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

GINNY STEINER
PN-9149

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

STATE OF IDAHO

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 Ginny Marie Purchase Steiner ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. PN-9149.

2. On or about June 7, 2001, the Board received a complaint from the Respondent's employer that a blood alcohol drawn in the Emergency Room after a fall at work had a blood alcohol level of .106. A true and correct copy of the complaint is attached hereto as Exhibit 1.

3. On or about July 5, 2001, Respondent voluntarily surrendered her license, admitting to violations of the Nursing Practice Act. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 2.

4. Respondent agreed upon signing the form to enter treatment immediately, and to participate in a monitoring program. The Respondent completed a 21-day in-patient treatment program on September 6, 2001.

5. On or about September 4, 2002, the Program for Recovering Nurses reported that Respondent was non-compliant with Program requirements, as she had
again relapsed and was non-compliant with contract requirements. A true and correct
copy of the letter of non-compliance is attached hereto as Exhibit 3.

6. Following their meeting with the Respondent at a regularly scheduled
meeting on October 11, 2002, the PRN Advisory Committee issued a Report of Non-
Compliance with the Contract for Monitoring. A true and correct copy of the Report of
Non-Compliance is attached hereto as Exhibit 4.

7. 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)(e), (g),
and IDAPA 23.01.01.100.06, and 101.03.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(3).

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-9149 issued to Respondent Ginny Marie Purchase Steiner is

X Revoked

Suspended _____ days/year(s) ______ indefinitely
based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(4).

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 health care provider at the time of application for reinstatement;
   b. A detailed summary of employment since licensure revocation or suspension; and
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.
   d. Evidence of financial compliance with NCPS and the PRN program.

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 7th day of November, 2002.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
Chair
NOTICE OF AVAILABLE RIGHTS

If respondent’s license was revoked, then pursuant to Board Rule 120.06, Respondent may not apply to the Board for reinstatement for two (2) years after the date of execution of this Order unless the Order specifies otherwise. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

If respondent’s license was suspended 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 pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 12th day of November, 2002, 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:

Ginny Marie Steiner                        X  U.S. Mail, postage prepaid
General Delivery                         X  Certified U.S. Mail, return receipt
Twin Falls, Idaho  83301                ___  Hand Delivery
                                           ___  Overnight Mail
                                           ___  Facsimile:_____________________
                                           ___  Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
REPORT FORM FOR VIOLATION OF THE NURSING PRACTICE ACT

I. Name of Complainant: Holly P. Rambo - TWIN FALLS CLINIC HOSPITAL

Address: 603 S. 16th St.
City/State: TWIN FALLS, IDAHO 83301
Telephone: Home, Business 737-1229

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

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

Name: Ginny Steiner
Address: 4281 3rd Ave. N
City/State: TWIN FALLS, IDAHO 83301
Position: APN MED/SURG FLOOR

III. Nature of Complaint:

(Confine 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.

5/19/01 Ginny Steiner, LPN, reported to work at 7:00 A.M. scheduled. After report she was walking in the hospital hall by the nurses station, stumbled and fell, striking her head on a wall support beam. She was taken to ER for evaluation. The attending physician noted the smell of alcohol on her breath. A blood alcohol was drawn. Result was 0.106. Ginny was sent home and was instructed to stay off work until she had spoken with nursing administration. Over-

EXHIBIT NO: 1
IV. Did any other person(s) witness this incident? If so, please give name(s), address(es), position(s) held, and telephone number(s), if known.

Mary Israel, RN  Hospital Charge Nurse  7-3 Shift
Dr. John Shuss  Facility physician  733-3700

V. Additional Comments:

Ginny has a past history of an alcohol problem when employed at Twin Falls Clinic + Hospital in 1994. I hired her back with the understanding she had been through treatment and was still in counseling. My greatest concern is that she reported to work with a blood alcohol level of .106 placing fellow employees — but of most concern — patients — at risk.

The identity of the complainant will remain confidential except when the complainant may be subpoenaed to testify in a formal hearing procedure.

The Idaho Board of Nursing is an equal opportunity employer and does not discriminate or deny services on the basis of age, race, religion, color, national origin, sex and/or disability.
Monday, May 21, 2001

Visited with Mr. Chapman who was the Administrator on call for the weekend of 5/19 – 5/20. He had received a call from Dr. Pruecil and the ER nurses on Sat. a.m. reporting that a nurse by the name of Ginny Steiner had been seen in the E.R. after a syncopal episode on the floor. In the E.R. a blood alcohol was obtain with the result of .106. According to our policy any level > than .04% is considered “under the influence.” Ginny was sent home, instructed to not work Sunday as scheduled and to report to me on Monday a.m. (See dictated note by Dr. Pruecil)

I also had visits from Dr. Pruecil and Mary Israel, Hospital Charge RN, who related the same incident as above. Dr. Pruecil requested to know what our options were. I discussed with him possibly performing breathalizer tests on Ginny prior to shift work or that termination was also possible. This would be determined after my discussions with Jody Tremblay, Acting CEO, and/or discussions with staff physicians.

