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

TRIENA SCALES LINK
PN-9006

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
August 11, 1994

CERTIFIED MAIL

Triena Scales
3961 Cambria Way
Boise ID  83703

Dear Ms. Scales:

Upon formal action by the Idaho Board of Nursing on August 11, 1994, your practical nurse license PN-9006, was revoked by reason of voluntary surrender. Enclosed is the Order of Revocation.

You may not practice nursing in the State of Idaho during the time your license is revoked.

Sincerely,

[Signature]
LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lh
enclosure
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

} }
Triena Rachelle Marks } |
Foster Langton SCALES } |
LICENSE NO: PN-9006 } |
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ORDER OF REVOCATION OF LICENSE

CASE NO: 93-57

The above entitled matter being submitted to the Board of Nursing, State of Idaho, and the matters therein being fully considered by the Board of Nursing, and there appearing good cause, therefore:

IT IS HEREBY ORDERED, that the practical nurse license of Triena Rachelle Marks Foster Langton Scales, number PN-9006 be and it hereby is revoked, based upon voluntary surrender, and is subject to Subsequent Review under 54-1412 (c), IDAHO CODE.

DATED THIS August 11, 1994

FAITH Y. PETERSON, R.N.
Chairman
Idaho Board of Nursing
Triena Scales
3961 Cambria Way
Boise ID 83703

50245

Certified

8/17/94

Signature (Addressed)

Signature (Agent)
June 28, 1994

CERTIFIED MAIL

Triena Scales
3961 Cambria Way
Boise ID 83703

Dear Ms. Scales:

During their June 23, 1994 meeting, the Board of Nursing’s Advisory Committee assessed your compliance with all the conditions identified under the signed agreement for monitoring.

Following their review of all information, the Committee took action to issue a Report of Non-Compliance to the Board of Nursing due to failure to submit reports as required by the Agreement for Monitoring. Based upon this Report and your voluntary surrender of licensure dated June 30, 1993, the Board of Nursing may take action at their August 11-12, 1994 meeting to suspend or revoke your nursing license (IDAPA 23.01.01131.04. and 23.01.01132.04).

If you choose, you may submit a statement for consideration by the Board during their review of this agenda item. Any information you wish to have considered needs to be received in the Board of Nursing office no later than July 11, 1994, for inclusion with relevant agenda materials.

Sincerely,

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:1hc
<table>
<thead>
<tr>
<th><strong>To:</strong></th>
<th><strong>Address:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>TRIENA SCALES</strong>&lt;br&gt;<strong>3961 CAMBRIA WAY</strong>&lt;br&gt;<strong>BOISE ID 83703</strong></td>
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**Article Number:**<br>50248

**Service Type:**<br>☑ Certified<br>☐ Registered<br>☐ Insured<br>☐ COD<br>☐ Express Mail<br>☐ Return Receipt for Merchandise

**Date of Delivery:**<br>6-30

**Signature (Address)**<br>John Doe

**Signature (Agent)**

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**Thank you for using Return Receipt Service.**

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**DOMESTIC RETURN RECEIPT**

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**PS Form 3811, December 1991**

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**Address:**
- **Triena Scales**
- **3961 Cambria Way**
- **Boise, ID 83703**

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**Service:**
- Certified

---

**Date of Delivery:**
- 6-30

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**Signature:**
- John Doe

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**Contact:**
- Consult postmaster for fee.
TO: LEOLA DANIELS, M.S., R.N.
Executive Director
Idaho Board of Nursing

FROM: Faith Peterson, R.N., Chairperson
Temporary Voluntary Surrender Advisory Committee

DATE: June 23, 1994

The file of [Name of Person] was reviewed at the Advisory Committee meeting of June 23, 1994 and found to be in non-compliance of recommendations because of the following:

Failure to submit reports as required by monitoring contract.

The Committee made the following recommendation(s):

Refer to Board of Nursing for revocation of license based on voluntary surrender.

File reviewed by Executive Director [Signature] Date

Action Taken: [Signature] Refers to Board for revocation order.
I, Triena R. Scales, admit that:

I diverted medication from my place of employment for my own use.

I understand and acknowledge that the admitted facts constitute grounds for disciplinary action under Section 54-1412, of the Nursing Practice Act, IDAHO CODE.

I hereby voluntarily surrender license number PN-9006 and I shall forthwith discontinue the practice of nursing in Idaho.

I hereby waive the right to a hearing concerning the foregoing admitted facts, and waive my rights under the provisions related to contested cases in the Administrative Procedures Act, Chapter 52, Title 67, IDAHO CODE.

Dated: 4/30/93

Signature of Licensee

Signature of Witness