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

Kenneth Eggleston

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
November 2, 2009
CERTIFIED MAIL

Kenneth Eggleston
517 Heyburn Avenue W
Twin Falls ID 83301

Dear Mr. Eggleston:

During their meeting on October 29-30, 2009, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-19998 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective October 30, 2009. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE: lhc
enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING


Case No. BON 07-021

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

The Idaho State Board of Nursing, having officially noticed its files on this matter, and having reviewed the documents referenced below, enters the following Findings of Fact, Conclusions of Law, and Final Order.

FINDINGS OF FACT

1. Kenneth R. Eggleston ("Respondent") is licensed by the Idaho State Board of Nursing under License No. N-19998 to engage in the practice of nursing in the State of Idaho.

2. On or about March 6, 2007, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s employer, Life Care Center of Boise. The report indicated that:
   a. Respondent had admitted he had diverted medications from a patient by taking and injecting himself with four vials of 1ml Demerol, and
   b. Respondent had admitted that he had a alcohol and drug addiction problem.

3. On or about March 7, 2007, Respondent voluntarily surrendered his license, further admitting that he diverted narcotics. Respondent agreed to enter treatment immediately and to participate in the Program for Recovering Nurses (PRN), a monitoring program, and to resume the practice of nursing only at such time as a conditional limited license was issued to her. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On March 7, 2007, Respondent signed a Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as
Exhibit B. In the PRN Contract, Respondent states, among other things, that “I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons” and “I agree to participate in and attend regularly . . . activities” including random UA/drug testing, and “to accurately describe my weekly recovery activities . . . and submit regular monitoring reports to the independent monitoring service.” Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

5. On July 16, 2007, Respondent was issued a limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with his PRN Contract.

6. On December 12, 2007, the PRN notified the Board that Respondent was not in compliance with his PRN contract due to failing to submit to random urine-analysis (UA) on November 9, 2007, November 13, 2007, and December 6, 2007. Respondent said he did not have the appropriate Chain of Custody forms for the UA tests. The PRN excused the December 6, 2007, UA test and Respondent obtained the appropriate forms. A true and correct copy of the December 12, 2007, letter from PRN to the Board is attached hereto as Exhibit C.

7. On December 14, 2007, the Board issued Respondent a warning about his non-compliance with the PRN program requirements. A true and correct copy of the December 14, 2007, warning letter from the Board to Respondent is attached hereto as Exhibit D.

8. On July 2, 2008, the PRN notified the Board that Respondent was not in compliance with his PRN contract due to a positive UA test for Propoxyphene, for which Respondent did not have a prescription. Respondent informed PRN that he received Darvocet from his girlfriend. A true and correct copy of the July 2, 2008, letter from PRN to the Board is attached hereto as Exhibit E.

9. On July 7, 2008, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued an Order of Summary Suspension of Limited Licensure in this case, immediately terminating Respondent’s limited license. Respondent was
notified that his case was to be reviewed by the PRN Advisory Committee (PRNAC) at its next meeting on July 11, 2008. A copy of the Notice of Termination of Limited License is attached as Exhibit F.

10. On July 14, 2008, the Board notified Respondent that the PRNAC recommended Respondent sign a new Nurse Monitoring Contract and maintain total compliance with all requirement of the contract. The PRNAC also recommended that any failure by Respondent to fully comply with the contract requirement will result in referral to the Board for disciplinary action. A true and correct copy of the July 14, 2008, letter from the Board to Respondent is attached hereto as Exhibit G.

11. Respondent signed a new Nurse Monitoring Contract on July 30, 2008, including new Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit H. In the PRN Contract, Respondent states, among other things, that “I agree to participate in and attend regularly . . . activities” including random UA/drug testing, and “I understand that my restrictions [regarding return to work] include: no access to the narcotic keys or controlled substances...” Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

12. On January 2, 2009, Respondent was issued a limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with his PRN Contract.

