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

NANCY GREENWELL
N-11458
May 17, 1999

Nancy Greenwell
1300 Watermill Rd
Deary ID 83823

Dear Ms. Greenwell:

During their meeting on May 13, 1999, the Board of Nursing members took action to issue a formal Order of Revocation of license. Enclosed are the Findings of Fact, Conclusions of Law and Final Order.

The Order revoking your license became effective May 13, 1999. Please be advised that you may not practice nursing in the State of Idaho during the time your license is revoked.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:ihc

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 BOARD OF NURSING

STATE OF IDAHO

In the Matter of:

Nancy H. Greenwell,
License No. N-11458,
Respondent.

Case No. 99-017

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 Board of Nursing (hereinafter the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent NANCY HALE GREENWELL ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. N-11458.

2. Respondent has a history of drug abuse. She entered the Program for Recovering Nurses on or about March 20, 1990 for substance abuse treatment, but was non-compliant with the program. Respondent's license was subsequently revoked on or about May 28, 1992, based upon voluntary surrender of licensure. On or about November 17, 1995 the Board unconditionally reinstated her license.

3. On or about April 1999, the Board of Nursing received a complaint from Respondent's employer, Good Samaritan Village, of suspected drug diversion and use by Respondent. A true and correct copy of Good Samaritan Village's complaint to the Board and its investigative report are attached hereto as Exhibit 1 and Exhibit 2, respectively.

4. On or about May 4, 1999, the Board's investigator, Simonne deGlee, interviewed Respondent. During the interview, Respondent admitted that she had taken
drugs from patients when they had refused medication, and some of those drugs were narcotics.

5. On or about May 6, 1999, the Respondent notified the Board that she was voluntarily surrendering her license, did not contest the charges against her, and admitted to diverting medication. A true and correct copy of Respondent’s letter to the Board of voluntary surrender is attached hereto as Exhibit 3.

6. Respondent knowingly and freely waived her right to a hearing pursuant to the Idaho Administrative Procedure Act, Title 52, Chapter 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. Respondent’s admission of violations of the Nursing Practice Act and Rules constitutes grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413(1)(e), 54-1413(1)(g), 54-1413(1)(h), IDAPA 23.01.01100.06 and 100.09.b.

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-11458 issued to Respondent NANCY H. GREENWELL is

✓ Revoked

Suspended _____ days/year(s) _____ indefinitely

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

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 2
It is further ordered that, should Respondent request reinstatement of licensure in the future, 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 licensed 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.

This order is effective immediately.

DATED this 13th day of May, 1999.

IDAHO BOARD OF NURSING

By Charles Moseley
Charles Moseley, CRNA
Chairman
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 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.

If respondent’s license was revoked, then pursuant to Board Rule 121, Respondent may apply to the Board for reinstatement one (1) year after the execution of this Order. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.

If respondent’s license was suspended, then pursuant to Board Rule 120, 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 to determine whether to grant a license, extend a limited license, or deny application for reinstatement.
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. Name of Complainant: W. Hetrick DM, DVS
Address: 508 E. Davenport St.
City/State: Moscow, Idaho 83843-3456
Telephone: Home: (208) 287-3200 Business: (208) 882-6580

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

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

Name: Nancy Greenwell
Address: __________________________
City/State: __________________________
Position: Lab Charge Nurse

Employer:
Name: Good Samaritan Village
Address: 640 N. Eramann St.
City/State: Moscow, Idaho 83843-3456

III. Nature of Complaint:
(Confine statements to actual incidents, giving dates, places and names of persons involved.) Explain what happened, where it happened, and the date and time it happened. Attach copies of relevant records, if possible.

On April 1, 1999, Nancy Greenwell RN was observed to take a package out of the narcotic lock box, remove it, go to the bathroom with it, later she put a adhesive patch (which had been determined to be tampered with) on a pt. The patch was removed and a new box put on the pt. by our RN Sandy Fee RN at the direction of our administrator. The patch was removed and evidence were seized by the Moscow police and sent to the state lab. Nurse was terminated for confirmed...
IV. Did any other person(s) witness this incident? If so, please give name(s), address(es), position(s) held, and telephone number(s), if known.

K. Marquand
Care of Good Samaritan Village
Sandy Burr RN / 34212 E. Elementary St., Moscow, Idaho
Tina Chamberlain RN / 83243-3979
Tim Schneider adm / (208) 882-6560

V. Additional Comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

The identity of the complainant will remain confidential except when the complainant may be subpoenaed to testify in a formal hearing procedure.

