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

MARY J. JOHNSON
N-30356

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

In the Matter of the License of: )
MARY JENNIFER JOHNSON, )
License No. N-30356, )
Respondent. )

Case No. BON 09-025

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

Having reviewed the documents attached hereto, the Idaho State Board of Nursing ("Board") enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Mary Jennifer Johnson ("Respondent") has been licensed by the Board, under License No. N-30356, to engage in the practice of nursing in the State of Idaho.

2. On April 16, 2009, the Board received a Report Form for Violation of the Nursing Practice Act ("Report") alleging that Respondent, while working as a nurse at St. Luke's Magic Valley Regional Medical Center in Twin Falls, Idaho ("St. Luke's), admitted to diverting narcotics from St. Luke's and practicing nursing while under the influence of narcotics. A true and correct copy of the Report, with attachments, is attached as Exhibit A.

3. On April 28, 2009, Respondent voluntarily surrendered her license, admitting that she had "diverted and used Morphine, Demerol and Hydrocodone from St. Luke's Magic Valley Regional Medical Center." Respondent agreed to enter treatment immediately and to participate in the Program for Recovering Nurses ("PRN"), a monitoring program administered by Southworth Associates, and to resume the practice of nursing only at such time as a conditional limited license was issued to her. A true and correct copy of Respondent's Voluntary Surrender of License is attached as Exhibit B.


5. On February 12, 2010, the Board was notified via letter from St. Luke's that Respondent engaged in the practice of nursing without a license on January 29, 2010 (Respondent contacted a physician, verified the physician's order and signed her name as a
registered nurse on a St. Luke’s physician order form). ¹ A true and correct copy of the February 12, 2010, letter is attached as Exhibit C.

6. On July 6, 2010, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for missing a urinalysis test (scheduled for June 8, 2010) and also for failing a urinalysis test (positive for alcohol) on May 3, 2010. A true and correct copy of the July 6, 2010, letter is attached as Exhibit D.

7. On December 28, 2010, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for having problematic outcomes with recent toxicology tests, including possible submission of substituted specimens. A true and correct copy of the December 28, 2010, letter is attached hereto as Exhibit E.

8. On January 14, 2011, the PRN Advisory Committee reviewed Respondent’s case and recommended that Respondent be allowed to continue in PRN.

9. On February 9, 2011, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for having missed a urinalysis test and potentially having attempted to alter the testing date on the Chain of Custody form. A true and correct copy of the February 9, 2011, letter is attached as Exhibit F.

10. On February 14, 2011, the Board, through its Executive Director, notified Respondent via letter that after a review of her file the PRN Compliance Monitors recommended that Respondent be allowed to continue in PRN. A true and correct copy of the February 14, 2011, letter is attached as Exhibit G.

11. On April 7, 2011, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for having testing positive for alcohol. A true and correct copy of the April 7, 2011, letter is attached as Exhibit H.

12. On April 21, 2011, the Board, through its Executive Director, summarily suspended Respondent’s limited license due to her failure to maintain compliance with PRN. However, Respondent was allowed to remain in PRN and was not referred to the Board for disciplinary consideration. A true and correct copy of the Order of Summary Suspension of Limited License is attached as Exhibit I.

¹ The Board, through its Executive Director, issued Respondent a warning for this conduct and did not seek to initiate disciplinary proceedings.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 2
13. On July 8, 2011, the PRN Advisory Committee reviewed Respondent’s case and recommended that Respondent be allowed to continue in PRN.

14. On December 28, 2011, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for failing to arrange for a hair test after submitting an invalid specimen for urinalysis that may have resulted from an improperly observed collection. A true and correct copy of the December 28, 2011, letter is attached as Exhibit J.

15. On January 13, 2012, the PRN Advisory Committee reviewed Respondent’s case and recommended that Respondent no longer be allowed to continue in PRN and that her case be forwarded to the Board for disciplinary consideration.

CONCLUSIONS OF LAW

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

2. Respondent’s continued licensure under Idaho License No. N-28500 is contingent upon her compliance with the laws and rules of the Board.

3. Respondent violated the terms upon which she voluntarily surrendered her license by failing to maintain compliance with PRN.

4. 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.

5. A sufficient basis for discipline exists due to Respondent having violated the following statutes and/or Board Rules:
   a. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use alcohol and/or drugs);
   b. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board’s laws, rules, or standards of conduct);

///

FINDINGS OF FACT. CONCLUSIONS OF LAW. AND FINAL ORDER - 3
c. Idaho Code § 54-1413(h) and Board Rule 100.09 (a nurse shall not engage in conduct likely to deceive, defraud or endanger patients or the public);

d. Board Rule 101.03.e. (a nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability); and

e. Board Rule 101.05.c. (a nurse shall be responsible and accountable for her nursing judgments, actions and competence).

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. N-30356 issued to Mary Jennifer Johnson is hereby:

✓ Revoked.

☐ 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.

