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

Valerie M. Clements
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:  

VALERIE M. CLEMENTS,  
License No. N-28465,  
Respondent.  

Case No. BON 04-057  

FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL ORDER  

Having reviewed the documents appended hereto, the Idaho State Board of Nursing (the "Board") enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Valerie M. Clements ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-28465 to engage in the practice of nursing in the State of Idaho.

2. On or about April 16, 2004, the Board received information from Respondent’s employer, Twin Falls Care Center in Twin Falls, Idaho, that Respondent had admitted to diverting narcotic medications from Twin Falls Care Center. Respondent agreed to enter the PRN and resigned from her position with Twin Falls Care Center on April 20, 2004.

3. On April 14, 2004, Respondent voluntarily surrendered her license and agreed to enter treatment. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On April 26, 2004, Respondent signed a Nurse Monitoring Contract with the PRN, a true and correct copy of which is attached hereto as Exhibit B.

5. On September 16, 2004, Respondent was issued a limited license.

6. On March 17, 2006, PRN reported to the Board that Respondent had become non-compliant with her PRN contract. A true and correct copy of the March 17, 2006, letter from PRN to the Board is attached hereto as Exhibit C.
7. On March 17, 2006, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit D. In the Notice of Termination of Limited License, Respondent was informed that this matter would reviewed by the Program for Recovering Nurses Advisory Committee at its April 21, 2006, meeting and that she could request to meet with the Committee by calling the Board office by March 27, 2006, to request an appointment time.

8. On March 24, 2006, the Board received back from the post office the certified mail return receipt indicating that the copy of the Notice of Termination of Limited License was received by Respondent on March 21, 2006. A true and correct copy of the certified mail return receipt is attached hereto as Exhibit E.

9. On April 4, 2006, Respondent sent an e-mail to the Board advising that she was withdrawing from the PRN, a true and correct copy of which is attached hereto as Exhibit F.

10. On April 24, 2006, the Program for Recovering Nurses Advisory Committee referred this matter to the Board of disciplinary action. A true and correct copy of the April 21, 2006, memo from the Program for Recovering Nurses Advisory Committee to the Board is attached hereto as Exhibit G.

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.

2. Respondent’s Idaho License No. N-28465 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from her employer without prior consent or authorization from her employer.

4. Respondent possessed prescription drugs which had not been prescribed to her.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
5. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to do so and has withdrawn from the program.

6. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically, Idaho Code §§ 54-1413(1)(c) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 100.09.a, 101.01, 101.03.e, 101.04.e, 101.05.f and 132.04.g.

7. Pursuant to Idaho Code § 54-1413 and Board Rules 132.04.h and 132.04.i, the Board is authorized to impose sanctions against Respondent.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. License No. N-28465 issued to Valerie M. Clements is:
   - ☑ Revoked
   - _____ Suspended _____ days/year(s) _____ indefinitely

2. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. This will include, but is not limited to, providing the following information to the Board:
   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol.
   b. Documentation that she is rehabilitated and competent to practice nursing by submitting:
      i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
      ii. A detailed summary of employment since licensure revocation or suspension.
      iii. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

3. The Board reserves the right to assess investigative costs and attorney fees
incurred in this matter as a condition of reinstatement.

This order is effective immediately.

DATED this 27th day of April, 2006.

IDAHO STATE BOARD OF NURSING

By

Randall Hudspeth, N.P., C.N.S., R.N.
Chair

NOTICE OF DUE PROCESS RIGHTS

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 agency 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 agency 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.
AMENDED
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ___ day of MAY, 2006, I caused to be served a true and correct copy of the foregoing by the following method to:

Valerie M. Clements
753 Meadows Drive #1
Twin Falls, ID 83301

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

Karl T. Klein
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

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, _______________________, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: _______________________

2. I understand that the admitted facts constitute grounds for disciplinary action pursuant to the Nursing Practice Act, Idaho Code §54-1413(1) and the rules of the Board, IDAPA 23.01.01, et seq. I also understand that the Board of Nursing has the authority to accept this voluntary surrender pursuant to Idaho Code §54-1413(2)(a).