The Idaho Board of Nursing is an equal opportunity employer and does not discriminate or deny services on the basis of age, race, religion, color, national origin, sex and/or disability.
RESIDENT / VISITOR INCIDENT REPORT
(To Be Completed Immediately upon Discovery)

PEER REVIEW CONFIDENTIAL  NOT PART OF THE MEDICAL RECORD

A.
A resident incident is an accident with or without an injury or a deviation from the standard of care that includes, but not be limited to, a physical injury; verbal, physical, mental, or sexual abuse; failure to provide treatment; and misappropriation of resident property.

Date of Report: 4-4-99  
Center Name: Good Samaritan Village  
Center Number: 160

Date of Incident: 4-1-99  
Time Discovered: 7:00 AM  
Shift: ☐ Day ☐ Evening ☐ Night

<table>
<thead>
<tr>
<th>Resident Name: Harry Wallen</th>
<th>Visitor Name:</th>
</tr>
</thead>
</table>
| Room Number: 407  
Birthdate: 1-2-1902  
Admission Date: 4-14-99  
Med. Record #: 933-578  
Physician: Dr. Britzman | Visitor Address: |
| Room Number: 407  
Birthdate: 1-2-1902  
Admission Date: 4-14-99  
Med. Record #: 933-578  
Physician: Dr. Britzman | Phone Number: |

RECORD FACTS ONLY

B. LOCATION OF OCCURRENCE

☐ Resident Room #  ☐ Shower/Tub Room #  ☐ Vehicle
☐ Dining Room #  ☐ Resident Bathroom #  ☐ Parking Lot
☐ Physical Therapy Room #  ☐ Elevator  ☐ Outside the Building (on premises)
☐ Hallway  ☐ Activity Room  ☐ Outside the Building (off premises)
☐ Stairway  ☐ Chapel  ☐ Other  

B. LOCATION OF OCCURRENCE

☐ Resident Room #  ☐ Shower/Tub Room #  ☐ Vehicle
☐ Dining Room #  ☐ Resident Bathroom #  ☐ Parking Lot
☐ Physical Therapy Room #  ☐ Elevator  ☐ Outside the Building (on premises)
☐ Hallway  ☐ Activity Room  ☐ Outside the Building (off premises)
☐ Stairway  ☐ Chapel  ☐ Other

C. RELATED FACTORS

Floor Conditions: ☐ Water/Urine on Floor  ☐ Rubber Sole  ☐ Bed Rails
☐ Unknown Substance  ☐ Leather Sole  ☐ Safety Belt
☐ Clear/Dry  ☐ Other:______________  ☐ Other (describe)

C. RELATED FACTORS

Floor Conditions: ☐ Water/Urine on Floor  ☐ Rubber Sole  ☐ Bed Rails
☐ Unknown Substance  ☐ Leather Sole  ☐ Safety Belt
☐ Clear/Dry  ☐ Other:______________  ☐ Other (describe)

D. NATURE OF INCIDENT

☐ Found on Floor:  ☐ Slip or Fall:
☐ Transferred while Ambulating  ☐ Transferred from Chair  ☐ Transferred in the Bathroom
☐ Transferred from Bed  ☐ Transferred from Wheelchair

If found on floor or slip/fall, did resident receive medication in the past 4 hours?  ☐ Yes  ☐ No

Medication:
☐ Wrong Resident  ☐ Omission  ☐ Wrong Time
☐ Extra Dose  ☐ Wrong Dose  ☐ Wrong Route
☐ IV Infiltration  ☐ Wrong Medication  ☐ Name of Medication: Intravenous
☐ Adverse Reaction  ☐ Name of Medication: Intravenous

Medication was tampered with

Exhibit 1  
Page 3 of 6
E. NARRATIVE OF INCIDENT: (Using the space below, provide a complete description of what happened. Include such details, i.e., other employees involved, witnesses, or any equipment used, such as a gait belt or mechanical lift. Indicate what you were doing or attempting to do at the time of incident.) Stick to the facts. Attach additional sheets, if necessary.

Name was observed putting a diabetic patch on which was suspected being tampered with. Sandy Burr 2N removed that patch and realized it was directed at the administrator. Poth that was removed was determined to have been tampered with.

