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

Billie Starks

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Billie Starks
9130 Velma Street
Boise, ID 83714

Dear Ms. Starks:

During their meeting on January 28-29, 2010, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-33398 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective January 29, 2010. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lle
enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:

BILLIE STARKS,
License No. N-32298,
Respondent.

Case No. BON 09-005

FINDINGS OF FACT,
CONCLUSIONS OF LAW AND
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. Billie Starks ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-32298 to engage in the practice of nursing in the State of Idaho.

2. On or about February 9, 2009, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s employer, Mercy Medical Center (MMC). The report indicated that:
   a. MMC pharmacists notified the assistant director on December 5, 2008, of discrepancies in the electronic medication administration record (EMAR) and excessive PYXIS activity for Respondent;
   b. An audit of Respondent’s charts and interviews with patients revealed Respondent often contacted physicians at the beginning of her shift to increase a patient’s Norco dosage even though the patient chart showed the pain was under control;
   c. Observations of Respondent by the director and assistant director showed a lack of judgment while charging at night, including: poor decision making, visible anxiousness and nervousness during stressful situations, and loss of subordinate trust;

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d. When confronted on January 9, 2009, Respondent stated she "takes on too much" and made poor decisions the night of December 31, 2008, when she decided to leave early;

e. Respondent’s personal appearance was noted as noticeable shaking, and twitches in her cheek to which Respondent explained she needed “nourishment”;

f. On January 23, 2009, further discrepancies appeared in Respondent’s documentation, including,

i. Respondent withdrew two Norco and three ibuprofen from PYXIS, but failed to document the administration in the patient’s chart. The patient stated to the assistant director, she received the ibuprofen but not the Norco; and

ii. Respondent withdrew morphine for IV administration from PYXIS, but failed to document it in the EMAR; and

g. Respondent admitted on January 23, 2009, she uses Norco every day and had taken Norco the previous afternoon prior to going to work and the morning of January 23, 2009. Respondent was scheduled to work the night shift on January 23, 2009.

3. On February 19, 2009, Respondent voluntarily surrendered her license, further admitting that she abused prescription pain medications. Respondent agreed to enter treatment immediately and to participate in the Program for Recovering Nurses (PRN), a monitoring program, and to resume the practice of nursing only at such time as a conditional limited license was issued to her. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On February 19, 2009, Respondent signed a Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit B (the “February PRN Contract”). In the February PRN Contract, Respondent states, among other things, that “I agree to completely abstain from the use of alcohol...an all other mind or mood altering drugs unless they are prescribed by my primary care physician... and the PRN must be notified of my prescription, in writing, within five (5) days of the date of the prescription”... “I agree to participate in and attend regularly... activities” including 3-4 12-step meetings per week and random UA/drug
testing, and “to accurately describe my weekly recovery activities . . . and submit regular monitoring reports to the independent monitoring service.” Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

5. On March 24, 2009, the Board notified Respondent that it had been notified by the PRN that she was not in compliance with her February PRN Contract due to failing to register with First Lab for random urine drug screens (“UA”), requesting a narcotic prescription, taking Soma, and failing to provide her Compliance Monitor with a copy of the prescription. Respondent was notified that her case would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting on April 10, 2009, and that she could request an appointment with the PRNAC no later than April 1st. A true and correct copy of the March 24, 2009, letter from the Board to Respondent is attached hereto as Exhibit C.

6. On March 25, 2009, the PRN notified the Board that Respondent was not in compliance with her February PRN Contract due to failing to register with First Lab for random UA testing, missing numerous Intensive Outpatient treatment meetings at First Step for Women, and failing to provide evidence of attending 12-step meeting, Health Professionals support group, or meeting with her sponsor. A true and correct copy of the March 25, 2009, letter from PRN to the Board is attached hereto as Exhibit D.

7. On April 9, 2009, First Step for Women notified the PRN that Respondent had progressed in her willingness to participate in her treatment and go to AA/NA meetings. First Step for Women recommended that for the first year of treatment, Respondent would need to attend three (3) group meetings per week and three (3) or more 12-step groups. A true and correct copy of the April 9, 2009, letter from First Step for Women to the PRN is attached hereto as Exhibit E.

8. On April 15, 2009, the Board notified Respondent that the PRNAC reviewed her case and recommended, (1) Respondent continue to be monitored by the PRN for compliance with her contract, (2) Respondent maintain full compliance with the requirements of her contract, (3) after Respondent completes intensive outpatient
treatment, she be re-evaluated and comply with the recommendations of the evaluator and (4) following support of the Contractor regarding her return to work, a limited license would be considered. In addition, the PRNAC cautioned Respondent to maintain total compliance with her monitoring contract to avoid further review. A true and correct copy of the April 15, 2009, letter from the Board to Respondent is attached hereto as Exhibit F.

