BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of	§	AGREED ORDER
Registered Nurse License Number 701399	§	
issued to ALYSHA MICHELE ALEXANDER	§	
	§	

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of ALYSHA MICHELE ALEXANDER, Registered Nurse License Number 701399, 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)(1),(10),&(12), 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 1, 2023.

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 Southern University School of Nursing, Baton Rouge, Louisiana, on May 15, 1992. Respondent was licensed to practice professional nursing in the State of Texas on November 17, 2003.

5. Respondent's nursing employment history includes:

5/1992 – 3/1994	Registered Nurse	Our Lady of the Lake Regional Medical Center Baton Rouge, Louisiana

Respondent's nursing employment history continued:

3/1994 – 12/1994	ECT Coordinator	Tulane Depaul Behavioral Health Center New Orleans, Louisiana
12/1994 – 3/2004	Staff/Charge Nurse	Louisiana State University- Charity Hospital New Orleans, Louisiana
3/2004 – 10/2008	Staff/Charge Nurse	Parkland Health and Hospital Systems Dallas, Texas
5/2005 – 5/2008	Adjunct Professor Clinical Nursing	Tarrant County College Fort Worth, Texas
6/2008 – 9/2008	Unknown	
10/2008 – 7/2011	Post Anesthesia Care Nurse	Surgical Center of Duncanville Duncanville, Texas
7/2011 – 11/2012	Psychiatric Staff Nurse	Timberlawn Mental Health System Dallas, Texas
11/2011 – 1/2012	Post Anesthesia Nurse	Southwest Surgical Hospital Hurst, Texas
2/2012 – 12/2012	Not employed in nursing	
12/2012 – Unknown	Post Anesthesia Care Nurse	Texas General Hospital Grand Prairie, Texas
1/2013 – 12/2014	Staff Nurse Part Time	Methodist Dallas Medical Center Dallas, Texas
4/2015 – Unknown	RN II – Psych Services	Parkland Health and Hospital System Dallas, Texas
7/2015 – 6/2017	Staff Nurse Pacu/Holding Area	VA North Texas Healthcare System Dallas, Texas
7/2017 – 9/2019	Not employed in nursing	
10/2019 – 7/2020	PACU RN	Minimally Invasive Surgery Institute Dallas, Texas

Respondent's nursing employment history continued:

8/2020 – Present Not employed in nursing

6. On or about July 25, 2019, Respondent was issued the sanction of Reprimand with Stipulations through an Order of the Board. A copy of the July 25, 2019, Order is attached and incorporated herein by reference as part of this Agreed Order.

7. On or about March 30, 2020, July 7, 2020, October 10, 2020, November 13, 2020, and April 15, 2021, Respondent failed to immediately notify the Board that falsified Nursing Performance Evaluations had been submitted on her behalf, in which someone had forged the signature of the Chief Nursing Officer, who confirmed she did not sign the forms during these time periods and ceased being Respondent's supervisor in December 2019 when she left her employment at the facility. Respondent's conduct was deceptive and may have affected the Board's ability to monitor her ability to safely practice nursing.

8. In response to the incident in Finding of Fact Number Seven (7), during the time periods referenced in Finding of Fact Number Seven (7), Respondent was experiencing mental health symptoms and side effects from medication trials to stabilize her symptoms which resulted in inpatient hospitalization. Respondent states that she sincerely regrets not coming forward as soon as she was made aware of the issue and is committed to making up for her past mistakes.

9. Formal Charges were filed on January 24, 2022.

10. Respondent's compliance with the terms of a Board approved peer assistance program should be sufficient to protect patients and the public.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.12 (6)(A),(6)(H)&(11)(B).

4. The evidence received is sufficient cause pursuant to Section 301.452(b)(1)&(10), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 701399, heretofore issued to ALYSHA MICHELE ALEXANDER.

5. Pursuant to Section 301.463(d), Texas Occupations Code, this Agreed Order is a settlement agreement under Rule 408, Texas Rules of Evidence, in civil or criminal litigation.

6. The Board may, in its discretion, order a nurse to participate in a peer assistance program approved by the Board if the nurse would otherwise have been eligible for referral to peer assistance pursuant to Section 301.410, Texas Occupations Code.

