



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 721997 §
issued to DEANA CHRISTINE MALLETT § ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Bo considered the matter of DEANA CHRISTINE MALLETT, Registered Nurse License Number 721997, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(8), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on May 10, 2010, by Katherine A. Thomas, MN, RN, Executive Director.

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.
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.
4. Respondent received a Baccalaureate Degree in Nursing from McNeese State University, Lake Charles, Louisiana, on May 17, 1997. Respondent was licensed to practice professional nursing in the State of Texas on November 16, 2005. Respondent received a Masters in Nursing from McNeese State University, Lake Charles, Louisiana, on May 1, 2001. Respondent received recognition as an Advanced Practice Nurse on January 18, 2006

5. Respondent's professional nursing employment history includes:

12/2006 - 09/2009	CRNA	JSM Anesthesia Baton Rouge, LA
01/2007 - 09/2009	CRNA	Southpark Hospital Lafayette, LA
03/2007 - 09/2009	CRNA	Acadian Medical Center Eunice, LA
04/2007 - 09/2009	CRNA	Savoy Medical Center Mamou, LA
09/2009 - Present	Unknown	

6. On or about April 28, 2009, Respondent's license to practice professional nursing in the State of Louisiana was issued a REPRIMAND by the Louisiana State Board of Nursing. A copy of the Findings of Fact, and Consent Order, dated April 28, 2009, is attached and incorporated, by reference, as part of this Order.
7. In response to Finding of Fact Number Six (6), Respondent states: The allegations dealt with narcotics violations or other violations of drug statutes as listed in the National Databank. I have always denied these allegations and still do to this day. These allegations stemmed from a student under my supervision who was suspended. Only after this occurred was I accused of a host of wrongdoings involving narcotics. My case was investigated over many years and to my disappointment, a letter of reprimand was issued. By this year, I was just ready to get the event over with and settled. I have complied with the stipulations set forth by the LA State Board of Nursing. Those include a fine totaling two thousand two hundred dollars, a psychological evaluation by a clinical psychologist, 20 hours of LSBN approved continuing education hours in Legal Accountability and Ethics, which I have included, and no misconduct. I saw Dr. Charles Robertson, Psychologist, on July 8, 2009, and have received no further instructions at this time.

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 a violation of Section 301.452(b)(8), Texas Occupations Code.
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 721997, heretofore issued to DEANA CHRISTINE MALLET, including revocation of Respondent's license to practice professional 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 REMEDIAL EDUCATION, 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 is 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 State of Texas 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://www.learningext.com/products/generalce/critical/ctabout.asp>.*

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT's license 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 violation 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 when this Order becomes final and the terms of this Order become effective, 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 to practice professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 3rd day of June, 20 10.
Deana Mallett
DEANA CHRISTINE MALLET, Respondent

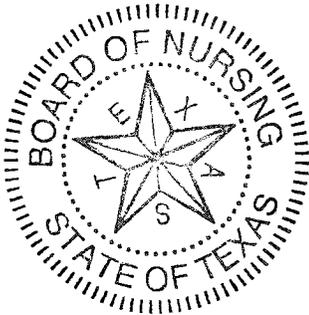
Sworn to and subscribed before me this 3rd day of June, 20 10.

SEAL

Paula B. Mallett
Notary Public in and for the State of Louisiana

#38104

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 8th day of June, 20 10, by DEANA CHRISTINE MALLET, Registered Nurse License Number 721997, and said Order is final.



Effective this 10th day of June, 20 10.


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

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500 Fax: (225) 755-7582
<http://www.lsbn.state.la.us>

June 17, 2009

Ms. Deana Broussard Mallett
1128 Hidden Oak Lane
Lake Charles, LA 70605

**RE: ORDER Approving and Accepting
Consent Order - Reprimand**

Dear Ms. Mallett:

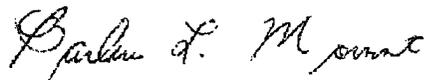
This is official notification that the signed Consent Order submitted by you was approved and accepted by the Louisiana State Board of Nursing in a regularly scheduled meeting on June 10, 2009.

Pursuant to the Consent Order of April 28, 2009, this is to officially reprimand you for the actions which brought you before the Board.

The Board ordered that you be reprimanded for Narcotics Violation or Other Violation of Drug Statues.

