The attached are Primary Source Documents of the Idaho Board of Nursing for:

TAMMY L. BROWN
N-22199

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Tammy L. Brown  
949 Eve Drive #4  
Ammon, ID 83401

Dear Ms. Brown:

During their meeting on November 4-5, 2010, the Board of Nursing members took action to approve the Stipulation and Consent Order. Enclosed is a copy of the Consent Order.

Your license has been placed on PROBATION for a minimum period of two (2) years or until you have satisfied the twenty-four month supervised practice requirement. The conditions of probation are indicated in section C.a. through C.h. Following conclusion of the probationary period, you must request that the conditions be lifted and reinstatement be granted.

The Order of Probation became effective November 5, 2010 and you may not practice nursing in any other state participating in the Nurse Licensure Compact.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:hlc  
enclosure

*The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.*
BEFORE THE IDAHO STATE BOARD OF NURSING


Case Nos.BON 07-031 BON 10-041

STIPULATION AND CONSENT ORDER

WHEREAS, information has been received by the Idaho State Board of Nursing (the “Board”) that constitutes sufficient grounds for the initiation of an administrative action against Tammy L. Brown (“Respondent”); and

WHEREAS, the parties wish to expeditiously settle the matter in lieu of proceeding to an administrative hearing before the Board; now, therefore,

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

A. JURISDICTION OF THE BOARD

A.1. The Board regulates the practice of nursing in the State of Idaho in accordance with title 54, chapter 14, Idaho Code.

A.2. The Board has issued License No. N-22199 to Respondent. Respondent’s license is subject to the provisions of title 54, chapter 14, Idaho Code and the Board’s rules at IDAPA 23.01.01, et seq.

B. Stipulated Facts and Law

B.1. On August 10, 2007, the Board issued Respondent a Letter of Concern regarding her nursing practice, specifically addressing medication administration.

COUNT I

B.2. On or about March 30, 2007, the Board received a complaint from Respondent’s former employer, Life Care Center of Idaho Falls (“Life Care Center”), reporting the following incitement involving Respondent’s medication administration and documentation:

STIPULATION AND CONSENT ORDER - 1
a. On March 19, 2007, Respondent removed two (2) Oxycodone IR 5mg tablets from Pyxis for a resident at 1:20 a.m. and then removed two (2) Percocet from the Pyxis for the same resident at 1:21 a.m. The resident did not have an order for the Oxycodone and the two (2) Oxycodone tablets were not returned or wasted;

b. On March 21, 2007, a resident had received Ambien at 2100 hours as ordered. Respondent repeated the dose at 0100 hours without a physician’s order;

c. On March 21, 2007, Respondent “borrowed” Hydrocodone 7.5/500 from one resident and administered the Hydrocodone 7.5/500 to another resident who had an order for Hydrocodone 7.5/325; and

d. Respondent failed to chart the testing of blood sugars for three (3) residents on March 11, 2007, and for two (2) residents on March 20, 2007.

B.3. Respondent was terminated as a result and was not drug tested as she was still in the orientation phase of employment. Respondent denied diverting any medications for her personal use.

B.4. The allegations of Paragraphs B.2 and B.3, if proven, would violate the laws and rules governing the practice of nursing and would be grounds for discipline, specifically:

a. Idaho Code § 54-1413(1)(d) and Board Rule (IDAPA 23.01.01) 100.05 (gross negligence or recklessness in performing nursing functions);

b. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice);

c. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);

d. Board Rule 101.04.a (a nurse shall have knowledge of the statutes and rules governing nursing and shall function within the defined legal scope of nursing

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STIPULATION AND CONSENT ORDER - 2
practice. The nurse shall not assume any duty or responsibility within the practice of nursing without adequate training or where competency has not been maintained;

e. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs);

f. Board Rule 101.04.i (a nurse shall observe the condition and signs and symptoms of a patient, record the information, and report to appropriate person any significant changes);

g. Board Rule 101.05.d (controlled substances may not be wasted without witnesses); and

h. Board Rule 101.05.e (a nurse shall make or keep accurate, intelligible entries into records required by law, employment or customary practice of nursing).

COUNT II

B.5. On or about February 24, 2010, the Board received a Nursys Speed Memo from New Mexico stating Respondent was being investigated by the New Mexico Board of Nursing (“New Mexico Board”).