Ginny did contact me later this date and we set an appointment to meet on Tuesday at 10 a.m.

I discussed this issue with Jody Tremblay, Acting CEO, and it was determined that termination would be our course of action. We have on record previous history of alcohol abuse with Ginny and reporting to work with an elevated blood alcohol level placed fellow employees and patients at risk.

Tuesday, May 22, 2001

Ginny reported to my office at 10 a.m. as scheduled. Present with her was Denise Mayes, her Sponsor, and also present was James Glade, TFC&H Human Resource Manager.

I asked Ginny what had happened. She reported to me that she had a relapse. Her previous Sponsor had started drinking and so Ginny has been without a sponsor. Even though she was still in the rehab program through the Port of Hope, she had not been going to her meetings. She has been working lots, was getting tired and on Friday had some drinks. Ginny continued on, that she drank Friday evening but was in bed by 9:30 p.m., got up on Saturday, drank some coffee and reported to work. While at work she “blacked out” and was taken to the E.R. She voluntarily provided the doctor the information that she had been drinking the evening before but could not believe it was still in her system on Saturday morning. She questions if her liver is not functioning properly.

I questioned Ginny if she had been informed that her blood alcohol level was .106 %. She acknowledged that she was. I then instructed that per our policy, anything over .04% is against policy and that due to this, I was terminating her employment at the TFC&H.

Ginny questioned if we couldn’t give her a second chance. Voices that she felt she had been doing a good job, that she liked her job and the people she worked with. States that
she has been open with us regarding her problem and has visited with Linda (Linda Simer, Assist, DNS) and had received a good review on her 3 month evaluation.

I agreed with Ginny that she has been doing well and that her work has been good. However, reporting to work with a blood alcohol level of .106% placed her co-workers and her patients in jeopardy. Had she notified us that she was having problems, called in taking the day off and reporting to us, we would have been more willing to work with her. Coming to work with this high of alcohol blood content, putting other staff and patients at risk, is unacceptable.

Ginny again requests to be given a second chance, I voiced to her that I must stand by the decision made but that Ginny did have the right to appeal to Jody Tremblay, Acting CEO. Ginny requests to do so and an appointment was made for Ginny with Jody on Thursday, May 24th at 10 a.m.

I questioned Ginny if she has reported herself to the Idaho State Board of Nursing. She voices that she has not done so and questions if it is necessary. I instructed Ginny that "Self Referral" is better for the individual. The Board of Nursing places them in the Program for Recovering Nurses and works with them and assists the nurse. (See attached information sheet). Ginny’s Sponsor, Denise Mayes, seconded this information and was supportive of Ginny doing the “Self Referral”. I also instructed Ginny that I would give her 3 days to make her self referral but then I was obligated refer her to the Board of Nursing. Should they not have heard from her, it would be listed as a “Referral by Board of Nursing” instead of self referral. Ginny acknowledged her understanding of this.

I gave Ginny the progressive discipline memo, requested she read it and comment if she wished. She did make comment and signed the memo. She was given a copy of this discipline memo as well as a copy of the information on the Program for Recovering Nurses. She was also given her final paycheck.

I instructed Ginny that after her meeting with Jody, if a reversal of her termination was done, appropriate paperwork would be completed.

