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

Michelle Waters

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Michelle Waters  
13486 N Fourth Avenue  
Boise ID 83714

Dear Ms. Waters:

During their meeting on July 23-24, 2009, 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to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-23064 was revoked.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 July 24, 2009. 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: lhe  
enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
MICHELLE J. WATERS, )
License No. N-23064, )
Respondent. )

Case No. BON 04-101

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. Michelle J. Waters ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-23064 to engage in the practice of nursing in the State of Idaho.

2. On or about August 31, 2004, the Board received a Report of Violation of the Nurse Practice Act from Respondent's employer, Saint Alphonsus Regional Medical Center ("SARMC"), indicating that Respondent diverted narcotics from SARMC.

3. On August 31, 2004, Respondent voluntarily surrendered her license, further admitting that she "diverted drugs from St. Alphonsus Hospital." 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 copy of Respondent's August 31, 2004, Voluntary Surrender of License is attached as Exhibit A.

4. On September 22, 2004, 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 "PRN Contract"). In the PRN Contract, Respondent states, among other things, that "I agree to participate in and attend regularly . . . activities" including random UA/drug testing, and "to accurately describe my weekly recovery activities . . . and submit regular monitoring reports to the independent monitoring

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
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 January 12, 2005, Respondent was issued a Limited License.

6. On March 15, 2007, the Board received a Report of Violation of the Nurse Practice Act from SARMC, indicating that Respondent again diverted narcotics from SARMC.

7. On August 7, 2007, the Board issued Respondent a letter of caution, a copy of which is attached as Exhibit C.

8. On July 25, 2008, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to admissions by Respondent that she “drinks alcohol occasionally” and that she injected herself “with crushed up Vicodin” in January 2008. A copy of the July 25, 2008, letter from PRN to the Board is attached hereto as Exhibit D.

9. On July 29, 2008, pursuant to IDAPA 23.01.01.132, the Executive Director of the Board issued an Order of Temporary Summary Suspension of Limited Licensure in this case, immediately terminating Respondent’s limited license. Respondent was notified that her case would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting and that she could request a hearing on the summary suspension of her limited license within 20 days of the service of the Order of Temporary Summary Suspension of Limited Licensure. A copy of the July 29, 2008, Order of Temporary Summary Suspension of Limited Licensure is attached as Exhibit E.

10. On August 16, 2008, Respondent sent a letter to the Board denying that she was not in compliance with her PRN contract. A copy of Respondent’s August 16, 2008, letter is attached as Exhibit F.

11. On October 27, 2008, Respondent sent a letter to the PRN advising that she was withdrawing from the PRN, a copy of which is attached hereto as Exhibit G.

12. On November 10, 2008, Respondent sent a letter to the Board requesting a hearing on the summary suspension of her limited license, a copy of which is attached hereto as Exhibit H.
13. On November 20, 2008, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to (1) Respondent’s October 27, 2008, letter stating that she was withdrawing from the PRN, and (2) Respondent’s failure to call into the UA testing system since October 28, 2008, send any Client Activity Reports since October 22, 2008, and show evidence of doing any other of her contractual requirements since PRN received Respondent’s letter. A copy of the November 20, 2008, letter from PRN to the Board is attached hereto as Exhibit I.

14. On November 26, 2008, Respondent was notified that this matter would be reviewed by the PRNAC at its January 9, 2009, meeting and that she could request to meet with the Committee by calling the Board office by December 29, 2008, to request an appointment time. A copy of the November 26, 2008, letter to Respondent is attached as Exhibit J.

15. On January 7, 2009, Respondent called the Board office and left a message that she wished to cancel her scheduled meeting with the PRNAC on January 9, 2009.

16. On January 23, 2009, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent (1) obtain an updated 5-Axis mental health evaluation, and (2) continue to be monitored by the PRN. A copy of the January 23, 2009, letter from the Board to Respondent is attached as Exhibit K.

17. On March 5, 2009, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to missing several scheduled UA tests, failing to send in her weekly Client Activity Reports, and failing to attend weekly Health Professionals support group. In addition, the PRN had not received any information from Respondent indicating that she is complying with the Board’s requirement that she receive a complete 5-Axis mental health evaluation. A copy of the March 5, 2009, letter from PRN to the Board is attached as Exhibit L.

