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

CHRISTINE ROBERTSON
PN-9891

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: 
CHRYSTINE ROBERTSON 
License No. PN-9871 

Respondent. 

Case No. 03-003 
FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER 

Having reviewed the Complaint and other documents filed in this matter, the Idaho State Board of Nursing (hereinafter the "Board") enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Christine Robertson (hereinafter "Respondent") is licensed by the Idaho State Board of Nursing under License No. PN-9871 to engage in the practice of nursing in the State of Idaho.

2. On or about May 15, 2002, Respondent's former Employer learned Respondent had admitted to using methamphetamines and Respondent agreed to enter the PRN via Road to Recovery.

3. On or about July 8, 2002, Respondent's former employer requested that Respondent undergo a urine analysis test. Respondent did not do so. See, Exhibit A.

4. On or about December 18, 2002, Respondent was found to be in violation of the terms of the PRN and twelve-step programs. See Exhibit B.

5. On or about January 22, 2003, Respondent agreed to voluntarily surrender her license and re-enter PRN. See Exhibit C.

6. On April 8, 2003, a formal Complaint was filed by the Board against Respondent setting forth the preceding facts.

7. To date, Respondent has not responded to the Complaint nor has she been in contact with Board staff.
8. The Complaint sets forth in the second prayer for action that if Respondent did not respond the Board would issue Findings of Fact, Conclusions of Law and enter an Order imposing discipline against her license to practice.

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 licensure, PN-9871 is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions as set forth above are in violation of Idaho Code Section 54-1413(1)(e) and (g) and IDAPA 23. 01.01.100.06 and .08 and IDAPA 23.01.01.101.03.e and IDAPA 23.01.01.101.04.d and hence constitutes grounds for discipline.

3. Respondent’s acts as set forth above and her failure to act as set forth in the attached documents constitute violations of Idaho Code § 54-1413, thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code § 54-1413(3)(a) and Idaho Code Section 67-5242(4).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being show, it is hereby ordered that License No. PN-9871 issued to Christine Robertson, is hereby _____ Revoked _____ Suspended, effective immediately.

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

1. Evidence of abstinence from the use of alcohol and non-medically prescribed drugs;

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement;

b. A detailed summary of employment since licensure revocation or suspension;

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

d. Evidence of financial compliance with NCPS and the PRN program.

DATED this 31st day of July, 2003.

IDAHO STATE BOARD OF NURSING

[Signature]
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 11th day of AUGUST, 2003, 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:

Cheri L. Bush  
Deputy Attorney General  
P.O. Box 83720  
Boise, ID 83720-0010

X  Statehouse Mail

Christine Robertson  
2502 Dewey  
Boise, ID 83702

X  U.S. Mail, postage prepaid

Sandra Evans, M.A.Ed., R.N.  
Executive Director  
Board of Nursing
EXHIBIT A

Findings of Fact, Conclusions of Law and Final Order
In the Matter of the License of Christine Robertson
License No. PN-9871
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. Name of Complainant: Brenda Wilson RN DO 5

Address: 315 Sycamore Dr

City/State: Boise, ID 83703

Telephone: Home ___ Business ___

II. Identifying information about whom the complaint is being made:

License #: PN 9871

Professional Nurse (RN) 0 Advanced Practice Professional Nurse 0
Licensed Practical Nurse 0 NP/CNM/CNS/CRNA 0
Nursing Assistant 0 Other ___

Name: Christine Anne Robertson

Address: 481 N 59th St

City/State: Boise, ID 83702

Position: RN, Charge Nurse

Employer: Boise Samaritan Village

Address: 315 Sycamore Dr

City/State: Boise, ID 83703

III. Nature of Complaint:

(Conclude statements to actual incidents, giving dates, places and names of persons involved. Explain what happened, where it happened, and the date and time it happened. Attach copies of relevant records, if possible.)

7/8/02 counseled Christy re. chronic absence and tardiness. At the time she informed me she had been using methadone and was trying to quit by attending a weekly meeting w/ a colleague. ___

- Over -

IV. Did any other person(s) witness this incident? If so, please give name(s).

7/8/02 Edith Cecil RN Charge Nurse was present.
On the night 7/17/02 at 2:30 am, the night supervisor, Tara Mohan, went to the Alzheimer Unit on round. Christy was the charge nurse. When Tara arrived at the unit, she found 4 residents up in TV area by nurses station. There were no staff present. The entry to the nurses’ station was unlocked and the medication cart was also not locked.

