

BEFORE THE ARIZONA STATE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY)
ACTION AGAINST REGISTERED NURSE)
LICENSE NO.: RN045339)
ISSUED TO:)
)
)
SARAH D CHILDERS)

NOTICE OF REVOCATION

The Arizona State Board of Nursing hereby gives notice that the registered nurse license number RN045339, issued to Sarah D Childers, is hereby revoked in accordance with the provisions of Consent Agreement and Order No. 0706041 and is effective upon the date of this Notice of Revocation.

Pursuant to R4-19-404(B), Sarah D Childers may apply for reissuance of said license after a period of five years.

DATED this 16th day of September, 2009.

SEAL

ARIZONA STATE BOARD OF NURSING

Joey Ridenour R.N. M.N. F.A.A.N.

Joey Ridenour, R.N., M.N., F.A.A.N.
Executive Director

Dated: September 16, 2009

JR/MM:bs

COPY mailed this 16th day of September, 2009, by Certified Mail No. 7009 0080 0000 0433
1564 and First Class mail to:

Sarah D Childers
4970 North Grey Mountain Trail
Tucson, AZ 85750

By: Brent Sutter
Legal Secretary



Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
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September 16, 2009

Sarah D Childers
4970 North Grey Mountain Trail
Tucson, AZ 85750

RE: Consent Agreement and Order No. 0706041
License No. RN045339

Dear Mrs. Childers:

Enclosed is a Notice of Revocation, providing notice to you that the Arizona State Board of Nursing ("Board") automatically revoked your registered nurse license number RN045339 on September 16, 2009. Your license was automatically revoked because of your non-compliance with the terms of Stayed Revocation/Probation in Consent Agreement and Order No. 0706041, which became effective on September 5, 2007.

Paragraph B. – Order... "B. If Respondent is non-compliant with any of the terms of the *Order during the twenty-four month stayed revocation period, the stay of the revocation shall be lifted and Respondent's license shall be automatically revoked for a period of five years.* The Board or its designee, in its sole discretion, shall determine noncompliance with the stayed portion of the Order. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph."

Documentation in your monitoring file at the Board indicates that you were non-compliant with the following terms of the Stayed Revocation/Probation:

Paragraph — 5. Abstain from Alcohol Use

"Respondent shall completely abstain from the use of alcohol."

You failed to abstain from alcohol as required by your Consent Agreement, as evidenced by your hospitalization and treatment for depression and alcohol abuse in or about April, 2009 – May, 2009 at Cottonwood Treatment Center in Tucson, Arizona. On or about August 20, 2009, you admitted to Board staff that although not currently abusing alcohol, you had relapsed and consumed alcohol in violation of your Consent Agreement.

Sarah D Childers
September 16, 2009
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The conduct and circumstances described above constitute violations of A.R.S. § 32-1663(D) as defined in A.R.S. § 32-1601(16)(i) and (j).

As indicated in the Notice of Revocation, you are eligible to apply for reissuance of your nursing license on or after September 16, 2014. If you have any questions regarding this letter or the Notice of Revocation, please call me, Joey Ridenour, R.N., M.N., F.A.A.N., at (602) 771-7801.

Sincerely,



Joey Ridenour, R.N., M.N., F.A.A.N.
Executive Director

JR/MM:bs

Enclosure

ARIZONA STATE BOARD OF NURSING

IN THE MATTER OF PROFESSIONAL)
NURSE LICENSE NO. RN045339)
ISSUED TO:)
SARAH D. CHILDERS)
RESPONDENT)

**CONSENT AGREEMENT
AND
ORDER NO. 0706041**

CONSENT AGREEMENT AND ORDER

A complaint charging Sarah D. Childers (“Respondent”) with violation of the Nurse Practice Act has been received by the Arizona State Board of Nursing (“Board”). In the interest of a settlement of the above-captioned matter, consistent with the public interest, statutory requirements and the responsibilities of the Board, and pursuant to A.R.S. § 41-1092.07 (F)(5), the undersigned parties enter into this Consent Agreement and Order (“Order”) as a final disposition of this matter.

Based on the evidence before it, the Board makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. Respondent holds Board issued professional nurse license no. RN045339.
2. On or about May 3, 2006 Respondent disclosed to the Board that she diverted Morphine and Demerol from her employer Tucson Medical Center, in Tucson, Arizona.
3. On or about May 19, 2007, a complaint was received from Deborah Turner, Director Operating Room, Tucson Medical Center stating that Respondent was confronted on May 2, 2006 for suspected drug diversion. Turner stated that when Respondent was confronted she admitted that she diverted both Morphine and Demerol. Respondent resigned in lieu of termination for diversion of narcotics.
4. On May 8, 2006 Respondent met with Board staff. She acknowledged that she diverted narcotics, Morphine and Demerol, from her employer, Tucson Medical Center, for

approximately 9 months. Respondent reported using the narcotics both intramuscularly (IM) and intravenously (IV). According to Respondent, diversion of narcotics began as a result of family issues.

