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

KRISTI REED
N-27584

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Kristi Lyn Reed
1474 Angora Drive
Gardnerville, NV 89460

Dear Ms. Reed:

During their meeting on January 24-25, 2008, the Board of Nursing members took action to issue Findings of Fact, Conclusions of Law and a Final Order following your failure to appear at the Default Hearing. Enclosed is a copy of the Final Order revoking your professional nurse license for a two (2) year period.

Please be advised that you may not practice nursing in the State of Idaho during the time your license is revoked. In accordance with IDAPA 23.01.01.120, you may apply for reinstatement two (2) years following revocation of license.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lh
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:  )  
KIRSTI LYN REED,  )  
License No. N-27584,  )  
Respondent.  )  
)  
Case No. BON 06-025  
FINDINGS OF FACT,  
CONCLUSIONS OF LAW, AND  
FINAL ORDER

INTRODUCTION AND PROCEDURAL HISTORY

At its November 2, 2006 meeting, the Idaho Board of Nursing ("Board") accepted the Stipulation entered into between Respondent Kristi Lyn Reed ("Reed") and the Board's enforcement counsel and entered a Consent Order. In the Stipulation, Reed admitted that in January 2004, the Board entered a Consent Order against her for failure to document or waste medication. Reed further admitted to numerous violations of the Board's statutes and rules, primarily relating to drug abuse and diversion.

Under the Stipulation and Consent Order, Reed voluntarily surrendered her Idaho nursing license and entered the Program for Recovering Nurses ("PRN"). The Consent Order provided that failure by Reed to comply with any term of the Consent Order would constitute a default and the Board could take further disciplinary action following a default hearing.

On or about December 13, 2007, the Executive Director of the Idaho Board of Nursing ("Board") filed a Notice of Default Hearing and Order to Show Cause against Reed. On January 24, 2008, the Board held a hearing on the Order to Show Cause. Notice of the hearing was properly sent to Reed. Reed failed to appear in person or through counsel at the hearing.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 1
FINDINGS OF FACT

1. By letter dated January 6, 2008, Reed admitted the pending charges contained in the Notice of Default Hearing and Order to Show Cause.

2. Based upon Reed's admission, the following facts have been proven:
   a. Reed violated a November 24, 2006 PRN contract by failing a January 17, 2007 urine test.
   b. Reed violated an April 10, 2007 PRN contract by failing a September 10, 2007 urine test, failing to test on October 15, 2007, missing twelve (12) call-in days and admitting to drinking vodka on November 1, 2007.
   c. Reed violated a November 2, 2007 PRN contract by failing a November 2, 2007 urine test.

3. In Reed's words: "I am an alcohol dependent individual who has not been able to be successful at abstinence for any long period of time." Reed indicates that she is attempting to comply with the Board's requirements and that, "It is my intention to be successful with my sobriety and eventually return to my career as a nurse."

4. Reed's admissions to the above-stated violations of her signed PRN contracts places her in default of the November 2, 2006 Stipulation and Consent Order and in violation of Idaho Code § 54-1413.

5. Reed's admissions constitute sufficient grounds for further disciplinary action.

CONCLUSIONS OF LAW

1. The Findings of Facts as stated above fall within the regulatory jurisdiction of the Board as set forth in title 54, chapter 14, Idaho Code.
2. The Board has the authority to revoke, suspend, or otherwise discipline a nursing license when the licensee is in default of a stipulation and consent order and is in violation of Idaho Code § 54-1413.

3. Reed's admissions to the above-stated violations of her signed PRN contracts constitutes a violation of the Stipulation and Consent Order and Idaho Code § 54-1413.

FINAL ORDER

NOW, THEREFORE, based on the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, IT IS ORDERED that:

Respondent Kristi Lyn Reed's License No. N-27584 IS HEREBY REVOKED.

DATED this __4th__ day of __February__ 2008

IDAHO STATE BOARD OF NURSING

SUSAN ODOM, PhD, RN
Chairman

NOTICE OF APPEAL 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 § 54-1413 and Board of Nursing Rule IDAPA 23.01.01.165, you may petition for reconsideration of this final Order of the Board upon the following grounds:

i. Newly discovered or newly available evidence relevant to the issues;

ii. Error in the proceeding or Board decision that would be grounds for reversal or judicial review of the order;

iii. Need for further consideration of the issues and the evidence in the public interest; or

iv. A showing that issues not considered ought to be examined in order to properly dispose of the matter.

