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

HEIDE GROVES
PN-13574

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Heide Groves
4380 S Chariot Way
Boise, ID 83709

Dear Ms. Groves:

During their meeting on July 24-25, 2008, the Board of Nursing members took action to issue Findings of Fact, Conclusions of Law and a Final Order to revoke your practical nurse license. Enclosed is a copy of the Final Order.

The Order became effective July 24, 2008. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

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.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
) Case No. EN-070601
HEIDE GROVES, )
License No. PN-13574, ) FINDINGS OF FACT,
Respondent. ) 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. Heide Groves (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. PN-13574 to engage in the practice of nursing in the State of Idaho. As part of an Agreement with the Board, on the date Respondent’s license was issued, Respondent voluntarily surrendered her license and agreed to (1) sign a Nurse Monitoring Contract with the Program for Recovering Nurses (PRN), and (2) complete all terms and conditions of the PRN. A copy of the Agreement is attached as Exhibit A.

2. On July 6, 2006, Respondent voluntarily surrendered her license, further admitting that she had “a dx of 303.9 (alcohol).” She agreed to enter treatment immediately and to participate in a monitoring program, and to resume the practice of nursing only at such time as a conditional limited license was issued to her. A copy of Respondent’s Voluntary Surrender of License is attached as Exhibit B.

3. On July 6, 2006, Respondent signed a Nurse Monitoring Contract with the PRN as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit C (the “PRN Contract”). In the PRN Contract, Respondent states, among other things, that “I agree to participate in . . . activities” including random UA/drug testing. Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

4. On August 24, 2006, Respondent was issued a conditional limited license.
One of the license's conditions was that Respondent must continue under monitoring conditions consistent with her PRN Contract.

5. On October 19, 2007, Respondent was cautioned by the Board to maintain compliance with her PRN contract, including the timely calling in for urine drug screens (UAs). A copy of the Board's October 19, 2007, letter to Respondent is attached as Exhibit D.

6. On December 12, 2007, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to failing to submit to a random UA on December 3, 2007. A copy of the December 12, 2007, letter from PRN to the Board is attached as Exhibit E.

7. On January 2, 2008, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued Notice of Summary Suspension of Limited License in this case, immediately terminating Respondent's limited license. Respondent was notified that her case would be reviewed by the Program for Recovering Nurses Advisory Committee (PRNAC) at its next scheduled meeting and that she could request a hearing on the summary suspension of her limited license within 20 days of the service of the Notice of Summary Suspension of License. A copy of the Notice of Summary Suspension of Limited License is attached as Exhibit F.

8. On January 14, 2008, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent (1) continue to be monitored by the PRN and (2) sign a new Contract for Monitoring for a five-year period. Respondent was also advised that a limited license would be considered following support of the PRN. A copy of the January 14, 2008, letter from the Board to Respondent is attached as Exhibit G.

9. On April 25, 2008, Respondent signed a new Nurse Monitoring Contract with the PRN as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit H, in which Respondent states, among other things, that “I agree to participate in . . . activities” including random UA/drug testing.

10. On June 30, 2008, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to failing to submit to random UA testing on May
23, May 27, June 6 and June 16, 2008. A copy of the June 30, 2008, letter from PRN to the Board is attached as Exhibit I.

11. On July 1, 2008, Respondent was notified that this matter would be reviewed by the PRNAC at its July 11, 2008, meeting and that she could request to meet with the PRNAC by calling the Board office by July 8, 2008, to request an appointment time. A copy of the July 1, 2008, letter to Respondent is attached as Exhibit J. Respondent failed to request an appointment time to meet with the Committee.

12. Respondent did not request a hearing to contest her summary suspension.

13. On July 11, 2008, the PRNAC reviewed Respondent’s case and recommended that it be referred to the Board for disciplinary action. A copy of the July 11, 2008, memo from the PRNAC to the Board is attached as Exhibit J.

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 License No. PN-13574 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent voluntarily surrendered her license and was subsequently issued a limited license. One of the conditions of her limited license was that Respondent comply with her PRN contract.

5. Respondent’s limited license was summarily suspended because of failure to comply with her PRN contract, and Respondent has continued to fail to comply with her PRN contract.