TERMS OF ORDER

I. SANCTION AND APPLICABILITY

IT IS THEREFORE AGREED and ORDERED that Registered Nurse License Number 701399, previously issued to ALYSHA MICHELE ALEXANDER, to practice nursing in the State of Texas is/are hereby **SUSPENDED** and said suspension is **ENFORCED** until RESPONDENT:

A. **Applies to, is accepted into, and completes enrollment in the Texas Peer Assistance Program for Nurses (TPAPN)**;

B. Is **cleared to safely practice as a nurse** based on a fitness evaluation, as may be required by TPAPN; and

C. **Waives confidentiality and provides a copy of the fully executed TPAPN participation agreement to the Board**.

IT IS FURTHER AGREED, upon verification of successful completion of the above requirements, the Suspension will be **STAYED**, and RESPONDENT will be placed on **PROBATION** for such time as is required for RESPONDENT to successfully complete the TPAPN **AND** until RESPONDENT fulfills the additional requirements of this Order.

D. RESPONDENT SHALL submit an application for licensure renewal/reactivation, as applicable, and pay all re-registration fees, if any, and RESPONDENT'S licensure status in the State of Texas will be activated and updated to current status and to reflect the applicable conditions outlined herein.

E. RESPONDENT SHALL **comply with all requirements of the TPAPN participation agreement** during its term and SHALL keep all applicable licenses to practice nursing in the State of Texas in current status.

F. RESPONDENT SHALL CAUSE the TPAPN to **notify the Texas Board of Nursing of any violation of the TPAPN participation agreement**.

G. This Order SHALL apply to any and all future licenses issued to RESPONDENT to practice nursing in the State of Texas.

H. This Order SHALL be applicable to RESPONDENT'S nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

I. Until successfully completed, RESPONDENT may not practice nursing in the State of Texas except in accordance with the terms of this Order.

J. As a result of this Order, RESPONDENT'S license(s) will be designated "single state" as applicable and RESPONDENT may not work outside the State of Texas in another nurse licensure compact party state using a Texas compact license.

K. RESPONDENT is required to participate in the TPAPN for a minimum of two years.

II. COMPLIANCE WITH LAW

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

III. SUPERSEDING ORDER

IT IS FURTHER AGREED and ORDERED that the sanction and conditions of this Agreed Order SHALL supersede all previous stipulations required by any Order entered by the Texas Board of Nursing.

IV. REMEDIAL EDUCATION COURSE(S)

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

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

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

V. CONSEQUENCES OF CONTINUED NONCOMPLIANCE

Continued noncompliance with the unfulfilled requirements of this or any Order previously issued by the Texas Board of Nursing, as applicable, may result in further investigation and subsequent disciplinary action, including denial of licensure renewal or revocation of RESPONDENT'S license(s) and/or privileges to practice nursing in the State of Texas.

VI. EFFECT OF NONCOMPLIANCE

SHOULD RESPONDENT fail to comply with this Order or the terms of the participation agreement with the TPAPN, such noncompliance will result in further disciplinary action including TEMPORARY SUSPENSION pursuant to Section

301.4551, Texas Occupations Code, or REVOCATION of RESPONDENT'S license(s) and nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

VII. RESTORATION OF UNENCUMBERED LICENSE(S)

Upon full compliance with the terms of this Agreed Order, all encumbrances will be removed from RESPONDENT'S license(s) and/or privilege(s) to practice nursing in the State of Texas and, subject to meeting all existing eligibility requirements in Texas Occupations Code Chapter 304, Article III, RESPONDENT may be eligible for nurse licensure compact privileges, if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Order. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. I do acknowledge possessing a diagnosis that deems me eligible to participate in the Texas Peer Assistance Program for Nurses. By my signature on this Order, I agree to the entry of this Order and all conditions of said Order to obtain disposition of the allegations through peer assistance and to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order becomes effective upon acceptance by the Executive Director on behalf of the Texas Board of Nursing and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including TEMPORARY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, and/or possible revocation of my license(s) and/or privileges to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 5th day of June, 2023.

