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

KAREN FISK
N-27668

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

In the Matter of the License of: )
 ) Case No. 01-018
KAREN FISK )
License No. N-27668 ) FINDINGS OF FACT, CONCLUSIONS
 ) OF LAW, AND ORDER
Respondent. )

Having reviewed the documents filed in this matter, the Idaho State Board of Nursing (hereinafter the “Board”) enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT


2. On or about May 11, 2001, the Program for Recovering Nurses (PRN) was contacted by Respondent requesting to enroll in the Program after she was caught diverting Lortab from her employer for her own use. On May 21, 2001, the Board received a voluntary surrender from Respondent in lieu of instituting a formal disciplinary process. On October 24, 2001, the Board issued a limited license to Respondent. See Exhibit A.

3. Commencing in early 2002 on two occasions, Respondent had positive urinalysis tests. On July 3, 2002, the limited license was withdrawn by the Board. In October 2002 Respondent had signed a new contract with PRN. Therefore, her limited license was reinstated. See Exhibit B.

4. On September 27, 2004, the Board received a letter from Respondent advising she was withdrawing from the PRN. On October 7, 2004, the Board was notified by the PRN that Respondent was non-compliant. See Exhibit C.

5. On October 19, 2004, Respondent’s limited license was terminated. See Exhibit D.
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 licensure, N-27668, is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions and failure to act as set forth above are in violation of Idaho Code §§ 54-1413(1)(c) and (g) and IDAPA 23.01.01.100.06, 23.01.01.101.01, and 23.01.01.132 and hence constitutes grounds for discipline.

3. Respondent’s acts as set forth above constitute violations of Idaho Code § 54-1413, thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code §§ 54-1413(3)(a) and 67-5242(4).

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. N-27668 issued to Respondent Karen Fisk 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:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement;

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 11th day of NOVEMBER, 2004.

IDAHO STATE BOARD OF NURSING

By [Signature]

Randall Hudspeth, N.P., C.N.S.
Chairman

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:
a. A hearing was held;
b. The final agency action was taken;
c. The party seeking review of the order resides; or
d. The real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 15th day of November, 2004, 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:

Cheri L. Bush
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

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

X Statehouse Mail

Karen Fisk
P.O. Box 873
Winchester, CA 92596

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

____ Statehouse Mail

Sandra Evans, MAEd, RN
Executive Director
Board of Nursing
KAREN FISK
PO BOX 873
WINCHESTER CA 92596

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Return Receipt Fee
Restricted Delivery Fee

U.S. Postal Service

OFFICIAL USE

Postage $5
Certified Fee

KAREN FISK
PO BOX 873
WINCHESTER CA 92596

See Reverse for Instructions
Idaho Board of Nursing
LIMITED LICENSE

N-27858   RN   XX   LPN   ___

Karen Fisk
88788 San Rafael
Desert Hot Springs CA  92240

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expires: 10/24/06  (See Reverse)

LIMITED LICENSE - Receipt

Receipt No:  31145
Amount:    $100.00

RN   XX   LPN   ___

DATE ISSUED:  10/24/01

BY:  NED
Dear Ms. Fisk:

We have received a letter from the Program for Recovering Nurses supporting your request for the issuance of a limited license. This license is being issued valid for a period of five years commencing from the date of issuance, with continuing monitoring conditions consistent with your current Agreement with the Program for Recovering Nurses. The limited license will be issued following receipt of the $100.00 limited licensure fee required under IDAPA 901.05. Please note this fee must be either a money order, cashier’s check or cash.

In addition to the monitoring conditions already in place, additional conditions may be required including:

1) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Program Coordinator. [You may not be authorized to begin employment until the work site monitor has been approved by the Program Coordinator.]
2) Not accept employment on the night shift (11 pm – 7 am) or in a home health setting until approved by the PRN Coordinator.
3) Other conditions as determined to be appropriate.

Please note that while practicing under conditions of limited licensure, you may not be employed in any other state party to the Nurse Interstate Compact without having received expressed permission from that state.

Your file will continue to be monitored by the Program Coordinator for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well as by phone or in writing relative to the program or the conditions of limited licensure.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:Ihc
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.
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, Karen Fisk, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Narcotic use for _____________.