13. On July 21, 2009, the PRN notified the Board that Respondent was not in compliance with his PRN contract due to Respondent administering controlled substances to patients and failing to submit to a urine drug screen on July 20, 2009. Respondent had been suspended by First Lab July 14, 2009 through July , 2009. A true and correct copy of the July 21, 2009, letter from PRN to the Board is attached hereto as Exhibit I.

14. On August 10, 2009, pursuant to IDAPA 23.01.01.132, the Executive Director of the Board issued an Order of Temporary Summary Suspension of Limited Licensure in this case, immediately terminating Respondent’s limited license due to Respondent’s failure to comply with the terms of the Respondent’s limited license issued
January 2, 2009. Respondent was notified of his right to have a hearing before the Board. A copy of the Order of Summary Suspension of Limited Licensure is attached as Exhibit J.

15. The August 10, 2009 Order of Summary Suspension of Limited Licensure was sent to Respondent on August 10, 2009, by means of the United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail. The mailings were addressed to Respondent at his most recent home address on file with the Board, as follows:

3588 N. 3230 E.
Kimberly, ID 83341

16. On August 17, 2009, the certified mail was returned to the sending office indicating a new address for Respondent. On August 18, 2009, the Director's Order was remailed to Respondent by means of the United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail. The mailings were addressed to Respondent at the forwarding address provided by the post office, as follows:

571 Heyburn Avenue W.
Twin Falls, ID 83301

17. The certified mail was returned to the sending office with the notation "unclaimed" by the post office, and the envelope containing a copy of the Complaint which was sent to Respondent by regular mail was not returned to the sending office.

18. Respondent has not requested a hearing.

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-19998 is conditioned upon his compliance with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs without prior consent or authorization in
violation of Idaho Code § 54-1413(1)(g) and Board Rule (IDAPA 23.01.01) 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice), and Board Rule 101.04(e) (a nurse shall not take or divert drugs without prior consent or authorization).

4. Respondent voluntarily surrendered his license and agreed to enroll in and comply with the terms of the PRN. Respondent has failed to do so.

5. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of his license empowers the Board, without a hearing, to revoke or suspend Respondent’s license and/or impose such conditions, limitations, or restrictions on his license as the Board in its discretion may deem appropriate.

ORDER

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

1. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the August 10, 2009, summary suspension of Respondent’s license.

2. License No. N-19998 issued to Kenneth R. Eggleston is hereby:
   ___ Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.
   ___ Suspended: _____ days _____ year(s) ___ indefinitely.
   Respondent’s license shall be a single-state license during the term of suspension and Respondent shall not be eligible to practice in any other state participating in the Nurse Licensure Compact with the State of Idaho.

3. At such time as Respondent requests reinstatement of licensure, he shall comply with the requirements of Idaho Code § 54-1411(3) and Board Rule 120 (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 he 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.

4. 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 28th day of Oct, 2009.

IDAHO STATE BOARD OF NURSING

By: [Signature]

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 issuance 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 issuance 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 2nd day of November, 2009, I caused to be served a true and correct copy of the foregoing by the following method to:

Kenneth R. Eggleston  
517 Heyburn Avenue W.  
Twin Falls, ID 83301

☐ U.S. Mail  
☐ Hand Delivery  
☐ Certified Mail, Return Receipt Requested  
☐ Overnight Mail

Karin Magnelli  
Deputy Attorney General  
P.O. Box 83720  
Boise, ID 83720-0010

☐ U.S. Mail  
☐ Hand Delivery  
☐ Facsimile  
☐ Statehouse Mail

Sandra Evans, M.A.Ed., R.N.  
Executive Director, Board of Nursing

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 7
Document Unclaimed

Returned 12/28/09
EXHIBIT A

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, [Signature] by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: [Description]

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 [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: 3/17/07

Signature of Licensee

Address

City, State, Zip

Signature of Witness
EXHIBIT B

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
NURSE MONITORING CONTRACT

Client Name:  

Date:  3/1/07

I,  Ken Egeleston  , 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:

Initial 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 I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and number 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/attend regularly the following activities:

Initial *Alcohol/Drug Education  Attend Intensive Outpatient at St. Al's ARC

Initial *Group Therapy  OR First Step for Men.

