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

LINDA PIERSON
N-22543

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: ) ) Case No. BON 05-070
LINDA M. PIERSON, ) ) FINDINGS OF FACT,
License No. N-22543, ) ) CONCLUSIONS OF LAW AND
Respondent. ) ) 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. Linda M. Pierson (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. N-22543 to engage in the practice of nursing in the State of Idaho.

2. On or about December 12, 2001, Respondent self-referred to the PRN. A true and correct copy of the Nurse Advocacy Contract between Respondent and the PRN is attached hereto as Exhibit A.

3. On August 6, 2003, PRN reported to the Board that Respondent had become non-compliant with her PRN contract. A true and correct copy of the August 6, 2003, letter from PRN to the Board is attached hereto as Exhibit B.

4. On November 10, 2003, the Board’s Program for Recovering Nurses Advisory Committee met with Respondent and approved Respondent continuing in the PRN with amendments to the contract. Respondent was notified of the Committee’s decision by letter dated November 19, 2003, a true and correct copy of which is attached hereto as Exhibit C.

5. On July 26, 2005, PRN reported to the Board that Respondent had become non-compliant with her PRN contract. A true and correct copy of the July 26, 2005, letter
from PRN to the Board is attached hereto as Exhibit D.

6. On August 26, 2005, Respondent voluntarily surrendered her license. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit E.

7. On October 28, 2005, the Board’s Program for Recovering Nurses Advisory Committee met with Respondent and approved Respondent continuing to be monitored by the PRN. Respondent was notified of the Committee’s decision by letter dated November 8, 2005, a true and correct copy of which is attached hereto as Exhibit F.

8. Respondent was issued a limited license on December 14, 2005.

9. On February 1, 2006, PRN reported to the Board that Respondent had become non-compliant with her PRN contract due to two positive UA tests. A true and correct copy of the February 1, 2006, letter from PRN to the Board is attached hereto as Exhibit G.

10. On February 9, 2006, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit H. In the Notice of Termination of Limited License, Respondent was informed that this matter would reviewed by the Program for Recovering Nurses Advisory Committee at its April 21, 2006, meeting and that she could request to meet with the Committee by calling the Board office by March 27, 2006, to request an appointment time.

11. On February 21, 2006, the Board received back from the post office the certified mail return receipt indicating that the copy of the Notice of Termination of Limited License was received by Respondent on February 15, 2006. A true and correct copy of the certified mail return receipt is attached hereto as Exhibit I.

12. On April 24, 2006, the Program for Recovering Nurses Advisory Committee referred this matter to the Board of disciplinary action. A true and correct copy of the April 21, 2006, memo from the Program for Recovering Nurses Advisory Committee to the Board is attached hereto as Exhibit J.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
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-22543 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent habitually uses alcoholic beverages or narcotic, hypnotic or hallucinogenic drugs.

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

5. 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)(c) and (g) and Board Rules (IDAPA 23.01.01) 100.06 and 132.04.g.

6. Pursuant to Idaho Code § 54-1413 and Board Rules 132.04.h and 132.04.i, 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-22543 issued to Linda M. Pierson 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; and

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 27 day of April, 2006.

IDAHO STATE BOARD OF NURSING

By

Randall Hudspeth, N.P., C.N.S., R.N.
Chair

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:

Linda M. Pierson
P.O. Box 1791
McCall, ID 83638  
☐ 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
NURSE ADVOCACY CONTRACT

Client Name: Linda Endresen
Date: 12/12/01

I, Linda Endresen, 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 check):
- Alcohol/Drug Education
- Group Therapy
- Counseling
- 12-Step Meetings
- Obtain 12-Step Sponsor
- Random UA/Drug Testing
- Nurse-Support Group
- Psychiatric Follow-up
- Other: Counseling with Joe Wilson

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 these 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: Linda Endresen
Client Address: Box 561
MCC 10 83638

Witness: [Signature]
Program Coordinator: [Signature]
August 6, 2003

Idaho State Board of Nursing
ATTN: Sandra Evans
P.O. Box 83720
Boise, ID 83720-0661

RE: Linda Pierson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Pierson, a non-Board of Nursing referral, has become non-compliant with her PRN contract due to receiving repeated dilute UA tests. Therefore, we feel we must report this to the Board of Nursing.

Ms. Pierson signed a contract with PRN on December 12, 2001. Ms. Pierson’s contract requirements included the following, 1) Attend three 12-Step meetings per week, 2) random UA/drug testing, 3) Meet with sponsor on at least a bimonthly basis, and 4) Counseling with Joe Wilson.

