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

CATHY BRYDON
N-21810

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of: ) Case No. 95-04

CATHY A. BRYDON, ) FINDINGS OF FACT,
License No. N-21810, ) CONCLUSIONS OF LAW,
) AND FINAL ORDER
Respondent.

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho Board of Nursing (hereinafter the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent Cathy A. Brydon ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. N-21810.

2. On or about November 12, 1996, the Board received a complaint from Bingham Memorial Hospital regarding Cathy Brydon. The complaint concerned drug discrepancies, including increased administration of Demerol and Lortab on Respondent’s shift and denials by patients of having received the medication as well as unwitnessed wastage of Demerol and Lortab.

3. On or about November 13, 1996, Respondent voluntarily surrendered her license, admitting to violations of the Nursing Practice Act. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 1.

4. On or about May 1997, Respondent contracted with the Program for Recovering Nurses ("PRN") to address issues of substance abuse. A true and correct copy of the contract Respondent signed with the PRN is attached hereto as Exhibit 2.
5. On or about May 20, 1997, the Board issued Respondent a limited license with restrictions upon Respondent’s license. A true and correct copy of the Board’s notice to Respondent regarding limited licensure is attached hereto as Exhibit 3.

6. On or about May 18, 1999, the program for recovering nurses notified the Board concerning a positive UA result for Ethanol taken on February 8, 1999, several missed tests, as well as another positive UA result for Benzodiazepines, specifically Oxazepam, on April 19, 1999. A true and correct copy of the letter received by the Board from the PRN and the UA test results are attached hereto as Exhibit 4.

7. The Board of Nursing withdrew Respondent’s conditional limited license on or about May 27, 1999. A true and correct copy of the notice of withdrawal of conditional limited license sent to Respondent by the Board is attached hereto as Exhibit 5.

8. Respondent’s file was reviewed at the Advisory Committee meeting on July 16, 1999, and the Committee found her to be noncompliant because of Respondent’s failure to abstain from all mind altering chemicals as required by the contract for monitoring signed May 21, 1997. The Committee recommended revocation of Respondent’s license. A true and correct copy of the Advisory Committee’s report is attached hereto as Exhibit 6.

9. Respondent knowingly and freely waived her right to a hearing by voluntarily surrendering her license.

CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaint and facts as stated above, if proven, would constitute violations of the Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho
Code §§ 54-1413(1)(d), 54-1413(1)(e), 54-1413(1)(g), 54-1413(1)(h), IDAPA 23.01.01100.05, 100.06, 100.09.b, 100.09.d, and 100.09.e.

3. Respondent's voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent's license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. N-21810 issued to Respondent Cathy A. Brydon is

✓ Revoked

Suspended ___ days/year(s) ___ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

This order is effective immediately.

DATED this 12th day of August, 1999.

IDAHO BOARD OF NURSING

By, Daniel Bauer, R.N.
Interim Chair

NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLELY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt,
or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

a. A hearing was held,
b. The final Board action was taken,
c. The party seeking review of the order, resides, or
d. The real property or personal property that was the subject of the Board action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

If respondent’s license was revoked, then pursuant to Board Rule 121, Respondent may apply to the Board for reinstatement one (1) year after the execution of this Order. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.

If respondent’s license was suspended, then pursuant to Board Rule 120, Respondent may apply to the Board within a reasonable time after the execution of this Order, or as specified by the term of suspension. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 19th day of August, 1999, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, certified mail, return receipt requested, and regular mail, postage prepaid, addressed to:

Cathy A. Brydon
1114 Davis Street
Pocatello, ID 83201

Sandra Evans, M.A.Ed., R.N.
Executive Director
To whom it may concern

I, Cathy Brydon, am voluntarily surrendering my nursing license. After my shoulder surgery, I began taking Percocet 10 mg. My shoulder surgery was 6 months ago. I rejected myself in the mirror. I took more than hundred for work. I did not take it every day. Only the days I worked - and usually took it home. I did not take anything I signed out for. My patients got theirs. I will voluntarily go into a tx program as soon as possible.

Cathy Brydon

STATE OF IDAHO
BOARD OF NURSING

1995-1997
LICENSE NUMBER
N-21910

THIS IS TO CERTIFY THAT

CATHY BRYDON
114 DAVIS DR
POCATELLO, ID 83201

HAS COMPLIED WITH THE REQUIREMENTS OF THE LAW AND IS ENTITLED TO PRACTICE AS A LICENSED PROFESSIONAL NURSE PMI

EXPIRES AUGUST 31, 1997

Sara Davis
EXECUTIVE DIRECTOR

Exhibit 1
NURSE CONTRACT

Client Name: Cathy Brydon Date: 5-21-97

1. ______________, recognizing that I suffer from chemical dependency
   and/or mental conditions that impair my ability to practice nursing safely, desire to enroll in the Program for
   Recovering Nurses. During my recovery process I agree that I will complete the following activities:
   
   1. I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for
      health care reasons. [ ] Initial □
   2. I agree to provide any healthcare professional that may prescribe drugs for me with a copy of this agreement
      and ask them to advise the PRN with a written explanation of the need for such medication and a copy of the
      prescription. [ ] Initial □
   3. I agree to advise the following persons of the conditions of this agreement (please initial):
      • Work Supervisor □
      • Spouse or significant other □
      • Personal Physician □
      • Other □
   4. I agree to participate, and attend regularly in the following activities (please initial items):
      • Alcohol/Drug Education □
      • Group Therapy □
      • Counseling □
      • AA/NA/CA Meetings □
      • Obtain 12 Step Sponsor □
      • Urine Analysis/Drug Testing □
      • Nurse Support Group □
      • Psychiatric Follow-up □
      • Exercise Program □
      • Other □

   5. I agree to accurately describe each week's activities on the forms provided and submit weekly monitoring
      reports to the independent monitoring service.

