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

BARBARA MARTZ
PN-8202
August 19, 1999

Barbara Martz
PO Box 432
Moyie Springs, ID 83845

Dear Ms. Martz:

During their meeting on August 12, 1999, the Board of Nursing members took action to issue a formal Order of Revocation of license. Enclosed are the Findings of Fact, Conclusions of Law and Final Order.

The Order revoking your license became effective August 12, 1999. Please be advised that you may not practice nursing in the State of Idaho during the time your license is revoked.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:ihc
enclosure
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of: ) ) Case No. 98-074
) ) FINDINGS OF FACT,
) ) CONCLUSIONS OF LAW,
) ) AND FINAL ORDER
) )
BARBARA A. MARTZ,
License No. PN-8202,
) )
Respondent.
)

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

1. Respondent BARBARA A. MARTZ ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. PN-8202.

2. On or about October 21, 1998, the Board received a complaint from Boundary Community Hospital that Respondent, an employee, had made numerous medication errors and falsified patient charts. A true and correct copy of the complaint and supporting documentation sent to the Board by Boundary Community Hospital is attached hereto as Exhibit 1.

3. On or about June 21, 1999, Respondent voluntarily surrendered her license, authorizing the Board to suspend or revoke her license, without admitting to violations of the Nursing Practice Act. A true and correct copy of the voluntary surrender form and letter written by Respondent is attached hereto as Exhibit 2.

4. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to her 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)(d), 54-1413(1)(g), 54-1413(1)(h), IDAPA 23.01.01100.05, 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. PN-8202 issued to Respondent BARBARA A. MARTZ is

✓ Revoked

_____ Suspended _____ days/year(s) _____ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

This order is effective immediately.

DATED this 12th day of August, 1999.

IDAHO BOARD OF NURSING

By __________________________
Daniel Bauer, R.N.
Interim Chair
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 19th day of August, 1999, 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:

Barbara Martz
P.O. Box 432
Moyie Springs, ID 83845

Sandra Evans, M.A.Ed., R.N.
Executive Director
Boundary Community Hospital

FAX

Date: 11-21-98

TO: Linda - State Board of Nursing

FROM: Jacqueline Wallace, DNS

Number of Copies, including cover sheet: 7

Comments: Regarding Barbara Marty

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited. If you have received this facsimile by error, please notify us immediately by telephone and return to the address below. We will reimburse your telephone and postage expense for doing so.

6640 Kenilworth St. N. • HCR 61 Box 61A • Bonners Ferry, Idaho 83805 • 208/257-3141 • 208/257-3202 Fax
TERMINATION BY EMPLOYER

EMPLOYEE NAME: Barbara Martinez

EMPLOYEE #: 615420

DEPARTMENT: Extended Care Facility

DATE OF TERMINATION: 10-21-98

REASON FOR TERMINATION: Due to previous warning and follow-up requirements, current omission of medication x 3 with your signature indicating administration x 3, x rays are found to be in violation of the Nevada Practice Act and the policy/procedures of the facility.

Signature: 

Date: 10-21-98

CHIEF EXECUTIVE OFFICER

Signature: 

Date: 10-21-98

SUPERVISOR:

Signature: 

Date: 10-21-98

HUMAN RESOURCES

Signature: 

Date: 10-21-98

LG 01/01/98
October 21, 1998

Barbara Martz

On October 5, 1998 I received a note stating, the CNA's that work in the Special Care Unit on the evening shift have noticed that Barbara Martz does not come down in the unit and give eye drops like Judy Lyle normally does. This was from Barbara Lindgren, the day shift Charge Nurse. She had been told this by Judy Lyle, an LPN who works the evening shift. Judy Lyle had been told this by more than one CNA on the evening shift.