Ms. Pierson has had several dilute UA tests since she entered the PRN. On December 6, 2002 Ms. Pierson received a dilute UA test. She was then notified verbally and via letter of the fluid consumption policy prior to UA testing and instructed to avoid future dilute tests. Ms. Pierson received another dilute test on January 22, 2003. Once again, Ms. Pierson was reminded via letter of the fluid consumption policy prior to UA testing. She was also warned that any further dilute tests would result in her case being referred to the Board of Nursing. On July 28, 2003, Ms. Pierson received another dilute specimen. Each of the three dilute tests mentioned above were failed by the Medical Review Officer (MRO), who stated that Ms. Pierson had drunk large amounts of coffee or espresso each time prior to testing. For the reason listed above, we feel we must report this non-compliance to the Board of Nursing.

As of today’s date, the PRN has terminated Ms. Pierson’s contract. Currently, she has a $0 balance with the PRN and a $0 balance with NCPS.

If you have any questions or concerns, please feel free to contact Kerry Hendershot or Lori Barnes, PRN Compliance Monitors.

Sincerely,

[Signature]

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

cc: Linda Pierson
     Linda Klind

5530 West Emerald—Boise Idaho 83706
Office: (208) 323-9555—Fax: (208) 323-9222—Toll free: (800) 386-1695—Cellular: (208) 891-4726—Pager: (888) 250-8073
Dear Ms. Pierson:

During their November 10, 2003 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and request to continue in the Program. The Committee reviewed the history provided by the Program Coordinator and noted that you had received several dilute urine specimens.

Following their review, the Committee made the following recommendations:

That you continue to be monitored by the Program for Recovering Nurses and that your contract for monitoring be amended consistent with the collateral recommendations of your therapist, primary physician, and worksite monitor. Additionally, the committee approved the reduction of random urine drug screens to two per year and anytime upon request.

The urine drug screens will continue to be collected and screened through the established procedures of the Program.

Thank you for meeting with the Committee members. Please feel free to contact John Southworth, Program Coordinator, for additional information.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:bnc

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.
July 26, 2005

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

RE: Linda Pierson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Linda Pierson, a non-Board of Nursing referral, is currently not in compliance with her PRN contract due to a recent relapse. The relapse was first reported to PRN by Ms. Pierson’s work monitor Ms. Linda Klind. Ms. Klind reported to PRN that Ms. Pierson has had several absences this year already and over the weekend called to extend her vacation time through the rest of the week. Ms. Klind felt that this was excessive and per the facility’s policy asked Ms. Pierson to come in for both urine and blood drug screens. Ms. Pierson said she could come in the next morning. Ms. Klind advised that deferment of the tests would not be acceptable. At that time, Ms. Pierson admitted that she has been drinking. Ms. Pierson did contact PRN on July 25, 2005 to report the relapse, after Ms. Klind suggested she do so. Ms. Pierson was very nonchalant about the relapse and stated that she has been drinking over the past couple weeks “occasionally” and indicated that it was sometimes as much as 2-3 drinks per day.

Ms. Pierson’s current contract with PRN was signed on January 2, 2002. Ms. Pierson’s contract requirements include the following: 1) Attend three to four 12-Step meetings per week, 2) Random UA/drug testing, and 3) Meet with sponsor weekly face-to-face to work the steps.

Ms. Pierson currently owes PRN $0.00 and NCPS $0.00.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact either Lori or me at (208) 323-9555.

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Linda Pierson
Linda Klind

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Linda Pierson, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: I consumed some alcohol a few days prior to reporting it to the PRJ on ______ .

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-22543 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."

DATED: Aug 26th 2005

State of Idaho
Board of Nursing

This is to certify that:

LINDA M PIERSON
PO BOX 1791
MCCALL, ID 83638

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

Signature of Licensee

Signature of Witness

Exhibit E
Page 1 of 1
Dear Ms. Pierson:

During their October 28, 2005 meeting with you, the members of the Program for Recovering Nurses Advisory Committee reviewed your file. The Committee also reviewed the history provided by the Program Coordinator and noted that you had recently completed treatment at the Walker Center.

Following their review, the Committee made the following recommendation:

That you continue to be monitored by the Program for Recovering Nurses for compliance with all requirements of your contract; that following support of the Contractor regarding your return to work, a limited license will be considered.

Thank you for meeting with the Committee members. Please feel free to contact John Southworth, Program Coordinator, for additional information.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

cc: PRN Program
February 1, 2006

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

RE: Linda Pierson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Linda Pierson, a Board of Nursing referral, is currently not in compliance with her PRN contract due to two positive UA tests. Ms. Pierson tested positive for ethyl glucuronide (EtG) on January 19, 2006 and January 25, 2006. Ms. Pierson reported that both tests were positive for EtG because she was taking over-the-counter Nyquil and Robitussin. The level of the test from January 19, 2006 was reported by the MRO as unlikely to have been caused by taking these over-the-counter medications. The level of the test from January 25, 2006 was reported by the MRO as unable to be accounted for by the therapeutic doses of these two over-the-counter medications. Ms. Pierson did contact the PRN after her discussion with the MRO’s office on January 31, 2006 to confirm that she had been drinking and that her story about the over-the-counter medications was not accurate.