The Board has serious concerns over this type of conduct in nursing practice. The Board reminds you that the scope of your practice is defined in the Louisiana Nurse Practice Act and the Rules of the Board of Nursing and that you are responsible and accountable for your actions as a registered nurse.

LOUISIANA STATE BOARD OF NURSING



Barbara L. Morvant, MN, RN
Executive Director

BLM/lr

cc: Chad A. Sullivan, RN, JD
Keogh, Cox & Wilson, LTD.
701 Main Street
Baton Rouge, LA 70802

**LOUISIANA STATE BOARD OF NURSING
BATON ROUGE, LOUISIANA**

IN THE MATTER OF:

DEANA BROUSSARD MALLET
1128 HIDDEN OAK LANE
LAKE CHARLES, LA 70605

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CONSENT ORDER

Respondent

TERMS AGREED TO BY LICENSEE

I, **DEANA BROUSSARD MALLET**, (Respondent), voluntarily agree to sign and have witnessed terms of agreement for the purpose of avoiding formal administrative proceedings with the Louisiana State Board of Nursing.

I, **DEANA BROUSSARD MALLET**, do say that I freely, knowingly and voluntarily enter into this agreement. I understand that I have a right to a hearing in this matter and I freely waive such right. I understand that I have a right to legal counsel prior to entering into this agreement.

I acknowledge that the Louisiana State Board of Nursing makes the following **FINDINGS OF FACT**:

1. That on July 25, 1997, the Registrant was licensed by examination to practice as a Registered Nurse in Louisiana.
2. Approximately, between September and December of 2004, while employed at WO Moss RMC in Lake Charles, LA, Respondent was noted to have a change in behavior by signing herself up to do more surgical cases, and using large amounts of narcotics and multiple types of narcotics on cases that were not required.
3. During November 2004, while employed at WO Moss RMC in Lake Charles, LA, Respondent signed out narcotics at least 3 times greater than other CRNAs for that period.
4. Approximately, between September and December of 2004, while employed at WO Moss RMC in Lake Charles, LA, Respondent reportedly instructed CRNA students to give more narcotics than typical dosage ranges.
5. Approximately, between September and December of 2004, while employed at WO Moss RMC in Lake Charles, LA, Respondent:
 - a. reportedly gave medications already drawn up in syringes to students to be administered. some of the syringes were mislabeled or unlabeled.
 - b. required students to sign anesthetic records containing larger doses of narcotics than were actually administered.
 - c. required that students sign their names to blank pediatric narcotic waste records.
6. On November 3, 2004, at 0712, for patient #1 (AB) Respondent removed 2- Morphine 10mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 7.5 mg of morphine.
7. On November 3, 2004, at 0937, for patient #2 (PL), Respondent removed 1- Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.
8. On November 4, 2004, at 0715, for patient #3 (LD), Respondent removed 2- Dilaudid 2mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 1.5mg of Dilaudid.
9. On November 4, 2004, at 0715, for patient #3 (LD), Respondent removed 2- Morphine 10mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for all 20mg of Morphine.

Page 1 of 5

Hand Delivered to
Louisiana State Board of Nursing

APR 24 2009

Received By:


Initials

LOUISIANA STATE BOARD OF NURSING
BATON ROUGE, LOUISIANA

IN THE MATTER OF:
DEANA BROUSSARD MALLET
1128 HIDDEN OAK LANE
LAKE CHARLES, LA 70605

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CONSENT ORDER

Respondent

TERMS AGREED TO BY LICENSEE (CONT'D)

