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

David K. Petersen

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
May 3, 2010
CERTIFIED MAIL.

David K. Petersen
1289 Aztec Drive
Twin Falls, ID 83301

Dear Mr. Petersen:

During their meeting on April 29-30, 2010, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your practical nurse license, PN-10509 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective April 30, 2010. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order. Please return your current practical nurse license to the Board office.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:the
enclosure

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.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
) Case No. BON 10-015
DAVID K. PETERSEN, ) FINDINGS OF FACT, ) CONCLUSIONS OF LAW AND ) FINAL ORDER )
License No. PN-10509, )
Respondent. )

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho State Board of Nursing (hereinafter the “Board”) hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. David K. Petersen ("Respondent") is licensed by the Idaho State Board of Nursing under License No. PN-10509 to engage in the practice of nursing in the State of Idaho.

2. On or about February 17, 2010, the Board received a complaint from Respondent's employer, Bridgeview Estates, that Respondent was diverting medications. A redacted copy of the complaint and supporting documentation sent to the Board by Bridgeview Estates is attached hereto as Exhibit A.

3. On or about April 6, 2010, Respondent voluntarily surrendered his nursing license. In the course of voluntarily surrendering his license, Respondent did not admit that he violated any of the Board's laws or rules. He did, however, acknowledge that the Board has sufficient evidence from which it might find and conclude that such a violation occurred. He also waived his rights to a hearing, and he consented to the Board entering an order accepting his voluntary surrender and revoking or otherwise disciplining his license as the Board deemed appropriate in its discretion. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit B.

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FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 1
4. 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 Nurse Practice Act and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413, specifically:
   a. Idaho Code § 54-1413(1)(g) and Board Rule (IDAPA 23.01.01) 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice);
   b. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);
   c. Board Rule 101.04.d (a nurse shall act to safeguard the patient from the incompetent practice, verbal or physical abusive acts or illegal practice of any person);
   d. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs);
   e. Board Rule 101.05.c (a nurse shall be responsible and accountable for his nursing judgments, actions and competence); and
   f. Board Rule 101.05.f (a nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization).
3. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of his license empowers the Board, without a hearing, to accept Respondent’s voluntary surrender and to revoke or suspend Respondent’s license and/or impose such conditions, limitations, or restrictions on his license as the Board in its discretion may deem appropriate.

ORDER

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

1. The Board accepts the voluntary surrender of License No. PN-10509 issued to Respondent David K. Petersen.

2. License No. PN-10509 issued to Respondent, David K. Petersen is hereby:

   [Check box: Revoked] Respondent may not apply for reinstatement for a two (2) year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.

   [Check box: Suspended] _____ days _____ year(s) _____ indefinitely.

   Respondent’s license shall be a single-state license during the term of suspension and Respondent shall not be eligible to practice on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho.

3. At such time as Respondent requests reinstatement of licensure, he shall comply with the requirements of Idaho Code § 54-1411(3). Respondent shall further comply with the provisions of IDAPA 23.01.01, Sections 61.04 and 120, as applicable. 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 he is rehabilitated and able to practice nursing safely and competently 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; and

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

c. Any other information requested deemed necessary by the Board in its discretion to demonstrate Respondent’s fitness to practice nursing.

4. The Board reserves the right to assess investigative costs and attorney fees incurred in this matter as a condition of reinstatement, and to impose such other conditions upon Respondent’s reinstated license as the Board may deem appropriate in its discretion.

This order is effective immediately.

DATED this 30th day of April, 2010.

IDAHO STATE BOARD OF NURSING

By

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

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 3RD day of MLY, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

David K. Petersen
1289 Aztec Drive
Twin Falls, ID 83301

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

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

Karin Magnelli
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

Linda Coley
Management Assistant
Idaho Board of Nursing
2-11-10

State of Idaho – Board of Nursing
280 North 8th Street Suite 210
P.O. Box 83720
Boise, Idaho 83720-0061

To Whom It May Concern:

As per our phone conversation today, this is the information I have regarding David Petersen:

Yesterday one of the Independent Living residents, [redacted] came to me and told me that 2 bottles of his liquid morphine was missing. I asked him if he had noticed anything unusual in his apartment. He stated, "Last night my spray bottle that has the morphine in it only had enough to come up to the sticker and it was the same way this morning. Then when [redacted] (private caregiver) came, we dumped the medicine out of the spray bottle into a measuring cup to see if it was a different color than the ones in the bottles from the pharmacy, but it looked the same. [redacted] got my boxes down from the cupboard and when she opened them 2 bottles were missing out of the boxes. She filled up my spray bottle with one of the bottles from the cupboard and that left me with these 3 bottles, plus this spray bottle."

I asked [redacted] if he had any idea who might have been in his apartment and he said, "Dave (David Petersen) came down to check on me this morning like he does sometimes and I did see him coming out of my apartment last Saturday when I was coming back from lunch. I asked him what he was doing and he (David) said, "I thought you were back from lunch and I just wanted to check on you."

I thanked [redacted] for the information and told him I would investigate the situation.

I called David Petersen to my office and asked if he had been in [redacted] apartment and if he noticed anything out of the ordinary. He said he did go in to check on him because [redacted] has been ill (he has terminal CA) and that he needed to resign. He handed me his keys and nametag and left the building.
I am also enclosing a statement from [REDACTED] caregiver, as well as [REDACTED] regarding this situation.

