

Respondent's nursing employment history continues:

7/97 - 10/97	RN Case Manager	St. Luke's Home Health Houston, Texas
11/97 - 8/98	RN Charge Nurse	Memorial Hospital Pasadena, Texas
1998 - 8/2000	RN Charge/Staff Nurse	Memorial Herman Hospital Southeast Houston, Texas
7/2000 - 1/2009	RN Triage Nurse	Kelsey Seybold Clinic Houston, Texas
1/2009 - 1/2010	RN	St. Luke's Episcopal Hospital Houston, Texas
2/2010 - Present	RN	St. Joseph Hospital Houston, Texas

6. At the time of the initial incident, Respondent was employed as a RN with St. Luke's Episcopal Hospital, Houston, Texas, and had been in this position for one (1) year.
7. On or about January 5, 2010 while working as a RN at St. Luke's Episcopal Hospital, Houston, Texas, Respondent failed to complete a cardiac assessment and falsely documented the cardiac assessment and telemetry monitoring in the medical record of Patient Medical Record Number 02232256, when the patient was off of her telemetry heart monitor from 06:26 to 12:30. In addition, the Respondent documented that the patient was in sinus rhythm in the patient's record. Respondent's conduct was deceptive and created an inaccurate medical on which subsequent care givers would rely on to provide ongoing medical care.
8. In Response to the incidents in Finding of Fact Number Seven (7), Respondent denies failing to complete the patient's physical assessment. Respondent states while receiving report from the off-going nurse, she received a phone call from dialysis on the patient in question, who informed her that dialysis would be delayed until about noon. Respondent reports that she finished getting report and immediately went to inform the patient of the change in plans. Respondent asserts that she completed her physical assessment of the patient and documented the assessment in the chart. Respondent states she recalls seeing the telemetry wires but admits to not confirming the telemetry cardiac monitoring was on at the front desk. Respondent admits she failed to confirm the entire lead placements, the batteries were good and all the other assessments that would involve the telemetry device itself. Respondent deeply regrets falsely documenting the telemetry monitoring and falsely confirming the telemetry. Respondent states that she meant no harm or malice towards anyone, especially the patient. Respondent is grateful that no harm came to the patient and has learned from her experience.

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 of Section 301.452(b)(10)&(13), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.11(1)(A),(1)(B),(1)(C)&(1)(D). and 22 TEX. ADMIN. CODE §217.12(1)(A),(1)(B),(1)(C)(4)&(6)(A).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 571444, heretofore issued to LINDA GAIL KRAMER, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that RESPONDENT SHALL receive the sanction of a WARNING WITH STIPULATIONS AND A FINE, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

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

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this Order, Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved

provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It 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. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.*

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in physical assessment. RESPONDENT SHALL obtain Board approval of the course prior to enrollment. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include Nurses. The didactic portion of this course shall be a minimum of six (6) hours in length. RESPONDENT SHALL perform physical assessments on live patients in a clinical setting for a minimum of twenty-four (24) hours. The clinical component SHALL focus on tasks of physical assessment only and shall be provided by the same Registered Nurse who provides the didactic portion of this course. To be approved, the course shall cover all systems of the body. 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. RESPONDENT SHALL successfully complete both the didactic and clinical portions of the course to satisfy this stipulation. RESPONDENT SHALL CAUSE the instructor to submit a Verification of Course Completion form, provided by the Board, to the office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.*

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in nursing documentation. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. The course shall be a minimum of six (6) hours in length of classroom time. In order for the course to be approved, the target audience shall include Nurses. The course shall include content on the following: 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. RESPONDENT SHALL cause the instructor to submit a Verification of Course Completion form, provided by the Board, to the Board's office to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.state.tx.us/disciplinaryaction/stipscourses.html>.*

(4) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete 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 program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Information regarding this workshop may be found at the following web address: <http://learningext.com/hives/a0f6f3e8a0/summary>.*

(5) RESPONDENT SHALL pay a monetary fine in the amount of two hundred fifty dollars (\$250.00). RESPONDENT SHALL pay this fine within forty-five 45 days of entry of this Order. Payment is to be made directly to the Texas Board of Nursing in the form of cashier's check or U.S. money order. Partial payments will not be accepted.

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING STIPULATIONS FOR ONE (1) YEAR OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWELVE (12) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A REGISTERED NURSE (RN) LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD:

(6) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT'S license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the stipulations on

RESPONDENT'S license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(7) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(8) RESPONDENT SHALL be directly supervised by a Registered Nurse. Direct supervision requires another professional nurse 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). The 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.