2. 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. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.062. This will include, but is not limited to, providing the following information to the Board:

a. Health Care Providers: Respondent must provide Board Staff with a written list of her attending health care providers (including without limitation any therapists, counselors, or other mental health care providers):

   b. Health Care Provider’s Evaluation: Respondent’s health care providers (“provider”) must submit to the Board the provider’s evaluation describing Respondent’s current medical condition(s) and listing her prescriptions, including the dose/frequency
and rationale for the medications prescribed. This evaluation shall be submitted on a form provided by the Board. The provider shall also identify any concerns that he/she may have about Respondent’s ability to safely practice nursing and what restrictions, if any, should be placed upon Respondent’s practice. When requesting such evaluations, Respondent shall provide the provider with, and request that the provider review, the Idaho Board of Nursing Position on Safety to Practice. A copy of the Idaho Board of Nursing Position on Safety to Practice is attached as Exhibit K;

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

d. Documentation that she is rehabilitated and competent to practice nursing by submitting:

   i. A recent, within 6 months, comprehensive drug/alcohol evaluation completed by a qualified Board approved evaluator 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 at least two (2) years of documented sobriety with an active recovery program.

3. The Board reserves the right to assess investigative costs incurred in this matter as a condition of reinstatement.

   This order is effective immediately.

   DATED this 3rd day of February, 2012.

   IDAHO STATE BOARD OF NURSING

   By

   Susan Odom, Ph.D., R.N.
   Chair

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 5
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 issuance 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 _6Th_ day of February, 2012, I caused to be served a true and correct copy of the foregoing by the following method to:

Mary J. Johnson
569 East 300 South
Jerome, ID 83338

Andrew J. Snook
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

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

Email: andy.snook@ag.idaho.gov
leslie.gottsch@ag.idaho.gov

Linda H. Coley, Management Assistant
Board of Nursing
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. Name of Complainant: Mary Jane Johnson
   Address: 571 East 300 South
   City/State: Jerome, Idaho 83338
   Telephone: Home ___, Business ___

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

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

Name: Mary Jane Johnson
Address: 571 East 300 South
City/State: Jerome, Idaho 83338
Position: Registered Nurse - Emergency Department

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

    See attachments

    ________________________________
    ________________________________
    ________________________________

- Over -
IV. Did any other person(s) witness this incident? If so, please give name(s), address(es), position(s) held, and telephone number(s), if known.

Debbie Norris, Emergency Dept Manager, St. Luke's Magic Valley
Work Phone: 787-2123

V. Additional Comments:

The identity of the complainant will remain confidential until such time as the Board of Nursing commences a "contested case" proceeding under the Idaho Administrative Procedures Act against the licensee or other person regulated by the Board.

The Idaho Board of Nursing is an equal opportunity employer and does not discriminate or deny services on the basis of age, race, religion, color, national origin, sex and/or disability.
Idaho State Board of Nursing  
PROGRAM FOR RECOVERING NURSES  
Voluntary Evaluation/Treatment Agreement

I, Mary Johnson, voluntarily agree to undergo a complete medical, psychiatric, and substance abuse evaluation at an appropriate facility approved by the Program for Recovering Nurses (PRN). I understand that I am responsible for the cost of any treatment recommended. I understand that it is highly recommended that I refrain from practicing nursing until my evaluation/treatment concludes I am fit to practice.

I authorize the PRN staff to communicate directly with the staff of the evaluation facility to discuss the evaluation and any treatment that may be recommended. To facilitate this communication, I agree to sign an irrevocable release of information form when I enter the facility.

If the evaluation team recommends treatment, then I agree to attend a treatment facility approved by the PRN for the recommended period of time.

I authorize the PRN staff to provide, request, or exchange information with the person(s) or agency(s) named below regarding the evaluation, any treatment recommendations, and any treatment provided.

Employer: St. Luke's Magic Valley Regional Medical Center

Personal Physician:

State Board of Nursing: If I was referred to the Program by the Board of Nursing or if I am not in compliance with this contract, I acknowledge there are no report limitations.

Spouse/Significant Other/Family Members: ________________________________

Treatment Center: ________________________________

Others: Art Phelps, John Southworth - Program for Recovering Nurses

After completing the initial phase of any recommended treatment, including inpatient and residential treatment at a treatment facility, I understand that the PRN will design a contract defining long term monitoring and treatment requirements in consideration of the treatment recommendations. Return to nursing practice will also be defined.

In the event that the initial evaluation does not reveal a problem, then I agree to discuss with the PRN and other interested parties how to resolve any conflicts or problems that exist.

If I am not in compliance with any part of this agreement, I acknowledge that there are NO report limitations. I agree to abide by the terms of this agreement until released from their province.

SIGNED: ________________________________  DATE: 4/14/09

WITNESS: ________________________________  DATE: 4/14/09

W: 3 W 2
Circumstances: A Pandora report regarding narcotic utilization identified Mary Johnson to have excessive removal of various types of narcotics, both injectable and oral, from the Omnicell dispensing system in the Emergency Department for the month of March. A chart audit comparison completed by Debbie Morris — ED Manager, from March 1st through March 13th, 2009 revealed a variety of findings.