Initial *Counseling

Initial *Ninety (90) AA/NA meetings in ninety (90) days, then 3 times per week

Initial *Meet weekly with sponsor face-to-face to work the steps

Initial *Random UA/Drug Testing

Initial *Individual and family counseling as need

Initial I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and 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 forms 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:  

Witness:  

Program Coordinator:  

Client Address:  

Client

Witness

Program Coordinator
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

➢ I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.

➢ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.

➢ Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.

➢ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.

➢ It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.

➢ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.

➢ I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.

➢ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no employment as a traveling nurse, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.

➢ I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

➢ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.

➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
prescribing provider will be considered a relapse. My employer will be notified immediately of
the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation
or report of my relapse to the Board of Nursing Advisory Committee for consideration of
continuation in the program. If it is a second relapse, I understand I will be referred to the Board
of Nursing Advisory Committee for consideration of continuation in the program or referral to the
Board of Nursing for possible disciplinary action against my nursing license.

➢ I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If
I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be
considered non-compliant with my contract with the Program for Recovering Nurses.

➢ I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity
may be questioned in my professional environment.

➢ I am aware that consuming large quantities of liquids prior to giving my urine specimen may
result in a dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines,
which can appear to be an effort on my part to hide use. I understand that I should not drink more
than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any
diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is
necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my
specimen. If I have just consumed large amounts of liquid and then notified that I need to test that
day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen.
I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for
review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-
compliance with this contract.

**PRESCRIPTION DRUG/HEALTH CARE**

➢ I shall, in general, consult only one health care provider (primary care provider) for my health
care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider
that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any
drug restrictions I have. If for some reason I am not able to see that physician when necessary, I
will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or
equivalent prescription drug from more than one provider, or under any other circumstance which
causes there to be available prescription drugs in quantities or types that are not medically
required. Emergency prescriptions must be documented as such by the emergency physician and
such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to
notify any and all health care providers, from whom I receive treatment, of my participation in the
Program for Recovering Nurses prior to receiving treatment.

➢ Should I be prescribed any medication (including antibiotics or a new medication), or if any dose
of a current medication is changed, it is my responsibility to have the prescribing provider fax the
prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I
understand that I need to have the provider include in the documentation the following
information: the physician's name clearly indicated, the medication prescribed, the dosage and
frequency, how many refills, the reason for prescribing the medication, and the duration I will be
taking the medication. If for some reason my physician is not willing to fax the prescription from
his/her office, I must fax the prescription and necessary information to the PRN office before it is
filled.

➢ I will not use prescribed medications for any reason other than for what they are prescribed. If my
physician wants me to use the medication for a use other than for what it was originally
prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All
communications with my physician must occur before I begin using the medication. Use of
prescribed medications, other than for the initial intent, must be properly verified in writing by
my physician as described above. If I receive a positive test for a medication that was not taken as
prescribed by my physician, and proper verification was not received by the PRN, the test will be
considered failed.

➢ Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an
appropriate length of time that it will be necessary for me to take the medication. I will ask my
physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

TERMS AND CONDITIONS OF THE CONTRACT

The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

The PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, etc., then the PRN may make changes on my contract at any time.

All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

ADMONITIONS

No self-prescribing any drug, legend or scheduled (controlled).

Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.

Do NOT consume so called "non-alcoholic" beer and/or wine.

Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.

Keep any family member’s medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.

- Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
- Avoid the “PERCEPTION:” for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
- Avoid unexcused absences (from meetings, urinalysis tests, etc).
- Avoid positive UA’s (MISSED UA = POSITIVE UA).
- Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.
- Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.
- In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.
- AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.
- Don’t “advertise” your addiction or your recovery.

