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

KIM PICKETT
N-26293

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: KIM PICKETT
License No. N-26293
Respondent. Case No. 01-022

FINAL ORDER

Having reviewed the Order of Revocation signed by the Executive Director and other documents filed in this matter, the Idaho State Board of Nursing (hereinafter the "Board") enters the following Final Order:

Based upon the information submitted with the Order of Revocation and GOOD CAUSE being show, it is hereby ordered that License No. N-26293 issued to Kim Pickett, is hereby

✓ Revoked

Suspended, effective immediately.

DATED this 13th day of November, 2003.

IDAHO STATE BOARD OF NURSING

By

DAN BAUER, 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.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this \textbf{17TH} day of \textbf{NOVEMBER}, 2003, I caused to be served a true and correct copy of the foregoing FINAL ORDER addressed as follows:

\begin{itemize}
\item Cheri L. Bush
  \begin{itemize}
  \item Deputy Attorney General
  \item P.O. Box 83720
  \item Boise, ID 83720-0010
  \item U.S. Mail, postage prepaid
  \item Certified U.S. Mail, return receipt
  \item Hand Delivery
  \item Overnight Mail
  \item Facsimile: ____________
  \item \textbf{X} Statehouse Mail
  \end{itemize}
\item Kim Pickett
  \begin{itemize}
  \item 335 S. 15th Street
  \item Idaho Falls, ID 83653
  \item \textbf{X} U.S. Mail, postage prepaid
  \item \textbf{X} Certified U.S. Mail, return receipt
  \item Hand Delivery
  \item Overnight Mail
  \item Facsimile: ____________
  \item \textbf{X} Statehouse Mail
  \end{itemize}
\end{itemize}

\begin{center}
\underline{Sandra Evans, M.A.Ed., R.N.}
Executive Director
Board of Nursing
\end{center}
BEFORE THE IDAHO STATE BOARD OF NURSING

STATE OF IDAHO

In the Matter of the License of:

KIM PICKETT,
License N26293

Respondent.

) ) Case No. BON-01-022

) ) ORDER OF REVOCATION

) )

On April 16, 2001, License N26293 to practice nursing issued to Kim Pickett (hereinafter “Respondent”) was duly surrendered to the Idaho Board of Nursing (hereinafter “the Board”). A copy of same is attached as Exhibit A.

On July 25, 2003, Board staff was informed Respondent had been employed as a RN MDS Coordinator since August 2001, while her license was surrendered. Said position required an active RN license, a copy of which is attached as Exhibit B. On August 26, 2003, Respondent admitted she had been so employed for almost two years while her license was surrendered, and signed documents as an RN during said employment.

Be advised that on the 9TH day of SEPTEMBER, 2003, the Idaho State Board of Nursing has summarily revoked the license of Kim Pickett, N26293, for practicing on a suspended license in violation of Idaho Code §§ 54-1413 (1)(g)(h), and (i), and §§ 54-1414 (1)(a) and (c) and IDAPA 23.01.01.08 and .09.a, and 23.01.01.101.03.a..

IT IS SO ORDERED.

STATE OF IDAHO
BOARD OF NURSING

By _______________________
SANDRA EVANS, M.A.Ed., R.N.
Executive Director

ORDER OF REVOCATION - 1
NOTIFICATION OF RIGHTS

Respondent has the right to appeal this decision to the Board of Nursing. The appeal must be submitted in writing to the Board with twenty-eight (28) days and a hearing requested at the next regularly scheduled Board meeting.

An appeal and request for hearing must be sent to the Board office at:

Idaho Board of Nursing
280 N. 8th Street, Suite 210
Boise, ID 83702

A copy of any appeal or other writing must be sent to:

Cheri L. Bush, Deputy Attorney General
Office of the Attorney General
Civil Litigation Division
P.O. Box 83720
Boise, ID 83720-0010

Dated this 9th day of September, 2003.

STATE OF IDAHO
BOARD OF NURSING

By ________________________________
SANDRA EVANS, M.A.Ed., R.N.
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 9th day of September, 2003, I caused to be served a true and correct copy of the foregoing addressed as follows:

Cheri L. Bush,
Deputy Attorney General
Office of the Attorney General
Civil Litigation Division
PO Box 83720
Boise, Idaho 83720-0010

Kim Pickett
335 S. 15th Street
Idaho Falls, ID 83406

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

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

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing

ORDER OF REVOCATION - 3
EXHIBIT A
ORDER OF REVOCATION

In the Matter of the License of: Kim Pickett
License No. N26293
RULE 132

VOLUNTARY SURRENDER OF LICENSE

I, Lyn O Pickett, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: **Diversion of medications from Rexburg Nursing Center**

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 such 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-26293 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: **April 16 2001**

![Licensee Information](1999-2001)

State of Idaho
Board of Nursing

This is to certify that:

KIM PICKETT
3988 E 180 N
RIGBY ID 83442

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

Valid when signed by licensee

Signature of Licensee

3988 E 180 N

Signature of Witness
EXHIBIT B
ORDER OF REVOCATION

In the Matter of the License of: Kim Pickett
License No. N26293
# Competency-Based Position Description and Performance Review

**MDS and CARE PLAN COORDINATOR**

**Name:** [illegible]

**Department:** Nursing/Admin

**Date of Hire:** 8-14-01

**Position:**
- **Purpose:** [illegible]
- **Supervisor:** [illegible]

**Exemption Status:** Exempt

**Risk Exposure Category:** 2 = little exposure to blood/body fluids

## POSITION SUMMARY

The MDS and CARE PLAN COORDINATOR oversees the patient care assessment and care plan process of each resident in accordance with all laws, regulations and LCC standards. Reports to Director of Nursing.