1. Medication removed but no documentation that medications were ordered by a physician or given to the patient.
   - 3/1/09 — 5 instances
   - 3/4/09 — 6 instances
   - 3/5/09 — 4 instances
   - 3/9/09 — 5 instances
   - 3/10/09 — 3 instances
   - 3/11/09 — 8 instances
   - 3/13/09 — 5 instances

2. Medication removed and partial doses given to the patient without appropriate documentation that Mary followed the wastage process and policy.
   - 3/5/09 — 2 instances
   - 3/10/09 — 1 instance
   - 3/11/09 — 2 instances
   - 3/13/09 — 2 instances

Action Taken:
1. Urine Drug Screen now
2. Mary will agree to an evaluation through the Program for Recovering Nurses
3. Administrative Suspension from work until this occurs, with pay.
4. If Mary declines the evaluation, her position at SLMV will be terminated and findings submitted to the Idaho State Board of Nursing

Employee Response:
Employee's Signature  signed by employee  Date  4-15-09

Supervisor's Signature  Original copy in personnel file.  Date  

Employee's signature indicates only that he/she has read the above report
and is aware of its content.

912-04007 (Rev. 2/97)
4/16/09

When doing my routine controlled med surveillance (using the Pandora Data System) this month, I noted that one Nurse (Mary Johnson, Idaho Nursing License #N-30356) in the Emergency Department was above the mean for some narcotics during the month of March, 2009. I talked with the Emergency Department Manager (Debbie Morris), and she began reviewing patient charts compared to the Omnicell removals for those patients during March. On Tuesday, April 14, it became apparent that some of these meds were not charted as being given even though they were taken out under those patients.

At 1:30 pm on April 14, a meeting was held with Samantha Lopez (Human Resources Manager), Anne Erickson (Vice President of Patient Care Services), Debbie Morris (Emergency Dept Manager), Marlys Massey (Nursing Director of Critical Care) and myself about next steps. The group recommended that Mary be shown the results of the audit and then proceed to have a urine drug screen.

Later that day, Debbie and Marlys met with Mary about the removals from Omnicell and that she needed to do a urine drug screen. Mary acknowledged that she had been taking medications from the Omnicell for her own use. During that encounter with Mary, it was noted that Mary had in her possession the following meds:

- 6 - Demerol 100 mg syringes
- 1 - Demerol 25 mg syringe
- 3 - Hydromorphone 2 mg syringes
- 2 - Morphine 10 mg syringes

Mary signed the Idaho State Board of Nursing Program for Recovering Nurses Voluntary Evaluation/Treatment Agreement. Mary was also immediately placed on Administrative Suspension.

Marlys Massey obtained the above meds from Mary, and Marlys then gave them to me on 4/14. I then secured them in my office.

The Twin Falls Sheriff's Office was contacted. A "law enforcement report pending charges" has been initiated (case number 09000578).

The attached list shows meds that Mary removed from Omnicell that were not documented as administered to patients in March (from the 86 charts reviewed).

The Idaho Board of Nursing has been notified.

Let me know if you have questions.