5. On or about May 8, 2006, Respondent signed a CANDO Stipulated Agreement, which in part, required her to enter and complete a chemical dependency treatment program, enter and complete an aftercare program, abstain from alcohol and unauthorized drug use, enroll in a drug screening program and submit to required monthly random drug screens, attend AA/NA meetings and a weekly nurse support group, refrain from working as a nurse until approval to return to work was obtained from the CANDO consultant and upon return to nursing practice, abide by standard nursing practice restrictions, which included direct supervision, work in a setting where there is always a minimum of one other registered nurse, and no access to or administration of narcotics for twelve (12) months. Respondent's husband was present during the review of the Stipulated Agreement and CANDO forms.

6. On February 2, 2007 Board staff received an e-mail from Respondent acknowledging she relapsed on alcohol on or about February 1, 2007, in violation of her CANDO Stipulated Agreement.

7. On or about February 7, 2007 in a meeting with Board staff, Respondent stated she was unable to understand what motivated her to drink because her prior addiction was not to alcohol. Respondent stated she reported her relapse because she felt it was important to her recovery to be honest. Respondent signed a First Addendum to Stipulated Agreement, which in part, required her to undergo a relapse evaluation, submit two drug screens for 6 months followed by monthly random drug screens, and attend one AA meeting a day for 90 days and three AA meetings per week thereafter, to refrain from working as a nurse until approval to return to work

was obtained from the CANDO consultant and upon return to nursing practice, abide by standard nursing practice restrictions, which included no access to or administer narcotics for one (1) year.

8. Respondent completed a relapse evaluation on February 12, 2007. On February 15, 2007 she was sent approval to return to work.

9. On June 11, 2007 Respondent submitted a urine drug screen that was positive for Meperidine (Demerol).

10. On or about June 18, 2007 during a phone interview with Board staff, Respondent denied having a prescription for Demerol and denied using Demerol. She stated she did have a valid prescription for Tylenol with Codeine which she takes for migraine headaches.

11. Respondent was discharged from CANDO on June 19, 2007 for non-compliance with her CANDO stipulated agreement. Non-compliance included the failure to abstain from the use of alcohol and all other mind/mood altering medications and controlled and/or addictive substances.

CONCLUSIONS OF LAW

Pursuant to A.R.S. §§ 32-1606, 32-1663, and 32-1664, the Board has subject matter and personal jurisdiction in this matter.

The conduct and circumstances described in the Findings of Fact constitute violations of A.R.S. § 32-1663 (D) as defined in § 32-1601(16)(d), (g),(i) and (j), and A.A.C. R4-19-403B (1), (16), (17), (18), and (31).

The conduct and circumstances described in the Findings of Fact constitute sufficient cause pursuant to A.R.S. § 32-1664(N) to revoke, suspend or take disciplinary action against the license of Respondent to practice as a professional nurse in the State of Arizona.

Respondent admits the Board's Findings of Fact and Conclusions of Law. In lieu of a formal hearing on these issues, Respondent agrees to issuance of the following Order and waives all rights to a hearing, rehearing, appeal, or judicial review relating to this Order.

Respondent understands the right to consult legal counsel prior to entering into the Order and such consultation has either been obtained or is waived.

Respondent understands that the term "Order" used throughout this document refers to all pages of the document including Findings of Fact, Conclusions of Law and all suspension/probationary terms and conditions and paragraphs of the Order.

Respondent understands that this Consent Agreement is effective upon its acceptance by the Board and by Respondent as evidenced by the respective signatures thereto. Respondent's signature obtained via facsimile shall have the same effect as an original signature. Once signed by the Respondent, the agreement cannot be withdrawn without the Board's approval or by stipulation between the Respondent and the Board's designee. The effective date of this Order is the date the Consent Agreement is signed by the Board and by Respondent. If the Consent Agreement is signed on different dates, the later date is the effective date.

Sarah D. Childers
Respondent

Dated: 9-5-07

ARIZONA STATE BOARD OF NURSING

Joey Ridenour R.N. M.N.

Joey Ridenour, R.N., M.N.
Executive Director

Dated: July 26, 2007

SEAL

CLINK/RN045339 CHILDERS

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ORDER

In view of the above Findings of Fact, Conclusions of Law and consent of Respondent, the Board hereby issues the following Order:

A. Respondent's professional nurse license number RN045339 is hereby **revoked**; however, the **revocation is stayed** for as long as Respondent remains in compliance with this Order. During the stay of the revocation, Respondent's professional nurse license number RN045339 is placed on suspension for twelve months and probation for twelve months with terms and conditions, followed by probation for twenty-four months. Before termination of this Order, Respondent shall work as a professional nurse for a minimum of twelve months (not less than sixteen hours a week).