3. I am aware that, without my consent, no legal action can be taken against me, except pursuant to the Idaho Administrative Procedures Act, Chapter 52, Title 67, Idaho Code.

4. I understand that I have the following rights, among others: the right to a formal fact finding hearing before the Board, to reasonable notice of said hearing, to representation by counsel, to present evidence and testimony on my behalf, to compel the testimony of witnesses, and to cross-examine witnesses against me; and

5. I waive all such rights, including the right to a formal disciplinary hearing.

6. I also waive the right to challenge the board for bias in the event that charges concerning these admitted facts or any other matter involving my license are brought before the board.

7. In lieu of a formal disciplinary hearing, I hereby voluntarily surrender license number N-28465 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as "surrendered."

DATED: __________ 04

____________________________
Signature of Licensee
753 MEADOWS DR. #1
TWIN FALLS, ID 83301

____________________________
Signature of Witness
753 MEADOWS DR. #1
TWIN FALLS, ID 83301

____________________________
Address
TWIN FALLS, ID 83301

____________________________
City, State, Zip
NURSE MONITORING CONTRACT

Client Name: Valerie Clements  Date: 4-26-04

1. Valerie Clements, recognizing that I suffer from chemical dependency and/or mental conditions that may 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 to obtain the support of the PRN:

I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

I agree to provide my selected healthcare provider with a copy of this agreement and ask him/her to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.

I agree to advise the following persons of the conditions of this agreement:

[Initial] Work Supervisor
[Initial] Spouse or significant other
[Initial] Primary Care Provider/Dentist
[Initial] Other

I agree to participate in and attend regularly in the following activities (with a V):

[Initial] Alcohol/Drug Education
[Initial] Group Therapy
[Initial] Counseling
[Initial] Attend Intensive Outpatient at SpiritWalter Counseling
[Initial] Meet weekly with sponsor face-to-face to work the steps
[Initial] Random UA Drug Testing

[Initial] I agree that if I am convicted of any felonies, the PRN will inform the Board of Nursing of this conviction.

[Initial] I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.

[Initial] 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.

[Initial] 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.

[Initial] I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.

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

[Initial] I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature: Valerie Clements  Witness: Randy Feiser

Client Address: 753 Meadows Dr. #1  Program Coordinator

Twin Falls, ID 83301
March 17, 2006

Idaho State Board of Nursing
ATTN: Sandra Evans
P.O. Box 83720
Boise, ID 83720-0061

RE: Valerie Clements

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Valerie Clements, a Board of Nursing referral, is currently not in compliance with her PRN contract due to a positive UA test on February 8, 2006. Ms. Clements tested positive that date for Lorazepam and Oxazepam. The Lorazepam was cleared due to medications she received when admitted to the Emergency Room, however, the MRO stated that none of the medications she was given would have metabolized into Oxazepam. Ms. Clements requested that this sample be reconfirmed at another lab. The sample was reconfirmed for Oxazepam.

This is Ms. Clements’ third such “relapse” in the past year. First, Ms. Clements called in June 2005, reporting she had taken Norco and Ativan. We had her reevaluated and considered this a slip. Then, November 2, 2005 she had a positive UA for Ultram. Ms. Clements admitted she took the medication instead of filling her prescription for a different medication. We again asked her to be reevaluated. She signed a new contract after the evaluation. At this time, we would recommend that Ms. Clements be evaluated by Art Phelps in Pocatello and follow the recommendations of this contract.

Ms. Clements’ current contract with PRN was signed on December 14, 2005. Ms. Clements’ contract requirements include the following: 1) Attend 90/90 12-Step meetings then rate to be determined, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, and 4) Attend relapse prevention with Brent Cunningham or approved replacement.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact me or Stefani at (208) 323-9555.