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final Order may appeal this final Order to district court by filing a petition in the district court of the county in which:

i. A hearing was held,

ii. The final agency action was taken,

iii. The party seeking review of the order resides, or

iv. 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 5th day of FEBRUARY 2007, I caused to be served a true and correct copy of the foregoing Findings of Fact, Conclusions of Law, and Final Order addressed as follows:

Kristi Lyn Reed
# N-27584
1474 Angora Dr.
Gardnerville, Nevada 89460

Karl Klein
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

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
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: 

KIRSTI LYN REED,
License No. N-27584, 
Respondent. 

Case No. BON 06-025

NOTICE OF DEFAULT HEARING 
AND ORDER TO SHOW CAUSE 

TO: Kristi Lyn Reed
1474 Angora Drive
Gardnerville, NV 89460

Respondent and the Idaho State Board of Nursing (the “Board”) entered into a Stipulation and Consent Order on November 2, 2006. In that Stipulation and Consent Order, Respondent agreed, among other things, to voluntarily surrender her license and comply with all terms, conditions, and recommendations of the Program for Recovering Nurses (“PRN”). Respondent has failed to comply with all such terms, conditions, and recommendations as follows:

1. Respondent signed an initial contract with the PRN on November 24, 2006. This contract required her to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

2. Respondent breached the November 24, 2006, PRN contract by failing a urine analysis test taken on January 17, 2007, based on traces of EtG and Ethyl Alcohol.

3. Respondent signed a second PRN contract on April 10, 2007. This contract required her to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons. In addition, Respondent agreed to random UA/drug testing, which required Respondent to call in to the PRN.

4. Respondent breached the April 10, 2007, PRN contract by failing a urine analysis test taken on September 10, 2007, due to the presence of EtG. In addition, Respondent failed to test when selected on October 15, 2007, and missed a total of 12

5. Respondent signed a third PRN contract on November 2, 2007. This contract required her to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

6. Respondent breached the November 2, 2007, PRN contract by producing a positive urine analysis test taken on November 2, 2007, for alcohol.

Respondent’s failure to comply with the terms, conditions, and recommendations of the PRN places Respondent in default of the Stipulation and Consent Order and in violation of Idaho Code § 54-1413.

Respondent must submit a response to the above allegations, if any, within twenty-one (21) days after the date on which this notice is served. Further, pursuant to the provisions of the Stipulation and Consent Order, of title 54, chapter 14, Idaho Code, and of the duly promulgated rules of the Idaho State Board of Nursing, Respondent is hereby notified and requested to appear before the Board on Thursday, January 24, 2008, at 3:30 p.m. (MST) at the Hyatt Place Hotel, 925 N. Milwaukee, Meeting Room 1, Boise, Idaho, and from time to time thereafter as may be required by the Board, to show cause, if any, why the Board should not impose additional disciplinary action, which may include conditions or limitations upon your practice or suspension or revocation of Respondent’s license.

Respondent is further notified that Respondent may appear with or without the assistance of an attorney on the day, time and place specified in this Notice of Hearing and present testimony with respect to the above noted issues. All persons requiring assistance pursuant to the Americans with Disabilities Act in order to participate in or understand the hearing must request such assistance ten (10) days in advance of the hearing by contacting the Board Office at the number or address listed below.
The hearing will be conducted pursuant to the terms of the Stipulation and Consent Order and, to the extent they apply, the Administrative Procedure Act codified at title 67, chapter 52, Idaho Code and the Idaho Rules of the Administrative Procedure of the Attorney General, promulgated at IDAPA 04.11.01. Copies of the Administrative Procedure Act and the Idaho Rules of the Administrative Procedure of the Attorney General may be obtained at the Idaho State Law Library.