18. On May 27, 2009, the PRN notified the Board that Respondent had not come into compliance with her PRN contract requirements and continued to not participate in any of her PRN requirements. A copy of the May 27, 2009, letter from PRN to the Board is attached as Exhibit M.
19. On June 4, 2009, the Board notified Respondent that it had received the results of her multi-axial evaluation from Dr. Lundt. The Board advised Respondent that the results do not present any reason Respondent could not participate in the PRN program. The Board instructed Respondent to contact her PRN compliance monitor by June 11, 2009, and that failure to do so would result in referral to the Board for disciplinary action. A copy of the June 4, 2009, letter from the Board to Respondent is attached as Exhibit N.

20. On June 15, 2009, the PRN notified the Board that Respondent continued to not participate in her PRN requirements and continued to not participate in any of her PRN requirements. In addition, Respondent failed to make contact with her PRN compliance monitor by June 11, 2009, as instructed by the Board. A copy of the June 15, 2009, letter from PRN to the Board is attached as Exhibit O.

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-23064 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 habitually used drugs as defined by Board Rule 100.06.

5. Respondent obtained, possessed and took prescription drugs which had not been prescribed to her.

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

7. 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)(d) and Board Rule 100.05 (gross negligence or recklessness in performing nursing functions);
b. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use drugs as defined by Board rule);

c. 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);

d. Board Rule 101.04.3 (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); and

e. Board Rule 101.05.f (a nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization).

8. 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. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the July 29, 2008, summary suspension of Respondent's license.

2. License No. N-23064 issued to Michelle J. Waters is hereby:

   _ 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.

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
3. 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. 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. A detailed summary of employment since licensure revocation or suspension; and

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

4. 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 20th day of July, 2009.

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 service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 6
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 date of this final
order, (b) of an order denying petition for reconsideration, or (c) the failure within
twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later.
See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the
effectiveness or enforcement of the order under appeal.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 27th day of July, 2009, I caused to be
served a true and correct copy of the foregoing by the following method to:

Michelle J. Waters
13486 N. Fourth Avenue
Boise, ID 83714

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

Karl T. Klein
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

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

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Michele Waters, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: I diverted drugs from St. Raphael's Hospital.

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 N-23064 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

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

DATED: 8/31/04

Michele Waters
Signature of Licensee

Signature of Witness

5348 N. 4th Ave
Address
Boise, ID 83714
City, State, Zip

6/99-PRN

Dated: 8/31/04
Exhibit A
Page 1 of 1
NURSE MONITORING CONTRACT

Client Name: Michelle Waters

Date: 1/22/04

I, Michelle Waters, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

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

Initial I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.

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

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

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

Initial *Alcohol/Drug Education
Initial *Group Therapy Attend Intensive Outpatient at First Step For Women
Initial *Counseling
Initial *90/90 Mutual Support Group Meetings then rate to be determined per week
Initial *Meet weekly with sponsor face-to-face to work the steps
Initial *Random UA/Drug Testing
Initial *Weekly Health Professionals Support group
Initial *Medication management with Dr. Simmons or replacement
Initial *Attend Therapy/Counseling

Initial I agree to enter inpatient treatment if I relapse.

Initial I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.

Initial I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.

Initial I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.

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

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

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

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

Initial I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature

Witness

Client Address

Exhibit B
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. 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 State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

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

➢ I shall 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 Board of Nursing 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 Board of Nursing.

➢ Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses 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 Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.

➢ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.

➢ It is noted 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.

RETURNING TO THE WORKPLACE

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.

➢ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the 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 Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.

➢ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, and no employment with a temporary agency or in home health, 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 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 Program for Recovering Nurses.

UA TESTING

➢ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.

➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

- I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

- I agree to insist that an appropriate urine sample will 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 a 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 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.

**PRESCRIPTION DRUG/ HEALTH CARE**

- I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. 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. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

- Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. 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 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. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. 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.

- Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be 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.

Last Revision 10/30/03

Exhibit B

Page 3 of 5
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to 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.

Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used 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 Program for Recovering Nurses 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.

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

TERMS AND CONDITIONS OF THE CONTRACT

The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

The PRN reviews contracts 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 on my contract at any time.

All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing 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 Committee meeting.

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, 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.R.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.
Scrubine 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 (MISSUED UA = POSITIVE UA).

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

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

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

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

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

MISCELLANEOUS GUIDELINES

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

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

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

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

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

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

Nurse

[Signature]

Date

9/29/04

Witness

[Signature]

Date

9/22/04

*The PRN encourages you to occasionally review this document.