10. On November 4, 2004, at 0724, for patient #4 (KG), Respondent removed 2- Morphine 10mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 12mg of Morphine.
11. On November 4, 2004, at 1229, for patient #5 (AM) Respondent removed 2-Morphine 10mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 5mg of Morphine.
12. On November 9, 2004, at 0801, for patient #6 (CH), Respondent removed 3- Demerol 50mg syringes from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 125mg Demerol.
13. On November 12, 2004, at 0844, for patient #7 (AP), Respondent removed 1- Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 0.9mg of Dilaudid.
14. On November 12, 2004, at 1054, for patient #8 (YR), Respondent removed 1- Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.
15. On November 16, 2004, at 0719, for patient #9 (DL), Respondent removed 3- Dilaudid 2mg vials, 2- Phenergan 25mg vials and 2-Morphine 10mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for all of the aforementioned medications.
16. On November 16, 2004, at 0858, for patient #10 (JA), Respondent removed 1- Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.
17. On November 16, 2004, at 0923, for patient #11 (SM), Respondent removed 1- Morphine 10mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 9mg of Morphine.
18. On November 16, 2004, at 1017, for patient #10 (JA), Respondent removed 1- Morphine 10mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 8mg of Morphine.
19. On November 16, 2004, at 1100, for patient #12 (DB), Respondent removed 1- Morphine 10mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 8mg of Morphine.
20. On November 17, 2004, at 0734, for patient #13 (JB), Respondent removed 3-Dilaudid 2mg vials and 1 Phenergan 25mg ampule from the PYXIS the day after the patient was seen in the OBGYN Clinic and failed to ensure documentation of administration, wastage or otherwise account for 8mg of Morphine.
21. On November 17, 2004, at 0757, for patient #14 (DO), Respondent removed 1-Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.
22. On November 17, 2004, at 0804, for patient #15 (EM), Respondent removed 1-Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.

LOUISIANA STATE BOARD OF NURSING
BATON ROUGE, LOUISIANA

IN THE MATTER OF:

DEANA BROUSSARD MALLET
1128 HIDDEN OAK LANE
LAKE CHARLES, LA 70605

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CONSENT ORDER

Respondent

TERMS AGREED TO BY LICENSEE (CONT'D)

23. On November 17, 2004, at 0806, for patient #15 (EM), Respondent removed 1-Morphine 10mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 8mg of Morphine.
24. On November 17, 2004, at 0838, for patient #16 (JS), Respondent removed 1-Morphine 10mg vial and 1-Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 9mg of Morphine and 1.8mg of Dilaudid.
25. On November 22 2004, at 1022, for patient #17 (LA), Respondent removed 3- Demerol 50mg syringes from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 135mg of Demerol.
26. On November 23, 2004, at 0827, for patient #18 (TF), Respondent removed 1-Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.
27. On November 23, 2004, at 1003, for patient #18 (TF), Respondent removed 1-Demerol 50mg syringe from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 50mg of Demerol.
29. On November 24, 2004, at 0804, for patient #19 (DL), Respondent removed 1-Demerol 50mg syringe and 1- Phenergan 25mg IV/IM from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 50mg of Demerol and 25mg of Phenergan.
30. On November 24, 2004, at 0856, for patient #20 (TD), Respondent removed 1-Demerol 50mg syringe from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 50mg of Demerol.
31. On November 29, 2004, at 0741, for patient #21(EM), Respondent removed 2-Demerol 50mg syringes from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 25mg of Demerol.
32. On November 29, 2004, at 1221, for patient #22 (JS), Respondent removed 2- Morphine 10mg vials from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 5mg of Morphine.
33. On November 30, 2004, at 0747, for patient #23 (AD), Respondent removed 1-Dilaudid 2mg vial from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 2mg of Dilaudid.
34. On November 30, 2004, at 0748, for patient #23 (AD), Respondent removed 1-Demerol 50mg syringe from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 50mg of Demerol.
35. On November 30, 2004, at 0940, for patient #24 (RM), Respondent removed 1-Demerol 50mg syringe from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 30mg of Demerol.
36. On November 30, 2004, at 1214, for patient #24 (RM), Respondent removed 1-Demerol 50mg syringe from the PYXIS and failed to ensure documentation of administration, wastage or otherwise account for 50mg of Demerol.
37. On or about December 1, 2004, Respondent refused to submit to a for cause drug and resigned immediately.

APR 24 2005

Rm

[Signature]
Initials

LOUISIANA STATE BOARD OF NURSING
BATON ROUGE, LOUISIANA

IN THE MATTER OF:

DEANA BROUSSARD MALLET
1128 HIDDEN OAK LANE
LAKE CHARLES, LA 70605

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CONSENT ORDER

Respondent

TERMS AGREED TO BY LICENSEE (CONT'D)

