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

KAREN FULLMER
N-16765

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


Case No. BON 05-079

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. Karen Fullmer ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-16765 to engage in the practice of nursing in the State of Idaho.

2. On or about August 25, 2005, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s employer, Eastern Idaho Regional Medical Center ("EIRMC") in Idaho Falls, Idaho. The report indicated that on or about August 25, 2006, Respondent called Wal-Mart Pharmacy, identified herself as "Jessica" from Dr. Roisum’s office, and left a message to fill prescriptions for Lortab and Lorezapam for Respondent. On or about August 26, 2005, Respondent admitted to the Chief Nursing Officer at EIRMC that she had called in the prescription refills on August 25, 2005, and also admitted that she had called in prescriptions for herself on other occasions. Respondent’s employment with EIRMC was subsequently terminated.

3. On October 11, 2005, Respondent voluntarily surrendered her license and agreed to enter treatment. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On December 15, 2005, Respondent signed a Nurse Monitoring Contract with the PRN, a true and correct copy of which is attached hereto as Exhibit B.

5. On April 19, 2006, Respondent was issued a limited license.
6. On November 27, 2006, the PRN notified the Board that Respondent submitted to a random drug screen on October 9, 2006, and tested positive for Ativan and Darvocet. Respondent did not have prescriptions for Ativan and Darvocet. A true and correct copy of the November 27, 2006, letter from PRN to the Board is attached hereto as Exhibit C.

7. On December 7, 2006, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit D. In the Notice of Termination of Limited License, Respondent was informed that this matter would be reviewed by the Program for Recovering Nurses Advisory Committee and that she could request to meet with the Committee at its January 26, 2007, meeting by calling the Board office by December 29, 2006, to request an appointment time. Respondent failed to request an appointment time to meet with the Committee.

8. On January 26, 2007, the Program for Recovering Nurses Advisory Committee referred this matter to the Board for disciplinary action. A true and correct copy of the January 26, 2007, memo from the Program for Recovering Nurses Advisory Committee to the Board is attached hereto as Exhibit E.

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-16765 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent obtained and attempted to obtain prescriptions drugs for herself that were not authorized by a person allowed by law to prescribe drugs.

4. Respondent habitually used narcotic drugs.

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.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
6. 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, Idaho Code §§ 54-1413(1)(e) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 100.09.a, and 101.04.e.

7. Pursuant to Idaho Code § 54-1413(3)(a), the Board is authorized to impose sanctions against Respondent.

ORDER

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

1. License No. N-16765 issued to Karen Fullmer is:
   - [ ] Revoked
   - [ ] Suspended ______ days/year(s) ______ indefinitely

2. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. This will include, but is not limited to, providing the following information to the Board:
   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;
   b. Documentation that 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.

3. The Board reserves the right to assess investigative costs and attorney fees incurred in this matter as a condition of reinstatement.

This order is effective immediately.

/ / /

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
DATED this 27th day of February, 2007.

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 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.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13TH day of February, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Karen Fullmer
3240 Sunnybrook Lane
Idaho Falls, ID 83404
[Box checked for U.S. Mail]

[Boxes checked for Certified Mail, Return Receipt Requested]

Karl T. Klein
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010
[Boxes checked for U.S. Mail]

[Boxes checked for Certified Mail, Return Receipt Requested]

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

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Karen H. Fullmer, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Calling in narcotics to pharmacy for myself.

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 N-16765 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: 10-11-05

2005-2007

State of Idaho
Board of Nursing
This is to certify that:

KAREN FULLMER
3240 SUNNYBROOK LANE
IDAHO FALLS, ID 83404

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

Karen Fullmer

Signature of Licensee
3240 Sunnybrook Lane
ID 83404

Address
Expires: August 31, 2007

City, State, Zip

Signature of Witness

Michael Fullmer

Exhibit A
Page 1 of 1
NURSE MONITORING CONTRACT

Client Name: Karen Fullmer 

Date: 12-15-05

I, Karen Fullmer, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

KF Initial I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

KF Initial I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.

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

KF Initial *Work Supervisor

KF Initial *Spouse or significant other

KF Initial *Primary Care Provider/Dentist

KF Initial *Other

I agree to participate in and attend regularly in the following activities:

KF Initial *3 Mutual Support Group Meetings per week

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

KF Initial *Random UA/Drug Testing

KF Initial *Weekly Health Professionals Support group

KF Initial *Attend individual counseling with Bob Stahn

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

KF Initial I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.