Ms. Pierson’s current contract with PRN was signed on September 13, 2005. Ms. Pierson’s contract requirements include the following: 1) Attend 90/90 12-Step meetings then rate to be determined, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend aftercare groups with Steve Tubbs, 5) Participate in individual counseling with Joe Wilson, and 6) Medication Management with her primary care physician.

Ms. Pierson currently owes PRN $ 0.00 and NCPS $.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact me at (208) 323-9555.

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Linda Pierson
Linda Klind
Joe Wilson
Steve Tubbs

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

Medical Review Officer (MRO)  
Drug Test Determination Officer  
Thomas Barry Eschen, M.D.

**Donor ID**: 05-1154  
**Donor Name**: Linda Pearson  
**Specimen/Sample#**: 4-06-88102  
**Date of Specimen**: 1-19-06

**Part 1**:  
Laboratories: Laboratory Corporation of America  
1904 Alexander Drive  
RTP, NC 27709  
BANT  
2282 South Providence Drive  
West Valley City, UT 84120

**Part 2**:  
Urine drug test result from the Laboratory:  
The specimen identified in Part 1 was positive for the following drug/metabolites:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. E. G.</td>
<td>8.180</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Clear</th>
<th>Fail</th>
<th>Admin. Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug 1</td>
<td>Clear</td>
<td>Fail</td>
<td>Admin. Clear</td>
</tr>
<tr>
<td>Drug 2</td>
<td>Clear</td>
<td>Fail</td>
<td>Admin. Clear</td>
</tr>
<tr>
<td>Drug 3</td>
<td>Clear</td>
<td>Fail</td>
<td>Admin. Clear</td>
</tr>
</tbody>
</table>

**Creatinine**: 11.57  
**Specific Gravity**: 

**Notes**:  
**Participant Contacted**: Yes [x] No [ ]  
**Admits**: Yes [ ] No [x]  
**Test Confirmed**: Yes [x] No [ ]  
**Prescription**: Yes [x] No [ ]  
On file with NCPS: Yes [x] No [ ]  
Collection: OK [x] NOT

**COMMENTS**:  
Consume any ingestion of alcohol- and alcohol-containing beverages, driven any medication products containing alcohol, or food containing alcohol.  
Consume no caffeine within 5 min.  

**Ginger McClain**:  
Date: 1-25-06

**Thomas B. Eschen, M.D.**:  
Date: 1-26-06

If this is not the correct recipient for this information, please notify us immediately at (800) 493-1118 and destroy information.
Northwest Toxicology
2282 South Presidents Drive  West Valley City, Utah 84120  (801)263-2200 Fax (801)263-3805

ACCOUNT NAME/ADDRESS
4S49176
SANDS
729 THIMBLE SNOAKS
SUITE 64
NEWPORT NEWS, VA 23606

RAID
DATE COLLECTED
01/15/08 02:30:00 AM
SAMPLE NUMBER
405500102

LOCATION
DATE RECEIVED
01/15/08 12:51:18 PM
LABORATORY ID.
1474250

COLLECTOR
DATE REPORTED
01/24/08 12:07:00 PM
DONOR ID.
000351154

REASON FOR TEST
REASON FOR TEST
Random

OTHER INFORMATION
CERTIFYING SCIENTIST
TEST 4 - TEST 4
Ron Shearon

The results for the above identified specimen are in accordance with recognized forensic practices and were tested at the cutoff levels listed below:

<table>
<thead>
<tr>
<th>Class</th>
<th>Result</th>
<th>Screening Cut Off</th>
<th>Confirmation Cut Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHYLGLUCURONIDE</td>
<td>POSITIVE</td>
<td>100 ng/mL</td>
<td>100 ng/mL</td>
</tr>
<tr>
<td>POSITIVE for Ethylglucuronide by LC/MS at 8160 ng/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENDZODIAZEPINES</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
<td></td>
</tr>
<tr>
<td>CPATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PROCIONPHENE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>ETHANOL</td>
<td>NEGATIVE</td>
<td>20 mg/dl</td>
<td></td>
</tr>
<tr>
<td>OXIDANTS</td>
<td>NEGATIVE</td>
<td>200 mg/dl</td>
<td></td>
</tr>
<tr>
<td>CREATININE</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH</td>
<td>NORMAL</td>
<td>Reference Range: 7.3 and &lt; 7.80</td>
<td>Reference Range: 7.3 and &lt; 7.80</td>
</tr>
</tbody>
</table>
CONFIDENTIAL

Medical Review Officer (MRO)
Drug Test Determination Officer
Thomas Barry Eschen, M.D.