9. On May 8, 2009, Respondent signed a new Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit G (the "May PRN Contract"). In the May PRN Contract, Respondent states, among other things, that "I agree to completely abstain from the use of alcohol...an all other mind or mood altering drugs unless they are prescribed by my primary care physician". . . "I agree to participate in and attend regularly . . . activities" including 3-4 12-step meetings per week and random UA/drug testing, and "to accurately describe my weekly recovery activities . . . and submit regular monitoring reports to the independent monitoring service." Respondent also states that "I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . ." 

10. On June 15, 2009, the PRN notified the Board that Respondent was not in compliance with her May PRN Contract due to failing to submit any Client Activity Reports since April 29, 2009, and therefore, the PRN was unable to verify Respondent’s attendance at AA/NA or PRN support groups. In addition, Respondent had not made any payments towards the cost of her PRN monitoring. Respondent was however still attending First Step for Women. A true and correct copy of the June 15, 2009, e-mail from PRN to the Board is attached hereto as Exhibit H.

11. On August 3, 2009, the PRN notified the Board that Respondent was not in compliance with her May PRN Contract due to a positive UA on July 16, 2009, for Ethylglucuronide (EtG) and Ethyl Sulfate (EtS). A true and correct copy of the August 3, 2009, letter from PRN to the Board is attached hereto as Exhibit I.

12. On August 10, 2009, the Board notified Respondent that it had been notified by the PRN of her positive UA for EtG and EtS on July 16, 2009. The Board
cautioned Respondent that any further reports of non-compliance could result in her file being referred directly to the Board for formal disciplinary action. A true and correct copy of the August 10, 2009, letter from the Board to Respondent is attached hereto as Exhibit J.

13. On September 28, 2009, the PRN notified the Board that Respondent was not in compliance with her May PRN Contract due to a positive UA on September 8, 2009, for EtG and EtS. PRN also stated that Respondent produced diluted UA samples on September 8, 2009 and September 14, 2009. A true and correct copy of the September 28, 2009, letter from PRN to the Board is attached hereto as Exhibit K.

14. On November 16, 2009, the PRN notified the Board that Respondent was not in compliance with her May PRN Contract due to failing to obtain an alcohol/drug re-evaluation by November 13, 2009, providing positive and/or diluted UA tests and failing to provide evidence of attendance at her required 12-step meeting and PRN support groups in October. A true and correct copy of the November 16, 2009, letter from PRN to the Board is attached hereto as Exhibit L.

15. On November 18, 2009, Respondent contacted Board staff to request a six-month sabbatical from PRN monitoring due to her work schedule. Board staff instructed Respondent to put her request in writing for consideration by the PRNAC at its next meeting. A written request was never received by the Board.

16. On November 27, 2009, the Board notified Respondent that her request for a sabbatical was denied. Respondent was informed that her file would be reviewed by the Board for formal disciplinary action at its January 28-29, 2010 meeting due to her non-compliance with her May PRN Contract. A true and correct copy of the November 27, 2009, letter from PRN to the Board is attached hereto as Exhibit M.

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-32298 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from her employer without prior consent or authorization from her employer.

4. Respondent possessed and took prescription drugs while at work which had not been prescribed to her.

5. Respondent worked while impaired.

6. Respondent admitted she abused prescription pain medications.

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

8. 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:
   a. Idaho Code § 54-1413(1)(e) and Board Rule (IDAPA 23.01.01) 100.06 (a nurse shall not habitually use alcoholic beverages or drugs);
   b. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice);
   c. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);
   d. Board Rule 101.03.e (a nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability);
   e. Board Rule 101.04.d (a nurse shall act to safeguard the patient from incompetent practice, verbal or physical abusive acts or illegal practice of any person); and

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f. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs).

7. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of her license empowers the Board, without a hearing, to revoke or suspend Respondent’s license and/or impose such conditions, limitations, or restrictions on her license as the Board in its discretion may deem appropriate.

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-32298 issued to Billie Starks is hereby:

   X  Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.

   ___ Suspended: _____ days _____ year(s) _____ indefinitely.

   Respondent’s license shall be a single-state license during the term of suspension and Respondent shall not be eligible to practice on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho.

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, if Respondent’s license is revoked, or IDAPA 23.01.01.61.04, if Respondent’s license is suspended. 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. Documentation from her health care provider(s) showing the medications that Respondent may then be taking and the reason for taking the medications;

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

iv. 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 30th day of January, 2010.

IDAHO STATE BOARD OF NURSING

By

Susan Odom, Ph.D., 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 issuance 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 issuance 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 29 day of January, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Billie Starks
9130 Velma Street
Boise, ID 83714

Karin Magnelli
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

[Signature]
Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
RULE 132
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

Billie Stokes, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: 

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 §54-1404(2).

