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

Carla Johnston

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Carla Johnston  
5347 E Lindee Lane  
Idaho Falls ID 83402

Dear Ms. Johnston:

During their meeting on February 8-9, 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 professional 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,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:ihc  
enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: 
CARLA M. JOHNSTON,
License No. N-14592,
Respondent. 

) Case No. BON 01-060

) 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. Carla M. Johnston ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-14592 to engage in the practice of nursing in the State of Idaho.

2. On or about February 16, 2000, Respondent self-referred to the PRN program and voluntarily surrendered her license. A true and correct copy of Respondent’s Voluntary Surrender is attached hereto as Exhibit A.

3. On November 21, 2001, Respondent was issued a limited license.

4. On September 11, 2002, the PRN notified the Board that Respondent was non-compliant with her PRN contract because of a positive urinalysis test for methadone and Respondent’s failure to obtain an inpatient evaluation and follow the recommendations of the evaluation. A true and correct copy of the September 11, 2002, letter from PRN to the Board is attached hereto as Exhibit B.

5. On October 11, 2002, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Withdrawal of Limited License, a true and correct copy of which is attached hereto as Exhibit C. In the Notice of Withdrawal of Limited License, Respondent was informed that this matter would be reviewed by the Program for Recovering Nurses Advisory Committee and that she would receive the Committee’s recommendations.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
6. On October 15, 2002, Respondent was notified that the PRN Advisory Committee approved Respondent’s re-entry to the PRN. A true and correct copy of the Board’s October 15, 2002, letter is attached hereto as Exhibit D.

7. On June 13, 2003, Respondent was issued a limited license.

8. On December 16, 2004, the PRN warned Respondent that she was non-compliant with her PRN contract. A true and correct copy of the December 16, 2004, letter from PRN to Respondent is attached hereto as Exhibit E.

9. On January 28, 2005, the PRN notified the Board that Respondent was non-compliant with her PRN contract because of a dilute urinalysis test on January 6, 2005, and missing a scheduled urinalysis test on January 17, 2005. A true and correct copy of the January 28, 2005, letter from the PRN to the Board is attached hereto as Exhibit F.

10. On February 8, 2005, the Board informed Respondent that she needed to comply with all conditions of her PRN contract. A true and correct copy of the Board’s February 8, 2005, letter to Respondent is attached hereto as Exhibit G.

11. On March 1, 2005, the PRN notified the Board that Respondent continued to be non-compliant with her PRN contract, urinalysis testing, because of testing late, providing a “hot” sample, and missing a test. A true and correct copy of the March 1, 2005, letter from the PRN to the Board is attached hereto as Exhibit H.

12. On March 9, 2005, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit I. In the Notice of Termination of Limited License, Respondent was informed that this matter would reviewed by the PRN Advisory Committee at its March 25, 2005, meeting and that she could request to meet with the Committee.

13. Respondent met with the PRN Advisory Committee on March 25, 2005, and on April 7, 2005, the Committee notified Respondent of its recommendations. A true and correct copy of the April 7, 2005, letter from the Board to Respondent is attached hereto as Exhibit J.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
14. On April 16, 2005, Respondent signed a new contract with the PRN, a true and correct copy of which is attached hereto as Exhibit K.

15. On June 27, 2005, Respondent was issued a limited license.

16. On November 27, 2006, the PRN notified the Board that Respondent was non-compliant with her PRN contract because of failure to submit to a random drug screen on November 8, 2006. In addition, Respondent had reported to the PRN that she used Demerol, Hydrocodone and Morphine on November 6, 2006. A true and correct copy of the November 27, 2006, letter from the PRN to the Board is attached hereto as Exhibit L.

17. On December 7, 2006, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit M. In the Notice of Termination of Limited License, Respondent was informed that this matter would reviewed by the PRN Advisory Committee at its next meeting and that she could request to meet with the Committee.

18. On January 26, 2007, the Program for Recovering Nurses Advisory Committee referred this matter to the Board for disciplinary action. A true and correct copy of the January 26, 2007, memo from the Program for Recovering Nurses Advisory Committee to the Board is attached hereto as Exhibit N.

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. N-14592 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent obtained and/or possessed prescription drugs which had not been lawfully prescribed to her.

4. Respondent habitually used narcotic drugs.

5. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. 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) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 100.09.a, and 101.04.e.