Exhibit B

Page 5 of 5

Last Revision 10/30/03
Michelle Waters  
13486 N 14th Ave  
Boise ID 83714

Dear Ms. Waters:

Our investigation concerning the complaint filed against your nursing practice has been concluded. The investigation included a telephone interview with you, and a review of relevant documents. At this time, there are insufficient grounds to pursue the allegation of a violation of the Nursing Practice Act or Rules.

Although the Board is closing this file, you are reminded to exercise extreme caution and judgment in the future to avoid engaging in conduct that might be interpreted as a violation of the Nursing Practice Act or Board Rules, particularly with regards to Nursing Practice Act entitled, “Practice”:

23.01.01.101. STANDARDS OF CONDUCT.

04. Practice.

i. Observe and report. The nurse shall observe the condition and signs and symptoms of a patient, record the information, and report to appropriate persons any significant changes.

05. Professional Responsibility.

e. Record-keeping. The nurse shall make or keep accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patients' records or employer or employee records.

f. Diverting or soliciting. The nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization, nor shall the nurse solicit or borrow money, materials or property from patients.

This Board does not consider letters of Caution formal disciplinary action. They are not reported to the centralized data bank. Letters of caution may be disclosed pursuant to the Idaho Public Records Law.

Sincerely,

[Signature]
Chanel Johnson, RN, MN
Investigator

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.
July 25, 2008

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

RE: Michelle Waters

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Michelle Waters, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. The PRN has received information through an evaluation done by St. Alphonsus Regional Medical Center on July 15, 2008 that Ms. Waters “drinks alcohol occasionally”. Another evaluation, also done by St. Alphonsus, on July 22, 2008 states that Ms. Waters “does admit to injecting herself with crushed up Vicodin” in “January of this year”.

Ms. Waters’ current contract with PRN was signed on September 22, 2004. Ms. Waters’ contract requirements include the following: 1) Attend three 12-step meetings per week, 2) Meet weekly, face-to-face, with sponsor to work the steps, 3) Attend weekly Health Professionals support group, 4) Medication management, and 5) Random urinalysis/drug testing.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact either me at (208) 323-9555.

Sincerely,

Ashley Gochnour
Compliance Monitor
Southworth Associates

cc: Michelle Waters

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice. Exhibit D
Page 1 of 1
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of: } ORDER OF TEMPORARY
Michelle Waters } SUMMARY SUSPENSION
N-23064 } OF LIMITED LICENSURE
CASE No: 04-101

This Order serves to officially notify you that your limited license, number N-23064, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed September 22, 2004, by
   a. current health status requiring use of prescribed narcotics, and
   b. admitted relapse resulting in self-medication in January 2008

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting (October 17, 2008), for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (October 23-24, 2008). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 29th day of July, 2008.

[Signature]
SANDRA EVANS, MAEd, RN
Executive Director

Exhibit E
Page 1 of 2
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 29th day of July, 2008, I caused to be served a true and correct copy of the foregoing ORDER OF TEMPORARY SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

U.S. Mail, postage prepaid

Certified U.S. Mail, return receipt

Hand Delivery

Overnight Mail

Facsimile:

Statehouse Mail

Michelle Waters
13486 N 4th Avenue
Boise, ID 83714

U.S. Mail, postage prepaid

Certified U.S. Mail, return receipt

Hand Delivery

Overnight Mail

Facsimile:

Statehouse Mail

________________________
Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
Dear Ms. Evans,

Thank you for speaking with me on the telephone and for your letter dated July 29, 2008. I do appreciate the time you took and the consideration you showed me.

In response to your letter and the copy of a letter sent to your attention from PRN I received, I would like to address the issues that were so alarmingly raised. I have been in absolute compliance since becoming active in PRN 4 years ago. I have never forgotten to call for drug screens and have been actively involved in my recovery. I have kept the PRN staff updated as required and followed all recommendations.

Regarding my current health status, I have not used narcotics to manage pain since coming home on post-op day 4, open heart surgery, July 22, 2008. I did not relapse on medication or any substance in January. I did cause injury at that time to myself and have since received the psychological help I needed in addition to discussing the incident with my sponsor and the group at PRN. Blood and urine toxicology analysis from the ER was clean. When I receive copies of my medical records (I requested them last week) I will make them available for your review. I do not have a history of drinking alcohol and I have been careful in my recovery to not ingest it in any form. I realize that "cross-addictions" are common and I do not consider myself exempt from this possibility.

