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

KIMBERLY LEWIS
N-32444

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: )
KIMBERLY LEWIS (LAMING) )
License No. N-32444 )
Respondent. )

Case No. 04-031
FINDINGS OF FACT,
CONCLUSIONS OF LAW
AND FINAL ORDER

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

FINDINGS OF FACT

1. Kimberly Lewis (Laming) (hereinafter Respondent) has been licensed by the Idaho State Board of Nursing under license No. N-32444 to engage in the practice of nursing in the State of Idaho.

2. In 1987 Respondent, while licensed in the State of Oregon, diverted and injected Demerol; she then entered treatment and the State of Oregon Board of Nursing placed her on probation after a three month suspension. In March 1988 Respondent was placed on indefinite suspension for the relapse. On November 18, 1988 the indefinite suspension of Respondent’s license was lifted and she was placed on probation for two years. In August 1998 Respondent admitted she had diverted Morphine from her place of employment and she realized she had relapsed so she notified the Oregon Board of Nursing. In 2000 Respondent was arrested for phoning in prescription medication for herself. She completed a Court ordered program on July 25, 2001. In 2002 Respondent diverted Morphine and entered in-patient psychiatric treatment.

3. On March 13, 2003 Respondent applied for licensure in Idaho. She was referred to the PRN Advisory Committee for determination of eligibility for enrollment in the PRN. See, Exhibit A.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
4. On July 18, 2003 Respondent met with the PRN Advisory Committee. Respondent was issued a renewable license on the condition that she then voluntarily surrender it, and enroll in the Idaho PRN with monitoring by the Oregon PRN. On August 25, 2003 Respondent signed a contract with Idaho PRN. See Exhibit B.

5. On February 4, 2004 Respondent’s employer reported alcohol was smelled on Respondent’s breath. On February 9, 2004 Respondent advised the PRN she had relapsed and consumed alcohol and that she had spoken with the Oregon Board of Nursing and planned to surrender her license in that state. See, Exhibit C.

6. On April 20, 2004 the Board was advised that Respondent had decided she was withdrawing from the PRN, had surrendered her Oregon license for at least three years and was uncertain if she would ever practice nursing again. See, Exhibit D.

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, N-32444 is conditioned upon her complying with all the laws, rules and regulations of the Idaho State Board of Nursing. Respondent’s actions as set forth above are in violation of:
   a. Idaho Code Section 54-1413(1)(e) and IDAPA 23.01.01.100.06 - Habitually uses alcoholic beverages or narcotic, hypnotic, or hallucinogenic drugs;
   b. Idaho Code Section 54-1413(1)(g) and IDAPA 23.01.01.100.08 -Violates the provisions of this act or rules and standards of conduct and practice; and
   c. Idaho Code Section 54-1413(1)(h) and IDAPA 23.01.01.100.09- Conduct to Deceive, Defraud or Endanger-.09.a by violating the standards of conduct and practice adopted by the board.
3. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to do so and has withdrawn from the program.

4. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in this state, 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 show, it is hereby ordered that License No. N-32444 issued to Kimberly Lewis (Laming), is hereby ✔ Revoked _______Suspended indefinitely, effective immediately.

DATED this 27th day of April, 2004.

IDaho State Board of Nursing

By

Daniel Bauer, R.N.
Chairman

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:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
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 29TH day of APRIL, 2004, 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:
X Statehouse Mail

Kimberly Lewis Laming
2073 N. Aronmink Way
Meridian, ID 83642

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

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
KIMBERLY LEWIS LAMING
2073 N ARONMINK WAY
MERIDIAN ID 83642

A. Received by (Please Print, Clearly)
   KIMBERLY LAMING

B. Date of Delivery
   04-07-7X-2002X

C. Signature
   KIMBERLY LAMING

D. Is delivery address different from item 1? □ Yes □ No
   If YES, enter delivery address below:
   904-999-77-8888

3. Service Type
   □ Certified Mail □ Express Mail
   □ Registered □ Return Receipt for Merchandise
   □ Insured Mail □ C.O.D.