Kurt Vanden Bosch
Pharmacy Director
St. Luke's Magic Valley Regional Medical Center
650 Addison Ave West
Twin Falls, ID 83301
(208) 737-2392
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Patient</th>
<th>Dosage form</th>
<th>Dose</th>
<th>Missed dose</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>3/1</td>
<td>0659</td>
<td>P, J</td>
<td>Tabs 2</td>
<td></td>
<td>X1</td>
<td>Pt received, 1 @ 0740</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZY</td>
<td></td>
<td></td>
<td></td>
<td>Received No Ommittd</td>
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<tr>
<td>1119</td>
<td></td>
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<td></td>
<td>X1</td>
<td>Not given</td>
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<tr>
<td>1555</td>
<td></td>
<td>ZY</td>
<td></td>
<td></td>
<td>X1</td>
<td>No waselage, 75 mg @ 1115</td>
</tr>
<tr>
<td>1057</td>
<td></td>
<td>B, J</td>
<td></td>
<td></td>
<td>X1</td>
<td>No waselage, 50 mg @ 1155</td>
</tr>
<tr>
<td>1221</td>
<td></td>
<td>P, N</td>
<td>Tabs 2</td>
<td></td>
<td>X1</td>
<td>1 tab (10mg given), 1 tab (10mg) not accounted for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P, Y</td>
<td></td>
<td></td>
<td></td>
<td>Not given</td>
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<tr>
<td>137</td>
<td></td>
<td>S, K</td>
<td>Tabs 2</td>
<td></td>
<td></td>
<td>1 tab 10mg given, 1 tab 10mg not accounted for</td>
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<tr>
<td>144</td>
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<td>S, W</td>
<td></td>
<td></td>
<td>X1</td>
<td>21 @ 1315</td>
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<tr>
<td>435</td>
<td></td>
<td>T, C</td>
<td></td>
<td></td>
<td>X1</td>
<td>Not given, 8mg given, 2mg wasaged (4.36), 10mg unaccounted for</td>
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<tr>
<td>1029</td>
<td></td>
<td>C, M</td>
<td></td>
<td></td>
<td>X1</td>
<td>4mg given, 1032, 4mg unaccounted</td>
</tr>
<tr>
<td>1047</td>
<td></td>
<td>C, M</td>
<td></td>
<td></td>
<td>X1</td>
<td>4mg @ 1045, 4mg unaccounted</td>
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<tr>
<td>1216</td>
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<td>C, M</td>
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<td>X1</td>
<td>4mg @ 1220, 4mg unaccounted</td>
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<tr>
<td>1047</td>
<td></td>
<td>D, C</td>
<td></td>
<td></td>
<td></td>
<td>Not given</td>
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<tr>
<td>1212</td>
<td></td>
<td>V, S</td>
<td>Tabs 2</td>
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<td>X1</td>
<td>10 mg given</td>
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<td>34</td>
<td>7:55</td>
<td>E, R</td>
<td></td>
<td></td>
<td>X1</td>
<td>25 mg wasaged, No given</td>
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<td></td>
<td>E, R</td>
<td></td>
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<td>X1</td>
<td>Given 8022 by Rule</td>
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<td>9:02</td>
<td></td>
<td>Q, A</td>
<td></td>
<td></td>
<td>X1</td>
<td>Pt drd at 9:34, Not given</td>
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<td>1220</td>
<td></td>
<td>I, B</td>
<td></td>
<td></td>
<td>X1</td>
<td>2mg given, 1020 JIU, No meds given</td>
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<td>1:59</td>
<td></td>
<td>K, J</td>
<td>Tabs 2</td>
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<td>Request Pharmacist Report</td>
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<td>3:45</td>
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<td>H, D</td>
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<td></td>
<td>1750 mg given, 8mg unaccounted</td>
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<td>4:19</td>
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<td>H, O</td>
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<td></td>
<td>X1</td>
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<td>N, M</td>
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<td></td>
<td>X1</td>
<td>No meds given, Discharged at 1735</td>
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<td>Date</td>
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<td>Tissue</td>
<td>Patient</td>
<td>Oxygenation</td>
<td>Norman</td>
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<td>3/6</td>
<td>1154</td>
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<td>K.V</td>
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<td></td>
<td>9:32</td>
<td>K.M</td>
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<td>Time</td>
<td>Patient</td>
<td>Oxygepene</td>
<td>Naringa</td>
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<td>2 lab</td>
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Total

- 2 lab
- 10mg IM @ 1025
- 10mg IM @ 1345
- 10mg unaccounted
U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Regional Office. Retain the triplicate copy for your records.

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code)
   
   [Handwritten Address]
   83301

2. PHONE NO. (Include Area Code)
   
   208-737-2392

3. PRINCIPAL BUSINESS OF REGISTRANT (Check one)
   
   X Pharmacy
   [Other Options Available]

4. DEA REGISTRATION NUMBER
   
   [Handwritten Number]

5. COUNTY IN WHICH REGISTRANT IS LOCATED
   
   Twin Falls

6. DATE OF THEFT OR LOSS
   
   7/14/09

7. NUMBER OF THEFTS OR LOSSES REGISTRANT EXPERIENCED IN LAST 12 MONTHS
   
   0

8. WAS THEFT OR LOSS REPORTED TO POLICE
   
   X YES  NO

9. NAME AND ADDRESS OF POLICE DEPARTMENT
   
   Twin Falls Sheriff's Office
   425 Shoshone St
   Twin Falls, ID 83301

10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate)

   1. Night Break-in (complete item 11 below)
   4. Customer Pilferage
   2. Armed Robbery (complete item 12 below)
   3. Employee Theft
   8. Lost in Transit (complete item 12 below)

11. IF NIGHT BREAK-IN, WHAT WAS THE POINT OF ENTRY?

   NO  YES

12. IF ARMED ROBBERY, WAS ANYONE INJURED?

   NO  YES (IF YES, HOW?)

13. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

   A. Name of Common Carrier
   B. Name of Consignee
   C. Consignee's DEA Registration Number

   YES  NO

   D. Was the carrier notified at all by the customer?

   YES  NO

   E. If so, did it appear to be tampered with?

   YES  NO

   F. Was State regulatory agency notified?

   YES  NO

14. IF OFFICIAL CONTROLLED SUBSTANCES ORDER FORMS WERE STOLEN, GIVE NUMBERS.

15. WHAT IDENTIFYING MARKS, SYMBOLS OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS? (Insert your pricing codes)

16a. IF CASH WAS TAKEN, WHAT AMOUNT?