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 Board Rule 100.06 (a nurse shall not habitually use alcoholic beverages or drugs).

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

1. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the January 2, 2008, summary suspension of Respondent’s license.

2. License No. PN-13574 issued to Heide Groves is hereby:

   ✔ Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.

   ___ Suspended: _____ days _____ year(s) _____ indefinitely. Respondent’s license shall be a single-state license during the term of suspension 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.

3. 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.
4. 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.

DATED this 24th day of July, 2008.

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.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 29th day of July, 2008, I caused to be served a true and correct copy of the foregoing by the following method to:

Heidi Groves
4380 S. Chariot Way
Boise, ID 83709

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

Karl T. Klein
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
Board of Nursing
AGREEMENT

WHEREAS, on or about April 18, 2006, Heide J. Groves (hereinafter "Respondent") made application to the Idaho State Board of Nursing (hereinafter the "Board") for licensure by endorsement to practice as a licensed practical nurse; and

WHEREAS, Respondent also holds License No. 200130116 (which license is expired) to practice practical nurse in the State of Oregon; and

WHEREAS, on or about June 19, 2003, the Oregon Board of Nursing issued an Order requiring Respondent to obtain a chemical dependency evaluation within 30 days of the mailing date of the Order; and

WHEREAS, Respondent failed to comply with the Oregon Board of Nursing’s June 19, 2003, Order, and Respondent’s Oregon license was suspended on June 17, 2004, until she complied with the Board’s June 19, 2003, Order; and

WHEREAS, on February 9, 2006, Respondent obtained a drug/alcohol evaluation from Southworth Associates which indicated that Respondent had an alcohol dependency; and

WHEREAS, on March 28, 2006, the Oregon Board of Nursing ended Respondent’s suspension and reinstated Respondent’s Oregon license to expired license status.

NOW, THEREFORE, the parties do hereby agree as follows:

1. The Board will issue Respondent a renewable practical nurse license pursuant to the following terms and conditions:

   a. Respondent will appear in person at the Board office to receive her practical nurse license and will immediately voluntarily surrender the same to the Board;

   b. Respondent will sign a Nurse Monitoring Contract with the Program for Recovering Nurses (PRN); and

   c. Respondent will complete all terms and conditions of the PRN.

2. The Board will issue Respondent a limited license based upon the recommendation of the PRN and pursuant to IDAPA 23.01.01.132.04.

3. Respondent hereby waives any rights to an administrative hearing pursuant to the Idaho Administrative Procedures Act on her application for licensure.

AGREEMENT - 1
4. Should Respondent fail to abide by the terms of this Agreement and/or the PRN requirements, the Board will institute formal disciplinary action against Respondent's license.

ACKNOWLEDGMENT

I, Heide J. Groves, have read and understand the above agreement fully and I have had the opportunity to discuss it with legal counsel. I understand that, by signing this Agreement, I may be waiving procedural rights guaranteed to me pursuant to the Idaho Administrative Procedures Act. I voluntarily, knowingly, and freely waive those rights, including the right to a hearing, in order to enter into this Agreement. I agree to the above stated terms.

DATED this 14th day of June, 2006.

Heide J. Groves

DATED this 19th day of June, 2006.

IDAHO STATE BOARD OF NURSING

By Sandra Evans, M.A.Ed., R.N.
Executive Director

I concur in this agreement.

DATED this 27th day of June, 2006.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

By Karl T. Klein
Deputy Attorney General
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, HEIDE JACOBYN GROVES, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct:

   That I HAVE A DX OF 305.9 (ALCOHOL)

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 PN13574 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: July 6, 2000

Heide O. Groves
Signature of Licensee

780 So Chariot Way
Address
Boise, Idaho 83707

Dated: July 6, 2000
City, State, Zip

6/99-PRN

Signature of Witness

exhibit B
Page 1 of 1
NURSE MONITORING CONTRACT

Client Name: **Heide J. Graves**  Date: **7-6-06**

I, **Heide Graves**, 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:

- I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- 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:
  - *Work Supervisor*
  - *Spouse or significant other*
  - *Primary Care Provider/Dentist*
  - *Other_

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

- *Alcohol/Drug Education*
- *Group Therapy*
- *Counseling*
- *3 Mutual Support Group Meetings per week*
- *Meet weekly with sponsor face-to-face to work the steps*
- *Random UA/Drug Testing*
- *Weekly Health Professionals Support group*

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.

