year looking for jobs that would satisfy the program's requirements, but had been unsuccessful and remained unemployed. This had become a financial burden forcing her to make a decision of whether to leave California or accept a job that would violate the conditions of the program. Consequently, respondent requested "immediate voluntary withdrawal" from the program and indicated she accepted a nursing position that required her to work nights.

⁴ The Intervention Program was established by the Legislature to rehabilitate nurses whose competency may be impaired due to abuse of alcohol or other drugs as a voluntary alternative to traditional disciplinary actions. (Bus. & Prof. Code, § 2770.)

7. On March 22, 2019, MAXIMUS terminated respondent from the program. As the reason for termination, MAXIMUS indicated that respondent had accepted a nursing job working nights in violation of her work restrictions. In addition, respondent's nurse support group leader, Karen Leighton, reported in February 2019 that respondent was presenting with "unstable behaviors" at the support group. Finally, on March 13, 2019, MAXIMUS received results from a March 6, 2019, blood test where respondent tested positive for phosphatidylethanol (pEth), indicating alcohol consumption. Respondent denied consuming alcoholic beverages, and a March 11, 2019, hair sample test had been negative. After medical review of the results indicated alcohol consumption within the previous two to four weeks, MAXIMUS deemed the positive drug test a relapse. MAXIMUS acknowledged receipt of respondent's withdrawal letter on March 20, 2019. After contacting respondent, she agreed to attend a nurse support group meeting on March 22, 2019, but failed to show.

8. On April 8, 2019, MAXIMUS notified the board that respondent had been terminated from the program and determined respondent to be a potential threat to the public, as required under Business and Professions Code section 2770.11.

Respondent's Testimony

9. Respondent's testimony is summarized as follows: Respondent is 34 years old. At age 27, while living in Texas, she became addicted to opioids after abusing prescription Vicodin. In approximately October 2014, she came to California to enter an inpatient rehabilitation program. She lived in a sober living environment for five months after discharge, but in May 2015, she relapsed. She entered another 30-day inpatient program followed by an outpatient program while living in a sober living facility.

She was hired by Hoag Memorial in August 2016 and worked in the neurosurgical Intensive Care Unit (ICU) and sub-ICU. Beginning in April 2017, she relapsed and started diverting opioids from work. On June 17, 2017, she diverted Fentanyl from the sub-ICU and made false entries in patient records. This was not the first time she had diverted drugs. She had previously taken Fentanyl home, which she self-administered. When she was caught by her manager she admitted what she had done and agreed to take a drug test. She immediately ceased practicing and started going to Alcoholics Anonymous (AA) meetings. She began looking at rehabilitation programs and learned of the board's diversion program. She met with a clinical assessor from MAXIMUS and was told she would have to enroll in an inpatient program. She enrolled in Cornerstone of Southern California, and completed a 30-day inpatient program followed by a year in an intensive outpatient program.⁵ Once she enrolled in the diversion program she spoke to Hoag Memorial's human resources representative who agreed to help find respondent another position. However, this representative could not find respondent another position, and she was ultimately terminated.

10. The MAXIMUS program has several phases with decreasing levels of restrictions after time. Respondent was grateful for the program and wanted to stay in it, but the workplace restrictions made finding a job very difficult. After searching for a job for over a year, she was not able to find anything because of a restriction that she could not work nights. In December 2018, she requested that MAXIMUS lift the restriction on working nights. A lot of the jobs she wanted to apply for were for the night shift and respondent enjoys working nights. This request was denied, but

⁵ Documents contained in her case filed maintained by MAXIMUS confirmed respondent's completion of the program.

MAXIMUS lifted the restriction on handling narcotics. She had exhausted her unemployment and could not pay rent. Her only option was to leave California and return home to her family or take a job working nights. She decided she would accept the job and began working in the ICU at Mission Hospital in December 2018. After she was hired, she informed her manager, Bryan Noakes, that she was in the board's diversion program. She did not inform her manager that she had accepted the job in violation of MAXIMUS's restriction. Nor did respondent inform MAXIMUS that she had taken this job. In fact, as part of the program, she was required to submit monthly self-assessments. In these assessments, she continued to maintain that she could not find a job, when in fact, she had been employed. She was also dishonest with her nurse support group about not being able to find work.