4. Restricted Delivery? (Extra Fee) □ Yes

PS Form 3811, July 1999
Domestic Return Receipt

102558-03-M-0952
APPLICATION FOR NURSE LICENSURE

Name: Lewis Kimberly Rae Olson

Birthplace: Redmond, Oregon
Birth Date: 06-22-1962

Location of Practical Nursing (LPN) Education Program
Location: Oregon Institute of Technology - Klamath Falls, OR
Month/Year Graduated: June 86
Type of Degree/Credential: BSN

License # N-32444
APPN # 33944
Receipt #: 33944
Amount: 85

Date of Photo:

BASIC RN/LPN EDUCATION

Licensure:

□ Licensed Practical Nurse (LPN)
□ Licensed by Endorsement
□ Licensed by Reinstatement
□ Licensed Professional Nurse (RN)
□ Licensed by Endorsement
□ Licensed by Reinstatement
□ Advanced Practice Professional Nurse
□ Certified Nurse-Midwife
□ Clinical Nurse Specialist
□ Nurse Practitioner
□ Registered Nurse Anesthetist
□ Temporary Licensure

Other names used previously: 2013 N. ARO MINE WAY - MERIDIAN ID 83642

Mailing Address: 4523 SE 14th St, Portland OR 97250

Telephone - Home: (503) 750-3360 Work: (433) 230-9185 S.S. No.

EXHIBIT A
EMPLOYMENT INFORMATION

LIST LAST THREE (3) YEARS OF NURSING EMPLOYMENT: (Additional information may be listed on a separate sheet.)

<table>
<thead>
<tr>
<th>Name &amp; Complete Address of Employer</th>
<th>Position</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARA Indian Health Clinic</td>
<td>Clinic Nurse / Triage RN</td>
<td>Dec. 2002</td>
<td>Current</td>
</tr>
<tr>
<td>2901 E. Burnside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portland, OR 97214</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emanuel Hospital</td>
<td>Mother/Baby Nurse Charge / Nurse-Nursery Transition Nurse</td>
<td>Nov. 1998</td>
<td>Sept. 2002</td>
</tr>
</tbody>
</table>

If you have not been employed in nursing within the last three years, or if there are gaps in employment, indicate your last year of nursing employment and explain the reason. (Supervised practice and a content update may be required if you have not engaged in nursing practice during the last three years.)

IT IS THE DUTY OF EACH APPLICANT TO MAKE INQUIRY OF THE INDIVIDUAL LICENSING BOARDS REGARDING THE STATUS OF LICENSURE IN THAT STATE BEFORE RESPONDING TO THE QUESTIONS BELOW. Ignorance of license status or disciplinary information will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses may result in denial of your application or other appropriate action.

SCREENING QUESTIONS

PLEASE ANSWER ALL QUESTIONS (For all “yes” answers, attach a complete explanation including dates, circumstances and supporting documents if necessary.)
1. Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)?
   □ Yes □ No
2. Is any action pending against your nursing license in any state?
   □ Yes □ No
3. Have you ever had approval to practice in an advanced role denied, limited, suspended, revoked or otherwise disciplined?
   MNA □ Yes □ No
4. Have you ever had an application for nursing license denied?
   □ Yes □ No
5. Have you ever been denied admission to take a nursing examination by any state?
   □ Yes □ No
6. Do you have, or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five (5) years, which may impair your ability to practice nursing with reasonable skill and safety?
   □ Yes □ No
7. If yes, do you require special accommodations in order to practice?
   □ Yes □ No
8. Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction?
   □ Yes □ No
9. Have you ever pled guilty, entered a plea of nolo contendre, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction?
   □ Yes □ No
   [Attachment]

THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

AFFIDAVIT

State of __Oregon__
County of __Multnomah__

Kimberly R. Lewis, being duly sworn, declare that I understand the instructions and terms as set forth in this application form, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this form, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities (except as otherwise noted above) that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

Kimberly R. Lewis
Signature of Applicant

On this __5th__ day of __March__, in the year of __2003__, before me, __SANDY OK YO__ notary public, personally appeared __Lewis Kimberly Rae__ known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she has executed the same.

SANDY OK YO
My Commission expires __10/17/03__

WITNESS my hand, a notarial seal.

NOTARY PUBLIC - OREGON
COMMISSION NO. 320131
MY COMMISSION EXPIRES DEC. 17, 2003

2/2001
Attachment to Page 2, Question #9.