Due to Barbara Martz's previous problems and past disciplinary actions related to medications, I discussed the potential problem with Cindy Anderson, pharmacy liaison, and Geri Garten, Patient Services Director. Results of this discussion included:

1. Due to previous history of medication errors, further investigation needed to occur.
2. CNA's should not be the reporting source of an LPN.
3. LPN has been charting that eye medications have been given.
4. Method for verifying administration was needed.
5. Plan of verification identified. (Empty a single container of eye medication that is only given to one Resident who is in the Special Unit and see if Barbara Martz gets a replacement from the pharmacy.)
6. Time table: investigation would occur on October 15th, 16th, and 17th. Barbara Martz worked consecutive days and this would identify any occurrence of this nature.

On October 15th, Cindy Anderson and myself, emptied the bottle of Xalatan eye medication from Pat Johnson's medication drawer. The bottle was completely emptied.

A new bottle was opened by Judy Lyle on October 18th. A signed statement has been given by Judy Lyle stating the bottle in Pat Johnson's medication drawer was empty and she had to open a new bottle to give the medication as ordered. No other bottle of this medication was checked out of the pharmacy on the 15th, 16th, or 17th of October.

This indicates that Barbara Martz did not administer the ordered medication of Xalatan to Pat Johnson. Pat Johnson's medication administration record has Barbara Martz's signature on all three days of the investigation.

On October 20, 1998, Cindy Anderson, Geri Garten, Linda Guthrie and myself met to discuss the findings of the investigation. Geri Garten contacted Dr. Kuhn (physician for Pharmacy and Therapeutics) and he agreed that nursing needed to take the appropriate actions.

Today, October 21, 1998, I called Barbara Martz at home to request her to come in and discuss the results of the investigation. A male answered her phone and stated that she was not home. I left a message for her to call as soon as she got home. I stated that I needed to talk to her before work today. Replacement staff is coming in to work for the evening shift tonight.
BOUDIARY COUNTY COMMUNITY HOSPITAL AND NURSING HOME  
HCN 61 BOX 61A  
BOURNERS FERRY, ID 83805  
(208) 293-3141

VERBAL WARNING

DATE:  5-19-98

DEPARTMENT:  ECF

EMPLOYEE:  Barbara Martz

SUPERVISOR:  Jacqueline Wallace, DNS

INCIDENT:  On May 15th it has been observed that you have missed 11 different medications ordered for Mrs. Cloud. Also, on May 14th, 15th, and 16th of May, you will need to double check meds given at the end of your shift. Also, review Mrs. Cloud's chart to see how to give appropriately.

EMPLOYEE COMMENTS:  I really don't feel I did all this, but I will do as suggested above. The 15th was a hectic evening, & I wasn't feeling well.

B. Martz

EMPLOYEE SIGNATURE  DATE  JACQUELINE WALLACE, DNS  5-19-98

BB/tp  1-1-94  S. Andson  5-11-98

Exhibit 1
Page 5 of 7
SUSPENSION WITHOUT PAY

EMPLOYEE NAME: Barbara Marts
EMPLOYEE #: 6154

DEPARTMENT: Extended Care Facility

DATE OF SUSPENSION: 8-7-98

REASON FOR SUSPENSION:
- Unreliable medication adherence
- Serious consequences resulting as a patient
  - Medication non-compliance and low lab values
  - High suspicion, employee stated medication was altered.
- 
- 
- 

EMPLOYEE SIGNATURE: Barbara Marts
DATE: 8-7-98

CHIEF EXECUTIVE OFFICER
DATE: 8-7-98

SUPervisor
DATE: 8-7-98

HUMAN RESOURCES
DATE: 8-7-98

LG 01/06/98
WRITTEN WARNING

DATE: August 11, 1997

DEPARTMENT: Extended Care Facility

EMPLOYEE: Barbara Marty

SUPERVISOR: Jacqueline Wallace, RN

INCIDENT: Multiple medication errors involving dilution, missed doses, and accumulated number of medication errors over the past 12 months.

Supervisor's written form terminated on 9-1-98.