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 1-27668 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, 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: 6-31-1

Signature of Licensee

Karen Fisk
66789 San Carlos
City, State, Zip

Signature of Witness

DATED: 6/99-PRN
Idaho Board of Nursing
LIMITED LICENSE
N-27688   RN  XX  LPN

Karen Flak
PO Box 873
Winchester CA 92596

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expires: 10/07/07  (See Reverse)

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<td>BY:          NED</td>
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NURSE MONITORING CONTRACT

Client Name: Karen Fisk

Date: 10/7/02

I, Karen Fisk, recognizing that I suffer from chemical dependency and/or mental conditions that 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 advocacy of the PRN:

- I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- I agree to provide my selected healthcare provider with a copy of this agreement and ask him/her to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.
- I agree to observe the following persons of the conditions of this agreement:
  - Work Supervisor
  - Spouse or significant other
  - Primary Care Provider/Dentist
  - Other
- I agree to participate in and attend regularly in the following activities:
  - Attend 90 meetings in 90 days then 3-4 meetings per week
  - Meet weekly with sponsor face-to-face
  - Random UA/Drug Testing
  - Weekly Health Professionals Support group
- 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 referred and the PRN will inform the Board of Nursing of this conviction.
- I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.
- I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referred sources specified on the release of information form, that I have signed, of such defaults.
- I agree that the Program Coordinator and those specified on the release of information form that I have signed may exchange information pertinent to this agreement.
- I agree to be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.
- I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.
- I agree that the outcomes 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 satisfied or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendations for disciplinary action to the Board of Nursing.

Client Signature: __________________________
Witness: __________________________
Client Address: 10 Canyon Drive, Winchester, CT 06098-9876
Program Coordinator: __________________________
Program for Recovering Nurses

**CONTRACT ADDENDUM**

Terms and Conditions for Participation in the PRN Program

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, PRN will no longer be able to monitor my activities, and my non-compliance will be reported to the State Board of Nursing and any other appropriate source (ie: probation, employer).

**MOVING TO ANOTHER STATE**

- 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 gaining 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 gaining 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 gaining 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 within five days, in writing, of the new address and telephone number.

**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 [illegible] and maintain my [illegible] with my employer so that my work schedule or environment does not compromise or jeopardize my recovery or compliance with the contract. Recovery is always 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 one week prior to accepting the position. To begin working, I must have a work environment 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, delivery room, for a temporary agency nor in home health, unless prior approval is obtained from the PRN. These restrictions may be lifted with written approval by the PRN.

- I shall not work the night/gravemyard shift (11pm-7am), may not rotate shifts, float units or work any over-time (excess of 40 hours per week) without written approval of the Program for Recovering Nurses.
UA TESTING

- It is my responsibility to 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 re-evaluation or report of my relapse to the PRN Advisory Committee for consideration of continuation in the program.
- I shall give written notification one week prior to NCPS and the PRN of any inability to screen. If I fail to notify the Program and NCPS of my inability to screen and fail to screen, I will be considered non-compliant with the Program for Recovering Nurses.
- I agree to instruct that an unattended urinalysis 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. I understand if I should not drink more than 12 ounces of fluid within three hours prior to testing. 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

- Should I be prescribed any medication, my physician must fax the prescription from his/her office directly to the PRN office (342-5703). If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription to the PRN office before it is filled.
- I agree not to take any mind altering medications unless it has been pre-approved by my program/treatment provider (if currently in treatment) and the PRN Medical Director unless in the case of a medical emergency.
- 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 legitimately 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, that I receive treatment from, of my participation in the Program for Recovering Nurses prior to receiving treatment.
- Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen) are used, the PRN office must be contacted within 24 hours. If PRN is not notified of the use of an over-the-counter medication, and a positive test occurs, that test will be failed by the Medical Review Officer.
- Prescribed medications are not to be used for anything other than what they are prescribed for. If your physician would like you to use the medication for a use other than what it was originally prescribed for, he/she must contact the PRN office and submit the reason for the use in writing. All communications with your physician must occur before you begin using the medication. Use of prescribed medications, other than those initially intended for, must be properly verified in writing.
by your physician as described above. If your request is denied, it will be taken as prescribed by your physician, and proper verification was not received by the PRN, the test will be considered failed.

