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

JANE HOLBROOK
N-13257
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: 

JANE HOLBROOK
License No. N-13257
Respondent.

Case No. 03-008

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Having reviewed the documents filed in this matter, the Idaho State Board of Nursing (hereinafter the "Board") enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Jane Holbrook (hereinafter "Respondent") is licensed by the Idaho State Board of Nursing under License No. N-13257 to engage in the practice of nursing in the State of Idaho.

2. On or about May 16, 2000, Respondent signed a contract with the Program for Recovering Nurses (PRN).

3. On January 10, 2003, the PRN was advised Respondent had been diverting drugs from her employer and had admitted to her employer she had done so. On February 7, 2003 Respondent signed a new monitoring contract with PRN. Relevant conditions were attendance of 12-Step meetings, random urine analysis testing, face-to-face weekly meetings with her sponsor, and attendance at the Health Professionals Support Group. See Exhibit A, attached hereto.

4. On June 9, 2003, a limited license was issued by the Board. See Exhibit B, attached hereto.

5. On November 11, 2004 the Board was advised by PRN that Respondent was non-compliant with the contract, as she had missed a urine analysis test. See Exhibit C, attached hereto.

5. On November 24, 2004 the Board advised Respondent her limited license was terminated for her failure to comply with the terms and conditions of her contract

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
with PRN. She was further advised that her case would be brought to the PRN Advisory Committee on January 21, 2005. See Exhibit D, attached hereto.

6. The PRN Advisory Committee recommended that the case be submitted to the Board for disciplinary action based upon Respondent’s non-compliance and voluntary surrender at the Board meeting on February 3-4, 2005. Respondent was so advised on January 27, 2005. See, Exhibit E, attached hereto.

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 Idaho licensure, N-13257 is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions and failure to act as set forth above are in violation of Idaho Code §§ 54-1413(1)(c) and (g) and IDAPA 23.01.01.100.06 and IDAPA 23.01.01.101.01, and IDAPA 23.01.132 and hence constitutes grounds for discipline.

3. Respondent’s acts as set forth above constitute violations of Idaho Code § 54-1413, thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code § 54-1413(3)(a) and Idaho Code Section 67-5242(4).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that License No. N-13257 issued to Jane Holbrook, is:

X Revoked

_____ Suspended _____ days/year(s) _____ indefinitely

Based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(4).
It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

1. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;
2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
   a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
   b. A detailed summary of employment since licensure revocation or suspension; and
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.
   d. Evidence of financial compliance with NCPS and the PRN program.

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

This order is effective immediately.

DATED this 3rd day of February, 2005.

IDAHO STATE BOARD OF NURSING

By

Randall Hudspeth, N.P., C.N.S.
Chairman

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
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 8th day of February, 2005, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

Cheri L. Bush  
Deputy Attorney General  
P.O. Box 83720  
Boise, ID 83720-0010

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

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

Jane Holbrook  
4766 Maverick Way  
Boise, ID 83709

Sandra Evans, M.A.Ed., R.N.  
Executive Director  
Board of Nursing

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Jane Holbrook, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: diversion of narcotics and non-compliance with PRN contract.

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 N-13257 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: 01/27/03

2001-2003 License Number

State of Idaho
Board of Nursing
This is to certify that: Expires: August 31, 2003

JANE HOLBROOK
4766 MAVERICK WAY
BOISE, ID 83705

has complied with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE (RN)

Jane Holbrook RN

Valid when signed by licensee.

Signature of Licensee

Signature of Witness

4766 MAVERICK WAY

Address

BOISE, ID 83709

City, State, Zip

EXHIBIT A
NURSE MONITORING CONTRACT

Client Name: Jane Holbrook  Date: 2/7/03

I, Jane Holbrook, 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:

Initial I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
Initial 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 (3) 12-Step Meetings per week
- Meet weekly with sponsor face-to-face
- Random UA/Drug Testing
- Weekly Health Professionals Support group—weekly

Attend Intensive Outpatient at First Step for Women

I agree to enter inpatient treatment with any further drug/alcohol use other than physician approved.

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: Jane Holbrook  Witness: John Barnes

Client Address: 4706 Maverick Wy  Program Coordinator
NURSE CONTRACT

Client Name: Jane Holbrook  Date 5/1/960

1. Jane Holbrook, 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.  Initial

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.  Initial

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
   - AANA/ACA 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 monthly. 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 maximum 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 Jane Holbrook  Witness Kristie Carte
Client Address 4766e Maverick  Program Coordinator
Boise, ID 83709  Jack Card

Original Referral  Second Page Monitoring Suphia Third Page Client
May 23, 2003

Jane Holbrook
4766 Maverick Way
Boise, Idaho 83709

Dear Ms. Holbrook:

We have received a letter from the Program for Recovering Nurses supporting the issuance of a limited license. This license has been authorized for the period ending five years from the date of issuance, with continuing monitoring conditions consistent with your Agreement with the Program for Recovering Nurses. The limited license can be issued following receipt of the $100.00 limited licensure fee required under IDAPA 901.05. Please note this amount must be either a money order or cash.