**MISCELLANEOUS GUIDELINES**

- I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.
- I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.
- I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.
- In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.
- The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

**I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.**

[Signature]
Nurse
3/09/07
Date

[Signature]
Witness
3/17/07
Date

*The PRN encourages you to occasionally review this document.*
EXHIBIT C

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
December 12, 2007

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

RE: Ken Eggleston

Dear Ms. Evans,

This letter is being sent to notify you that Mr. Ken Eggleston, a Board of Nursing referral, is currently not in compliance with his Program for Recovering Nurses (PRN) contract. Mr. Eggleston failed to submit to a random urine-analysis (UA) when selected on November 9 and 13th, 2007. Mr. Eggleston stated that he did not have any “Chain of Custody” (COC) forms at the time he was selected therefore he was unable to provide a specimen for analysis on those days. Since that time Mr. Eggleston has purchased “COC” forms from NCPS and has submitted to two UA screens which produced negative results. Mr. Eggleston again failed to test on December 6, 2007 due to lack of “COC” forms. After a lengthy discussion with Mr. Eggleston, it was decided to excuse the missed test of December 6, and place it back into the random cycle. Mr. Eggleston currently does have the required number of COC forms on hand and is able and willing to submit to random screens when selected.

At the request of the Program Coordinator, this complaint is being submitted to the Board.

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 at (208) 323-9555.

Sincerely,

[Signature]
Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Ken Eggleston
    Gail Robinson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Kenneth Eggleston  
8191 West Cory Ct Apt 202  
Boise ID 83704

Dear Mr. Eggleston:

We have been notified by the Program for Recovering Nurses Compliance Monitor that you have failed to submit to random urine-analysis on November 9th and again on November 13, 2008. We understand that you did not have required “Chain of Custody” forms available. While we can sympathize with your situation, compliance with all components of your monitoring contract is the only evidence that you are working your program. Without this necessary documentation, your compliance cannot be verified to the Board at monthly meetings.

If the Board receives any further notices of non-compliance, your limited license may be summarily suspended and your file will then be referred to the Advisory Committee of the Program for Recovering Nurses for their recommendation, which could include disciplinary action, reprimand, or an extension of your current contract. We encourage you to maintain complete compliance with all conditions of your monitoring contract so this does not become necessary.

If you have questions about this matter, please contact the PRN office or the Board.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:hec  
cc: Southworth Associates

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 E

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
July 2, 2008

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

RE: Ken Eggleston

Dear Ms. Evans,

This letter is being sent to notify you that Mr. Ken Eggleston, a Board of Nursing referral, is currently not in compliance with his Program for Recovering Nurses (PRN) contract. Mr. Eggleston produced a positive urine-analysis (UA) on June 23, 2008 for "Propoxyphene." After review by the Medical Review Officer (MRO), this UA was failed because Mr. Eggleston was not being prescribed "Propoxyphene." During a telephone conversation with Mr. Eggleston he stated that he received Darvocet from his girlfriend.

At the request of the Program Coordinator, this complaint is being submitted to the Board.

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 at (208) 323-9555.

Sincerely,

Steven R. Hurst  
Compliance Monitor  
Southworth Associates

cc: Ken Eggleston  
Gail Robinson
EXHIBIT F

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston

Case No. BON 04-084
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

Kenneth Eggleston
N-19998

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE
CASE No: 07-021

This Order serves to officially notify you that your limited license, number N-19998, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed March 7, 2007, by
   a. Testing positive on June 23, 2008 for Propoxyphene for which you had no prescription.

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting (July 11, 2008) for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (October 23-24, 2008). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 7th day of July, 2008.

Sandra Evans, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 7th day of July, 2008, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

___ U.S. Mail, postage prepaid
___ Certified U.S. Mail, return receipt
___ Hand Delivery
___ Overnight Mail
___ Facsimile: ______________
___ Statehouse Mail

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

Kenneth Eggleston
8191 West Cory Ct. Apt 202
Boise, ID 83704

X Hand Delivery
X Overnight Mail
X Facsimile: ______________

X Statehouse Mail

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
EXHIBIT G

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
Kenneth Eggleston  
8191 W Cory Ct Apt 202  
Boise, ID  83704

Dear Mr. Eggleston:

During their July 11, 2008 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator, and made the following recommendations:

1. That you sign a new Contract for Monitoring for a five-year period and maintain total compliance with all requirements of the contract;
2. Failure to maintain full compliance will result in your file being referred directly to the Board of Nursing for disciplinary action.

