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

ANGELA KASCHMITTER
N-28809

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Dear Ms. Kaschmitter:

During their meeting on October 27-28, 2011, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-28809 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective October 28, 2011. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

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.
BEFORE THE IDAHO STATE BOARD OF NURSING

Case No. BON 09-043

ANGELA M. KASCHMITTER, RN, License No. N-28809, Respondent.

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

FINDINGS OF FACT

1. The Board regulates the practice of nursing in Idaho pursuant to Idaho Code § 54-1401, et seq.
2. Angela M. Kaschmitter ("Respondent") is licensed by the Board under License No. N-28809 to practice nursing in the State of Idaho.
3. Respondent's continued right to licensure is subject to her compliance with the laws of the Board codified at title 54, chapter 14, Idaho Code, and the rules of the Board, promulgated at IDAPA 23.01.01, et seq.
4. At all times relevant to these proceedings Respondent was employed as a nurse at Gritman Medical Center in Moscow, Idaho ("Gritman").
5. On or about June 30, 2010, the Board filed a formal Administrative Complaint against Respondent. The allegations set forth in the Administrative Complaint included the following:
   a. On March 20, 2009, while working as a nurse at Gritman, Respondent diverted five (5) 5/325 Percocet tablets from the Pyxis unit in the Family Birth Center at Gritman. Respondent was the last individual to access the Pyxis unit prior to the discovery of a five (5) tablet discrepancy. Respondent had accessed the Pyxis unit under a patient's name who did not have an order for Percocet, and also later documented a "cancelled remove" in the Pyxis unit for the Percocet tablets.
b. On or about November 4, 2009, while working as a nurse at Gritman on the night shift, Respondent failed to properly waste one (1) mg of excess Morphine. Respondent admittedly signed out five (5) mg of Morphine from the Pyxis unit and documented giving only four (4) mg of Morphine to the patient. Respondent did not document wasting the remaining one (1) mg in the Pyxis unit.

c. On or about November 4, 2009, while working as a nurse at Gritman on the night shift, Respondent failed to properly waste four (4) mg of Morphine. Respondent signed out ten (10) mg of Morphine from the Pyxis unit and admittedly administered only six (6) mg. Respondent did not document wasting the remaining four (4) mg. Respondent claims to have wasted the four (4) mg in question by shooting it into the air and that this was witnessed by another nurse. The alleged witnessing nurse did not recall this event when questioned by Gritman administration.

d. On or about November 4, 2009, while working as a nurse at Gritman on the night shift, Respondent failed to properly waste one (1) mg of Numorphan/Oxymorphone. Respondent admittedly signed out one (1) mg of Numorphan/Oxymorphone from the Pyxis unit and did not administer it to the intended patient. Respondent documented wasting the Numorphan/Oxymorphone in the Pyxis unit approximately four and one-half hours later. Respondent claims her wasting of the Numorphan/Oxymorphone was witnessed by another nurse, but the alleged witnessing nurse could not confirm what substance was actually wasted by Respondent when questioned by Gritman administration.

e. On or about November 4, 2009, while working as a nurse at Gritman on the night shift, Respondent administered Numorphan/Oxymorphone to a labor patient in a manner inconsistent with the physician's order. Specifically, the physician's order provided for Numorphan/Oxymorphone to be administered to the patient every two (2) hours, and Respondent administered a second dose of Numorphan/Oxymorphone to the patient only eighty (80) minutes after the initial dose.
f. As of May 1, 2010, Respondent became uncooperative with the Board’s investigation in this matter by failing to provide the Board with current contact information or otherwise communicate with the Board regarding the investigation. The Administrative Complaint is expressly incorporated herein by reference and made a part hereof.

6. Copies of the Administrative Complaint, along with the Notification of Procedural Rights, were sent to Respondent on July 1, 2011, by United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail. The mailings were addressed to Respondent at Respondent’s last known mailing address on file with the Board, as follows:

   Angela M. Kaschmitter
   2763 26th Street
   Clarkston, WA 99403-1639

7. On or about July 26, 2011, the Board received back from the post office the certified mail return receipt for the Administrative Complaint sent by certified mail indicating it went unclaimed by Respondent.

8. On or about July 13, 2011, the Board received back from the post office the copy of the Administrative Complaint sent by regular mail indicating delivery had been attempted unsuccessfully and that the post office was unable to forward.

9. At no time during these proceedings did Respondent provide the Board with an updated mailing address.

10. As of this date, Respondent has not filed an Answer or any other document with the Board in response to the Administrative Complaint.

11. The Notification of Procedural Rights informed Respondent that, under statutes and rules applicable to such proceedings before the Board, Respondent needed to file a formal Answer to the Administrative Complaint within twenty-one (21) days of service of the Administrative Complaint and that failure to timely file an Answer to the Administrative Complaint or otherwise defend against the action would constitute a default and would be
sufficient grounds for proceeding administratively against Respondent’s license without the necessity of conducting a hearing.