16b. IF MERCHANDISE WAS TAKEN, VALUE?

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES?

   Employee is on administrative leave

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513)

PURPOSE: Report theft or loss of Controlled Substances

ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

   A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes
   B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes
   C. Persons registered under the Controlled Substances Act (Public Law 91-513) for the purpose of verifying the registration of customers and practitioners

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Sections 403 and 405 of the Controlled Substances Act.

DEA Form (Apr. 1981) - 106  Previous editions are OBSOLETE.
<table>
<thead>
<tr>
<th>NAME OF SUBSTANCE OR PREPARATION</th>
<th>NAME OF CONTROLLED SUBSTANCE IN PREP</th>
<th>DOSAGE FORM AND STRENGTH</th>
<th>QUANTITY</th>
<th>NET WT. (Gms.) OF CONTROLLED INGREDIENT</th>
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<td>Codeine</td>
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<td>21</td>
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FOR DEA REGIONAL USE ONLY

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<th>CODEINE</th>
<th>DIHYDROCOPAINE</th>
<th>OPIUM</th>
<th>OXYCODONE</th>
<th>PETHIDINE</th>
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</table>

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Title Pharmacy Director

Date 4/16/09
4-14-09
This page reflects events that occurred after Mary Johnson had signed the Employee Report. Mary has not seen the documentation on this page.

After brief discussion and review of findings with Mary, she admitted that she had been taking medication from the Omnicell since the end of February of 2009 and administering the medication to herself. She stated that when Debbie Morris – ED Manager, talked to her about the Pandora report around April 1st, she hadn't taken any medication since that time. During the review of next steps, Mary asked Debbie Morris to retrieve her coat and car keys from the ER so she would not have to return to the dept as she was crying, hyperventilating and visibly upset. Given Mary's state of mind, Debbie Morris attempted to set up a meeting today with an EAP counselor.

When Debbie Morris returned, she advised that a needle had fallen out of Mary's pocket. When we asked Mary to empty her pockets, she presented us with 4 Demerol 100mg abbojects stating she had removed them from the Omnicell today. She advised that she was nervous today because she knew we would confront her, and she stated "I just thought I would take it home, take all of it and be done with it."

At this point, our concern heightened, and we felt we needed a more aggressive plan. Marlys Massey – Director of Critical Care, met with Anne Erickson – Vice President of Patient Care Services, to determine the safest plan. Anne Erickson set up a Canyon View appointment with the Psychiatric Assessment Team and Dr. Edlund for today. Debbie Morris accompanied Mary to the Occupational Health Department to obtain a urine drug screen and while waiting for Mary, she found the following in another coat pocket:

- 2 – Demerol 100mg abbojects
- 1 – Demerol 25mg abboject
- 3 – Hydromorphone 2mg abboject
- 2 – Morphine 10mg abbojects
- Syringes
- Needles

Six of the abbojects had been removed from their cases and the needles removed. One of the syringes had blood in the tip, and Mary later admitted that she had self administered Morphine while at work today. After Mary submitted her drug screen sample in Occupational Health, Mary and Debbie Morris accompanied Marlys Massey to Anne Erickson's office. Anne Erickson drove Mary to Canyon View. Marlys Massey returned all diverted medication to Kurt Vandenbosch – Director of Pharmacy.

Marlys Massey, RN MSN
Director of Critical Care

Addendum:
1. appointment scheduled with Art Phelps, PRN Evaluator for 4/27/09 at 2:00pm
2. Mary signed the Idaho State Board of Nursing Program for recovering Nurses Voluntary Evaluation/Treatment Agreement with authorization to exchange information with SLMV, Art Phelps and John Southworth.
3. Follow up pending outcome of Canyon View evaluation.

4-15-09
Debbie Morris spoke with Mary this morning (about 0920).
1. Greg Custer (Canyon View) made an appointment for Mary with counselor Pete Harvey.
2. Mary met with Pete Harvey last night & has a follow up appointment April 23, 2009.
3. Mary was with friend (Jessica Gratzer) who was taking her to meet with her pastor (Bruce)
4. Pete Harvey & Bruce know each other & will be working together with Mary
5. Mary was given the following information:
   - Art Phelps phone number. Told her to call him for to provide information regarding obtaining a sooner appointment should he have a cancellation. Mary Johnson phone number: 208 324-0039 (home)
   - Informed her that she has 8 visits available through EAP & that if she needed to see Pete Harvey sooner than 4/23 - to utilize all 8 visits
Rule 132
Temporary Voluntary Surrender of License

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

1. I admit that I have engaged in the following conduct: diverted and used Morphine, Demerol and Hydrocodone from St. Luke's Magic Valley Regional Medical Center.

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 §54-1404(2).

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 voluntarily surrender my license on a temporary basis. Attached is my license, number #30356; I agree to immediately discontinue the practice of nursing in Idaho.

