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

SUSAN MOLINA
N-32698

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: )
SUSAN C. MOLINA, ) Case No. BON 06-021
License No. N-32698, ) FINDINGS OF FACT,
Respondent. ) CONCLUSIONS OF LAW AND
) FINAL ORDER

Having reviewed the Complaint and other 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. Susan C. Molina ("Respondent") is licensed by the Idaho State Board of Nursing under License No. N-32698 to engage in the practice of nursing in the State of Idaho.

2. On January 25, 2006, while employed at St. Joseph Regional Medical Center ("St. Joseph") in Lewiston, Idaho, Respondent met with the Assistant Administrator of Patient Care Services and the Director of Medical/Surgical Units regarding the following concerns:
   a. Erratic behavioral swings during the previous six months;
   b. Energy swings from hyperactivity to difficulty staying awake when giving reports to the next shift;
   c. Difficulty following through in a timely manner with tasks when acting as a charge nurse;
   d. Caregivers reporting that Respondent was unavailable to help when needed due to smoke and lunch breaks; and
   e. Delaying a patient discharge because of eating a snack and the caregiver having to redirect Respondent to discharge the patient before Respondent went on a smoke break.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
3. During the January 25, 2006, meeting at St. Joseph, Respondent admitted to using recreational drugs. Respondent was then placed on a personal leave of absence and agreed to enter an inpatient treatment program.

4. On or about April 20, 2006, Respondent voluntarily self-referred to the Program for Recovering Nurses (PRN).

5. In the contract executed with the PRN, Respondent acknowledges that she suffers from a chemical dependency and/or mental condition that may impair her ability to practice nursing safely. Respondent also agreed to abstain from the use of alcohol and all legal or illegal drugs unless prescribed for health care reasons while enrolled in the PRN.

6. On or about May 22, 2006, St. Joseph notified the Board that St. Joseph had terminated Respondent's employment because Respondent had failed to arrange for the outpatient treatment program's required urine drug screens and failure to contact her department director.

7. On or about June 8, 2006, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to not sending in her registration information for NCPS so that she could begin urinalysis testing.

8. On or about August 30, 2006, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to failing to test on a selection date and continuing to not attend AA meetings, Health Professionals support group, or meeting with her sponsor.

9. By letter dated October 3, 2006, the Board informed Respondent that this matter would be reviewed by the Program for Recovering Nurses Advisory Committee at its October 27, 2006, meeting and that she could request to meet with the Committee by calling the Board office by October 10, 2006, to request an appointment time. Respondent failed to request an appointment time to meet with the Committee.
10. On December 1, 2006, the Board filed a formal Complaint against Respondent. Said Complaint is expressly incorporated herein and made a part hereof.

11. Copies of the Complaint, along with the Notification of Procedural Rights, were sent to Respondent on December 1, 2006, by United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail. The mailings were addressed to Respondent at her most recent home address on file with the Board, as follows:

Susan C. Molina
3519 11th Street
Lewiston, ID 83501

12. The Board received back from the post office the certified mail envelope containing a copy of the Complaint which was marked “unclaimed” by the post office. The Board did not receive back from the post office the envelope containing a copy of the Complaint which was sent to Respondent by regular mail.

13. The Notification of Procedural Rights informed Respondent that, under statutes and rules applicable to such proceedings before the Board, Respondent needed to file a formal Answer to the Complaint within twenty-one (21) days of service of the Complaint and that failure to timely file an Answer to the Complaint or otherwise defend against the action would constitute a default and would be sufficient grounds for proceeding administratively against Respondent’s license without the necessity of conducting a hearing.

14. On January 12, 2006, a Notice of Intent to Take Default was sent to Respondent by United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail, to Respondent at her address of record with the Board. Neither envelope has been returned to the Board.

15. Respondent failed to appear or otherwise defend at the hearing scheduled during the Board meeting that took place on February 8-9, 2007, as advised in the Notice of Intent.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
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. The Complaint was sent to Respondent at the address on file with the Board. Respondent was duly and lawfully given notice of proceedings against her license pursuant to the provisions of IDAPA 04.11.01.055.