- Any time your physician prescribes a narcotic medication for you, discuss with him/her an appropriate length of time that it will be necessary for you to take the medication. Ask your physician to write this appropriate length for use on the prescription when he/she faxes it to us. If
longer use is needed other than what was originally stipulated, your physician must notify the FRN office in writing before you continue to use the medication. When use of the prescribed narcotic medication is no longer needed, you must dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. For your convenience, the FRN 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 you receive a positive test for taking medication after the appropriate length of time determined by your physician, the test will be failed.

- If you find the need to take over-the-counter or prescription medications frequently, please be aware that this is a possible sign of relapse. Contact the FRN office, your physician, and your AA/NA sponsor immediately to discuss this situation. If your physician recommends the frequent use of a particular medication, the FRN office must have his/her written notification that he/she approves of the continued use.
- I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medication, 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 dispense controlled substances for myself or my immediate family. I shall not unlawfully sell, distribute, manufacture, prescribe, administer (not including patients at work), or otherwise conduct myself with respect to controlled substances, including prescription drugs.
- The FRN strongly advises clients not to work in the nursing capacity while having any narcotic medications in his/her system.

TERMS AND CONDITIONS OF THE CONTRACT

- The minimum term for the FRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the FRN may extend the contract beyond five years.
- The FRN 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 FRN may make changes on the contract at any time.
- All changes in the contracts will be documented by the FRN. If I desire to, I may appeal any contract changes in writing to the FRN and/or by appearance at the next FRN 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, leg 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. FRN will not accept eating such food as an explanation for the presence of drugs in a urine test.
- Avoid non-alcoholic drinks for example, mouthwash, liquid medications with alcohol base, food cooked in alcohol, Primadine Mist, vanilla extract and desserts (large amounts) etc.
- Do NOT consume so called “non-alcoholic” beer and/or wine.
- Check with the FRN Coordinator and/or Medical Director before taking any scheduled (controlled) drug, even if prescribed by a physician for a legitimate medical condition, unless an emergency exists, and then you are to notify the Program Coordinator at the earliest opportunity.
- Beware of auto-genic relapse (from prescription medications). Inform any prescribing practitioner (MD, DO, DPM, DDS, DMD, etc) that you are chemically dependent and to check with the Program Coordinator and/or Medical Director in advance, unless in an emergency, and then as soon thereafter as possible.
Avoid the "PERCEPTION" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling wine 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.

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 adverse situation in the employment setting, cover yourself with a UA, preferably at your 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 providers to facilitate communication between my provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days.

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 PRN 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 PRN 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 memos, 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, participant 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

[Date]

Witness

[Date]

*The PRN encourages you to occasionally review this document.
Dear Ms. Fisk:

NOTICE OF WITHDRAWAL OF LIMITED LICENSE

You are hereby notified that limited license, number N-27668 issued under provisions in IDAPA 23.01.132.04.h. is withdrawn, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare due to failure to comply with the terms and conditions of limited licensure, by:

a. Failure to maintain full compliance with the terms of your contract with the Program for Recovering Nurses by testing positive for Propoxyphene on June 7, 2002.

Your file will be referred to the Advisory Committee for the Program for Recovering Nurses to the Board with a recommendation that you be excluded as a Nurse in practice in Idaho.

Karen Fisk
PO Box 873
Winchester CA 92596

Karen Fisk
PO Box 873
Winchester CA 92596
June 24, 2002

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

RE: Karen Fisk

Dear Ms. Evans,

This letter is being sent to notify you that Karen Fisk has become non-compliant with her PRN contract, and we feel we must report this to the Board of Nursing.

On Tuesday, June 18, 2002, we received notification from NCPS that Ms. Fisk’s urinalysis test from 6/07 was reported positive for Propoxyphene. This test has also been determined to be positive and consequently failed by the Medical Review Officer.

