



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 Registered Nurse § AGREED
License Number 537364, and Vocational §
Nurse License Number 23739 §
issued to BILLIE J. HANKINS § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of BILLIE J. HANKINS, Registered Nurse License Number 537364, and Vocational Nurse License Number 23739, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(10)&(13), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on August 2, 2010, by Katherine A. Thomas, MN, RN, Executive Director, subject to ratification by the Board.

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 representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice professional nursing in the State of Texas. Respondent's license to practice vocational nursing in the State of Texas is in delinquent status.
4. Respondent received a Certificate in Vocational Nursing from Doctor's Hospital School of Vocational Nursing, Houston, Texas on April 22, 1961, and received a Diploma in Nursing from San Jacinto College, Pasadena, Texas, on August 21, 1986. Respondent was licensed to practice vocational nursing in the State of Texas on July 29, 1961 and was licensed to practice professional nursing in the State of Texas on March 18, 1987.

5. Respondent's nursing employment history includes:

June 1961 - August 1972	GVN/Staff Nurse	Deaton Hospital, Inc. Galena Park, Texas
August 1972 - November 1991	Staff Nurse	Baytown Medical Center Baytown, Texas
November 1991 - June 1992	Staff Nurse	Personal Care Home Health Baytown, Texas
June 1993 - October 1996	Administrator	Pine Tree Lodge Assisted Living Community Pasadena, Texas
October 1996 - December 1997	Director of Nursing	Channelview Eldercare Home Health Channelview, Texas
January 1998 - April 1999	Staff Nurse	Denson Community Health Services, Inc. League City, Texas
April 1999 - July 2000	Charge Nurse	Bayou City Medical Center South Houston, Texas
July 2000 - November 2001	Director of Emergency Services	Vista Medical Center Hospital Pasadena, Texas
November 2001 - September 2003	Staff Nurse	Bayshore Medical Center Hospital Pasadena, Texas
September 2003 - October 2005	House Supervisor	Hill Regional Hospital Hillsboro, Texas
October 2005 - May 2007	Charge Nurse	Kindred Hospital Fort Worth, Texas
April 2007 - August 2007	Staff Nurse	Navarro Regional Hospital Corsicana, Texas

Respondent's nursing employment history continued:

August 2007 - March 2008	Supervisor	East Texas Medical Center Fairfield, Texas
March 2008 - October 2008	Director of Nursing	Mexia Nursing Home Mexia, Texas
April 2008 - Present	Staff Nurse	SMC Home Health, Inc. Fairfield, Texas
October 2008 - Present	Director of Nursing	Copper Creek Plaza Buffalo, Texas

6. At the time of the incident in Finding of Fact Seven (7), Respondent was employed as a Director of Nurses with Mexia Nursing Home, Mexia, Texas, and had been in this position for four (4) months.
7. On or about July 31, 2008, while employed as the Director of Nurses at Mexia Nursing Home, Mexia, Texas, Respondent failed to ensure the transcription of a physician's order for a lift suspension boot for Patient L.W was implemented, which was ordered on July 31, 2008. The physician's order was discovered August 11, 2008, however, the patient did not receive the boot until August 13, 2008. Respondent's conduct resulted in the patient being deprived of benefit from use of the suspension boot, which may have delayed healing of the patient's wound.
8. In response to the incident in Finding of Fact Seven (7), Respondent states she did not personally fail to transcribe the order but realizes she is responsible for the actions of anyone working under her supervision.
9. At the time of the incidents in Findings of Fact Numbers Ten (10), Twelve (12), Fourteen (14) and Sixteen (16), Respondent was employed as a Director of Nurses with Mexia Nursing Home, Mexia, Texas, and had been in this position for five (5) months.
10. On or about August 1, 2008, while employed as the Director of Nurses with Mexia Nursing Home, Mexia, Texas, Respondent failed to ensure notification of the physician in a timely manner when Patient P.A. experienced a low Dilantin level on August 1, 2008. Consequently, Patient P.A. experienced a grand mal seizure on August 4, 2008 and the physician increased the patient's Dilantin dose. Respondent's conduct may have deprived the physician of necessary information to provide timely medical intervention to prevent the patient experiencing seizure activity.