   6. I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify
      those referral sources specified on the release of information form that I have signed, of such default.

   7. I agree that the Program Coordinator and those specified on the release of information form that I have signed
      may exchange information pertinent to this agreement.

   8. I agree to pay to the Program Coordinator $10.00 per month to assist with the costs of this program. I
      understand that I will be billed for this amount quarterly. I will also be responsible for payment of regular drug
      screenings.

   9. I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to
      discuss my progress.

   10. I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years.

   11. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I may
       be reported to the Board of Nursing for non-compliance.

Client Signature: ______________

Witness: ______________

Program Coordinator: ______________

Client Address: ______________

Received: ______________

JAN 07 1999

Pac. Id: 83201

Exhibit 2
May 20, 1997

Cathy Brydon
114 Davis Drive
Pocatello Idaho 83201

Dear Ms. Brydon:

During their meeting on May 5, 1997, the Board of Nursing's Advisory Committee reviewed your request for the issuance of a limited license as advocated by Business Psychology Associates. Following their review, a limited license was authorized for the period ending five years from the date of issuance, with conditions consistent with your Agreement with Business Psychology Associates. The limited license can be issued following receipt of the $90.00 limited licensure fee required under IDAPA 901.04a.

In addition to the conditions already in place, additional conditions may include:

1) In conjunction with your employer, no access or monitored access to narcotics may be necessary for a time period.
2) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Board's Program Coordinator.

Your file will continue to be monitored by Business Psychology Associates for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well by phone or in writing relative to the program or the conditions of limited licensure.

Sincerely,

SANDRA EVANS, M.A.Ed., R.N.
Executive Director

SE:ihc
cc: BPA
May 18, 1999

Sandra Evans
Board of Nursing
P.O. Box 83720
Boise, ID 83720-0061

RE: Cathy Brydon

Dear Ms. Evans,

On January 27, 1999, we received a phone call from Leanne Lusk at Portneuf Valley Rehabilitation Center where Ms. Brydon is employed. Ms. Lusk shared several concerns with us that she had received from other nurses that worked with Cathy. Ms. Lusk was concerned for Cathy about some of her behaviors at work as well as some issues that she was dealing with in her personal life. Ms. Lusk wanted to make us aware that Cathy may have been experiencing some difficulties.

At that time, we asked Ms. Brydon to contact Art Phelps in Pocatello for an evaluation just to get an update on where she was in her recovery and to make sure that there were no immediate concerns.

On February 10, 1999, we received another phone call from Ms. Lusk informing us of several more concerns about Cathy’s behavior.

The next day, February 11th, 1999, NCPS informed us that they had received a (+) UA result for ethanol at a level of 0.165 that was taken on February 8th. When Kristie contacted Ms. Brydon at work to ask her about this (+), Ms. Brydon stated that she took some NyQuil for congestion. Ms. Brydon contacted Kristie several days later and apologized because she had lied. She stated that her addict brain immediately jumped to the conclusion that she had done something wrong even though she knew she had not.

On March 10th, Ms. Brydon was evaluated by Mr. Art Phelps and she denied any use of alcohol or drugs. We approved for Ms. Brydon to return to work and did not take any

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.

Exhibit 4
Cathy Brydon  
114 Davis Street  
Pocatello ID 83201

Dear Ms. Brydon:

NOTICE OF WITHDRAWAL OF  
CONDITIONAL LIMITED LICENSE

You are hereby notified that the limited license, number N-21810, issued under provisions in IDAPA 23.01.132, is withdrawn, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare due to failure to comply with the terms and conditions of limited licensure, by:

a. Failing to abstain from all mind-altering chemicals as provided for in the Contract signed May 21, 1997, as evidenced by the results of a positive urine drug screen for Oxazepam (benzodiazepine) on April 19, 1999.

Your file will be referred to the Advisory Committee for the Program for Recovering Nurses for re-evaluation on July 16, 1999. You may request to meet with the Committee during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by July 1, 1999, to request an appointment time. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure revocation. In the meantime, you may not be employed as a licensed nurse in the State of Idaho.

Dated: May 27, 1999

SANDRA EVANS, MAEd, RN  
Executive Director

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.
TO: SANDRA EVANS, MAEd, RN
Executive Director
Idaho Board of Nursing

FROM: Analyn Frasure, LPN, Chairperson
Program for Recovering Nurses

DATE: July 16, 1999

The file of Cathy Brydon was reviewed at the Advisory Committee meeting on July 16, 1999, and found to be in non-compliance of recommendations because of the following:

Failed to abstain from all mind-altering chemicals as required by the Contract for Monitoring signed May 21, 1997.

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature

Date

Action Recommended to Board: Rescission based on voluntary surrender

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.

Exhibit 6