After 15 minutes, Christy and the CNA on duty returned from outside the building. Leavin the entire unit unattended (44 residents) and unlocked med. cart is serious disregard for pt safety and against our policies. State & Federal regulations.

On 7/23/02, Christy called to say she was to state she would be late. This was in writing of agreement on 7/18/02. I instructed Mary Kelliher to ask Christy to take a P.T. test at 51 Arts immediately and suspended her pending outcome.

7/25/02 Human Resource Director, Pete Wotruba informed me that 51 Arts has no record of Christy providing P.T.
BEHAVIORAL CHECKLIST

Employee Name: Christy Robertson
Supervisor/Manager Name: [redacted]

Indicate information and observations that have caused you to be concerned about the employee. Be specific by including dates, times and actions taken. Attach additional documentation records as needed.

CHANGES IN APPEARANCE
(Date/Time/Action)

- Changes in or unusual personal appearance (dress, hygiene, increase or decrease in pupil size)
- Changes in or unusual speech (incoherent, stammering, loud)
- Changes in or unusual physical mannerism (gait, posture)
- Changes in making eye contact
- Excessive fatigue (red, swollen eyes)
- Changes in physical health (major and unexplained weight loss or gain)
- Physical signs of violence/injury

ABSENTEEISM/HEALTH PROBLEMS

- Frequent or unexplained tardiness
- Frequent unauthorized and/or unexpected absences
- Frequent authorized absences
- Excessive use of sick leave
- Patterns of Absenteeism (extending weekends/holidays)
- Frequent, unexplained disappearances
- Excessive extension of lunch or breaks
- Frequently leaves work early
- Constant sniffing or coughing
- Frequent colds, flu or other vaguely defined ailments

TROUBLING PATTERNS OF BEHAVIOR

- Behavior that disrupts work flow
- Interferes with or ignores established procedures
- Procrastination on significant deadlines or tasks
- Unsupported excuses for tardiness, absence, mistakes, poor performance
- Difficulty in concentration
- Mistakes due to inattention, bad judgment, confusion, or negligence
- Frequent or intense arguments
- Verbal and/or physical abusiveness
- More than usual supervision necessary
- Intentional avoidance of supervision
- Unpredictable response to supervision
- Increased concern about, or actual incidents of safety offenses
- Accidents on or off the job
- Lacks appropriate caution
CHANGES IN JOB PERFORMANCE

✓ Significant increases in errors
✓ Repeated errors in spite of increased guidance
✓ Inconsistent quality or quantity of work
✓ Reduced quantity of work (tasks take more time) or reduced quality of performance and/or work
✓ Difficulty in recalling instructions, details, and/or mistakes
✓ Changes in or unusual level of activity
✓ Alternate periods of high and low productivity

ATTITUDE PROBLEMS

Clear refusal to do assigned tasks
Failure to follow instructions
Paranoid, suspicious behavior; resentment against co-workers
Cynical, "distrustful of human nature" comments
Makes unfounded accusations toward others
Unusual sensitivity to advice or criticism of work
Blames others for work problems
✓ Extreme mood shifts; wide swings in morale
Persistently belligerent or rambunctious
Unpredictable or out-of-context displays of emotion
Increasingly irritable or tearful
Significant change in relations with others
Concerns or complaints expressed by co-workers
Expressions of frustration, anxiety, discontent
Avoidance and/or isolation
Explosive behavior (rude, belligerent, temper tantrums, angry outbursts)
Demanding, rigid, inflexible
Makes unreliable or false statements
Unrealistic self-appraisal or grandiose statements
Change in frequency of nature of complaints
Family and/or legal problems that result in leaving work or inability to do job
Changes in or unusual topics of conversations

SIGNS OF POSSIBLE DRUG AND/OR ALCOHOL USE

Odor of alcohol or marijuana apparent
Physical signs of possible intoxication (slurring, coordination and/or balance impaired)
Physical signs of possible drug use (unusual stains or burns on fingers or face, pattern of needle marks, white powder on nose)
Frequent conversations about alcohol use, drug use and/or hangovers
Engages in detailed discussion about obtaining or using drugs and/or alcohol
EXHIBIT B

Findings of Fact, Conclusions of Law and Final Order

In the Matter of the License of Christine Robertson

License No. PN-9871
December 19, 2002

Christie Robertson
421 N 19th
Boise, ID 83702

Re: Non-compliance with PRN contract

Dear Ms. Robertson,

This letter is to inform you that you are out of compliance with several areas of your PRN contract.

