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

CORRINE VAUGHT-LUJAN
N-27198

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho Board of Nursing (hereinafter the “Board”) hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

**FINDINGS OF FACT**


2. On or about March 16, 2000, the Board received a complaint from a co-worker, that Respondent had forged her co-worker’s name on narcotics sheets and diverted narcotics from her employer for self-use. A true and correct copy of the complaint and supporting documentation sent to the Board by Respondent’s co-worker is attached hereto as Exhibit 1.

3. Respondent had enrolled in the Program for Recovering Nurses in December 1999.

4. On or about April 14, 2000, the PRN notified the Board staff that Respondent tested positive for morphine.

5. On or about May 23, 2000, Respondent voluntarily surrendered her license to practice nursing, admitting to violations of the Nursing Practice Act. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 2.
6. On or about September 18, 2000, the Board issued Respondent a limited license. The Board withdrew Respondent’s limited license because it had received notice that Respondent tested positive for morphine on August 28, 2000. Respondent requested to remain in the PRN.

7. On or about November 2, 2000, the Board granted Respondent’s request to remain in the PRN.

8. On or about November 15, 2000, Respondent notified the Board she no longer wished to remain enrolled in the PRN.

9. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

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, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaint, if proven, would constitute violations of the Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413(1)(e), (1)(h), and IDAPA 23.01.01.100.05, 100.09.b and 100.09.d.

3. Respondent’s voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent’s license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. N-27198 issued to Respondent Corinne Vaught is

revoked

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 2
Suspended ____ days/year(s) ____ indefinitely based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

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 licensed mental health care provider at the time of application for reinstatement;
   b. A detailed summary of employment since licensure revocation or suspension;
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program; and

3. Evidence of financial compliance with NCPS and the Program for Recovering Nurses.

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 8th day of February, 2001.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
Charles Moseley, CRNA
Chair

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 3
NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

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 Board 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 Board 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.

If respondent’s license was revoked, then pursuant to Board Rule 121, Respondent may apply to the Board for reinstatement one (1) year after the execution of this Order. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.

If respondent’s license was suspended, then pursuant to Board Rule 120, Respondent may apply to the Board within a reasonable time after the execution of this Order, or as specified by the term of suspension. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 12th day of February, 2001, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, certified mail, return receipt requested, and regular mail, postage prepaid, addressed to:

Corinne Vaught
16893 North Orah Court
Nampa, ID 83687

Kirsten L. Wallace
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

Sandra Evans, M.A.Ed., R.N.
Executive Director
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. Name of Complainant: Julie Martin
   Address: 541 Waginger St.
   City/State: Boise, ID
   Telephone: Home 381-0276, Business 422-1000 x 7044

II. Identifying information about whom the complaint is being made:
(Please check appropriate box)

☐ Professional Nurse (RN) ☐ Advanced Practice Professional Nurse:
☐ Licensed Practical Nurse  NP/CNM/CNS/CRNA
☐ Nursing Assistant ☐ Other

Name: Carol Vaught
Address:
City/State:
Position: RN

Employer: Dismissed from Boise Valley
Name:
Address: 500 W. Weber
City/State: Boise, ID 83706

III. Nature of Complaint:
(Confine statements to actual incidents, giving dates, places and names of persons involved.) Explain what happened, where it happened, and the date and time it happened. Attach copies of relevant records, if possible.

An individual forged my name along with several other names on a narcotic sign out sheet to steal narcotics.
Discovered the forgery. My name on a 2 mg morphine sign out sheet on 12/15/00. This was sign out for a patient at 1400 12/14/00. They left at 130. The next day I was reviewing
sign in sheet another patient and noticed that as a RN's name was signed but by me. I was told by Mr. Jones, Nurse Manager to the same patient.
When I questioned him about mine. He knew it was not. I was at the ward at that time. I notified the supervisor.
I was later interviewed during the internal investigation that a member of staff had changed the sign out to the same patient.

Exhibit 1 of 2
IV. Did any other person(s) witness this incident? If so, please give name(s), address(es), position(s) held, and telephone number(s), if known.

Immediate Supervisor is Carmen Allison 422 1000
The Chief Nurse is Julie Drake 422 1343

V. Additional Comments:

It has been brought to my attention that this impaired nurse is currently working in the same area in a doctor's office as well as a nursing home because she still has her nursing license.

The identity of the complainant will remain confidential except when the complainant may be subpoenaed to testify in a formal hearing procedure.

The Idaho Board of Nursing is an equal opportunity employer and does not discriminate or deny services on the basis of age, race, religion, color, national origin, sex and/or disability.
RULE 132
VOLUNTARY SURRENDER OF LICENSE

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

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

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 [Redacted] and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, 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: 5-22-00

[Signature]

Licensed Nurse

Address

City, State, Zip

DATED: 5-22-00

6/99-PRN

[Signature of Witness]

Exhibit 2
Page 1 of 2
1999 2001
State of Idaho
Board of Nursing

This is to certify that

CORINNE G FACINELLI
16893 NORTH ORAH CT
NAMPA, ID 83687

complied with the requirements of the law and is entitled
practice as a LICENSED PROFESSIONAL NURSE (LPN)

[Signature]

Valid when signed by licensee
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

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<td>Restricted Delivery Fee (Endorsement Required)</td>
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CORINNE VAUGHT
16893 NORTH ORAH CT
NAMPA ID 83687

POSTMARK
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<td>Rest your name and address on the reverse of this form so that we can return this card to you.</td>
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<td>Attach this form to the front of the mailpiece, or on the back if space does not permit.</td>
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<td>Write &quot;Return Receipt Requested&quot; on the mailpiece below the article number.</td>
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<td>The Return Receipt will show to whom the article was delivered and the date delivered.</td>
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I also wish to receive the following services (for an extra fee):
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2. ☐ Restricted Delivery
Consult postmaster for fee.

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PS Form 3811, December 1994
102965-95-8-0229 Domestic Return Receipt