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.

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.

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.

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

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

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: **Heide Graves**
Witness: **[Signature]**

Client Address: **4380 50 Charist**
Program Coordinator: **Boise, Idaho 83709**

Exhibit C
Page 1 of 5
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate sources (i.e., probation, employer).

Moving to Another State

- I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.
- I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program or/and State Board of Nursing.
- Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.
- In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.
- It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state to the Nurse Licensure Compact without having received express permission from that state.

Returning to the Workplace

- I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.
- I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.
- I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.
- My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no employment as a traveling nurse, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.
- I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA Testing

- It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
- Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the

Last Revision 10/30/01

Exhibit C
Page 2 of 5
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

> I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

> I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.

> I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.

**PRESCRIPTION DRUG/ HEALTH CARE**

> I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any/all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

> Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

> I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

> Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

TERMS AND CONDITIONS OF THE CONTRACT

The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

The PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, etc., then the PRN may make changes on my contract at any time.

All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

ADMONITIONS

No self-prescribing any drug, legned or scheduled (controlled).

Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.

Do NOT consume so-called "non-alcoholic" beer and/or wine.

Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.

Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.

- Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
- Avoid the "PERCEPTION" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
- Avoid unexcused absences (from meetings, urinalysis tests, etc).
- Avoid positive UA's (MISSING UA = POSITIVE UA).
- Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.
- Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.
- In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.
- AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.
- Don't "advertise" your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant's practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

"I have read and agree to abide by the above listed guidelines and admonitions of the PRN program."
Dear Ms. Groves:

During their October 19, 2007 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator. The Committee is concerned that you have failed to call NCPS on several occasions and have missed scheduled urine drug screens.

Following their review, the Committee made the following recommendations:

1. That you immediately come into full compliance with all requirements of your monitoring contract, including the timely calling-in for urine drug screens;
2. Failure to maintain full compliance will result in a letter of non-compliance to the Board of Nursing for possible summary suspension of your limited license.

The Committee members cautions you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhc
cc: PRN Program

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.
December 12, 2007

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

RB: Heide Groves

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Heide Groves, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Groves failed to submit to a random urine-analysis (UA) when selected on December 3, 2007. Ms. Groves stated that because she did not have any "Chain of Custody" (COC) forms at the time, she was unable to provide a specimen for analysis. Ms. Groves has been warned previously (May 21, 2007) regarding the importance of maintaining the necessary number of "COC" forms on hand at all times in order to maintain compliance with her random drug screening requirement in her PRN contract.

At the request of the Program Coordinator, this complaint is being submitted to the Board.

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,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Heide Groves
Leana Reeves

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of } ORDER OF
} SUMMARY SUSPENSION
Heide Groves } OF LIMITED LICENSURE
} CASE No: EN-070601
PN-13574

This Order serves to officially notify you that your limited license, number PN-13574, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed July 6, 2006, by

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (January 24-25, 2008). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 2nd day of January, 2008.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 3rd day of January, 2008, I caused to be
served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF
LIMITED LICENSE addressed as follows:

Roger Gabel
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

Heide Groves
4380 S Chariot Way
Boise ID 83709

U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:
Statehouse Mail

U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:
Statehouse Mail

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
Heide Groves  
4380 South Chariot Way  
Boise, Id 83709

Dear Ms. Groves:

During their January 11, 2008 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator.

Following their review, the Committee made the following recommendations:

1. That you continue to be monitored by the Program for Recovering Nurses for compliance with all requirements of your contract;
2. That you sign a new Contract for Monitoring for a five-year period;
3. That following support of the Contractor regarding your return to work, a limited license will be considered.

