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

DEBORAH McGINNIS
N-29332

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of: Deborah Ann Johnson McGinnis, License No. N-29332,
Respondent. ) ) Case No. 01-020

) ) FINDINGS OF FACT,
) ) CONCLUSIONS OF LAW,
) ) AND FINAL ORDER

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 Deborah Ann McGinnis ("Respondent") is a duly licensed
nurse in the State of Idaho holding License No. N-29332.

2. On or about April 3, 2001, the Board received a complaint from the Oregon
Board of Nursing, that Respondent was enrolled in the Oregon Nurse Monitoring
Program, but was moving back to Idaho. A true and correct copy of the complaint and
supporting documentation sent to the Board by the Oregon Board of Nursing is attached
hereto as Exhibit 1.

3. On or about April 12, 2001, Respondent voluntarily surrendered her
license, 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.

4. On or about April 20, 2001, Respondent signed a contract for monitoring
with the Program for Recovering Nurses (PRN). A true and correct copy of the
monitoring contract is attached hereto as Exhibit 3.

5. On or about June 19, 2001, the Board was notified that Respondent was non-
compliant with the Contract for Monitoring by testing positive for Benzodiazepines on a

6. During their regular meeting on July 13, 2001, the members of the PRN Advisory Committee re-evaluated Respondent and authorized continuance in the program.

7. On or about October 3, 2001, the Board was notified that Respondent was non-compliant with the Contract for Monitoring. A true and correct copy of the non-compliance letter is attached hereto as Exhibit 5.

8. Following their regular meeting on October 19, 2001, the PRN Advisory Committee issued a Report of Non-Compliance. A true and correct copy of the Report of Non-Compliance is attached hereto as Exhibit 6.

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; 23.01.01.100.06.

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-29332, issued to Respondent Deborah Ann McGinnis is

✓  Revoked

___  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 «his/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 qualified 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 November, 2001.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
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 13TH day of November, 2001, 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:

Deborah McGinnis  
845 Hankins Road  
Twin Falls Idaho 83301

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

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

To: Linda Colley, Idaho State Board of Nursing
From: Mary Anne Joyce RN MSN  503-731-4745 extension 261
Subject: Deborah McGinnis RN
Date: April 3, 2001

Deborah McGinnis came to the attention of the Oregon State Board of Nursing on March 7, 2001. Deborah was confronted by her employer the proceeding day for calling in prescriptions for herself. She had taken prescription pain medications after three sinus surgeries while living in Idaho. She moved to Oregon and could not get them filled. She called in multiple prescriptions. When we first talked she seemed ready to deal with her addition issues. She scheduled a session with EAP and was to follow it up with a chemical dependency evaluation.

On March 13 Deborah’s boss called with evidence that Deborah was still calling in unauthorized narcotic prescriptions for herself under a phony name. When confronted Deborah denied this but the story she presented did not make sense. Her job terminated her at this point. She was less than cooperative with a medical detoxification regimen of neurontin and trazadone with her Nurse Practitioner.

Events were difficult to gage at a distance but Deborah claimed that her husband was getting a new job and it might be in Idaho and it might be in Washington and they would be leaving Boardman. It was further complicated by Deborah visiting family in San Francisco. EAP did not finish her evaluation and the plan they presented to me did not meet the Oregon State Board of Nursing’s requirements. They were unable to do IOP which they said she needed. They wanted to see her for individual counseling and I said that was not acceptable.

I told Deborah (on March 29) that she needed to see a chemical dependency counselor (there is one in Boardman) and get a real evaluation. She agreed to do so but the next I heard was from Linda Colley at the Idaho Board that Deborah was moving to Idaho and had contacted the Idaho Board.

I spoke with Deborah today who confirmed that she will be moving to Twin Falls. She is there staying with relatives and looking for a house. She will be travelling back and forth between Boardman and Twin Falls. Deborah will be meeting with PRN on 4-4. I told her that she needs treatment and monitoring but that if she is in the PRN program they can monitor her and send me compliance reports. Deborah did formally enter Oregon’s Nurse Monitoring Program on March 15. She may not work as a nurse until she has an evaluation, treatment and some recovery.