(9) 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 Registered Nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month period for one (1) year of employment as a nurse.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT shall be eligible for nurse licensure compact privileges, if any.

RESPONDENT'S CERTIFICATION

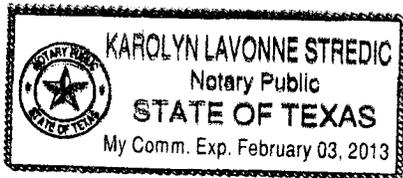
I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and 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 Board. When this Order is ratified, the terms of this Order become effective, 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 revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 5 day of April, 2011.

Linda Gail Kramer
LINDA GAIL KRAMER, Respondent

Sworn to and subscribed before me this 5 day of April, 2011.

SEAL



Karolyn Lavonne Stredic
Notary Public in and for the State of Texas

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 5th day of April, 2011, by LINDA GAIL KRAMER, Registered Nurse License Number 571444, and said Order is final.

Effective this 10th day of May, 2011.



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

TEXAS BOARD OF NURSING
333 GUADALUPE STREET, SUITE 3-460
AUSTIN, TEXAS 78701
(512) 305-6827

NOTICE

Be advised that the following information relates to the monitoring of your compliance with the enclosed Board Order:

All required courses must be completed within one (1) year from the date of the order regardless if your license is in delinquent status or current.

You are responsible for ensuring the appropriate forms are mailed to the Board's office within the correct time frame. You are also responsible for ensuring that the appropriate personnel at your place of employment have been notified of the Order and that you have provided your employer with a copy of the Order.

A Notification of Employment form is enclosed, for you to give to your employer for submission to this office if you are required to cause your employer to submit periodic reports. This form is only to be used by employers who employ you as a registered nurse in the State of Texas.

1. If you are currently employed as a registered/vocational nurse, you are required to cause your current employer to submit the Notification of Employment form to our office within ten (10) days of your receipt of the enclosed Board Order.
2. If you are not currently employed as a registered/vocational nurse, you will be required to cause your potential employer to submit the Notification of Employment form to our office within five (5) days of employment as a registered nurse.
3. If you change employers during the term of your Order, you will be required to cause your new employer to submit a new Notification of Employment form to this office within five (5) days of your new employment as a registered nurse.

Once this office receives the completed Notification of Employment form, you will be sent your first set of report forms to be used to document your compliance with the stipulations of your Board Order. You will also be informed of the date on which your first set of reports will be due in the Board's office.

This office works on due dates of either the 15th or the last day of any given month. **All reports will only be accepted if received in this office within two weeks prior to, or two weeks immediately following the due date. Also, please be aware that all reports, except for Support Group attendance, must be submitted directly from the individual completing the report.**

You will be credited only for reports verifying your compliance with your stipulations during periods of time in which you are employed as a registered/vocational nurse. Quarterly reports will only be accepted if you have been working with the same employer for a full three (3) months. Employment for one (1) or two (2) months will not count towards your monitoring period.

The effective date of the Order is the date the Order was ratified by the Board. That date may be found on the Executive Director's signature page contained in your Order. You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully. If you are a registered nurse and have any questions, contact Diane E. Burell, Investigator at (512) 305-6827. If you are a vocational nurse and have any questions, contact Carolyn Hudson, Probation Monitor, at (512) 305-7667.

Texas Board of Nursing
333 Guadalupe Street, Suite 3-460
Austin, Texas 78701
(512) 305-6827

NOTIFICATION OF EMPLOYMENT

Regarding: _____

License Number: _____

This is to certify that the above identified nurse has been employed by

_____ which is a _____
Name of Facility *Type of Facility*

in the position of _____ since the date of _____.

I have received a complete copy of the Order of the Board and am aware of the stipulations placed on this license by the Texas Board of Nursing. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

Supervisor's Signature: _____ **Date:** _____

Title: _____

Facility Name and Address: _____

Telephone #: _____

If the Board's Order requires that the nurse cause his/her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by a nurse other than the above Supervisor, please list that individual's name and title below.

Name: _____

Title: _____

For Registered Nurses: Return to the attention of Diane E. Burell, Investigator, at the above address
For Vocational Nurses: Return to the attention of Carolyn Hudson, Probation Monitor, at the above address