I do consider my sobriety my priority. Without it, I recognize I lose all that I have gained along with the ability to make amends to those I've hurt through my drug use 4 years ago. This health crisis has forced me to look for additional ways to maintain good health habits as I feel a new reality regarding illness and mortality. I do feel often overwhelming shame and depression at times. I realize these are areas I become mired in and I need to work with my sponsor and at meetings to overcome this
negativity. It was made apparent during this hospitalization that many health professionals continue to regard the recovering addict with anger, fear and ignorance. I allowed myself to succumb to humiliation, self-loathing and despair. I can see now I was falling into old patterns and given the opportunity again I would go back to the tools I've been given through the program and not have fallen into this cycle.

Thank you once again for your time and consideration. I would be glad to answer any questions or relay information as requested.

Sincerely,

Michelle Waters
October 27, 2008

Dear Mr. Southworth,

I am writing to thank you for all you have done for me over the last 4+ years. Your advocacy, regulations for accountability and kind support helped me weather some very difficult times. The years with Janette, your associates and KC gave me a true desire to maintain a clean and sober life with the integrity inherent to that lifestyle. I realize I cannot have other precious aspects without this and plan to continue practicing a life in active recovery.

It is with deep regret that I resign from PRN at this time. I feel defeated emotionally after all that transpired with my last hospitalization. Financially, I am always of limited resources in supporting 4 children. Except for odd jobs, I am currently unemployed and simply do not have the money for a reevaluation along with the other mandatory expenses. I have been a nurse for 27 years and have enjoyed the field immensely. I took pride in my work and I am ashamed of what I did 4 years ago. I know I need to work on overcoming that. I realize I am surrendering my license and understand the gravity of this action.

Thank you for taking the time to read this letter. I believe you have done myself and this community a tremendous service.

With remorse and gratitude,

Michelle Waters

OCT 29 2008

Michelle Waters
Dear Ms. Evans,

I am writing to request a hearing or whatever process you would recommend on my behalf with regard to my license being suspended in July 2008. As you are aware, I was a subject of discussion at the last meeting of the PRN advisory committee. I was informed through Ashley at PRN that I was to undergo an evaluation and then sign another 5 year contract.

I am grateful to the Board of Nursing for allowing my participation in PRN. The weekly meetings, drug screens and general accountability requirements have been of great benefit to me and I have been sober for more than 4 years with significant credit to Mr. Southworth's program. I do believe however, there is a problem with communication and events have been misconstrued. I would appreciate the opportunity to understand what has been interpreted by Ashley or whoever is responsible for these decisions. The facts are completely unclear. It is my understanding that the basis for information was gathered when I was 2-4 days post-operative from open heart surgery for a mitral valve repair. It does not seem legal and certainly not ethical to interrogate a patient or have releases signed during a period of recent recovery from a surgery known to impair cognitive processing secondary to being on bypass and various anesthetic medications. It is also of importance to know I had been acutely ill since March 2008 following a documented cat bite and subsequent sepsis with infectious multiple thromboses. It is of interest that the physician that instigated this "report" was informed upon my admission on July 7th by Dr. Sharon Oster that he had overlooked positive blood cultures drawn on June 22 therefore allowing me to walk around with positive cultures for weeks most likely culminating in infection in an already prolapsed mitral valve. When I was admitted on the 7th of July I was in severe congestive heart failure and septicemia. It took 2 weeks for me to stabilize enough for surgery. I was in St. Alphonsus for 3 weeks and I have almost no memory of any part of it. It is only now, 3 months later I feel somewhat more lucid.