7. Pursuant to Idaho Code § 54-1413(3)(a), the Board is authorized to impose sanctions against Respondent.

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-145925 issued to Carla M. Johnston is:
   - ☑️ Revoked
   - _____ Suspended _____ days/year(s) _____ indefinitely

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 5th day of February, 2007.

IDAHO STATE BOARD OF NURSING

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

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

a. A hearing was held,
b. The final agency action was taken,
c. The party seeking review of the order resides, or
d. The real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13TH day of February, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Carla M. Johnston
5437 E. Lindee Lane
Idaho Falls, ID 83406

☒ 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

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 6
RULE 132
VOLUNTARY SURRENDER OF LICENSE

1. (Sign Here) by affixing my signature hereto, acknowledge that:

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

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-14592 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, 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."

2001-2003

State of Idaho
Board of Nursing
This is to certify that:

CARLA M. JOHNSTON
3430 RICH LANE
IDAHO FALLS, ID 83406
has complied with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE.

Carla M. Johnston

Signature of Licensee

3430 RICH LANE
IDAHO FALLS, ID 83406

City, State, Zip

Signature of Witness

Exhibit A

Page 1 of 2
On Friday, October 12, I received a phone call from Dr. Eschen at NCPS informing me that my UA was positive for Darvocette. On Sunday evening, I remembered I had taken some Naproxen, for a severe headache, I had gotten from my neighbor the first of the month. To make a long story short, I discovered my neighbor had given me Darvocette, that she had put in an over-the-counter Naproxen bottle a while back and had forgotten she had done this. The pills were round, white tablets. I had no idea, or reason to believe, that the pills were anything but Naproxen. I take full responsibility for this mistake and will never take anything again unless I personally buy it.

I have been compliant with my PRN monitoring requirements for almost 21 months, after self-referral into the program on 1/23/00. I would never intentionally relapse at this point in my recovery. Please take this into consideration and allow me to continue working as a RN and continue my recovery requirements in the PRN. I guarantee this will never happen again. I have worked the 12 steps of NA/AA with my sponsor and continue to meet with her weekly. I attend the PRN group meeting and 3 NA/AA meetings weekly. I call NCPS daily and have never had a positive UA test. I have never been noncompliant with any program requirements, until now.

I had 2 major surgeries last year and took pain pills only when needed. My UA tests have always been negative, even after these surgeries. I successfully completed IOP and attended aftercare for 1 year. I would never have, intentionally, compromised my recovery after doing so well for this long.

This entire situation has given me increased conviction to continue my recovery and compliance with my PRN monitoring contract. Please give me a second chance to do so.

Thank-you,

Carla Johnston, RN

Carla Johnston, RN
September 11, 2002

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

RE: Carla Johnston

Dear Ms. Evans,

This letter is being sent to notify you that Carla Johnston, Board of Nursing referral, has become non-compliant with her PRN contract, and we feel this must be reported to the PRN Advisory Committee.

Ms. Johnston signed a contract with PRN as a Board of Nursing referral on February 16, 2000. Ms. Johnston maintained compliance with her PRN contract until April 19, 2002 when she received a positive urinalysis test for methadone. On April 30, 2002 the medical review officer confirmed her test as a positive and Ms. Johnston requested that it be reconfirmed. Her re-confirmation did not return to our office until June 18, 2002 due to some complications between NCPS and LabCorp. Her re-confirmation was confirmed as positive and PRN contacted Ms. Johnston regarding this matter.

Ms. Johnston was instructed to receive an evaluation by Jeff Holbrook which she complied to. He recommended that Ms. Johnston receive an inpatient evaluation, and follow the recommendations of this evaluation. Ms. Johnston was hesitant to comply with this requirement because she could not afford it. Due to her financial situation, we allowed Ms. Johnston to get a second out-patient evaluation. Ms. Johnston met with Art Phelps whose evaluation was conclusive to Mr. Holbrook’s recommendations and an inpatient evaluation was recommended by Art Phelps as well. Ms. Johnston was given until September 9, 2002 to contact our office with the treatment center where she would be receiving her evaluation. We spoke with Ms. Johnston by phone on September 9 and she stated that she could not afford the required evaluation and would like to discuss her own treatment plan with the PRN Advisory Committee.