Mary Anne Joyce

EXHIBIT NO: 1
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, Deborah McGinnis, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: unauthorized
retrieval of my prescription medication.

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-29332 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: 4-12-01

State of Idaho
Board of Nursing

This is to certify that:

DEBORAH MCGINNIS
1247 ELIZABETH BLVD
TWIN FALLS ID 83301

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

Valid when signed by licensee

EXHIBIT NO: 2

Signature of Licensee
515 Anthony Dr
Boise, ID 83718

Signature of Witness

Idaho State Board of Nursing
PROGRAM FOR RECOVERING NURSES

Voluntary Evaluation/Treatment Agreement

I, Deborah McGinnis voluntarily agree to undergo a complete medical, psychiatric, and substance abuse evaluation at an appropriate facility approved by the Program for Recovering Nurses (PRN). I understand that I am responsible for the cost of any treatment recommended.

I authorize the PRN staff to communicate directly with the staff of the evaluation facility to discuss the evaluation and any treatment which may be recommended. To facilitate this communication, I agree to sign an irrevocable release of information form when I enter the facility.

If treatment is recommended by the evaluation team, then I agree to attend a treatment facility approved by the PRN for the recommended period of time.

I authorize the PRN staff to provide, request, or exchange information with the person(s) or agency(s) named below regarding the evaluation, any treatment recommendations, and any treatment provided.

Employer: _______________________________________________________

Personal Physician: ________________________________________________

State Board of Nursing: If I was referred to the Program by the Board of Nursing or if I am not in compliance with this contract, I acknowledge there are no report limitations.

Spouse/Significant Other/Family Members: Sean McGinnis

Others: Mary Ann Joyce - Oregon Board of Nursing

After completing the initial phase of any recommended treatment, including inpatient and residential treatment at a treatment facility, I understand that the PRN will design a contract defining long term monitoring and treatment requirements in consideration of the treatment recommendations. Return to nursing practice will also be defined.

In the event that the initial evaluation does not reveal a problem, then I agree to discuss with the PRN and other interested parties how to resolve any conflicts or problems which exist.

If I am not in compliance with this agreement, I acknowledge that there are NO report limitations. I agree to abide by the terms of this agreement until released from their province.

SIGNED: Deborah McGinnis DATE: 4-3-01

WITNESS: _______________________________________________________

DATE: __________________
NURSE ADVOCACY CONTRACT

Client Name: Debbie McGinnis

Date 4/28/01

I, Deborah McGinnis, recognizing that I suffer from chemical dependency and/or mental conditions that 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 advocacy of the PRN:

- I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she 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:

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

I agree to participate in and attend regularly in the following activities (with a ✓):

- ✓Alcohol/Drug Education
- ✓Group Therapy
- ✓Counseling
- ✓12-Step Meetings
- ✓Obtain 12-Step Sponsor
- ✓Random UA/Drug Testing
- ✓Nurse Support Group
- ✓Psychiatric Follow-up
- ✓Other

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: 515 Anthony Ave

Program Coordinator: [Signature]

RECEIVED
The Idaho Program for Recovering Nurses agrees to serve as advocate for 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. Advocacy is 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, I will lose the advocacy of the PRN.

MOVING TO ANOTHER STATE
➢ 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 gaining 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 gaining 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 gaining 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 within five days, in writing, of the new address and telephone number.

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 advocacy contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or compliance with the contract. Recovery is always 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 one week 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 narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, delivery room, for a temporary agency nor in home health, unless prior approval is obtained from the PRN. These restrictions may be lifted with written approval by the PRN.
➢ I shall not work the night/graveyard shift (11pm-7am) and may not rotate shifts or float units without written approval of the Program for Recovering Nurses.
UA TESTING

➢ It is my responsibility to 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. I will be re-evaluated for continued participation in the Program for Recovering Nurses. If it is a second relapse, I understand I will be referred to the PRN Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing.