B.6. Respondent had been working at Mimbres Memorial Hospital and Nursing Home (“Mimbres”) in Deming, New Mexico on her Idaho license.

B.7. On November 4, 2009, it was discovered that one (1) Xanax tablet was missing during a narcotic count at the shift change. As a result, all nurses involved with the narcotic count were sent to the laboratory to be drug tested.

B.8. Respondent tested positive for Morphine and was unable to provide the Medical Review Officer with valid documentation to support the positive test.

B.9. On June 11, 2010, Respondent explained to the Idaho Board’s investigator that she was taking Dilaudid at that time, but she did not take Dilaudid while she was working. She further explained that she developed a blocked salivary gland while she was
in Mexico and a doctor in Mexico provided her with the prescription. Respondent also stated that her test results were positive due to residual effects from being bitten by a Hobo spider in 2006, which decreased her renal and kidney function.

B.10. The allegations of Paragraphs B.5 through B.9, if proven, would violate the laws and rules governing the practice of nursing and would be grounds for discipline, specifically:

a. Idaho Code § 54-1413(1)(g) and Board Rule (IDAPA 23.01.01) 100.08 (a nurse shall not violate the Board's laws, rules or standards of conduct and practice);

b. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);

c. Board Rule 101.03.e (a nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability); and

d. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs).

B.11. Respondent, in lieu of proceeding with a formal disciplinary action, hereby agrees that the Board may enter a final order against her license as set forth in Section C below.

C. Stipulated Discipline

C.1. Respondent shall be placed upon probation for minimum period of two (2) years or until Respondent has satisfied the twenty-four month supervised practice requirement below. Respondent's probationary term will begin immediately upon the entry of the Board's Order. Conditions of probation shall include the following requirements:
a. **Supervised Practice:** Respondent shall be supervised by an experienced licensed professional nurse for a period of not less than twenty-four (24) months in a practice setting approved by Board Staff. Respondent shall provide to Board Staff the name, work address, and work phone number of the supervisor responsible for such supervision before Respondent accepts the position. Any period of time Respondent is not working as a nurse will not apply to satisfy this twenty-four month supervised practice requirement or excuse compliance with the terms of this Stipulation.

i. Respondent’s supervisor shall submit monthly performance evaluations for the first twelve (12) months. If Respondent’s performance is satisfactory during this time, then the supervisor need only submit quarterly evaluations for the remaining twelve (12) months of supervised practice. If Respondent’s performance has not been satisfactory during the first twelve (12) months, then the supervisor must continue to submit monthly evaluations for the remaining twelve (12) months of supervised practice.

ii. The supervisor’s evaluations must address and provide feedback on Respondent’s ability to manage stress, attendance, medication delivery, ability to follow all policies/procedures related to delivery and wasting of medications and charting. A copy of the type of form to be used is attached as Exhibit A.

iii. Respondent shall not work more than 40-45 hours per week. Respondent may not work as a charge nurse or supervisor or in areas with high volume of unsupervised narcotic use.

iv. If Respondent plans to change employment, those changes must be pre-approved by Board Staff before Respondent accepts the new assignment

b. **Medical Providers:** Respondent shall enter into a narcotic/controlled substance use contract ("treatment plan"), or its equivalent, with her current attending physician and comply with treatment and medication management without any deviation from her treatment plan.
i. Respondent must provide her current attending physician with a list of her other health care providers, if any.

ii. Respondent's attending physician shall submit Respondent's treatment plan, which must include a list of current medications to the Board within two (2) months of the date of entry of the Board's Order. Any changes made to Respondent's treatment plan or medications, must be provided to the Board within one (1) week of the modification.

iii. Respondent shall request that her attending physician submit quarterly reports for the first year of Respondent's probationary period and semi-annual reports thereafter. The attending physician's reports shall evaluate Respondent's medical issues concerning pain, insomnia and depression, and address Respondent's compliance with her treatment plan.

iv. At the conclusion of Respondent's probationary period and treatment plan, Respondent must request that her attending physician submit an "Exit Treatment Plan" to the Board. In addition to any medications and the dosage of such medications Respondent should continue to take, the Exit Treatment Plan should also address any concerns the attending physician may have about Respondent's medical conditions and medication use.

v. At all times, Respondent must only take medications as directed, and she shall not exceed the recommended dose(s) prescribed by her health care providers.

c. **Drug Testing:** Respondent agrees to participate in random urinalysis ("UA") testing. Respondent will be required to submit to at least six (6) random UA tests during her probationary period, or as deemed necessary by Board Staff, in its discretion, to provide the Board with information with which to help confirm that Respondent is complying with her treatment plan.