Alysha Michele Alexander

ALYSHA MICHELE ALEXANDER, RESPONDENT

Sworn to and subscribed before me this _____ day of _____, 20____.

SEAL

_____

Notary Public in and for the State of _____

Approved as to form and substance.

Elisabeth Smith

Elisabeth Smith, Attorney for Respondent

Signed this 5th day of June, 2023.

WHEREFORE, PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 5th day of June, 2023, by ALYSHA MICHELE ALEXANDER, Registered Nurse License Number 701399, and said Agreed Order is final.

Effective this 8th day of June, 2023.

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

BEFORE THE TEXAS BOARD OF NURSING

****

In the Matter of	§	AGREED ORDER
Registered Nurse License Number 701399	§	
issued to ALYSHA MICHELE ALEXANDER	§	
	§	

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of ALYSHA MICHELE ALEXANDER, Registered Nurse License Number 701399, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(10)&(13), Texas Occupations Code. Respondent waived notice and hearing and agreed to the entry of this Agreed Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on November 12, 2018.

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 Southern University School of Nursing, Baton Rouge, Louisiana, on May 15, 1992. Respondent was licensed to practice professional nursing in the State of Texas on November 17, 2003.

5. Respondent's nursing employment history includes:

5/1992 – 3/1994	Registered Nurse	Our Lady of the Lake Regional Medical Center Baton Rouge, Louisisana

Respondent's nursing employment history continued:

3/1994 – 12/1994	ECT Coordinator	Tulane Depaul Behavioral Health Center New Orleans, Louisiana
12/1994 – 3/2004	Staff/Charge Nurse	Louisiana State University - Charity Hospital New Orleans, Louisiana
3/2004 – 10/2008	Staff/Charge Nurse	Parkland Health and Hospital Systems Dallas, Texas
5/2005 – 5/2008	Adjunct Professor Clinical Nursing	Tarrant County Collegs Fort Worth, Texas
6/2008 – 9/2008	Unknown	
10/2008 – 7/2011	Post Anesthesia Care Nurse	Surgical Center of Duncanville Duncanville, Texas
7/2011 – 11/2012	Psychiatric Staff Nurse	Timberlawn Mental Health System Dallas, Texas
11/2011 – 1/2012	Post Anesthesia Nurse Part time	Southwest Surgical Hospital Hurst, Texas
2/2012 – 12/2012	Unknown	
12/2012 – Unknown	Post Anesthesia Care Nurse	Texas General Hospital Grand Prairie, Texas
1/2013 – 12/2014	Staff Nurse Part Time	Methodist Dallas Medical Center Dallas, Texas
4/2015 – Unknown	RN II – Psych Services	Parkland Health and Hospital System Dallas, Texas

Respondent's nursing employment history continued:

7/2015 – 6/2017	Staff Nurse Pacu/Holding Area	VA North Texas Healthcare System Dallas, Texas
7/2017 -- Present	Unknown	

6. At the time of the initial incident, Respondent was employed as a Registered Nurse with VA North Texas Healthcare System, Dallas, Texas, and had been in that position for one (1) year and four (4) months.

7. On or about November 22, 2016, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to ensure there was a signed consent for a cystoscopy laser lithotripsy, retrograde pyelogram procedure in the medical record of Patient P3232. Instead, Respondent mistakenly reviewed a consent for cystoscopy with stent placement that was done on November 1, 2016. Subsequently, the patient was taken to the operating room and sedated without a valid consent for the procedure. Respondent's conduct created an incomplete and/or inaccurate medical record.

8. On or about March 16, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to accurately and completely label the blood specimen of Patient C8170 prior to submitting it to the Transfusion Medicine Unit. In addition, Respondent failed to have the patient information verified by another nurse. Subsequently, the lab rejected the specimen and a new specimen had to be obtained. Respondent's conduct exposed the patient to risk for harm from improper patient identification.