Ms. Fisk contacted the PRN office and spoke with Theresa, PRN Compliance Monitor on June 18. She stated that she was contacted by the Medical Review Officer in regards to her positive test from 6/07. She told Theresa that she was at a funeral and drank some wine, and consequently got a headache because she never drinks alcohol. Theresa asked her if she was aware that drinking alcohol is against her PRN contract, and she said that she didn’t know that, but maybe she should review her contract again. She stated that when she received this headache, she asked her friends if they had any aspirin, and one of them gave her what they said was ibuprofen.

Ms. Fisk informed us that several days later, her friend told her that instead of ibuprofen, they had given her something she shouldn’t be taking. Ms. Fisk then had a urinalysis test on 6/07, and followed up by contacting NCPS almost daily to check on the status of her urinalysis test. This test was reviewed by the Medical Review Officer and determined to be positive and failed on 6/18. A copy of the positive test and confirmation, and a letter from Ms. Fisk are enclosed with this letter.

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
For this reason, we feel we must turn Ms. Fisk over to the Board of Nursing for further action. As Ms. Fisk is being turned over to the Board of Nursing for non-compliance, her contract will be terminated as of the date of this letter. If you have any questions or concerns, please feel free to contact me or Theresa Bruening, PRN Compliance Monitor.

Sincerely,

John Southworth, CADC, AIS
PRN Coordinator
(208) 891-4726 cellular
(800) 386-1695 toll free

cc: Karen Fisk

enc. Positive urine screen
Medical Review Officer confirmation
Letter from Ms. Fisk

JS:tb

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
**LabCorp**

**CLINICAL INFORMATION**
- Date: 06/17/02
- Time: 09:48
- Name: [Redacted]
- Address: 610 Thimble Shoals Blvd #203 A 00
- Newport News, VA 23606-757-873-3300 VAN

**ACCOUNT**
- NCPS INC - ID PRN 454616
- PRN - BON (MED PROG) 90
- 610 THIMBLE SHOALS BLVD #203 A 00
- NEWPORT NEWS, VA 23606-757-873-3300 VAN

**TEST**
- **DATE**
  - 06/07/02
  - 06/12/02
  - 06/17/02
- **DATE PERFORMED**
  - 06/07/02
  - 06/12/02
  - 06/17/02
- **DATE REPORTED**
  - 06/17/02
- **RESULT**
  - **DRUG**
    - **Ethanol**
    - **Amphetamine**
    - **Barbiturate**
    - **Benzodiazepines**
    - **Cannabinoids**
    - **Cocaine (Metabolite)**
    - **Opiates**
    - **Oxycodone**
    - **Phencyclidine**
    - **Methadone**
    - **Propoxyphene or Metabolite**
    - **Meperidine**
    - **Creatinine**

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</table>

**LAB: UI LABCORP OTS RTP**
- Director: P. Childs, PhD, D-ABFT
- 1904 Alexander Drive RTP, NC 27703-9000

**IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 757-420-2883 LAB: 919-572-6900**

**LAST PAGE OF REPORT**

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RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES

Jun 27 02 12:30P

20B-342-5703 Southworth Associates
CONFIDENTIAL

Kareen Fisk

MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION OFFICER

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
Donor ID# 05-1139
Specimen # 163 763-5380-0
MRO: Thomas Barry Eschen, M.D.
Date of Specimen 6-7-02

Part 2:
Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following
drugs/metabolites:
1. Propoxyphene Level: 944
2. 
3. 

Part 3:
I have reviewed the test results above in accordance with industry accepted
standards and my final determination is:
Drug # 1 Clear __ Fail 
Drug # 2 Clear __ Fail 
Drug # 3 Clear __ Fail __

Notes:
Participant Contacted: [ ] Yes - No
Admit: [ ] Yes - No
Test Confirmed: [ ] Yes - No
Prescription: [ ] Yes - No
COC: [ ] Yes - No
Creatinine ___ Specific Gravity ___
Comments:
Headache from drinking wine. Noted for
fried„ claim though it was inadvisable.
Cautioned on alcohol recovery.

Ginger Meaker, R.N.
Thomas Barry Eschen, M.D.