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STIPULATION AND CONSENT ORDER - 6
i. The results of the random UAs must be negative for alcohol or any other drug that is not prescribed by a medical provider with whom Respondent has an established provider/patient relationship and is not part of Respondent’s treatment plan. If Respondent’s UA is positive for prescribed drugs, the level shall not exceed the prescribed dose(s).

ii. Respondent shall not miss any UA to which she has been asked to submit, or provide a sample that is insufficient, for any reason, for testing purposes. If this occurs, Respondent will be considered to have failed the test.

iii. In furtherance of these requirements, Respondent will enroll and participate in the Professional Health Monitoring testing program run by FirstLab, the laboratory with which the Board has contracted for these purposes, within thirty (30) days of this Agreement’s effective date. A copy of the FirstLab Enrollment Instructions are attached as Exhibit B.

d. **Drug and Alcohol Education:** Respondent shall, within six (6) months of the date of entry of the Board’s Order, successfully complete a minimum of sixteen (16) hours of alcohol/drug education at a Board-approved training center. Within fifteen (15) days after Respondent successfully completes such education, Respondent must provide Board Staff with written proof, acceptable to the Board’s Staff, that she successfully completed the education.

e. **Introduction to 12-Step Programs:** Respondent shall, within two (2) months of the date of entry of the Board’s Order, attend two – three (2-3) NA/AA meetings per week for two (2) months or a total of twenty-four (24) meetings. Proof of attendance will be by way of initialed NA/AA cards with the date, name, and location of each meeting. Respondent must provide a card to Board Staff confirming her attendance on the last working day of each month.

f. **Complete Courses:** Within six (6) months of the date of entry of the Board’s Order, Respondent shall complete the following National Council of State Boards
of Nursing ("NCSBN") online education courses: "Medication Errors: Detection and Prevention" and "Idaho Nurse Practice Act". Respondent shall submit proof of successful completion of each course to the Board within thirty (30) days of completing the course. The certificate issued by NCSBN shall constitute proof of completion of the courses.

g. **Self Evaluations**: Regardless of whether Respondent is employed, Respondent must prepare and submit written self-evaluations to Board Staff. Such evaluations must be satisfactory to the Board and whether any particular evaluation is satisfactory is a determination made by Board Staff in its sole discretion. Respondent shall submit self-evaluations as follows:

i. For the first twelve (12) months following the date of entry of the Board’s Order, Respondent shall submit monthly, written self-evaluations. If Board Staff determines that Respondent’s self-evaluations are satisfactory after the first twelve (12) months, then Respondent need only submit quarterly self-evaluations for the remaining twelve (12) months. If Board Staff determines that Respondent’s self-evaluations are not satisfactory after the first twelve (12) months, then Respondent must continue to submit monthly self-evaluations for the remaining twelve (12) months.

ii. All self-evaluations must address interventions utilized by Respondent for medication delivery, Respondent’s ability to follow all policies/procedures related to narcotic administration and wasting, and any other related issues identified by the Board or Board Staff. A copy of the type of form to be used is attached as Exhibit C.

h. **Single-State License**: During the term of Respondent’s Agreement, Respondent’s license shall be a single-state license and Respondent shall not be eligible to practice on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho

i. Respondent shall comply with all the laws and rules of the Board of Nursing.

STIPULATION AND CONSENT ORDER - 8
C.2. At the conclusion of the probationary period, Respondent may request that the conditions of probation be lifted and seek reinstatement of her license. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements set forth in applicable statutes and rules including Idaho Code § 54-1411(3). Respondent shall further comply with the provisions of IDAPA 23.01.01, Sections 61.04 and 120, as applicable.

C.3. All costs associated with compliance with the terms of this Stipulation are the sole responsibility of Respondent.