B. If Respondent is non-compliant with any of the terms of the Order during the twenty-four month stayed revocation period, the stay of the revocation shall be lifted and Respondent's license shall be automatically revoked for a period of five years. The Board or its designee, in its sole discretion, shall determine noncompliance with the stayed portion of the Order. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

C. If Respondent is noncompliant with any of the terms of the Order during the twenty-four month standard probation portion of the Order, Respondent's noncompliance shall be reviewed by the Board for consideration of possible further discipline on Respondent's nursing license.

D. At any time Respondent is required by terms of the Order to provide a copy of the Order to another individual or facility the Respondent must provide all pages of the Consent Agreement and Order.

E. If Respondent is convicted of a felony, Respondent's license shall be automatically revoked for a period of five years. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

F. The suspension is subject to the following terms and conditions:

TERMS OF SUSPENSION (Stayed Revocation)

1. Surrender of License

Within seven (7) days of the effective date of the consent agreement Respondent shall surrender the license to the Board and Respondent shall not practice nursing for twelve months.

2. Relapse Evaluation

Within thirty (30) days of the effective date of this Order, Respondent shall be evaluated by a PhD level Board approved relapse prevention therapist. Prior to the evaluation, Respondent shall provide a copy of the Findings of Fact, Conclusions of Law and the Order, and the relapse prevention therapist shall verify receipt of the Order in writing in a report on letterhead to the Board. Respondent shall immediately execute the appropriate release of information forms, to allow the evaluator to communicate with the Board or its designee. The report from the relapse prevention evaluator should include a history of substance abuse, past treatment, present status of recovery and participation in recovery activities, and recommendations for on-going treatment. Respondent will complete all recommendations as recommended by the relapse prevention evaluator. The Board reserves the right to amend the Order based on the recommendations of the relapse prevention therapist.

If recommended, Respondent shall enroll in a relapse prevention program or other recommended therapy within thirty (30) days of being notified by the Board of the recommendations from the evaluator. Respondent shall cause the program facilitator to inform

the Board in writing verifying enrollment in the program. Prior to entry into a relapse prevention program or any type of other recommended therapy, Respondent shall provide a copy of this Consent Agreement and Order to include Findings of Fact and Conclusions of Law, and Order to the program facilitator. Respondent shall immediately execute the appropriate release of information form(s) to allow the facilitator to communicate information with the Board or its designee. Respondent shall participate in the relapse prevention program or therapy until the Board receives verification from the facilitator in writing that Respondent has successfully completed the program. During participation in the program Respondent shall cause the program facilitator to submit to the Board, in writing on a Board-approved form, evidence of satisfactory attendance, participation, discharge and successful completion of the program. Such reports are due beginning on the first quarterly reporting date after entry into the relapse prevention program and quarterly thereafter, according to schedule, for the remainder of the probationary period or verification of successful completion of the program.

3. Relapse Prevention Therapy

Within thirty (45) days of the effective date of this Order, Respondent shall enter a Board approved Relapse Prevention Therapy Program. Respondent shall immediately execute the appropriate release of information form(s) to allow the facilitator to communicate information to the Board or its designee, and Respondent shall immediately provide a copy of this Consent Agreement and Order to include Findings of Fact and Conclusions of Law to the facilitator. Within seven (7) days of entering treatment, Respondent shall cause the facilitator to submit to the Board written verification of Respondent's enrollment in the Program, and verification of receipt of Respondent's entire Consent Agreement. Thereafter, Respondent shall cause the facilitator to provide quarterly reports to the Board according to the quarterly reporting schedule assigned to Respondent. Respondent shall continue undergoing treatment until the

facilitator provides written notification to the Board, indicating that treatment is no longer needed. The Board reserves the right to amend the Order based on recommendation(s) of treating professional(s).

4. Completion of Suspension

After Respondent has successfully completed all terms of the 12-month Stayed Revocation Suspension as determined by the Board's designee, Respondent's license shall be placed on a 12-month Stayed Revocation Probation with terms and conditions followed then by 24 months of standard probation.

TERMS OF SUSPENSION AND PROBATION
(Stayed Revocation and Standard)

1. Renewal of License

If Respondent's professional nursing license is expired at the time of the effective date of the Consent Agreement and Order, Respondent must renew the license within seven (7) days of the effective date. In the event the professional license is scheduled to expire during the duration of this Order, Respondent shall apply for renewal of the professional license and pay the applicable fee before the expiration date. Failure to renew within seven days of the effective date of this Order, if it is expired, or failure to renew a license by the last date in which the license is to expire, shall be considered as noncompliance.

2. Nurse Recovery Group

Within seven (7) days of the effective date of this Order, Respondent shall enroll in a Board-acceptable Nurse Recovery Group if a group is available within forty miles. Respondent shall sign release of information forms allowing the group facilitator to inform the Board, in writing and on letterhead, of Respondent's entry and progress in the group.

Respondent shall attend a Nurse Recovery Group once per week and have no “Unexcused” absences or “No call/No show” occurrences.