The Committee members caution you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:llc
cc:  PRN Program

*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 H

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
NURSE MONITORING CONTRACT

Client Name: Ken Eggleston Date: 7/30/08

I, Ken Eggleston, recognizing that I suffer from chemical dependency and/or mental condition(s) that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses (PRN).

Ke Initial I understand that the PRN is monitoring me in my efforts toward a program of recovery among my peers, family, and medical community. This will include reporting to the Idaho Board of Nursing (BON) or other designated entities. Positive reports to appropriate sources are contingent upon compliance with this contract and, therefore, can be withdrawn for my violation of it. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the BON and any other appropriate source (i.e. probation, employer).

During my participation in PRN I agree to abide by the terms of this contract and the BON “Important Information for Participants” guidelines booklet, which represents policy and procedure of the PRN. I agree to complete the following activities in order to obtain the support of the PRN:

Ke Initial I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. If problems occur, such as relapse or non-compliance, the PRN may extend my contract or have me sign a new one.

Ke Initial I understand that my PRN contract will remain in effect until I have documented five (5) years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of my practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

Ke Initial I agree to completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by my primary care physician for health care reasons. I understand that all prescription medications are allowable as long as they are prescribed by my primary care physician, and monitored by the same. I understand that the PRN must be notified of my prescription, in writing, within five (5) days of the date of prescription.

Ke Initial I agree to report any alcohol and/or drug relapse, regardless of the amount ingested, to the PRN office within 48 hours of its occurrence. Relapse is defined as any unauthorized use of scheduled drugs or alcohol.

Ke Initial I agree, in case of relapse, to be re-assessed by an approved PRN evaluator (at my own expense) to determine if additional treatment is indicated. I understand that I am to follow through with all recommendations resulting from this assessment.

Ke Initial I agree to abide by any further recommendations in the event of a relapse, as deemed appropriate by the PRN.

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

Ke Initial Employer/Work supervisor
Ke Initial Spouse/Significant other
Ke Initial Primary Care Provider/Dentist
Ke Initial Pharmacy
Ke Initial Other

The PRN encourages you to occasionally review this document!
I agree to regularly participate in/attend the following activities:

Attend Intensive Outpatient treatment (IOP) with approved entity. Must include: Alcohol/Drug Education, Group Therapy, & Counseling. Minimum of nine (9) hours per week. Complete IOP.

Attend/Complete relapse prevention/outpatient treatment for a minimum of six (6) months.

Work with attending physician to address chronic back pain and other health issues.

Attend individual therapy weekly with counselor to address personal issues.

Attend ninety 12-step meetings in ninety days, then 3-4 per week thereafter.

Obtain and meet weekly with sponsor face-to-face to work the steps.

Attend weekly Health Professionals support group.

Random UA/Drug Testing.

Regarding Random Drug Screen Testing:

I agree to call the toll free National Confederation of Professional Services (NCPS) number (1-800-580-1099) every Monday-Friday by my deadline to determine if I was selected to test on that day and to determine which panel number to choose.

I understand that if I miss my daily call-in to the NCPS hotline I will either self test or not test and risk having been selected, thus paneling a test.

I agree that any confirmed positive drug screen may be considered a relapse if the PRN office has not received the proper documentation from my prescribing practitioner. If I disagree with the positive drug screen result, or am denying use of unauthorized substances, I understand that my case may be referred to the BON. My continued involvement with PRN will be determined on a case-by-case basis by PRN staff. Non-compliance with drug screens will result in an increased level of testing and may also result in a report to the BON.

I understand that my employer will be notified immediately of any positive drug screen.

I understand that it is my responsibility to notify (within three (3) days) the PRN of any missed drug screen.

I agree to give written notification to PRN at least one week prior of any inability to screen. If I fail to notify PRN, I will be considered non-compliant with my contract thus resulting in increased program requirements and/or a report to the BON.