To facilitate submission of this Consent Agreement, I do not offer any defense to the FINDINGS OF FACTS. I agree that the Board has jurisdiction of this matter pursuant to L.R.S. 37:911 et seq. I do not admit to all of the above facts but I agree that there is sufficient evidence upon which to predicate a finding of violation of the provisions of L.R.S. 37:921. I agree that the Board may treat the allegations of fact and law as true, which finding shall have the same force and effect as if evidence and argument were presented in support of the allegations and, based thereon, the Board found the allegations to be true. I specifically waive my right to contest these findings in any subsequent proceedings before the Board. I understand that this Consent Order shall constitute a public record and is disciplinary action by the Board. I understand that this will be reported to Healthcare Integrity and Protection Data Bank (HIPDB) as: HI Narcotics Violation or Other Violation of Drug Statues

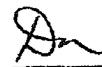
Specify HIPDB Narrative: RN agreed to a Consent Order for Formal Reprimand with stipulations, after RN exhibited a pattern of narcotic discrepancies, a change in practice and behavior by asking CRNA students to administer more narcotics than usual and narcotics already drawn up, signed out 3 times the narcotics as other CRNAs and refused a for cause drug screen.

In order to avoid further administrative proceedings, I hereby consent to accept and abide by the following ORDER of the Board:

A letter of reprimand is issued and becomes a part of this registrant's permanent file, regarding the incident which brought this registrant before the Board, a pattern of diversion and refusing a for cause drug screen and that the following stipulation(s) shall be completed:

1. Within 90 days, submit to a comprehensive outpatient psychological evaluation by a clinical psychologist who has been approved by the Board; Shall authorize and cause a written report of the said evaluation to be submitted to the Board; Shall include the entire evaluation report including diagnosis, course of treatment, prescribed or recommended treatment, prognosis, and professional opinion as to registrant's capability of practicing nursing with reasonable skill and safety to patients.
2. Immediately submit to all recommendations thereafter of the therapist, physician, or treatment team, and cause to have submitted evidence of continued compliance with all recommendations by the respective professionals. This stipulation shall continue until the registrant is fully discharged by the respective professionals and until approved by the Board staff.
3. If the evaluations give any treatment recommendations or findings to warrant concern for patient safety, shall meet with Board or Board staff. Must demonstrate, to the satisfaction of the Board that she poses no danger to the practice of nursing or to the public and that she can safely and competently perform the duties of a registered nurse. If the Board approves licensure, a period of probation, along with supportive conditions or stipulations, will be required to ensure that patients and the public are protected.

APR 24 2003


Initials

LOUISIANA STATE BOARD OF NURSING
BATON ROUGE, LOUISIANA

IN THE MATTER OF:

DEANA BROUSSARD MALLET
1128 HIDDEN OAK LANE
LAKE CHARLES, LA 70605

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CONSENT ORDER

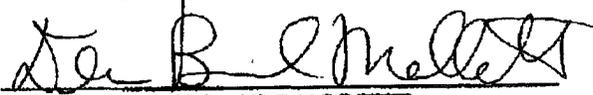
Respondent

TERMS AGREED TO BY LICENSEE (CONT'D)

4. Within four (4) months, submit written evidence of completion of 20 hours of LSBN staff approved continuing education hours to include the areas of Legal Accountability and Ethics.
5. Within six (6) months, submit two thousand dollars (\$2000.00) fine.
6. Within three (3) months, submit two hundred dollars (\$200.00) cost to the Board.
7. Not have any misconduct, criminal violations, or violations of any health care regulations reported to the Board related to this or any other incidents.
8. Failure to comply with the above stipulations shall result in the immediate suspension of this registrant's license.
9. This suspension can be imposed by action of the Executive Director subject to the discretionary review of the Board.

I, DEANA BROUSSARD MALLET, understand that this agreement is effective immediately upon signature of the Executive Director. It is also understood that this agreement does not preclude the Board of Nursing from requiring a formal hearing of my case. I further understand that should the Consent Agreement not be accepted by the Board, I agree that presentation to and consideration of the Consent Agreement, the documentary evidence and information by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in hearings or other proceedings pertaining to these or other matters regarding this registrant.

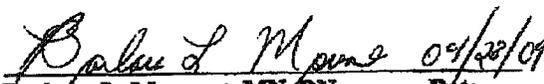
Dated this 17 day of April, 2009.


DEANA BROUSSARD MALLETT


Witness

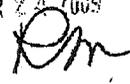

Witness

LOUISIANA STATE BOARD OF NURSING


Barbara L. Morvant, MN, RN Date
Executive Director

Hand Delivered to
Louisiana State Board of Nursing

APR 24 2009

Received By: 


Initials