I have no memory of signing a release and I cannot believe that I had normal mental capacities at the time. Why would the staff wait 3 weeks when I was at my absolute lowest and most vulnerable time? I had already discussed with my doctors my position in recovery months prior to surgery. Why not question me just 3 days previously before undergoing surgery?
I have minimal memory of the psychiatrist questioning me also in the post-operative period. However, reading her report, she draws several erroneous conclusions that are distinctly contradicted in previous reports by other physicians. She does state multiple times that her conclusions are mostly "subjective" but she has "suspicions." One of her comments makes reference to the fact that for some reason I "only use the bathroom down the hall and not in my room." There was no bathroom in my room. There was a toilet covered by a movable countertop in the center of the room. The front of the room was a sliding glass door with a flimsy curtain that did not close all the way. I was also told after my catheter and chest tubes were removed I should ambulate as much as possible. It was recommended I use the shower and toilet down the hall as motivation to walk short distances. I'm not sure what she thought I was doing in the bathroom, she doesn't say. Other references to supposedly "odd" behavior are similar to the bathroom story. She states I had several doctors in "just the last few months." Yes. When first hospitalized in March I had an infectious disease specialist, a cardiologist, a hospitalist as I had no primary care doctor, radiologists and ordered consultations with a hand surgeon. In July I had the same doctors plus a cardiovascular surgeon. I had visited the ER twice after June 22 with syncope, tachycardia, fevers and SOB. I felt sick but didn't know I had positive cultures. The 2nd ER doctor diagnosed and documented the tachycardia as anxiety. I did not as stated "shop" for prescriptions. I was given prescriptions for antibiotics by the hospitalist upon discharge in March. In July I was sent home on IV PCN with a PICC line, oral cipro and Tylenol #3, 20 tablets. Any other prescriptions were long standing (years) from Rebecca Stone, NP who files quarterly with PRN. All prescription copies were faxed by the providers to PRN as mandated. They have been multiple antibiotics and now a beta blocker with ASA. This doctor states I said I "drink occasionally." I find this especially provocative. Alcohol has never been something I abused although I realize I cannot use it. Even if I had been drinking I cannot fathom myself admitting it to someone so casually.

There are so many careless errors in documentation I've found reading my chart. Most of them have nothing to do with my recovery but the ones that do are so damaging. When I was in the hospital I was treated differently. I worked there. People knew who I was and my history. Multiple times I was privy to discussion regarding my history. Because I was not clear headed and certainly not strong, I gave in to humiliation and feeling the "victim." I couldn't remember my own phone number let alone a friend, my sponsor or someone in the program. I'd been willing to hang up my license and just about everything else I care about. I'm stronger now and I've worked too hard to first get my license and then fight to keep it 4 years ago. I've been a nurse for 24 years and have loved this career. I need to present my side and given a fair chance to answer questions I'm sure you have. I believe PRN is still of great benefit to my sobriety and I have demonstrated through my tenure that I have used it well. This most recent health crisis is indicative of my commitment. I'm proud that after this surgery, I essentially got through the pain with Tylenol.

Thank you for your consideration in reading this letter; Much longer than anticipated. I would appreciate any suggestions you may have.

Respectfully,

Michelle Watry

Exhibit H

Page 2 of 2
November 20, 2008

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

RE: Michelle Waters

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Michelle Waters, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. The PRN office received a letter from Ms. Waters on October 29, 2008 stating that "it is with deep regret that I resign from PRN at this time". Ms. Waters has not called into the UA testing system since October 28, 2008, has not sent in any Client Activity Reports since October 22, 2008, and has not shown evidence of doing any other of her contractual requirements since receipt of her resignation letter.

Ms. Waters' current contract with PRN was signed on September 22, 2004. Ms. Waters' contract requirements include, but are not limited to, the following: 1) attend three (3) 12-step meetings weekly, 2) meet weekly, face-to-face, with sponsor to work the steps, 3) attend weekly Health Professionals support group, 4) random urinalysis/drug testing and 5) medication management.

Ms. Waters' current balance with PRN is $15.00 and with FirstLab is $29.18.

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 Cochonur
Compliance Monitor
Southworth Associates

cc: Michelle Waters

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Michelle Waters  
13486 N 4th Avenue  
Boise ID 83714

Dear Ms. Waters:

The Program for Recovering Nurses has advised this Board that you are not in full compliance with your monitoring contract. In addition, your request for consideration of re-issuance of a limited license has been received. Your file will be reviewed by the members of the Program's Advisory Committee at their meeting on January 9, 2009.

Please contact Linda Coley (208) 334-3220 ext 25 in the Board office no later than December 29, 2008, to schedule an appointment to meet with the Advisory Committee.

In the meantime, you should maintain compliance with your Contract for Monitoring. Please feel free to contact me if you have questions at this time.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:llc

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.
Michelle Waters  
13486 North 4th Avenue  
Boise ID 83714  

Dear Ms. Waters:  

During their January 9, 2009 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator.  