Names of any Witnesses: K. Margiwoth 11/26 Phone #: __________

Person Discovering Incident: K. Margiwoth 11/26 Phone #: __________

F. PART OF BODY INJURED (circle left or right, if applicable)

- Abdomen
- Ankle
- Arm
- Back
- Buttock
- Ear
- Eye
- Elbow
- Face
- Finger
- Forehead
- Foot
- Groin
- Hand
- Head
- Hip
- Knee
- Leg
- Loin
- Mouth
- Neck
- Nose
- Shoulder
- Toe
- Wrist
- Other
- No Injury

Type of Injury:
- Burns
- Bruise/Contusion
- Laceration/Abrasion
- Other: Written medication
- No Apparent Injury

G: NOTIFICATION:

Physician Notified [X] Yes [ ] No
Date and Time: 11/6/99
Seen by Physician [X] Yes [ ] No
Name of Physician __________

Family / Responsible Party Notified [ ] Yes [X] No
Date and Time: 11/6/99
Name of Person Notified: Jonie Smith
Interdisciplinary Progress Note Written: [X] Yes [ ] No
(Do not make reference to an incident report.)

H. FOLLOW-UP:

- Vital Sign Changes [X] Yes [ ] No
- Additional Orders [ ] Yes [X] No
- On-Site First Aid Given [ ] Yes [X] No
- Medical Treatment Needed [ ] Yes [X] No
- Hospitalization Required [X] Yes [ ] No
- Insurance Company Notified [X] Yes [ ] No
(Insurance company must be notified if hospitalized or medical treatment needed)

Signature of Person Completing Follow-Up: W. Hetschen P.A.
Date: 11/6/99
DNS Signature: W. Hetschen P.A.
Date: 11/6/99
Administrator Signature: W. Hetschen P.A.
Date: 11/12/99
INCIDENT INVESTIGATION

This form is for quality improvement purposes only and is not part of the medical record.

TO BE COMPLETED BY SUPERVISOR

Name: Harry Wallen

Date of Incident: 4-1-99
Date of Investigation: 4-6-99

What was the employee/resident doing or attempting to do at the time of the incident? Write a complete description of what happened. Include details such as if other people were involved or saw what happened, any equipment in use such as a transfer belt or a mechanical lift. Attach additional sheets if necessary.

Nurse (Nancy Greenridge RN) had beenместига a job, medication (diabetic patch). On investigation of Administrator Sandy Ellis RN, Hospice Charkas RN, Rom Margett RN, it was determined that the medication had been tampered with. (see on back)

Is this a repeat incident? ☐ Yes ☐ No

If Yes, in the last 30 days? ____________ 31-180 days? ____________ over 180 days? ____________

What did the employee/resident do or fail to do that caused or contributed to the incident?

☐ Standard procedure deviation ☐ Failure to make secure
☐ Took unsafe position/posture ☐ No protective equipment
☐ Used equipment unsafely ☐ Used defective equipment
☐ Removed safety device ☐ Other unsafe action [diverted medication]
☐ Used wrong tool/equipment ☐ No unsafe action determined

What conditions of tools, equipment, or job site caused or contributed to the incident?

☐ Inadequate guard/safety device ☐ Hazardous arrangement/storage
☐ Hazardous personal attire ☐ Slippery floors
☐ Unsecured against movement ☐ No unsafe condition
☐ Poor housekeeping ☐ Other [diverted medications]
☐ Defective tools/equipment

Exhibit 1
Page 5 of 6
1. We had been suspecting a nurse of diverting meds, we had started an investigation 3 weeks.

   I had consulted/administrator
   /nurse consultant
   /pharmacy who were supplying us
   with a list of meds missing.
   /consulting pharmacist.

2. I had made this known to the nurse at the nurse
   /related meds

3. After Nancy Greenwood was caught we changed our
   narcotics count book now use the same system for counting
   II's III's IV's to make it easier to spot this activity
   in the future.
4. State license was notified, State Survey was notified.
   State pharmacy board was notified, Ombudsman notified.

5. When Ombudsman called - she was notified that the nurse
   supplies Hospice care in Decay area & works as a RN nurse.

6. 3rd Nurse was terminated at the time. Police called &
   came to facility - interviewed nurse. Case #99-1569

   Office T.J. Kerr (208) 882-2677 Moscow Police.