3. Participation in AA/NA

(a) Within seven (7) days of the effective date of this Order, and throughout the term of this Order, Respondent shall participate at least weekly, or as recommended by the Rehabilitation Program, in Alcoholics Anonymous, Narcotics Anonymous, or an equivalent program, and shall submit to the Board, in writing on Board-approved forms, quarterly reports which are initialed by his/her sponsor. The first report is due by the end of the first month after the effective date of the Order, and quarterly thereafter according to the assigned reporting dates.

(b) Respondent shall obtain a temporary sponsor, if participating in a twelve-step program, within thirty days of the effective date of this Order and a permanent sponsor within sixty days. Respondent shall maintain a sponsor relationship throughout the terms of this Order.

4. Drug Testing

Within seven (7) days of the effective date of this Order, Respondent shall enroll in a program that meets Board criteria for random drug testing. Random drug testing shall be done at a minimum of twice per month for the first six (6) months and once per month thereafter. Drug testing may be required more frequently as requested by the Board or its designee. Respondent shall notify the drug testing laboratory and the Board, **in writing**, of unavailability to test before the anticipated absence. If Respondent is unable to submit a specimen on a date requested due to illness, Respondent must provide in writing within seven (7) days of the missed specimen, documentation from a medical provider who has personally seen Respondent on the day of the requested drug test confirming that Respondent was not physically

able to report to the laboratory for drug testing. In addition, any occurrence of the following conditions constitutes noncompliance: a positive drug test showing evidence of any drug other than an authorized drug; submission of a specimen where the integrity has been compromised, as indicated by the presence of adulterants; failure to submit to a drug test on a day when a drug test has been requested by either the Board, its designee, or the laboratory; and submission of a urine sample that is below the acceptable volume or temperature to be tested. A positive drug test showing evidence of any drug other than an authorized drug shall result in immediate notification of Respondent's employer by the Board.

5. Abstain from Alcohol Use

Respondent shall completely abstain from the use of alcohol.

6. Abstain from Unauthorized Drug Use/Proof of Prescription

Respondent shall completely abstain from the use or possession of controlled substances, and dangerous drugs as defined by law, or any drugs requiring a prescription.

Orders prohibiting Respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to Respondent for an illness or condition by a medical provider. During the duration of this Order, Respondent shall select one medical provider to coordinate her health care needs and to be aware of all prescriptions utilized. Within seven (7) days of the effective date of this Order, Respondent shall cause all medical providers who have prescribed medications which are currently being used by the Respondent daily or on an as needed basis to provide in writing, on letterhead, verification of knowledge of Respondent's history of substance use, awareness of Respondent's Consent Agreement and Order with the Board, and documentation of current medications prescribed for Respondent. Respondent shall execute all release of information form(s) as required by the Board or its designee so that Respondent's medical providers shall be able to communicate

information with the Board. Prior to receiving treatment from any other medical provider(s), Respondent shall notify the medical provider(s) of Respondent's history of substance use and of the existence of the Order. DURING THE COURSE OF THE ORDER RESPONDENT SHALL CAUSE ANY AND ALL PROVIDERS TO NOTIFY THE BOARD OF THEIR AWARENESS OF RESPONDENT'S HISTORY OF SUBSTANCE USE, BOARD ORDER, AND NOTIFICATION OF ANY MEDICATIONS ORDERED BY THE PROVIDER. THE NOTIFICATION SHALL BE MADE IN WRITING WITHIN ONE WEEK OF THE PROVIDER'S ISSUANCE OF THE PRESCRIPTION.

If Respondent has a lawful prescription for a controlled substance, Respondent shall cause her prescribing provider to provide monthly reports to the Board regarding the continued need for the prescribed narcotic or mood-altering medications within seven (7) days of the 30th day of each month. The Board or its designee may, at any time, request the provider to document the continued need for prescribed medications. Such report from the provider shall be received by the Board within fourteen (14) days of the request. Respondent shall keep a written record of medications taken, including over-the-counter drugs, and produce such record upon request by the Board or its designee.

7. Release of Information Forms

Respondent shall sign all release of information forms as required by the Board or its designee and return them to the Board within ten (10) days of the Board's written request. If Respondent fails to execute the releases, her license shall automatically be revoked.

8. Interview with the Board or it's Designee

Respondent shall appear in person or if residing out of state, telephonically for interviews with the Board or its designee upon request and with at least two (2) days notice.

9. Change of Employment/Personal Address/Telephone Number

Respondent shall notify the Board, in writing, within seven (7) days of any change in nursing employment, personal address or telephone number.

10. Obey All Laws

Respondent shall obey all federal, state and local laws, and all laws/rules governing the practice of nursing in this state. Offenses or convictions such as driving under the influence may subject Respondent to further disciplinary action. Minor civil traffic violations are excluded.

11. Costs

Respondent shall bear all costs of complying with this Order.

12. Voluntary Surrender of License

Respondent may, at any time this Order is in effect, voluntarily request surrender of her license.

