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

Julia O’Brien

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:  
JULIA O'BRIEN,  
License No. N-17695,  
Respondent.  

Case No. BON 04-105
FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL ORDER

Having reviewed the documents appended hereto, the Idaho State Board of Nursing (the “Board”) enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Julia O'Brien (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. N-17695 to engage in the practice of nursing in the State of Idaho.

2. On or about September 3, 2004, the Board received information from Respondent’s employer, Kootenai Medical Center in Coeur d'Alene, Idaho, that Respondent had diverted morphine from Kootenai Medical Center. Respondent’s employment with Kootenai Medical Center was terminated on July 26, 2004.

3. On September 4, 2004, Respondent voluntarily surrendered her license and agreed to enter treatment. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On January 20, 2005, Respondent signed a Nurse Monitoring Contract with the PRN, a true and correct copy of which is attached hereto as Exhibit B.

5. On February 22, 2006, Respondent sent an e-mail to the PRN advising that she was withdrawing from the PRN, a true and correct copy of which is attached hereto as Exhibit C.

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. Respondent’s Idaho License No. N-17695 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from her employer without prior consent or authorization from her employer.

4. Respondent possessed prescription drugs which had not been prescribed to her.

5. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to do so and has withdrawn from the program.

6. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically, Idaho Code §§ 54-1413(1)(e) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 100.09.a, 101.01, 101.03.e, 101.04.e, and 101.05.f.

7. Pursuant to Idaho Code § 54-1413(3)(a), the Board is authorized to impose sanctions against Respondent.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. License No. N-17695 issued to Julia O’Brien is:

   ✓ Revoked
   _____ Suspended _____ days/year(s) _____ indefinitely

2. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. This will include, but is not limited to, providing the following information to the Board:
   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol.
   b. Documentation that she is rehabilitated and competent to practice
nursing by submitting:

i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.

ii. A detailed summary of employment since licensure revocation or suspension.

iii. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

3. The Board reserves the right to assess investigative costs and attorney fees incurred in this matter as a condition of reinstatement.

This order is effective immediately.

DATED this 27th day of April, 2006.

IDAHO STATE BOARD OF NURSING

By /s/ Randall Hudspeth

Randall Hudspeth, N.P., C.N.S., R.N.
Chairman
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.
AMENDED
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 8TH day of MAY, 2006, I caused to be served a true and correct copy of the foregoing by the following method to:

Julia O'Brien
4356 E. Hudlow Road
Hayden, ID 83835

☑ 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
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Julia O'Brien, by affixing my signature her acknowledge that:

1. I admit that I have engaged in the following conduct: Diverting Morphine.

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. 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-17695 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, 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."

State of Idaho
Board of Nursing
This is to certify that:

Julia O'Brien
4356 E Hudlow Rd
Hayden, ID 83835

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

License Number
N-17695
Expires: August 31, 2006

Signature of Licensee
Julia O'Brien

Address
4356 E Hudlow Rd
Hayden, ID 83835

City, State, Zip
Hayden, ID 83835

Signature of Witness
Exhibit A

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NURSE MONITORING CONTRACT

Client Name: Julie O'Brien  Date: 1-20-05

I, Julie O'Brien, 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:

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:

* Complete outpatient counseling sessions
* Three (3) Mutual Support Group Meetings per week
* Meet weekly with sponsor face-to-face to work the steps
* Random UA/Drug Testing
* 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  Witness  Katie Hunter

Client Address  Hayden ID 83835

Program Coordinator
February 22, 2006

Dear Amanda,

I would like to first of all thank-you and everyone I have had contact with at Southworth Assoc. for their care and understanding these past few years. I have gone through some very frightening times, (all of my own doing!) but I have never felt judged by anyone. There is always someone to answer my questions and calm my fears.

I am writing this letter to inform you of my intent to withdraw from PRN at this time. I need to do this solely for financial reasons. I have spoken with Linda at the Board of Nursing and understand that my license will be revoked for 2 years, after that time I will be able to request reinstatement and will return to the PRN program. I have absolutely no intentions of working as a nurse, now or in the near future.

If there is anything further that I need to do, please let me know.

With Sincere Gratitude,

Julie O'Brien