Following their review, the Committee members determined that an updated 5-axis mental health evaluation be requested. The evaluation must be scheduled within 30 days of this notice. Further participation and monitoring by the PRN will be consistent with the results of the evaluation. Until the results of the evaluation have been received by PRN, you should continue to comply with the current conditions of your monitoring contract. Failure to maintain your compliance will result in your file being referred again to the Advisory Committee for possible referral directly to the Board of Nursing for disciplinary action.  

Please contact me if you have further questions concerning this information.  

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.
March 5, 2009

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

RE: Michelle Waters

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Michelle Waters, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Waters has missed several scheduled UA tests (1/29/09, 2/25/09, and 3/4/09) due to not checking in with FirstLab as required. She has not been sending in her weekly Client Activity Reports, therefore, we are unable to determine if she’s been going to her required 12-Step meetings and/or meeting weekly with her sponsor. In addition, she has not been attending weekly Health Professionals support group. It appears that Ms. Waters has stopped participating in all PRN requirements.

Furthermore, this office has not received any information from Ms. Waters indicating that she is complying with the Boards requirement that she receive a complete 5-Axis mental health evaluation.

Ms. Waters’ current contract with PRN was signed on September 22, 2004. Ms. Waters’ contract requirements include, but are not limited to, the following: 1) attend three (3) 12-step meetings weekly, 2) meet weekly, face-to-face, with sponsor to work the steps, 3) attend weekly Health Professionals support group, 4) random urinalysis/drug testing and 5) medication management.

Ms. Waters’ current balance with PRN is $45.00 and with FirstLab is $0.

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: Michelle Waters

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
May 27, 2009

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

RE: Michelle Waters

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Michelle Waters, a Board of Nursing referral, still has not come into compliance with her Program for Recovering Nurses (PRN) contract. Ms. Waters has continued to not participate in any of her PRN requirements.

Ms. Waters’ current contract with PRN was signed on September 22, 2004. Ms. Waters’ contract requirements include, but are not limited to, the following: 1) attend three (3) 12-step meetings weekly, 2) meet weekly, face-to-face, with sponsor to work the steps, 3) attend weekly Health Professionals support group, 4) random urinalysis/drug testing and 5) medication management.

Ms. Waters’ current balance with PRN is $15.00 and with FirstLab is $0.

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: Michelle Waters
Michelle Waters  
13486 North 4th Avenue  
Boise ID 83714

Dear Ms. Waters:

We have received a letter from your compliance monitor at the Program for Recovering Nurses that you have failed to continue your participation in the Program. We have also received a letter from Leslie Lundt, MD reporting the results of your multi-axial evaluation. The report presents no reason to prevent your full participation in the monitoring program.

Failure to contact your compliance monitor by June 11, 2009, and resume full compliance with your contract will result in your file being referred directly to the Board of Nursing members for initiation of disciplinary action.

If you have any questions regarding this information, please feel free to contact me at the Board office or your compliance monitor.

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.
June 15, 2009

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

RE: Michelle Waters

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Michelle Waters, a Board of Nursing referral, still has not come into compliance with her Program for Recovering Nurses (PRN) contract. Ms. Waters has continued to not participate in any of her PRN requirements. She did not contact this office to resume participation by her given deadline of June 11, 2009.

Ms. Waters’ current contract with PRN was signed on September 22, 2004. Ms. Waters’ contract requirements include, but are not limited to, the following: 1) attend three (3) 12-step meetings weekly, 2) meet weekly, face-to-face, with sponsor to work the steps, 3) attend weekly Health Professionals support group, 4) random urinalysis/drug testing and 5) medication management.

Ms. Waters’ current balance with PRN is $30.00 and with FirstLab is $0.

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: Michelle Waters

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

7/28/09
Registration
Endors

Michelle Waters
13486 N 4TH AVE
Boise, ID. 83714

Sent To
Street, Apt. No., or PO Box No.
City, State, Zip+4

Postage $ 
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees $ 

PS Form 3800, August 2006
See Reverse for Instructions
PS Form 3811, February 2004
Domestic Return Receipt

2. Article Number
Transfer from service label
701-3026 000140111101

Not
289
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: 
MICHHELLE J. WATERS,
License No. N-23064,
Respondent.

