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

Patricia Zins

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:

PATRICIA ZINS
License No. N-27984

Respondent.

Case No. 03-037

FINDINGS OF FACT,
CONCLUSIONS OF LAW
AND FINAL ORDER

Having reviewed the Complaint and other documents filed in this matter, the Idaho State Board of Nursing (hereinafter the "Board") enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Patricia Zins (hereinafter "Respondent") is licensed by the Idaho State Board of Nursing under License No. N-27984 to engage in the practice of nursing in the State of Idaho.

2. On or about September 18, 2002, Respondent’s former employer reported to the Board that Respondent had failed to have wastage witnesses, had committed judgment errors, and admitted to the use of and tested positive for cocaine and opiates. See Exhibit A. Respondent then self-referred to the PRN. See Exhibit B.

3. On or about May 6, 2003, the Board was notified by the PRN that Respondent was non-compliant with her PRN contract. See Exhibit C. On May 30, 2003, Respondent agreed to voluntarily surrender license number N 27984, and to re-enter PRN as a Board referral. See Exhibit D.

4. On November 24, 2003, Respondent notified PRN that she was withdrawing from the program. See Exhibit E. On December 1, 2003, PRN advised the Board of Respondent’s withdrawal from the program. See Exhibit F.

5. Respondent’s withdrawal from the PRN violates item 8 of the surrender agreement.
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 licensure, license number N-27984, is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions and failure to act as set forth above are in violation of Idaho Code § 54-1413(1)(d), (e) and (g) and IDAPA 23.01.01.100.05, .100.06, 100.08, 23.01.01.101.05.c, and IDAPA 23.01.01.132.04.e.iii and, hence, constitutes grounds for discipline.

3. Respondent’s acts as set forth above constitute violations of Idaho Code § 54-1413, thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code §§ 54-1413(3)(a) and 67-5242(4).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that License No. N-27984 issued to Patricia Zins, is hereby

✓ Revoked

Suspended, effective immediately.

DATED this 29 day of January 2004.

IDAHO STATE BOARD OF NURSING

By

Daniel Bauer, R.N.
Chairman
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 2ND day of FEBRUARY, 2004, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

Cheri L. Bush
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile: (208) 334-2830
Statehouse Mail

Patricia Zins
4245 S. Falconcrest Way
Boise, ID 83716

X U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile: 
Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
Corrective Action Form

Employee name: Patty Zing, RN

Action: \(\square\) Documented Oral Warning \(\checkmark\) Written Warning \(\square\) Suspension (1, 3, or 5 working days) \(\square\) Discharge

1. Your performance has been found unsatisfactory for the reason(s) set forth below:
   \(\square\) Absenteeism
   \(\square\) Unprofessional Conduct
   \(\square\) Late
   \(\square\) Confidentiability

2. Describe the incident(s) — who, what, where, when, why — describe behavior:
   A second incident of no witnesses for a second week has occurred in 3 weeks. Multiple completed (in
   13 minutes), judgment errors (leaving the patient during shift), in charge and on shift behavior (e.g.,
   inability to listen) and efforts at try to run in our absence. In response, Patty verbally agreed to
   submit to a drug test by the next shift. I presented this information to
   Patty. She agreed to take a drug test.

3. Describe the change(s) done:
   Patty admitted to being sick and told me she
   was had been using percocet but denied anymore of the medication.

4. The following corrective action will be taken by the employee:

5. Employee comments:

St. Luke's philosophy is that employees are responsible for their actions and behaviors. Immediate and sustained
improvement is required or further corrective action up to and including discharge may result.

Employee’s signature on this form acknowledges that this corrective action has been discussed with him/her and the
employee has received a copy of this form.

Employee signature: N/A

Supervisor signature: N/A

Department Director signature: 9/18/02

Human Resources signature: 9/19/02

* Each written warning or suspension results in a 1% reduction in base pay beginning on the next pay period. These actions
also prevent the employee from requesting a transfer to another department for a period of six months.

Return all copies to Human Resources for processing

Copies: White: Personnel file
Yellow: Department Director
Pink: Employee

May 06 02 05:40pm

Authenticate DOC effective 05/06/02

Southworth Associates
## TEST RESULTS REPORT

### ACCOUNT NAME/ADDRESS

SLRM/EMPLOYEE HEALTH & WELLNESS  
2063 SUMMER SWEET  
BOISE, ID 83716

### NAME

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### LOCATION:

OTHER INFORMATION:

$5p50 + BALT - 5 PANEL 50 + BLOOD ALCOHOL$

The results for the above identified specimen are in accordance with recognized forensic practices and were tested at the cutoff levels listed below:

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<th>Class</th>
<th>Result</th>
<th>Screening Cut Off</th>
<th>Confirmation Cut Off</th>
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<tr>
<td>AMPHETAMINES</td>
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<td>1000 ng/mL</td>
<td>150 ng/mL</td>
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<tr>
<td></td>
<td>Negative</td>
<td>300 ng/mL</td>
<td>2000 ng/mL</td>
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<tr>
<td>COCAINE</td>
<td>Positive</td>
<td>2000 ng/mL</td>
<td>2000 ng/mL</td>
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</table>

| OPIATES                | Negative| ng/mL              | 2000 ng/mL           |
| POSITIVE for Codeine by GC/MS |
| POSITIVE for Morphine by GC/MS |

| 6-ACETYL MORPHINE      | Negative| 25 ng/mL           | 2000 ng/mL           |
| PHENCYCLIDINE          | Negative| 50 ng/mL           | 2000 ng/mL           |
| CANNABINOCIDS          | Negative| 40 mg/dL           | 2000 ng/mL           |
| BLOOD ETHANOL          | Negative|                   |                      |

### Comments

Validity testing performed

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**RECEIVED**

SEP 23 2002

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Ron Shearon  
CERTIFYING SCIENTIST
NURSE MONITORING CONTRACT

Client Name: Patricia Zins

Date: 10/10/02

I, Patricia Zins, recognizing that I suffer from chemical dependency and/or mental conditions that 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 advocacy of the PRN:

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

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] *Intensive Outpatient at First Step For Women
[Initial] *Alcohol/Drug Education
[Initial] *Group Therapy
[Initial] *Counseling
[Initial] *Sixty (60) 12-Step Meetings in sixty (60) day then 4 per week
[Initial] *Meet weekly with sponsor face-to-face
[Initial] *Random UA/Drug Testing
[Initial] *Weekly Health Professionals Support group

I agree that if I relapse, I must attend inpatient treatment.

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.

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.

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

I 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.

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

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

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

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: Patricia Zins

Witness: Dr. Barnes

Client Address: 263 field ST #3 Poop

Program Coordinator: Dr. Barnes
May 6, 2003

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

RE: Patricia Zins

Dear Ms. Evans,

This letter is being sent to notify you that Patricia Zins, a non-Board of Nursing referral, has become non-compliant with her PRN contract due to failing to UA test for March and April. Ms. Zins also has difficulty turning in her Client Activity Reports. Therefore, we feel we must report this to the Board of Nursing.

Ms. Zins signed a contract with PRN on October 10, 2002. Ms. Zins’s contract requirements included the following, 1) Attend and complete Outpatient treatment, 2) attend sixty 12-Step meetings in sixty days, then four per week, 3) random UA/drug testing, 4) weekly attendance at the Health Professionals Support Group, and 5) Meet with sponsor weekly face-to-face.

On March 27, 2003, Ms. Zins was notified via letter that she was out of compliance with her PRN contract, due to a suspension with UA/drug testing with NCPS. This letter further stated that if she was not in compliance by April 16, 2003, her case would be turned over to the Board of Nursing. Ms. Zins did eventually come back into financial compliance, but then failed to either call into the NCPS system on time or did not call in at all, thereby missing a random UA scheduled for April 11, 2003.

As of today’s date, the PRN has terminated Ms. Zins’s contract. Currently, she has a $0 balance with the PRN and a $0 balance with NCPS.

If you have any questions or concerns, please feel free to contact Kerry Hendershot or Lori Barnes, PRN Compliance Monitors.

Sincerely,

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

cc: Patricia Zins
    Joanne Stoll

5530 West Emerald—Boise Idaho 83706
Office: (208) 323-9555—Fax: (208) 323-9222—Toll free: (800) 386-1695—Cellular: (208) 891-4726—Pager: (888) 250-8073
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Patricia Luu, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: use of illegal controlled substances & subsequent noncompliance with.

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 N27904 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: 5/30/03

Signature of Licensee

Address

City/State/Zip

Signature of Witness

DATED: 5/30/03

6/99-PRN
State of Idaho
Board of Nursing

This is to certify that:

PATRICIA A. ZINS
4245 S FALCONREST WAY
BOISE, ID 83716

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

Valid when signed by licensee.
Nov 24, 2003

To PEN -

This is to notify you of my intention to withdraw from the PRN program. The Idaho Board of Nursing is aware of this.

I also want to thank you for your help.

Patricia Zies
December 1, 2003

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

RE: Patty Zins

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Patricia Zins, a Board of Nursing referral, has notified the PRN that she is withdrawing from the program.

Ms. Zins signed a contract with PRN on June 4, 2003. Ms. Zins's contract requirements included the following: 1) Attend (4) 12-Step meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group, and 5) Attend Intensive Outpatient at St. Al's ARC (completed in August of 2003).

Ms. Zins notified the PRN of her decision to withdraw from the program on November 21, 2003. She came into the office and notified the staff verbally, at which point she was asked to put her decision in writing, which she did.

Currently, Ms. Zins has a $45 balance with the PRN and a $0 balance with NCPS.

If you have any questions or concerns, please feel free to contact either Lori or me at (208) 323-9555.

Sincerely,

Kerry Hendershot
Compliance Monitor

cc: Patty Zins

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.