KF Initial I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.

KF Initial 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.

KF Initial I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.

KF Initial I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.

KF Initial I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature: Karen Fullmer

Witness: Michael Fullmer

Client Address: 3240 Sunnybrook Lane

Terry Pkwy, ID 83404

Program Coordinator

RECEIVED

Dec 11 2005
November 27, 2006

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

RE: Karen Fullmer

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Karen Fullmer, a Board of Nursing referral, submitted to a random drug screen on October 9, 2006 and tested positive for the prescription medications Ativan and Darvocet. Because Ms. Fullmer did not have a prescription for these medications, the medical review officer failed this urine analysis (UA) on October 16, 2006. This failed UA places Ms. Fullmer out of compliance with her PRN contract.

Upon learning of this positive failed UA, the PRN required Ms. Fullmer to be re-evaluated by a Certified Alcohol and Drug Counselor. Ms. Fullmer did receive an evaluation by Mr. Art Phelps, LCSW, ACADC. During the evaluation session, Ms. Fullmer reported taking “too many of her Xanax and stated ‘I was hallucinating and I went nuts and fell down’”. The PRN is in agreement with Mr. Phelps’ recommendation that “she needs to be involved in residential treatment with a dual diagnosis focus”, and have recommended that she attend Pine Grove for inpatient treatment.

On October 30, 2006 the PRN contacted Ms. Fullmer’s employer recommending that she not work in a nursing capacity until the results of the evaluation were reviewed. The PRN also requested that Ms. Fullmer not be allowed access to narcotics should she continue to work in a nursing capacity. The PRN lifted Ms. Fullmer’s narcotics access restriction from her contract on September 28, 2006. Due to the events mentioned above, the narcotics access restriction will be reinstated in her PRN contract.

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Ms. Fullmer’s current contract with PRN was signed on December 15, 2005. Her contract requirements include the following: 1) Attend three 12-Step meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group, 5) Attend outpatient treatment at Well Spring Counselling 6) Maintain medication management with Dr. Zohner.

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

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor

cc: Karen Fullmer

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

Karen Fullmer
3240 Sunnybrook Lane
Idaho Falls ID 83404

Dear Ms. Fullmer:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-16765 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:
1. Failing to abstain from all mind-altering chemicals as provided for in the Contract signed December 15, 2005, by:
   a. providing a urine sample that was reported as positive for Ativan and Darvace on October 9, 2006.

The re-evaluation completed on November 8, 2006, by Art Phelps, LCSW, ACADC recommended that you be involved in residential treatment with a dual diagnosis focus. The evaluation further indicates that you have little insight into your substance dependence disorder and are a high risk for relapse.

You may request to meet with the Committee members to discuss your continued participation in the Program by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by December 29, 2006, to request an appointment time. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure suspension or revocation.

Dated: December 7, 2006

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.
TO:        SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing  

FROM:      Jill Howell, RN, Chairperson  
Program for Recovering Nurses  

DATE:     January 26, 2007  

The file of Karen Fullmer was reviewed at the Advisory Committee meeting on January 26, 2007, and found to be in non-compliance of recommendations because of the following:

Failed to comply with all terms and conditions of the Contract for Monitoring  

The Committee made the following recommendation(s):  

Refer to Board for disciplinary action.  

File reviewed by Executive Director:  

[Signature]  

1-26-07  

Action Recommended to Board:  [Signature]  

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.
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Sent To
KAREN FULLMER
3240 SUNNYBROOK LANE
IDAHO FALLS ID 83404

PS Form 3800, June 2003
See Reverse for instructions

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:
KAREN FULLMER
3240 SUNNYBROOK LANE
IDAHO FALLS ID 83404

2. Article Number
(Transfer from service label)
7004 1350 0002 8308 7518

3. Service Type
☑ Certified Mail
☐ Express Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)
☐ Yes
☐ No

B. Received by (Printed Name)
C. Date of Delivery
2-13-07
2-16-07

D. Is delivery address different from item 1?
☐ Yes
☐ No

S. Signature
X

Agent
☑ Addresses

PS Form 3811, February 2004
Domestic Return Receipt