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

Carrie Getman

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
July 26, 2010
CERTIFIED MAIL.

Carrie Getman
5275 S Staaten Ave
Boise, ID 83709

Dear Ms. Getman:

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-37831 was suspended indefinitely. During the period of suspension, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order which became effective July 23, 2010.

You may not seek reinstatement of your license until you have satisfied the Requirements for Reinstatement as indicated in the Order, Item 3 Requirements for Reinstatement.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:the 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: 


Case No. BON 10-005

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho State Board of Nursing (hereinafter the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Carrie L. Getman ("Respondent") is licensed by the Idaho State Board of Nursing under License No. N-37831 to engage in the practice of nursing in the State of Idaho.

2. On or about January 20, 2010, the Board received a complaint from Saint Alphonsus Medical Center, stating that Respondent was terminated from her employment for diverting pain medications. The details of the diversion were as follows:

   a. On January 10, 2010, Respondent wasted three (3) Oxycodone, one (1) Oxycontin and one (1) Vistaril tablets. The witnessing nurse felt Respondent did not actually deposit the tablets into the sharps container and reported her findings to the charge nurse. The charge nurse examined the sharps container and only the one (1) Vistaril tablet was inside.

   b. Respondent contacted the charge nurse after finding the sharps container missing and explained she found one (1) Oxycodone tablet and one (1) Oxycontin tablet on the floor that needed to be wasted. Two (2) Oxycodone tablets were still missing.

///

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 1
c. Respondent was unable to provide a urine sample over a three hour time frame and was considered to have failed the test.

d. Respondent was terminated on January 12, 2010, and when her locker was cleaned out in her presence, one (1) Oxycodone tablet and one (1) Vistaril tablet were found inside, both still inside the hospital packaging.

3. During the investigation in to the complaint filed by Saint Alphonsus, Respondent disclosed a significant medical history, including chronic back pain, and that she had entered into a pain management agreement in November 2009.

4. On June 2, 2010, Respondent voluntarily surrendered her nursing license. In the course of voluntarily surrendering her license, Respondent did not admit that she violated any of the Board’s laws or rules. She did, however, acknowledge that the Board has sufficient evidence from which it might find and conclude that such a violation occurred. She also waived her rights to a hearing, and she consented to the Board entering an order accepting her voluntary surrender and revoking, suspending or otherwise disciplining her license as the Board deemed appropriate in its discretion. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit A.

4. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

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, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaint, if proven, would constitute violations of the Nurse Practice Act and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413, specifically:
a. Idaho Code § 54-1413(1)(g) and Board Rule (IDAPA 23.01.01) 100.08 (a nurse shall not violate the Board's laws, rules or standards of conduct and practice);

b. 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);

c. 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

d. 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)

3. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of his license empowers the Board, without a hearing, to accept Respondent’s voluntary surrender and 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:


2. **License**: Respondent’s license is SUSPENDED INDEFINITELY. Respondent shall not seek reinstatement of her license until she has satisfied the Requirements for Reinstatement listed below. Upon reinstatement, the Board reserves the right to issue Respondent a Limited License as stated below.

///

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 3
3. **Requirements for Reinstatement:** In addition to the reinstatement requirements set forth in Idaho Code § 54-1411(3) and IDAPA 23.01.01.61.04, Respondent must submit the following information with any request for reinstatement:

   a. **Health Care Providers:** Respondent must provide Board Staff with a written list of her attending health care providers (including without limitation any therapists, counselors, or other mental health care providers);

   b. **Health Care Provider’s Evaluation:** Respondent’s health care providers (“provider”) must submit to the Board the provider’s evaluation describing Respondent’s current medical condition(s) and listing her prescriptions, including the dose/frequency and rationale for the medications prescribed. This evaluation shall be submitted on a form provided by the Board. The provider shall also identify any concerns that he/she may have about Respondent’s ability to safely practice nursing and what restrictions, if any, should be placed upon Respondent’s practice. When requesting such evaluations, Respondent shall provide the provider with, and request that the provider review, the Idaho Board of Nursing Position on Safety to Practice. A copy of the Idaho Board of Nursing Position on Safety to Practice is attached as Exhibit B.;

   c. **Self-Evaluation:** Respondent must prepare and submit a written self-evaluation on a form provided by the Board. Respondent’s self-evaluation must address her ability to practice nursing safely as provided in the Idaho Board of Nursing Position on Safety to Practice; and

   d. **Other Information:** Respondent shall submit any additional documents or information requested by the Board in order to evaluate Respondent’s safety to practice.

3. **Limited License:** Pursuant to Board Rule 132, Respondent may be issued a Limited License with Non-Practicing Status or Restricted Status upon reinstatement.

   a. **Non-Practicing Status:** If the Board determines that Respondent is prevented from practicing nursing due to her health status, a Limited License with Non-
Practicing Status may be issued to Respondent pursuant to Board Rule 132.02. As set forth in Board Rule 132.02(b), this license "does not entitle [Respondent] to engage in the active practice of nursing." The non-practicing status may be lifted upon a showing to the satisfaction of the Board that Respondents is no longer prevented from safely practicing nursing due to her health status. See Board Rule 132.02(c).

b. **Restricted Status:** If the Board determines that Respondent’s ability to practice nursing is restricted due to the health status of Respondent, a Limited License with Restricted Status may be issued to Respondent pursuant to Board Rule 132.03. Any conditions placed upon Respondent’s license shall incorporate the Idaho Board of Nursing Position on Safety to Practice in accordance with Board Rule 132.03(c). The restricted status may be lifted upon a showing to the satisfaction of the Board that Respondent’s health status no longer restricts her ability to safely practicing nursing. See Board Rule 132.03(d).

c. **Single-State License:** If a Limited License is issued to Respondent, her license shall be a single-state license 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.