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 voluntarily surrender my license on a temporary basis. Attached is my license, number N-32978; I agree to immediately discontinue the practice of nursing in Idaho.

8. I will enter treatment as required by the Board, and fully participate in the Program for Recovering Nurses (PRN) monitoring program. I will resume the practice of nursing only at such time as a conditional limited license has been issued to me. If I do not fully participate in and cooperate with the PRN, the Board may enter an order revoking or otherwise disciplining my license, including any conditional license that may have been issued, without further notice or hearing or other process given to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as "surrendered".

DATED 2-19-2007

Signature of Licensee

DATED 3-2-09

Signature of Witness

Revised 1008 – PRN
State of Idaho
Board of Nursing

This is to certify that:

BILLIE STARKS
2517 E MASSACHUSETTS AVE.
NAMPA, ID 83686

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

Expires: August 31, 2009

N-32298

2007-2009

Valid when signed by licensee.
EXHIBIT B

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks
Case No. BON 09-005
I, Billie Starks, recognizing that I suffer from chemical abuse/dependency and/or mental condition(s) that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses (PRN).

I understand that the PRN is monitoring me in my efforts toward a program of recovery among my peers, family, and medical community. This will include reporting to the Idaho Board of Nursing (BON) or other designated entities. Positive reports to appropriate sources are contingent upon compliance with this contract and, therefore, can be withdrawn for my violation of it. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the BON and any other appropriate source (i.e. probation, employer).

During my participation in PRN I agree to abide by the terms of this contract and the BON "Important Information for Participants" guidelines booklet, which represents policy and procedure of the PRN. I agree to complete the following activities in order to obtain the support of the PRN:

I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. If problems occur, such as relapse or non-compliance, the PRN may extend my contract or have me sign a new one.

I understand that my PRN contract will remain in effect until I have documented five (5) 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 my 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 agree to completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by my primary care physician for health care reasons. I understand that all prescription medications are allowable as long as they are prescribed by my primary care physician, and monitored by the same. I understand that the PRN must be notified of my prescription, in writing, within five (5) days of the date of prescription.

I agree to report any alcohol and/or drug relapse, regardless of the amount ingested, to the PRN office within 48 hours of its occurrence. Relapse is defined as any unauthorized use of scheduled drugs or alcohol.

I agree, in case of relapse, to be re-assessed by an approved PRN evaluator (at my own expense) to determine if additional treatment is indicated. I understand that I am to follow through with all recommendations resulting from this assessment.

I agree to abide by any further recommendations in the event of a relapse, as deemed appropriate by the PRN.

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

Employer/Work supervisor
Spouse/Significant other
Primary Care Provider/Dentist
Pharmacy

The PRN encourages you to occasionally review this document!
I agree to regularly participate in/attend the following activities:

- Attend/Complete Intensive Outpatient treatment @ First Step for Women.
- Attend/Complete Relapse Prevention for minimum 1 year once complete Intensive Outpatient treatment.
- Attend ninety (90) 12-Step meetings in ninety (90) days, then rate TBD.
- Obtain and meet weekly with sponsor face-to-face to work the steps.
- Attend weekly Health Professionals support group.
- Random UA/Drug Testing.

Regarding Random Drug Screen Testing:

- I agree to call the toll free First Lab number (1-877-282-1911) or check on-line (www.firstlab.com/phmmem) every Monday-Friday by my deadline to determine if I was selected to test on that day and to determine which panel number to choose.
- I understand that if I miss my daily call-in/check in to First Lab I will either self test or not test and risk having been selected, thus missing a test.
- I agree that any confirmed positive drug screen may be considered a relapse if the PRN office has not received the proper documentation from my prescribing practitioner. If I disagree with the positive drug screen result, or am denying use of unauthorized substances, I understand that my case may be referred to the BON. My continued involvement with PRN will be determined on a case-by-case basis by PRN staff. Non-compliance with drug screens will result in an increased level of testing and may also result in a report to the BON.
- I understand that my employer will be notified immediately of any positive drug screen.
- I understand that I must notify PRN of any missed drug screen.
- I agree to give written notification to PRN at least one week prior of any inability to screen. If I fail to notify PRN, I will be considered non-compliant with my contract thus resulting in increased program requirements and/or a report to the BON.
- I agree to insist that an appropriate urine sample be taken immediately anytime my integrity may be questioned in my professional environment.
- I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three (3) hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.
- I agree to avoid ethyl alcohol products (i.e. some hand sanitizers, mouthwash, liquid medication with an alcohol base, etc.). Positive drug screens due to the use of ethyl alcohol based products will be failed. I understand that products containing isopropyl alcohol are a good substitute for me.