All original official documents must be filed with the Idaho State Board of Nursing, 280 N. Eighth Street, Suite 210, Boise, ID 83720-0061; telephone (208) 334-3110; telefax (208) 334-3262 no later than January 10, 2008, at 5:00 p.m. A copy must be sent to:

Karl T. Klein  
Deputy Attorney General  
Civil Litigation Division  
P.O. Box 83720  
Boise, ID 83720-0010  
Fax: (208) 854-8073

DATED this 13TH day of DECEMBER, 2007.

IDAHO STATE BOARD OF NURSING

By Sandra Evans, M.A.Ed., R.N.  
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13TH day of DECEMBER, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Kristi Lyn Reed
1474 Angora Drive
Gardnerville, NV 89460

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

Steven F. Scanlin
Attorney at Law
P.O. Box 2631
Boise, ID 83701-2631

☐ 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
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
) Case No. BON 06-025
KRISTI LYN REED, )
License No. N-27584, )
) AFFIDAVIT OF
) ASHLEY GOCHNOUR
)
Respondent. )
)

STATE OF IDAHO ss.
County of Ada )

I, Ashley Gochnour, being first duly sworn, depose and say:

1. I am the Compliance Monitor for Southworth Associates which administers the Program for Recovering Nurses ("PRN") for the Idaho State Board of Nursing.

2. On November 24, 2006, Kristi Reed signed a Nurse Monitoring Contract with the PRN, a copy of which is attached as Exhibit A.

3. On February 2, 2007, the PRN notified Ms. Reed that she had failed a urine analysis test taken on January 17, 2007 based on traces of EtG and Ethyl Alcohol. A copy of the February 2, 2007, letter to Ms. Reed is attached as Exhibit B.

4. On April 10, 2007, Ms. Reed signed a new Nurse Monitoring Contract with the PRN, a copy of which is attached as Exhibit C.

5. On September 20, 2007, the PRN notified Ms. Reed that she had failed a urine analysis test taken on September 10, 2007, due to the presence of EtG. A copy of the September 20, 2007, letter to Ms. Reed is attached as Exhibit D.

6. On November 2, 2007, Ms. Reed signed a new Nurse Monitoring Contract with the PRN, a copy of which is attached as Exhibit E.

7. On November 5, 2007, the PRN notified the Board of Nursing that Ms. Reed was not in compliance with her PRN contract because she failed to test when selected on October 15, 2007, and missed call-in a total of 12 days since September 10,
2007. A true and correct copy of the November 5, 2007, letter to the Board of Nursing is attached as Exhibit F.

8. On November 12, 2007, the PRN notified the Board of Nursing that Ms. Reed was not in compliance with her PRN contract because she produced a positive urinalysis test on November 2, 2007, for alcohol and admitted to drinking vodka the night before. A true and correct copy of the November 12, 2007, letter to the Board of Nursing is attached as Exhibit G.

This concludes my affidavit.

Ashley Hochmair

SUBSCRIBED AND SWORN TO before me this 12 day of December, 2007.

Christopher Stoddill
Notary Public for Idaho
My Commission Expires: 30 Oct 12
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13TH day of DECEMBER, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Kristi Lyn Reed
1474 Angora Drive
Gardnerville, NV 89460

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

Steven F. Scanlin
Attorney at Law
P.O. Box 2631
Boise, ID 83701-2631

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

Client Name: Kristi Read

Date: 11/24/06

I, Kristi Read, recognize that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely. I 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 him/her to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and number of refills.

I agree to advise the following persons of the conditions of this agreement:

- Initial
  - Supervisor
  - Spouse or significant other

I agree to participate in the following activities:

- Initial
  - Alcohol/Drug Education
  - Group Therapy
  - Intensive Outpatient Treatment w/ Brent Cunningham or Walker Center for minimum 9 hrs/week
  - Ninety (90) AA/NA meetings in ninety (90) days, then rate to be three (3) times/week
  - Meet weekly with sponsor face-to-face to work the steps
  - Random UA/Drug Testing

---

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 forms 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.

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Client Signature: Kristi Read

Witness: [Signature]

Client Address: 1413 N. Evergreen

Program Coordinator: [Signature]
Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.

Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).

Avoid the "PERCEPTION"; for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.

Avoid unexcused absences (from meetings, urinalysis tests, etc).

Avoid positive UA's (MISSED UA = POSITIVE UA).

Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.

Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.

In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.

AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.

Don't "advertise" your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed in any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any otherwise information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant's practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

**I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.**

[Signature]

[Date]

[Witness]

[Date]

*The PRN encourages you to occasionally review this document.*
February 2, 2007

Kristi Reed  
1413 Evergreen St.  
Jerome, ID 83338

RE: Evaluation with Brent Cunningham

Dear Ms. Reed,

It has been brought to the attention of John Southworth, Program Coordinator of the Program for Recovering Nurses (PRN), that you failed a urine analysis (UA) test taken on January 17, 2007. The report from the Medical Review Officer (MRO) in regard to this particular UA specimen indicated failure based on traces of EiG and Ethyl Alcohol.

John has determined that the best course of action for you at this time is to be re-evaluated by Brent Cunningham at Spiritwalker Counseling Center. Mr. Cunningham’s office phone number is (208) 733-8842. The recommendations provided by this new evaluation will be carefully considered by the PRN and will be used as a guideline to structure the best possible recovery program for you.

The PRN encourages you to make an appointment with Mr. Cunningham at your earliest opportunity. If you have any questions or concerns at this time, please don’t hesitate to contact me at (208)323-9555.

Sincerely,

William J. Hofstra  
Southworth Associates

cc: Brent Cunningham, ICADC

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
NURSE MONITORING CONTRACT

Client Name: Kristi Reed

Date: 1-16-07

1. 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 (PRN).

During my recovery process, I agree that I will complete the following activities to obtain the support of the PRN:

- Initiated I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- Initiated I agree to provide my selected healthcare provider with a copy of this agreement and ask him/her to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and number of refills.

I agree to advise the following persons of the conditions of this agreement:

- Initiated * Work Supervisor
- Initiated * Spouse or significant other
- Initiated * Primary Care Provider/Dentist

I agree to participate in/attend regularly the following activities:

- Initiated * Alcohol/Drug Education
- Initiated * Group Therapy
- Initiated * Counseling
- Initiated Attend Intensive Outpatient (IOP) with Jason Beard and Dr. Eric Jones at Preferred Child & Family Services
- Initiated Attend at least one (1) 12-step meeting every day when not attending IOP, once IOP is completed, meeting rate will be determined.
- Initiated * Obtain and meet weekly with sponsor face-to-face to work the steps
- Initiated * Random UA Drug Testing

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 forms 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

Client Address

Program Coordinator

RECEIVED

1-16-07

[Signature]
- Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.
- Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
- Avoid the "PERCEPTION." for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
- Avoid unexcused absences from meetings, urinalysis tests, etc.
- Avoid positive UA's (MISSING UA = POSITIVE UA).
- Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.
- Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.
- In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.
- AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.
- Don't "advertise" your addiction or your recovery.

**MISCELLANEOUS GUIDELINES**

- I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.
- I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.
- I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.
- In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in these files.
- The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional physician establishes the need in writing for continued limitation and/or continued monitoring of participant's practice beyond that time. After the minimum term, I may request in writing a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

---

**I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.**

\[ \begin{align*}
\text{Nurse:} & \quad \text{[Signature]} \\
\text{Date:} & \quad \text{[Date]} \\
\text{Witness:} & \quad \text{[Signature]} \\
\text{Date:} & \quad \text{[Date]} \\
\end{align*} \]

The PRN encourages any and all complaints or suggested changes.
September 20, 2007

Kristi Reed  
1285 S. Lincoln Ave. #79  
Jerome, ID 83338

RE: Re-Evaluation

Dear Ms. Reed,

It has been brought to the attention of the Program for Recovering Nurses (PRN) that you failed a urine analysis test taken on September 10, 2007 due to the presence of EtG.

John Southworth, Program Coordinator, has determined that the best course of action for you at this time is to be re-evaluated. Please make an appointment with the Walker Center for a re-evaluation as soon as possible. Their phone number is: (208) 734-4200. The recommendations provided by this new evaluation will be considered by the PRN when composing your new contract.

Once you have made your appointment and your evaluator is known, please utilize the enclosed release of information form for them. We require this release before your evaluation takes place. I have highlighted the bare minimum that is needed for the PRN to effectively communicate with them. You may initial more if you wish. Please mail and/or fax the signed and initialed release to the address above.