11. In response to the incident in Finding of Fact Ten (10), Respondent states she did not personally fail to notify the physician but as Director of Nurses she realizes she is responsible for the actions of anyone working under her supervision.
12. On or about August 6, 2008, while employed as Director of Nurses at Mexia Nursing Home, Mexia, Texas, Respondent failed to ensure that a physician's order for Procardia XL 60mg for Patient M.B. was transcribed onto the Medication Administration Record in a timely manner.. Although the order was was transcribed on August 9, 2008, the patient did not receive the first dose of the medication until August 11, 2008. Respondent's conduct deprived the patient of possible benefits from receiving the medication in a timely manner, which may have resulted in non-efficacious treatment.
13. In response to the incident in Finding of Fact Twelve (12), Respondent states she did not personally fail to transcribe the physician's order for Procardia XL, but as Director of Nurses she realizes she's responsible for the actions of anyone working under her supervision.
14. On or about August 6, 2008, while employed as Director of Nurses with Mexia Nursing Home, Mexia, Texas, Respondent failed to ensure that a physician's order for Rocephin for Patient MB was transcribed onto the Medication Administration Record. Although the order was discovered on August 11, 2008, the first dose of the medication was not administered until August 12, 2008. Respondent's conduct deprived the patient of possible benefits from receiving the medication in a timely manner which may have resulted in non-efficacious treatment.
15. In response to the incident in Finding of Fact Fourteen (14), Respondent states she did not personally fail to transcribe the physician's order but as the Director of Nurses she realizes she was responsible for the actions of anyone working under her supervision.
16. On or about August 7, 2008, while employed as the Director of Nurses at Mexia Nursing Home, Mexia, Texas, Respondent failed to ensure notification of the physician in a timely manner when Patient JLM experienced an elevated potassium level. Respondent's conduct deprived the physician of essential information necessary to initiate timely medical intervention required to stabilize the patient's condition.
17. In response to the incident in Finding of Fact Sixteen (16), Respondent states she did not personally fail to notify the physician in a timely manner but as Director of Nurses she realizes she is responsible for the actions of anyone under her supervision.. Respondent states that at the time of the incident some of the physicians were difficult to reach and often the patients had to be sent to the local emergency room to get problems resolved.

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 violations of Section 301.452(b)(10)&(13), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.11(1)(B)&(1)(U) and 22 TEX. ADMIN. CODE §217.12(1)(B),(1)(F),(2)&(4).
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 537364, and Vocational Nurse License Number 23739, heretofore issued to BILLIE J. HANKINS, including revocation of Respondent's license 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 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 licenses 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 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://ncsbn.hivelive.com/hives/a0f6f3e8a0/summary>.*

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:

(3) 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.

(4) 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.

(5) RESPONDENT SHALL CAUSE each employer to immediately submit any and all incident, counseling, variance, unusual occurrence, and medication or other error reports involving RESPONDENT, as well as documentation of any internal investigations regarding action by RESPONDENT, to the attention of Monitoring at the Board's office.

(6) 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 licenses to practice nursing in the State of Texas and RESPONDENT shall 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 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.

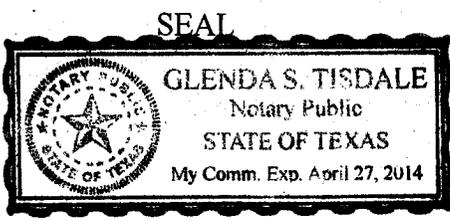
Signed this 13th day of November, 2010.

Billie J. Hankins
BILLIE J. HANKINS, Respondent

Sworn to and subscribed before me this 13th day of November, 2010.

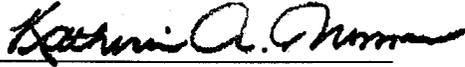
Glenda S. Tisdale

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 13th day of November, 2010, by BILLIE J. HANKINS, Registered Nurse License Number 537364 and Vocational Nurse License Number 23739, and said Order is final.

Effective this 14th day of December, 2010.



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