   111 E. 4th St.,
   P.O. Box 9203
   Moscow, Idaho 83843

   Wayne Ketchum RN-DNS
I certify that this statement, consisting of ___ pages, is true and correct to the best of my knowledge:

Officer: __________________________

Signature: _________________________

Witness: _________________________

Page ___ of ___ Pages

Page ___ of ___ Pages

Exhibit 2
I should say she is a steady person and I said it is up to you. She then said OK, I will take some stuff. But the drug that one missing batch I did not take. Sandy B. was decent and witnessed what was said. I then told her that I was coming back for language Mad Administration

[Signature]

Exhibit 2

Page 3 of 7
Case No: 99-1569
Name: Nichole D. Chamberlain
Address: 3103 E. PAROISE RIVER DRIVE Phone: 208-883-3015
DOB: 3/14/59 Sex: F Eyes: HGT: WGT:
DOB: 3/14/99 Sex: F Eyes: HGT: WGT:
Date of Statement: 3/14/99 Time of Statement: 2:100

I, Nichole D. Chamberlain, do hereby make the following written statement voluntarily to Officer T.L. Berrett of the Moscow Police Department:

WALKED ONTO THE UNIT — WAS TOLD BY NURSE: SANDRA BURR RN, THAT ANOTHER NURSE: NANCY GREENWELL, RN, WAS SUSPECTED OF TAKING MEDICATION. I WENT INTO THE MED-RM — LOOKED IN NANCY GREENWELL'S LAB COAT & FOUND 1 SYRINGE & 2 CAPPED NEEDLES WITH CLEAR FLUID ON THEM. I GAVE THEM TO SANDRA BURR WHO THEN GAVE THEM TO T.L. BERRETT.

I certify that this statement, consisting of 1 pages, is true and correct to the best of my knowledge:

Officer: Nichole D. Chamberlain

Witness: ____________________________  Page ___ of ___ Pages

Exhibit 2

Page 3 of 7
4-1-99

J. Marlene Buise went into the nurse's med. room to let the med. nurse know that I was going t' stairs to do activities in AL. The med. nurse Nancy was standing next to the med. cart. We were talking. She got a zip-lock bag out of the drawer opened it took something out and put it in her left pocket of her coat. Then stated she had to go to the bathroom before med pads in dining room. Asked me to close the med door when I left. Following to the break room to clock out. She was already in bathroom. Called charge nurse and reported what I had saw.

Marlene Buise
Case No: 99-1569
Name: Buck
Address: 426 Lewis Moscow Phone: 883 9002
DOB: Sex: Eyes: Hair: HGT: WGT:
Date of Statement: 4/2/99 Time of Statement: 5A

I, Suzette Buck, do hereby make the following written statement voluntarily to Officer ______________________ of the Moscow Police Department:

After I was told by K. Mitamura law that she believed Nancy Greenwell had taken drugs I that she had only been seen since her acquittal due to her being in the bathroom with her. I went to the usg floor and had Nancy come to the main office with me per T. Sablin's instructions. After the police came I went back to the usg floor and the med cart into Nancy's uniform jacket with the police officer watching I checked the pocket. I found a used syringe (no needle) with a small amount of a clear fluid in it. I gave the syringe to the police officer. Then T. Tim the police officer I went to the resident who had a patch (applied put on that are by Nancy—used by K. law) this patch was removed (replaced to needle) when holding it up to the light a squeeze of slightly you could see the leakage of fluid (these patches are supposed to be sealed—if the medication absorbed slowly into a resident skin to provide pain relief). The police officer was given the used patch also.

I certify that this statement, consisting of __________ pages, is true and correct to the best of my knowledge:

Officer: _______________________________ Signature _______________________________

Witness: __________________ Page 1 of 1 Pages

Exhibit 2

Page 5 of 7
At approx. 5:15 Marlene Beisel called me from another area and told me that she had seen Nancy take a patch from the med cart and put it in her pocket. Nancy then went to the bathroom. This was odd behavior to Marlene and she was reporting it to me. W. Ketchum DNS was still in the building and I told him of Marlene's observation. He instructed me to watch Nancy and to check the bathroom for signs of drug use.

At 6:45, Ketchum called me, and Nancy said to take the phone in the dining area as it was closest. We went to the DR and as I took the phone she picked up her jacket that she had left earlier. She fumbled and a syringe fell out of her pocket. She then quickly left and I reported what I saw to Ketchum.

