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

FAITHE DAVIS
PN-8280

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
August 6, 1992

CERTIFIED MAIL

Faithe Davis
335 S. 14th E.
Mountain Home, ID 83647

Dear Ms. Davis:

Upon formal action by the Idaho Board of Nursing on August 6, 1992, your practical nurse license PN-8280 was suspended for six months by reason of voluntary surrender. Enclosed is the Order of Suspension.

You may not practice nursing in the State of Idaho during the time your license is suspended.

Sincerely,

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:1hc
enclosure
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of  
Faithe Louise Davis  
License No. PN-8280

ORDER OF  
SUSPENSION  
OF LICENSE

The above entitled matter being submitted to the Board of Nursing, State of Idaho, and the matters therein being fully considered by the Idaho Board of Nursing, and there appearing good cause, therefore:

IT IS HEREBY ORDERED, that the practical nurse license of Faithe Louise Davis, number PN-8280 be and it hereby is suspended for a minimum of six months, subject to Subsequent Review under 54-1412 (c), IDAHO CODE, by reason of voluntary surrender.

BE IT FURTHER ORDERED, that Faithe Davis apply for licensure reinstatement only after the following conditions are met:

1. Obtain a mental health evaluation from a qualified professional.
2. Engage in on-going therapy from a qualified professional to address anger, interpersonal relationship issues and stress management.
3. Follow through with any other recommendations from the mental health evaluation.

Dated this 6th day of August, 1992.

[Signature]
DIANA KOTTKEY, R.N.
Chairman
Idaho Board of Nursing
<table>
<thead>
<tr>
<th><strong>Article Addressed to:</strong></th>
<th><strong>Article Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FAITHE DAVIS</td>
<td>561004</td>
</tr>
<tr>
<td>335 S 14TH E</td>
<td></td>
</tr>
<tr>
<td>MTN HOME ID 83647</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4a. <strong>Article Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>561004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4b. <strong>Service Type</strong></th>
<th><strong>Insured</strong></th>
<th><strong>COD</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certified</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Express Mail</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Return Receipt for Merchandise</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. <strong>Date of Delivery</strong></th>
<th><strong>Addressee’s Address (Only if requested and fee is paid)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SENDEN:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

---

**DOMESTIC RETURN RECEIPT**

---

Thank you for using Return Receipt Service.

**PS Form 3811, December 1991**
June 25, 1992

Faithe Davis
335 S. 14th E.
Mountain Home, ID 83647

Dear Ms. Davis;

We are in receipt of your letter of June 22, 1992 requesting cancellation of the Hearing scheduled for June 30, 1992.

Your voluntary surrender of licensure will be considered by the Board of Nursing for action at their August 6-7, 1992 meeting. You will be notified of the Boards’ action following the August meeting.

Please refer to pages 8-10 of the enclosed Rules for reinstatement of licensure following a disciplinary order. If there are specific stipulations for licensure reinstatement, they will be stated in the Order issued by the Board of Nursing members.

If you have further information in addition to the letters you submitted, that you would like the Board to consider, please submit it by July 6, 1992.

Sincerely,

Leola Daniels
Executive Director

hm
enc

Celebrate
IDAHO
1890-CENTENNIAL-1990
April 27, 1992

CERTIFIED MAIL

Faithe Davis
335 So. 4th E.
Mountain Home, ID 83647

Dear Ms. Davis:

Enclosed please find the Petition for Revocation or Suspension of Licensure instituted by the Board of Nursing and an Answer to Petition.

Sincerely,

[Signature]

LEOLA DANIELS, M.S., R.N.
Executive Director

I also wish to receive the following services (for an extra fee):

1. □ Addressee's Address
2. □ Restricted Delivery
Consult postmaster for fee.

PS Form 3811, October 1990

INDIANA DOMESTIC RETURN RECEIPT

RECEIVED DATE: MAY 4, 1992
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the matter of
Faithe Louise Davis
License No: PN-8280

PETITION FOR REVOCAITION OR SUSPENSION OF LICENSE

COMES NOW, Petitioner, Leola Daniels, R.N., Executive Director of the Idaho Board of Nursing, and petitions this Board to revoke or suspend the license of Faithe Louise Davis to practice nursing in the State of Idaho. This Petition and these proceedings are instituted upon the following grounds:

That the licensee has been grossly negligent or reckless in performing nursing functions, violated standards of conduct and practice as adopted by the Board of Nursing, and engaged in conduct of a character likely to endanger the public by virtue of the following actions:

1. On or about March 1990, while employed as a licensed practical nurse at Treasure Valley Manor, Boise, Idaho; the licensee exceeded the scope of nursing practice by improperly reconnecting hyperalimentation solution to a groshong catheter. A letter of reprimand was issued by the Board of Nursing on April 26, 1990.

2. On or about August to October, 1990, while employed as a licensed practical nurse at Life Care, Boise, Idaho, exhibited gruffness and rudeness to patients.