First, you are also out of compliance with 12-Step meeting attendance. For the month of October you only attended six (6) 12-step meetings total out of the required 12 per month or 3 per week. For the months of November and December, I only have record that you attended nine (9) 12-step meetings total and 2 support groups for both months so far. Also, there is no record of you meeting with your sponsor. At this point it is hard for the PRN office to tell if you are not attending the required number of 12-Step meetings or are not turning in your client activity reporting forms on time. If it is a matter of turning your slips in late, we understand that sometimes it is difficult to send these in on a weekly basis. However, these reports are the only way to evidence that you are attending all of your meetings and following through with your recovery activities as indicated on your contract. Without these weekly reports, we have no record of your meeting attendance, sponsor contact, support groups, or any additional activities that you may be involved in for your recovery program.

Secondly, you are over due with PRN monitoring fees. On December 1, 2002, the PRN office mailed to you an invoice for $70. So far you have not paid any of the required monitoring fees. In a letter sent to you on November 1, 2002, you were informed of the option to call the office and find out if you can set up a payment plan if you were not able to pay the fees in full. As of the above date, you have not called the office to make any arrangements.
Lastly, as of the above date, NCPS has not received your registration form for their new automated system and money in advance to purchase two chain of custody testing forms which was due the middle of November. So far you have not been able to test with NCPS this month. If you are not able to test this month, you will be considered out of compliance with your PRN contract and be turned over to the Board of Nursing.

You have until December 31, 2002 to come into full compliance with your PRN contract or your PRN contract will be terminated and you will be turned over to the Board of Nursing.

If you have any questions, please feel free to call Lori at 323-9555.

Sincerely,

John Southworth, CADC
PRN Coordinator
(208) 891-4726 cellular

JS:Jkb
NURSE MONITORING CONTRACT

Client Name: Christie Robertson  Date: August 12, 2002

I, ___________________________________________________________________________________, 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:

CR Initial I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

CR Initial 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:

CE Initial *Work Supervisor
CT Initial *Spouse or significant other
WI Initial *Primary Care Provider/Dentist
CI Initial *Other _______________________________________________________________________

I agree to participate in and attend regularly in the following activities (with a ✓):

CO Initial ✓Alcohol/Drug Education
CO Initial ✓Group Therapy
CO Initial ✓Complete Full Enrollment in methamphetamine clinic
CO Initial ✓Counseling (IOP, OP and Aftercare)
CO Initial ✓Three (3) 12-Step Meetings per week
CO Initial ✓Meet weekly with sponsor face-to-face
CO Initial ✓Random UA/Drug Testing
CO Initial ✓Nurse Support Group weekly at VA Medical Center in Boise
WI Initial ✓Individual counseling sessions at Road to Recovery

CR 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.

CL 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.

CI Initial 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.

CI Initial I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.

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

CI Initial I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years.

CI Initial 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 ___________________________
EXHIBIT C

Findings of Fact, Conclusions of Law and Final Order

In the Matter of the License of Christine Robertson
License No. PN-9871
Christine Robertson  
2502 Dewey  
Boise, ID 83702  

Dear Ms. Robertson:  

During your interview on January 22nd, you agreed to voluntarily surrender your practical nurse license and re-enroll in the Program for Recovering Nurses in lieu of continued investigative proceedings by this office. As a follow-up to this information, we are enclosing the following:  

- Informational Flyer and Brochure - Program for Recovering Nurses  
- Voluntary Surrender of Licensure form  

Please contact John Southworth, Coordinator, Program for Recovering Nurses, 323-9555, to discuss your re-enrollment in this program within seven (7) days of receipt of this letter.  

You will need to complete the enclosed Voluntary Surrender of Licensure form, affix your current licensure certificate and return to this office within seven (7) days of receipt of this letter. Failure to return this form will result in the continued investigation and possible issuance of a formal Complaint against your license.  

Once you have signed the Nurse Monitoring Contract, you can request to meet with the Advisory Committee of the Program for Recovering Nurses at their meeting on April 25, 2003 to discuss your proposal for repayment and your plan to submit payment for future random testing.  

If you need additional information at this time, please contact this office.  

Sincerely,  

[VICKY GOETTSCHE, MBA, RN  
Associate Director  

VG:lhce  
encl  
cc: John Southworth  

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.