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

MARY ANN ROGERS
N-21152

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

STATE OF IDAHO

In the Matter of: Case No. 97-035

MARY ANN ROGERS, FINDINGS OF FACT,
License No. N-21152, CONCLUSIONS OF LAW,
Respondent. 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 Mary Ann Rogers (“Respondent”) is a duly licensed nurse in
the State of Idaho holding License No. N-21152.

2. On or about September 22, 1997, the Board received a complaint from
Bannock Regional Medical Center that Respondent was suspected of diverting narcotics
for self use.

3. On or about September 22, 1997, Respondent voluntarily surrendered her
license, admitting to violations of the Nursing Practice Act. A true and correct copy of
the voluntary surrender form signed by Respondent is attached hereto as Exhibit 1.

4. On or about September 29, 1997, Respondent enrolled in the program for
recovering nurses. A true and correct copy of the contract she signed with the PRN is
attached hereto as Exhibit 2.

5. On or about February 5, 1998, the Board granted Respondent a limited
license with conditions and restrictions for practice. A true and correct copy of the letter
from the Board to Respondent is attached hereto as Exhibit 3.
6. On or about June 24, 1999, the program for recovering nurses notified the Board that on June 11, 1999, Respondent had a positive UA result for hydrocodone and hydromorphone. On March 15, 1999, Respondent also had a positive UA result for hydromorphone. A true and correct copy of the letter and UA test results sent to the Board by the PRN is attached hereto as Exhibit 4.

7. On July 13, 1999, the Board withdrew Respondent’s conditional limited license. A true and correct copy of the notice of withdrawal of conditional limited license is attached hereto as Exhibit 5.

8. The Advisory Committee met on July 16, 1999, to review Respondent’s file, and found Respondent to be noncompliant because of her failure to comply with all terms and conditions of the PRN contract. The Advisory Committee recommended revocation of Respondent’s license. A true and correct copy of the Advisory Committee’s report is attached hereto as Exhibit 6.

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

CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code, and the rules and regulations promulgated by the Board thereunder.

2. The allegations and facts stated above, if proven, would constitute violations of the Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code §§ 54-1413(1)(d), 54-1413(1)(e), 54-1413(1)(g), 54-1413(1)(h), IDAPA 23.01.01100.05, 100.06, 100.09.b, and 100.09.e.
3. Respondent's voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent's license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. N-21152 issued to Respondent Mary Ann Rogers is

✓ Revoked

Suspended ____ days/year(s) ____ indefinitely based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

This order is effective immediately.

DATED this 12th day of August, 1999.

IDAHO BOARD OF NURSING

By

Daniel Bauer, R.N.
Interim Chair

NOTICE OF DUE PROCESS RIGHTS

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

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the 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.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 19th day of August, 1999, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, certified mail, return receipt requested, and regular mail, postage prepaid, addressed to:

Mary Ann Rogers
425 South Johnson
Pocatello, ID 83204

Sandra Evans, M.A.Ed., R.N.
Executive Director
VOLUNTARY SURRENDER OF LICENSURE

I

I, Mary Ann Rogers, admit that:

Have taken Vicodin + Tylenol that were prescribed for patient. I signed them out, but did not give them.

II

I understand and acknowledge that the admitted facts constitute grounds for disciplinary action under Section 54-1412, of the Nursing Practice Act, IDAHO CODE.

!!!

I hereby voluntarily surrender license number N-21152 and I shall forthwith discontinue the practice of nursing in Idaho.

IV

I hereby waive the right to a hearing concerning the foregoing admitted facts, and waive my rights under the provisions related to contested cases in the Administrative Procedures Act, Chapter 52, Title 67, IDAHO CODE.

