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

DANA GILL
N-29008

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

STATE OF IDAHO

In the Matter of the License of: Case No. 02-062

DANA LEE GILL, CONCLUSIONS OF LAW,
License No. N-29008, AND FINAL ORDER

Respondent.

FINDINGS OF FACT

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

FINDINGS OF FACT

1. Respondent Dana Lee Gill ("Respondent") is a duly licensed nurse in the
State of Idaho holding License No. N-29008.

2. On or about April 17, 2002, Respondent was referred to the Program for
Recovering Nurses ("PRN") through her employer, St. Luke’s Regional Medical Center,
after testing positive for alcohol and marijuana while at work. The complaint referring
Respondent to PRN is attached hereto as Exhibit 1.

3. On or about September 16, 2002, the Board received a complaint from John
Southworth, PRN Coordinator, that Respondent was not in compliance with her PRN
contract. A true and correct copy of the letter sent by Mr. Southworth is attached hereto
as Exhibit 2.

4. On or about November 26, 2002, Respondent voluntarily surrendered her
license. A true and correct copy of the voluntary surrender form signed by Respondent is
attached hereto as Exhibit 3.

5. 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.

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 1
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 Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413(1)(e) and IDAPA 23.01.01.100.06 and 23.01.01.101.03.e.

3. Respondent’s voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent’s license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. N-29008 issued to Respondent Dana Lee Gill is

___x___ Revoked

_____ Suspended ____ days/year(s) _____ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

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

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

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

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

3. Evidence of financial compliance with NCPS and the Program for Recovering Nurses.

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

This order is effective immediately.

DATED this 13TH day of FEBRUARY, 2003.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
Chair

NOTICE OF AVAILABLE RIGHTS

If respondent’s license was revoked, then pursuant to Board Rule 120.06, Respondent may not apply to the Board for reinstatement for two (2) years after the date of execution of this Order unless the Order specifies otherwise. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

If respondent’s license was suspended Respondent may apply to the Board within a reasonable time after the execution of this Order, or as specified by the term of suspension. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 17th day of FEBRUARY, 2003, I caused to be served a true and correct copy of the foregoing by the following method to:

Dana Lee Gill
12140 Bowmont
Boise, ID 83713

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

Roger L. Gabel
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

Sandra Evans, M.A.Ed., R.N.
Executive Director
IDAHO BOARD OF NURSING
200 North 8th Street Suite 210
Mailing- PO Box 83720 Boise, ID 83720-0061
Voice: (208) 334-3110 ext. 25 Fax: (208) 334-3262
TDD Relay: 1-800-377-3529

I. Name of Complainant: St. Luke's Regional Medical Center
   Address: 190 E. Bannock
   City/State: Boise, ID 83712
   Telephone: 381-2698

II. Identifying information about whom the complaint is being made:
(Please check appropriate box)

☐ Professional Nurse (RN)   ☐ Advanced Practice Professional Nurse:
☐ Licensed Practical Nurse   NP/CNM/CNS/CNRA
☐ Nursing Assistant   ☐ Other:

Name: Dana Gill
Address: 12140 W. Bowmont
City/State: Boise, ID 83713
Position: RN II

Employer:
Name: St. Luke's Regional Medical Center
Address: 190 E. Bannock
City/State: Boise, ID 83712

III. Nature of Complaint:

On April 8, 2002, Dana Gill presented to a procedure fair as part of her intensive care unit nursing responsibilities. Mary Anne Cox, Clinical Instructor for ICU/CCU who was in charge of the procedure fair reported to her supervisor, Sherry Grabowski that she detected a smell of alcohol from Dana Gill and noted she was extremely shaky. The supervisor confirmed the smell. D. Gill admitted to having been drinking the night prior but denied drinking at work. D. Gill was brought to the Employee Health and Wellness Department for condition evaluation. As per policy it was confirmed that drug and alcohol testing was indicated. Results of testing are: Alcohol- .006 Drug testing was positive for marijuana.

IV. Did any other person(s) witness this incident? If so, please give name(s), addresses, position(s) held and telephone number(s) if known.

> Sherry Grabowski
190 E. Bannock
Boise, ID 83712
Director, ICU
208-381-2635
V. Additional Comments:

- There was one additional concern while at work where it was inconclusive.
- One other event occurred subsequent to a social event that did not occur at work, however, the amount of drinking was enough that her supervisor felt compelled to speak with employee and advise EAP follow-up.
- Supervisor noted that sometimes Dana Gill gets so shaky that she can not hold a pen or write.
September 16, 2002

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

RE: Dana Gill

Dear Ms. Evans,

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

Ms. Gill signed a contract with PRN on April 17, 2002 after being referred to the program through St. Luke’s. St. Luke’s did provide PRN with a complaint regarding a positive test for alcohol that Ms. Gill received while at work. A copy of this complaint is enclosed with this letter.

Ms. Gill maintained compliance with her PRN contract until late July of 2002, when she reported to her treatment provider that she had relapsed and had been drinking for some time. Ms. Gill was informed by both PRN and 1st Step for Women that she must obtain a prescription for antabuse and begin taking this medication under supervised conditions immediately. Ms. Gill stated that she would like another chance, and was given a period of time to maintain sobriety on her own, and then was informed of a revised treatment plan by PRN and 1st Step for Women which included use of antabuse. Ms. Gill was informed that if she did not follow through with this treatment plan, that she would be reported to the Board of Nursing. Ms. Gill refused to obtain this prescription, reported another relapse to her treatment provider and consequently discontinued treatment.

Because Ms. Gill is no longer in compliance with her treatment provider, and has had several relapses, we feel her contract with PRN must be terminated and she must be reported to the Board of Nursing immediately. If you have any questions or concerns, please feel free to contact me or Theresa Bruening, PRN Compliance Monitor.

Sincerely,

[Signature]

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

cc: Dana Gill

JS:tb

5530 West Emerald—Boise Idaho 83706
Office: (208) 323-9555—Fax: (208) 323-9222—Toll free: (800) 386-1695—Cellular: (208) 891-4726
VOLUNTARY SURRENDER OF LICENSE
IN LIEU OF FORMAL DISCIPLINARY HEARING

1. Dana Gill, hereby voluntarily surrender my license to practice nursing in the State of Idaho and will immediately discontinue the practice of nursing in this state. By affixing my signature hereon, 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.

2. I understand that I have the following rights, among others: the right to representation by 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, and to cross-examine the witnesses against me; and

3. I waive all such rights.

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 or any other matters brought before the board.

5. I understand that, pursuant to Idaho Code §54-1413(2)(a), the Board of Nursing will enter an order either revoking or suspending my license to practice nursing based upon this voluntary surrender of my license.

6. In surrendering my license to practice nursing, 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 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.

9. 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.

10. 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.

DATED: 11/26/02

(Dana Gill)

Address

City, State, Zip

Signature of Licensee

Signature of Witness

6/99 VS

Exhibit 3
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