Regarding Administrative Requirements:

- I agree to maintain current releases of information in order to facilitate communication between relevant entities and PRN.

The PRN encourages you to occasionally review this document!
I agree that PRN and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

I agree to accurately describe my weekly recovery activities on the forms provided and submit weekly monitoring reports to the PRN office. I understand that reports not returned on a weekly basis will cause me to be out of compliance with PRN program requirements.

I agree to attend all scheduled meetings of the Nurses Support Group. Absences are allowed only with written documentation from my primary medical care practitioner who must describe the condition causing my inability to attend. This documentation must be received within three (3) days of the missed meeting(s).

I agree to notify PRN a minimum of fourteen (14) calendar days in advance of any travel and/or vacation plans. The PRN will provide me with instructions regarding testing at an alternate site. During my travel, I will continue to call the toll free FirstLab automated line and/or check on-line to verify my testing selection status.

I agree to pay to PRN $15/month plus a one time $10 set-up fee 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 understand that if I am ninety (90) days delinquent with my payment, I will be considered non-compliant and my case may be turned over to a collection agency, be reviewed for possible termination from PRN, and/or reported to the BON.

I agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

I agree to meet with PRN whenever requested with reasonable notice given by PRN in order to discuss my progress.

I understand that the PRN reviews this contract on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, non-compliance, etc., then the PRN may make changes in my contract at any time.

I understand that all changes in my contract will be documented by PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next BON Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Advisory Committee meeting.

I agree to immediately notify the PRN office if I am arrested or convicted of any crime, regardless of its relation to alcohol or drug offenses.

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 BON of this conviction.

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.

Regarding Return to work:

I understand that it is my responsibility to notify any nursing employer of my relationship with, and participation in, the PRN.

I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule and/or environment does not compromise or jeopardize my recovery or my compliance with my contract. Recovery shall remain my top priority.

I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the PRN at least two weeks prior to accepting the position. To begin working, I must first have a work monitor in place and all releases must be signed for the hiring facility.

I understand that my restrictions include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, and/or recovery room, no employment as a traveling nurse, and no employment with a temporary agency or in home health.

The PRN encourages you to occasionally review this document!
unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.

I agree that I will not work the night/graveyard shift (11 pm-7 am), will not rotate shifts, float units or work any overtime (excess of 40 hours per week in the nursing field) without written approval of the PRN.

Regarding Moving to Another Location:

I agree to notify the PRN office in writing within five (5) calendar days of any change in my home, employment, or other addresses or phone numbers.

I agree to inform PRN verbally and in writing of a pending relocation out of the state of Idaho.

I agree to not practice nursing in another state without first notifying the BON in that state of my participation in the Idaho PRN and receiving authorization from that BON to begin practice.

I agree to continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State BON or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State BON.

I understand that if I become licensed and begin practicing in another state the PRN will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the PRN shall refer the case to the BON in that state.

I understand that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

Regarding Prescription Drug/Health Care:

I agree to consult only one (1) primary care provider for my health care needs and fill prescriptions at only one (1) pharmacy. I agree to immediately notify my provider (prior to receiving treatment) that I am enrolled in the PRN, of my addiction/abuse problem, and any drug restrictions I have. I will notify the PRN office within ten (10) days of any change in any of these entities.

I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required.

I agree that it is my responsibility to have any new medications or changes to existing prescriptions forwarded to PRN within five (5) calendar days. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

I understand that if I am on a recurrent prescription, I will update the PRN of my refills every six (6) months.

I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. Communications with my physician must occur before I begin using the medication. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

I agree to discuss any non-narcotic/non-addictive alternatives with my prescribing physician if a narcotic medication is suggested to me. If I am prescribed a narcotic medication, I agree to discuss with my prescribing physician an appropriate length of time that it is necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN. If longer...
use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication promptly and have a witness verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of all medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

I agree to notify PRN within one (1) week any time I take an over-the-counter medication (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplement, or stimulant drink. I must notify the PRN of the date I started using any of the above mentioned items, my estimated finish date, and what I was using the product for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the PRN if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

I understand that the PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

Regarding Non-compliance:

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 understand that all requirements on this contract, including financial obligations, are my responsibility. If I default on any of these requirements I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the BON 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 PRN determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the BON Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the BON access to all such information. This waiver will include any and all medical and 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 those files.

I have read and agree to abide by this contract and have had an opportunity to ask questions regarding the terms of this contract.

Client Signature: [Signature]  Witness: [Signature]

Client Address: [Address]  Program Coordinator: [Name]

The PRN encourages you to occasionally review this document!
NURSE MONITORING CONTRACT ADMONITIONS

- No self-prescribing any drug, legend or scheduled (controlled).
- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.
- Avoid non-beverage alcohol: for example, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.
- Do NOT consume so called “non-alcoholic” beer and/or wine.
- Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.
- Keep any family member’s medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
- 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.