Date 6-18-02

If this is not the correct recipient for this information,
Please notify us immediately at 203-343-8703 and destroy the information.
CONFIDENTIAL

MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION OFFICER

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

Donor ID#: 05-1139
Specimen #: 0307434685-0

MRO: Thomas Barry Eschen, M.D.

Date of Specimen: 1-28-02

Part 2:
Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following drugs/metabolites:
1. Codeine Level: 728
2. Morphine Level: 730

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

Drug # 1 Clear ___ Fail ___
Drug # 2 Clear ___ Fail ___
Drug # 3 Clear ___ Fail ___

Notes:
Participant Contacted: Yes ___ No ___
Admits: Yes ___ No ___
Test Confirmed: Yes ___ No ___
Prescription: Yes ___ No ___
Collection: Yes ___ No ___
COD: Yes ___ No ___
Creatinine: 97.5
Specific Gravity: ___

Comments:
Done hurry for cough medicine & codeine date 1-14-99, at current medication direction use by medication: 
My not on file

Ginger Meeker, R.N. Date: 2-6-02

Thomas Barry Eschen, M.D. Date:

If this is not the correct recipient for this information, please notify us immediately at 208-323-9222 and destroy this document.
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<th>DRUG</th>
<th>RESULT</th>
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<td>95.5</td>
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</table>

LAB: UI LABCORP QTS RTP
DIRECTOR: P. CHILD, PHD, D-RAFT
1989 ALEXANDER DRIVE RTP, NC 27702-8689

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 757-420-2883 LAB: 919-672-6900

LAST PAGE OF REPORT
October 19, 2004

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

RE: Karen Fisk

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Karen Fisk, a Board of Nursing referral, is currently not in compliance with her PRN contract due to a missed UA test on 10/1/2004, failure to continue to comply with meeting attendance and failure to complete UA call-ins since 9/27/2004. Karen also submitted written notification of her intent to drop out of PRN as of 9/27/2004.

Ms. Fisk's current contract with PRN was signed on October 7th, 2002. Ms. Fisk's contract requirements include the following: 1) Attend 90/90 12-Step meetings then 3-4 per week, 2) Random UA/drug testing, 4) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group.

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

Sincerely,

Brian Crouch
Compliance Monitor

Ce: Karen Fisk

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
TO: Brian O. Southworth Assoc.
From: Karen Fisk

Re: Brian I am dropping out of the nursing program. I am not going to pursue my nursing career. I do want to thank you and the Southworth team for all your help, understanding and support. I am very content with life and am pursuing another career. Again, thank you for everything.

Karen Fisk
Board of Nursing - State of Idaho

Karen Fisk
PO Box 873
Winchester CA 92596

Dear Ms. Fisk:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-27668, issued under provisions in IDAPA 23.01.132, is terminated, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare resulting from:

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

a. Failing to urine drug test as required, perform daily call-ins, submit documentation to confirm compliance with the contract signed October 7, 2002, and

b. Submitting a letter withdrawing from the program.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, October 22, 2004. Based on your letter requesting withdrawal from the Program, the Advisory Committee will issue a Report of Non-Compliance to the Board with a recommendation for licensure suspension or revocation.

Dated: October 19, 2004

Sandra Evans, MAEd, RN
Executive Director

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
### SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

<table>
<thead>
<tr>
<th>KAREN FISK</th>
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<tr>
<td>PO BOX 873</td>
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<tr>
<td>WINCHESTER CA 92596</td>
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### COMPLETE THIS SECTION ON DELIVERY

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<tr>
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<th>B. Date of Delivery</th>
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<th>C. Signature</th>
<th>D. Is delivery address different from item 1?</th>
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<tr>
<td>[Signature]</td>
<td>[Yes/No]</td>
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If YES, enter delivery address below:

| 10-25-4 |

### 3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

### 4. Restricted Delivery? (Extra Fee)
- [Yes]

---

### U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

- Postage $0.55
- Certified Fee
- Return Receipt Fee (Endorsement Required)
- Restricted Delivery Fee (Endorsement Required)

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<th>KAREN FISK</th>
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- Terminal 10160181
- Postmark 10-25-4

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PS Form 3811, July 1999

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PS Form 3801, May 2001
See Reverse for Instructions