The Committee members cautioned you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:hnc  
cc: PRN Program

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.
PROGRAM FOR RECOVERING NURSES
NURSE MONITORING CONTRACT

Client Name: Heide Groves

Date: 4-25-08

1. HEIDE GROVES, 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 (PRN).

During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

- I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for healthcare reasons.
- 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 number of refills.

I agree to advise the following persons of the conditions of this agreement:
- Work Supervisor
- Spouse or significant other
- Primary Care Provider/Dentist
- Other

I agree to participate in/attend regularly the following activities:
- Complete Level I Outpatient Program with Assertive Behavioral Health
- Individual counseling once per week
- Maintain psychiatric treatment with physician
- Attend AA/NA meetings at the rate of 4 per week
- Obtain and meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Attend weekly PRN Support Group meetings

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.

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.

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.

I agree that the Program Coordinator and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

I agree to pay to PRN $15/month to cover a share of the cost of the program. I understand that I will be billed for this amount on a monthly basis. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges. I also agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.)

RECEIVED MAY 18 2008
I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.

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.

I agree to cooperate and be courteous at all times with my Compliance monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

Client Signature: 

Client Address: 4391 S. Cherry Way
Boise, Idaho 83709

Witness: 

Program Coordinator: 

Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555

Exhibit: 4
Page: 206
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses (PRN) agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

➢ I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.
➢ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.
➢ Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.
➢ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.
➢ It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.
➢ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.
➢ I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.
➢ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no employment as a traveling nurse, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.
➢ I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any overtime (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

➢ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the

Last Revision 10/30/01
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.

I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.

**PRESCRIPTION DRUG/HEALTH CARE**

I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of all medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

- Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

- If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

- I will immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

- I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

- The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

TERMS AND CONDITIONS OF THE CONTRACT

- The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

- The PRN reviews contracts on an annual basis, and thus may make changes in this contract.

- Appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, etc., the PRN may make changes on my contract at any time.

- All changes in my contract(s) will be documented by the PRN. If I desire to, I may request changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

ADMONITIONS

- No self-prescribing any drug, legal or scheduled (controlled).

- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

- Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.

- Do NOT consume so-called “non-alcoholic” beer and/or wine.

- Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.

- Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.

Last Revised 10/2/03
Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.

Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).

Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.

Avoid unexcused absences (from meetings, urinalysis tests, etc.).

Avoid positive UA's (MISSED UA = POSITIVE UA).

Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.

Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.

In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.

AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.

Don't "advertise" your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

"I have read and agree to abide by the above listed guidelines and admonitions of the PRN program."

Nurse

Date

Witness

Date

*The PRN encourages you to occasionally review this document.*

Exhibit H

Page 6
June 30, 2008

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

RE: Heide Groves

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Heide Groves, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Groves failed to submit to random urine-analysis (UA) testing on May 23rd and 27th, June 6th and 16th 2008. Ms. Groves was apparently out of town during the times she was selected to test. Ms. Groves failed to notify the PRN in writing of her travel plans. In addition to the above non-compliance issues, on June 27, 2008 Ms. Groves disclosed to Mr. Southworth during a telephone conversation that she had been drinking alcohol. Mr. Southworth instructed Ms. Groves to schedule an appointment for an evaluation.

At the request of the Program Coordinator, this complaint is being submitted to the Board.

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,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Heide Groves

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
July 1, 2008

Heide Groves
4391 S Chariot Way
Boise, ID 83709

Dear Ms. Groves:

We have been notified by the Program for Recovering Nurses that you have failed to submit to random urine drug screens on May 23, May 27, June 6 and June 16, 2008. Additionally, you reported to the program coordinator that you had been drinking alcohol.

Your file will be placed on the agenda for consideration by members of the Program for Recovering Nurses Advisory Committee at their meeting on July 11, 2008. Please contact Linda Coley (208) 334-3110 ext 25 in the Board office to schedule an appointment to meet with the Advisory Committee no later than July 8th.

Please contact this office if you have questions concerning this information.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhcc
cc: John Southworth, Coordinator

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.
The file of Heide Groves was reviewed at the Advisory Committee meeting on July 11, 2008, and found to be in non-compliance of recommendations because of the following:

Failure 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: Sande Warren
Date: 7/11/08

Action Recommended to Board: Revoke license

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.