REQUIREMENT: FOR IMPROVEMENT AND/OR CORRECTION:

1. At significant medication errors be reduced to no more than 5 medication errors for next three months.

2. Read Article 9 in "Medication Errors: The Nursing Experience".

IT IS UNDERSTOOD BY THE ABOVE NAMED EMPLOYEE THAT THIS DOCUMENT IS A WRITTEN WARNING OF TERMINATION. AS A RESULT, IF THE ABOVE REQUIREMENTS FOR CORRECTIVE ACTION ARE NOT MET, THE EMPLOYEE WILL BE TERMINATED.

EMPLOYEE COMMENTS:

__________________________
Barbara Marty
EMPLOYEE SIGNATURE
8-11-98

__________________________
Jacqueline Wallace, RN
SUPERVISOR SIGNATURE
8-11-98

DATE

Exhibit 1
Page 7 of 7
VOLUNTARY SURRENDER OF LICENSE
IN LIEU OF FORMAL DISCIPLINARY HEARING

I, Barbara A. Martz, hereby voluntarily surrender my license to practice nursing in the State of Idaho and will immediately discontinue the practice of nursing in this state. By affixing my signature hereto, I acknowledge that:

1. I have been advised that, without my consent, no legal action can be taken against me except as allowed by the Idaho Administrative Procedures Act, Title 67, Chapter 52, Idaho Code.

2. I understand that I have the following rights, among others: the right to representation by counsel, the right to a formal hearing, to reasonable notice of such hearing, to present evidence and testimony on my behalf, to compel the testimony of witnesses, and to cross-examine the witnesses against me; and

3. I waive all such rights.

4. I also waive the right to contest this surrender and the right to challenge the board for bias in any subsequent proceedings concerning this matter or any other matters brought before the board.

5. I understand that, pursuant to Idaho Code §54-1413(2)(a), the Board of Nursing will enter an order either revoking or suspending my license to practice nursing based upon this voluntary surrender of my license.

6. In surrendering my license to practice nursing, I am not making any admissions; however, I agree that the allegations against me, if the same had been proven true in a disciplinary hearing, would constitute grounds for the imposition of a disciplinary action against me.

7. I understand that by surrendering my license to practice nursing I am also surrendering all of the privileges associated with that licensure, until such time as I am again properly licensed.

8. I agree that there will be no rebate or refund, either in full or in part, of any sums previously made by me in connection with my licensure, including but not limited to payments of license application or renewal fees.

9. I understand that to obtain a license to practice nursing in the state of Idaho, I must reapply to the Idaho State Board of Nursing pursuant to the provisions of Title 54, Chapter 14, Idaho Code and all applicable rules and orders entered by the Board.

DATED: 6-31-99

Barbara A. Martz
Signature of Licensee

Boise, Idaho

City, State, Zip

DATED: 6-31-99

C. M. Holmer
Signature of Witness

Exhibit 2
Page 1 of 3
1998-2000

State of Idaho
Board of Nursing

License Number
PN-8202

This is to certify that:

BARBARA MARTZ
PO BOX 432
MOYIE SPRINGS, ID 83845

Expires: August 31, 2000

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

Barbara Martz

Valid when signed by licensee

Exhibit 2
Page 2 of 3
June 14, 1999

Barbara Martz  
POB 432  
Moyie Springs ID 83845

I admitted to accidentally signing medical sheets in the wrong place. None of it was deliberate as you make it sound, Ms. Martz.

During our telephone conversation of April 2, 1999, you admitted to falsification of patient records and medication errors. You also agreed to voluntarily surrender your practical nurse license for revocation. Enclosed is a Voluntary Surrender of Licensure Form. Please complete the form, affix your licensure certificate, and return to the Board of Nursing office within ten (10) days (by June 26, 1999). Formal action will be concluded at the next Board meeting, August 11-13, 1999.

Also enclosed is a complaint form as requested.

Sincerely,

[Signature]

SIMONNE deGLEE, MSN, RN  
Associate Executive Director

SdG:ihc  
encl