Therefore, because Ms. Johnston does hold a limited license and has not agreed to follow the recommendation of both evaluations, we feel we must turn her case over to the PRN Advisory Committee for further review. If you have any questions or concerns, please feel free to contact me or Tausha Krohn, PRN Compliance Monitor.

Sincerely,

[Signature]

John Southworth, CADC
PRN Coordinator
(208) 891-4726 cellular
(800) 386-1695 toll free

cc: Carla Johnston
JS:tk
Dear Ms. Johnston:

NOTICE OF WITHDRAWAL OF LIMITED LICENSE

You are hereby notified that the limited license, number N-14592 issued under provisions in IDAPA 23.01.132.01. 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:

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

  a. Providing a urine specimen that tested positive for methadone on April 19, 2002, and
  b. Admitting to removing a dose of hydrocodone from the Acudose cabinet without administering the dose to the patient.

Your file was evaluated by the members of the Program for Recovering Nurses Advisory Committee on October 11, 2002. You will receive their recommendations in a separate mailing.

Dated: October 11, 2002

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.
October 15, 2002

Carla Johnston
3430 Rich Lane
Ammon ID 83401

Dear Ms. Johnston:

Following their meeting with you on October 11, 2002, the members of the Program for Recovering Nurses Advisory Committee approved your re-entry to the Program. The re-entry is contingent on the following conditions:

1. Obtain an in-patient evaluation to include a comprehensive 5-axis mental health assessment, comprehensive substance abuse evaluation, and comprehensive medical history and physical and authorize the release of the resulting reports and recommendations to the Board and the PRN program.
2. Maintain compliance with any recommendations resulting from the evaluations indicated in item 1.
3. Sign a new monitoring agreement with the Program for Recovering Nurses and comply with all recommendations.

You will be considered for re-issuance of the limited license in accordance with the standard procedures of the Program for Recovering Nurses.

The members of the Committee urge you to maintain complete compliance with the conditions of your monitoring contract and treatment program.

Please contact me or John Southworth if you have questions regarding your re-enrollment in this program.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhc

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
December 16, 2004

Carla Johnston
3875 N. Pine Needle Circle
Idaho Falls, ID 83404

RE: Non-compliance

Dear Ms. Johnston,

This letter is being sent to you to address your non-compliance with your PRN Contract. Since April of 2004 you have failed to test on the following selection dates: May 18, May 20, June 16, July 19, August 23, August 31, September 20, October 20, and December 14. When questioned about these missed tests you stated that you had notified PRN and asked to be excused. We have no documentation that shows that you notified PRN and/or were excused from testing on any of these selection dates.

You were selected to test on October 25, 2004 and didn’t test until the 26th. You were selected to test on November 5, 2004 and didn’t test until the 8th. When questioned about these late tests you stated that you must have forgotten.

You are also required by your contract to attend PRN group once per week and attend individual counseling sessions with Dr. Sterling Andelin. Your group attendance is low and I have no record of sessions with Dr. Andelin since April.

As a result of your non-compliance, your UA requirements have been increased to once per week. If you fail to test on any selected date your non-compliance will be reported to the Board of Nursing. This letter serves as an addendum to your PRN contract.

If you have any questions, feel free to contact Nicole at our office at 208-323-9555.

Sincerely,

John Southworth, CADC
PRN Coordinator
(208) 891-4726 cellular
(800) 386-1695 toll free

cc: Bobbi Crapo

JS: NS
January 28, 2005

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

RE: Carla Johnston

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Carla Johnston, a Board of Nursing referral, is currently not in compliance with her PRN contract due to a dilute UA test on January 6, 2005 and missing a scheduled UA test on January 17, 2005. She admits ingesting caffeine 3 hours prior to testing on January 6, and notified me on January 18 that she hadn't received her Chain of Custody forms in time to test on January 17. Ms. Johnston states that she sent her order with payment on January 6 to NCPS. Betty Motley at NCPS received her order and payment on January 12 and sent the forms out on January 13.

The PRN sent Ms. Johnston a warning letter on December 16, 2004 notifying her that we had increased her required UA frequency from two times per month to weekly due to her non-compliance with UA testing in 2004 (letter enclosed). She was warned that any failure to test when selected in the future would result in the PRN reporting her non-compliance to the Board of Nursing. Knowing that Ms. Johnston would need time to order Chain of Custody forms (enough to accommodate weekly testing), the PRN waited to increase her testing frequency until January, 2005.