Please get the release back to me as soon as possible, and no later than September 30, 2007.

Failure to get the completed release to me by the previously stated date as well as failure to obtain the re-evaluation will result in a report of non-compliance to the Idaho Board of Nursing. If you have any questions or concerns at this time, please don’t hesitate to contact me at (208) 323-9555.

Sincerely,

Ashley Gochnour  
Compliance Monitor  
Southworth Associates

Enclosure

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
PROGRAM FOR RECOVERING NURSES
NURSE MONITORING CONTRACT

Client Name: Kristi Reed

1. Kristi Reed, 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 (PRN).

During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

- [ ] Initial I agree to obtain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- [ ] Initial I agree to provide my selected healthcare provider with a copy of this agreement and ask her/him to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and number of refills.

I agree to advise the following persons of the conditions of this agreement:

- [ ] Initial *Work Supervisor
- [ ] Initial *Spouse or significant other
- [ ] Initial *Primary Care Provider/Dentist
- [ ] Initial *Other

I agree to participate in/attend regularly the following activities:

- [ ] Initial *Attend Level I Relapse Prevention.
- [ ] Initial *Attend ninety 12-step meetings in ninety days, then rate to be determined.
- [ ] Initial *Obtain and meet weekly with sponsor face-to-face to work the steps.
- [ ] Initial *Attend individual counseling with a seasoned dual-diagnosis counselor, rate to be determined by counselor.
- [ ] Initial *Random UA/Drug Testing

- [ ] Initial 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.

- [ ] Initial 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.

- [ ] Initial 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.

- [ ] Initial I agree that the Program Coordinator and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

- [ ] Initial I agree to pay to PRN $15/month to cover a share of the cost of the program. I understand that I will be billed for this amount on a monthly basis. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges. I also agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

- [ ] Initial I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.

- [ ] Initial 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.

I agree to cooperate and be courteous at all times with my Compliance monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

______________________________
Client Signature

______________________________
Client Address

______________________________
Witness

______________________________
Program Coordinator

Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555
November 5, 2007

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

RE: Kristi Reed

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Kristi Reed, a Board of Nursing referral, is not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Reed failed to test when selected on October 15, 2007 and has also missed call-in a total of twelve (12) days since September 10, 2007.

Ms. Reed’s current contract with PRN was signed on November 2, 2007. Ms. Reed’s contract requirements include the following: 1) attend Level I Relapse Prevention, 2) attend ninety 12-step meetings in ninety days, then rate to be determined, 3) obtain and meet weekly with sponsor face-to-face to work the steps, 4) attend individual counseling with a seasoned dual-diagnosis counselor, rate to be determined by counselor, and 5) random urinalysis/drug testing.

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 me at (208) 323-9555.

Sincerely,

[Signature]

Ashley Gochnour
Compliance Monitor
Southworth Associates

cc: Kristi Reed
November 12, 2007

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

RE: Kristi Reed

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Kristi Reed, a Board of Nursing referral, is not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Reed produced a positive urinalysis (UA) test on November 2, 2007 for alcohol. Ms. Reed admitted to drinking vodka the night before.

Ms. Reed's current contract with PRN was signed on November 2, 2007. Ms. Reed's contract requirements include the following: 1) attend Level I Relapse Prevention, 2) attend ninety 12-step meetings in ninety days, then rate to be determined, 3) obtain and meet weekly with sponsor face-to-face to work the steps, 4) attend individual counseling with a seasoned dual-diagnosis counselor, rate to be determined by counselor, and 5) random urinalysis/drug testing.

The PRN is recommending intense inpatient treatment for Ms. Reed. 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 me at (208) 323-9555.

Sincerely,

Ashley Gochnour
Compliance Monitor
Southworth Associates

cc: Kristi Reed
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:

KRISTI LYN REED,
License No. N-27584,
Respondent.

Case No. BON 06-025

STIPULATION AND CONSENT ORDER

WHEREAS, information having been received by the Idaho State Board of Nursing (hereinafter the “Board”) which constitutes sufficient grounds for the initiation of an administrative action against Kristi Lyn Reed (hereinafter “Respondent”); and

WHEREAS, the parties mutually agree to settle the matter pending administrative Board action in an expeditious manner; now, therefore,

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

A.