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 3rd day of July, 2010.

IDAHO STATE BOARD OF NURSING

By

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

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 5
NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

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 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 Board 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 Board 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 26th day of July, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Carrie Getman
5275 S. Staaten Avenue
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
IDAHO STATE BOARD OF NURSING
VOLUNTARY SURRENDER OF NURSING LICENSE
Idaho Code § 54-1413(3)(a)

I, (Carrie Getman), hereby voluntarily surrender my license to practice nursing, License No. N-37831, to the Idaho State Board of Nursing (the "Board") and will immediately discontinue practicing as a nurse in the State of Idaho. By affixing my signature hereto, I acknowledge that:

1. I have been advised that, without my consent, no legal action can be taken against me except as allowed by the Idaho Administrative Procedures Act, Title 67, Chapter 52, Idaho Code and the laws and rules governing the practice of nursing, Title 54, Chapter 14, Idaho Code.

2. I have been advised of and understand the nature of the allegations against me.

3. I understand that I have the following rights, among others: the right to representation by legal counsel, the right to a formal hearing, to reasonable notice of such hearing, to present evidence and testimony on my behalf, to compel the testimony of witnesses, to cross-examine the witnesses against me, and the right to request reconsideration or to appeal this matter to district court. I waive all such rights afforded to me without further process as a resolution of any claims or allegations which might otherwise be brought against me by the Board.

4. I also waive the right to contest this surrender and the right to challenge the Board for bias in any subsequent proceedings concerning this matter.

5. I understand that upon acceptance by the Board of the voluntary surrender of my license to practice as a nurse, the Board of Nursing will enter an order pursuant to Idaho Code §54-1413 revoking, suspending, limit, restrict or otherwise disciplining my license to practice nursing. The Board’s Order may include a civil penalty and/or the imposition of costs and attorney fees incurred by the Board in its investigation and prosecution of any claims or allegations against me. I hereby consent to the imposition of such discipline.

6. In surrendering my license to practice nursing for imposition of discipline by the Board, I am not making any admissions; however, I agree that the allegations against me, if the same had been proven true in a disciplinary hearing would constitute grounds for the imposition of a disciplinary action against me.

7. I understand that by surrendering my license to practice nursing, I am also surrendering all of the privileges associated with that licensure, until such time as I am again properly licensed.

8. I understand that to obtain a license to practice nursing in the state of Idaho, I must re-apply to the Idaho State Board of Nursing pursuant to the provisions of Title 54, Chapter 14, Idaho Code and all applicable rules and orders entered by the Board.

9. I understand and agree that any decision regarding reinstatement of my license is a discretionary decision for the Board. I understand and agree that the Board may rely on factors set forth in this document or other than those set forth in this document as grounds for denial of a petition for reinstatement.

10. I agree that there will be no rebate or refund, either in full or in part, of any sums previously made by me in connection with my licensure, including but not limited to payments of license application or renewal fees.

Name of Licensee: Carrie Getman
Address: 5275 S. State Ave Boise, ID 83704
Signature of Licensee: 
Date: 6/12/110
Signature of Witness: Janet Edmonds
Date: 6/12/110
In response to questions from nurses and their employers, the members of the Board of Nursing addressed the issue of ‘safety to practice’. In particular, nurses wanted to know if they should continue to practice while taking prescribed medications, including pain medications; whether they should refuse assignments to work overtime or extra shifts; whether they should consider retirement from practice when they have reached a certain chronological age.

The Board’s “Position on Safety to Practice” provides thoughtful direction to assist nurses and their employers in addressing these concerns.

IDAHO BOARD OF NURSING
POSITION ON SAFETY TO PRACTICE
Adopted April 29, 2005

One essential element of safe nursing practice is a nurse’s functional ability: the competence and reliability with which a nurse is able to practice at any given time.

The board is aware that nurses sometimes experience situations that may compromise their ability to safely practice for either the short or long term. Some of these situations involve personal or job-related stress, sleep deprivation, the normal effects of aging, and episodic or persistent health conditions, some of which may require pain management or the use of maintenance-level prescribed medication. The list is not exclusive.

Whether a nurse should continue active nursing practice when that practice may be compromised depends upon the nurse’s ability to function safely and effectively. The assessment of functional ability is an individualized process that does not lend itself to application of a set format based on select elements. On the contrary, assessment of functional ability requires active consideration of all relevant factors, such as diagnosis, prescribed treatment and situational events, as well as an evaluation of the impact of those factors on the individual being assessed.

Although constant evaluation of one’s ability to safely and competently practice nursing is the responsibility of each individual nurse, the Board of Nursing remains the ultimate decision maker. In some instances, it may be necessary for the board to require objective physical and/or functional assessment, using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse might perceive that he is capable of safe practice, a neuropsychiatric assessment, done at the Board’s request, may indicate functional impairment.

Licensed nurses are accountable for assuring that their actions and behaviors meet all applicable standards at all times. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment in order to make sure that the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility. Nurses who practice while not fit to do so may be subject to disciplinary action by the board including, among others, license suspension or revocation, remedial measures, or monitored practice.
### 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>CARRIE GETMAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>5275 S STAATEN AVE</td>
</tr>
<tr>
<td>BOISE, ID. 83709</td>
</tr>
</tbody>
</table>

### COMPLETE THIS SECTION ON DELIVERY

<table>
<thead>
<tr>
<th>A. Signature</th>
<th>X</th>
<th>Agent</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Addressed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Received by (Printed Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Date of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-28-10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Is delivery address different from Item 1?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, enter delivery address below:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Mail</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Restricted Delivery? (Extra Fee)</th>
<th>Yes</th>
</tr>
</thead>
</table>

**PS Form 3811, February 2004**

**Domestic Return Receipt**

102595-03-1540