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

NORA JORDAN
N-34025

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: 

NORA JORDAN, 
License No. N-34025, 
Respondent. 

Case No. BON 07-001

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. On or about February 15, 2005, Nora Jordan ("Respondent") applied for professional nurse licensure by endorsement and indicated that she was participating in the Washington State Health Professionals Program.

2. On March 15, 2005, the Washington Department of Health informed the Board that Respondent was in compliance with her Monitoring Contract. True and correct copies of the March 15, 2005, letter from the Washington Department of Health to the Board and of Respondent's Washington Health Professional Services Monitoring Contract are attached hereto as Exhibits A and B, respectively.

3. Respondent was subsequently issued License No. N-34025, which she voluntarily surrendered. A true and correct copy of Respondent's Voluntary Surrender of License is attached hereto as Exhibit C. In the Voluntary Surrender of Licensure, Respondent admitted that she had used narcotics.

4. On March 21, 2005, Respondent was issued a limited license.

5. On December 18, 2006, the Washington Department of Health informed Judith Nagel, Associate Director for the Board, that Respondent was not in compliance with her Washington Health Professional Services Monitoring Contract.

6. On December 18, 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 D. In the Notice of Termination of Limited License, Respondent was informed that this matter would be reviewed by the Board at its meeting on February 8-9, 2007, and that she could request a hearing before the Board. Respondent failed to request a hearing before the Board.

7. 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 E.

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-34025 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent habitually used narcotic drugs.

4. Respondent voluntarily surrendered her license and agreed to participate in a monitoring program. She has failed to remain compliant with the monitoring program.

5. 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 Board Rule (IDAPA 23.01.01) 100.06.

6. 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-34025 issued to Nora Jordan 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 9th day of February, 2007.

   IDAHO STATE BOARD OF NURSING

   [Signature]

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

NOTICE OF DUE PROCESS RIGHTS

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

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

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

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

CERTIFICATE OF SERVICE

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

Nora Jordan
9622 N. Fotheringham
Spokane, WA 99208

☐ 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 - 4
March 15, 2005

Idaho State Board

Dear Michelle:

Nora Jordan is in compliance with all aspects of this contract.

If you have any questions please call me at 360-236-2880

Sincerely,

Jean Sullivan
Executive Director

[Signature]

Exhibit A
Page 1 of 1
I, Nora Jordan, agree to participate in the Washington Health Professional Services Program of the Washington State Department of Health. I have voluntarily chosen to participate in the Program and agree to adhere to the rules and regulations set forth in this agreement. I understand that certain criteria must be met in order to complete the Program and I agree to meet the following criteria:

1. To abstain from the use of alcohol and all other mind-altering drugs.

2. To notify the Program of any mind-altering drugs prescribed by a practitioner at the time of prescription. I will also submit documentation from the prescriber detailing the reasons for the drug, the dose and the expected length of time the drug will be prescribed.

3. To inform my health care provider(s) of my chemical dependence.

4. To abstain from the use of over-the-counter drugs that are not permitted while in the Program, such as OTC sleeping pills, OTC diet pills and Benadryl.

5. To notify the Program if I am hospitalized or must undergo any surgical procedure on an outpatient basis.

6. To appear in person for an evaluation and/or reassessment, with reasonable notice by a person designated by the Program.

7. To enter and complete an approved chemical dependency treatment program and abide by the recommendations of the program regarding on-going treatment, aftercare and return to work. (Done)

8. In the event of relapse, to begin with individual and/or group psychotherapy on a weekly basis and provide a release of information for monthly reports from the therapist.

9. To report relapse immediately.

10. To attend a minimum of three Alcoholics Anonymous, Narcotics Anonymous or other Self Help meetings each week, maintain a Meeting Attendance Verification Record and send your signed attendance card in monthly to the WHPS office.
11. To attend a weekly Professional Peer Group.

12. To continue with or obtain a Twelve Step sponsor and submit that person's first name and last initial to the Program.

13. To submit to random, observed body fluid samples.

14. To insist these samples be taken any time my integrity is questioned.

15. To give prior notification if I will be unable to give body fluid samples.

16. To submit a report of my compliance and progress thirty (30) days after signing the contract and monthly thereafter.

17. In the event of relapse to cease practice

18. To obtain 15 contact hours of chemical dependency education every two years while in the program.

19. To notify the program of any plans to change my professional status, including shift, unit, position or place of employment for prior approval. Failure to inform WHPS prior to any employment in the health care industry shall result in IMMEDIATE and PERMANENT discharge from the WHPS Program with no right to re-enter WHPS.

20. To observe the following work restrictions:

   a. no-registry, home health agency or adult family home
   b. will not work a shift within twelve hours of the previous shift (will not double back)
   c. will not work overtime
   d. will not work more than one different shift within a seven day period
   e. will not work nights
   f. will not float from unit to unit
   g. will not have access to or dispense controlled substances for: 24 months
   h. will not count controlled substances for: 24 months
   i. will not work with controlled substance IV drips for: 12 months
   j. will not have multiple employers

21. To identify a work site monitor and provide name, title, work phone number, and address to the Program. The participant will notify Program immediately of any change in work site monitor. The work site monitor agrees to submit monthly reports to Program.

22. Signing this contract authorizes communication between the Program and the identified work site monitor.

23. The duration of participation in the Program: five years.
24. The Program will evaluate my progress at regular intervals and make indicated changes.

I understand any expenses incurred in the Program are my responsibility.

As a Nursing Commission referral, I understand the Commission will be notified of my initial contact with the Program and the Program will submit regular progress reports to the Commission. The Program will also report non-compliance to the Commission.

I hereby certify I have read this document, have had an opportunity to ask questions and I understand the agreement. This agreement cannot be changed unless signed by both parties.

Signature of Nurse 8/23/04

Date

Work Site Monitor 8/3/04

Date

Please attach business card and/or legibly print name, business address and phone number.

Program Manager 8/30/04

Date

8/10/04
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

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

1. I admit that I have engaged in the following conduct: [Specify]

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 ________ and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

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

DATED: 3/25/05

Signature of Licensee

6/99-PRN

DATED: 3/25/05

Signature of Witness

Exhibit C
Page 1 of 1
Nora Jordan
9622 N Fotheringham
Spokane WA 99208

Dear Ms. Jordan:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that the limited license, number N-34025 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 due to failure to comply with the terms and conditions of limited licensure, by:


Your file will be presented to the Board of Nursing members at their meeting on February 8-9, 2007. You may request a hearing before the Board of Nursing regarding this termination by depositing in the mail within twenty-one (21) days after receipt of this notice, a certified letter addressed to the Board of Nursing and containing a request for a hearing.

If you fail to request a hearing, the Board of Nursing will affirm the Termination of Limited License.

Dated: December 18, 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 Nora Jordan 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 1-26-07

Action Recommended to Board: Research

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.
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Sent To:

NORA JORDAN
9622 N FOTHERINGHAM
SPOKANE WA 99208

2-13-07