C.4. If Respondent fails to comply with any of the terms and conditions set forth in this Stipulation and Consent Order, the Board may order that Respondent’s nursing license be immediately suspended until such time as Respondent has come into compliance with the terms and conditions of this Stipulation and Consent Order. The Board therefore retains jurisdiction over this proceeding until all matters are finally resolved as set forth in this Stipulation and Consent Order. Any action taken by the Board to enforce compliance with this Stipulation and Consent Order shall be in accordance with Section E. The Board may also require Respondent to pay any additional costs incurred by the Board to enforce this Stipulation and Consent Order.

D. Presentation of Stipulation to Board

D.1. The Board’s prosecutor shall present this Stipulation to the Board with a recommendation for approval.

D.2. The Board may accept, modify with Respondent’s approval, or reject this Stipulation. If the Board rejects the Stipulation, an administrative Complaint may be filed with the Board. Respondent waives any right Respondent may have to challenge the Board’s impartiality to hear the allegations in the administrative Complaint based on the fact that the Board has considered and rejected this Stipulation. Respondent does not waive any other rights regarding challenges to Board members.

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D.3. If the Board rejects this Stipulation then, except for Respondent’s waiver set forth in Paragraph D.2., this Stipulation shall be regarded as null and void, and admissions in this Stipulation and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

D.4. Except for Paragraph D.2. which becomes effective when Respondent signs this Stipulation, this Stipulation shall not become effective until it has been approved by a majority of the Board and a Board member signs the attached Order.

E. Violation of Stipulation and Consent Order

The Board has authority to enforce compliance with the terms and conditions of this Stipulation and Consent Order. By signing this Stipulation and Consent Order, Respondent waives her ability to challenge the Board’s authority to enforce compliance on appeal to a district court. If there is reason to believe Respondent has violated any of the terms or conditions of this Stipulation and Consent Order, the Executive Director of the Idaho Board of Nursing shall file a Motion to Enforce setting forth the allegations of non-compliance. The Motion to Enforce will include notice to Respondent, and her attorney, if applicable, of the allegations of non-compliance and Respondent’s opportunity to request a hearing regarding the allegations of non-compliance. If Respondent fails to request a hearing pursuant to the Motion to Enforce, any allegations of non-compliance will be deemed admitted.

If Respondent is found to have violated the terms and conditions of this Stipulation and Consent Order, Respondent’s license shall be revoked or suspended indefinitely until Respondent has come into compliance with the terms and conditions of the Stipulation and Consent Order as set forth in Section C above. Any additional costs incurred by the Board in such enforcement action shall be the responsibility of Respondent.

If Respondent is found to have not violated the terms and conditions of this Stipulation and Consent Order, Respondent’s license shall be reinstated to the status of the license at the time the Motion to Enforce was filed.
F. Waiver of Procedural Rights

I, Tammy L. Brown, by affixing my signature hereto, acknowledge that:

F.1. I have read, understand and admit the allegations pending before the Board as stated in Section A, above, and I agree that the Board has jurisdiction to proceed in this matter.

F.2. I understand that I have the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to testify myself; the right to reconsideration of the Board’s orders; the right to judicial review of the Board’s orders; and all rights accorded by the Administrative Procedure Act of the State of Idaho and the laws and rules governing the practice of nursing in the State of Idaho. I hereby freely and voluntarily waive these rights in order to enter into this Stipulation as a resolution of the pending allegations.

F.3. I understand that in signing this Stipulation I am enabling the Board to impose disciplinary action upon my license without further process.

F.4. I understand that this Stipulation and Consent Order is the resolution of a contested case and is a public record.

F.5. I understand that this Stipulation contains the entire agreement between the parties, and I agree that I am not relying on any other agreement or representation of any kind, verbal or otherwise.

I have read the above Stipulation fully and have had the opportunity to discuss it with legal counsel. I understand that by its terms I am waiving certain rights accorded me under Idaho law. I understand that the Board may either approve this Stipulation as proposed, approve it subject to specified changes, or reject it. I understand that, if approved as proposed, the Board will issue an Order on this Stipulation according to the aforementioned terms, and I hereby agree to the above Stipulation for settlement. I understand that if the Board approves this Stipulation subject to changes, and the changes are acceptable to me, the Stipulation will take effect and an order modifying the terms of the Stipulation will be issued. If
the changes are unacceptable to me or the Board rejects this Stipulation, it will be of no effect.

DATED this 17 day of September, 2010.