8. I will enter treatment as required by the Board, and fully participate in the Program for Recovering Nurses (PRN) monitoring program. I will resume the practice of nursing only at such time as a conditional limited license has been issued to me. If I do not fully participate in and cooperate with the PRN, the Board may enter an order revoking or otherwise disciplining my license, including any conditional license that may have been issued, without further notice or hearing or other process given to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as "surrendered".

Dated: 4/4/09

Signature of Licensee

571 East 300 South

Address

Idaho, ID 83338

City, State, Zip

Dated: 4/14/06

Signature of Witness
February 12, 2010

Ms. Linda Coley
Idaho Board of Nursing
280 North 8th St, Ste 210
PO Box 83720
Boise, ID 83720-0061

RE: Mary Johnson

Dear Ms. Coley,

This letter is to inform the Idaho State Board of Nursing of an incident involving Mary Johnson.

On January 29, 2010, Ms. Johnson was working in the capacity of a Clinical Liaison and Marketing Director for Twin Falls Care Center. At the time of this incident she was coordinating the transfer of a patient from St. Luke’s Magic Valley to Twin Falls Care Center.

It is our understanding that Ms. Johnson called a physician, verified a physician order and signed her name as a Registered Nurse on a St. Luke’s physician order form. (Enclosed with this letter please find a copy of the Physician’s Order for this de-identified patient). This incident was noted by a St. Luke’s Case Manager as being out of the realm of the usual role of a Clinical Liaison from an extended care facility. When Ms. Johnson was questioned she led the Case Manager to believe that it was okay and that she (Ms. Johnson) clarifies physician orders all the time. Subsequently, the Case Manager reported this incident to her supervisor.

Following this report, Kelly Spiers, Administrator for Twin Falls Care Center, was notified. Your records will show that the Board of Nursing office was called to verify Ms. Johnson’s licensure. At that time we learned that she did not have a current Registered Nurse license. We immediately notified Kelly Spiers of this finding.

If you need further information, or would like to discuss this situation, please do not hesitate to contact me.

Regards,

Amy Bearden
VP, Patient Care and Nursing Services

Enclosure

St. Luke’s Magic Valley Medical Center
Mark Schwartz, CEO
650 Addison Avenue West
PO Box 409
Twin Falls, Idaho 83303
P (208) 737-2000
DO NOT USE ANY OF THE FOLLOWING ABBREVIATIONS IN MEDICAL RECORD
IU, MS, MSO4, MgSO4, Q.D., Q.O.D., U, ug
Always use a ZERO before decimal point (i.e.: 0.5 mg)
Never write a ZERO by itself after decimal point (i.e.: 1 mg)

PHYSICIAN'S ORDERS:

29 Jan 2010
1) Pt. may be discharged to TFC, whenever bed is available & on needs are arranged.
2) Pt. may go by non-emergent ambulance with 1 high flow O2 100% via nasal mask & N.B.M.
3) Furosemide 40 mg IV THIS PM
4) Hospitalist service will be covering for me from 1200 today until 0600 Monday
5) Transfer summary dictated R.K.

Jan 30 2010
103 Clarification order: Pt. to be on O2 40 liter/min, lay w/ NC or mask or to maintain saturation of ≥ 98% T.O & P. Dietitian RN Dr. Fidler

1/29 1215 D. Lorazepam TD 1-2 mg PO Q6H for ANXIETY
D1 1/30 4:00 IV now x 6

Authorization is hereby given to dispense the Generics of Chemical equivalent unless otherwise

St. Luke's Magic Valley Regional Medical Center
650 Addison Avenue West
Twin Falls, Idaho 83301

Non QWAVE MI
Pinn. Gases

Physician: D.M. Date: 1/10

[Signature]
July 6, 2010

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

RE: Mary Johnson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Mary Johnson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Johnson missed a UA screen on June 8, 2010. She didn't call into the system that day and thus didn't know that she had been selected. Ms. Johnson also had a positive UA on May 3, 2010 for alcohol which was failed.

Ms. Johnson's current contract with PRN was signed on 5/11/09. Ms. Johnson's contract requirements include the following: 1) Intensive Outpatient and Relapse Prevention at Walker Center, 2) Attend ninety 12-step meetings in ninety days then 3-4 per week thereafter, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) Support Group, and 5) Random urinalysis/drug testing.

Ms. Johnson currently owes PRN $0.00.

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 x 104.

Sincerely,

[Signature]

Bill Hofstra
Compliance Monitor
Southworth Associates

Cc: Mary Johnson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
December 28, 2010

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

RE: Mary Johnson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Mary Johnson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Johnson has had problematic outcomes with three recent toxicology tests: A UA on 11/9/10, a hair test on 11/24/10, and another hair test on 12/10/10. The UA result of 11/9/10 was invalid and the MRO commented that "creatinine not detected. This is suspicious for a substituted specimen." Ms. Johnson adamantly denied having altered the 11/9/10 specimen, however she did not follow through with the PRN recommendation to get the split sample of the specimen tested in order to help her case. As for the hair tests that were scheduled on 11/24/10 and 12/10/10, the client did not follow the instructions of the FirstLab program administrator and thus she tested under the wrong options on both occasions. The outcomes of those tests were negative, but she didn't test as instructed.