## WORKING CONDITIONS

- Works in office as well as throughout facility (i.e., resident rooms, therapy rooms, dietary).
- Weekend supervision responsibilities.
- Stairs, standing, stools, lifts and moves intermittently during working hours.
- Subject to frequent interruptions.
- Involved with residents, associates, visitors, government agencies/personnel, etc. under all conditions and circumstances.
- Subject to hostile and emotionally upset residents, family members, etc.
- Works beyond normal working hours, on weekends and in other positions temporarily as necessary.
- Attends and participates in continuing education programs.
- Subject to fall, burns from equipment, odors, etc., throughout the work day.
- Possible exposure to infectious waste, diseases, conditions, etc., including exposure to the AIDS and Hepatitis B viruses.

## EDUCATION and EXPERIENCE

- Must have an RN degree from accredited college (minimum ASN).
- Must have an active RN license in current state.
- Two years' nursing experience – preferably geriatric nursing.

## SPECIFIC REQUIREMENTS

- Must be able to read, write, speak and understand the English language.
- Must possess the ability to make independent decisions when circumstances warrant such action.
- Must be knowledgeable of nursing practices and procedures as well as the laws, regulations and guidelines governing nursing functions in the long-term care facility.
- Must possess leadership ability and willingness to work harmoniously with and supervise professional and non-professional personnel.
- Must have the ability to implement the programs, goals, objectives, policies and procedures of the nursing department.
- Must stay current on nursing trends and developments.
- Must be able to relate information concerning resident condition.

## PHYSICAL and SENSORY REQUIREMENTS

- Must be able to move intermittently throughout the work day.
- Must be able to cope with the mental and emotional stress of the position.
- Must possess sight/hearing senses or use prosthetics that will enable these senses to function adequately so that the requirements of this position can be met.
- Must be in good general health and demonstrate emotional stability.
- Must be able to lift, push, pull or transfer a minimum of 40 lbs.
- Must be able to assist in the evacuation of residents.
Employee Acknowledgment

As an employee of Life Care Center of Idaho Falls, I agree to perform my job in a responsible manner. I further agree to read and/or learn all rules, regulations, policies, and procedures of this corporation through the materials provided to me. Additionally, I further acknowledge the following:

I understand that the offer for employment is not a contract for "permanent" employment. My employment is not for a specific duration and may be terminated by either myself or the company at any time for any reason. I understand that no Supervisor, Manager, or other representative of the company has the authority to enter into any agreement, written or verbal, for a specific term or condition of employment.

I understand that as an employee of Life Care Center of Idaho Falls, I may be assigned anywhere within the Life Care Center community at the discretion of the Director, based on operational needs, that no contract either expressed or implied is made for a specific shift, schedule, position or department.

I understand that any offer for employment/continued employment is contingent upon references and background checks.

As a condition of employment I consent to participate in the random drug, and/or alcohol testing program.

I understand that if I test positive for illegal drugs or alcohol while on duty, I will be subject to termination. I also understand that a failure to comply with this process will also result in a termination.

I understand that I must complete the New-hire orientation within the first 72 hours of employment. Failure to do so will cause my removal from scheduled duty. I may schedule orientation with the Staff Development Coordinator if it has not already been scheduled within first week of employment.

You will be responsible for the good maintenance and upkeep of any issued uniform. You will also be required to wear a name tag while on duty. If you forget your name tag, or are not wearing your name tag while on duty, you may be required to locate it before you are allowed to work. If at any time you are found to be responsible for acts of vandalism, defacing of property, or any malicious act, theft or removal of company property resulting in loss, REGARDLESS OF THE CIRCUMSTANCES, you "will" be held liable for the cost of restitution. These costs will be withheld from your pay until restitution is made and/or legal action may be taken if necessary to recover costs of damages. I acknowledge full understanding of the following:

I understand that if for any reason my employment with Life Care Center of Idaho Falls is terminated, I must return all issued items to include clothing and/or equipment in good condition before issued final paycheck.

If I am unable to return any issued items, I authorize Life Care Center of Idaho Falls to deduct, where appropriate, the depreciated cost of the missing item(s) from my final paycheck.

If my name tag is lost, stolen, destroyed or damaged due to neglect or misuse, I authorize Life Care Center of Idaho Falls to deduct replacement cost of $1.00 from my paycheck.

My signature below acknowledges my acceptance and understanding of, and willingness to comply with the requirements listed above. I also understand and agree to the above described actions, associated costs, and my financial responsibilities pertaining to them.

Kina Pickett
Name (Print)

Signature

3-14-01
Date