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

1) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Board’s Program Coordinator. You may not begin employment until the work site monitor has been approved by the Program Coordinator.

2) Not accept employment on the night shift (11 pm - 7 am) or in a home health setting until approved by the PRN Coordinator.

3) In conjunction with your employer no access to narcotics until authorized by the PRN Coordinator.

4) May not be employed in any other state party to the Nurse Interstate Compact without having received permission from that state.

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

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.
Idaho Board of Nursing

LIMITED LICENSE

N-13257

Jane Holbrook
4766 Maverick Way
Boise Idaho 83709

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expires: 06/09/03

(See Reverse)

VALID ONLY IN IDAHO

LIMITED LICENSE - Receipt

Receipt No.: 34704
Amount: $100.00

RN XX LPN

DATE ISSUED: 06/09/03
BY: NED
November 11, 2004

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

RE: Jane Holbrook

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Jane Holbrook, a Board of Nursing referral, is currently not in compliance with her PRN contract due to missing a UA test. At the end of October the PRN received a call from Ms. Holbrook’s workplace stating they were concerned about Ms. Holbrook’s behavior. They stated she appeared very sleepy at work. The PRN scheduled an extra UA test on October 28, 2004. Ms. Holbrook came into the PRN office that day and stated she was unaware Lab Corp. closed at 5:00pm. She was then directed to UA test at Mercy Medical Center in Nampa. She was encouraged to test that evening rather than the following day. Ms. Holbrook ended up UA testing on October 29, 2004.

On November 4, 2004 the PRN was notified Ms. Holbrook was terminated from her job at SunBridge Rehab and Living Center for forging a signature on the narcotics waste sheet. Enclosed with this letter is a copy of that incident report.

Ms. Holbrook’s current contract with PRN was signed on February 7, 2003. Ms. Holbrook’s contract requirements include the following: 1) Attendance at 12-Step meetings, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, and 4) Attend Health Professionals Support Group.

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 either me at (208) 323-9555.

Sincerely,

Lori Barnes
Compliance Monitor

cc: Jane Holbrook

EXHIBIT C

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
Dear Ms. Holbrook:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-13257, issued under provisions in IDAPA 23.01.132. is terminated, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare resulting from:

...failure to comply with the terms and conditions of your contract for monitoring with the Program for Recovering Nurses by:

a. Failing to urine drug test as required on October 28, 2004, and
b. Forging a signature on the narcotics wastage sheet.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, January 21, 2005. You may request to meet with the Committee members during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by December 10, 2004, to request an appointment time. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure suspension or revocation.

Dated: November 24, 2004

SANDRA EVANS, MAEd, RN
Executive Director

EXHIBIT D

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.
JANE HOLBROOK
4766 S MAVERIK WAY
BOISE ID 83709

SENDING COMPANY COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 11-20

B. Date of Delivery

C. Signature

- Jane Holbrook

D. Delivery address different from Item 1? □ Yes □ No

If YES, enter delivery address below:

JANE HOLBROOK
4766 S MAVERIK WAY
BOISE ID 83709

3. Service Type

□ Certified Mail □ Express Mail
□ Registered □ Return Receipt for Merchandise
□ Insured Mail □ C.O.D.

4. Restricted Delivery? (Extra Fee) □ Yes

Article Number (Copy from service label)

1000 6750 0010 5250 3797

Form 3811, July 1999

Domestic Return Receipt
12345-00-M-0002
Jane Holbrook
4766 Maverick Way
Boise, ID 83709

Dear Ms. Holbrook:

Following your meeting with the members of the Program for Recovering Nurses Advisory Committee on January 21, 2005, action was taken to refer your file to the Board of Nursing members for disciplinary action.

Your file will be placed on the agenda for the February 3-4, 2005, meeting of the Board of Nursing members. If you wish to meet with the Board or submit a statement, please contact this office no later than February 1st. Otherwise, the Board will take action to revoke or suspend your professional nurse license based on voluntary surrender.

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

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

EXHIBIT E

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: Karen Ellis, RN, Chair  
Program for Recovering Nurses

DATE: January 21, 2005

The file of Jane Holbrook was reviewed at the Advisory Committee meeting on January 21, 2005, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Program for Recovering Nurses

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature: [Signature]  
Date: 1-21-05

Action Recommended to Board: [Reason]