3. On or about September 1990 to January 1991, while employed as a licensed practical nurse at Hillcrest Care Center, Boise, Idaho, exhibited mood swings, failed to respond to concern reported by nursing assistants, was verbally and physically abusive to residents - jerked wheel chairs, used foul language, ignored patient requests, showed lack of concern, and was described on one occasion as "acting like a wild person". The licensee stated during a meeting on January 30, 1991, with professional staff at the Board of Nursing, that she had been working in two facilities, got tired, stressed and burned out, that she probably had been harsh, and that relationships with staff were strained. She signed an Agreement for Monitoring on February 10, 1991.

4. On or about July 1991 to October 1991, while employed as a licensed practical nurse at Twin Falls Clinic and Hospital, Twin Falls, Idaho, exhibited gruff/abrasive approach to patients that frightened some patients,
and demonstrated occasional outbursts of anger. Demonstrated mental instability after termination in October, 1991.

5. On or about December 1991 to March 1992, while employed as a licensed practical nurse at Capital Care Center, Boise, Idaho, used foul language in the presence of residents and staff, demonstrated rudeness, extreme anger and lack of concern to residents, and made inappropriate and derogatory statements to a resident’s family and others concerning facility administrative staff members.

The undersigned Leola Daniels, believes that the described conduct of the licensee is in violation of Section 54-1412, (a), (4), (7), and (8) IDAHO CODE, and in Board of Nursing Rules, Title 02., Chapter D.11.f., i(viii), j(x), Title 04., Chapter A.1.h., t., and Title 04., Chapter C., 17.c(v).

DATED THIS 27th day of April, 1992.

[Signature]

LEOLA DANIELS, M.S., R.N.
Executive Director
Idaho Board of Nursing
IDAHO STATE BOARD OF NURSING

In the Matter of

FAITHE DAVIS
Respondent PN-8280

ANSWER TO PETITION

Enter your answer below, sign, date and return this form within twenty (20) days after you receive it, to:

IDAHO BOARD OF NURSING
280 North 8th Street, Suite 210
Boise, Idaho 83720

Failure to return this form within twenty (20) days of receipt will constitute a waiver of hearing and will result in the Board of Nursing making a finding that you do not contest the allegations in the Petition. Upon such finding the Board will enter an Order to include possible suspension or revocation of your license to practice nursing in the State of Idaho.

Instructions: Indicate your desired responses and mail this form to the address stated above.

1. ☒ I do request a hearing on this matter.
   ☑ I do not request a hearing on this matter.

2. ☑ I will be represented by an attorney.
   ☐ I will not be represented by an attorney.

   The name and address of my attorney is:

3. I ADMIT the following allegations in the Petition: (State "ALL" if you admit all allegations.)

4. I DO NOT CONTEST the following allegations in the Petition. (State "ALL" if you do not contest any of the allegations.)
ANSWER - 2

5. I DENY the following allegations of the Petition. (State "ALL" if you deny all of the allegations - use reverse side if needed.)
   # 1 - is true
   # 2 - is false
   # 3 - see back
   # 4 - see back

6. X  I have attached a statement in my defense of the allegations.
   _  I have not attached a statement in my defense of the allegations.

7. _  I wish to waive my right to a hearing and voluntarily surrender my license.
   X  My licensure certificate is enclosed.

You have the right to:

1. an opportunity for a hearing.
2. be represented by an attorney at your own expense.
3. subpoena witnesses, or the production of documents through the Board of Nursing.

DATED this 16th day of May, 1992.

Signature of Respondent

335 S. 4th E.
Address

Mountain Home, AR
City, State, Zip Code 83647

12/91
Enclosed is my license.
I don't understand how all this works, so I would like to ask some questions:
1. How soon will this hearing take place?
2. I have numerous letters written on my behalf. Will it do any good to send them to you?
3. If my license should be suspended how long would I be unable to practice nursing?

At this time I do not want to work in nursing. I have given for many years to others and there isn't anything left to give. I love my nursing and believe I am an asset or at least I was. I hope at some future date to be able to resume nursing should I choose to.

Sincerely,
Faithe Davis
PN-8280
* * * AGREEMENT FOR MONITORING * * *

I, Faithe Davis, hereby agree to:

1. Keep the Board of Nursing informed of my current address, and
2. Keep the Board of Nursing informed of the name(s) and address(es) of all my employer(s), and
3. Request my immediate supervisor(s) to submit a report of my performance before the expiration of this Agreement.

This Agreement shall remain in effect until August 1, 1991 and may be extended for good cause.

DATED this 10th day of July, 1991.

Faithe Davis
Faithe Davis, Licensee

My employer is - Twin Falls Clinic & Hospital
(66) Shoahone St. E.
Twin Falls, IDA. 83301

My current address is - 294 Idaho St.
Twin Falls, IDA. 83301
I. NAME OF COMPLAINANT: Muriel Kelly
   ADDRESS: ________________________________
   CITY/STATE: _______________________ TELEPHONE NO: __________________

II. IDENTIFYING INFORMATION ABOUT WHOM THE COMPLAINT IS BEING MADE: (Please check appropriate box)
   [ ] Registered Nurse  [X] Licensed Practical Nurse
   [ ] Nurse Practitioner  [ ] Other
   Name: Faith Davis
   Address: ________________________________
   City/State: ________________________________
   Employer:
   Name of Institution: Hillcrest Care Center
   City/State: Boise, ID
   Position held: Medicine nurse for 1 shift and 1 hall

III. NATURE OF COMPLAINT:
   (Confine statements to actual incidents observed, giving dates, places and names of persons involved.)
   Explain what happened, where it happened, and the date and time it happened and attach copies of relevent records, if possible.