1. The Board may regulate the practice of nursing in the State of Idaho in accordance with title 54, chapter 14, Idaho Code.

2. Respondent Kristi Lyn Reed is a licensee of the Idaho State Board of Nursing and holds License No. N-27584 to practice professional nursing in the State of Idaho. Respondent’s license is subject to the provisions of title 54, chapter 14, Idaho Code.

3. At all times relevant herein, Respondent was employed at St. Benedict’s Family Medical Center in Jerome, Idaho (hereinafter “St. Benedict’s”) and at Magic Valley Regional Medical Center in Twin Falls, Idaho (hereinafter “MVRMC”).

4. On January 29, 2004, the Board entered into a Consent Order with Respondent for failing to document or waste medication pursuant to employers’ policies and procedures. On May 12, 2004, Respondent was released from monitoring under the

STIPULATION AND CONSENT ORDER - 1
Consent Order.

5. On January 30, 2006, Respondent signed out three hydrocodone/APAP 5/500 mg. tabs (Vicodin-5) from the acute care narcotic stock at St. Benedict’s for use in the long term care unit for Residents #1 and #2. Only one tablet was accounted for on the unit’s narcotic control form and within the clinical records of the residents for whom the drugs were signed out.

6. On February 8, 2006, a hydrocodone/APAP 10/325 mg. (Norco 10) cassette was checked into the long term care unit at St. Benedict’s at 1515. On February 9, 2006, evidence of tampering with the cassette was detected at 1730. Eight tabs had been replaced with unidentified pills. Five licensed nurses had access to the narcotics over the 24-hour period, including Respondent who worked the evening of February 8, 2006, for 2.5 hours and the morning of February 9, 2006, for 4 hours.

7. On February 27, 2006, documentation reflected that Respondent medicated Resident #3 at St. Benedict’s with the maximum dose ordered of hydrocodone/APAP 7.5/325 mg. (Norco 7.5), 2 tabs at 1700 and 2 tabs at 2100. Resident #3 had not received Norco 7.5 for three days prior. Resident #3 regularly complained of stomach pain after receiving Norco, but had no complaints of stomach pain on this date. Resident #3 was drug tested on February 28, 2006, at 1450, and the results of the drug screen were negative.

8. On March 6, 2006, Respondent worked the medication cart at St. Benedict’s and had almost completed the medication pass when she left and another nurse took over. The shift had not yet ended and the narcotic count was not complete. The narcotic count was done at the shift change at 2230 and several discrepancies were noted.

9. On March 7, 2006, Respondent was interviewed at St. Benedict’s and requested to perform a drug screen. Respondent did not report that she was taking any medications during the interview or prior to the drug screen. Respondent was placed on suspension pending results of the drug screen.
10. On March 17, 2006, Respondent’s drug screen returned positive for hydrocodone, hydromorphone and oxymorphone, and her employment with St. Benedict’s was terminated.

11. On April 10, 2006, while on shift at MVRMC, Respondent accessed the PACU Med Box at the OB Post-Partum Pyxis at 0503 and again at 0507. Respondent accessed the drawer under “Patient’s Meds” for patient DN. However, patient DN did not bring in any home meds (other than insulin). The drawer was inventoried at 1310 on April 10, 2006, and was found to be short one Demerol 50 mg. syringe, and Respondent was the only person with access to the drawer from the time it was filled on April 8, 2006, at 1339 to the time of inventory. Demerol was not documented as being given to patient DN on April 10, 2006. In addition the PACU Med Box is to be used only for C-Section patients, but there were no C-Sections reported during the time the shortage was reported.

12. On April 12, 2006, Respondent was placed on indefinite leave of absence from MVRMC.

13. On or about May 3, 2006, Respondent obtained an alcohol/drug abuse evaluation which concluded that Respondent showed “no indication for abuse nor dependence” and that Respondent “[did] not meet the DMS IV Criteria for Substance Abuse or for Chemical Dependence.”