3. Respondent's failure to plead or otherwise defend in this action authorizes the Board, pursuant to Idaho Code § 67-5242(4) and IDAPA 04.11.01.700, to enter an Order of Default which is as lawful as if all the allegations in the Complaint were proved or admitted at a hearing.

4. Respondent's acts as detailed in the incorporated Complaint constitute violations of Idaho Code §§ 54-1413(1)(e) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 101.03.e, and 101.05.c., thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code §§ 54-1413(3)(a) and 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:

1. Pursuant to Idaho Code § 67-5242(4) and IDAPA 04.11.01.700, Respondent is in default.

2. License No. N-32698 issued to Susan C. Molina is:
   
   ✔️ Revoked

   _____ Suspended _____ days/year(s) _____ indefinitely

3. Any application for reinstatement of licensure by Respondent shall be subject to the provisions of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120.

   This order is effective immediately.

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// / 
// / 

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
DATED this 9th day of February, 2007.

IDAHO STATE BOARD OF NURSING

By

Susan Odom, Ph.D., R.N.
Chair

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 13th day of February, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Susan C. Molina
3519 11th Street
Lewiston, ID 83501

☐ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: __________________________
☐ Statehouse Mail

Karl T. Klein
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: __________________________
☒ Statehouse Mail

____________________________________
Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:  

SUSAN C. MOLINA,  
License No. N-32698,  
Respondent.  

Case No. BON 06-021  
NOTICE OF INTENT TO TAKE DEFAULT

On December 1, 2006, the Idaho State Board of Nursing ("Board") filed a Complaint against Respondent for violations of the Board's laws and rules. The Complaint was sent to Respondent at her last address of record and advised Respondent that if she did not timely answer the Complaint or otherwise defend, default would be sought against her. Respondent has failed to answer or otherwise defend, and default is appropriate pursuant to Idaho Code § 67-5242.

THIS IS NOTICE OF THE INTENT TO TAKE DEFAULT AGAINST RESPONDENT AT THE NEXT REGULARLY SCHEDULED BOARD MEETING ON FEBRUARY 8, 2007. THIS IS TO FURTHER ADVISE RESPONDENT THE DEFAULT SOUGHT WILL BE INDEFINITE SUSPENSION OR REVOCATION OF LICENSE N-32698.

Respondent should contact the Board in writing via:

Chanel Johnson, MN, RN  
Board Investigator  
P.O. Box 83720  
Boise, ID 83720-0061  
Fax: (208) 334-3262

Respondent must also send a copy of any written contact to:

Karl T. Klein  
Deputy Attorney General  
Civil Litigation Division  
P.O. Box 83720  
Boise, ID 83720-0010  
Fax: (208) 334-2830

NOTICE OF INTENT TO TAKE DEFAULT - 1
DATED this 12TH day of January, 2007.

IDAHO STATE BOARD OF NURSES

By ____________
Sandra Evans, M.A.Ed., R.N.
Executive Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 12TH day of January, 2007, I caused to be served a true and correct copy of the foregoing addressed as follows:

Susan C. Molina
3519 11th Street
Lewiston, ID 83501

☒ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile:
☐ Statehouse Mail

Karl T. Klein
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile:
☒ Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: SUSAN C. MOLINA, License No. N-32698, Respondent. )

Case No. BON 06-021 COMPLAINT

To: Susan C. Molina
3519 11th Street
Lewiston, ID 83501

1. The Idaho State Board of Nursing (hereinafter the “Board”) is empowered by Idaho Code § 54-1404 to regulate the practice of nursing in the State of Idaho.

2. Susan C. Molina (hereinafter “Respondent”) is licensed to engage in the practice of nursing by the Idaho State Board of Nursing under License No. N-32698.