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

[Signature]
Nurse

[Signature]
Witness

The PRN encourages you to occasionally review this document!
EXHIBIT C

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks

Case No. BON 09-005
Billie Starks  
2517 E Massachusetts Avenue  
Nampa ID 83686

Dear Ms. Starks:

We have been notified by the Program for Recovering Nurses that you are not in compliance with your monitoring contract requirements due to failure to register with FirstLab in order to obtain random urine drug screens. Additionally, it was reported that you had requested a narcotic prescription from a physician, and later reported that you had taken soma although you have not submitted a prescription to your compliance monitor.

Your file will be placed on the agenda for consideration by members of the Program for Recovering Nurses Advisory Committee at their meeting on April 10, 2009. Please contact Linda Coley (208) 334-3110 ext 25 in the Board office to schedule an appointment to meet with the Advisory Committee no later than April 1st.

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

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhc  
cc:  John Southworth, Coordinator
**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

<table>
<thead>
<tr>
<th>Description</th>
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| Postmark Here                                             |        |
| Send To                                                   | BILLIE STARKS |
| Street, Apt, or P.O. Box                                  | 2517 E MASSACHUSETTS AVE |
| City, State                                              | NAMPA, ID. 83686 |

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

   BILLIE STARKS  
   2517 E MASSACHUSETTS AVE  
   NAMPA, ID. 83686

2. Article Number
   (Transfer from service label)

   PS Form 3811, February 2004  
   Domestic Return Receipt  
   102595-02-M-1540
EXHIBIT D

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks
Case No. BON 09-005
March 25, 2009

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

RE: Billie Starks

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Billie Starks, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Starks has not enrolled with FirstLab in order to begin urinalysis testing, has missed numerous Intensive Outpatient treatment meetings at First Step for Women, and has provided no evidence of attending 12-Step meetings, Health Professionals support group, or meeting with her sponsor. Additionally, sources close to the PRN have stated that Ms. Starks is demonstrating “drug seeking” behaviors.

Ms. Starks’ current contract with PRN was signed on February 19, 2009. Ms. Starks’ contract requirements include, but are not limited to, the following: 1) Attend ninety 12-Step meetings in ninety days then rate to be determined, 2) Meet weekly with her sponsor, 3) Attend weekly Health Professionals support group, 4) Attend/Complete Intensive Outpatient Treatment (IOP) at First Step for Women, 5) Attend/Complete Relapse Prevention for minimum of one year once complete IOP, and 6) Random urinalysis/drug testing.

Ms. Starks’ current balance with PRN is $25.00 and $0 for FirstLab since she has not enrolled.

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: Billie Starks

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

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks
Case No. BON 09-005
04-09-09

To: PRN
From: Jeannette Flood
Re: Billie Starks

Ms. Starks signed up for outpatient treatment on 1-26-09. She had a difficult time getting started, but lately she has progressed in her willingness to follow directions and go to AA/NA meetings. She is beginning to do her assignments. This is a good sign.

First Step for Women is an intensive outpatient program for Chemical Dependency. Ms. Starks admits to addiction. She seems to understand that this recovery process is slow and takes great effort. She is getting support from her peers and relies on them for her recovery.

Ms. Starks will need ongoing treatment to break her denial. Three groups per week (6) hours and 3 or more 12 steps groups will be her treatment plan for the first year.

Hopefully we will work together to help Ms. Starks to stay focused in participating in recovery.

If you have questions, please call me.

Thank you,

Jeannette E. Flood, OT, CADC, CCS
EXHIBIT F

FINDINGS OF FACT, CONCLUSIONS
OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks
Case No. BON 09-005
Billie Starks  
2517 E Massachusetts Avenue  
Nampa ID 83686

Dear Ms. Starks:

Following your meeting with them on April 10, 2009, in addition to a review of your file and the history provided by the Program Coordinator, the members of the Program for Recovering Nurses Advisory Committee made the following recommendations:

1. That you continue to be monitored by the Program for Recovering Nurses for compliance with all requirements of your contract;
2. That you maintain full compliance with all requirements of your contract; and
3. That following successful completion of intensive outpatient treatment, you be re-evaluated and comply with the recommendations of the evaluator; and
4. That following support of the Contractor regarding your return to work, a limited license will be considered.

The Committee members cautioned you to maintain total compliance with all aspects of your monitoring contract to avoid further review.

Sincerely,

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.
NURSE MONITORING CONTRACT

Client Name: Billie Starks

1. Recognizing that I suffer from chemical abuse/dependency and/or mental condition(s) that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses (PRN).