11. Respondent addressed her positive drug test for alcohol in March 2019. Respondent adamantly denied that she had relapsed. She noted the hair test performed several days later was negative. Prior to the positive screen she had been sick with a fever. She went to urgent care for a respiratory tract infection. She was prescribed several prescriptions⁶ and took cough syrup. When she learned of the positive screen she was extremely upset. She requested a medical review of the results.

12. Respondent was very appreciative of what she had learned from the program and her participation with the nurse support group. However, at some point she was transferred to a different nurse support group. She did not have a good

⁶ Respondent submitted an urgent care record from February 17, 2019, and prescriptions filled from February 7 through February 18, 2019 for methylprednisolone, levofloxacin, and valacyclovir. There was no evidence that any of these medications contain, or metabolize into, pEth.

relationship with the facilitator of that group, Ms. Leighton. Respondent noted that in her MAXIMUS casefile, Ms. Leighton had made several negative comments about her. Ms. Leighton would also charge for the support groups upfront, and because of her financial situation, respondent sometimes had difficulty paying. Respondent noted that her previous support group facilitator lauded respondent's participation and indicated that respondent was an active participant in the group.

13. Respondent decided she was going to withdraw from the program before she had received notice of the positive alcohol screen.⁷ She said she had felt extremely guilty about having been working in violation of the restrictions and not being honest. She believed that the letter she sent was final, and she never agreed to attend any further nurse support group meetings.

14. After leaving diversion she set up a voluntary urine test with Recovery Trek. She submitted the results which showed consistent negative results. She attends

⁷ The letter did not reference the positive drug test, and as previously noted, was dated March 12, 2019, one day before MAXIMUS notified her that she tested positive. A call-log maintained by MAXIMUS indicates respondent spoke to her case manager on March 15, 2019, about the drug test. There was no reference that respondent communicated an intention to withdraw from the program. Considering that the letter was not received by MAXIMUS until March 20, 2019, respondent's contention that she submitted her request before learning of the positive screen was simply not credible, and instead, the letter was backdated so as to appear her request had been made earlier.

a 12-step meeting once per week and has a sponsor.⁸ She has worked through all the steps and finds the first step most valuable.

15. Respondent believes she is a good nurse and strong patient advocate. Respondent addressed her earlier relapse and believed she did not really understand that addiction is a lifelong disease. She now treats every day as a day of recovery. She maintains a plan for sobriety which includes attending AA and having a network of people she can call. She has attended therapy for the past two years. She claimed June 18, 2017, as her sobriety date.

16. She is grateful for her experience with addiction because it has given her the opportunity to look through problems. She credits the MAXIMUS program and nurse support groups as a significant part of her recovery. She understands the board's concern with her ability to safely practice and will abide by any terms of probation the board.

Testimony of Lois Towster

17. Lois Towster is a nurse and respondent's mother. Ms. Towster testified at the hearing and wrote a letter of support. Ms. Towster acknowledged that respondent's actions potentially harmed patients and put them in jeopardy. However, she also gives respondent a lot of credit for how she has dealt with her difficulty journey in recovery. Respondent initially recognized she was addicted to drugs and took it on herself to find a treatment facility. She left her home and moved to California to enter rehab. Respondent loves being a nurse and the two talk about

⁸ Respondent's only documentation of attendance was a sign-in sheet showing weekly attendance from October 27, 2019, up to the date of the hearing.

challenging cases. Ms. Towster believes respondent is a strong patient advocate and should be given a chance to continue in nursing.

Reference Letters

18. Bryan Noakes, RN, BSN, CCRN, is the nurse manager of the Surgical ICU at Mission Hospital, and wrote a letter dated December 4, 2019. Mr. Noakes has supervised respondent since she was hired a year ago. He described respondent as thoughtful, intelligent, and compassionate, who provides excellent care to critically ill patients. Many patients and family members have expressed how much they have appreciated her care. Respondent is a concerned patient advocate and a vital component of the unit. Respondent has not had any disciplinary issues. Mr. Noakes's letter was not addressed specifically to the board and did not reference knowledge of respondent's prior misconduct, the board's accusation, or respondent's participation in the diversion program.

