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

DIANA LEE
PN-9033
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )

DIANA LOUISE LEE ) Case No. 02-030
License No. PN-9033 ) FINDINGS OF FACT, CONCLUSIONS
Respondent. ) OF LAW, AND ORDER

Having reviewed the documents filed in this matter, the Idaho State Board of Nursing (hereinafter the “Board”) enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Diana Louise Lee (hereinafter “Respondent”) is licensed by the Idaho State Board of Nursing under License No. PN-9033 to engage in the practice of nursing in the State of Idaho.

2. On or about July 8, 2002 Respondent signed a voluntary surrender form and submitted her license to the Board. Respondent admitted she had worked while impaired by being under the influence of prescribed medication. Respondent entered into a contract with the Program for Recovering Nurses on July 25, 2002. There was an addendum to the contract on February 25, 2004. See Exhibit A attached hereto.

3. On June 1, 2004 a limited license was issued by the Board. See Exhibit B attached hereto.

4. On November 23, 2004 Respondent missed a urine analysis test, this was excused by the PRN. Then on December 17, 2004 and December 30, 2004, Respondent failed to submit to urine analysis testing. On January 6, 2005, the PRN reported to the Board that Respondent was non-compliant with her contract due to the missed urine analysis tests. See Exhibit C.

5. On January 10, 2005 the Board advised Respondent her limited license was terminated for her failure to comply with the terms and conditions of her contract with
PRN. She was further advised that her case would be brought to the PRN Advisory Committee on January 21, 2005. See Exhibit D, attached hereto.

6. The PRN Advisory Committee recommended that the case be submitted to the Board for disciplinary action based upon Respondent’s non-compliance and voluntary surrender at the Board meeting on February 3-4, 2005. Respondent was so advised on January 27, 2005. See Exhibit E, attached hereto.

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 licensure, PN-9033, is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions and failure to act as set forth above are in violation of Idaho Code §§ 54-1413(1)(e) and (g) and IDAPA 23.01.100.06 and IDAPA 23.01.101.01, and IDAPA 23.01.132 and hence constitutes grounds for discipline.

3. Respondent’s acts as set forth above constitute violations of Idaho Code § 54-1413, thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code § 54-1413(3)(a) and Idaho Code Section 67-5242(4).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that License No. PN-9033 issued to Diana Louise Lee, is:

X Revoked

_____ Suspended _____ days/year(s) _____ indefinitely

Based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(4).
It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

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

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
   a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
   b. A detailed summary of employment since licensure revocation or suspension; and
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.
   d. Evidence of financial compliance with NCPS and the PRN program.

The board reserves the right to assess investigative costs and attorney's fees incurred in this matter as a condition of reinstatement.

This order is effective immediately.

DATED this 3rd day of February, 2005.

IDAHO STATE BOARD OF NURSING

By

Randy Hudspeth, N.P., C.N.S.
Chairman

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
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 8th day of February, 2005, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

Cheri L. Bush
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

U.S. Mail, postage prepaid

Certified U.S. Mail, return receipt

Hand Delivery

Overnight Mail

Facsimile: Statehouse Mail

X

Diana Louise Lee
109 W 10th Street
Imperial, CA 92251-1207

X U.S. Mail, postage prepaid

X Certified U.S. Mail, return receipt

Hand Delivery

Overnight Mail

Facsimile: Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE.

I, Diana Lee, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Taking Rx away that was prescribed for me while @ work.

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 PN 9033 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: July 8, 2002

Signature of Licensee

Diana Lee

License Number
PN-9033

2329 Kingsgate Dr
Twin Falls, ID 83301

Address

City, State, Zip

Signature of Witness

EXHIBIT A
NURSE MONITORING CONTRACT

Client Name: Diana Lee __________________________ Date: 7/25/82

I, Diana Lee, recognizing that I suffer from chemical dependency and/or mental conditions that 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 advocacy of the PRN:

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

At initial 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 contents of this agreement:

At initial *Work Supervisor
At initial *Spouse or significant other
At initial *Primary Care Provider/Dentist
At initial *Other

I agree to participate in and attend regularly in the following activities (with a X):

At initial *Alcohol/Drug Education
At initial *Complete Intensive Outpatient treatment and then Aftercare
At initial *Group Therapy
At initial *Counseling
At initial *Three (3)12-Step Meetings per week
At initial *Meet weekly with sponsor face-to-face
At initial *Random UA/Drug Testing
At initial *Weekly Health Professionals support group in Twin Falls
At initial *Acquire a complete physical and evaluation of medications by a physician to determine level of depression and anxiety, and any treatment needed for these

At initial I agree to submit with my contracts, a written decision regarding which treatment center I wish to attend and the date and time of my first appointment with that facility.

At initial I agree to submit with my contracts, a written notification of which physician I plan to attend for my required physical and evaluation, and the date and time of my appointment.

At initial 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.

At initial 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.

At initial 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.

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

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

At initial 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: ___________________________ Witness: ___________________________

Client Address: 323 State St, Twin Falls, ID 83301, Program Coordinator
Addendum to the PRN Contract
Diana Lee
2/13/04

I, Diana Lee, understand that by signing this contract addendum, I am agreeing to all of the following conditions. I also understand that if I fail to meet any of these requirements, I will be considered non-compliant and my case may be turned over to the Board of Nursing for further action.