At 7:00 Nancy went to lunch. I went to the med cart and checked the locked narcotics drawer. Mr. Wallen's duragesic patch had been opened and there was a small drop of medication on the side of the patch. I replaced everything and locked it back. I then went to the phone and called Tim Schnieder, Adm. and told him of what I found.

At approx 7:45, Nancy had parked her med cart near rm. 201 and she then went to Mr. Wallen (he was sitting near the table across from the Nurse's station) and removed his old patch and replaced it with the compromised patch.

At 8:00 Sandy Burr RN relieved Nancy and I took control of the med cart.

Mangualdo RN
Case No: 99-1569
Name: Wayne E. Ketchum
Address: 201 Broad Street, Moscow, ID 83843
DOB: 5-2-46  Sex: M  Eyes: Blue  Hair: Brown  HGT: 5'11" WGT: 200 lbs
Phone: (208) 274-3800
Date of Statement: 4-2-99  Time of Statement: 14:30

I, Wayne E. Ketchum, do hereby make the following written statement voluntarily to Officer T.L. Barrett of the Moscow Police Department:

Nancy Greenwell had a history of medication errors with this facility and was being cautioned regarding these. She was being watched by myself and others.

On 4-1-99, she was observed taking something out of the locked narcotic box — putting it in her lab coat pocket and going to the bathroom. This was reported to me — of course, with the other nurse on duty, I asked her to check the patients' file, the "med" book and the medication record. Then to call me. My intent was to come back at the end of the shift to confront her.

I was also told by the other nurse (K. Macquaid) that when Nancy picked up her lab coat and syringe fell out of the pocket (3 cc syringe).

I was called back to the facility last night. I received my phone message to find that Nancy had

Admitted the Diamox syringe.

Wayne E. Ketchum

I certify that this statement, consisting of ___________ pages, is true and correct to the best of my knowledge:

Officer: _______________________________ Signature: _______________________________

Witness: _______________________________ Page ___ of ____ Pages

Exhibit 2  Page 7 of 7
Simone deGlee, MSN, RN  
Assoc. Executive Director  
PO Box 83720  
Boise ID 83720-0061

Dear Ms. de Glee,

As per our conversation, I don't wish to contest the charges against me. I admit to diverting medication. I am surrendering my license.

Sincerely,

Nancy Greenwell

1997-1999  
State Of Idaho  
Board Of Nursing  
LICENSE NUMBER  
N-11458  
This is to certify that:  
Expires: August 31, 1999  
NANCY GREENWELL  
1300 WATERMILL RD  
DEARY, ID 83823  
has complied with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE (RN).  

Nancy Greenwell  
Valid when signed

Exhibit 3
Page 1 of 1
3. Article Addressed to:

Nancy Greenwell
1300 Watermill Rd
Deary ID 83823

4a. Article Number
Z 273 760 237

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

7. Date of Delivery
5-20-99

8. Addressee’s Address (Only if requested and fee is paid)

Domestic Return Receipt

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

To: Nancy Greenwell
Street & Number

Post Office, State, & ZIP Code

Package

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee’s Address

TOTAL Package & Fees

Postmark or Date

PS Form 3811, April 1985
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the matter of

Nancy Greenwell
N-11458

FINDINGS AND
ORDER OF
REINSTATEMENT

The Executive Director of the Board of Nursing having reviewed information submitted in support of the licensee, has determined that Nancy Greenwell has complied with the requirements of limited licensure instituted by the members of the Board of Nursing. Information and reports submitted have provided evidence of rehabilitation and competency to practice nursing.

ORDER

It is hereby ordered, that the professional nurse license of Nancy Greenwell be reinstated without further restriction.

Dated this 17th day of November, 1995.

[Signature]
LEOLA DANIELS, M.S., R.N.
Executive Director

(Seal)
June 1, 1992

CERTIFIED MAIL

Nancy Greenwell
Box 427
Genesee, ID 83832

Dear Ms. Greenwell:

Upon formal action by the Idaho Board of Nursing on May 28, 1992, your professional nurse license N-11458 was revoked by reason of voluntary surrender. Enclosed is the Order of Revocation.

You may not practice nursing in the State of Idaho during the time your license is revoked.