➢ I shall give written notification one week prior to NCPS and the PRN of any inability to screen. If I fail to notify the Program and NCPS of my inability to screen and fail to screen, I will be considered non-compliant 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. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing.

PRESCRIPTION DRUG/HEALTH CARE

➢ Should I be prescribed any medication, I will notify the Program for Recovering Nurses immediately, by telephone, and provide a copy of the prescription to the Program within 24 hours after the prescription has been filled. I will also submit a copy of the prescription to NCPS (fax 757-873-7754). I agree not to take any mood altering medications unless it has been pre-approved by my program/treatment provider (if currently in treatment) and the PRN Medical Director unless in the case of a medical emergency.

➢ 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. 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 legitimately 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, that I receive treatment from, of my participation in the Program for Recovering Nurses prior to receiving treatment.

➢ I shall refrain from taking any medication (except for ibuprofen, plain aspirin and/or acetaminophen) unless I have obtained a written authorization from my health care provider. If prescribed a medication, I agree to submit the following information from my provider: the medication taken; the date and time the medication was taken; the name of the authorizing health care provider; the reason for the medication; and the number of refills, if any. I will forward such documentation to the PRN within 24 hours. This includes any medications that are prescribed either currently or at any time while participating in the Program for Recovering Nurses. If I take an over-the-counter medication or herbal supplement, I will immediately notify the PRN and NCPS of the medication taken; date and time the medication was taken; the reason for the medication; and how long I will be taking the medication.

➢ I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medication, 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. I shall not unlawfully sell, distribute, manufacture, prescribe, administer (not including patients at work), or otherwise conduct myself with respect to controlled substance, including prescription drugs.

The PRN strongly advises clients not to work in the nursing capacity while having any narcotic medications in his/her system.

TERMS AND CONDITIONS OF THE CONTRACT

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

The PRN 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 PRN may make changes on the contract at any time.

All changes in the contracts will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next PRN 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. PRN 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, food cooked in alcohol, Primatene Mist, vanilla extract and desserts (large amounts) etc.

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

Check with the PRN Coordinator and/or Medical Director before taking any scheduled (controlled) drug, even if prescribed by a physician for a legitimate medical condition, unless an emergency exists, and then you are to notify the Program Coordinator at the earliest opportunity.

Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (MD, DO, DPM, DDS, DMD, etc) that you are chemically dependent and to check with the Program Coordinator and/or Medical Director in advance, unless in an emergency, and then as soon thereafter as possible.

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.

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

Avoid missing payment of program, treatment, and UA fees.

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 within 5 days.
➢ 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 PRN 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 PRN 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 memoranda, 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, participant 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]
Nurse

[Date]
4-20-01

Witness

Date

*The PRN encourages you to occasionally review this document.*
June 15, 2001

Sandra Evans
Board of Nursing
P.O. Box 83720
Boise, ID 83720-0061

RE:  Debbie McGinnis

Dear Ms. Evans,

This letter is to inform you that we are not currently advocating for Ms. McGinnis due to non-compliance with her PRN contract.

On 5/29, we received notification from NCPS of a positive UA test for Benzodiazapines from a specimen given on 5/22. This test has been confirmed positive by the Medical Review Officer. On 6/11, we were notified that Debbie’s UA test from 6/5 was positive for cocaine. This test has also been confirmed positive by the Medical Review Officer.

Because drug use is prohibited by Ms. McGinnis’ PRN contract, she is considered out of compliance with her contract. We will continue to monitor Ms. McGinnis through all her PRN requirements, we are simply not advocating for her at this time.

Enclosed is a copy of the positive UA results, and the Medical Review Officer’s confirmation of these positive tests. If you have any further questions or concerns, please feel free to contact me.

