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

PEGGY FRENCH
N-11362
ALAN G. LANCE
ATTORNEY GENERAL

DAVID G. HIGH
Chief of Civil Litigation

ROGER L. GABEL
Deputy Attorneys General
700 W. Jefferson, Room 210
P.O. Box 83720
Boise, ID 83720-0010
Telephone: (208) 334-2400

Attorneys for Board of Nursing

BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of ) CASE NO. 96-41
) STIPULATION AGREEMENT FOR
PEGGY LEE FRENCH, ) SUSPENSION OF LICENSE, STAY OF
License No. N-11362. ) SUSPENSION AND ORDER OF PROBATION

COME NOW the Idaho State Board of Nursing ("Board"), by and through its
attorney, the Idaho Attorney General’s office, and Peggy Lee French ("French"), the
licensee in this matter, to stipulate and agree as follows:

1. French currently is licensed by the Board as a nurse under License NO. N-11362.

STIPULATION AND AGREEMENT FOR SUSPENSION OF LICENSE,
STAY OF SUSPENSION, AND ORDER OF PROBATION - 1
2.

By stipulated findings of fact, conclusions of law and agreed order dated October 20, 1995, the Washington State Nursing Care Quality Assurance Commission suspended indefinitely without stay the registered nurse license issued by that state to French.

3.

Based upon the administrative proceedings conducted in the state of Washington, the Board, on June 24, 1996, filed a complaint for revocation or suspension of French's Idaho nursing license.

4.

In an answer to the Complaint, dated July 14, 1996, French indicated that she would not be represented by an attorney, that she did not request a hearing on the charges and that she did not contest any of the allegations made in the Board's Complaint.

5.

Under the circumstances of this case, French hereby agrees to the entry of an order suspending nursing License No. N-11362, to a Stay of the Order of Suspension, and to the entry of an Order of Probation for two (2) years to commence on the date the order is signed on behalf of the Board, under the following terms and conditions:

A. French must keep the Board informed of her current address at all times.
B. French must keep the Board informed of her employment status and the name(s) and address(es) of all employer(s).

C. Obey all laws, rules and employment policies and procedures pertaining to the practice of nursing.

D. By the end of the probationary period set forth herein, French must have her Washington State nursing license fully reinstated and be in good standing with the Washington nursing authorities.

6.

If French fully complies with all the conditions outlined above, and otherwise is not in violation of any statutes or rules applicable to the Board, at the expiration of this two (2) year probationary period a renewable, unconditional nursing license will be issued to French by the Board upon her request and in accordance with relevant licensing procedures.

7.

If French fails to comply with any of the conditions set forth herein, she understands that additional formal action will be taken by the Board to revoke her probationary license and that upon notification of said action she will voluntarily and immediately surrender her license to the Board pending the outcome of the proceedings.

STIPULATION AND AGREEMENT FOR SUSPENSION OF LICENSE, STAY OF SUSPENSION, AND ORDER OF PROBATION - 3
French agrees that the terms and conditions specified herein are appropriate and proper under the circumstances, and that she has entered into this Stipulation and Agreement freely, knowingly, and voluntarily and with full knowledge of any rights she may be waiving thereby, including her right to due representation by an attorney at her own expense and the right to a hearing in the interest of an orderly and just disposition of this matter.

BOARD OF NURSING
STATE OF IDAHO

8/22/96
Date

SANDRA EVANS, M.A. Ed., R.N.
Interim Executive Director

8/14/96
Date

ROGER L. GABEL
Deputy Attorney General

8-12-96
Date

PEGGY LEE FRENCH

STIPULATION AND AGREEMENT FOR SUSPENSION OF LICENSE,
STAY OF SUSPENSION, AND ORDER OF PROBATION - 4
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22 day of August, 1996, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, addressed to:

Peggy Lee French  
308 West 18th Avenue  
Post Falls, Idaho 83854

Roger L. Gabel  
Deputy Attorney General  
Post Office Box 83720  
Boise, Idaho 83720-0010

Sandra Evans  
Interim Executive Director

STIPULATION AND AGREEMENT FOR SUSPENSION OF LICENSE, STAY OF SUSPENSION, AND ORDER OF PROBATION - 5
June 24, 1996

CERTIFIED MAIL

Peggy French
308 W 18th Avenue
Post Falls ID 83854

Dear Ms. French:

Enclosed please find the Complaint for Revocation or Suspension of License initiated by the Board of Nursing and an Answer to Complaint.

Sincerely,


SANDRA EVANS, M.A.Ed., R.N.
Interim Executive Director

SE: lhc
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the matter of  

Peggy Lee Smith  
FRENCH  
License No: N-11362  

COMPLAINT FOR  
REVOCATION OR  
SUSPENSION OF  
LICENSE  
CASE NO: 96-41

COMES NOW, Complainant, Sandra Evans, M.A.Ed., R.N., Interim Executive Director of the Idaho Board of Nursing, and requests the Board to revoke or suspend the license of Peggy Lee Smith French to practice nursing in the State of Idaho. This Complaint and these proceedings are instituted upon the following grounds:

That the licensee was grossly negligent or reckless in performing nursing functions, violated provisions in rules and standards of conduct as adopted by the Board, and engaged in conduct of a character likely to endanger patients and had a license to practice nursing suspended indefinitely without stay in another jurisdiction by virtue of the following actions:

1. Licensure to practice as a registered nurse in the State of Washington was suspended indefinitely without stay by an Order dated October 10, 1995, following issuance of a Statement of Charges on March 3, 1994, and stipulated Findings of Fact, Conclusions of Law and Agreed Order by the Washington State Nursing Care Quality Assurance Commission, alleging:

   a. While employed at Sullivan Park Care Center, Spokane, Washington in the capacity of Director of Nursing, failed to practice in that capacity within the currently accepted standard of practice by, but not necessarily limited to:

      1) Failure to adequately supervise those persons under her direct supervision.

      2) Failing to adequately staff the facility which resulted in leaving the facility staffed with no registered nurse in the facility.

COMPLAINT - 1
The undersigned Sandra Evans, believes that the described conduct of the licensee is in violation of Section 54-1412, (a), (4), (7), (8), and (9) IDAHO CODE, and of Board of Nursing Rules, IDAPA 23.01.01100.05., 08.(e & f), 10. and 23.01. 01370.08.

DATED THIS 24th day of June, 1996.

SANDRA EVANS, M.A.Ed., R.N.
Executive Director
Idaho Board of Nursing
PROOF OF SERVICE

I hereby swear that I have this 24th day of June, 1996, served the foregoing Complaint for Revocation or Suspension of License and Answer to Complaint upon all parties of record named in this proceeding, by mailing a copy thereof, certified mail, return receipt requested, properly addressed with postage prepaid, to:

PEGGY FRENCH
308 W 18TH AVENUE
POST FALLS ID 83854

Sandra Evans, M.A.Ed., R.N.
Interim Executive Director
Idaho Board of Nursing
SENDERS:
1. Complete item 1 and/or 2 for additional services.
2. Complete item 3, 4a, and 4b.
3. Print your name and address on the reverse of this form so that we can return this card to you.
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
5. Write "Return Receipt Requested" on the mailpiece below the article number.
6. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
   Peggy French
   308 W 18th Avenue
   Post Falls ID 83854

4a. Article Number
   p 478 708 172

4b. Service Type
   □ Registered  ☑ Certified
   □ Express Mail  □ Insured
   □ Return Receipt for Merchandise  □ COD

7. Date of Delivery
   6-27-96

8. Addressee's Address (Only if requested and fee is paid)
   Domestic Return Receipt

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

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994