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

DARREL McMAHON
N-19274
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of the License of:  )  Case No.02-028

DARREL McMAHON,
License No. N-19274,
Respondent.

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


2. On or about May 10, 2002, the Board received a complaint from Tom Sherman, Director of Nursing, Bridge View Estates, Twin Falls, Idaho, that Respondent had borrowed $1,200 from a resident as a loan, which was later repaid.

3. On or about May 23, 2002, Sandy McDonald, Director of Nursing, Gooding Rehabilitation, reported to the Board that the results from urine and blood samples taken from Respondent on April 19, 2002, were positive for propoxyphene (Darvon) and alcohol.

4. On or about May 24, 2002, Respondent submitted a letter to the Board stating that he was surrendering his nursing license. A true and correct copy of Respondent’s letter is attached hereto as Exhibit 1.

5. On or about June 23, 2002, Respondent voluntarily surrendered his 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.
6. Respondent knowingly and freely waived his 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), (g) and (h).

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-19274 issued to Respondent Darrel McMahon is:

\[ \checkmark \quad \text{Revoked} \]

\[ \quad \text{Suspended} \quad \text{days/years} \quad \text{indefinitely} \]

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 he present the following information to the Board with his application for reinstatement:

1. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 2
2. Documentation that he 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

   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 August, 2002.

   IDAHO BOARD OF NURSING

   By Charles Moseley, CRNA
   Chair

   NOTICE OF AVAILABLE RIGHTS

   If Respondent’s license was revoked, then pursuant to Board Rule 120.06, Respondent may not apply to the Board for reinstatement for two (2) years after the date of execution of this Order unless the Order specifies otherwise. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

   If Respondent’s license was suspended 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 pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 12th day of August, 2002, I caused to be served a true and correct copy of the foregoing by the following method to:

Darrel McMahon
359 Taylor
Twin Falls, ID 83301

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

David W. Lloyd
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
Idaho State Board Of Nursing  
PO Box 83720  
Boise, ID 83720-0061

Dear Boardmembers,

In reply to the letter I received from you yesterday regarding my nursing practice, at this time I wish to inform you that I am turning my nursing license in to you. Over the years my nursing career has undoubtedly had its ups and downs. All in all I feel that I have had a very positive impact on the people that I have worked with and the people that I have had in my care. I do however, at this time, for my own health and wellbeing, believe it is time to get out of the healthcare industry. The years that I have left in the job market I intend to focus in another area. Please accept my appreciation for all of the support you have given me in the past.

Sincerely,

[Signature]

DARREL McMAHON  
359 TAYLOR  
TWIN FALLS, ID 83301

2001-2003  
License Number  
N-19274  
Expires: August 31, 2003

State of Idaho  
Board of Nursing

This is to certify that:

DARREL McMAHON  
359 TAYLOR  
TWIN FALLS, ID 83301

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

[Signature]

Valid when signed by licensee.
I, Darrel McMahon, 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 re-apply 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.

10. I understand and agree that any decision regarding reinstatement of my license is a discretionary decision for the board. I understand and agree that the board may rely on factors set forth in this document or other than those set forth in this document as grounds for denial of a petition for reinstatement.

DATED: 6/23/02

[Signature of Licensee]

Address
Twin Falls, ID, 83301
City, State, Zip

DATED: 6/23/02

[Signature of Witness]

6/99 VS

Exhibit 2
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