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

KIRSTIN D’AQUINO
PN-10472

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. 03-027
Kristin Chimene Harris D’Aquino ) FINDINGS OF FACT,
License No. PN-10472, ) 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 Kristin Chimene Harris D’Aquino (“Respondent”) is a duly licensed nurse in the State of Idaho holding License No. PN-10472.

2. On or about March 13, 2003, the Board received a written complaint from Respondent’s employer of a possible diversion of narcotic medication. A true and correct copy of the complaint is attached hereto as Exhibit 1.

3. On or about April 25, 2003, Respondent voluntarily surrendered her license, admitting to violation of the Nursing Practice Act. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 2.

4. Respondent agreed to re-enroll in the Program for Recovering Nurses during the April 25, 2003 Advisory Committee meeting.

5. On or about June 4, 2003, the Program Coordinator submitted a letter of non-compliance indicating that Respondent had failed to return her signed contract.

6. Respondent was notified of the opportunity to meet with the Board members at their next meeting to discuss the pending disciplinary action. No response was received from Respondent.

7. Respondent knowingly and freelwaived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 1
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, 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), (e), (g), IDAPA 23.01.01.100.05.,06.,08., IDAPA 23.01.01.101.05(c), .05(d), (f).

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(3).

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. PN-10472 issued to Respondent Kristin Chimene Harris D’Aquino is

X Revoked

_____ Suspended _____ days/year(s) _____ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(4).

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

1. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:

   a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement;

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 2
b. A detailed summary of employment since licensure revocation or suspension;

and

c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

d. Evidence of financial compliance with NCPS and the PRN program.

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

This order is effective immediately.

DATED this 31 day of July, 2003.

IDAHOB BOARD OF NURSING

By

Dan Bauer, RN
Vice-Chair
NOTICE OF AVAILABLE RIGHTS

If respondent’s license was revoked, then pursuant to Board Rule 120.06, Respondent may not apply to the Board for reinstatement for two (2) years after the date of execution of this Order unless the Order specifies otherwise. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

If respondent’s license was suspended 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 pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 7TH day of AUGUST, 2003, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

Kristin D’Aquino
108 South Howard
Moscow ID 3843

X U.S. Mail, postage prepaid
X Certified U.S. Mail, return receipt

Executive Director

Sandra Evans, M.A.Ed., R.N.
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. Name of Complainant: Nancy Klahn and April Fox
   Address: 700 S. Main
   City/State: Moscow, ID 83843
   Telephone: Home

II. Identifying information about whom the complaint is being made:
    (Please check appropriate box)
    [ ] Professional Nurse (RN) [ ] Advanced Practice Professional Nurse:
    [ ] Licensed Practical Nurse [ ] NP/CNM/CNS/CRNA
    [ ] Nursing Assistant [ ] Other

   Name: Kristen D'Aquino
   Address: 700 S. Main
   City/State: Moscow, ID 83843

   Employer:
   Name: Gritman Medical Center
   Address: 700 S. Main
   City/State: Moscow, ID 83843

III. Nature of Complaint:
    (Confine statements to actual incidents, giving dates, places and names of persons involved.) Explain what happened, where it happened, and the date and time it happened.

   [ ] Abnormal number of narcotics removed from Pyxis system. Times averaged between 5min to 30min for same patient. Orders stated PRN 4-6.
   [ ] Lack of documentation that narcotics were administered by LPN who accessed Pyxis for medications.
   [ ] 10 Lortab missing. Who? 5mg of Morphine missing.

IV. Did any other person(s) witness this incident? If so, please give name(s),

EXHIBIT 1
address(es), position(s) held, and telephone number(s), if known.

Pyxis System documents access by

patient, by employee, by redistribution.

Daily report of activity thru Pyxis

reviewed by Pharmacy and Nursing

Directors

V. Additional Comments:

- Physician orders not followed in relation
to time and doses for narcotics

- Policy for wastage of narcotics not
followed

The identity of the complainant will remain confidential except when the complainant may be subpoenaed to testify in a formal hearing procedure.

The Idaho Board of Nursing is an equal opportunity employer and does not discriminate or deny services on the basis of age, race, religion, color, national origin, sex and/or disability.
John Southworth, CADA
2530 W. Emerald
Boise, ID 83703
Phone (208) 322-3255
Fax (208) 322-9222

John,

Here is the information you requested. I hope that it is what you need. If you need further information I would be happy to assist in any way I can. I have a long family history of hypertension as well as cardiac problems. My Father died at the age of 86 from problems related to his own Hypertension. I have a seven-year history of both Cardiac problems and Hypertension. For years my blood pressure has been poorly controlled. The last two years have brought an increase in those problems for me.

I have been in the Hospital 8 times in the last six months. Two times (in September and October) because of Hypertension and or cardiac crisis. Once due to gynecological problems (in November) for which I had a total hysterectomy (in December) and discovered I had extensive endometriosis that had invaded my musculature. Lastly in January for complications of surgery. Many were not short stays and in one visit I was transported via Ambulance because my cardiac rhythm was so unstable. This has resulted in Medical bills that I do not have the ability to pay.

My monthly prescriptions are a minimum of $120.00, and sometimes reach $200.00.

I would like to emphasize that I would like to be compliant with the PRN contract and do not want to appear to be unwilling, however I find myself unable to financially unable to meet the requirements set forth in the contract. Currently I'm not working however even if I go back to work (either in the Nursing Profession or outside of the Nursing Profession) I would not be able to meet the requirements of these financial burdens.

Secondly I would like to point out that I live in a rural setting where I have not found an appropriate IOP. In my own research for an IOP I have visited with Sheryl Dergen, my own counselor, as well as a Licensed Psychologist who is specialized in addiction together we have not been able to find an IOP that suits my situation. Lastly the closest authorized HCPS facility is 1 hour away from my home and the nearest Health Care Professional's Support Group is two and one half-hours way from my home. I recognize that there are many that probably find it difficult to complete the PRN Program. I however find myself in a position of wanting to be compliant but unable to do so. I sincerely hope that there is a mutually agreeable alternative that can be reached.

After having spoken to all the parties mentioned above we have developed a plan that I hope you will find to your liking.

I agree to participate in and attend the following activities:
- Counseling with Dr. Beth Waddel.
- Random UA/Drug Testing at Worko and Vieli (a local Psychologist who offers drug testing and specializes in addiction)
- Attend the Health Professional's Support Group.
- Attend Addiction Support Group of my Therapist's choice.
- I agree to abstain from legal or illegal drugs unless they are prescribed for health care reasons (including alcohol)
- I have provided my selected healthcare provider with a copy of this agreement, and she has agreed to participate in said agreement.
- Meet with a sponsor face-to face
- Advise my Spouse of this agreement.

I implore you to please give my circumstances careful consideration and would like to thank you in advance for your time.

Sincerely,
Kristin D'Aquino
108 S Howard
Mccow, ID 83343 Phone (208)882-7897
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 _________________ 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: 4/25/03

Signature of Licensed:

168 S Howard

Address:

Moscow ID 83843

City, State, Zip:

Karen Edin 6W

Signature of Witness:

EXHIBIT 2

DATED: 6/99-PRN
IDAHO BOARD OF NURSING
PO BOX 83720
BOISE, IDAHO 83720-0061
(208) 334-3110

Valid Only in Idaho
2002-2004 License Number
State of Idaho
PN-10472
Board of Nursing

This is to certify that:

KRISTIN D'AGUIRRE
PO BOX 43
PALOUSE, WA 99161

has complied with the requirements of the law and is entitled
to practice as a LICENSED PRACTICAL NURSE (LPN)

Valid when signed by licensee.