Part 1:
Laboratory: □ Laboratory Corporation of America
1904 Alexander Drive
BTP, NC 27709
□ NWT
2282 South Presidents Drive
West Valley City, UT 84120

Donor ID: 05-1154
Donor Name: Linda Pierson
Specimen/Sample#: 464-85203
Date of Specimen: 1-25-06

Part 2:
Urine drug test results from the Laboratory:
The specimen identified in Part 1 was positive for the following drug/metabolites:

1. EtG Level: 201,000
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 ___ Fail ___ Admin. Clear ___
Drug #2 Clear ___ Fail ___ Admin. Clear ___
Drug #3 Clear ___ Fail ___ Admin. Clear ___

Creatinine 121.6 Spec. Gravity 1.026

Notes: Participant Contacted: Yes [ ] No [ ]
Admit: Yes [ ] No [ ]
Test Confirmed: Yes [ ] No [ ] Prescription: Yes [ ] No [ ]
On file with NCP: Yes [ ] No [ ] Collection: OR NOT
COMMENTS: Drug refusal drinking heavy alcohol, admits using
Robitussin 3x a day, 7/24-9/9, 2 oz of HS- packaing duration
only 5 days in total, history of severe depression, these are not
an account for the finding.

Ginger Meeker, R.N. 1-31-06
Thomas B. Eschen, M.D. 1-31-06
### Northwest Toxicology

2262 South Presidents Drive  -  West Valley City, Utah 84120  -  (801)223-2200 Fax(801)223-3805

<table>
<thead>
<tr>
<th>Account Name/Address</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Laboratory ID</th>
<th>4481083</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Date Received</th>
<th>Date Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/22/08 02:20:00 AM</td>
<td>01/22/08 04:20:30 PM</td>
<td>01/22/08 02:04:30 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authority</th>
<th>Reason For Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>Routine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Result</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Mills Marrill</td>
</tr>
</tbody>
</table>

The results for the above identified specimen are in accordance with recognized forensic practices and were tested at the cutoff levels listed below:

<table>
<thead>
<tr>
<th>Class</th>
<th>Result</th>
<th>Screening Cut Off</th>
<th>Confirmation Cut Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHYLGLUCURONIDE</td>
<td>POSITIVE</td>
<td>100 ng/mL</td>
<td>100 ng/mL</td>
</tr>
<tr>
<td>POSITIVE for Ethylglucuronide by LC/MS/MS at 201 000 ng/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENZODIAZEPINES</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
<td></td>
</tr>
<tr>
<td>OPIATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PROPOXYPHENE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>ETHANOL</td>
<td>NEGATIVE</td>
<td>20 mg/dL</td>
<td></td>
</tr>
<tr>
<td>CREATININE</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NORMAL for Creatinine by initial test at 131.6 mg/dL

pH NORMAL

Reference Range: > 20 mg/dL
Reference Range: > 4.5 and < 9.00
Dear Ms. Pierson:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-22543, issued under provisions in IDAPA 23.01.132, is terminated, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare resulting from:

...failure to comply with the terms and conditions of your contract for monitoring with the Program for Recovering Nurses by:

a. Providing a urine sample on January 19, 2006 and again on January 25, 2006 that tested positive for ethyl glucuronide (EtG).

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, April 21, 2006. You may request to meet with the Committee members during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by March 27, 2006, to request an appointment time. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure suspension or revocation.

Dated: February 9, 2006

SANDRA EVANS, MAEd, RN
Executive Director

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

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

DATE: April 21, 2006

The file of Linda Pierson was reviewed at the Advisory Committee meeting on April 21, 2006, and found 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:

[Signed] Sandrea Dean  
Signature  
4-24-06  
Date

Action Recommended to Board:  

5530 West Emerald—Boise Idaho 83706

Office: (208) 323-9555—Fax: (208) 323-9222—Toll free: (800) 366-1695—Cellular: (208) 891-4726—Pager: (888) 250-8073
Linda Pierson  
PO Box 1791  
McCall ID 83638

Dear Ms. Pierson:

Following your meeting with the members of the Program for Recovering Nurses Advisory Committee on April 21, 2006, action was taken to refer your file to the Board of Nursing members for disciplinary action.

This issue will be placed on the agenda for the April 27-28, 2006 meeting of the Board of Nursing members. The Board will consider the issue and take appropriate action. Following the meeting, you will be informed of the Board’s decision.

Please contact this office if you have questions concerning this information.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lh