Ms. Johnston’s current contract with PRN was signed on April 29, 2003. Her contract requirements include the following: 1) Attend Aftercare for one year at Family Recovery Center, 2) Counseling with Dr. Sterling Andelin (as needed, recently determined), 3) 90/90 12-Step meetings then 3-4 per week, 4) Random UA/drug testing, 5) Meet with a sponsor weekly face-to-face to work the steps, and 6) Attend weekly 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 me at (208) 323-9555.

Sincerely,

Nicole Stivers
Compliance Monitor

cc: Carla Johnston
    Bobbe Crapo

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
Carla Johnston  
3875 N Pine Needle Circle  
Idaho Falls ID 83404

Dear Ms. Johnston:

We have been notified by the Program for Recovering Nurses that you are not in compliance with your monitoring contract requirements due to issues with urine drug screens. To continue your participation in this alternative to discipline program, you need to come into full compliance, immediately with all conditions of the contract.

Please contact me if you wish to discuss this information.

Sincerely,

SANDRA EVANS, MAEd., RN  
Executive Director

SE:lh
cc: PRN Program

February 8, 2005
March 1, 2005

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

RE: Carla Johnston

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Carla Johnston, a Board of Nursing referral, continues to be non-compliant with UA testing even after receiving a warning letter from the Board of Nursing dated February 9, 2005. Since we last contacted you regarding her non-compliance (letter dated January 28, 2005), Ms. Johnston has tested late (selected January 26th, tested January 27th), provided a sample that was so hot the collection facility had to set it on the counter for five minutes to get it to cool to 100 degrees on February 10th (she refused to provide a second sample when requested by the facility), and missed a test because she failed to call NCPS on February 21st.

Ms. Johnston's current contract with PRN was signed on April 29, 2003. Her contract requirements include the following: 1) Attend Aftercare for one year at Family Recovery Center, 2) Counseling with Dr. Sterling Andelin (as needed), 3) 90/90 12-Step meetings then 3-4 per week, 4) Random UA/drug testing (currently weekly), 5) Meet with a sponsor weekly face-to-face to work the steps, and 6) Attend weekly 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 me at (208) 323-9555.

Sincerely,

Nicole Stivers
Compliance Monitor

cc: Carla Johnston
    Bobbe Crapo

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

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-14592, 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 January 26th – tested on January 27th
b. Provided a urine sample on February 10th that was too hot to test, and
c. Missed a urine drug test on February 21st.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, March 25, 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 March 15, 2005, 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: March 9, 2005

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.
Carla Johnston  
3875 N Pine Needle Circle  
Idaho Falls, ID 83404

April 7, 2005

Dear Ms. Johnston:

Following their meeting with you on March 25, 2005, the members of the Program for Recovering Nurses Advisory Committee requested that you obtain an assessment of your mental health status and authorize the release of the resulting reports and recommendations to the Board and the PRN program. Additionally, you should:

1. maintain compliance with any recommendations resulting from the assessment, and
2. sign a new monitoring agreement with the Program for Recovering Nurses and comply with all recommendations.

You will be considered for re-issuance of the limited license in accordance with the Standards for Return to Nursing Practice (see enclosure.)

Please note that the Board of Nursing has been designated as your contact while you are participating in the program; however, Southworth Associates will continue to monitor your progress in the program.

The members of the Committee urge you to maintain complete compliance with the conditions of your monitoring contract and treatment program.

Please contact me if you have questions regarding your continuance in this program.

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.
NURSE MONITORING CONTRACT

Client Name: Carla Johnston

Date: 4-16-05

1. Carla Johnston, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

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

- I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.

I agree to advise the following persons of the conditions of this agreement:

  - Work Supervisor
  - Spouse or significant other
  - Primary Care Provider/Dentist
  - Other

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

  - Aftercare at Family Recovery Center
  - Medication Management with Dr. Tony Golden (Dr. Kayne Kishiyama as needed)
  - Three 12-Step Meetings per week
  - Meet weekly with sponsor face-to-face
  - Random UA/Drug Testing
  - Weekly Health Professionals Support group

I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.

I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.

I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.