13. Violation of Terms of Consent Agreement and Order

During the stayed revocation portion of the Order (*first twenty-four months*), if Respondent is non-compliant with the terms of the Order the stay of revocation shall be lifted and Respondent's license shall be automatically revoked.

If during the standard probation (*last twenty-four months*) portion of the Order, Respondent is noncompliant with the terms of the Order in any respect, Board staff may notify the Respondent's employer of the non-compliance. Additionally, the Board may revoke probation and take further disciplinary action for noncompliance with this agreement after affording Respondent notice and the opportunity to be heard. If a complaint or petition to revoke

probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

TERMS OF PROBATION (Stayed Revocation and Standard)

1. Stamping of License

Following completion of the twelve (12) month Stayed Revocation Suspension, Respondent's license shall be stamped "Probation" and returned to Respondent. While this Order is in effect, if the Board issues any certificates or licenses authorized by statute, except a nursing assistant certificate, such certificate or license shall also be stamped **"PROBATION." Respondent is not eligible for a multistate "Compact" license.**

2. Relapse Prevention Evaluation

Eighteen (18) months prior to the termination of the Order or as requested by the Board or its designee, Respondent shall be evaluated by a relapse prevention therapist, who is at minimum, Master's prepared. Respondent shall comply with any treatment recommendations as recommended by the relapse prevention evaluator.

If recommended by the evaluator, Respondent shall enroll in a relapse prevention program or other recommended therapy within thirty (30) days of being notified by the Board or its designee of the recommendations from the evaluator. Respondent shall cause the program facilitator to inform the Board, in writing and on letterhead, verification of enrollment in the program. Prior to entry into a relapse prevention program or any type of other recommended therapy, Respondent shall provide a copy of this Consent Agreement and Order to the program facilitator. Respondent shall sign release of information form(s) to allow the facilitator to communicate information with the Board or its designee. Respondent shall participate in the relapse prevention program or therapy until the Board receives written verification from the

facilitator that Respondent has successfully completed the program. During participation in the program, Respondent shall cause the program facilitator to provide to the Board, in writing on Board-approved forms, evidence of satisfactory attendance, participation, discharge, and successful completion of the program. Reports are due on the first quarterly reporting date after entry into the relapse prevention program and quarterly thereafter, according to schedule.

Violation of this paragraph is noncompliance with the Order.

3. Notification of Practice Settings

Any setting in which Respondent accepts employment, which requires RN licensure, shall be provided with a copy of the entire Order on or before the date of hire. Within seventy-two (72) hours of Respondent's date of hire, Respondent shall cause her immediate supervisor to inform the Board, in writing and on employer letterhead, acknowledgment of the supervisor's receipt of a copy of this Consent Agreement and Order and the employer's ability to comply with the conditions of probation. In the event Respondent is attending a nursing program, Respondent shall provide a copy of the entire Consent Agreement and Order to the Program Director. Respondent shall cause the Program Director to inform the Board, in writing and on school letterhead, acknowledgment of the program's receipt of a copy of the Consent Agreement and Order and the program's ability to comply with the conditions of probation during clinical experiences.

4. Quarterly Reports

Within seven (7) days of each assigned quarterly report due date, if Respondent is working in any position which requires RN licensure Respondent shall cause every employer Respondent has worked for during the quarter to provide to the Board, in writing, employer evaluations on the Board-approved form. The first report is due on the first assigned quarterly report due date after the date of employment. Receipt of notice of an

unsatisfactory employer evaluation, verbal or written warning, counseling or disciplinary action, any of which pertain to patient care, practice issues, or termination from a place of employment shall be considered as noncompliance. In the event Respondent is not working in a position that requires nursing licensure, or attending school during any quarter or portion thereof, Respondent shall complete and provide to the Board, in writing, a Board approved self-report form.

5. Practice Under On-Site Supervision

Respondent shall practice as a professional nurse, only under the on-site supervision of a professional nurse in good standing with the Board. On-site supervision is defined as having a professional nurse present in the building while Respondent is on duty. The supervising nurse shall have read this Consent Agreement and Order and shall provide input on Respondent's employer evaluations to the Board. The supervising nurse shall be primarily one person, who may periodically delegate to other qualified professional nurses who shall also have read this Consent Agreement and Order. In the event that the assigned supervising nurse is no longer responsible for the supervision required by this paragraph, Respondent shall cause her new supervising nurse to inform the Board, in writing and on employer letterhead, acknowledging the new supervisor's receipt of a copy of this Consent Agreement and Order and the new supervising nurse's ability to comply with the conditions of probation within ten days of assignment of a new supervising nurse.

6. Access to Drugs

Respondent shall not administer or have access to controlled substances and/or any other potentially addictive medications, including but not limited to, Ultram, Nubain and Stadol, at least during the first twelve (12) months after returning to nursing practice and until receiving written approval from the Board or its designee. Upon evidence of full

compliance with the probationary terms, the Board or its designee shall evaluate and provide written notification of Respondent's ability to administer controlled/prohibited medications.