Holly P. Rambo, RN
Director of Patient Care Services
EMERGENCY ROOM NOTE
SXIENER, Ginny 138-27 5-19-01
WORK COMP CLAIM: TFC&H
S: Patient is a 41 year old female employee of the TFC&H in nursing who was in
morning report prior to working this morning when she was feeling a little light-
headed. She was walking in front of the nurses station, and she stumbled and had a
presyncopal episode and struck her head on one of the beams that was supporting the
nurses station. She fell to the ground and had some incoherence for a short period
of time witnessed anywhere between 60 to 90 seconds. She was placed on a gurney and
wheeled to the E.R. where she was evaluated and stating that she was starting to come
around and feel better. Complaining of an occipital headache where she struck her
head. There was no seizure activity identified during this episode, no incontinence
of bladder or bowel. She had a brief episode of some tingling in her hands, but that
subsided fairly quickly. No slurred speech, drooling or facial droop was identified.
She has no other injuries to report.
Her past history is significant for known alcohol abuse in the past. Per her
admission, she had been dry for five months and then had some increased stressors
in her life which caused her to drink. During evaluation it was noted that the odor
of alcohol was noticeable, and so a blood alcohol level was obtained and sent.
Past history: Known history of alcohol abuse. Patient currently living at Port of
Hope, but per her admission has been drinking recently. She states that she didn’t
have anything this morning, but she did drink last night.
O: Vital signs stable. BP in the 120s to 130s over 70s to 90s. Pulse is in the 70
to 80 range and regular. Respirations 18. Pulse oximetry is 91% on room air. In
general, she is in no acute distress, alert and oriented x 3. Pupils equally
reactive and responsive to light and association. EOMs are full. Oropharynx is moist
and pink. Tongue is midline. Neck is supple. She has some tenderness to palpation
of the occipital area and to her upper thoracic back. There is no neck tenderness,
and her neck has full range of motion. Heart sounds regular. Breath sounds clear.
Abdomen soft, nontender. Bowel sounds present throughout. She has 2+ reflexes in her
upper and lower extremities bilaterally. Strength and sensation are preserved in her
upper and lower extremities bilaterally. Cranial nerves II-XII were tested and are
intact.
LAB: Met panel normal except for a slightly elevated calcium of 10.4, CBC
unremarkable.
BAL of .106.
X-rays of the cervical and thoracic spine show no acute fracture or dislocation. CT
scan of the head shows what is likely artifact in the frontal lobe. With any known
seizure activity, it was recommended that an MRI scan be obtained in the future to
evaluate for possible AVM. No seizure activity has been noticed with this injury or
prior to.
A&P:
1. Closed head injury. Closed head injury precautions given to the patient. Tylenol
only for pain. She was rehydrated with 1 liter of normal saline and given .25 cc of
Inapsine for nausea here in the E.R.
2. BAL .106. Per our policy, she was informed of the positive test greater than .04%.
Per our policy, we'll not have the patient work until evaluated by administration.
She is currently living at Port of Hope and in an alcohol program there, and I
strongly recommended that she remain in that program and that she focus on her
addiction until appropriate followup with administration. Dr. Larry Chapman who is
on call for administration was notified of the positive test.
3. Outpatient MRI scan scheduled. Will followup with this on Monday.
DP/cb

Daniel G. Preucil, M. D.
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, [Name], by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: [List of admitted 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 §54-1413(2)(a).

3. I am aware that, without my consent, no legal action can be taken against me, except pursuant to the Idaho Administrative Procedures Act, Chapter 52, Title 67, Idaho Code.

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

5. I waive all such rights, including the right to a formal disciplinary hearing.

6. I also waive the right to challenge the board for bias in the event that charges concerning these admitted facts or any other matter involving my license are brought before the board.

7. In lieu of a formal disciplinary hearing, I hereby voluntarily surrender license number [PN-9149] and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

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

DATED: 7/5/01

Signature of Licensee

6/99-PRN

Dated: 7/5/01

Exhibit No: 2
September 4, 2002

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

RE: Ginny Steiner

Dear Ms. Evans,

This letter is being sent to notify you that Ginny Steiner, Board of Nursing referral, has become non-compliant with her PRN contract, and we feel we must report this to the Board of Nursing.

Ms. Steiner signed a contract with PRN on May 24, 2001. Ms. Steiner maintained compliance with her PRN contract until March 2002 when she quit paying her bill with NCPS, as well as PRN. We gave her ample warning of her financial obligations throughout the six months she was not making payments. As of September 4, 2002 Ginny was officially suspended from testing due to financial obligations. She was also given until June 28, 2002 to become up to date with her past due bill with PRN to avoid being turned over to the Board of Nursing. She has not become compliant with either financial obligation.

Also, we feel we must inform you that Ms. Steiner has been required to obtain an evaluation by Art Phelps for a recent relapse. After canceling several appointments, Ginny has been given a final date of September 15, 2002 to received this evaluation.

For these reasons, we feel we must turn Ms. Steiner over to the Board of Nursing for further action, and terminate her contract with the PRN. If you have any questions or concerns, please feel free to contact me or Tausha Krohn, PRN Compliance Monitor.

Sincerely,

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

cc: Ginny Steiner

JS:tk
The file of Ginny Steiner was reviewed at the Advisory Committee meeting on October 11, 2002, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Contract for Monitoring

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature 10/11/02

Action Recommended to Board: Revocable license based on non-compliance

EXHIBIT NO: 4