Tammy L. Brown
Respondent

I recommend that the Board enter an Order based upon this Stipulation.

DATED this 24 day of September, 2010.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

By Karin Magnelli
Karin Magnelli
Deputy Attorney General

ORDER

Pursuant to Idaho Code §§ 54-1404 and 54-1413, the foregoing is adopted as the decision of the Board of Nursing in this matter and shall be effective on the 5th day of November 2010. IT IS SO ORDERED.

IDAHO STATE BOARD OF NURSING

By Susan Odom, Ph.D., R.N.
Susan Odom, Ph.D., R.N.
Chair
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 8th day of November, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Tammy L. Brown
949 Eve Drive, #4
Ammon, ID 83401

☐ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: ______________________
☐ Statehouse Mail

Karin Magnelli
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: ______________________
☒ Statehouse Mail

Linda Coley
Management Assistant
Idaho Board of Nursing
REPORT OF WORK PERFORMANCE FOR (nurse's name) _____ Tammy L. Brown __________
DATE DUE: □ Monthly □ Quarterly □ Semi-annual □ Annual ________________

This form is to be sent or faxed directly to the Idaho Board of Nursing.

I, ____________________________________________, hereby authorize ________________________________________________ to
(Signature of Nurse) (Supervisor)
release to the Board of Nursing the information required to answer the questions below.

Name of Worksite Monitor & Employer: ______________________________________________________________________
Address: ___________________________ Phone No: _______________________________
Type of Facility: Hospital ______ LTC/Skilled Care ______ Other(Specify) ________________
Date of Employment: ___________________________ Length of Employment: ____________________________
Capacity/Job Function: ________________________________________________________________________________

Assessment of professional ability and performance of duties: Shift/hours of work ___________
☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations
Comments: __________________________________________________________

Assessment of functions related to medication delivery/controlled substances administration. Ability to follow all agency policy/procedures related to medication delivery, charting & wasting.
☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet expectations
Comments: __________________________________________________________

Assessment of interpersonal relationships:
☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations
Comments: __________________________________________________________

Assessment of attendance/reliability:
☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations
Comments: __________________________________________________________

Additional comments with a focus on medication practice: _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Supervisor and Title

Date

Exhibit A
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FirstLab Enrollment Instructions
for
Idaho Board of Nursing Program

As a participant of the IDBON Program you are required to enroll in FirstLab’s Professional Health Monitoring (PHM) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to www.firstlab.com
2. Click on PHM Login
3. Click on the “New Enrollment” button.

4. Enter the Login and Password.
   Program Login ID: idbon
   Password: enroll
5. Fill in the required fields indicated with an * and then click “Submit”.
6. Print and read the enrollment packet in its entirety. You MUST complete the Application and Payment Section (page 2 of the enrollment packet) and fax to the designated FirstLab fax number as soon as possible.

If you do not have access to the internet, please call the FirstLab PHM Department at 1-800-732-3784 to request an enrollment packet.
Idaho Board of Nursing
280 North 8th Street, Suite 210 – Mailing: PO Box 83720 – Boise, Idaho 83720-0061
Phone: 208-334-3110 – Fax: 208-334-3252

SELF – EVALUATION REPORT/CLINICAL PRACTICE

Reporting Period: ___________________ through ___________________

DATE DUE: ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual ___________________

Licensee’s Name: Tammy L. Brown
Address: ___________________________________________________________
New Address: ☐ Yes ☐ No
Telephone Number: ___________________ E-mail Address: ___________________

EMPLOYER: _________________________________________________________
Address: __________________________________________________________
Telephone Number: ___________________
Work Site Monitor’s Name and Title: ___________________

Self-Evaluation of professional ability, performance of duties and attendance:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Describe your adherence to medication delivery and practice, including information on how you are handling control substances administration and wasting.
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Relationship with Work Site Monitor & Supervisor:
______________________________________________________________
______________________________________________________________

Goals for Next Reporting Period:
______________________________________________________________
______________________________________________________________
______________________________________________________________

Progress Towards Goals:
______________________________________________________________
______________________________________________________________
______________________________________________________________

Comments:
______________________________________________________________
______________________________________________________________
______________________________________________________________

NOTE: This report must be received either by mail or fax no later than end of the first week following the completion of the quarter in which it is due.