1. Attend Aftercare and Relapse Prevention at Walker Center in Twin Falls.
2. Attend 90/90 Mutual Support Group meetings, then rate to be determined.
3. Meet weekly with sponsor face-to-face to work the steps
4. Random UA/Drug Testing
5. Medication Management with Dr. Matt Jolley

Diana Lee

Date
2-25-04

Witness

2-25-04
Dear Ms. Lee:

We have received a letter from the Program for Recovering Nurses supporting your request for the issuance of a limited license. This license is being issued valid for a period of five years commencing from the date of issuance, with continuing monitoring conditions consistent with your current Agreement with the Program for Recovering Nurses. The limited license will be issued following receipt of the $100.00 limited licensure fee required under IDAPA 901.05.

In addition to the monitoring conditions already in place, the following conditions are required:

1) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Program Coordinator. [You may not be authorized to begin employment until the work site monitor has been approved by the Program Coordinator.]

2) Have no access to narcotics until requested and approved by the PRN Coordinator.

3) Not accept employment on the night shift (11 pm - 7 am) or in a home health setting until requested and approved by the PRN Coordinator.

4) Not accept work in Intensive Care.

5) Other conditions as determined to be appropriate.

Please note that while practicing under conditions of limited licensure, you may not be employed in any other state party to the Nurse Interstate Compact without having received express permission from that state.

Your file will continue to be monitored by the Program Coordinator for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well as by phone or in writing relative to the program or the conditions of limited licensure.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director
Idaho Board of Nursing
LIMITED LICENSE

RN     LPN     X

Diana Lee     PN-9033
2329 Kingsgate Drive
Twin Falls ID 83301

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expiry: 06/01/09   (See Reverse)

LIMITED LICENSE - Receipt

Receipt No: 37000
Amount: $100

RN     LPN     X

DATE ISSUED: 8/1/04

BY LHC
January 6, 2005

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

RE: Diana Lee

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Diana Lee, a Board of Nursing referral, is currently out of compliance with her PRN contract due to failing to UA test when requested. On November 23, 2004 Ms. Lee missed a UA test. She was sent a letter on November 30th stating that PRN would excuse the missed test, but the next time it would count as a missed test. On December 17th, Ms. Lee missed a UA test. She was notified that PRN would not excuse the test per her November 30th letter. She was requested to UA test again on December 30th and did not. Ms. Lee’s last order with NCPS for COC forms was on August 30, 2004. As of today, Ms. Lee has still not ordered any more COC forms. During our conversations with Ms. Lee, she expressed she was experiencing some financial hardships after her move to California. Ms. Lee was encouraged to send a letter explaining her situation. A copy of that e-mail is enclosed with this letter.

Ms. Lee’s current contract with PRN was signed on August 8, 2003, with an addendum signed on February 13, 2004. Ms. Lee’s contract requirements include the following: 1) Attendance at 12-Step meetings weekly, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) complete inpatient and aftercare at the Walker Center, and 5) medication management.

Ms. Lee currently owes PRN $40.00 and NCPS $60.00.

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.

Sincerely,

Nicole Stivers
Compliance Monitor

cc: Diana Lee

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

NOTICE OF TERMINATION OF
LIMITED LICENSE

You are hereby notified that limited license, number PN-9033, 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:


Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, January 21, 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 January 17, 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: January 10, 2005

SANDRA EVANS, MAEd, RN
Executive Director
January 27, 2005

Diana Lee
109 W 10th Street
Imperial CA 92251-1207

Dear Ms. Lee:

Following a review of your file and related materials by the members of the Program for Recovering Nurses Advisory Committee on January 21, 2005, action was taken to refer your file to the Board of Nursing members for disciplinary action.

Your file will be placed on the agenda for the February 3-4, 2005, meeting of the Board of Nursing members. If you wish to meet with the Board or submit a statement, please contact this office no later than February 1st. Otherwise, the Board will take action to revoke or suspend your professional nurse license based on voluntary surrender.

Please contact this office if you have questions concerning this information.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:1hc

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: Karen Ellis, RN, Chairperson  
Program for Recovering Nurses

DATE: January 21, 2005

The file of Diana Lee was reviewed at the Advisory Committee meeting on January 21, 2005, 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  
1-21-05  

Action Recommended to Board:  

602
Certified Mail

OFFICIAL USE

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Order 21809
of 1999

DIANA LOUISE LEE
109 W 10TH ST
IMPERIAL CA 92251-1207

PS Form 3800, June 2002

Sender: Complete This Section

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the package, or on the front if space permits.

1. Article Addressed to:

DIANA LOUISE LEE
109 W 10TH ST
IMPERIAL CA 92251-1207

Complete This Section on Delivery

A. Received by (Please Print Clearly) 2/4/2003

B. Date of Delivery

C. Signature

X DIANA LEE

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 0600 0023 1889 7744

PS Form 3811, July 1999
Domestic Return Receipt
102665-00-M-0852