7. Acceptable Hours of Work

Respondent shall work only the day or evening shift. Evening shift is defined as a shift that ends prior to midnight. Within a 14-day period Respondent shall not work more than 84 scheduled hours.

Respondent may work three 12-hour shifts in one seven day period and four 12-hour shifts in the other seven-day period, but Respondent may not work more than 3 consecutive 12-hour shifts during this probationary period. Respondent shall not work 2 consecutive 8 hour shifts within a 24 hour period or be scheduled to work 16 hours within a 24 hour period.

8. Registry Work Prohibited

Respondent may not work for a nurse's registry, home health, traveling nurse agency, any other temporary employing agencies, float pool, or position that requires on-call status.

9. Out of State Practice/Residence

Before any out-of-state practice or residence can be credited toward fulfillment of these terms and conditions, the Board must first approve out-of-state practice or residence.

10. Violation of Probation

If during the stayed revocation portion of the Order Respondent is non-compliant with the terms of the Order in any way, the stay of revocation shall be lifted and Respondent's license shall be automatically revoked. If during the standard probation portion of the Order Respondent is noncompliant with the terms of the Order in any respect, the Board staff may notify the Respondent's employer of the non-compliance. Additionally, the Board may revoke probation and take further disciplinary action for noncompliance with this Consent

Agreement and Order after affording Respondent notice and the opportunity to be heard. If a complaint or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

11. Completion of Probation

When Respondent has nine (9) months left in the probationary period, Respondent's compliance will be reviewed by the Board's designee. If Respondent has demonstrated full compliance with all terms of the Order, Respondent will be eligible to participate in a "stepdown" component of the Order where reports from AA and Nurse Recovery Group will no longer be required, and Respondent shall submit to "on-call" urine drug screens as requested by the Board or its designee. At the end of the probation period, Respondent shall request formal review by the Board, and, after formal review by the Board, Respondent's nurse license may be fully restored by the appropriate Board action if compliance with the Board Order has been demonstrated.

ARIZONA STATE BOARD OF NURSING

SEAL



Joey Ridenour, R.N., M.N.
Executive Director

Dated: July 26, 2007

JR/CL:oz

COPY mailed this 16th day of August 2007 by First Class Mail, to:

Sarah D. Childers
4970 North Grey Mountain Trail
Tucson, Arizona 85750

By: Olga Zuniga
Administrative Secretary

ARIZONA STATE BOARD OF NURSING

IN THE MATTER OF PROFESSIONAL)
NURSE LICENSE NO.: RN045339)
ISSUED TO:)
SARAH D. CHILDERS)
_____)

**FIRST ADDENDUM TO
STIPULATED AGREEMENT
FOR TREATMENT
REHABILITATION, AND
MONITORING OF
CHEMICAL DEPENDENCY
CASE NO. 0605003**

I, Sarah D. Childers, License No. RN045339, do admit to having relapsed on or about February 1, 2007. I agree to the following additional conditions to my original contract dated May 8, 2006 in order to remain in the CANDO Program with the Arizona State Board of Nursing:

1. To continue participating in the CANDO program for three (3) years as of February 7, 2007.
2. I agree to undergo a relapse evaluation within seven days by an individual who specializes in diagnosing and treating chemical dependency. I agree to execute the appropriate release of information form, to allow the evaluator to communicate with the CANDO Program. I agree to cause the evaluator to submit a written report to the CANDO Program. The report should include a history of substance abuse, past treatment, present status of recovery and participation in recovery activities, and recommendations for on-going treatment. If the evaluator recommends that I complete relapse prevention therapy or any other form of treatment, I agree to begin participation in a approved program within seven days of the CANDO Program's receipt of the evaluation. I understand that I must satisfactorily complete any and all recommendations made by the evaluator. I will cause the therapist to submit to the CANDO Program in writing on letterhead, verification of my enrollment into the program. Thereafter, I shall cause the therapist to submit on CANDO approved form, evidence of satisfactory

attendance, participation and successful completion. Such reports are due according to schedule, as identified in my original CANDO Agreement.

3. I agree to submit to a minimum of two (2) urine drug screens per month for six (6) months, and a minimum of one (1) urine drug screen per month thereafter, upon receiving written authorization from CANDO.

4. I agree to as of this date, attend a minimum of one AA/NA meeting per day for the next 90 days and to submit monthly documentation of my 12-step attendance to CANDO. Thereafter, I agree to attend a minimum of three (3) AA/NA, or other 12-step program meetings per week and document attendance.

5. I agree to obtain and maintain my AA/NA sponsor for the remainder of my contract.

6. I agree to have my sponsor write a letter to CANDO stating I have discussed my relapse with her. I agree that CANDO will receive this letter within seven (7) days.

7. I agree to attend weekly a nurse recovery group for the remainder of my contract.

8. I agree to have my nurse recovery group facilitator write a letter to CANDO stating I have discussed my relapse with the group. I agree that CANDO will receive this letter within seven (7) days.