I agree to insist that an appropriate urine sample be taken immediately anytime my integrity may be questioned in my professional environment.

I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three (3) hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.

I agree to avoid ethyl alcohol products (i.e. some hand sanitizers, mouthwash, liquid medication with an alcohol base, etc.). Positive drug screens due to the use of ethyl alcohol based products will be failed. I understand that products containing isopropyl alcohol are a good substitute for me.

I agree that if I experience chronic pain issues, I am to have a full assessment completed by a medical doctor approved by PRN who has sub-specialty training in Addictions and Pain Management. I understand that I will need to sign and adhere to a Pain Management Contract, which take into consideration the recommendations of the aforementioned assessment.

Regarding Administrative Requirements:

I agree to maintain current releases of information in order to facilitate communication between relevant entities and PRN.

The PRN encourages you to occasionally review this document!
I agree that PRN and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

I agree to accurately describe my weekly recovery activities on the forms provided and submit weekly monitoring reports to the PRN office. I understand that reports not returned on a weekly basis will cause me to be out of compliance with PRN program requirements.

I agree to attend all scheduled meetings of the Nurses Support Group. Absences are allowed only with written documentation from my primary medical care practitioner who must describe the condition causing my inability to attend. This documentation must be received within three (3) days of the missed meeting(s).

I agree to notify PRN a minimum of seven (7) calendar days in advance of any travel and/or vacation plans. The PRN will provide me with instructions regarding testing at an alternate site. During my travel, I will continue to call the toll free NCPS automated line to verify my selection status.

I agree to pay to PRN $15/month to cover a share of the cost of the program. I understand that I will be billed for this amount on a monthly basis. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges.

I understand that if I am ninety (90) days delinquent with my payment, I will be considered non-compliant and my case may be turned over to a collection agency, be reviewed for possible termination from PRN, and/or reported to the BON.

I agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

I agree to meet with PRN whenever requested with reasonable notice given by PRN in order to discuss my progress.

I understand that the PRN reviews this contract on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, non-compliance, etc., then the PRN may make changes in my contract at any time.

I understand that all changes in my contract will be documented by PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next BON Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Advisory Committee meeting.

I agree to immediately notify the PRN office if I am arrested or convicted of any crime, regardless of its relation to alcohol or drug offenses.

I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-boarded referral and the PRN will inform the BON of this conviction.

I agree to cooperate and be courteous at all times with my Compliance Monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

Regarding Return to Work:

I understand that it is my responsibility to notify any nursing employer of my relationship with, and participation in, the PRN.

I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule and/or environment does not compromise or jeopardize my recovery or my compliance with my contract. Recovery shall remain my top priority.

I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the PRN at least two weeks prior to accepting the position. To begin working, I must first have a work monitor in place and all releases must be signed for the hiring facility.

I understand that my restrictions include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no employment as a traveling nurse, and no employment with a temporary agency.

The PRN encourages you to occasionally review this document!
or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.

I agree that I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the PRN.

Regarding Moving to Another Location:

I agree to notify the PRN office in writing within five (5) calendar days of any change in my home, employment, or other addresses or phone numbers.

I agree to inform PRN verbally and in writing of a pending relocation out of the state of Idaho.

I agree to not practice nursing in another state without first notifying the BON in that state of my participation in the Idaho PRN and receiving authorization from that BON to begin practice.

I agree to continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State BON or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State BON.

I understand that if I become licensed and begin practicing in another state the PRN will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the PRN shall refer the case to the BON in that state.

I understand that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

Regarding Prescription Drug/Health Care:

I agree to consult only one (1) primary care provider for my health care needs and fill prescriptions at only one (1) pharmacy. I agree to immediately notify my provider (prior to receiving treatment) that I am enrolled in the PRN, of my addiction/abuse problem, and any drug restrictions I have. I will notify the PRN office within ten (10) days of any change in any of these entities.

I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required.

I agree that it is my responsibility to have any new medications or changes to existing prescriptions forwarded to PRN within five (5) calendar days. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

I understand that if I am on a recurrent prescription, I will update the PRN of my refills every six (6) months.