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

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

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

I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature: Carla Johnston

Witness: Mike Johnston

Client Address: 3875 N Pine Needle Circle

Program Coordinator: Okalona Falls, ID 83464

RECEIVED
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

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

MOVING TO ANOTHER STATE

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

RETURNING TO THE WORKPLACE

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

UA TESTING

- It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
- Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
prescribing provider will be considered a relapse. My employer will be notified immediately of
the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation
or report of my relapse to the Board of Nursing Advisory Committee for consideration of
continuation in the program. If it is a second relapse, I understand I will be referred to the Board
of Nursing Advisory Committee for consideration of continuation in the program or referral to
the Board of Nursing for possible disciplinary action against my nursing license.

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

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

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

PRESCRIPTION DRUG/ HEALTH CARE

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

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

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

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

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

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

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

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

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

**TERMS AND CONDITIONS OF THE CONTRACT**

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

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

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

**ADMONITIONS**

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

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

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

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

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

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

**MISCELLANEOUS GUIDELINES**

> I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.
> I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.
> I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.
> In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right to claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.
> The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

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

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

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Carla Johnson 04-16-05  
Nurse  

Mike Johnson 04-16-05  
Witness  

RECEIVED
November 27, 2006

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

RE: Carla Johnston

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Carla Johnston, a Board of Nursing referral, failed to submit to a random drug screen on November 8, 2006. Ms. Johnston contacted the PRN on said date and stated that she had no chain of custody (COC) forms. She was therefore unable to test on that date. Ms. Johnston is aware of the necessity of having COC forms available for testing at all times. Ms. Johnston has in the past missed testing days due to a lack of COC forms. On November 13, 2006 Ms. Johnston was scheduled for an observed urine analysis (UA). She submitted to this randomly scheduled test only to provide a specimen that was found to be dilute and was subsequently failed by the Medical Review Officer.

On November 21, 2006 Ms. Johnston contacted the PRN Program Coordinator, John Southworth informing him that she had been “using.” Mr. Southworth asked her to recount the incident in writing and to fax this information to the PRN office. On November 22, 2006 a fax was received at the PRN office from Ms. Johnston as requested. In a four page, hand written letter, Ms. Johnston stated that “On Monday 11/6 I used Hydrocodone, Demerol & Morphine.” Ms. Johnston continued by saying “[O]n Wednesday 11/8 I used Demerol, was selected to UA but...couldn’t because my...COC- forms hadn’t come in the mail yet.” Ms. Johnston further stated that “…Friday 11/10 Steven (PRN Compliance Monitor) called & asked me to UA. I said yes but called him back saying my slips still hadn’t come. Honestly my slips had arrived on [t]hursday 11/9 but knowing I was probably dirty I lied & said I still didn’t have them.”

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Upon receipt of this information, the PRN contacted Ms. Johnston's work-site monitor April Walker of Bingham Memorial Hospital in Blackfoot, Idaho. The PRN has recommended that Ms. Johnston not work in a nursing capacity until she receives an evaluation by a Certified Alcohol and Drug Counselor and the results of said evaluation are available for review by the Program Coordinator John Southworth. Ms. Johnston has agreed not to work in a nursing capacity as recommended. Ms. Johnston was also asked to schedule an appointment with Mr. Art Phelps, LCSW, ACADC. She has indicated that an appointment has been scheduled. She is also currently required to attend ninety (90) AANA meetings within ninety (90) days.

Ms. Johnston's current contract with PRN was signed on April 16, 2005. Her contract requirements include, but are not limited to: 1) Attend three 12-Step meetings per week, 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 me at (208) 323-9555.

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor

cc: Carla Johnston
NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-14592 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:

1. Failing to abstain from all mind-altering chemicals as provided for in the Contract signed April 16, 2005, by:
   a. providing a urine sample that was reported as diluted on November 13, 2006, and
   b. Reporting to the Program Coordinator on November 21, 2006, that you had used Hydrocodone, Demerol and Morphine on November 6, 2006 and Demerol on November 8, 2006.

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 29, 2006, 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: December 7, 2006

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: Jill Howell, RN, Chairperson
Program for Recovering Nurses

DATE: January 26, 2007

The file of Carla Johnston was reviewed at the Advisory Committee meeting on January 26, 2007, 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  Date

Action Recommended to Board: encourage her to continue her path to recovery.