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

CORI SIEBER
PN-11280

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of: ) Case No. 00-017

Cori Lynn Sieber, ) FINDINGS OF FACT,
License No. PN-11280, ) CONCLUSIONS OF LAW,
) AND FINAL ORDER
Respondent. )

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

FINDINGS OF FACT

1. Respondent Cori Lynn Sieber ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. PN-11280.

2. On or about March 2, 2000, the Board received a complaint from SunBridge Care & Rehabilitation for Twin Falls, that Respondent had tested positive on a urinalysis test for marijuana metabolite while on duty. A true and correct copy of the complaint and supporting documentation sent to the Board by SunBridge Care & Rehabilitation for Twin Falls is attached hereto as Exhibit 1.

3. On or about June 23, 2000, Respondent voluntarily surrendered her license. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 2.

4. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.
CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaint, if proven, would constitute violations of the Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413(1)(d), (1)(e), (1)(g), (1)(h), and IDAPA 23.01.01100.05, 100.06, 100.08.i, and 100.09.e.

3. Respondent’s voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent’s license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. PN-11280 issued to Respondent Cori Lynn Sieber is

✓ Revoked

Suspended _____ days/year(s) _____ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

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 non-medically prescribed drugs and alcohol;

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
a. A comprehensive drug/alcohol evaluation completed by a qualified drug/alcohol evaluator 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

The Board reserves the right to assess investigative costs and attorney’s fees incurred in this matter as a condition of reinstatement.

This order is effective immediately.

DATED this 17th day of August, 2000.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
Chair

NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the 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 Board action was taken, 
c. The party seeking review of the order, resides, or 
d. The real property or personal property that was the subject of the Board action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

If respondent’s license was revoked, then pursuant to Board Rule 121, Respondent may apply to the Board for reinstatement one (1) year after the execution of this Order. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.

If respondent’s license was suspended, then pursuant to Board Rule 120, Respondent may apply to the Board within a reasonable time after the execution of this Order, or as specified by the term of suspension. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 21st day of AUGUST, 2000, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, certified mail, return receipt requested, and regular mail, postage prepaid, addressed to:

Cori Lynn Sieber
1032 N.W. Anchor Drive
Oak Harbor, WA  98277

Kirsten L. Wallace
Deputy Attorney General
P.O. Box 83720
Boise, ID  83720-0010

Sandra Evans, M.A.Ed., R.N.
Executive Director
March 2, 2000

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

Dear Linda:

It is our policy at SunBridge of Twin Falls to be a drug free workplace. Recently, we had an employee that was suspected of drug abuse. The employee, Cori Sieber, was suspected of drug abuse due to her recent increase of call ins and instant change of moods and behavior while she was working. With her recent changes of behavior from being quiet and then bubbly within a few minutes after going outside, we decided to check her for substance abuse. Cori’s drug screen came back positive for marijuana metabolite. Cori did not see a problem with this and gave immediate notice of resignation.

Enclosed is the drug screen and letter of resignation. If you need any further documentation, please feel free to call me at 734-8645.

Sincerely,

Rick Routt, RN
Director of Nursing
### Test Results

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Result</th>
<th>Flag</th>
<th>Units</th>
<th>Reference Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5) DRUG SCREEN (9 DRUGS PLUS ALCOHOL)</strong></td>
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<td></td>
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<tr>
<td><strong>MARIJUANA</strong></td>
<td><strong>POSITIVE</strong></td>
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<tr>
<td><strong>CONFIRMED POSITIVE FOR MARIJUANA METABOLITE (CARBOXY-THC)</strong></td>
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</tr>
<tr>
<td><strong>BY GC/MS AT OR ABOVE A 10 NG/ML CUTOFF. (VALUE = 545)</strong></td>
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<tr>
<td><strong>COCAINE</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>OPiates</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>PHENCYCLIDINE</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>AMPHETAMINES</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>BARRITURATES</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>BENZODIAZEPINES</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>METHADONE</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>PROPOXYPHENE</strong></td>
<td>NEGATIVE</td>
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<tr>
<td><strong>ALCOHOL</strong></td>
<td>NEGATIVE</td>
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</tbody>
</table>
| **COMMENT** | | | | | *
| | | | | | **SEE BELOW**
| | | | | | | **CUTOFF CONCENTRATIONS**
| MARIJUANA | 20 | | | | |
| PHENCYCLIDINE | 25 | | | | |
| COCAINE, BARRITURATES, BENZODIAZEPINES, METHADONE, PROPOXYPHENE | 300 | | | | |
| AMPHETAMINES | 1000 | | | | |
| OPIATES | 300 | | | | |
| ALCOHOL | 0.04% (40MG/DL) | | | | |

Tests were performed by the following other laboratories:

5) ARUP LABORATORY, SALT LAKE CITY, UT
VOLUNTARY SURRENDER OF LICENSE
IN LIEU OF FORMAL DISCIPLINARY HEARING

I, Cori Sieber, hereby voluntarily surrender my license to practice nursing in the State of Idaho and will immediately discontinue the practice of nursing in this state. By affixing my signature hereto, I acknowledge that:

1. I have been advised that, without my consent, no legal action can be taken against me except as allowed by the Idaho Administrative Procedures Act, Title 67, Chapter 32, Idaho Code.

2. I understand that I have the following rights, among others: the right to representation by counsel, the right to a formal hearing, to reasonable notice of such hearing, to present evidence and testimony on my behalf, to compel the testimony of witnesses, and to cross-examine the witnesses against me; and

3. I waive all such rights.

4. I also waive the right to contest this surrender and the right to challenge the board for bias in any subsequent proceedings concerning this matter or any other matters brought before the board.

5. I understand that, pursuant to Idaho Code §54-1413(2)(a), the Board of Nursing will enter an order either revoking or suspending my license to practice nursing based upon this voluntary surrender of my license.

6. In surrendering my license to practice nursing, I am not making any admissions; however, I agree that the allegations against me, if the same had been proven true in a disciplinary hearing, would constitute grounds for the imposition of a disciplinary action against me.

7. I understand that by surrendering my license to practice nursing I am also surrendering all of the privileges associated with that licensure, until such time as I am again properly licensed.

8. I agree that there will be no rebate or refund, either in full or in part, of any sums previously made by me in connection with my licensure, including but not limited to payments of license application or renewal fees.

9. I understand that to obtain a license to practice nursing in the state of Idaho, I must re-apply to the Idaho State Board of Nursing pursuant to the provisions of Title 54, Chapter 14, Idaho Code and all applicable rules and orders entered by the Board.

10. I understand and agree that any decision regarding reinstatement of my license is a discretionary decision for the board. I understand and agree that the board may rely on factors set forth in this document or other than those set forth in this document as grounds for denial of a petition for reinstatement.

DATED: 6/23/00

Cori J. Sieber
Signature of Licensee

1832 NW Anchor Dr.
Address
Oak Harbor, WA 98277
City, State, Zip

Signature of Witness 6/99 VS

State of Idaho
Board of Nursing
This is to certify that:
COURT LEIPER
416 ROBBINS
TWIN FALLS ID 83301

has complied with the requirements of the law and is entitled
to practice as a LICENSED PRACTICAL NURSE (LPN)
Cori J. Sieber

Valid when signed by licensee

Exhibit 2
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