9. On or about April 19, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs of Patient H7516 every five (5) minutes for the first fifteen (15) minutes he was in Post Anesthesia Care Unit (PACU), as ordered by the physician, following a transurethral resection of the prostate (TURP) under general anesthesia. In addition, Respondent failed to document the patient's urine output. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

10. On or about April 19, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs and Aldrete score of Patient H3292 every five (5) minutes for the first fifteen (15) minutes he was in Post Anesthesia Care Unit (PACU) , as ordered by the physician, following left, total knee arthroplasty with spinal anesthesia. In addition, Respondent failed to assess and/or document the assessment of the patient's pulses. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

11. On or about April 20, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs and Aldrete score of Patient K5861 every five (5) minutes for the first fifteen (15) minutes he was in Post Anesthesia Care Unit (PACU), as ordered by the physician, following an excisional biopsy and examination under anesthesia. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

12. On or about April 20, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the assessment of Patient G6064's chest tube drainage while in the Post Anesthesia Care Unit (PACU) following a lung biopsy and chest tube placement. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record

13. On or about April 20, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the assessment of Patient S0500's pulses while he was in Post Anesthesia Care Unit (PACU) following a laminectomy under general anesthesia. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

14. On or about April 20, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs of Patient S0500 every five (5) minutes for the first fifteen (15) minutes while he was in Post Anesthesia Care Unit (PACU), as ordered by the physician, following a right hydrocelectomy under general anesthesia. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

15. On or about April 26, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs Patient T2800 every five (5) minutes for the first fifteen (15) minutes he was in Post Anesthesia Care Unit (PACU), as ordered by the physician, following right, great toe joint replacement under general anesthesia. In addition, Respondent failed to assess and/or document the assessment of Patient T2800's pulses. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

16. On or about April 27, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs and Aldrete score of Patient G3783 every five (5) minutes for the first fifteen (15) minutes he was in Post Anesthesia Care Unit (PACU), as ordered by the physician, following a bronchoscopy with lymph node biopsy under general anesthesia. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

17. On or about April 28, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the assessment of Patient B3443's pulses following removal of tibial sesamoid of right foot under general anesthesia. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

18. On or about April 28, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to assess and/or document the vital signs and Aldrete score of Patient O3502 every five (5) minutes for the first fifteen (15) minutes he was in Post Anesthesia Care Unit (PACU), as ordered by the physician, following a bunionectomy under general anesthesia. Respondent's conduct deprived the patient of detection and timely medical intervention in the event of post-operative complications and created an incomplete medical record.

19. On or about May 5, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to reassess and/or document the behavior of Patient L7507's to determine the need for continued bed restraints while in the Post Anesthesia Care Unit (PACU) and/or prior to discharge from PACU. Respondent's conduct exposed the patient to risk of harm from the complications of physical restraints and created an incomplete medical record.

20. On or about May 5, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to accurately document the oxygen rate and method of delivery for Patient W6298 while he was in the Post Anesthesia Care Unit (PACU) following a nephrectomy. Respondent documented "0" oxygen in the Post Op Record at 1607 but documented "O2 flow 50%" in the Post Op Assessment Report at 1610. Respondent's conduct created an inaccurate medical record.

21. On or about May 17, 2017, while employed as a Registered Nurse at VA North Texas Healthcare System, Dallas, Texas, Respondent failed to accurately document dermatome levels of Patient J2537 while he was in the Post Anesthesia Care Unit (PACU) following a total knee arthroplasty with spinal anesthesia. Respondent documented invalid dermatome levels of "T4-45" at 1102 and "T-4" at 1125. Respondent's conduct created an inaccurate medical record

22. In response to Findings of Facts Numbers Seven (7) through Twenty-one (21), Respondent states the allegations are baseless and not supported by any credible evidence.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11 (1)(A),(1)(B),(1)(D)&(1)(M) and 22 TEX. ADMIN. CODE §217.12 (1)(A),(1)(B),(1)(C)&(4).

4. The evidence received is sufficient cause pursuant to Section 301.452(b) (10)&(13), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 701399, heretofore issued to ALYSHA MICHELE ALEXANDER.

5. Pursuant to Section 301.463(d), Texas Occupations Code, this Agreed Order is a settlement agreement under Rule 408, Texas Rules of Evidence, in civil or criminal litigation.