Case No. BON 04-101
ORDER DENYING
PETITION FOR RECONSIDERATION

INTRODUCTION AND PROCEDURAL HISTORY

On July 27, 2009, written Findings of Fact, Conclusions of Law and Final Order of the Idaho State Board of Nursing (Board) were filed in this contested case administrative proceeding. The Order concluded that Michelle J. Waters (Waters), while a licensed nurse in Idaho, had committed violations of applicable nursing laws and was subject to appropriate discipline by the Board. Among other things, the Order (1) affirmed the action of the Board’s Executive Director in summarily suspending Waters’ license and (2) revoked the license.

On August 7, 2009, the Board received a two (2) sentence letter from Waters requesting that “a motion be filed for reconsideration of the final order [revoking her license].” Waters’ letter was construed as a petition for reconsideration under Idaho Code § 67-5246(4).

At a special Board meeting held August 26, 2009, the Board reviewed Waters’ petition and orally voted to deny her request for reconsideration.1 This written Order serves to memorialize the oral decision of the Board.

DISCUSSION

Waters did not request a hearing before the Board on her petition for reconsideration. However, even if she had, Waters was not entitled to a hearing since she signed a “Voluntary Surrender of License” form admitting she had violated the

1 Board member Randy Hudspeth abstained from voting.

ORDER DENYING PETITION FOR RECONSIDERATION - 1
Nurse Practice Act and waiving her procedural rights, including a right to a disciplinary hearing on the allegations.

By rule, the Board has promulgated the criteria by which it evaluates petitions for reconsideration. Under Board of Nursing Rule 165.01 (IDAPA 23.01.01.165.01), petitions for reconsideration of any Final Order of the Board may be granted upon the basis of newly discovered or available evidence relevant to the issues; error in the processing or Board decision that would be grounds for reversal or judicial review of the order; need for further consideration of the issues and the evidence in the public interest; or a showing that issues not considered ought to be examined in order to properly dispose of the matter.

Waters' two (2) sentence petition for reconsideration fails to cite any of the above-referenced grounds. Indeed, Waters has presented no documents in support of her petition nor has she made any arguments demonstrating why the Board's Final Order or the underlying proceedings are in error and why the Board should reconsider the matter. Given this scenario, nothing has changed since the Board issued its Final Order. The Board finds that Waters has failed to carry her burden of proof to show the existence of any of the grounds for reconsideration of its previous Order.

ORDER

NOW THEREFORE, for the foregoing reasons, the Board hereby denies Waters' petition for reconsideration and affirms its Final Order filed July 27, 2009.

IT IS SO ORDERED.

DATED this 2nd day of September 2009.

IDAHO STATE BOARD OF NURSING

By:

SUSAN ODOM, Ph.D., R.N.
Chairman of the Board

ORDER DENYING PETITION FOR RECONSIDERATION - 2
NOTICE OF APPEAL RIGHTS

This decision is the denial of a petition for reconsideration of a Final Order. This decision is effective immediately. Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this decision or the Board’s Final Order, filed July 27, 2009, may appeal these Orders to state district court by filing a petition in the district court of the county in which:

i. a hearing was held,
ii. the final agency action was taken,
iii. the party seeking review of the order resides or operates its principal place of business in Idaho, or
iv. the real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days of the date of this Order. See Idaho Code § 67-5273(2). The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order(s) under appeal.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 28th day of September 2009, I caused to be served a true and correct copy of the foregoing ORDER DENYING PETITION FOR RECONSIDERATION, addressed as follows:

Michelle J. Waters
13486 North 4th Avenue
Boise, ID 83714

Karin M. Magnelli, Deputy Attorney General
Civil Litigation Division
Office of the Attorney General
P. O. Box 83720
Boise, ID 83720-0010

Roger L. Gabel, Deputy Attorney General
Contracts & Administrative Law Division
Office of the Attorney General
P.O. Box 83720
Boise, ID 83720-0010

U.S. Mail, postage prepaid
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Hand Delivery

Statehouse Mail

LINDA COLEY
Administrative Assistant
Idaho Board of Nursing
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<td>MICHELLE WATERS</td>
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<tr>
<td>13486 N 4TH AVE</td>
</tr>
<tr>
<td>BOISE, ID. 83714</td>
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<td>2. Article Number</td>
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<td>MICHELLE WATERS</td>
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<td>C. Date of receipt</td>
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| OFFICIAL USE |
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| Certified Fee                        |
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| Restricted Delivery Fee (Endorsement Required) |
| Total Postage & Fees $               |