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

GLORIE J. ILLIAN

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Glorie Illian
PO Box 254
Inkom ID 83254

Dear Ms. Illian:

During their meeting on July 23-24, 2007, the Board of Nursing members took action to approve the Findings of Fact, Conclusions of Law and Final Order. Enclosed is a copy of the Final Order revoking your practical nurse license for a two (2) year period.

Please be advised that you may not practice nursing in the State of Idaho during the time your license is revoked. In accordance with IDAPA 23.01.01.120, you may apply for reinstatement two (2) years following revocation of license.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:lh
closure

*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: 

GLORIE J. ILLIAN, 
License No. PN-8965, 
Respondent. 

Case No. BON 07-009

FINDINGS OF FACT,
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. Glorie J. Illian (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. PN-8965 to engage in the practice of nursing in the State of Idaho.

2. On or about November 25, 2003, the Board received a Report of Violation of the Nurse Practice Act concerning Respondent from Respondent’s employer at that time, Bingham Memorial Hospital, Extended Care, in Idaho Falls, Idaho. The report indicates that Respondent tested positive for marijuana metabolites after a random drug test. As a result of that positive drug test, Respondent was required to obtain an alcohol/drug assessment, follow through with any resulting recommendations, and complete the Board’s On-Line Nursing Practice Act review course. Respondent completed the requirements, and on or about May 12, 2004, the Board issued Respondent a letter of caution and released Respondent from monitoring.

3. On or about January 25, 2007, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s employer, Beacon Rehabilitation in Pocatello, Idaho reporting that Respondent had tested positive for marijuana metabolites.

4. On March 13, 2007, Respondent voluntarily surrendered her license—admitting that she had tested positive for marijuana—and agreed to immediately enter treatment and participate in a monitoring program. A true and correct copy of

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

5. On June 5, 2007, the Program for Recovering Nurses (PRN)—i.e., the monitoring program—sent a letter to the Board notifying the Board that Respondent had failed to sign a contract or otherwise participate in the monitoring program. A true and correct copy of the June 5, 2007, letter from PRN to the Board is attached hereto as Exhibit B.

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 License No. PN-8965 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent habitually used alcoholic beverages or narcotic, hypnotic or hallucinogenic drugs.

4. Respondent practiced nursing while her ability to practice was impaired by alcohol or drugs.

5. Respondent voluntarily surrendered her license and agreed to immediately enter treatment and participate in a monitoring program. She has failed to do so.

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) (prohibiting habitual use of narcotic, hypnotic, or hallucinogenic drugs) and Board Rules (IDAPA 23.01.01) 100.06 (also prohibiting habitual use of narcotic, hypnotic, or hallucinogenic drugs) and 101.03.e (prohibiting practicing while impaired by drugs, alcohol, or other conditions).

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. License No. PN-8965 issued to Glorie J. Illian is:

   ✧ 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 in any other state participating in the Nurse Licensure Compact with the State of Idaho.

2. 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.

3. 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 23rd day of July, 2007.

IDAHO STATE BOARD OF NURSING

By: [Signature]

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 25th day of July, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Glorie J. Illian
P.O. Box 254
Inkom, ID 83245

☑ 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
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, [Name redacted], by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: THE POSITIVE UA 1/7

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 [redacted] 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: 3-13-07

Signature of Licensee
Address

DATED: 3-13-07

Signature of Witness

6/99-PRN

Exhibit 1
June 5, 2007

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

RE: Glorje Illian

Dear Ms. Evans,

This letter is being sent to notify you that as of June 5, 2007 Ms. Glorje Illian, a Board of Nursing referral, has failed to sign a contract with the PRN. Ms. Illian’s PRN contract was sent to her via the U.S.P.S. on April 17, 2007 with the request that she sign and return her contract no later than April 30, 2007. Ms. Illian failed to meet that deadline. On May 8, 2007 Ms. Illian was contacted via telephone where she expressed her concerns regarding the requirements of the program along with those listed in her contract. It was suggested that she review the contract in detail, write down any questions, and then contact the PRN to discuss any areas of the contract that concerned her. Ms. Illian failed to contact the PRN since the May 8, 2007 telephone conversation. On May 24, 2007 a phone call was placed to the residence of Ms. Illian and a voice message was left for her to contact the PRN office to discuss her situation. Ms. Illian contacted the PRN office shortly after, and stated that she was not interested in joining the PRN at this time. She further explained that she had spoken with her attorney and was advised “not to sign a contract that lasted five years”.

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,

[Signature]

Steven R. Hurst
Compliance Monitor

cc: Glorje Illian

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

Exhibit B

Page 1 of 1
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

7/26/07
Postmark
Here

Sent To

GLORIE ILLIAN
P.O. BOX 254
INKOM ID 83254

PS Form 3800, June 2002
See Reverse for Instructions

Document Unclaimed
Returned 8-18-07