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

SIRIENE WILLIAMS
PN-13412

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

In the Matter of the License of:

SIRIENE L. WILLIAMS, 
License No. PN-13412, 
Respondent.

) ) Case No. BON 08-081
) ) 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. Siriene L. Williams ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. PN-13412 to engage in the practice of nursing in the State of Idaho.

2. On or about September 7, 2007, the Board received a Report of Violation of the Nurse Practice Act concerning Respondent. The report indicated that during the month of August 2007, while employed at Northern Idaho Advanced Care Hospital, Respondent signed out multiple doses of narcotics but did not document administration of the narcotics on the MAR, PRN sheets or Nurses Notes. According to Respondent’s employer, Respondent was suspended from employment pending further investigation with a recommendation of termination of employment.

3. On or about April 10, 2008, the Board received a second Report of Violation of the Nurse Practice Act concerning Respondent. The second report indicated that:

   a. On April 6, 2008, it was brought to the attention of Respondent’s supervisor at Life Care Center of Coeur d’Alene that a card of morphine 60 mg. that should have had 1 tablet in it was missing, and in the narcotic book, a written “1” had been altered to a “0.” In addition, a page in the narcotic book for a morphine 30 mg. card that should have had 2 tablets left had 1 tablet signed out by Respondent and a “0” written in the remaining doses, although Respondent did not work at the date and time the tablet

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
was signed out by Respondent. Respondent informed her supervisor that she had accidentally popped out the morphine tablets by mistake and failed to have another licensed nurse sign for destruction. Respondent’s supervisor educated Respondent on the importance of having another licensed nurse sign for narcotic destruction.

b. Upon further investigation, Respondent’s supervisor discovered several narcotics discrepancies, including 8 morphine 30 mg. tablets in the old narcotic book and only 6 transferred to a new book, 13 morphine 10 mg. tablets in the old book with only 8 transferred forward, 25 morphine 100 mg. tablets in the old book with only 23 transferred forward, and 26 morphine 100 mg. tablets with only 20 transferred forward. The supervisor also discovered that several licensed nurse signatures had been forged.

c. On April 9, 2008, pharmacy personnel assisted Respondent’s supervisor with an inventory and discovered that 3 cards of 30 oxycodone 5 mg. tablets were delivered but not entered in the narcotic book, and a card was entered as 5 tablets when 30 tablets were delivered. Respondent would have been responsible to enter the narcotics that were delivered by the pharmacy into the narcotics book. After a full investigation, Respondent’s supervisor discovered that the following narcotics were missing: 449 oxycodone 5 mg. tablets, 10 morphine 30 mg. tablets, 1 morphine 60 mg. tablet, 22 morphine 10 mg. tablets, 11 morphine 15 mg. tablets, 8 morphine 100 mg. tablets, 1 fentanyl 75 mcg. patch, 5 morphine 5 mg. suppositories, and 58 hydrocodone/APAP 7.5/325 tablets. According to Respondent’s supervisor, all of the missing narcotics can be traced to Respondent.

d. On April 9, 2008, Respondent was confronted by her supervisor with the narcotic discrepancies and admitted to taking “a couple” of narcotics. Respondent’s employment was then terminated.

4. May 27, 2008, Respondent signed a Rule 132.04 Temporary Voluntary Surrender of License form, a copy of which is attached as Exhibit A. In the Temporary Voluntary Surrender form, Respondent admitted to “taking narcotics morphine and oxycodone for my personal use.” Respondent also agreed to enter treatment immediately, to participate in the Rule 132.04 monitoring program, and to resume the practice of nursing only at such time as a conditional limited license was issued to her.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
5. On June 24, 2008, Respondent signed a Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the Program for Recovering Nurses (the Rule 132.04 monitoring program), 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/attend regularly . . . activities” including 90 12-step meetings in 90 days and random UA/drug testing, and “to accurately describe my weekly recovery activities . . . and submit weekly 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 . . . .”

6. On September 4, 2008, the PRN notified the Board that Respondent was not in compliance with the PRN because she had not called into NCPS/First Lab since August 7, 2008, had missed a scheduled urinalysis test on August 6, 2008, had not been attending her required number of 12-step meetings, and had been discharged against staff recommendation from her Intensive Outpatient treatment program at Colonial Clinic. A copy of the September 4, 2008, letter from the PRN to the Board is attached as Exhibit C.

7. On September 8, 2008, Respondent was notified that this matter would be reviewed by the Program for Recovering Nurses Advisory Committee (“PRNAC”) at its October 17, 2008, meeting and that Respondent could request to meet with the PRNAC by calling the Board office by October 1, 2008, to request an appointment time. A copy of the September 8, 2008, letter to Respondent is attached as Exhibit D. Respondent failed to request an appointment time to meet with the Committee.

8. On October 17, 2008, the PRNAC referred this matter to the Board for disciplinary action. A copy of the October 17, 2008, memo from the PRNAC to the Board is attached hereto as Exhibit E.

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. PN-13412 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

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

4. Respondent voluntarily surrendered her license and agreed to participate in the PRN. She has failed to do so.

5. 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 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. 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); and
   d. Board Rule 101.05.f (a nurse shall respect the property of the patient and employer and shall not take or divert drugs without prior consent and authorization).

6. 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. PN-13412 issued to Sirene L. Williams is hereby:
   \[\checkmark\] 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.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
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. 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.

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 ___ day of October, 2008.

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 previously issued orders in this case to district court by filing a petition in the district court of the county in which:

a. A hearing was held,
b. The final agency action was taken,
c. The party seeking review of the order resides, or
d. The real property or personal property that was the subject of the agency action is located.