Sincerely,

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lhc
enclosure
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of Nancy Hale Greenwell
LICENSE NO: N-11458

ORDER OF REVOCATION OF LICENSE

The above entitled matter being submitted to the Board of Nursing, State of Idaho, and the matters therein being fully considered by the Board of Nursing, and there appearing good cause, therefore:

IT IS HEREBY ORDERED, that the professional nurse license of Nancy Hale Greenwell, number N-11458 be and it hereby is revoked, subject to Subsequent Review under 54-1412 (c), IDAHO CÔDE, by reason of voluntary surrender.

BE IT FURTHER ORDERED, that should Nancy Greenwell request reinstatement of licensure in the future, that she present:

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

2. Documentation of continued recovery.

3. A comprehensive psychiatric evaluation.

DATED THIS May 28, 1992

DIANA KOTTKÉY, R.N.
Chairman
<table>
<thead>
<tr>
<th>SENDER:</th>
<th>I also wish to receive the following services (for an extra fee):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. ☐ Addressee's Address</td>
</tr>
<tr>
<td></td>
<td>2. ☐ Restricted Delivery</td>
</tr>
<tr>
<td></td>
<td>Consult postmaster for fee.</td>
</tr>
</tbody>
</table>

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, 4b & 6.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: Nancy Greenwell
   Box 427
   Genesee ID 83832
   IDAHO BOARD
   OF NURSING

3a. Article Number 006

5. Signature (Addressee) Nancy Greenwel

6. Signature (Addressed) Nancy Greenwel

7. Date of Delivery 6/8/92

8. Addressee's Address (Only if requested and fee is paid)
### Order

**NEW BUSINESS**  
*Agenda Item: V-1b*

<table>
<thead>
<tr>
<th>Nancy Greenwell</th>
<th>RN</th>
<th>N-11458</th>
<th>CASE #99-017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/2/89 - Hospital DNS notified the Board that they had noted breakage and tampering of narcotics around April. In September, a change in behavior of the licensee was noted: a blood spot was noted on her uniform by the left hip area, she requests PCA pump patients, she signs out more pain medication than other nurses (90% of narcotics over a 3-day period) and pain medication is recorded for patient who do not receive medication on other shifts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/5/89 - Written documentation indicates the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ co-workers were requested to sign for wastage of Morphine that was not witnessed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Morphine was signed out but not charted in patient records.</td>
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<td>■ 5 doses of Morphine were signed out for one patient and 3 doses were recorded in the patient's record.</td>
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<td>■ displayed behavior indicating difficulty remembering to note off orders - missed two obvious notations.</td>
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<td>■ failed to initial meds administered and to complete narcotics log information.</td>
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<td>■ she frequently offered to give pain medication to other nurse's patients.</td>
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<td>■ there were drugs missing and not accounted for on her shift - Demerol and Morphine.</td>
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<td>11/7/89 - A meeting was held with the licensee. She admitted to diversion of narcotics (Morphine and Demerol) for personal use by injection and surrendered her nursing license. She stated she began diverting around February 1989.</td>
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<td>12/7/89 - She reported that a drug/alcohol evaluation had been done and that she had enrolled in an outpatient program. Confirmation of enrollment was received. A copy of the drug/alcohol evaluation was requested. Referred to Advisory Committee. Monitored by Advisory Committee with modifications in requirements from time-to-time until January 1992, when a limited license was issued.</td>
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<td>3/24/92 - Letter received from counselor notifying the Board that a serious incident had occurred in October.</td>
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<td>3/26/92 - Licensee notified the Board office in writing that in October 1991, she had copied a friend's prescription number for pain medication and attempted to obtain a refill. She was &quot;caught&quot; when she went to pick up the medication and is now facing court proceedings for fraudulently obtaining controlled substance medication.</td>
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<td>5/28/92 – <strong>BOARD ACTION</strong> – Affirmed Notice of Termination of Conditional Limited License and issued an Order of Revocation.</td>
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<td>10/28/93 - Requested for reinstatement. See attached. Application will be provided at the Board meeting.</td>
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<td>11/16/93 - <strong>BOARD ACTION</strong> - issued a limited license for two years with conditions.</td>
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</table>
Case 99-017 continued....

11/17/95 – License reinstated without further conditions.
4/15/99 – Complaint received regarding suspected drug diversion and use.
5/4/99 – During a telephone interview, the licensee admitted to taking drugs from patients when they had refused the medication.
5/6/99 – Licensee notified the Board that she was voluntarily surrendering her license, admitted to diverting medications, and would not contest the charges against her.