9. I agree to not return to the practice of nursing until I have received written authorization from CANDO.

10. I agree to not administer or have access to controlled substance medications for a minimum of twelve (12) months and until receiving a letter stating otherwise from CANDO.

11. I agree to submit a copy of this addendum to any nursing employers. The employer shall acknowledge, in writing, receipt of the addendum.

All other terms of the original agreement dated _____, remain in full effect.

Sarah D. Childers
Licensee: Sarah D. Childers

Dated: 2-7-07

ARIZONA STATE BOARD OF NURSING

SEAL

Joey Ridenour
Joey Ridenour, R.N., M.N.
Executive Director

Dated: February 7, 2007

JR/CL:oz

CANDO PROGRAM
ARIZONA STATE BOARD OF NURSING
CONFIDENTIAL STIPULATED AGREEMENT

Pursuant to A.R.S. §32-1605.01(B)(6) and §32-1606(A)(5), the Arizona State Board of Nursing, through its executive director, has authority to enter into the following agreement and pursuant to A.R.S. §32-1663, as defined in A.R.S. §32-1601(16)(k), has authority to enforce the following agreement.

I, Sarah D. Childers, License No. RN045339, agree to participate in CANDO, the Arizona State Board of Nursing's ("Board") confidential, nondisciplinary monitoring program for chemically dependent nurses. I have voluntarily chosen to participate in CANDO and agree to adhere to the following conditions set forth in this agreement:

1. To participate in CANDO for a minimum period of three years.
2. To completely abstain from the use of alcohol and all other mind/mood altering medications and controlled and/or addictive substances.
3. To enter within fourteen (14) calendar days a Arizona Department of Health Services licensed and Board acceptable chemical dependency treatment program. I agree to abide by all recommendations of that program regarding ongoing treatment and discharge planning. Documentation of name of program, therapist and/or counselor, date of entry, attendance, progress, completion, and recommendations must be submitted to CANDO.
4. To refrain from the practice of nursing until CANDO has received a recommendation to return to work from the medical director or equivalent of the chemical dependency treatment program and CANDO has approved my re-entry into nursing.
5. Within seven (7) calendar days of the completion of the intensive phase of the treatment program, enter an Arizona Department of Health Services licensed and Board acceptable aftercare program facilitated by the original chemical dependency treatment program. The aftercare program must be a minimum of six (6) months in length. A CANDO provided aftercare report must be submitted to CANDO by the last day of my reporting months. In addition, a letter documenting successful completion must be submitted to CANDO by the aftercare program.
6. To be evaluated by a Board acceptable chemical dependency therapist after completing my first year in CANDO to identify any deficiencies in my recovery program. I agree to abide by his/her recommendations which may include ongoing counseling.
7. To attend a minimum of two (2) Alcoholics Anonymous or equivalent program meetings each week and to submit the CANDO provided attendance sheet by the last day of my reporting months. I will also obtain a sponsor within sixty (60) days of entering CANDO and maintain a relationship with a sponsor during my participation in CANDO.
8. To attend weekly a Board acceptable nurse recovery group. If there is no group within forty (40) miles of my home, I will attend an additional Alcoholics Anonymous or equivalent meeting each week.
9. To submit a complete CANDO provided self-report form to CANDO by the last day of my reporting months.

10. To select one health care provider for my health care needs and to immediately submit to him/her the CANDO provided health care provider form describing CANDO, the drug restrictions, and the required documentation if any medications are prescribed either currently or at any time while participating in CANDO. Additionally, I agree to notify any and all health care providers, that I receive treatment from, of my participation in CANDO prior to receiving treatment. If my health care provider prescribes a narcotic or mood altering medication, I shall ensure that the prescribing provider notifies CANDO immediately and submits monthly reports to CANDO regarding the continued need for the narcotic or mood-altering medication.
11. To refrain from taking any medication (except for ibuprofen, plain aspirin and/or acetaminophen) unless I have obtained a written authorization from my health care provider. I will maintain a log of all medications taken including ibuprofen, plain aspirin and acetaminophen, and will submit the log to CANDO by the last day of my reporting months. The log shall include the following information: the medication taken; the date and time the medication was taken; the name of the authorizing health care provider; the reason for the medication.
12. To immediately notify CANDO if I am hospitalized or must undergo any procedures requiring the administration of medication, and to provide all required documentation from any and all health care providers.
13. To enroll within seven (7) days in a program for random drug screens that meets the NIDA guidelines and to submit to the screens as required by CANDO. Any confirmed positive drug screen for which CANDO has not received appropriate notification and documentation from the prescribing provider will be considered a relapse. My employer will be notified immediately. I will be re-evaluated for continued participation in CANDO. If it is a second relapse. I understand I will be discharged from CANDO.
14. To give prior notification of any inability to screen to the lab and CANDO. If I fail to notify CANDO and the laboratory of my inability to screen and fail to screen, I will be considered noncompliant with CANDO.
15. To notify within five (5) calendar days CANDO and the lab of any change in my home and/or employment phone number and/or address.
16. To report immediately to CANDO any relapse. Relapse is any actual use of mood or mind altering chemicals including alcohol.
17. To immediately cease practice of nursing if I relapse. Upon a relapse, I understand that I may not return to the practice of nursing until I have received written approval from CANDO.
18. To inform any and all nursing employers and/or schools of nursing of my participation in CANDO and to provide a copy of my Agreement to them and my assigned supervising nurse before accepting any clinical nursing assignment or working in a capacity requiring my nursing license. The employer/my supervisor and/or school of nursing shall submit to CANDO the completed CANDO provided form which documents my work status and ability to comply with all work restrictions.
19. To notify CANDO of any change in my employment status within five (5) calendar days of the change.