   My mother is a resident at Hillcrest Care Center. I was sitting with her in the dining room at the facility during the evening dinner hour one day last fall when the L.P.N. Faith Davis was the nurse in charge in the dining room that particular evening. She was verbally abusing many of the residents, banging the food trays and acting like a wild person.

   One of the residents, Grace Stibor, became ill and kept asking to be taken to her room. She was ignored several times until finally Ms. Davis went over to her, jerked the wheel chair away (___) from the table and literally ran with her in the chair before giving the chair a shove into the hall. I stood up and went into the hall where I saw Alice Ennis, the Assistant Administrator at the facility. Mrs. Stibor was in her chair in the hall, literally shaking...
IV. Did any other person(s) witness this incident? If so, please give name(s), address(es), position(s) held, and telephone number(s), if known:

All the people in the dining room witnessed her actions.

V. ADDITIONAL COMMENTS:

Faith Davis should not be working as a care giver. I would not trust her to be alone with any of my family, or anyone else who is helpless and cannot do or speak for themselves.

Date ____________________________  Signature of Complainant

Date ____________________________  Signature of Complainant

THE IDENTIFY OF THE COMPLAINANT WILL REMAIN CONFIDENTIAL EXCEPT WHEN THE COMPLAINANT MAY BE SUBPOENED TO TESTIFY IN A FORMAL HEARING PROCEDURE.

On this _____ day of ____________, in the year of ________, before me ____________________________, notary public, personally appeared ____________________________, known or identified to me, to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

WITNESS my hand and official seal.

Notary Public
Residing at ____________________________
My Commission expires ____________________________

10/98
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. NAME OF COMPLAINTANT: Anne M. Rodgers
   ADDRESS: 1001 S. Milton
   CITY/STATE: Boise, ID 83703
   TELEPHONE NO.: 345-4464

II. IDENTIFYING INFORMATION ABOUT WHOM THE COMPLAINT IS BEING MADE: (Please check appropriate box)
   [ ] Registered Nurse  [X] Licensed Practical Nurse
   [ ] Nurse Practitioner [ ] Other

   Name: Faithe Davis
   Address: __________________________________________________________
   City/State: Boise, ID

   Employer:
   Name of Institution: ______________________________________________
   City/State: ______________________________________________________
   Position held: ____________________________________________________

III. NATURE OF COMPLAINT:
   (Confine statements to actual incidents observed, giving dates, places and names of persons involved.)
   Explain what happened, where it happened, and the date and time it happened and attach copies of relevent records, if possible.

   Heresay information: I heard Faithe Davis had been employed at Life Care Center at the same time in which she was employed at Hillcrest Care Center. I heard she was terminated from Life Care for Resident Verbal abuse. I have no foundation to base truth of this supposed incident upon, only trying to inform of a potential incident in which you should have knowledge of.

   ________________________________________________________________
   ________________________________________________________________

OVER
IV. Did any other person(s) witness this incident? If so, please give name(s), address(es), position(s) held, and telephone number(s), if known:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

V. ADDITIONAL COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

1-21-91
Date

[Signature]
Signature of Complainant

________________________________________
Date
Signature of Complainant

THE IDENTIFY OF THE COMPLAINANT WILL REMAIN CONFIDENTIAL EXCEPT WHEN THE COMPLAINANT MAY BE SUBPOENED TO TESTIFY IN A FORMAL HEARING PROCEDURE.

On this _____ day of __________, in the year of ______, before me ____________________, notary public, personally appeared ____________________ and ____________________, known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

WITNESS my hand and official seal.

________________________________________
Notary Public
Residing at ____________________

My Commission expires ____________________

10/88
April 26, 1990
CERTIFIED MAIL

Faithe Davis
1693 S. Curtis, No. 35
Boise, ID 83705

Dear Ms. Davis:

During their April 26, 1990 meeting, the Board of Nursing members reviewed your file. The Board noted that you exceeded the legal scope of practice for licensed practical nurses by improperly reconnecting hyperalimentation solution to a Groshong catheter.

Rule 84.C.17.c (b).ii, specifies that a licensed practical nurse may not hang solutions, adjust drip rates, change tubing or change dressings for a central intravenous line.

Therefore, the Board took action to issue you a reprimand. Should further verified reports of practice problems come to the Board's attention, formal disciplinary action may be initiated. Every licensee has the responsibility to be knowledgeable of and to adhere to the Standards for the Practice of Nursing.

Sincerely,

Diana Kottkey, R.N.
Chairman

DK:LD:1hc
encl.