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

I HEREBY CERTIFY that on this 27TH day of OCTOBER, 2008, I caused to be served a true and correct copy of the foregoing by the following method to:

Siriene L. Williams
5762 Montage
Coeur d’Alene, ID 83815

☐ 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.
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

I, SIRIENE L. WILLIAMS, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: taking oxycodone, morphine, and oxycodone for my personal use.

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 temporary voluntary surrender pursuant to Idaho Code §54-1413(3)(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 temporarily voluntarily surrender license number PN-13412 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: 6-27-08

License Number
PN-13412

State of Idaho
Board of Nursing

This is to certify that:

SIRIENE L WILLIAMS
1614 W MARLBOROUGH AVE
COEUR D'ALENE, ID 83815

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

Signature of Licensee
SIRIENE L. WILLIAMS

Signature of Witness
SIRIENE L. WILLIAMS

Exhibit A
PROGRAM FOR RECOVERING NURSES
NURSE MONITORING CONTRACT

Client Name: Sirene Williams
Date: 06-24-09

I, Sirene Williams, 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 (PRN).

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 number 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/attend regularly the following activities:

[Initial] *Alcohol/Drug Education
[Initial] *Group Therapy
[Initial] *Counseling  Attend Intensive Outpatient (IOP) with approved
[Initial] entity. See attached list.
[Initial] *Obtain and meet weekly with sponsor face-to-face to work the steps.
[Initial] *Attend weekly Health Professionals support group. See attached sheet for information.
[Initial] *Random UA/Drug Testing

[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 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 forms that I
have signed may exchange information pertinent to this agreement.

[Initial] I agree to pay to PRN $15/month 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 also agree to pay the costs for any
treatment, support group, or chemical monitoring (urine drug screens, etc.).

[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.

JUN 30 2009
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.

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.

Client Signature: Sara Williams
Client Address: 2155 S. Huq 3, Caldwell 83605
Caldwell, ID 83606

Witness: Amanda Dedal
Program Coordinator

Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555

JUN 30 2008
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses (PRN) 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, no employment as a traveling nurse, 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

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Exhibit 6
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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 an 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.

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If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing \textit{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 \textbf{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.

\begin{itemize}
\item Any time over-the-counter medications (other than \textit{ibuprofen}, \textit{aspirin}, and/or \textit{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.
\item 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.
\item 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.
\item I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.
\item The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.
\end{itemize}

\textbf{TERMS AND CONDITIONS OF THE CONTRACT}

\begin{itemize}
\item 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.
\item The PRN reviews contracts on an annual basis, and thus make changes in this contract 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.
\item 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.
\end{itemize}

\textbf{ADMONITIONS}

\begin{itemize}
\item No self-prescribing any drug, legend or scheduled (controlled).
\item 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.
\item Avoid non-beverage alcohol: for example, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.
\item Do NOT consume so called "non-alcoholic" beer and/or wine.
\item Beware of iatrogenic relapse (\textit{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.
\item Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
\end{itemize}
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.

**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.**

_Siune J. Williams_  
Nurse  
6-24-08  
Date

_Jamie J. Dossel_  
Witness  
6-24-08  
Date

*The PRN encourages you to occasionally review this document.*

Last Revision 10/30/03

Exhibit 6
PRN
Program for Recovering Nurses
5530 W Emerald
Boise, ID 83706

September 4, 2008

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

RE: Sirlene Williams

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Sirlene Williams, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Williams has not called into NCPS/First Lab since August 7, 2008, has missed a scheduled urinalysis test on August 6, 2008, has not been attending her required number of 12-Step meetings, and has been discharged against staff recommendation from her Intensive Outpatient treatment program at Colonial Clinic for non-compliance. Colonial Clinic has informed PRN that Ms. Williams has not attended treatment since August 6, 2008 and they have been unable to contact her since August 11, 2008. PRN itself has tried several times to contact Ms. Williams via telephone leaving messages for her to contact us. None of these messages have ever been returned.

Ms. Williams’ current contract with PRN was signed on June 24, 2008. Her contract requirements include, but are not limited to, the following: 1) attend Intensive Outpatient Treatment (IOP) at the Colonial Clinic, 2) attend ninety 12-step meetings in ninety days then rate to be determined, 3) meet weekly, face-to-face, with sponsor to work the steps, 4) attend weekly Health Professionals support group, and 5) random urinalysis/drug testing.

Ms. Williams’ current balance with PRN is $55.00 and NCPS/First Lab 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 Gochenour
Compliance Monitor
Southworth Associates

cc: Sirlene Williams

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Siriene Williams  
5762 Montage Lane  
Coeur d’Alene ID  83815  

Dear Ms. Williams:

The Program for Recovering Nurses has advised this Board that you are not in full compliance with your monitoring contract. Your file will be reviewed by the members of the Program’s Advisory Committee at their meeting on October 17, 2008. Please contact Linda Coley in the Board office (334-3110 ext 25) to schedule an appointment to meet with the Committee members no later than October 1, 2008.

You will be advised following the meeting of any recommendations from the 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:ihc
TO: SANDRA EVANS, MAEd, RN
Executive Director
Idaho Board of Nursing

FROM: Jill Howell, RN, Chair
Program for Recovering Nurses

DATE: October 17, 2008

The file of Siriene Williams was reviewed at the Advisory Committee meeting on October 17, 2008, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Program for Recovering Nurses

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature ___________________________ Date 10/14/08

Action Recommended to Board: ____________

Exhibit E
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