I understand that the PRN is monitoring me in my efforts toward a program of recovery among my peers, family, and medical community. This will include reporting to the Idaho Board of Nursing (BON) or other designated entities. Positive reports to appropriate sources are contingent upon compliance with this contract and, therefore, can be withdrawn for my violation of it. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the BON and any other appropriate source (i.e. probation, employer).

During my participation in PRN I agree to abide by the terms of this contract and the BON “Important Information for Participants” guidelines booklet, which represents policy and procedure of the PRN. I agree to complete the following activities in order to obtain the support of the PRN:

- Initially I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. If problems occur, such as relapse or non-compliance, the PRN may extend my contract or have me sign a new one.

- Initially I understand that my PRN contract will remain in effect until I have documented five (5) 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 my 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.

- Initial I agree to completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by my primary care physician for health care reasons. I understand that all prescription medications are allowable as long as they are prescribed by my primary care physician, and monitored by the same. I understand that the PRN must be notified of my prescription, in writing, within five (5) days of the date of prescription.

- I agree to report any alcohol and/or drug relapse, regardless of the amount ingested, to the PRN office within 48 hours of its occurrence. Relapse is defined as any unauthorized use of scheduled drugs or alcohol.

- I agree, in case of relapse, to be re-assessed by an approved PRN evaluator (at my own expense) to determine if additional treatment is indicated. I understand that I am to follow through with all recommendations resulting from this assessment.

- I agree to abide by any further recommendations in the event of a relapse, as deemed appropriate by the PRN.

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

- Initial Employer/Work supervisor
- Initial Spouse/Significant other
- Initial Primary Care Provider/Dentist
- Initial Pharmacy

The PRN encourages you to occasionally review this document!
I agree to regularly participate in/attend the following activities:

- Attend/Complete Intensive Outpatient treatment @ First Step for Women.
- Attend/Complete Relapse Prevention for minimum 1 year once complete Intensive Outpatient treatment.
- Attend ninety (90) 12-Step meetings in ninety (90) days, then rate TBD.
- Obtain and meet weekly with sponsor face-to-face to work the steps.
- Attend weekly Health Professionals support group.
- Random UA/Drug Testing.

Regarding Random Drug Screen Testing:
- I agree to call the toll free First Lab number (1-877-282-1911) or check on-line (www.firstlab.com/phnmmc) every Monday-Friday by my deadline to determine if I was selected to test on that day and to determine which panel number to choose.
- I understand that if I miss my daily call-in/check in to First Lab I will either self test or not test and risk having been selected, thus missing a test.
- I agree that any confirmed positive drug screen may be considered a relapse if the PRN office has not received the proper documentation from my prescribing practitioner. If I disagree with the positive drug screen result or am denying use of unauthorized substances. I understand that my case may be referred to the BON. My continued involvement with PRN will be determined on a case-by-case basis by PRN staff. Non-compliance with drug screens will result in an increased level of testing and may also result in a report to the BON.
- I understand that my employer will be notified immediately of any positive drug screen.
- I agree to insist that an appropriate urine sample be taken immediately anytime my integrity may be questioned in my professional environment.
- I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three (3) hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic. I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with the contract.
- I agree to avoid ethyl alcohol products (i.e. some hand sanitizers, mouthwash, liquid medication with an alcohol base, etc.). Positive drug screens due to the use of ethyl alcohol based products will be failed. I understand that products containing isopropyl alcohol are a good substitute for me.
- I agree that if I experience chronic pain issues, I am to have a full assessment completed by a medical doctor who has sub-specialty training in Addictions and Pain Management. I understand that I will need to sign and adhere to a Pain Management Contract, which takes into consideration the recommendations of the aforementioned assessment.

Regarding Administrative Requirements:
- I agree to maintain current releases of information in order to facilitate communication between relevant entities and PRN.

The PRN encourages you to occasionally review this document!
I agree that PRN and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

I agree to accurately describe my weekly recovery activities on the forms provided and submit weekly monitoring reports to the PRN office. I understand that reports not returned on a weekly basis will cause me to be out of compliance with PRN program requirements.

I agree to attend all scheduled meetings of the Nurses Support Group. Absences are allowed only with written documentation from my primary medical care practitioner who must describe the condition causing my inability to attend. This documentation must be received within three (3) days of the missed meeting(s).

I agree to notify PRN a minimum of fourteen (14) calendar days in advance of any travel and/or vacation plans. The PRN will provide me with instructions regarding testing at an alternate site. During my travel, I will continue to call the toll free FirstLab automated line and/or check on-line to verify my testing selection status.

I agree to pay to PRN $15/month plus a one time $10 set-up fee 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 understand that if I am ninety (90) days delinquent with my payment, I will be considered non-compliant and my case may be turned over to a collection agency, be reviewed for possible termination from PRN, and/or reported to the BON.

I agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

I agree to meet with PRN whenever requested with reasonable notice given by PRN in order to discuss my progress.

I understand that the PRN reviews this contract on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, non-compliance, etc., then the PRN may make changes in my contract at any time.

I understand that all changes in my contract will be documented by PRN. If I desire, I may appeal any contract changes in writing to the PRN and/or by appearance at the next RON Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Advisory Committee meeting.

I agree to immediately notify the PRN office if I am arrested or convicted of any crime, regardless of its relation to alcohol or drug offenses.

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 BON of this conviction.

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.

Regarding Return to Work:

I understand that it is my responsibility to notify any nursing employer of my relationship with, and participation in, the PRN.

I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule and/or environment does not compromise or jeopardize my recovery or my compliance with my contract. Recovery shall remain my top priority.

I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the PRN at least two weeks prior to accepting the position. To begin working, I must first have a work monitor in place and all releases must be signed for the hiring facility.

I understand that my restrictions include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, and/or recovery room, no employment as a traveling nurse, and no employment with a temporary agency or in home health.

The PRN encourages you to occasionally review this document!
unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.

I agree that I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the PRN.

Regarding Moving to Another Location:

I agree to notify the PRN office in writing within five (5) calendar days of any change in my home, employment, or other addresses or phone numbers.

I agree to inform PRN verbally and in writing of a pending relocation out of the state of Idaho.

I agree to not practice nursing in another state without first notifying the BON in that state of my participation in the Idaho PRN and receiving authorization from that BON to begin practice.

I agree to continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State BON or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State BON.

I understand that if I become licensed and begin practicing in another state the PRN will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the PRN shall refer the case to the BON in that state.

I understand that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

Regarding Prescription Drug/Health Care:

I agree to consult only one (1) primary care provider for my health care needs and fill prescriptions at only one (1) pharmacy. I agree to immediately notify my provider (prior to receiving treatment) that I am enrolled in the PRN, of my addiction/abuse problem, and any drug restrictions I have. I will notify the PRN office within ten (10) days of any change in any of these entities.

I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required.

I agree that it is my responsibility to have any new medications or changes to existing prescriptions forwarded to PRN within five (5) calendar days. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

I understand that if I am on a recurrent prescription, I will update the PRN of my refills every six (6) months.

I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. Communications with my physician must occur before I begin using the medication. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

I agree to discuss any non-narcotic/non-addictive alternatives with my prescribing physician if a narcotic medication is suggested to me.

If I am prescribed a narcotic medication, I agree to discuss with my prescribing physician an appropriate length of time that it is necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN. If longer
use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication promptly and have a witness verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

I agree to notify PRN within one (1) week any time I take an over-the-counter medication (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplement, or stimulant drink. I must notify the PRN of the date I started using any of the above mentioned items, my estimated finish date, and what I was using the product for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the PRN if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family. I understand that the PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

Regarding Non-compliance:

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 understand that all requirements on this contract, including financial obligations, are my responsibility. If I default on any of these requirements I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the BON 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 PRN determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the BON Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the BON 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 those files.

I have read and agree to abide by this contract and have had an opportunity to ask questions regarding the terms of this contract.

Client Signature: [Signature]

Client Address: 2517 E. Mccorkle, Dayton, OH 53104

Witness: [Signature]

Program Coordinator: [Signature]

The PRN encourages you to occasionally review this document!
NURSE MONITORING CONTRACT ADMONITIONS

- No self-prescribing any drug, legend or scheduled (controlled).
- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.
- Avoid non-beverage alcohol: for example, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.
- Do NOT consume so called “non-alcoholic” beer and/or wine.
- Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.
- Keep any family member’s medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
- 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.

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

[Signature]
Nurse

[Signature]
Witness

[Date]
5-6-07

[Date]
5/28/09

The PRN encourages you to occasionally review this document!
EXHIBIT H

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks

Case No. BON 09-005
Kind of...is that an answer?

She did finally get registered with FirstLab so she is checking in & testing & she did sign her new contract on 5/8/09. However, she hasn't turned in any Client Activity Reports since 4/29/09 so we can't verify if she's going to AA/NA or PRN support group or anything. She is attending First Step for Women. She owes us $70 (she hasn't made a single payment since she first started this).

So long story short she is still non-compliant.

Ashley Gochnour
Compliance Monitor
Southworth Associates
P: (208)323-9555
F: (208)323-9222

Western Regional FSPHP Conference - Sept. 17-19, 2009 - Coeur d'Alene, ID
Moment of Change Conference - Sept. 28-30, 2009 - Palm Beach, FL
ITCC Conference - Oct. 12-14, 2009 - Vero Beach, FL

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August 3, 2009

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

RE: Billie Starks

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Billie Starks, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract.