TERMS OF ORDER

I. SANCTION AND APPLICABILITY

IT IS THEREFORE AGREED and ORDERED that RESPONDENT SHALL receive the sanction of **REPRIMAND WITH STIPULATIONS** in accordance with the terms of this Order.

A. This Order SHALL apply to any and all future licenses issued to RESPONDENT to practice nursing in the State of Texas.

B. This Order SHALL be applicable to RESPONDENT'S nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

C. As a result of this Order, RESPONDENT'S license(s) will be designated "single state" and RESPONDENT may not work outside the State of Texas in another nurse licensure compact party state.

II. COMPLIANCE WITH LAW

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

III. UNDERSTANDING BOARD ORDERS

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

IV. REMEDIAL EDUCATION COURSE(S)

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

A. **A Board-approved course in Texas nursing jurisprudence and ethics** that shall be a minimum of six (6) hours in length. The course's content shall include the

Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft, and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. Home study and video programs will not be approved.

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

C. **A Board-approved course in nursing documentation** that shall be a minimum of six (6) hours in length. The course's content shall include: nursing standards related to accurate and complete documentation; legal guidelines for recording; methods and processes of recording; methods of alternative record-keeping; and computerized documentation. Home study courses and video programs will not be approved.

D. **The course "Sharpening Critical Thinking Skills,"** a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension.

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

V. EMPLOYMENT REQUIREMENTS

In order to complete the terms of this Order, RESPONDENT must work as a nurse in the State of Texas, providing direct patient care in a clinical healthcare setting, for a

minimum of sixty-four (64) hours per month for eight (8) quarterly periods [two (2) years] of employment. This requirement will not be satisfied until eight (8) quarterly periods of employment as a nurse have elapsed. Periods of unemployment or of employment that do not require the use of a registered nurse (RN) or a vocational nurse (LVN) license, as appropriate, will not apply to this period and will not count towards completion of this requirement.

A. **Notifying Present and Future Employers:** RESPONDENT SHALL notify each present employer in nursing and present each with a complete copy of this Order, including all attachments, if any, within five (5) days of receipt of this Order. While under the terms of this Order, RESPONDENT SHALL notify all future employers in nursing and present each with a complete copy of this Order, including all attachments, if any, prior to accepting an offer of employment.

B. **Notification of Employment Forms:** RESPONDENT SHALL CAUSE each present employer in nursing to submit the Board's "Notification of Employment" form to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Board's "Notification of Employment form" to the Board's office within five (5) days of employment as a nurse.

C. **Direct Supervision:** For the first year [four (4) quarters] of employment as a Nurse under this order, RESPONDENT SHALL be directly supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse. Direct supervision requires another nurse, as applicable, to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

D. **Indirect Supervision:** For the remainder of the stipulation/probation period, RESPONDENT SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises. The supervising nurse is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and

intervention if necessary. The supervising nurse shall have a minimum of two (2) years of experience in the same or similar practice setting to which the RESPONDENT is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

E. **Nursing Performance Evaluations:** RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the RESPONDENT by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the individual who supervises the RESPONDENT and these reports shall be submitted by the supervising individual to the office of the Board at the end of each three (3) month quarterly period for eight (8) quarters [two (2) years] of employment as a nurse.

VI. RESTORATION OF UNENCUMBERED LICENSE(S)

Upon full compliance with the terms of this Agreed Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and, subject to meeting all existing eligibility requirements in Texas Occupations Code Chapter 304, Article III, RESPONDENT may be eligible for nurse licensure compact privileges if any.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this 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.

Signed this 21 day of June, 2019.

Alysha Michele Alexander.
ALYSHA MICHELE ALEXANDER, Respondent

Sworn to and subscribed before me this 21st ~~day of June, 2019.~~

SEAL

_____

Notary Public in and for the State of _____

Approved as to form and substance.

_____
Alejandro Moro, Attorney for Respondent

Signed this 21 day of JUNE, 2019.

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 21st day of June, 2019, by ALYSHA MICHELE ALEXANDER, Registered Nurse License Number 701399, and said Agreed Order is final.

Effective this 25th day of July, 2019

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