If you have further questions, please do not hesitate to call me.

Sincerely,

[Signature]
Anita Burdick
General Manager – BridgeView Estates Independent and Assisted Living
208-736-3933
aburdick@centurypa.com
2-11-10

I, [redacted], am missing 2 bottles (30 cc each) of Morphine.

On 1-28-10, I picked up 8 bottles of Morphine in individual boxes from Dick’s pharmacy. My caregiver, [redacted], filled my spray bottle with 2 of those bottles that day and we put the rest up in the cupboard and did not check them again until 2-10-10 when we found that 2 of the bottles were missing.

On the night of 2-9-10, my spray bottle that has the morphine in it only had enough to come up to the sticker and it was the same way on the morning of 2-10-10. On 2-10-10, I went upstairs to the library to read the newspaper and when I went back to my apartment about 11:45 a.m. the spray bottle was half full, so I thought either I was going crazy or someone was messing with my medicine. When [redacted], my private caregiver, came we dumped the medicine out of the spray bottle into a measuring cup to see if it was a different color than the ones in the bottles from the pharmacy, but it looked the same. [redacted] got my boxes down from the cupboard and when she opened them 2 bottles were missing out of the boxes. She filled up my spray bottle with one of the bottles from the cupboard and that left me with 3 bottles, plus the spray bottle.

David Petersen was in my apartment visiting with me on the morning of 2-10-10. And I did see him coming out of my apartment last Saturday, the 6th of February when I was coming back from lunch. I asked David what he was doing and he said, “I thought you were back from lunch and I just wanted to check on you.”

I took the remaining 3 bottles of Morphine to Anita Burdick, the General Manager, and she locked them in the office safe.
February 10, 2010

To Whom It May Concern:

My name is [redacted] and I have been [redacted] caregiver since August. On our way home from Chemo on January 28, 2010 he was given a prescription that we picked up at Dick's Pharmacy. Doug in the Pharmacy gave [redacted] a deal on his medication. We picked up 8 boxes of OXYCODONE HYDROCHLORIDE- ORAL CONCENTRATED SOLUTION 20 MG PER ML. These boxes were taped together then we got home and I used 2 bottles to fill his spray bottle for easy application. We placed the 8 boxes into his kitchen cupboard still all taped together. We have not touched the medicine until today February 10.

I got to [redacted] today at about 1:20 p.m. and he said someone has been messing with his throat spray. The spray bottle was half full instead of almost full like it was yesterday. I then poured the medicine into a measuring cup because it looked like maybe it had been watered down so I then open a new bottle to check the color. It seemed to be the same and this makes only 3 bottles of the medicine that [redacted] has used. [redacted] and I opened all of the boxes and there should have only been 3 boxes used leaving 5 bottles of the medication left.

[redacted] has 3 boxes left that he has put up in a different place.

But that does not account for the 2 missing bottles of medicine.

I also know that [redacted] is not filling his own spray bottle because his vision is not good enough and his hands shake to much to fill a small bottle that he uses for his throat spray.

Sincerely:

[redacted]

Twin Falls, Id 83301
IDAHO STATE BOARD OF NURSING
VOLUNTARY SURRENDER OF NURSING LICENSE
Idaho Code § 54-1413(3)(a)

I, [Name], hereby voluntarily surrender my license to practice nursing, License No. #10509, to the Idaho State Board of Nursing (the “Board”) and will immediately discontinue practicing as a nurse in the State of Idaho. 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 and the laws and rules governing the practice of nursing, Title 54, Chapter 14, Idaho Code.

2. I have been advised of and I understand the nature of the allegations against me.

3. I understand that I have the following rights, among others: the right to representation by legal 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, to cross-examine the witnesses against me, and the right to request reconsideration or to appeal this matter to district court. I waive all such rights afforded to me without further process as a resolution of any claims or allegations which might otherwise be brought against me by the Board.

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.

5. I understand that upon acceptance by the Board of the voluntary surrender of my license to practice as a nurse, the Board of Nursing will enter an order pursuant to Idaho Code §54-1413 revoking, suspending or otherwise disciplining my license to practice nursing. The Board’s Order may include a civil penalty and/or the imposition of costs and attorney fees incurred by the Board in its investigation and prosecution of any claims or allegations against me. I hereby consent to the imposition of such discipline.

6. In surrendering my license to practice nursing for imposition of discipline by the Board, 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 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.

9. 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.

10. 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.

Name of Licensee: [Name] License No.: PN-10509
Address: 1289 Aztec Dr Twin Falls, ID 83301
Signature of Licensee: [Signature] Date: 4/16/10
Signature of Witness: [Signature] Date: 4/6/10

Exhibit B
Page 1/2
DAVID K PETERSEN
1289 AZTEC DRIVE
TWIN FALLS, ID. 83301

Send to

Complete this section
1. Addressed to:

DAVID K PETERSEN
1289 AZTEC DRIVE
TWIN FALLS, ID. 83301

Send to

Complete this section on delivery
A. Signature

B. Received by (Printed Name)

C. Date of delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

3. Service type

4. Restricted delivery (Extra Fee) Yes

PS Form 3811, February 2004
Domestic Return Receipt

102595-02-M-1540