Sincerely,

John Southworth, CADC, AIS
PRN Coordinator
(208) 891-4726 cellular
(800) 729-0533 pager

cc:  Debbie McGinnis

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
CONFIDENTIAL

Debbie

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
MRO: Thomas Barry Eschen, M.D.

Donor ID#: 05-1134
Specimen #: 157746755370
Date of Specimen: 6-5-01

Part 2:
Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following
drugs/metabolites:
1. Benzylenesulfonic acid: 2.2 L
2. 
3. 

Part 3:
I have reviewed the test results above in accordance with industry accepted
standards and my final determination is:

Drug #1 Clear Fail X
Drug #2 Clear Fail
Drug #3 Clear Fail

Notes: Participant Contacted: Yes - No  Admits: Yes - No
Test Confirmed: Yes - No  Prescription: Yes - No
COC: Yes - No  Creatinine: 250.5  Collection: Yes - No

Comments:

Promise to get information to me on 1437436407-0
this evening. Fax received but more information needed
on that one.

Ginger Meeker, R.N.
Thomas Barry Eschen, M.D.

Date 6-11-01

If this is not the correct recipient for this information,
Please notify us immediately at 208-343-6703 and destroy the information.
CONFIDENTIAL

Debbie

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709

MRO: Thomas Barry Eschen, M.D.

Donor ID# 05-1134
Specimen # 14J-741-6407-0
Date of Specimen 5/22/01

Part 2:
Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following
drugs/metabolites:
1. Amphed Level: 883
2. 
3. 

Part 3:
I have reviewed the test results above in accordance with industry accepted
standards and my final determination is:
Drug # 1 Clear Fail X
Drug # 2 Clear Fail
Drug # 3 Clear Fail

Notes: Participant Contacted: Yes - No
Test Confirmed: Yes - No
Prescription: Yes - No
COC: Yes - No
Creatinine 196.6
Specific Gravity

Comments: Claims RE but has not provided promised
documentation. The level this long after reported
use is questionable.

Ginger Meeker, R.N.

Thomas Barry Eschen, M.D.

Date 6/13/01

If this is not the correct recipient for this information,
Please notify us immediately at 208-342-5703 and destroy the information.

RECEIVED
October 3, 2001

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

RE:     Debbie McGinnis  

Dear Ms. Evans,  

This letter is to inform you that we are not currently advocating for Ms. McGinnis due to non-compliance with her PRN contract.

One area of maintaining compliance with the PRN contract is keeping up-to-date with all financial obligations associated with the program. We have been notified by NCPS, that Ms. McGinnis has not made any payments on her account with the since she began testing with them on April 30, 2001, and her total bill is now $480. Ms. McGinnis states that she has submitted her insurance billing information to NCPS, and had not paid because she was waiting for NCPS to bill her insurance. However, NCPS does not participate in billing insurance, and Ms. McGinnis has been notified of this.

Ms. McGinnis was notified by letter from NCPS that if she did not make payment arrangements by September 30, they would suspend her testing. Because Ms. McGinnis did not make any payment arrangements by the specified date, her testing has been suspended by NCPS as of October 3.

Because Ms. McGinnis is out of compliance with financial obligations and is not currently being tested, we must turn her over to the Board of Nursing for further action.

If you have any further questions or concerns, please feel free to contact me or Theresa Bruening, PRN Compliance Monitor.

Sincerely,

John Southworth, CADC, AIS  
PRN Coordinator  
(208) 891-4726 cellular  
(800) 386-1695 toll free  

cc:    Debbie McGinnis  

JS:tb
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

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

DATE: October 19, 2001

The file of Deborah McGinnis 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]  [Date: 10/19/01]

Action Recommended to Board: Revoke License based on voluntary surrender

An Alternative to Disciplinary Action Program offered by the Idaho Board of Nursing

EXHIBIT NO: 60
November 5, 2001

Dear Ms. Evans:

I see from your letter that I am not going to get fair treatment in this program. I contacted Teresa at PRN regarding my inability to pay for $60.00 per UA testing and informed her that I could get random UA testing at the Walker Center at a rate of 3 UAs for $15.00. I see that this program is a way out or the highway with the PRN. I also talked with Teresa after your meeting about my treatment at the Walker Center; she said “You don’t need to get treatment at the Walker Center anymore, we are requesting your license to be revoked. You don’t need to go there any longer.” That sounded like a true advocate for helping me with my sobriety. I am still in treatment at the Walker Center and will continue with it and my aftercare program. I will seek assistance in renewing my license legally if necessary. I am currently working to acquire an attorney who would like to help me and possibly help others in this system.