19. Respondent submitted a letter from Christine Doucet, RN, who met respondent over two years ago in a MAXIMUS nurse support group. Ms. Doucet discussed the changes she observed in respondent over the time and that she has become much more emotionally stable and confident. Respondent was open with discussing her story and struggles with addiction. Ms. Doucet believes respondent to be a highly dedicated nurse who is committed to her recovery.

20. Respondent submitted a letter from Carla Naragon, MA, MFT, a licensed Marriage and Family Therapist. Ms. Naragon wrote that she began seeing respondent in August 2017. Since then, they have met regularly, from weekly to once per month. In therapy, respondent was able to identify triggers for her inappropriate coping mechanisms. Respondent has been very open about her situation and has a safety net

of support resources. Ms. Naragon believes respondent has made many positive changes and will continue to maintain her sobriety as she continues as a nurse.

21. Respondent submitted letters from two friends, her father, and an individual whom respondent met in a rehabilitation program. They all praised respondent's character and dedication to her recovery.

Continuing Education Certificates

22. Respondent submitted numerous certificates indicating completion of continuing education in topics such as controlled substances, substance abuse, and ethics, along with various medical topics.

Costs of Investigation and Enforcement

23. Complainant requested cost recovery under Business and Professions Code section 125.3. A certification by the deputy attorney general contained information related to services provided by the Office of the Attorney General and included costs of prosecution in the amount of \$3,312.50. The certification complied with California Code of Regulations, title 1, section 1042, subdivision (b), and the requested costs were reasonable.

LEGAL CONCLUSIONS

1. Complainant bears the burden of proof of establishing that the charges in the accusation are true. (Evid. Code § 115.) The standard of proof in an administrative action seeking to suspend or revoke a professional license is "clear and convincing evidence." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence requires a finding of high

probability, or evidence so clear as to leave no substantial doubt; it requires sufficiently strong evidence to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.)

Relevant Statutory Authority

2. Business and Professions Code section 2708.1 mandates that protection of the public shall be the highest priority for the board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, protection of the public shall be paramount.

3. Business and Professions Code section 2761, subdivision (a), authorizes the board to take disciplinary action against a registered nurse for unprofessional conduct.

4. Business and Professions Code section 2762, subdivision (a), provides that it is unprofessional conduct to unlawfully obtain, possess, or self-administer a controlled substance or dangerous drug.

5. Business and Professions Code section 2762, subdivision (e), provides that it is unprofessional conduct to falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to controlled substances or dangerous drugs.

Cause Exists to Discipline Respondent's License

6. Cause exists to discipline respondent's license, pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivisions (a) and (e). Respondent committed unprofessional conduct when she diverted a schedule II

controlled substance, self-administered the same controlled substance, and falsified patient records, in addition to failing to disclose to MAXIMUS that she worked in a nursing position in violation of the program's restrictions.

Appropriate Level of Discipline

7. The purpose of an administrative proceeding seeking the revocation or suspension of a professional license is not to punish the individual; the purpose is to protect the public from dishonest, immoral, disreputable or incompetent practitioners. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.)

8. California Code of Regulations, title 16, section 1445, subdivision (b), states when considering the suspension or revocation of a license, the board will consider the nature and severity of the act or offense; the total criminal record; the time that has elapsed since commission of the offense; whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person; evidence of expungement; and any evidence of rehabilitation submitted.