Ms. Johnson's current contract with PRN was signed on 5/11/09. Ms. Johnson's contract requirements include the following: 1) Attend Intensive Outpatient Tx, 2) Attend ninety 12-step meetings in ninety days then 3-4 per week thereafter, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) Support Group, and 5) Random urinalysis/drug testing.

Ms. Johnson currently owes PRN $40.00.

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 x 104.

Sincerely,

[Signature]

Bill Hofstra
Compliance Monitor
Southworth Associates

Cc: Mary Johnson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
February 9, 2011

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

RE: Mary Johnson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Mary Johnson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Johnson missed a UA screen on 12/23/10. Ms. Johnson did voluntarily submit a specimen on 12/27/10, the outcome of which was negative. Of note however, is that in reviewing the Chain of Custody (COC) form from the 12/27/10 test, there is evidence of an attempted date change on the form from 12/27/10 to 12/23/10. One can see that attempted change by viewing the enclosed COC form. Our FirstLab program assistant was able to verify that Ms. Johnson did test on 12/27/10 and not on 12/23/10 (see enclosed email). In a phone conversation today, Ms. Johnson denied having any knowledge of the attempted date change on the COC form.

Ms. Johnson’s current contract with PRN was signed on 5/11/09. Ms. Johnson’s contract requirements include the following: 1) Attend Intensive Outpatient Tx, 2) Attend ninety 12-step meetings in ninety days then 3-4 per week thereafter, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) Support Group, and 5) Random urinalysis/drug testing.

Ms. Johnson currently owes PRN $15.00.

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 x 104.

Sincerely,

Bill Hofstra
Compliance Monitor
Southworth Associates

Cc: Mary Johnson

Enclosures

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
**FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM**

**LAB: 102490Y**

**40029467  1288520  SPECIMEN ID NO.**

**SOUTHWEST ASBC/FIRSTLAB**

100 HIGHPOINT DR STE 102

COLUMBUS, OH 43214

PH: 212-394-5380  FAX: 212-394-5610

**Natalie Hartmann, BD**

**FIRST LAB**

100 HIGHPOINT DR STE 102

CHALFONT, PA 18914

PH: 215-396-5500  FAX: 215-396-5110

**C. Donor SSN or Employee I.D. No:**

5, 1, 9, 4, 4, 8

**D. Donor Name:**

John Hilke

**E. Donor ID Verified:**

Yes

**F. Reason for Test:**

Random

**G. Drug Tests to be Performed:**

- Option 1
  - Option 2
  - Option 3
  - Option 4
  - Option 5
  - Option 6

**H. Collection Site Name:**

Ralph Washington, Sr.

**Collection Site Code:**

10 113

**Collector:**

Mary Johnson

**Collector Phone No:**

208-730-3658

**Collector Fax No:**

208-730-3658

**STEP 2: COMPLETED BY COLLECTOR**

**REMARKS**

**STEP 3: Collector affixes barcode(s) to bottle(s). Collector dates event(s), donor initials(s), donor confirms STEP 3.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

**SPECIMEN BOTTLE(S) RELEASED TO:**

- Quest Diagnostics Courier
  - FedEx

**SPECIMEN BOTTLE(S) RECEIVED BY LAB:**

**SPECIMEN BOTTLE(S) RECEIVED BY:**

- Primary Specimen Barcoded
  - Second Specimen
  - Yes
  - No

**STEP 5: COMPLETED BY DONOR**

**Mary Johnson**

**Identification:**

Date of Offer:

12/1/10

**Sample #:**

05128712

**COPY 1-LABORATORY**

February 14, 2011

Mary Johnson
571 E. 300 S.
Jerome, ID 83338

Dear Ms. Johnson:

During a subcommittee meeting of Board Staff and PRN Compliance Monitors, your file was reviewed. Following this review, which included information that you were selected to provide a urine drug screen on December 23, 2010; however, did not provide a sample until December 27, 2010, the following recommendation was made:

That you be cautioned that any further violation of your monitoring contract could result in suspension of the Limited License issued February 4, 2010.

Please contact me if you have further questions concerning this information.

Sincerely,

Sandra Evans, MAEd, RN
Executive Director

SE:lhcc
cc: PRN Program
April 7, 2011

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

RE: Mary Johnson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Mary Johnson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Johnson submitted a UA on 3/16/11 that tested positive for EtG and EtS (alcohol) with the EtG level being very high. Ms. Johnson would not return the call of the Medical Review Officer (MRO) upon the positive test.

Ms. Johnson’s current contract with PRN was signed on 5/11/09. Ms. Johnson’s contract requirements include the following: 1) Attend Intensive Outpatient Tx (complete), 2) Attend ninety 12-step meetings in ninety days then 3-4 per week thereafter, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) Support Group if it becomes available in her region, and 5) Random urinalysis/drug testing.