14. On May 11, 2006, Respondent stated twice to the Board’s investigator, Chanel Johnson, “I’ll say anything to get into the PRN” and further stated that she had diverted Norco and that she “had a problem” with Norco.

15. On or about October 18, 2006, Respondent was diagnosed with alcohol and opioid dependence. On or about October 30, 2006, Respondent completed in-patient detoxification treatment and a two-week chemical dependency rehabilitation program at Carson Tahoe Regional Healthcare in Carson City, Nevada.

16. The above-stated allegations, if proven, would constitute a violation of the laws and rules governing the practice of nursing, specifically Idaho Code §§ 54-
1413(1)(d), (e) and (g) and Board Rules (IDAPA 23.01.01) 100.05, 100.06, 100.08, 100.09, 101.04.e, 101.05.c, 101.05.e, and 101.05.f.

17. Respondent, in lieu of proceeding with a formal disciplinary action to adjudicate the allegations as set forth above, hereby admits the violations and agrees to the discipline against her license as set forth in Section C below.

B.

I, Kristi Lyn Reed, by affixing my signature hereto, acknowledge that:

1. I have read and admit the allegations pending before the Board, as stated above in section A. I further understand that these allegations, if proven, constitute cause to discipline my license to practice nursing in the State of Idaho, and I agree that the Board has jurisdiction to proceed in this matter.

2. I understand that I have the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify myself; the right to reconsideration; the right to appeal; and all rights accorded by the Administrative Procedure Act of the State of Idaho and the laws and rules governing the practice of nursing in the State of Idaho. I hereby freely and voluntarily waive these rights in order to enter into this stipulation as a resolution of the pending allegations.

3. I understand that in signing this consent order I am enabling the Board to impose disciplinary action upon my license without further process.

C.

Based upon the foregoing stipulation, it is agreed that the Board may issue a decision and order upon this Stipulation whereby:

1. Respondent agrees to voluntarily surrender her license to the Board within seven (7) days of receipt of the Board’s Order. A copy of the Voluntary Surrender of License form is attached hereto. Respondent shall complete and sign the Voluntary Surrender of License form and return it, along with her license, to the Board of Nursing at
280 N. Eighth Street, Suite 210, Boise, ID 83720-0061. Respondent shall also provide the Board with a current address and phone number where Respondent can be contacted.

2. After the Board is in receipt of the Voluntary Surrender of License and Respondent’s license, Respondent will be contacted by Board staff concerning enrollment in the Program for Recovering Nurses (PRN). Respondent agrees to contact the PRN within seven (7) days of being notified by Board staff that they have received the Voluntary Surrender of License and Respondent’s license.

3. Respondent agrees to comply with all terms and recommendations of the PRN and understands that she will not be eligible for reinstatement of her license, restricted or otherwise, if she fails to comply with terms and conditions of the PRN.

4. All costs associated with compliance with the terms of this Stipulation are the sole responsibility of Respondent.

5. The violation of any of the terms of this Stipulation by Respondent will warrant further Board action. The Board therefore retains jurisdiction over this proceeding until all matters are finally resolved as set forth in this Stipulation.

D.

1. It is hereby agreed between the parties that this settlement agreement shall be presented to the Board with a recommendation for approval from the Deputy Attorney General responsible for prosecution before the Board at the regularly scheduled meeting of the Board.

2. Respondent understands that the Board is free to accept, modify with Respondent’s approval, or reject this settlement agreement, and if rejected by the Board, an administrative Complaint will be filed. By signing this document, Respondent waives any right Respondent may have to challenge the Board’s impartiality to hear the allegations in the Complaint based on the fact that the Board has considered and rejected this settlement agreement. Pursuant to Idaho Code § 67-5252, Respondent retains the right to otherwise challenge the impartiality of any Board member to hear the allegations.
in the Complaint based upon bias, prejudice, interest, substantial prior involvement in the case or any other reason provided by law or for any cause for which a judge is or may be disqualified.

3. If the Board does not accept this Consent Order then, except for Respondent’s waiver set forth in Paragraph D(2), above, it shall be regarded as null and void. Admissions by Respondent in the settlement agreement will not be regarded as evidence against Respondent at the subsequent disciplinary hearing.