9. Under California Code of Regulations, title 16, section 1444.5, the board shall consider the disciplinary guidelines entitled "Recommended Guidelines for Disciplinary Orders and Conditions of Probation (10/02)." Under the disciplinary guidelines, the minimum discipline for the unlawful use of a controlled substance in cases where the respondent has diverted drugs on the job, is revocation. However, in

cases of a first offense, with documented evidence of on-going rehabilitation, the minimum discipline is a stayed revocation with three years' probation.⁹

10. The disciplinary guidelines list additional factors to be considered in determining the degree of discipline. Those factors applicable to this case are: actual or potential harm to the public; actual or potential harm to any patient; prior disciplinary record; number and/or variety of current violations; mitigation evidence; and rehabilitation. In addition, successful completion of drug/alcohol treatment program (a minimum of six months' duration, and employment in nursing for a minimum of six months with documentation (from the employer) that the employer was aware of the previous drug or alcohol abuse problems, are factors in determining rehabilitation for abuse of alcohol or other drug related offenses.

11. Rehabilitation is a state of mind. The law looks with favor on one who has achieved reformation and regeneration. (*Hightower v. State Bar* (1983) 34 Cal.3d 150, 157.) While a candid admission of misconduct and full acknowledgment of wrongdoing may be a necessary step in the rehabilitation process, it is only a first step. A truer indication of rehabilitation is presented if an individual demonstrates by sustained conduct over an extended period of time that he is once again fit to practice. (*In re Trebilcock* (1981) 30 Cal.3d 312, 315-316.)

12. As a registered nurse, respondent is required to be clear-headed and free from any substance that could impair her ability to competently perform her duties. Registered nurses are on the front line of patient care and are routinely required to exercise independent judgment and discretion to make important medical decisions

⁹ This is the same minimum discipline for violations of Sections 2761, subdivision (a), and 2762, subdivision (e).

that can significantly impact a patient's health and recovery. A nurse is expected to be honest and trustworthy in her actions.

13. Respondent's conduct was serious and betrayed the trust of her patients, coworkers, and employer. Although there was no evidence that any patient suffered actual harm, the potential for harm was great. By her admission, the time where she was caught was not the first that she had diverted controlled substances. Finally, respondent changed patient records in order to conceal the diversion.

14. In mitigation, once respondent was caught, she immediately took steps to address her addiction. She completed an inpatient rehabilitation program and intensive outpatient program. She regularly attended AA, individual counseling, and her nurse support group. Since being terminated from the MAXIMUS program, she has voluntarily submitted to drug screens that have all been negative and has continued with AA and therapy. Regarding the positive test for alcohol in March 2018, there was insufficient evidence to conclude that the result was due to the consumption of an alcoholic beverage. Indeed, a hair test conducted several days later, which is presumably more sensitive at detecting the presence of alcohol, was negative.

15. Although respondent is credited for immediately seeking treatment, respondent's participation in the Intervention Program was not without problems. Ultimately, her failure to successfully complete the program was to her detriment, as it would have kept her from undergoing formal disciplinary proceedings that now put her license in jeopardy. The greatest concern relates to respondent's dishonesty about accepting a job in violation of the program's restrictions. The fact that she repeatedly lied to the program administrators and her support group about this fact, for several months, is not a positive indicator of a successful recovery from addiction or compliance with the board's probation program. In addition, respondent's testimony

at the hearing that she submitted her request to withdraw from the program before she received the results of her drug test was not credible. Finally, although the letter submitted by respondent's current supervisor praised respondent's work over the past year, his failure to reference knowledge of respondent's past misconduct or present disciplinary proceedings suggests he is not aware of either.

16. The board's probation program is stringent and requires strict adherence to multiple conditions and requirements. Based on her past record, her successful completion of probation is far from assured. Although it is a close call, based on respondent's documented rehabilitation efforts to date, placing respondent's license on probation with terms and conditions including all optional conditions for substance abusing licensees is sufficient to ensure public protection. In granting her probation, respondent is admonished that it is her responsibility to understand and complete all that is required of her under this decision. To that end, she is expected to be completely honest with the board and her employers during this period; failure to abide by the terms and conditions of her probation will have adverse consequences on her future ability to practice nursing in this state.

