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

KATHLEEN CUTRIGHT
N-12624

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

In the Matter of the License of: ) Case No. BON 03-036
KATHLEEN CUTRIGHT, ) FINDINGS OF FACT,
License No. N-12624, ) CONCLUSIONS OF LAW AND
Respondent. ) 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. Kathleen Cutright ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-12624 to engage in the practice of nursing in the State of Idaho.

2. On or about May 2, 2003, the Board was notified that Respondent had been transported to Portneuf Medical Center in Pocatello, Idaho, on April 15, 2003, for respiratory arrest suffered at her job at Hillcrest Haven. As part of the routine workup while at Portneuf Medical Center, a toxicology screen was performed on Respondent. The results of the toxicology screen and follow-up confirmation were positive for methadone.

3. On or about May 16, 2003, Respondent was admitted to Portneuf Medical Center for a drug overdose and tested positive for methadone and opiates.

4. On May 27, 2003, Respondent voluntarily surrendered her license for twice diverting methadone from a patient while working and agreed to enter treatment. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

5. On October 14, 2003, Respondent signed a Nurse Monitoring Contract with the PRN, a true and correct copy of which is attached hereto as Exhibit B.

6. On July 23, 2004, Respondent was issued a limited license.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
7. On May 9, 2006, PRN notified the Board that Respondent was not in compliance with her PRN contract due to being suspended with NCPS and being unable to submit to urinalysis testing. A true and correct copy of the May 9, 2006, letter from PRN to the Board is attached hereto as Exhibit C.

8. On May 15, 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 June 23, 2006, meeting and that she could request to meet with the Committee by calling the Board office by June 1, 2006, to request an appointment time. Respondent failed to request an appointment time to meet with the Committee.

9. On June 23, 2006, the Program for Recovering Nurses Advisory Committee referred this matter to the Board for disciplinary action. A true and correct copy of the June 23, 2006, memo from the Program for Recovering Nurses Advisory Committee to the Board is attached hereto as Exhibit E.

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-12624 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from a patient.

4. Respondent possessed and took prescription drugs while at work which had not been prescribed to her.

5. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to maintain compliance.

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)(e), (g) and (h) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 100.09.a, 101.03.e, 101.04.e, and 101.05.f.

7. Pursuant to Idaho Code § 54-1413(3)(a), 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-12624 issued to Kathleen Cutright 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; and

      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 July, 2006.

IDAHO STATE BOARD OF NURSING

By

Susan Odom, Ph.D., 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.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 23rd day of March, 2006, I caused to be served a true and correct copy of the foregoing by the following method to:

Kathleen Cutright
4672 Whitaker Road
Chubbuck, ID 83202

☐ 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

SENDERS: COMPLETE THIS SECTION

☐ Complete items 1, 2, and 3. Also complete item 4 if restricted delivery is desired.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KATHLEEN CUTRIGHT
4672 WHITAKER RD
CHUBBUCK ID 83202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Kathleen Cutright
☐ Agent

B. Received by (Printed Name)
Kathleen Cutright

C. Date of Delivery
8-3-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:  

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, KATHLEEN CUTRIGHT, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: taking Methadone from a patient's stock 2 times while working.

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-12624 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: 5/27/03

2001-2003

State of Idaho
Board of Nursing
This is to certify that:

KATHLEEN CUTRIGHT
716 W WYETH
P.O. COTTELLO, ID 83204
has compiled with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE (LPN)

Kathleen Cuthirt
Valid when signed by licensee.

Signature of Licensee

Signature of Witness

Exhibit A
Page 1 of 1
NURSE MONITORING CONTRACT

Client Name: Kathleen Cutright  Date: 10/14/03

I, Kathleen Cutright, 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:

*Work Supervisor
*Spouse or significant other
*Primary Care Provider/Dentist
*Other Dr. Reichman, Mike Stevens

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

✓ Alcohol/Drug Education
✓ Group Therapy
✓ Counseling
✓ (3-4) 12-Step Meetings per week
✓ Obtain a sponsor within 30 days & meet weekly with sponsor face-to-face to work the steps
✓ Random UA/Drug Testing
✓ Weekly Health Professionals Support group in Pocatello
✓ Medication Management with Dr. Reichman
✓ Counseling with Mike Stevens

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

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.

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

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.

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

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

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: Kathleen Cutright
Witness: Bob Cutright

Client Address: 116 W. W configur
Pocatello, Idaho 88204

Program Coordinator
Exhibit 6
May 9, 2006

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

RE: Kathleen Cutright

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Kathleen Cutright, a Board of Nursing referral, is currently not in compliance with her PRN contract due to being suspended with NCPS and therefore being unable to submit to urinalysis testing.

Ms. Cutright’s current contract with PRN was signed on October 14, 2003. Ms. Cutright’s contract requirements include the following: 1) Attend three to four 12-Step meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group, 5) Complete aftercare at the Walker Center in Pocatello, and 6) Medication Management with Dr. Reichman.

Ms. Cutright currently owes PRN $45.00 and NCPS $90.00.

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 either Stefani or me at (208) 323-9555.

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Kathleen Cutright

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Kathleen Cutright
4672 Whitaker Rd
Chubbuck, ID 83202

Dear Ms. Cutright:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-12624 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 resulting from:

...failure to comply with the terms and conditions of your contract for monitoring with the Program for Recovering Nurses by:

b. Failing to comply with the submission of urine drug screens as provided for in the Contract signed October 14, 2003.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, June 23, 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 June 1, 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: May 15, 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.
Board of Nursing – State of Idaho

PO Box 83720 (Mailing) 280 North 8th Street, Suite 210
Boise, Idaho 83720-0061
(208) 334-3110
Fax (208) 334-3262
TDD - 1-800-377-3529

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

FROM: Jill Howell, RN, Chair
Program for Recovering Nurses

DATE: June 23, 2006

The file of Kathleen Cutright was reviewed at the Advisory Committee meeting on June 23, 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:

Sandra Evans
Signature

6/23/06
Date

Action Recommended to Board: Expand

Exhibit E
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