4. With the exception of Paragraph D(2), above, which becomes effective upon Respondent signing this document, this Consent Order shall not become effective until it has been approved by a majority of the board and endorsed by a representative member of the Board.

5. Any failure on the part of Respondent to timely and completely comply with any term or condition herein shall be deemed a default.

6. Respondent understands that the Board will not refund, in whole or in part, any monies paid to the Board for initial licensure or renewal licensure.

7. Any default of this Consent Order shall be considered a violation of Idaho Code § 54-1413. If Respondent violates or fails to comply with this Consent Order, the Board may impose additional discipline pursuant to the following procedure:

a. The Board’s executive director shall schedule a hearing before the Board to assess whether or not Respondent has defaulted under this agreement. The director shall also serve notice of the default hearing and charges to Respondent and to Respondent’s attorney, if any. Within twenty-one (21) days after the notice of default hearing and charges is served, Respondent shall submit a response to the allegations. If Respondent does not submit a timely response to the Board, the allegations of default will be deemed admitted.

b. At the default hearing, Board staff and Respondent may submit affidavits made on personal knowledge and present oral argument based upon the record...
in support of their positions. Unless otherwise ordered by the Board, the evidentiary record before the Board shall be limited to such affidavits and this Consent Order. Respondent waives a hearing before the Board on the facts and substantive matters related to the violations described in Section A, and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

c. At the default hearing, the Board will determine whether to impose additional disciplinary action, which may include conditions or limitations upon Respondent's practice or suspension or revocation of Respondent's license.

8. This Stipulation and Consent Order is the resolution of a contested case and is a public record.

9. This Stipulation and Consent Order contains the entire agreement between the parties, and Respondent is not relying on any other agreement or representation of any kind, verbal or otherwise.

I have read the above stipulation fully and have had the opportunity to discuss it with legal counsel. I understand that by its terms I will be waiving certain rights accorded me under Idaho law. I understand that the Board may either approve this Consent Order as proposed, approve it subject to specified changes, or reject it. I understand that, if approved as proposed, the Board will issue an Order on this stipulation according to the aforementioned terms, and I hereby agree to the above stipulation for settlement. I understand that if the Board approves this stipulation subject to changes, and the changes are acceptable to me, the stipulation will take effect and an order modifying the terms of the stipulation will be issued. If the changes are unacceptable to me or the Board rejects this stipulation, it will be of no effect.

DATED this 30th day of October, 2006.

[Signature]
Kristi Lyn Reed
Respondent

STIPULATION AND CONSENT ORDER - 7
I concur in this stipulation and order.

DATED this 30 day of October, 2006.

Steven F. Scanlin  
Attorney for Respondent

I concur in this stipulation and order.

DATED this 31 day of October, 2006.

STATE OF IDAHO  
OFFICE OF THE ATTORNEY GENERAL

By Karl T. Klein  
Deputy Attorney General

ORDER

Pursuant to Idaho Code § 54-1404, the foregoing is adopted as the decision of the Board of Nursing in this matter and shall be effective on the day of  
2006. IT IS SO ORDERED.

IDAHO STATE BOARD OF NURSING

By Susan Odom, Ph.D., R.N.  
Chair
KIRSTI LYN REED
906 HIGHWAY 25
JEROME ID 83338

2. Article Number
(Transfer from service label) 7003 0500 0003 1890 1588

PS Form 3811, February 2004 Domestic Return Receipt 102565-02-4A-1540
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ___6TH___ day of ___NOVEMBER___, 2006, I caused to be served a true and correct copy of the foregoing by the following method to:

Kristi Lyn Reed
906 Highway 25
Jerome, ID 83338

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

Steven F. Scanlin
Attorney at Law
P.O. Box 2631
Boise, ID 83701-2631

☑ 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

STIPULATION AND CONSENT ORDER - 9
RULE 132.04.

VOLUNTARY SURRENDER OF LICENSE

I, Kristi L Reed, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Stimulation and consent under paragraphs 5-8 involving
   abuse.

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 27584 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: 10/30/06

Signature of Licensee
Kristi L Reed
845 Blue Rock Rd
Gardnerville, NV 89410

Dated: 10/30/06

Signature of Witness
Steven F. Sengen