Cost Recovery

17. The California Supreme Court in *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, held that a regulation imposing costs for investigation and enforcement under California Code of Regulations, title 16, section 317.5, which is similar to Business and Professions Code section 125.3, did not violate due process. But it was incumbent on the board in that case to exercise discretion to reduce or eliminate cost awards in a manner such that costs imposed did not "deter [licensees] with potentially meritorious claims or defenses from exercising their right to a hearing." (*Ibid.*)

The Supreme Court set forth five factors to consider in deciding whether to reduce or eliminate costs: whether the licensee used the hearing process to obtain dismissal of other charges or a reduction in the severity of the discipline imposed; whether the licensee had a "subjective" good faith belief in the merits of his or her position; whether the licensee raised a "colorable challenge" to the proposed discipline; whether the licensee had the financial ability to make payments; and whether the scope of the investigation was appropriate in light of the alleged misconduct. The reasoning of *Zuckerman* must be applied to Business and Professions Code section 125.3 since the language in the cost recovery regulation at issue in *Zuckerman* and section 125.3 are substantially the same.

Applying the *Zuckerman* criteria, respondent had a good faith belief in the merits of her position and successfully challenged the proposed discipline that her license be revoked. Costs are reduced by half to \$1,656.

ORDER

Registered Nurse License Number 95076327 issued to respondent Khristina Rochelle Towster is revoked. However, the revocation is stayed and respondent is placed on probation for four years upon the following terms and conditions:

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(1) OBEDIENT TO ALL LAWS

Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by respondent to the board in writing within seventy-two hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

If respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation or petition to revoke probation.

(2) COMPLY WITH THE BOARD'S PROBATION PROGRAM

Respondent shall fully comply with the conditions of the Probation Program established by the board and cooperate with representatives of the board in its monitoring and investigation of respondent's compliance with the board's Probation Program. Respondent shall inform the board in writing within no more than fifteen days of any address change and shall at all times maintain an active, current license status with the board, including during any period of suspension.

Upon successful completion of probation, respondent's license shall be fully restored.

(3) REPORT IN PERSON

Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the board or its designated representatives.

(4) RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE

Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he or she resides outside of California. Respondent must provide written notice to the board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where he or she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the board if he/she applies for or obtains a new nursing license during the term of probation.

(5) SUBMIT WRITTEN REPORTS

Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

(6) FUNCTION AS A REGISTERED NURSE

Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The board may require that advanced practice nurses engage in advanced practice nursing for a minimum of twenty-four hours per week for six consecutive months or as determined by the board.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply.

(7) EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS

Respondent shall obtain prior approval from the board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the board all performance evaluations and other employment related reports as a registered nurse upon request of the board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment. Respondent shall notify her employer that she shall not have access to controlled substances. The board may require acknowledgement by any employer of respondent's practice limitations.

In addition to the above, respondent shall notify the board in writing within seventy-two hours after he or she obtains any nursing or other health care related employment. Respondent shall notify the board in writing within seventy-two hours after he or she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

(8) SUPERVISION

Respondent shall obtain prior approval from the board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

(a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

(b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.

(c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

(9) EMPLOYMENT LIMITATIONS

Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have

been approved by the board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If respondent is working or intends to work in excess of forty hours per week, the board may request documentation to determine whether there should be restrictions on the hours of work.

(10) COMPLETE A NURSING COURSE

Respondent, at her own expense, shall enroll and successfully complete a course relevant to the practice of registered nursing no later than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the board before enrolling in the course. Respondent shall submit to the board the original transcripts or certificates of completion for the above required course. The board shall return the original documents to respondent after photocopying them for its records.

(11) COST RECOVERY

Respondent shall pay to the board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$1,656. Respondent shall be permitted to pay these costs in a payment plan

approved by the board with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation will apply.

(12) VIOLATION OF PROBATION

If respondent violates the conditions of her probation, the board after giving respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the board.

(13) LICENSE SURRENDER

During respondent's term of probation, if he or she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender her license to the board. The board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the

circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the board. A registered nurse whose license has been surrendered may petition the board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

One year for a license surrendered for a mental or physical illness.