Three years ago I was arrested for phoning in a prescription for Vicodin. I was given the choice between prosecution or entering a court-supervised year-long treatment program. I successfully completed this program, and my record of my arrest was expunged entirely. Enclosed are the documents supporting this. I continue to support the STOP program by speaking when asked to do so, at public events.

Lisa -
I hope this is acceptable, as Oregon is unable to locate the original. Please call if there are any concerns.
503-750-5750

Thank you —
Kimberly Lewis
JULY 14, 2003

IDAHO BOARD OF NURSING
PO BOX 83720
BOISE ID 83720-0061

Re: Kimberly Lewis

To Whom It May Concern:

Kimberly Lewis has asked me to write a letter describing her participation with the Nurse Monitoring Program at the Oregon State Board of Nursing.

Ms. Lewis entered the Nurse Monitoring Program on August 10, 1998. She had been drinking alcohol and diverting morphine from her hospice patients. Ms. Lewis entered and completed an intensive outpatient treatment program after her detoxification. Ms. Lewis did well and had good employer reports from the Mother Baby Unit where she worked from October 1998 until June 2000.

In June 2000 she admitted that she had relapsed in April 2000 by calling in an unauthorized prescription for vicodin. She was arrested in April 2000 and had a court date in June 2000 for charges of tampering with drug records and theft in the first degree. She was entered into Drug Court and treatment over the next year. The charges were dropped at that point. She did graduate from drug court and treatment in July 2001. She kept her job but took naltrexone and was on a last chance agreement at work.

In September 2002, Ms. Lewis was hospitalized for suicidal thoughts. It was then learned that she had begun diverting narcotics from her job in June 2002. Ms. Lewis was terminated from her job due to the diversion. Ms. Lewis saw a psychologist and attended individual counseling with a relapse prevention therapist. She also took a course sponsored by her church about addiction.

Within Oregon's Nurse Monitoring Program, a nurse can have two relapses without discipline. Ms. Lewis is at that limit. Should she relapse again she would no longer be eligible for the Nurse Monitoring Program. Her case would be turned over to an Investigator for the Oregon State Board of Nursing for possible disciplinary sanctions. Ms. Lewis is well aware of this.
She chose to move to Idaho in April 2003 because there was support from family for her in that state. She kept me informed of her intentions. She is still active in and compliant with Oregon's Nurse Monitoring program. Should Ms. Lewis obtain a license in Idaho, she would need monitoring for her chemical dependency issues. I have explained to her that Idaho can impose whatever restrictions they choose should they license her as a nurse.

I can be reached at 503-731-4745 extension 261 if you have other questions..

Sincerely,

Mary Anne Joyce, RN, MSN CNS
Coordinator, NMP
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Kimberly R. (Lewis) Hamung, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: prescription narcotic, alcohol abuse, dishonesty, at 5 times, repetitive relapse.

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-32444 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: August 11, 2003

Signature of Licensee
Kimberly R. (Lewis) Hamung
3073 N. Arrowmink Way
Meridian, ID 83642

Signature of Witness
6/99-PRN

Dated: ________________
EXHIBIT B
IDAHO BOARD OF NURSING
PO BOX 83720
BOISE, IDAHO 83720-0061
(208) 334-3110

Detach Here

2003-2005
State of Idaho
Board of Nursing

License Number
N-32444

RECEIPT
50.00 RENEWAL ☐
85.00 REINSTATEMENT ☐
25.00 TEMP LIC ☐
85.00 ENDORSEMENT ☐
90.00 RN EXAM ☐
75.00 PN EXAM ☐
10.00 DUPLICATE ☐

BY       DATE

KIMBERLY LEWIS
2073 N ARONMINK WAY
MERIDIAN, ID 83642

This is to certify that:
has complied with the requirements of the law and is entitled
to practice as a LICENSED PROFESSIONAL NURSE (RN)

Valid when signed by licensee.

PLEASE KEEP THE BOARD INFORMED OF NAME AND ADDRESS CHANGES.

RECEIPT NO. 10719

Expires: August 31, 2005

08/12/2003
Kimberly Lewis
2073 N Aronmink Way
Meridian ID 83642

Dear Ms. Lewis:

Following their meeting with you on July 18, 2003, the members of the Program for Recovering Nurses Advisory Committee recommended the issuance of a renewable license on the condition that the license be surrendered and you enroll in the PRN Program to be monitored through the program in Oregon with reporting to Idaho at specified intervals.

