

Covenant School of Nursing
Disciplinary Action Summary Assignment
Instructional Module 2

Student Name: Olivia Samarripas Date: 10/24/2024

DAS Assignment # 1

Name of the defendant: Deborah Lee Cruse

License number of the defendant: 824386

Date action was taken against the license: August 13, 2019

Type of action taken against the license: REVOKED

Deborah Lee Cruse made several mistakes that led to the revocation of her license, the most severe being drug diversion. Along with drug diversion, she was involved in a controlled substance discrepancy, failed a drug test, worked under the influence of drugs, struggled to administer drugs safely, and conducted herself in an inappropriate manner. All of these mistakes led the Board of Nursing to revoke Deborah's RN license and the ability to practice in multiple states issued by the state of Texas.

The drug diversion, which is what the state filed as their reason for revocation of licensure, not only broke state and federal laws but also put her patients in danger. During the state's investigation, they found that Deborah was caught on camera on February 21, 2014, stealing a patient's medication; after this, she was drug tested and tested positive for Hydrocodone 3 and Amphetamines on February 25, 2014. Deborah had taken these drugs at work and put her patients at risk for a multitude of things like medication errors, and it was decided that these drugs could have impaired cognitive function and judgment. It was also discovered that from January 2009 to July 2018, the nurse had been on prescription medications, which would have made working as a nurse unsafe. While the diversion was most harmful to the patients, Deborah had previous complaints filed against her, one of which occurred in December 2013. Deborah told fellow nursing staff that "not all of the psychotic patients were psychotic, but that demons possessed some of them." Deborah received complaints from patients about her "using religious gestures" and stated that she did not want to work with the

forensic population in June 2015. During this time, Deborah struggled with safely administering medications due to being unfamiliar with the system. She was given extra time to learn this and was still seen making mistakes, which were not mentioned in full detail but led to medication administration errors.

Some ways that this whole situation could have been avoided are her physicians going over all the active medications that she was receiving; the medicines that she was prescribed are what led her down the slippery slope of addiction. Another way that Deborah could have avoided having her license revoked would have been to stop practicing as a nurse while she needed the prescription medications due to her illness. A great program that Deborah could have used when she realized she was struggling with addiction is the Texas Peer Assistance Program for Nurses (TPAPN). This program allows nurses to seek help safely, often with supervision from a peer, when handling substances in the hospital. An example of this is the requirement of having a fellow nurse (such as a charge nurse) watch or pull and administer controlled substances with or for you to negate the chance of diversion. She would have been able to seek help and keep her license. A lot of Deborah's behavior was due to her substance abuse issue and the effects it had on her, so I believe that this is a way that all the complaints and other struggles could have been avoided.

Deborah violated several universal competencies, including safety and security, human caring, and professional role. Deborah violated the safety and security competency by working under the influence of controlled substances that could impair her abilities to think critically in the way that nurses are expected to. She also violated both human caring and professional roles by saying that her patients were possessed by demons, as well as discriminating against the forensic population by not wanting to care for them, even though that is the only population seen at her facility.

If I were the nurse who discovered that Deborah stole her patient's medications or had suspicions that she was working under the influence of harmful substances, I would follow the chain of command and go directly to the charge nurse. While usually, the first step would be to speak with the nurse, with an allegation this serious, it would be best to go to the charge nurse of the shift so that this could be handled swiftly to ensure that no patient harm came from these events. If the charge nurse did not take the matter seriously or act with urgency, I would then go to the director of my unit and go up the chain of command if I felt necessary.