20. To have my direct supervisor complete the CANDO provided performance evaluation form in time to allow for the reports to be received by CANDO by the last day of my reporting months.

21. To observe the following work restrictions:

- a) Will not work registry, traveling nurse, nursing float pool, or any temporary employment agency work and will not work in a home or other community based settings in which direct supervision is not available.
- b) Will work in a setting where there is always a minimum of one other registered nurse.
- c) May work any shift.
- d) Will not work more than forty (40) scheduled hours of work in one week.
- e) Will not work a shift within twelve (12) hours of the previous shift.
- f) Will not work more than three (3) 12-hour shifts consecutively.
- g) Will work in an area where there is consistent supervision provided by primarily one (1) individual who has been provided a copy of my Agreement. In the event that the assigned supervising nurse is no longer responsible for the supervision required by this paragraph, I shall cause my new supervising nurse to inform the CANDO Program, in writing and on employer letterhead, acknowledgment of the new supervisor's receipt of a copy of this Agreement and to include the new supervising nurse's ability to comply with the work related restrictions within ten days of assignment of a new supervising nurse.
- h) May float only when no reasonable alternative exists and the receiving area has knowledge of the Licensee's participation in CANDO.
- i) Will not have access to or dispense narcotics, synthetic narcotics including but not limited to Ultram, Nubain and Stadol, or other potentially addictive medications for a minimum of twelve (12) months. I agree to abide by this restriction until I have been evaluated by and receive written authorization from CANDO.
- j) Will not accept a new supervisory position for one (1) year.

22. To sign all release of information forms relevant to my treatment and health care.

23. Signing this agreement authorizes communication between CANDO and the identified employer and direct supervisor, and between CANDO and my treatment providers.

24. To appear in person for any requested interviews, given reasonable notice by CANDO.

25. My reporting months (the last day of every other month) while participating in CANDO are as follows:

May, July, September, November, January, and March.

I understand any and all expenses incurred while I am a participant in CANDO are my responsibility.

I agree to apply for renewal of my license in the event that my license is scheduled to expire while this Stipulated Agreement is in effect. I understand I must pay the applicable fee and maintain qualifications to practice nursing in Arizona.

I agree to inform the CANDO Program, in writing, of a pending relocation out of the State of Arizona, and agree to notify the Board of Nursing, in the state in which relocation to practice nursing is considered, that I am a participant in the Arizona Board of Nursing's nondisciplinary program. I

understand that I must fully comply with the terms of this Agreement, regardless of residency. I understand that while participating in CANDO, I am not eligible for a multistate "Compact" license.

I understand that if at any time during my participation in CANDO, a complaint against my license is received by the Board, my participation in CANDO will be communicated to the Board for the Board's review in consideration of the complaint.

I understand that participation in CANDO is voluntary.

I understand that if I am noncompliant with the terms of this stipulated agreement in any respect, the CANDO Consultant may notify my employer of the noncompliance. Additionally, if I am noncompliant with any of the terms of the agreement, the length and terms of the agreement may be extended and/or modified, or I may be discharged from CANDO.

I understand that noncompliance with any of the terms of the Stipulated Agreement is considered a violation of the Nurse Practice Act. If terminated/discharged from this Agreement for noncompliance, any misconduct which may have occurred prior to the execution of this Stipulated Agreement or while this Agreement is in effect may be used in disciplinary proceedings by the Arizona State Board of Nursing (if I am discharged for noncompliance). Additionally, I understand that if discharged for noncompliance, all records of my participation in this program are no longer confidential or exempt from public records law. The Arizona State Board of Nursing may summarily suspend my nursing license if there is an immediate threat to the public health and safety. I further understand that Arizona State Board of Nursing disciplinary actions are reportable to the National Council of State Boards of Nursing Data Bank.

I hereby certify I have read this document, have had an opportunity to ask questions and I understand the agreement. Any modifications to the terms of this stipulated agreement are subject to the approval of the CANDO Consultant and must be documented in an addendum and signed by the Licensee and the Executive Director.



Joey Ridenour, R.N., M.N.
Executive Director



Licensee: Sarah D. Childers
License No.: RN045339

Date: May 8, 2006

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