3. On January 25, 2006, while employed at St. Joseph Regional Medical Center ("St. Joseph") in Lewiston, Idaho, Respondent met with the Assistant Administrator of Patient Care Services and the Director of Medical/Surgical Units regarding the following concerns:
   a. Erratic behavioral swings during the previous six months;
   b. Energy swings from hyperactivity to difficulty staying awake when giving reports to the next shift;
   c. Difficulty following through in a timely manner with tasks when acting as a charge nurse;
   d. Caregivers reporting that Respondent was unavailable to help when needed due to smoke and lunch breaks; and
   e. Delaying a patient discharge because of eating a snack and the caregiver

COMPLAINT - 1
having to redirect Respondent to discharge the patient before Respondent went on a smoke break.

4.

During the January 25, 2006, meeting at St. Joseph, Respondent admitted to using recreational drugs. Respondent was then placed on a personal leave of absence and agreed to enter an inpatient treatment program.

5.

On or about April 20, 2006, Respondent voluntarily self-referred to the Program for Recovering Nurses (PRN). A true and correct copy of the contract Respondent executed with the PRN program is attached hereto as Exhibit A.

6.

In the contract executed with the PRN, Respondent acknowledges that she suffers from a chemical dependency and/or mental condition that may impair her ability to practice nursing safely. Respondent also agreed to abstain from the use of alcohol and all legal or illegal drugs unless prescribed for health care reasons while enrolled in the PRN.

7.

On or about May 22, 2006, St. Joseph notified the Board that St. Joseph had terminated Respondent’s employment because Respondent had failed to arrange for the outpatient treatment program’s required urine drug screens and failure to contact her department director.

8.

On or about June 8, 2006, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to not sending in her registration information for NCPS so that she could begin urinalysis testing. A true and correct copy of the June 8, 2006, letter from the PRN to the Board is attached hereto as Exhibit B.

9.

On or about August 30, 2006, the PRN notified the Board that Respondent was not
in compliance with her PRN contract due to failing to test on a selection date and continuing to not attend AA meetings, Health Professionals support group, or meeting with her sponsor. A true and correct copy of the August 30, 2006, letter from the PRN to the Board is attached hereto as Exhibit C.

10.

By letter dated October 3, 2006, the Board informed Respondent that this matter would be reviewed by the Program for Recovering Nurses Advisory Committee at its October 27, 2006, meeting and that she could request to meet with the Committee by calling the Board office by October 10, 2006, to request an appointment time. A true and correct copy of the October 3, 2006, letter to Respondent is attached hereto as Exhibit D. Respondent failed to request an appointment time to meet with the Committee.

11.

Respondent’s conduct as described above constitutes violations of the laws governing the practice of nursing, specifically Idaho Code § 54-1413(1)(e) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 101.03.e, and 101.05.c.

WHEREFORE, the Idaho State Board of Nursing prays for the following action:

1. That a hearing commence at a designated time to allow evidence on the allegations contained in the Complaint to be presented before the Board or the Board’s designated hearing officer;

2. That subsequent to taking evidence, the waiver of a hearing, or the failure of the Respondent to file an Answer to this administrative Complaint, that the Board, or its designated hearing officer, shall issue findings of fact and conclusions of law finding the violations of law alleged herein;

3. That the Board determine whether the license of Respondent Susan C. Molina should be suspended, revoked or otherwise disciplined pursuant to the statutory and regulatory authority of the Board of Nursing;

4. That Respondent be ordered to pay the Board’s expenses incurred in
investigating and prosecuting this matter including without limitation attorney fees and costs; and

5. For such other and further relief as the Board deems just and proper in the circumstances.

DATED this 1ST day of DECEMBER, 2006.

IDAHO STATE BOARD OF NURSING

By Sandra Evans, M.A.Ed., R.N.
Executive Director

NOTIFICATION OF PROCEDURAL RIGHTS

Pursuant to the provisions of the Administrative Procedure Act codified at title 67, chapter 52, Idaho Code, and the Idaho Rules of the Administrative Procedure of the Attorney General, promulgated at IDAPA 04.11.01, if you wish to contest the charges set forth in this Complaint, you must: (1) file with the Idaho State Board of Nursing a verified Answer to the allegations contained herein within twenty-one (21) days after you are served with this Complaint and (2) request an evidentiary hearing on the charges. You are further notified that if you fail to answer and/or request a hearing, the Board may enter a default against you and be granted the relief sought in this Complaint. Upon receipt of your Answer and request for hearing, the matter will be reviewed and a hearing scheduled. You will then be notified of the date, time and place of the hearing, the name of the hearing officer appointed by the Board (if any) and further notification of your procedural rights and responsibilities.