I am a patient in this system that is being told to do things I cannot afford or else I am not compliant. How I wish I had the money to do everything PRN expects me to do. I do believe my patient rights are being denied. As nurses, I cannot believe that you believe there is only one treatment plan for addiction. There is never only one way to treat any illness. All patients have different needs and requirements. This program does not work straight forward for everyone, there has to be exceptions. I truly have tried everything I possibly could have to try and work it the PRN way. I guess I wasn’t rich enough.

Sincerely,

Deborah McGinnis, RN

Deborah McGinnis, RN
Fax Cover Sheet

page 1 of 2

11-7-01

To: IBN
attn: Sandra Evans

from: Deborah McGinnis

Re: Please convey my letter to all committee members. I am not trying to buck the system, it just isn’t working for me. Thank you for listening & responding to my requests.
Dear Ms. McGinnis:

We have been notified by the Program for Recovering Nurses that you are non-compliant with the requirements of your contract. Additionally, we have received confirmation of two positive urine drug screens. A screen collected on May 22, 2001 was positive for oxazepam and a screen collected on June 5, 2001 was positive for cocaine. Since you did not provide adequate documentation to the Medical Review Officer, these screens were reported as positive.

Should you wish to re-enter the program, you must immediately enter treatment and comply with all the requirements of your contract. Your file will be referred to the members of the Program’s Advisory Committee for re-evaluation on July 13, 2001. You may request to meet with the Committee during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by July 2, 2001, to request an appointment time. Failure to meet with the Committee could result in the issuance of a Report of Non-Compliance to the Board of Nursing members for formal action at their August 2-3, 2001 meeting.

Please feel free to contact me if you have additional questions at this time.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:Ihc

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.
CONFIDENTIAL

Debbie McGinnis

NCPS, INC.
P.O. BOX 120083
NEWPORT NEWS, VA 23612-0083
Phone: 1-800-946-5689
Fax: 1-757-373-7794

MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION OFFICER

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
Donor ID# 05-1134
Specimen # 143-743-64409-0
Date of Specimen 5/22/01
MRO: Thomas Barry Eschen, M.D.

Part 2:
Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following
drugs/metabolites:
1. oxazepam Level: 883
2. __________________________ Level: ________________
3. __________________________ Level: ________________

Part 3:
I have reviewed the test results above in accordance with industry accepted
standards and my final determination is:

Drug #1 Clear ______ Fall X
Drug #2 Clear ______ Fall ______
Drug #3 Clear ______ Fall ______

Notes:
Test Confirmed: Yes - No
Prescription: Yes - No
COC: Yes - No
Creatinine 1.6
Specific Gravity

Comment:
Claimed but has not provided promised documentation. This level this long after reported
use is questionable.

Ginger Meeker, R.N.
Thomas Barry Eschen, M.D.

Date 6-13-01

If this is not the correct recipient for this information,
Please notify us immediately at 208-342-5703 and destroy the information.

RECEIVED
NOTE

DEBORAH MCGINNIS
845 HANKINS ROAD
TWIN FALLS ID 83301

4a. Article Number
7000 1530 0000 9411 7600

4b. Service Type
☒ Certified
☐ Registered
☐ Express Mail
☐ Insured
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
6/18/01

5. Received By: (Print Name)
DEBORAH MCGINNIS

6. Signature (Address or Agent)

DEBORAH MCGINNIS
845 HANKINS ROAD
TWIN FALLS ID 83301