Ms. Johnson currently owes PRN $0.00.

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 x 104.

Sincerely,

[Signature]

William J. (Bill) Hofstra
Compliance Monitor
Southworth Associates

Cc: Mary Johnson
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE

In the Matter of
Mary L. Johnson
License No. N-30356
CASE No: 09-025

This Order serves to officially notify you that your limited license, number N-30356, 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 May 11, 2009, by:
   a. Submitting a urine drug screen on March 16, 2011, that tested positive for EtG and EtS, and
   b. Failing to return a call to the Medical Review Officer (MRO) for consultation regarding the positive test.

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 (July 8, 2011) 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 (July 21-22, 2011). 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 21st day of April, 2011.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 21st day of April, 2011, 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

Mary L. Johnson
571 E 300 S
Jerome, ID 83338

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

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

Linda H. Coley,
Management Assistant
Board of Nursing
MARY L. JOHNSON
571 E 300 S
JEROME, ID 83338

RETURN TO SENDER
JOHNSON, MARILYN
289 E 520 N
SHOSHONE, ID 83352-5491
RETURN TO SENDER
December 28, 2011

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

RE: Mary Johnson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Mary Johnson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Johnson submitted a UA on 12/2/11 that was invalid. The Medical Review Officer (MRO) report stated: “Invalid specimen with creatinine less than 2 mg/dL and specific gravity 1.0052. This result is not physiologically explainable and may have resulted from an improperly observed collection.” PRN called FirstLab on 12/28/11 and spoke to Jen Woodson, Account Manager, who indicated that the person who is marked down on the Chain of Custody (COC) form as having observed the collection does not work at the site where Ms. Johnson submitted the specimen.

Subsequent to the 12/2/11 UA, PRN worked with FirstLab to arrange a hair test for Ms. Johnson. When Ms. Johnson called-in on 12/13/11 she was asked to call Jen Woodson to schedule a hair test. Ms. Johnson never called Ms. Woodson back to receive instructions for a hair test for that day. Ms. Woodson called Ms. Johnson two more times during the week of 12/19-12/23 to schedule a hair test, leaving voicemails to have her call her back which were never responded to.

Ms. Johnson’s current contract with PRN was signed on 11/14/11. Ms. Johnson’s contract requirements include the following: 1) Attend Intensive Outpatient Tx, relapse prevention thereafter, 2) Attend ninety 12-step meetings in ninety days then 3-4 per week thereafter, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) Support Group if it becomes available in her region, and 5) Random urinalysis/drug testing, 6) Individual Counseling 7) Personal care physician for medication management.

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 x 104.

Sincerely,

William J. (Bill) Hofstra
Compliance Monitor
Southworth Associates

Cc: Mary Johnson

◎ To protect the public safety, health and welfare while assisting nurses in their recovery and return to safe practice. ◎
In response to questions from nurses and their employers, the members of the Board of Nursing addressed the issue of 'safety to practice'. In particular, nurses wanted to know if they should continue to practice while taking prescribed medications, including pain medications; whether they should refuse assignments to work overtime or extra shifts; whether they should consider retirement from practice when they have reached a certain chronological age.

The Board's "Position on Safety to Practice" provides thoughtful direction to assist nurses and their employers in addressing these concerns.

**IDAHO BOARD OF NURSING**
**POSITION ON SAFETY TO PRACTICE**
**Adopted April 29, 2005**

One essential element of safe nursing practice is a nurse's functional ability: the competence and reliability with which a nurse is able to practice at any given time.

The board is aware that nurses sometimes experience situations that may compromise their ability to safely practice for either the short or long term. Some of these situations involve personal or job-related stress, sleep deprivation, the normal effects of aging, and episodic or persistent health conditions, some of which may require pain management or the use of maintenance-level prescribed medication. The list is not exclusive.

Whether a nurse should continue active nursing practice when that practice may be compromised depends upon the nurse's ability to function safely and effectively. The assessment of functional ability is an individualized process that does not lend itself to application of a set format based on select elements. On the contrary, assessment of functional ability requires active consideration of all relevant factors, such as diagnosis, prescribed treatment and situational events, as well as an evaluation of the impact of those factors on the individual being assessed.

Although constant evaluation of one's ability to safely and competently practice nursing is the responsibility of each individual nurse, the Board of Nursing remains the ultimate decision maker. In some instances, it may be necessary for the board to require objective physical and/or functional assessment, using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse might perceive that he is capable of safe practice, a neuropsychiatric assessment, done at the Board's request, may indicate functional impairment.

Licensed nurses are accountable for assuring that their actions and behaviors meet all applicable standards at all times. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment in order to make sure that the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility. Nurses who practice while not fit to do so may be subject to disciplinary action by the board including, among others, license suspension or revocation, remedial measures, or monitored practice.