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

Sandra Forrey

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Sandra Forrey
5735 North Omaha
Boise, ID 83709

Dear Ms. Forrey:

During their meeting on July 22-23, 2010, 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to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-31221 was revoked.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 July 23, 2010. 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

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.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:  
SANDRA FORREY, aka LEASY, 
License No. N-31221,  
Respondent.               
)  )  )  )  
)  )  )  )  
Case No. BON 05-0516  
FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL ORDER

Having reviewed the documents appended hereto, the Idaho State Board of Nursing (the “Board”) enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Sandra Forrey, aka Leasy, ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-31221 to engage in the practice of nursing in the State of Idaho.

2. On or about February 16, 2005, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s employer, Saint Alphonsus Medical Center. The report indicated that:
   a. Respondent’s Pyxis use revealed a high rate of withdrawals for Norco;
   b. A review of Respondent’s patient charts revealed a pattern of Respondent removing a second dose of medication within minutes of the first dose and failing to document the second dose;
   c. Respondent tested positive for oxazapan and temazepan and did not have a valid prescription; and
   d. Respondent admitted she had been diverting Norco for her personal use since October 2004.

3. On April 8, 2005, the Board sent Respondent a letter to notify her that a complaint had been filed against her alleging she had diverted medications. The letter explained that because she had enrolled with the Program for Recovering Nurses

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
(“PRN”), a monitoring program, no action would be taken regarding this issue, so long as she remained compliant with the requirements of her PRN contract. Respondent was put on notice that should she withdraw from PRN or become non-compliant, action would be initiated by the Board as appropriate. A true and correct copy of the April 8, 2005, letter from the Board to Respondent is attached hereto as Exhibit A.

4. On September 2, 2009, the PRN notified the Board that Respondent, a non-Board referral, had become non-compliant with her PRN contract. Respondent had tested positive for hydromorphone and admitted she did not have a valid prescription for hydrocodone or hydromorphone.

5. On September 23, 2009, Respondent met with the Board’s Executive Director to discuss her compliance with her PRN contract, the requirement that she re-enroll in PRN as a Board-referral and surrender her license.

6. On September 23, 2009, Respondent signed a temporary voluntary surrender of her license, further admitting that she had relapsed by taking a medication not prescribed to her. Respondent agreed to enter treatment immediately and to participate in the PRN 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 B.

7. On September 30, 2009, 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 C (the “PRN Contract”). In the PRN Contract, Respondent states, among other things, that “I agree to participate in and attend regularly . . . activities” including 3-4 12-step meetings per week and 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 . . . .”
8. On April 26, 2010, Respondent was issued a conditional limited license. One of the license's conditions was that Respondent must continue under monitoring conditions consistent with her PRN Contract.

9. On June 2, 2010, the PRN notified the Board that Respondent was not in compliance with her PRN Contract due to testing positive for propozypheone on May 13, 2010, for which she did not have a valid prescription. Respondent also admitted on June 1, 2010, that she had relapsed. A true and correct copy of the June 2, 2010, letter from the PRN to the Board is attached hereto as Exhibit D.

10. On June 15, 2010, the PRN notified the Board that Respondent was not in compliance with her PRN Contract due to failing to call in for urine toxicology screening. In addition, Respondent had stated she planned to discontinue her career in nursing and that she had quit the PRN. A true and correct copy of the June 15, 2010, letter from PRN to the Board is attached hereto as Exhibit E.

11. On June 15, 2010, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued a Notice of Summary Suspension of Limited License in this case, immediately terminating Respondent’s limited license. Respondent was notified that her case would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting and that she could request a hearing on the summary suspension of her limited license within 20 days of the service of the Notice of Summary Suspension of License. A copy of the Notice of Summary Suspension of Limited License is attached as Exhibit F.

12. Respondent did not request a hearing to contest her summary suspension.

13. On June 21, 2010, Respondent sent a letter to the Board surrendering her limited license and explaining that she intended to continue with her recovery program, but that she was withdrawing from the PRN, a true and correct copy of which is attached hereto as Exhibit G.

14. On June 28, 2010, the Board notified Respondent that the PRNAC had reviewed her file and history and accepted Respondent’s letter to withdraw from PRN and recommended that her file be referred to the Board for formal disciplinary action. A true
and correct copy of the June 28, 2010, letter from the Board to Respondent is attached as Exhibit H.

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-31221 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from her employer without prior consent or authorization from her employer.

4. Respondent has engaged in habitual use of drugs and is in need of treatment or rehabilitation.

5. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to do so and has withdrawn from the program.

5. Respondent's acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically:

a. Idaho Code § 54-1413(1)(e) and Board Rule (IDAPA 23.01.01) 100.06 (a nurse shall not habitually use alcoholic beverages or drugs);

b. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board's laws, rules or standards of conduct and practice);

c. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);

d. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs); and

///

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
e. Board Rule 101.05.f (a nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization).

6. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of her license empowers the Board, without a hearing, to revoke or suspend Respondent’s license and/or impose such conditions, limitations, or restrictions on her 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 June 15, 2010, summary suspension of Respondent’s license.

2. License No. N-31221 issued to Sandra Forey, aka Leasy, is hereby:
   
   X 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 on the Compact privilege 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, she shall comply with the requirements of Idaho Code § 54-1411(3). Respondent shall further comply with the provisions of IDAPA 23.01.01, Sections 61.04 and 120, as applicable. This will include, but is not limited to, providing the following information to the Board:

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

   b. Documentation that she is rehabilitated and competent to practice nursing by submitting:
i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.

ii. A detailed summary of employment since licensure revocation or suspension; and

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

c. Any other information requested deemed necessary by the Board in its discretion to demonstrate Respondent's fitness to practice nursing.

4. The Board reserves the right to assess investigative costs incurred in this matter as a condition of reinstatement, and to impose such other conditions upon Respondent's reinstated license as the Board may deem appropriate in its discretion.

This order is effective immediately.

DATED this 33 day of July, 2010.

IDaho State Board of Nursing

By

Susan Odom, Ph.D., R.N.
Chair

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the 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.

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 21st day of July, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Sandra Forrey  
5735 North Omaha  
Boise, ID 83709

☐ U.S. Mail  
☐ Hand Delivery  
☒ Certified Mail, Return Receipt Requested  
☐ Overnight Mail  
☐ Facsimile: ________________________  
☐ Statehouse Mail

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

☐ U.S. Mail  
☐ Hand Delivery  
☐ Certified Mail, Return Receipt Requested  
☐ Overnight Mail  
☐ Facsimile: ________________________  
☒ Statehouse Mail

Linda Coley  
Management Assistant  
Idaho Board of Nursing

---
Sandra Leasy
5735 North Omaha
Boise, ID 83709

Dear Ms. Leasy:

The Board of Nursing is in receipt of a concern regarding misappropriation of controlled substances and a positive urine drug screen for oxazepam and temazepam, for which you did not have valid prescriptions.

At this time, we have completed our investigation into this concern and have determined that there has been a violation of the Nursing Practice Act and Rules of the Board of Nursing. However we understand that you have contacted the Program for Recovering Nurses regarding enrollment in the Program. As long as you remain compliant with the contract requirements and further information does not come to the Board’s attention, no action will be taken regarding this issue. Should you decide to withdraw from this program or otherwise become non-compliant with any of the conditions, the investigation will be activated and action initiated as appropriate.

Please contact the Board office if you wish to discuss this information further.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lh
cc: John Southworth, Coordinator
    Program for Recovering Nurses
RULE 132.04.
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

I, __________, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: __________

2. I understand that the admitted facts constitute grounds for disciplinary action pursuant to the Nursing Practice Act, Idaho Code §54-1413(1) and the rules of the Board, IDAPA 23.01.01, et seq. I also understand that the Board of Nursing has the authority to accept this temporary voluntary surrender pursuant to Idaho Code §54-1402(2).

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 temporarily voluntarily surrender license number __________ and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as “surrendered.”

DATED: __________

Signature of Licensee

Address

City, State, Zip

DATED: __________

Signature of Witness

5/08-PRN
State of Idaho
Board of Nursing

This is to certify that:

SANDRA FORREY
5735 NORTH OMAHA
BOISE, ID 83709

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

[Signature]

License Number
N-31221
Expires: August 31, 2011

Valid when signed by licensee.
PROGRAM FOR RECOVERING NURSES

Southworth Associates
5530 W. Emerald
Boise, ID 83706

Phone: (208) 322-9555
Fax: (208) 323-9222
southworth.associates@gmail.com

NURSE MONITORING CONTRACT

Client Name: Forney, S.  
Date: 9/30/09

I, Forney, S., recognizing that I suffer from chemical abuse/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).

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:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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:

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

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

- Attend/Complete Intensive Outpatient Treatment with First Step for Women to include Relapse Prevention if recommended.
- Attend 90 12-Step meetings in 90 days, then 4 times per week.
- Obtain and meet weekly with sponsor face-to-face to work the steps.
- Attend weekly Health Professionals support group.
- Random UA/Drug Testing.
- Meet with Psychiatrist or Psychologist to address mental health issues as needed.

Regarding Random Drug Screen Testing:

- I agree to call the toll free First Lab number (1-877-282-1911) or check on-line (www.firstlab.com/phmmem) 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/check in to First Lab I will either self test or not test and risk having been selected, thus missing 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 fluids 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 test 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 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 takes 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 fourteen (14) 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 FirstLab automated line and/or check on-line to verify my testing selection status.

I agree to pay to PRN $15/month plus a one time $10 set-up fee 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-board 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, and/or recovery 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 agree that I will not work the night/graveyard shift (11 pm-7 am), 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 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/she faxes it to PRN. If longer

The PRN encourages you to occasionally review this document!