Ms. Starks produced a positive urinalysis test on July 16, 2009 for Ethylglucuronide (EtG) and Ethyl Sulfate (EtS). Our Medical Review Officer has failed this test and stated that the levels of EtG/EtS were above that which could be explained by incidental alcohol exposure.

Ms. Starks’ current contract with PRN was signed on May 8, 2009. Ms. Starks’ contract requirements include, but are not limited to, the following: 1) attend ninety 12-Step meetings in ninety days then rate to be determined, 2) meet weekly with her sponsor, 3) attend weekly Health Professionals support group, 4) attend/complete Intensive Outpatient Treatment (IOP) at First Step for Women, 5) attend/complete Relapse Prevention for minimum of one year once complete IOP, and 6) 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: Billie Starks
Jeanette Flood

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

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks
Case No. BON 09-005
Billy Starks
9130 Velma Street
Boise, ID 83714

Dear Ms. Starks:

We have been notified by the Program for Recovering Nurses Compliance Monitor that you are not currently in compliance with your monitoring contract for submitting a urine sample that tested positive for EtG and Ets on July 16, 2009.

Compliance with all components of your monitoring contract is the only evidence that you are working your program. Therefore, you must be extremely diligent in complying with all requirements. Any further reports of non-compliance may result in your file being referred directly to the Board for formal disciplinary action.

If you have questions about this matter, please contact the PRN office or the Board office.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE: lhc
Cc: PRN Program

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.
EXHIBIT K

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks

Case No. BON 09-005
September 28, 2009

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

RE: Billie Starks

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Billie Starks, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract.

Ms. Starks produced a positive urinalysis test on September 8, 2009 for Ethylglucuronide (EtG) and Ethyl Sulfate (EtS). These results also came back dilute. Our Medical Review Officer (MRO) has failed this test and stated that the levels of EtG/EtS were above that which could be explained by incidental alcohol exposure. Additionally, Ms. Starks produced another dilute test on September 14, 2009 that our MRO also failed.

Ms. Starks' current contract with PRN was signed on May 8, 2009. Ms. Starks' contract requirements include, but are not limited to, the following: 1) attend three to four 12-Step meetings per week, 2) meet weekly with her sponsor, 3) attend weekly Health Professionals support group, 4) attend/complete Intensive Outpatient Treatment (IOP) at First Step for Women, 5) attend/complete Relapse Prevention for minimum of one year once complete IOP, and 6) random urinalysis/drug testing.

The PRN is currently requesting Ms. Starks receive a re-evaluation. Pending those results we will likely recommend she seek additional help through an inpatient treatment center. 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: Billie Starks
    Jeanette Flood

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

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Billie Starks
Case No. BON 09-005
November 16, 2009

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

RE: Billie Starks

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Billie Starks, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract.

On September 28, 2009, PRN notified Ms. Starks via letter that she was required to get an alcohol/drug re-evaluation due to her failed positive/dilute urinalysis tests on September 8, 2009 as well as September 14, 2009. Ms. Starks was given a deadline of November 13, 2009 to get an appointment set up. As of this date, this office has neither heard anything about nor have we received results from any re-evaluation.

In addition, Ms. Starks has provided zero evidence of attending her required 12-Step meetings or PRN support groups for the month of October.

Ms. Starks' current contract with PRN was signed on May 8, 2009. Ms. Starks' contract requirements include, but are not limited to, the following: 1) attend three to four 12-Step meetings per week, 2) meet weekly with her sponsor, 3) attend weekly Health Professionals support group, 4) attend/complete Intensive Outpatient Treatment (IOP) at First Step for Women, 5) attend/complete Relapse Prevention for minimum of one year once complete IOP, and 6) 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,

Ashley Gochnour
Compliance Monitor
Southworth Associates

Cc: Billie Starks
Jeanette Flood

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Billy Starks  
9130 Velma Street  
Boise ID 83714

Dear Ms. Starks:

Your request for a sabbatical has been denied, and your file will be reviewed by the members of the Board of Nursing due to your current non-compliance:

1. Positive urinalysis - July 16, 2009 - EtG and EtS
2. Positive urinalysis - September 8, 2009 - EtG, EtS, additionally, the sample was diluted
3. Failure to obtain a re-evaluation by the November 13, 2009 deadline
3. Failure to report any attendance at 12-Step or Nurse Support meetings

A letter of caution dated August 10, 2009, indicated that any further reports of non-compliance would result in your file being referred directly to the Board for formal disciplinary action. Therefore, your file will be presented to the members of the Board at their January 28-29, 2010 meeting for disciplinary action.

If you wish to discuss this situation, please contact the Board office at 334-3110, ext 21.

Sincerely,

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.
Document Uncolimed
Returned 3/3/10