Dated: 9/23/97

Mary Ann Rogers

State Of Idaho
Board Of Nursing

1997-1999

LICENSE NUMBER
N-21152

Dated: 9/22/97

Mary Ann Rogers

425 SOUTH JOHNSON
POCATELLO, ID 83204

1/89 1/93

Exhibit 1

Valid when signed

has compiled with the requirements of the law and is entitled practice as a LICENSED PROFESSIONAL NURSE (RN).
NURSE CONTRACT

Client Name: Mary Ann Rogers  Date 9/29/97

1. Mary Ann Rogers, recognizing that I suffer from chemical dependency and/or mental conditions that 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:

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

   2. I agree to provide any healthcare professional that may prescribe drugs for me with a copy of this agreement and ask them to advise the PRN with a written explanation of the need for such medication and a copy of the prescription.

   3. I agree to advise the following persons of the conditions of this agreement (please initial):
      - Work Supervisor
      - Spouse or significant other
      - Personal Physician
      - Other

   4. I agree to participate and attend regularly in the following activities (please initial items):
      - Alcohol/Drug Education
      - Group Therapy
      - Counseling
      - AA/NA/CA Meetings
      - Obtain 12 Step Sponsor
      - Urine Analysis/Drug Testing
      - Nurse Support Group
      - Psychiatric Follow-up
      - Exercise Program
      - Other

   5. I agree to accurately describe each week's activities on the forms provided and submit weekly monitoring reports to the independent monitoring service.

   6. 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.

   7. 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.

   8. I agree to pay to the Program Coordinator $10.00 per month to assist with the costs of this program. I understand that I will be billed for this amount quarterly. I will also be responsible for payment of regular drug screenings.

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

   10. I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years.

   11. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I may be reported to the Board of Nursing for non-compliance.

   Client Signature: Mary Ann Rogers  Witness:

   Client Address:  Program Coordinator

   Original = Referral  Second Page = Monitoring Service  Third Page = Client

   RECEIVED  DEC 17 1998

   Exhibit 2
February 5, 1998

Mary Ann Rogers
425 South Johnson
Pocatello ID 83204

Dear Ms. Rogers:

During their recent meeting, the Board of Nursing’s Advisory Sub-Committee reviewed your request for the issuance of a limited license as advocated by Business Psychology Associates. Following their review, a limited license was authorized for the period ending five years from the date of issuance, with conditions consistent with your Agreement with Business Psychology Associates. The limited license can be issued following receipt of the $90.00 limited licensure fee required under IDAPA 901.04a.

In addition to the conditions already in place, additional conditions may include:

1) In conjunction with your employer, no access or monitored access to narcotics may be necessary for a time period.
2) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Board’s Program Coordinator.

Your file will continue to be monitored by Business Psychology Associates for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well by phone or in writing relative to the program or the conditions of limited licensure.

Sincerely,

SANDRA EVANS, M.A.Ed., R.N.
Executive Director

SE:Ihec
cce: BPA
June 24, 1999

Sandra Evans
Board of Nursing
P.O. Box 83720
Boise, ID 83720-0061

RE: Mary Ann Rogers

Dear Ms. Evans,

On June 11, Ms. Rogers had a positive urinalysis result for Hydrocodone and Hydromorphone. When we contacted Ms. Rogers about this positive result, she did not have any explanation. We are therefore returning Ms. Rogers to the Board of Nursing for further disciplinary action due to non-compliance with her PRN contract and for not remaining abstinent from alcohol and drugs.

We gave Ms. Rogers the option to go to Inpatient treatment or to be returned to the Board of Nursing for disciplinary action to be taken against her nursing license. She has chosen not to go to Inpatient and said that she will give up her license without any fight. She is going back to school in the fall to become a Special Education Teacher and is choosing to take a different path in her career.

Enclosed is a copy of Ms. Rogers’ PRN contract. If you have any further questions or concerns, please feel free to contact me.