RECEIVED

Exhibit C Oct 27, 2009
Page 4 of 6
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

Client Address

Witness

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.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.

Sandra String 9/30/09
Nurse  Date

Witness  Date

The PRN encourages you to occasionally review this document!
June 2, 2010

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

RE: Sandra Forrey

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Sandra Forrey, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Forrey submitted a UA specimen on 5/13/10 that was positive for propoxyphene. The MRO failed this test because Ms. Forrey does not have a current prescription for this medication. In a phone conversation on 6/1/10, Ms. Forrey informed PRN that she had relapsed.

Ms. Forrey’s current contract with PRN was signed on September 30, 2009. Ms. Forrey’s contract requirements include the following: 1) Attend Intensive Outpatient Treatment (IOP) with FSFW, 2) Attend ninety 12-step meetings in ninety days then 4 meetings per week thereafter, 3) weekly meetings with sponsor, 4) weekly health professional’s support group, 5) Random urinalysis/drug testing, and 6) Psychiatrist or Psychologist appointments.

Ms. Forrey currently owes PRN $0.00.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact either me at (208) 323-9555 x 104.

Sincerely,

Bill Hofstra
Compliance Monitor
Southworth Associates

cc: Sandra Forrey

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
June 15, 2010

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

RE: Sandra Forrey

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Sandra Forrey, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Since her relapse on 5/13/10 on propoxyphene, Ms. Forrey has discontinued the process of calling-in for urine toxicology screening. In a phone conversation on 6/8/10, Ms. Forrey expressed to PRN that her plans include discontinuing her career in nursing. Ms. Forrey reports that she has discontinued work at Boise Samaritan in all capacities. A report from her IOP facilitator on 6/11/10 indicated that Ms. Forrey has “quit PRN”.

Ms. Forrey’s current contract with PRN was signed on September 30, 2009. Ms. Forrey’s contract requirements include the following: 1) Attend Intensive Outpatient Treatment (IOP) with FSFW, 2) Attend ninety 12-step meetings in ninety days then 4 meetings per week thereafter, 3) weekly meetings with sponsor, 4) weekly health professional’s support group, 5) Random urinalysis/drug testing, and 6) Psychiatrist or Psychologist appointments.

Ms. Forrey currently owes PRN $0.00.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact either me at (208) 323-9555 x 104.

Sincerely,

Bill Hofstra
Compliance Monitor
Southworth Associates

cc: Sandra Forrey

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

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE
CASE No: 05-016

In the Matter of }  
SANDRA FORREY }  
License No: N-31221 }  

This Order serves to officially notify you that your limited license, number N-31221, 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 September 30, 2009, by
   a. Submitting a urine drug sample on May 13, 2010, that tested positive for propoxyphene; and
   b. Failing to call in to the testing laboratory (FirstLab) since May 31, 2010; and
   c. Reporting to your Intensive Outpatient Treatment (IOP) facilitator that you were quitting PRN.

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 June 25, 2010, 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 members of 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 July 22-23, 2010. 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 15th day of June, 2010.

SANDRA EVANS, MAEd, RN
Executive Director

Exhibit F
Page 1 of 2
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ______th day of __________, 2010, 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

Sandra Forrey
5735 North Omaha
Boise, ID 83709

X U.S. Mail, postage prepaid

X Certified U.S. Mail, return receipt

Hand Delivery

Overnight Mail

Facsimile: __________________________

Statehouse Mail

Linda H. Coley,
Management Assistant
Board of Nursing
Idaho State Board of Nursing
ATTN: Sandra Evans
P.O. Box 83720
Boise, ID 83720-0061

Dear Ms. Evans,

I relapsed on 5/13/10. I informed PRN that I would no longer be in their program. I called my boss informed her of my relapse and quit my job at Boise Samaritan. I have decided to quit nursing at this time. I seem to be repeating a pattern, and I fear that nursing is not a career I am going to be able to stay in and stay sober. I am continuing with Janet at first step for women, as I believe she has been the best thing in my life in a long time. I am continuing my recovery and meetings. I cannot afford PRN testing and will not be able to go inpatient, as I am assuming John with require of me since relapsing. I am sending my temporary license back to you at this time. I hope that in the future if my finances change you will consider allowing me to reapply to PRN.

Sincerely,

Sandra Forrey

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Idaho Board of Nursing

LIMITED LICENSE

VALID ONLY IN IDAHO

RN X LPN ___

SANDRA FORREY
3735 NORTH OMAHA
BOISE, ID 83709

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

Expires: 04/26/2015 (See Reverse)
Dear Mr. Forrey:

During their June 25, 2010 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator.

Following their review, the Committee made the following recommendations:

1. Accept your letter withdrawing from the Program for Recovering Nurses, and
2. Refer your file to the members of the Board of Nursing for formal disciplinary action.

Following the meeting of the Board members on July 22-23, 2010, you will receive their decision by mail.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:the

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.