I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. Communications with my physician must occur before I begin using the medication. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

I agree to discuss any non-narcotic/non-addictive alternatives with my prescribing physician if a narcotic medication is suggested to me.

If I am prescribed a narcotic medication, I agree to discuss with my prescribing physician an appropriate length of time that it is necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/shefaxes it to PRN. If longer

The PRN encourages you to occasionally review this document!
use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY and have a witness verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

I agree to notify PRN within one (1) week any time I take an over-the-counter medication (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplement, or stimulant drink. I must notify the PRN of the date I started using any of the above mentioned items, my estimated finish date, and what I was using the product for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the PRN if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family. I understand that the PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

Regarding Non-compliance:

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.

I understand that all requirements on this contract, including financial obligations, are my responsibility. If I default on any of these requirements I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the BON for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which-if proven-could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the PRN determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the BON Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the BON access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.

I have read and agree to abide by this contract and have had an opportunity to ask questions regarding the terms of this contract.

Client Signature ___________________________  Witness: ___________________________

Client Address ___________________________  Program Coordinator: ___________________________

The PRN encourages you to occasionally review this document!
NURSE MONITORING CONTRACT ADMONITIONS

- No self-prescribing any drug, legend or scheduled (controlled).
- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.
- Avoid non-beverage alcohol: for example, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.
- Do NOT consume so called "non-alcoholic" beer and/or wine.
- Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.
- Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
- Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.
- Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
- Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
- Avoid unexcused absences (from meetings, urinalysis tests, etc).
- Avoid positive UA's (MISSED UA = POSITIVE UA).
- Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.
- Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.
- In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.
- AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.
- Don't "advertise" your addiction or your recovery.

I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.

Nurse _______________________________ 7/30/08

Witness _______________________________ 7/30/2008

The PRN encourages you to occasionally review this document!
EXHIBIT I

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Kenneth R. Eggleston
Case No. BON 04-084
July 21, 2009

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

RE: Ken Eggleston

Dear Ms. Evans,

This letter is being sent to notify you that Mr. Ken Eggleston, a Board of Nursing referral, is currently not in compliance with his Program for Recovering Nurses (PRN) contract. On July 16, 2009 the PRN office received written notification from Mr. Eggleston’s employer that Mr. Eggleston was terminated from Oak Creek Rehabilitation Center of Kimberly. The reason given was that Mr. Eggleston was administering IM Demerol/Phenergan to patients. Mr. Eggleston’s limited license does not currently allow him access to narcotics or to administer any controlled substances. In addition, Mr. Eggleston was suspended from First Lab July 14, 2009 through July 20, 2009. Mr. Eggleston was selected for a urine drug screen on July 20, 2009 which he failed to submit to due to his being suspended.

At the request of the Program Coordinator, this complaint is being submitted to the Board.

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 at (208) 323-9555.

Sincerely,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Ken Eggleston

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

Kenneth Eggleston

N-19998

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE
CASE No: 07-021

This Order serves to officially notify you that your limited license, number N-19998, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed March 7, 2007, by
   a. On or about July 11-15, 2009, violated the “No Access to Narcotics” Restriction by administering IM Demerol/Phenergan to patients at Oak Creek Rehabilitation Center, Kimberly, Idaho, and
   b. Failing to provide a urine drug sample for testing on July 20, 2009, as a result of having been suspended from testing at FirstLab for the period July 14-20, 2009.

Pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire. To request a hearing regarding this Summary Suspension, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (October 29-30, 2009). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 10th day of August 2009.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 10th day of August, 2009, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:

Statehouse Mail

Kenneth Eggleston
3588 N 3230 E
Kimberly, ID 83341

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X Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:

Statehouse Mail

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
Certified Mail returned 8/17/09 indicating a forwarding address. Verified address as current with Steven Hurst at Southworth Associates. Remail Certified and Surface copy of Order of Summary Suspension on August 18, 2009.

Linda H Coley, Management Assistant.

KENNETH EGGLESTON
571 HEYBURN AVE W
TWIN FALLS ID 83301