(14) PHYSICAL EXAMINATION

Within 45 days of the effective date of this decision, respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the board prior to the assessment is performed, submit an assessment of respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the board. If medically determined, a recommended treatment program will be instituted and followed by respondent with the physician, nurse practitioner, or physician assistant providing written reports to the board on forms provided by the board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the board and respondent by telephone, and

the board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the board is required until the board has notified respondent that a medical determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to have the above assessment submitted to the board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the board. This period of suspension will not apply to the reduction of this probationary time period. The board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(15) PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE

Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a board-approved treatment/rehabilitation program of at least six months' duration. As required, reports shall be submitted by the program on forms provided by the board. If respondent has not completed a board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If

a program is not successfully completed within the first nine months of probation, the board shall consider respondent in violation of probation.

Based on board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

(16) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse

practitioner, or physician assistant shall report to the board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

(17) SUBMIT TO TESTS AND SAMPLES

Respondent, at her expense, shall participate in a random, biological fluid testing or a drug screening program which the board approves. The length of time and frequency will be subject to approval by the board. Respondent is responsible for keeping the board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the board, as directed. Any confirmed positive finding shall be reported immediately to the board by the program and respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the board or any of its representatives, and shall, when requested, submit to such tests and samples as the board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or

physician assistant, and the board files a petition to revoke probation or an accusation, the board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, respondent shall immediately cease practice and shall not resume practice until notified by the board. After taking into account documented evidence of mitigation, if the board files a petition to revoke probation or an accusation, the board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

(18) MENTAL HEALTH EXAMINATION

Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the board. All costs are the responsibility of respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the board and respondent by telephone, and the board shall


request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the board is required, until the board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to have the above assessment submitted to the board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the board. This period of suspension will not apply to the reduction of this probationary time period. The board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(19) THERAPY OR COUNSELING PROGRAM

Respondent, at her expense, shall participate in an on-going counseling program until such time as the board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

DATE: January 15, 2020

DocuSigned by:

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ADAM L. BERG

Administrative Law Judge

Office of Administrative Hearings

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8

9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:
14 **KHRISTINA ROCHELLE TOWSTER**
26600 Oso Parkway, Apt. 422
15 Mission Viejo, CA 92691
16 **Registered Nurse License No. 95076327**
17 Respondent.

Case No. 2020-1

ACCUSATION

19 **PARTIES**

- 20 1. Joseph L. Morris, PhD, MSN, RN (Complainant) brings this Accusation solely in his
21 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
22 Consumer Affairs.
- 23 2. On or about October 29, 2015, the Board of Registered Nursing (Board) issued
24 Registered Nurse License Number 95076327 to Khristina Rochelle Towster (Respondent). The
25 Registered Nurse License was in full force and effect at all times relevant to the charges brought
26 herein and will expire on October 31, 2019, unless renewed.

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1 **JURISDICTION**

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

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

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

11 **STATUTORY PROVISIONS**

12 6. Section 2761 of the Code states in relevant part:

13 The board may take disciplinary action against a certified or licensed nurse or
14 deny an application for a certificate or license for any of the following:

15 (a) Unprofessional conduct, which includes . . .

16 7. Section 2762 of the Code states in relevant part:

17 In addition to other acts constituting unprofessional conduct within the
18 meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for
19 a person licensed under this chapter to do any of the following:

20 (a) Obtain or possess in violation of law, or prescribe, or except as directed
21 by a licensed physician and surgeon, dentist, or podiatrist administer to himself or
22 herself, or furnish or administer to another, any controlled substance as defined in
23 Division 10 (commencing with Section 11000) of the Health and Safety Code or
24 any dangerous drug or dangerous device as defined in Section 4022.

25

26 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible
27 entries in any hospital, patient, or other record pertaining to the substances
28 described in subdivision (a) of this section.

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1 **COST RECOVERY**

2 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licentiate found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case.

6 **DRUGS**

7 9. Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code
8 Section 11055, subdivision (c)(8), and a dangerous drug pursuant to Code Section 4022. Fentanyl
9 is a potent synthetic opioid pain medication with a rapid onset and short duration of action.
10 Fentanyl is 50 to 100 times more potent than morphine.