Your application for professional nurse license has been finalized and a license is presently being processed. You will need to sign the enclosed voluntarily surrender of licensure form and enroll in the Board's Program for Recovering Nurses. They will request you to sign a monitoring contract, in which you agree to authorize compliance reports be submitted by the Oregon program.

The Voluntary Surrender of License form is enclosed, please sign the form and return to this office. You will also need to contact the Program for Recovering Nurses, 1-800-386-1695 (local – 323-9555) to make the necessary arrangements to enter the program.

A limited license will be issued upon receipt of the $100.00 fee required in IDAPA 23.01.01.901.05., the voluntary surrender form and notification that you have enrolled in the Program for Recovering Nurses.

Please contact me if you have questions concerning this information.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:llhc
cc: PRN Program

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.
Dear Ms. Laming:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-27418 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 abstain from all mind-altering chemicals by relapsing on alcohol.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, April 16, 2004. You may request to meet with the Committee members during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by April 1, 2004, 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: February 10, 2004

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.
KIMBERLY LEWIS LAMING
2073 N ARONMINK WAY
MERIDIAN ID 83642

PS Form 3811, August 2001
Domestic Return Receipt
102665-2345-1540

KIMBERLY LEWIS LAMING
2073 N ARONMINK WAY
MERIDIAN ID 83642
PRN
Program for Recovering Nurses
5530 W Emerald
Boise, ID 83706

February 13, 2004

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

RE: Kimberly Laming

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Kimberly Laming, a Board of Nursing referral, has become non-compliant with her PRN contract due to receiving a positive UA test at work for alcohol, and then later self-reporting that she had relapsed. Therefore, we feel we must report this to the Board of Nursing.

Ms. Laming signed a contract with PRN on August 25, 2003. Ms. Laming’s contract requirements include the following: 1) Attend (3) 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.

On February 4, 2004 the PRN was notified by Intermountain Hospital that a UA test done there on Ms. Laming had come back positive for alcohol. Later that day, the PRN received a copy of the UA along with a letter, stating that the UA belonged to Ms. Laming. On February 9, 2004 the PRN received a voicemail from Ms. Laming, stating she had relapsed and drank. This was later confirmed during a conversation with Ms. Laming on February 13, 2004.

Currently, Ms. Laming has a $15 balance with the PRN and a $0 balance with NCPS.

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 either Lori or me at (208) 323-9555.

Sincerely,

[Signature]

Kerry Henderishot
Compliance Monitor

Cc: Kimberly Laming

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
TREATMENT VALLEY LABORATORY
5475 S BETHESDA STREET
BOISE, IDAHO 83707

NAME: ABC.C123
LOC: IRB CCR MAIN

PT#: IHA-541963436 ACCT: 957
AGT: 41Y SEX: F DOB: 06/22/1962
CURRENT DATE/TIME: 02/04/2004 13:15

T65590 COLI: 02/02/2004 23:00 EESC: 02/03/2004 13:36 ORDER PHYS: UNKNOWN, PHYSICIAN

COMMENT: JOHNSON

ALCOHOL, URINE (NON SAM) 
ALCOHOL, URINE 

= Positive [NEG] mg/dL

Cutoff: 20 mg/dL

CALL OR FAX REPORT 
PENDING

ALCOHOL, URINE BY GC 
ALCOHOL, URINE BY GC 

= Positive [NEG] mg/dL

Cutoff: 80 mg/dL

[01] = Testing performed at DAHL, Spokane, WA 99206

ABC.C123

CLIENT REPORT
END OF REPORT
April 20, 2004

To Whom It May Concern:

I am withdrawing from the Nurse Monitoring Program effective immediately. I am voluntarily surrendering my nursing license in Oregon for a period of at least three years, and at this time am uncertain whether I'll ever work as an R.N. again. Please send me any paperwork I might need to sign.

Thank-you, and sincerely,

Kimberly R. Laming

Kimberly R. Laming
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

FROM: Karen Ellis, RN, Chairperson  
Program for Recovering Nurses

DATE: April 16, 2004

The file of Kimberly Lewis (Laming) was reviewed at the Advisory Committee meeting on April 16, 2004, 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  
4-27-04

Action Recommended to Board:  
602