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Valerie Clements
Pat Makay

The Program for Recovering Nurses: Protecting the public safety, health, and welfare by assisting nurses in their recovery and return to safe practice.
CONFIDENTIAL

Medical Review Officer (MRO)
Drug Test Determination Officer
Thomas Barry Eschen, M.D.

Donor ID# 05-1224
Donor Name: Valerie Clemente
Specimen/Sample#: 40625206
Date of Specimen: 2-8-06

Part 1:
Laboratories: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709

KWT
2282 South Presidents Drive
West Valley City, UT 84120

Part 2:
Urine drug test results from the Laboratory:
The specimen identified in Part 1 was positive for the following drug/metabolites:

1. **Donepezil**
   Level: 14.4

2. **Oxazepam**
   Level: 2.16

3. ****
   Level: 

Part 3:
I have reviewed the test results above in accordance with industry accepted standards and my final determination is:

- Drug# 1 Clear ✔
- Fail ❌
- Admin. Clear

- Drug# 2 Clear
- Fail ✔
- Admin. Clear

- Drug# 3 Clear
- Fail
- Admin. Clear

Creatinine 317
Specific Gravity

Notes:
Participant Contacted: Yes ☑
No □
Admits: Yes ☑
No □

Test Confirmed: Yes ☑
No □
Prescription: Yes ☑
No □
On file with NCPS: Yes ☑
No □
Collection: ☑
NOT

COMMENTS:

Benzodiazepine 2-5-06 + give Donepezil among other drugs. No drug metabolizing to Oxazepam. Please document. Wt 2-23-06 Oxazepam rec

Ginger Meeker, R.N.
2-23-06

Thomas B. Eschen, M.D.

If this is not the correct recipient for this information please notify us immediately at (208) 495-2118 and destroy information.
CONFIDENTIAL

Medical Review Officer (MRO)
Drug Test Determination Officer
Thomas Barry Eschen, M.D.

Donor ID# 05-124
Donor Name: Valerie Clement
Specimen/Sample#: 606 6726
Date of Specimen: 2-8-06

Part 1:
 Laboratories: Laboratory Corporation of America
  1904 Alexander Drive
  RTP, NC 27709
  NWT
  2282 South Presidents Drive
  West Valley City, UT 84120

Part 2:
 Urine drug test results from the Laboratory:
The specimen identified in Part 1 was positive for the following drug/metabolites:

1. Diazepam
   Level: 14.4
2. Oxydiazepan
   Level: 2.6
3. 
   Level:

Part 3:
 I have reviewed the test results above in accordance with industry accepted standards and my
final determination is:

Drug# 1 Clear ✔ Fail ❌ Admin. Clear ❌
Drug# 2 Clear ✔ Fail ✔ Admin. Clear ✔
Drug# 3 Clear ✔ Fail ❌ Admin. Clear ❌

Creatinine 1.7 Specific Gravity

Notes: Participant Contacted: Yes ☑ No ☐ Admits: Yes ☑ No ☐
Test Confirmed: Yes ☑ No ☐ Prescription: Yes ☑ No ☐ On file with NCPS: Yes ☑ No ☐ Collection: OK NOT

COMMENTS: Been in ER 2-5-06 and given diazepam among other drugs. No drug metabolizing to oxydiazepan documented. Want 20mg of oxazepam. Please call me as ordered.

Ginger Meeker, R.N.                                      Date

Thomas B. Eschen, M.D.                                   Date

If this is not the correct recipient for this information,
Please notify us immediately at (208) 495-2118 and destroy information.
The results for the above identified specimen are in accordance with recognized forensic practices and were tested at the cutoff levels listed below:

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<th>Class</th>
<th>Result</th>
<th>Screening Cut Off</th>
<th>Confirmation Cut Off</th>
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<tbody>
<tr>
<td>AMPHETAMINES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PHENCYCLIDINE</td>
<td>NEGATIVE</td>
<td>25 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BARBITURATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BENZODIAZEPINES</td>
<td>POSITIVE</td>
<td>100 ng/mL</td>
<td>1000 ng/mL</td>
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<td></td>
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<tr>
<td>CANNABINOIDS</td>
<td>NEGATIVE</td>
<td>60 ng/mL</td>
<td>100 ng/mL</td>
</tr>
<tr>
<td>METHADONE</td>
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<td>300 ng/mL</td>
<td></td>
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<tr>
<td>OPIATES</td>
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<tr>
<td>OXYCODONE</td>
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<td></td>
</tr>
<tr>
<td>PROPOXYPHENE</td>
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<td></td>
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<tr>
<td>ETHANOL</td>
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<tr>
<td>OXIDANTS</td>
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<td>200 ug/mL</td>
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</tr>
<tr>
<td>CREATININE</td>
<td>NORMAL</td>
<td></td>
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<tr>
<td></td>
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<td>Reference Range: &gt;= 20 mg/dL</td>
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<tr>
<td>pH</td>
<td>NORMAL</td>
<td></td>
<td>Reference Range: &gt;= 4.5 and &lt; 9.00</td>
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<td></td>
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</table>

NORMAL for Creatinine by Initial Test at 37.7 mg/dL
NORMAL for pH by Initial Test at 5.1
Valerie Clements  
753 Meadows Drive #1  
Twin Falls ID 83301

Dear Ms. Clements:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that the limited license, number N-28465, issued under provisions in IDAPA 23.01.132. is terminated, 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 re-signed December 14, 2005, i.e., use of Norco and Ativan in June 2005; providing a urine sample on November 2, 2005 that was positive for Ultram, and providing a urine sample on February 8, 2006 that was positive for Oxazepam.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, April 21, 2006. You may request to meet with the Committee members during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by March 27, 2006, 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 suspension or revocation.

Dated: March 17, 2006

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.
<table>
<thead>
<tr>
<th>SENDER: COMPLETE THIS SECTION</th>
<th>COMPLETE THIS SECTION ON DELIVERY</th>
</tr>
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<tbody>
<tr>
<td>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</td>
<td>A. Received by (Please Print Clearly)</td>
</tr>
<tr>
<td>Print your name and address on the reverse so that we can return the card to you.</td>
<td>B. Date of Delivery</td>
</tr>
<tr>
<td>Attach this card to the back of the mailpiece, or on the front if space permits. 3-20-60</td>
<td>C. Signature</td>
</tr>
<tr>
<td>1. Article Addressed to:</td>
<td>X</td>
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| 2. Article Number (Copy from service label) |  |
| 703 0500 000 1870 0055 |

| 3. Service Type |  |
| Certified Mail | X | Express Mail |
| Registered | | Return Receipt for Merchandise |
| Insured Mail | | C.O.D. |

| 4. Restricted Delivery? (Extra Fee) | Yes |

| PS Form 3811, July 1999 |  |
| Domestic Return Receipt |  |

| |  |
Linda Coley

From: Valerie Clements [valerie35c@msn.com]
Sent: Tuesday, April 04, 2006 3:16 PM
To: Linda Coley
Cc: amanda
Subject: pm program

Linda,
pursuant to our conversation yesterday on the phone, I am writing you to let you know that I do not wish to continue to participate in the PRN program at this time. There are several reasons, but I need not go into them now. I am going to be taking some time off from nursing, maybe a year or so. I will be in contact with you as to what to do when I feel ready to return to nursing. thank you.

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

FROM: Karen Ellis, RN, Chair  
Program for Recovering Nurses

DATE: April 21, 2006

The file of Valerie Clements was reviewed at the Advisory Committee meeting on April 21, 2006, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Program for Recovering Nurses

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

[Signature]  4-24-06  
[Date]

Action Recommended to Board:

5530 West Emerald—Boise Idaho 83706  
Office: (208) 323-9555—Fax: (208) 323-9222—Toll free: (800) 386-1695—Cellular: (208) 891-4726—Pager: (888) 250-8073