11 **FACTUAL ALLEGATIONS**

12 10. On or about June 17, 2017, while working as a registered nurse at Hoag Memorial
13 Hospital Presbyterian (Hospital), Respondent removed Fentanyl from a Pyxis¹ machine on at least
14 three instances but did not administer it to her patient as required. Respondent later admitted that
15 she diverted the Fentanyl for her own use and had self-administered the drug while working at the
16 Hospital. Respondent also modified the patient's Electronic Medical Administration Record in an
17 attempt to conceal the diversion.

18 11. On or about June 23, 2017, Respondent was accepted into the Board's substance
19 abuse intervention program (Intervention Program). Respondent signed a contract agreeing to
20 abide by the rules of the Intervention Program, which include (a) abstaining from the use of
21 alcohol, and (b) securing permission from the Intervention Program before accepting any
22 employment in a health care setting.

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24 _____
25 ¹ Pyxis is a trade name for the automated single-unit dose medication dispensing system
26 that records information such as patient name, physician orders, date and time medication was
27 withdrawn, and the name of the licensed individual who withdrew and administered the
28 medication. Each user/operator is given a "user ID" code to operate the control panel. The user
is required to enter a second code "PIN" number, similar to an ATM machine, to gain access to
the medications. Sometimes only portions of the withdrawn narcotics are given to the patient.
The portions not given to the patient are referred to as "wastage." This waste must be witnessed
by another authorized user and is also recorded in the Pyxis machine.

1 12. In February 2019, members of Respondent's Intervention Program nurse support
2 group reported that Respondent was exhibiting unstable behavior at group meetings.

3 13. On or about March 6, 2019, Respondent submitted hair and blood samples to the
4 Intervention Program for testing. The test results were positive for alcohol use in violation of the
5 Intervention Program rules Respondent had agreed to follow.

6 14. In a letter dated March 12, 2019, Respondent denied using alcohol but admitted to the
7 Board that she had accepted a nursing position without Board approval in violation of the
8 Intervention Program rules she had agreed to follow. The letter also stated Respondent intended
9 to withdraw from the Intervention Program.

10 15. The Board terminated Respondent's participation in the Intervention Program,
11 effective March 22, 2019, as a public safety risk.

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct)**

14 16. Respondent is subject to disciplinary action for unprofessional conduct under section
15 2761 subdivision (a) of the Code in that Respondent diverted controlled substances, falsified
16 patient records with respect to the diverted substances, and violated the rules of the Intervention
17 Program, all as more fully set forth in paragraphs 10 through 15 above, which are incorporated
18 herein by reference.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Unlawfully Obtained and Possessed Controlled Substances)**

21 17. Respondent is subject to disciplinary action under section 2762 subdivision (a) of the
22 Code in that Respondent unlawfully obtained and possessed controlled substances, as more fully
23 set forth in paragraphs 10 through 15 above, which are incorporated herein by reference.

24 **THIRD CAUSE FOR DISCIPLINE**

25 **(Falsifying Patient Records)**

26 18. Respondent is subject to disciplinary action under section 2762 subdivision (e) of the
27 Code in that Respondent falsified entries in hospital and patient records pertaining to controlled
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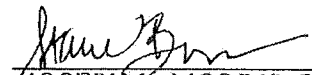
1 substances described in subdivision (a) of section 2762 of the Code, all as more fully set forth in
2 paragraphs 10 through 15 above, which are incorporated herein by reference.

3 PRAYER

4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
5 and that following the hearing, the Board of Registered Nursing issue a decision:

- 6 1. Revoking or suspending Registered Nurse License Number 95076327, issued to
7 Khristina Rochelle Towster;
- 8 2. Ordering Respondent to pay the Board the reasonable costs of investigation and
9 enforcement of this case, pursuant to Business and Professions Code section 125.3; and
- 10 3. Taking such other and further action as deemed necessary and proper.

11
12
13 DATED: July 1, 2019

14 
15 *fw* JOSEPH L. MORRIS, PHD, MSN, RN
16 Executive Officer
17 Board of Registered Nursing
18 Department of Consumer Affairs
19 State of California
20 *Complainant*

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