Sincerely,  

John Southworth, CADC  
PRN Coordinator  
(208) 891-4726 cellular  
(800) 729-0533 pager

cc: Lois Marquett (work monitor)  
Jeff Holbrook (treatment provider)  
Mary Ann Rogers

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
NCPS, INC.
P.O. BOX 120083
NEWPORT NEWS, VA 23612-0083
Phone: (800)-948-8589
Fax: (757)-873-7754

MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION REPORT

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
Donor ID # 051049

MRO: J. Gilbert Freeman, Jr., M.D.
Specimen # 165-743-2477-0
Date of Specimen 6/11/99

Part 2: Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following drug(s):

1. Hydrocodone Level: (ng/ml) 932 cutoff: 300
2. Hydromorphone Level: (ng/ml) 667 cutoff: 700

Part 3: I have reviewed the test results above and in accordance with Federal
guidelines my final determination is:

Drug # 1 Positive ☑ Negative ___
Drug # 2 Positive ___ Negative ___

Notes: Participant contacted: Yes - No
Test Confirmed: Yes - No
Prescription: Yes - No
Collection: OK - No
COC: OK - No Creatinine: Low Specific Gravity: OK - Low

Comments: Hydromorphone is a metabolite of Hydrocodone. Participant
has reported not having a prescription for Hydrocodone, later stated she would send confirmation.

J. Gilbert Freeman, Jr., M.D. 6/28/99

Date
Drug Profile 764888

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<th>RESULT</th>
<th>SCREEN</th>
<th>CONFIRM</th>
<th>LIMITS</th>
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<tr>
<td>OPIATES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
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<td>Cutoff = 0.020%</td>
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<td>MG/DL</td>
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Chain-of-Custody Protocol: PERFORMED
MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION REPORT

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
MRO: J. Gilbert Freeman, Jr., M.D.

Donor ID # 051049
Specimen # 075-743-4806-0
Date of Specimen 3/15/99

Part 2: Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following drug(s):

1. Hydrocodone Level: (ng/ml) 1123 cutoff: 300

2. __________ Level: (ng/ml) ________ cutoff: ________

Part 3: I have reviewed the test results above and in accordance with Federal
guidelines my final determination is:

Drug # 1 Positive ✅ Negative

Drug # 2 Positive _____ Negative ___

Notes: Participant contacted: (Yes) - No Admits: Yes - No
Test Confirmed: (Yes) - No Prescription: Yes - No Collection: OK - No
COC: OK - No Creatinine: (OK) Low Specific Gravity: OK - Low
Comments: States she took some of her mother's cough medicine.

J. Gilbert Freeman, Jr., M.D. 3/22/99
Date
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<th>RESULT</th>
<th>SCREEN</th>
<th>CONFIRM</th>
<th>CUTOFF</th>
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<tr>
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<td>OPIATES</td>
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LAB: UI LABCORP COMPUCHEM RTP
1904 ALEXANDER DRIVE RTP, NC 27709-6000

DIRECTOR: P CHILDS, PHD, D-ABFT

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 757-420-2883 LAB: 919-872-6900
LAST PAGE OF REPORT
Mary Ann Rogers
425 So Johnson
Pocatello ID 83204

Dear Ms. Rogers:

NOTICE OF WITHDRAWAL OF CONDITIONAL LIMITED LICENSE

You are hereby notified that the limited license, number N-21152, issued under provisions in IDAPA 23.01.132, is withdrawn, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare due to failure to comply with the terms and conditions of limited licensure, by:

a. Failing to abstain from all mind-altering chemicals as provided for in the Contract signed September 29, 1997, as evidenced by the results of a positive urine drug screens for Hydrocodone and Hydromorphone on June 11, 1999.

Your file will be referred to the Advisory Committee for the Program for Recovering Nurses for re-evaluation on July 16, 1999. You have indicated that you do not intend to remain in nursing and plan to surrender your limited license for formal action. The Advisory Committee will issue a Report of Non-Compliance to the Board with the recommendation of licensure revocation. In the meantime, you may not be employed as a licensed nurse in the State of Idaho.

Dated: July 13, 1999

[Signature]
SANDRA EVANS, MAEd, RN
Executive Director

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
TO:         SANDRA EVANS, MAEd, RN
            Executive Director
            Idaho Board of Nursing

FROM:      Analyn Frasure, LPN, Chairperson
            Program for Recovering Nurses

DATE:      July 16, 1999

The file of Mary Ann Rogers was reviewed at the Advisory Committee meeting on July 16, 1999, 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]  7/19/99

Action Recommended to Board: Revocation based on voluntary surrender

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.