You also have the right to be represented by legal counsel, at your own expense, during this administrative proceeding.

Copies of the Administrative Procedure Act and the Idaho Rules of the Administrative Procedure of the Attorney General may be obtained at the Idaho State Law Library.

All original official documents must be filed with the Board at the following address:
Idaho State Board of Nursing
280 N. Eighth Street, Suite 210
P.O. Box 83720
Boise, ID 83720-0061
Telephone: (208) 334-3110
Facsimile: (208) 334-3262

A copy of the Answer and every pleading, motion or subsequent document filed with the Board must also be served upon legal counsel for the Board at the following address:

Karl T. Klein
Deputy Attorney General
Civil Litigation Division
P.O. Box 83720
Boise, ID 83720-0010

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ___ST__ day of __DECEMBER__, 2006, I caused to be served a true and correct copy of the foregoing addressed as follows:

Susan C. Molina
3519 11th Street
Lewiston, ID 83501

☐ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile:
☐ Statehouse Mail

Karl T. Klein
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile:
☒ Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing

COMPLAINT - 5
NURSE MONITORING CONTRACT

Client Name: Susan Molina

Date: 4/20/06

I, Susan C. Molina, recognizing that I suffer from chemical dependency and/or mental conditions that may 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 support of the PRN:

- 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.
- Initial I agree to provide my selected healthcare provider with a copy of this agreement and ask her/him 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 conditions of this agreement:

- Initial Work Supervisor
- Initial Spouse or significant other
- Initial Primary Care Provider/Dentist
- Initial Other

I agree to participate in and attend regularly in the following activities:

- Initial Alcohol/Drug Education
- Initial Group Therapy
- Initial Counseling
- Initial 3-4 Mutual Support Group Meetings per week
- Initial Meet weekly with sponsor face-to-face to work the steps
- Initial Random UA/Drug Testing
- Initial Weekly Health Professionals Support group

I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.

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.

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.

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.

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

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

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: [Signature]

Witness: [Signature]

Client Address: [Address]

Program Coordinator: [Signature]
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

- I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.
- I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.
- Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.
- In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, by writing, of the new address and telephone number.
- It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

- I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.
- I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.
- I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.
- My restrictions may include: no access to the narcotics keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.
- I will not work the night/graveyard shift (11 pm-7 am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

- It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
- Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the...
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for reconsideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for reconsideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

- I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

- I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.

- I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating “Dilution” or “Substitution” according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within two hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.

**PRESCRIPTION DRUG/HEALTH CARE**

- I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

- Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

- I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

- Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the FRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the FRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

- Any over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the FRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the FRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the FRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

- If I find the need to take over-the-counter or prescription medications frequently, I will contact the FRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the FRN.

- I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

- I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

- The FRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

**TERMS AND CONDITIONS OF THE CONTRACT**

- The minimum term for the FRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the FRN may extend the contract beyond five years.

- The FRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, etc., then the FRN may make changes on my contract at any time.

- All changes in my contract(s) will be documented by the FRN. If I desire to, I may appeal any contract changes in writing to the FRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

**ADMONITIONS**

- No self-prescribing any drug, legend or scheduled (controlled).

- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. FRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

- Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primetime Mist, vanilla extract, etc.

- Do NOT consume so called “non-alcoholic” beer and/or wine.

- Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.R.N., etc.) that you are chemically dependent and to check with the FRN in advance, unless in an emergency, and then as soon thereafter as possible.

- Keep any family member’s medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.

Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).

Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.

Avoid unexcused absences (from meetings, urinalysis tests, etc).