12. On September 28, 2011, a Notice of Proposed Default and Default Order were sent to Respondent by United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail, to Respondent’s last known mailing address on file with the Board, as follows:

   Angela M. Kaschmitter
   2763 26th Street
   Clarkston, WA 99403-1639

13. Respondent failed to contest entry of the proposed Default Order within seven (7) days of service of the Notice of Proposed Default Order.

14. On October 6, 2011, a Default Order was issued by Roger Gabel, the appointed Hearing Officer in this matter. Therefore, the allegations contained in the Administrative Complaint on file in this matter, and incorporated herein, are admitted as true without the necessity of conducting a hearing.

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. The Administrative Complaint was sent to Respondent at her last known mailing address on file with the Board. Respondent failed to provide the Board with any updated or alternate address during these proceedings. Respondent was duly and lawfully given notice of proceedings against her license pursuant to the provisions of IDAPA 04.11.01.055 and IDAPA 23.01.01.008.03.

3. Respondent’s failure to plead or otherwise defend in this action authorized the Board, pursuant to Idaho Code § 67-5242(4), to enter an Order of Default, which is as if all the allegations in the Administrative Complaint were proved or admitted at a hearing.
4. Respondent’s acts as detailed in the incorporated Administrative Complaint constitute violations of the laws and rules governing Idaho nursing practice, as follows:

   a. 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 and practice);

   b. Board Rule 100.12 (a nurse shall cooperate with authorities in the investigation of any alleged misconduct);

   c. Board Rule 101.04.a. (a nurse shall have knowledge of the statutes and rules governing nursing and shall function within the defined legal scope of nursing practice);

   d. Board Rule 101.04.e. (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs);

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

   f. Board Rule 101.05.d. (controlled substances may not be wasted without witnesses. The nurse shall not sign any record as a witness attesting to the wastage of controlled substance medications unless the wastage was personally witnessed. The nurse shall not solicit the signatures on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage. The nurse shall solicit signatures of individuals who witnessed the wastage in a timely manner);

   g. Board Rule 101.05.e. (a nurse shall make or keep accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patients’ records or employer or employee records); and

   h. Board Rule 101.05.f. (a nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization).
ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. Pursuant to Idaho Code § 67-5242(4), Respondent is in default.

2. License No. N-28809 issued to Angela M. Kaschmitter 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.

3. 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. In addition, Respondent shall specifically submit the following information with any request for reinstatement:
   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 A.;
c. **Self-Evaluation:** Respondent must prepare and submit a written self-evaluation on a form provided by the Board. Respondent’s self-evaluation must address her ability to practice nursing safely as provided in the Idaho Board of Nursing Position on Safety to Practice; and

d. **Other Information:** Respondent shall submit any additional documents or information requested by the Board in order to evaluate Respondent’s safety to practice.

4. Pursuant to Board Rule 132, Respondent may be issued a Limited License upon reinstatement as follows:

a. **Non-Practicing Status:** If the Board determines that Respondent is prevented from practicing nursing due to her health status, a Limited License with Non-Practicing Status may be issued to Respondent pursuant to Board Rule 132.02. As set forth in Board Rule 132.02(b), this license “does not entitle [Respondent] to engage in the active practice of nursing.” The non-practicing status may be lifted upon a showing to the satisfaction of the Board that Respondent is no longer prevented from safely practicing nursing due to her health status. See Board Rule 132.02(c).

b. **Restricted Status:** If the Board determines that Respondent’s ability to practice nursing is restricted due to the health status of Respondent, a Limited License with Restricted Status may be issued to Respondent pursuant to Board Rule 132.03. Any conditions placed upon Respondent’s license shall incorporate the Idaho Board of Nursing Position on Safety to Practice in accordance with Board Rule 132.03(c). The restricted status may be lifted upon a showing to the satisfaction of the Board that Respondent’s health status no longer restricts her ability to safely practicing nursing. See Board Rule 132.03(d).

c. **Single-State License:** If a Limited License is issued to Respondent, her license shall be a single-state license 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.

5. The Board reserves the right to assess costs incurred in this matter as a condition of reinstatement, and to impose such other conditions upon Respondent’s reinstated license as
the Board may deem appropriate in its discretion.

This order is effective immediately.

DATED this ___ day of ___, 2011.

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 issuance 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 1st day of November, 2011, I caused to be served a true and correct copy of the foregoing by the following method to:

Angela M. Kaschmitter
2763 26th Street
Clarkston, WA 99403-1639

[ ] U.S. Mail
[ ] Hand Delivery
[ ] Certified Mail, Return Receipt Requested
[ ] Overnight Mail
[ ] Facsimile: __________
[ ] Statehouse Mail

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.gottschi@ag.idaho.gov

Linda Coley
Management Assistant
Idaho Board of Nursing
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.
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Sent To
ANGELA M KASCHMITTER
2763 26TH STREET
CLARKSTON, WA. 99403-1639

PS Form 3900, August 2004
See Reverse for Instructions