Avoid positive UA's (MISSING UA = POSITIVE UA).

Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.

Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.

In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.

AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.

Don't "advertise" your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memos, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant's practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

**I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.**

[Signature]
Date: 4/20/06

Witness
Date: 4/20/06

*The PRN encourages you to occasionally review this document.***

[Exhibit A]
Page 5 of 5
June 8, 2006

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

RE: Susan Molina

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Susan Molina, a non-Board of Nursing referral, is currently not in compliance with her PRN contract due to not sending in her registration information for NCPS so that she can begin urinalysis testing.

Ms. Molina’s current contract with PRN was signed on April 20, 2006. Ms. Molina’s contract requirements include the following: 1) Attend intensive outpatient treatment at Riverside Recovery, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend three to four (3-4) Mutual Support Group Meetings weekly and 5) Attend weekly Health Professionals Support Group.

Ms. Molina currently owes PRN $40.00.

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

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Susan Molina

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
August 30, 2006

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

RE: Susan Molina

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Susan Molina, a non-Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract due to failing to test on a selection date and continuing to not attend AA meetings, Health Professionals support group, or meeting with her sponsor.

Ms. Molina’s current contract with PRN was signed on April 20, 2006. Ms. Molina’s contract requirements include the following: 1) Attend three to four (3-4) AA meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend weekly Health Professionals Support Group, and 5) attend Intensive Outpatient treatment at Riverside Recovery.

Ms. Molina currently owes PRN $70.00.

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,

Ashley Stewart
Compliance Monitor
Southworth Associates

cc: Susan Molina

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Susan Molina  
3519 11th Street  
Lewiston, ID 83501  

Dear Ms. Molina:

We have received notification from the Program for Recovering Nurses Compliance Monitor that you have failed to submit to UA tests as required by your Contract for Monitoring, have failed to perform daily call-ins to NCPS and are not attending required meetings.

Your file is being referred to the Program for Recovering Nurses Advisory Committee for review and recommendation at their October 27, 2006 meeting. If you wish to meet with the Committee members or submit a statement, please contact this office no later than October 10, 2006. Otherwise, you will be notified of the Committee’s recommendation regarding your continued enrollment in the PRN following their meeting.

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

Sincerely,

SANDRA EVANS, MAEd., RN  
Executive Director  

SE:1hc  
cc: PRN Program
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: Case No. BON 06-021
SUSAN C. MOLINA, AFFIDAVIT OF
License No. N-32698, CHANEL JOHNSON
Respondent.

STATE OF IDAHO ss.
County of Ada )

I, Chanel Johnson, being first duly sworn, depose and say:

1. I am employed as an Investigator by the Idaho State Board of Nursing (the “Board”). I am responsible for maintaining the files of the contested cases for the Board.

2. On December 1, 2006, a copy of the Complaint in this matter was mailed to Respondent by both regular mail and certified mail, return receipt requested, to Respondent’s address on file with the Board:

   Susan C. Molina
   3519 11th Street
   Lewiston, ID 83501

3. On December 21, 2006, the Board received back from the post office the certified mail envelope containing a copy of the Complaint, which envelope was marked “unclaimed” by the post office.

4. The Board has not received back from the post office the envelope containing a copy of the Complaint which was sent to Respondent by regular mail.

5. On January 12, 2007, the Notice of Intent to Take Default was mailed to Respondent by certified mail, return receipt requested, and by regular mail to Respondent at the address on record with the Board. Neither envelope has been returned to the Board.

/ / /
/ / /

AFFIDAVIT OF CHANEL JOHNSON - 1
This concludes my affidavit.

Chanel Johnson

SUBSCRIBED AND SWORN TO before me this 7 day of February, 2007.

Linda H. Coley
Notary Public for Idaho
My Commission Expires: 3/25/20

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13th day of February, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Susan C. Molina
3519 11th Street
Lewiston, ID 83501

☒ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: ______________
☐ Statehouse Mail

Karl T. Klein
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: ______________
☒ Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing