



**BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND
ASSISTED LIVING FACILITY MANAGERS**

Douglas A. Ducey
Governor

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Allen Imig
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Board Members

Charles Seal-Villafranca, President
Nina Louis, Vice President
Ken Kidder, Member
Fred Randolph, Member
Melanie Seamans, Member
Pauline Campbell, Member
Susan Archer, Member

Web Site: www.aznciaboard.us

**MINUTES
REGULAR MEETING**

December 9, 2019

1. CALL TO ORDER

President Villafranca called the meeting to order at 9:06 a.m., at 1740 W. Adams, Board Meeting Room C, Phoenix, AZ 85007.

2. ROLL CALL

Present: Ken Kidder, Melanie Seamans (by telephone until 9:57 a.m.), Pauline Campbell, Nina Louis, Susan Archer, Charles Seal-Villafranca

Absent: Fred Randolph

Attendance: Allen Imig, ED, Phil Smyth, Investigator, Zakiya Mallas, Licensing Specialist, Sabrina Khan, AAG, Elizabeth Campbell, AAG

3. CALL TO THE PUBLIC

No one wished to speak.

4. APPROVAL OF MINUTES

A. Board Review, Consideration and Action on Approval of Minutes

1. November 12, 2019 Regular Board Meeting Minutes

Member Villafranca made a motion that was seconded by Member Campbell to approve the November 12, 2019 regular meeting minutes.

A motion passed unanimously 6 – 0.

5. **FORMAL ADMINISTRATIVE HEARINGS, MOTION TO DEEM ALLEGATIONS ADMITTED, OR PROPOSED CONSENT AGREEMENTS**

A. Formal Administrative Hearings or Proposed Consent Agreements.

2. Austin, Danielle 19-36 Motion to Deem

President Villafranca conducted the hearing.

Sabrina Khan, Assistant Attorney General, was present and represented the state. Ms. Khan made a motion to deem the allegations in the Complaint admitted, because Danielle Austin did not respond to the Complaint and Notice of Hearing as required per ARS 36-446.07(O).

Danielle Austin was not present for the hearing.

Elizabeth Campbell, Assistant Attorney General was present to advise the Board.

Member Kidder made a motion that was seconded by Member Archer to grant the State's motion and deem the allegations in the Complaint and Notice of Hearing as admitted.

A roll call vote passed unanimously, 6 – 0.

Member Kidder made a motion that was seconded by Member Campbell to adopt the Factual Allegations and the Allegations of Unprofessional Conduct from the Complaint and Notice of Hearing as Findings of Fact and Conclusions of Law.

A roll call vote passed unanimously, 6 – 0.

After the Board deliberated, Member Kidder made a motion that was seconded by Member Louis to revoke the manager certificate of Danielle Austin.

A roll call vote passed unanimously, 6 – 0.

The hearing was concluded.

3. Wilbanks, Brian 19-37 and 19-38 Motion to Deem

President Villafranca conducted the hearing.

Sabrina Khan, Assistant Attorney General, was present and represented the state. Ms. Khan stated that Mr. Wilbanks signed a consent agreement today for voluntary surrender of his manager certificate as a settlement to the formal hearing.

Brian Wilbanks was not present for the hearing.

Elizabeth Campbell, Assistant Attorney General was present to advise the Board.

Member Kidder made a motion that was seconded by Member Archer to accept Mr. Wilbanks signed consent agreement for voluntary surrender of his assisted living facility manager certificate, in case number 19-37 and 19-38.

A roll call vote passed unanimously, 6 - 0.

The hearing was concluded.

4. Boado, Elizabeth 18-218 and 19-54 Formal Hearing

President Villafranca conducted the hearing.

Sabrina Khan, Assistant Attorney General, was present and represented the state.

Elizabeth Boado was not present for the hearing.

Elizabeth Campbell, Assistant Attorney General was present to advise the Board.

Ms. Khan made a brief opening statement.

The State called Board investigator, Phil Smyth to testify to the exhibits.

The State presented the following Exhibits.

1. Case No. 18-218 - Consent Agreement and Order
2. Case No. 19-54 - Investigator's Letter to Respondent re: Notice of Complaint 19-54, dated Case No. 19-54 - 4/2/2019 with the Arizona Department of Health Services Compliance Survey enclosure
3. Case No. 19-54 - Arizona Department of Health Services Enforcement Actions Report
4. Case No. 19-54 - Respondent's Response to Investigator's Letter, dated 4/8/2019
5. Case No. 19-54 - Investigator's Letter to Respondent re: Notice of Board Meeting, Complaint 19-54, dated 5/16/2019
6. Case No. 19-54 - Investigator's Letter to Respondent re: Notice of Board Meeting, Complaint 19-54, dated 6/13/2019
7. Case Nos. 18-218, 19-54 – Complaint and Notice of Hearing
8. Case No. 19-54 - Respondent's Answer to the Complaint and Notice of Hearing

Ms. Khan made a brief closing statement.

Member Kidder made a motion with the amendments to the findings of fact 2b and 2c that should read, "March 11, 2019". The motion was seconded by Member Campbell to adopt the Parties and Jurisdiction and Factual Allegations from the Complaint and Notice of Hearing as the Board's Findings of Fact.

A roll call vote passed unanimously, 6 - 0.

Member Kidder made a motion that was seconded by Member Villafranca to adopt the Alleged Violations from the Complaint and Notice of Hearing as the Board's Conclusions of Law.

A roll call vote passed unanimously, 6 - 0.

After the Board deliberated, Member Kidder made a motion that was seconded by Member Villafranca to revoke the assisted living facility manager certificate of Elizabeth Boado.

A roll call vote passed unanimously, 6 - 0.

The hearing was concluded.

5. Chua, Winsome 19-111 Proposed Consent Agreement

Investigator Smyth summarized that the case was voted to formal hearing and that Mr. Chua signed a consent agreement to voluntarily surrender his assisted living facility manager certificate as a settlement, in lieu of a formal hearing.

Member Villafranca made a motion that was seconded by Member Archer to accept the Consent Agreement for voluntary surrender of Mr. Chua's assisted living facility manager certificate.

Elizabeth Campbell, Assistant Attorney General was present to advise the Board.

A roll call vote passed unanimously, 6 - 0.

6. COMPLAINT CASE

A. Consent Agenda to not open a complaint investigation on the facility manager that is related to an ADHS enforcement action.

	Facility Name
6.	Adagio Gardens Central LLC
7.	Arrowhead Lakes Adult Home Care
8.	Betania Care Home
9.	Carlton Village 3
10.	Casas Chapala
11.	Constant Care Assisted Living
12.	Emerald Glen Memory Care Plus
13.	Gracious Haven Edgemont
14.	Janet's Assisted Living Home
15.	Kingman Christian Care
16.	Spring Valley
17.	The Retreat at Desert Cove
18.	Valley Vista Home Care
19.	Zaweah Luxury Living

Member Kidder made a motion that was seconded by Member Archer to not open complaints on the manager of the facilities listed under agenda items 6 through 19.

A roll call vote passed unanimously, 6 - 0.

B. Board Review, Consideration and Action regarding new complaints:

	Complaint #	Licensee	Title	Open Date
20.	19-150	Micula, Daniela	Manager	11/07/19

Investigator Smyth summarized the complaint for the Board. Board staff received a letter from The Arizona Department of Public Safety advising Ms. Micula's fingerprint clearance card was suspended as a result of her arrest for felony theft. Ms. Micula acknowledged she accessed a deceased resident's bank account via an ATM and removed about \$36,000.

Ms. Micula was not present at the Board meeting.

Member Villafranca made a motion that was seconded by Member Louis that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-150 involving manager Daniela Micula and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Voluntary Surrender

A roll call vote passed unanimously 5 – 0

21. 19-132 Damaso, Johanna Manager 10/07/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Chandler Adult Care Home 1, located in Mesa and identified 22 deficiencies, of which 2 were repeat deficiencies, in 9 different areas. Some of the deficiencies included:

- Manager failed to ensure the service plan requirement was present
- Manager failed to ensure medication was administered as ordered

DHS took enforcement action on 2 repeat violations and assessed a civil money penalty of \$6,100.00.

Ms. Damason was present and answered the Board's questions. Ms. Damaso spends two hours on Tuesdays and Thursdays at the facility. Ms. Damason advised the hazardous material storage requirement was not in compliance and medications were being given without a doctor's orders. The owner went to the ADHS enforcement meeting and Ms. Damason was not aware of what took place.

Adalina Somera is the owner of the facility and is a revoked manager. The owner made the plan of corrections related to the ADHS deficiencies.

Member Kidder made a motion that was seconded by Member Villafranca that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-132 involving manager Johanna Damaso and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 3 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$500.00
 - b) Complete the manager training course that is approved by the Board
 - c) Pass the manager state examination for managers administered by the Board
 - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0

22. 19-122 Radder, Belinda Manager 09/24/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at /renaissance Luxury Retirement Living located in Sun Lakes and identified 11 deficiencies, 3 were repeat deficiencies, in 8 different areas. Some of the deficiencies included:

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$750.00.

Ms. Radder was present and was at the facility for 6 to 8 weeks prior to the compliance inspection.

Prior to Ms. Radder there were multiple managers who were there at the facility for short periods of time. Ms. Radder is no longer associated with the facility.

Member Louis made a motion that was seconded by Member Villafranca to dismiss complaint 19-122 against Belinda Radder, for insufficient evidence of a violation.

A motion passed unanimously 5 – 0.

23. 19-120 Gordon, Erna Manager 09/23/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Desert Oasis at Superstition, located in Mesa and identified 15 deficiencies, 1 was a repeat deficiency, in 7 different areas. Some of the deficiencies included:

- Medications not stored in a locked cabinet
- Caregiver had an invalid caregiver certificate
- Employee did not have a personnel record

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$1,250.00.

Ms. Gordon was not present at the Board meeting.

Member Villafranca made a motion that was seconded by Member Archer that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-120 involving manager Erna Gordon and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 3 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$250.00
 - b) 3 hours of Board approved continuing education in medication management
 - c) All continuing education classes must be pre-approved by the Board's Executive Director
 - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0.

24. 19-118 Woelke, Patricia Manager 09/23/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Woodland Palms Assisted Living, located in Tucson and identified 8 deficiencies in 5 different areas. Some of the deficiencies included:

- Fingerprint clearance card requirement was not met
- Employee CPR and First Aid Training was expired
- Medical record requirements were not met

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$2,250.00.

See complaint 19-141.

25. 19-141 Woelke, Patricia Manager 10/24/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliant investigation at Woodland Palms Assisted Living, located in Tucson and identified 8 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure there was documentation of caregiver training for a caregiver
- Manager failed to insure TB requirements were met

DHS took enforcement action on 4 violations and assessed a civil money penalty of \$1,250.00.

Ms. Woelke was present and answered the Board's questions.

The facility was capped at 41 residents. They now have a staffing coordinator to assist. They also hired a nurse. They have introduced a new employee check list to make sure all the required documents are in the employee file.

The Board Combined cases 19-118 and 19-141.

Member Kidder made a motion that was seconded by Member Campbell that the Board finds insufficient evidence of a violation in complaint 19-118 and 19-141 involving manager Patricia Woelke, but issue a letter of concern. The Board's concern was that the manager failed to maintain adequate personnel requirements.

A roll call vote passed unanimously 5 – 0.

26. 19-128 Carp, Liliana Manager 10/01/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Otilia's Home Care, located in Glendale and identified 5 deficiencies in 3 different areas. Some of the deficiencies included:

- Manager failed to ensure manager designee requirement was met
- Manager failed to ensure personnel record requirement was met
- Manager failed to ensure medication was administered as ordered

DHS took enforcement action on 1 violations and assessed a civil money penalty of \$500.00

Ms. Carp was present and answered questions from the Board. Ms. Carp spends 5 hours a day at the facility. She was on vacation at the time of the survey. Ms. Carp said she will focus more on her work and documentation.

Member Kidder made a motion that was seconded by Member Campbell that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-128 involving manager Liliana Carp and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 3 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$250.00
 - b) 3 hours of Board approved continuing education in personnel requirements
 - c) All continuing education classes must be pre-approved by the Board's Executive Director
 - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0.

27. 19-135 Telan, Roberto Manager 10/11/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Whipple Circle Manor Assisted Living, located in Gilbert and identified 5 deficiencies, 1 was a repeat deficiency, in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure quality management program requirement was met
- Manager failed to ensure residency agreement requirement was met
- Manager failed to ensure evacuation drill requirement was met

DHS took enforcement action on 2 violations and assessed a civil money penalty of \$4,540.00.

Mr. Roberto was present and answered the Board's questions. Ms. Roberto took a quality management course August 3, 2019. Mr. Roberto now does the quality management program as required. The facility licensed for 5 residents. Mr. Roberto has since changed his residency agreement to make it compliant.

Member Kidder made a motion that was seconded by Member Villafranca that the Board finds insufficient evidence of a violation in complaint 19-135 involving manager Roberto Telan, but issue a letter of concern. The Board's concern was that manger failed to maintain an adequate quality management program or adequate residency agreement.

The motion passed unanimously 5 – 0.

28. 19-108 Sanchez, Patricia Manager 09/23/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Villa De Hope, located in Tucson and identified 8 deficiencies, 5 of which were repeat deficiencies, in 4 different areas. Some of the deficiencies included:

- Manager failed to ensure medication was administered as ordered
- Manager failed to ensure disaster drill requirement was met
- Manager failed to ensure evacuation drill requirement was met

DHS took enforcement action on 6 violations and assessed a civil money penalty of \$1,750.00.

Ms. Sanchez was not present as she has some medical issues and could not attend.

Member Villafranca made a motion that was seconded by Member Campbell that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-108 involving manager Patricia Sanchez and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 6 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$250.00
 - b) Complete the manager training course that is approved by the Board
 - c) Pass the manager state examination administered by the Board
 - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0.

29. 19-116 Reilly, Elvira Manager 09/20/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Ocean Senior Care, located in Avondale and identified 16 deficiencies 2 were repeat deficiencies, in 7 different areas. Some of the deficiencies included:

- Manager failed to ensure service plan requirement was met
- Manager failed to ensure TB requirement was met
- Manager failed to ensure medication was administered as ordered

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$750.00.

Ms. Reilly was present and answered the Board's questions. The owner would say she would fix items that were brought to her attention, but they would not be fixed. The facility is licensed for 6 residents.

When the owner is gone the manager is not allowed to go into the facility. The owner was in China for three weeks and Ms. Reilly was not allowed into the facility except for an emergency. She continued to be a manager for 3 years. Ms. Reilly would spend one day a week for 2 hours at the facility when the owner was around.

The owner of the facility is Diana Wei.

Member Villafranca made a motion that was seconded by Member Kidder that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-116 involving manager Elvira Reilly and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 3 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$250.00
 - b) Complete the manager training course that is approved by the Board
 - c) Pass the manager state examination administered by the Board
 - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0.

The Board directed staff to forward information about the owner to DHS.

30. 19-123 Plana, Avigale Manager 09/24/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at West Side Care Home, LLC, located in Peoria and identified 24 deficiencies in 13 different areas. Some of the deficiencies included:

- Manager failed to ensure TB requirement was met
- Manager failed to ensure evacuation drill requirement was met
- Manager failed to ensure inability to ambulate requirement was met

DHS took enforcement action on 1 violation and assessed a civil money penalty of \$500.00.

Ms. Plana was present and answered the Board's Ms. Plana was at the facility two hours every other day. Ms. Plana said the facility was licensed for 9 residents but only had 7 at the time of the survey.

Ms. Plana works full time, outside of facility manager, in hospital collections. Ms. Plana quit as manager of this facility and is now managing another home.

Member Kidder made a motion that was seconded by Member Campbell that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-123 involving manager Avigale Plana and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 3 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$500.00
 - b) Complete the manager training course that is approved by the Board
 - c) Pass the manager state examination
 - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0.

31. 19-137 Meyer, Jenna Manager 10/11/19

Member Louis disclosed she knew Ms. Meyer but it would not influence her decision.

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Christian Care Manor II, Inc., located in Phoenix and identified 15 deficiencies, 1 of which was a repeat deficiency, in 6 different areas. Some of the deficiencies included:

DHS took enforcement action on 4 violations and assessed a civil money penalty of \$2,250.00.

Ms. Meyer was present and answered the Board's questions and explained the deficiencies in the compliance inspection. The facility is licensed for 42 residents.

After the Board heard from Ms. Meyer, Member Villafranca made a motion that was seconded by Member Kidder to dismiss complaint 19-137 against Jenna Meyer, for insufficient evidence of a violation.

The motion passed unanimously 5 – 0.

32. 19-136 Grozov, Elaine Manager 10/11/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at North Scottsdale Gardens Assisted Living Home, located in Scottsdale and identified 11 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver skills and knowledge was verified
- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure fingerprint clearance card requirement was met

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$2,250.00.

Ms. Grozov was present and answered the Board's questions. She spends 1 to 2 hours a day at the facility. The survey covered mostly documentation issues.

Member Villafranca made a motion that was seconded by Member Kidder that the Board finds insufficient evidence of a violation in complaint 19-136 involving manager Elaine Grozov, but issue a letter of concern. The Board's concern was that the manager failed to properly validate one employee fingerprint card.

33. 19-131 Vancea, Peter Manager 10/04/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Des Monines Specialized Care, located in Mesa and identified 3 deficiencies in medication, 2 of which were repeat deficiencies. Some of the deficiencies included:

- Manager failed to ensure medication administration requirement was met
- Manager failed to ensure medication storage requirement was met
- Manager failed to ensure policy and procedure requirement was met

DHS took enforcement action on 2 repeat violations and assessed a civil money penalty of \$500.00.

Mr. Vancea was present and answered the Board's questions. Mr. Vancea checked the prior DHS survey before he became the manager. They were in the process but the doctor's orders were not signed and returned by the doctor prior to the survey.

Member Villafranca made a motion that was seconded by Member Campbell to dismiss complaint 19-31 against Peter Vancea, for insufficient evidence of a violation.

The motion passed unanimously, 5 – 0.

34. 19-138 Gunnell, Marcia Manager 10/15/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at North Scottsdale Retreat, located in Scottsdale and identified 8 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure fingerprint clearance card requirement was met
- Manager failed to ensure employee CPR or First Aid requirement was met
- Manager failed to ensure quality management program requirement was met

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$1,500.00.

Ms. Gunnell was present and answered the Board's questions. Ms. Gunnell started at the facility in February 2019 and ended June 1, 2019. Her duties were to oversee the manager designee. She was at the facility at least once a week. The company has a HR department that oversees the hiring. The facility is licensed for 10 and had 6 at the time of the survey.

The company is Endeavor who owns several homes in the area.

Member Kidder made a motion that was seconded by Member Louis that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-138 involving manager Marcia Gunnell and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.

2. Probation for 3 months that includes:
 - a) Reimbursement of investigative costs in the amount of \$250.00
 - b) 3 hours of Board approved continuing education in service plans
 - c) 3 hours of Board approved continuing education in personnel requirements
 - d) All continuing education classes must be pre-approved by the Board's Executive Director
 - e) Any costs of the probation are those of the certificate holder
- C. Board Review, Consideration and Action on Whether to Open a Complaint on Long Term Care Facility Administrator Related to an ADHS Survey
35. Casas Adobes Post Acute Rehab Center
 36. Desert Blossom Health & Rehab Center

Member Kidder made a motion that was seconded by Member Villafranca to not open complaints against the administrators of the facilities listed under agenda items 35 and 36.

A roll call vote passed unanimously 6 – 0.

37. Mountain View Manor

Member Kidder recused himself from this agenda item.

Member Villafranca made a motion that was seconded by Member Archer to not open a complaint against the administrator of the facility listed under agenda item 37.

A roll call vote passed unanimously 5 – 0.

Member Seamans was no longer on the telephone as of 9:57 a.m.

- D. Board Review, Consideration and Action on Whether to Open a Complaint on Facility Manager, Related to an ADHS Survey
38. Courtyard Towers
 39. Kossy Kare Assisted Living, LLC
 40. Park Senior Villas at La Canada – Villa G
 41. Park Senior Villas at La Canada – Villa M

Investigator Smyth summarized the issues related to identifying the manager who was responsible for the deficiencies, as there were multiple managers at those facilities for short periods of time prior to the survey.

Member Villafranca made a motion that was seconded by Member Kidder to not to open complaints on managers of facilities listed under agenda items 38 through 41.

The motion passed unanimously, 5 – 0.

- E. Board Review, Consideration and Action to Close Complaint Investigation
42. 19-133 Ham, Matthew Administrator 10/7/19

Investigator Smyth summarized the case for the Board. The complaint was opened on Mr. Ham, but in his response, he had not been the administrator of the facility for years. There were several other administrators that were at the facility for short periods of time, but it would be hard to determine which one was responsible for the deficiencies.

Member Villafranca made a motion that was seconded by Member Kidder to close the complaint against Mr. Ham.

A roll call vote passed unanimously, 5 – 0.

Member Villafranca made a motion that was seconded by Member Campbell to not open a complaint on any of the other administrators who were at the facility for a short time.

A roll call vote passed unanimously, 5 – 0.

7. ADMINISTRATOR LICENSURE AND MANAGER CERTIFICATION

A. Consent Agenda to approve temporary administrator licenses, permanent administrator licenses, temporary manager certificates, permanent manager certificates, pending passing all required examinations within the substantive time frame or the license or certificate will be denied.

43. Temporary Administrator Licenses

None			
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Permanent Administrator Licenses

Troyer, John	Wilson, Mariana		
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Temporary Manager Certificates

None			
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Permanent Manager Certificates

Smith, Joyce	Houf, Andra	Malloy, Kenneth	Wilsey, Roberta
Laguna, Michelle	Miller, Darlene	Mensing, Raymond	Patterson, Hilary
Owens, Audra			

Member Kidder made a motion that was seconded by Member Campbell to approve the temporary and permanent administrator licenses, the temporary and permanent manager certificates, pending passing all required examinations within the substantive time frame or the license or certificate will be denied.

The motion passed unanimously, 5 – 0.

B. Individual Board Review, Consideration and Action on Applicants Temporary and/or Permanent Administrator License or Manager Certificate. If approved, pending passing all required examinations within the substantive time frame or the license or certificate will be denied.

44. None

8. ASSISTED LIVING FACILITY TRAINING PROGRAMS

A. Consent Agenda to Approve Assisted Living Facility Caregiver and Manager Training Programs and Renewals of Assisted Living Facility Caregiver and Manager Training Programs.

45. Assisted Living Facility Caregiver Training Program

None	
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Assisted Living Facility Manager Training Program

Academy for Caregiving Excellence	
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Assisted Living Facility Caregiver Training Program Renewal

Arizona LeadingAge Caregiver Training ALCTP-0061	Caregivers of Arizona Redefining Education for Elders – ALCTP-0080
Assisted Living Licenses Certificates & Training – ALCTP-0011	

Assisted Living Facility Manager Training Program Renewal

Yavapai Community College ALMTP-0015	Caregivers of Arizona Redefining Education for Elders – ALMTP-0020
Assisted Living Licenses Certificates & Training – ALMTP-0011	

Member Villafranca made a motion that was seconded by Member Archer to approve the assisted living facility caregiver and manager training program and the renewals of caregiver and manager training programs.

The motion passed unanimously, 5 – 0.

9. OTHER BUSINESS

A. Consent Agenda to Approve Board Policies and Procedures

- 46. Initial Nursing Care Institution Administrator Licensing
- 47. Initial Assisted Living Facility Manager Certification
- 48. Renewal of License or Certificate
- 49. Initial Application - Manager and Caregiver Training Programs
- 50. Renewal of Manager or Caregiver Training Program
- 51. ADHS Survey and Enforcement Review Process

Executive Director Imig summarized for the Board the need for the policy and procedures to correspond with the eLicense system.

Member Villafranca made a motion that was seconded by Member Campbell to approve the consent agenda items 46 through 51.

The motion passed unanimously, 5 – 0.

B. Review, Consideration, and Possible Action Regarding Executive Director’s Performance and Compensation.

Pursuant to A.R.S. §38-431.03 (A)(1), the Board may vote to go into executive session, which will not be open to the public, for discussion and consideration of employment, assignment, appointment, promotion, demotion, dismissal, salaries, disciplining or resignation as it relates to this agenda item.

Member Villafranca made a motion that was seconded by Member Campbell to go into Executive Session.

The motion passed unanimously, 5 – 0.

Executive Session started at 12:40 p.m.

Regular Session resumed at 12:55 p.m.

Member Villafranca made a motion that was seconded by Member Archer to approve the Executive Directors increase in compensation as discussed in the Executive Session.

A roll call vote passed unanimously 5 – 0.

10. **ADMINISTRATIVE MATTERS**

The following items concern administrative matters and are provided for informational purposes. The Board may review and discuss the following matters.

52. Financial Reports

Executive Director Imig reported the Board’s fund balance at the end of November was \$440,194, which about one percent over projections. Expenses were in line as budgeted.

53. Complaints Status Report

Investigator Smyth reported that there are 11 cases ready for January and hopes to have a few more ready.

54. Licensing Report

Licensing Specialist Mallas reported there are 342 active and 22 inactive administrators and 2119 active and 17 inactive managers.

55. Legislation Update

There was none to report. The session begins in January.

56. Rules Update

Executive Director reported that the final rules hearing at GRRC, on the changes to Article 2 and 4 was held on December 3, 2019 and were approved.

Executive Director reported on Article 7 caregiver rules, that he had met with the rule writer and she was creating a draft based on the statute. Once completed the rules committee will review and make any adjustments.

57. Training Program Report

Executive Director Imig reported there were about 49 caregiver training programs and 14 manager training programs. During the last year there were 2571 caregivers that took the exam for the first time and had an 80% pass rate. There were 391 manager trainees that had a first time pass rate of 80%.

58. Board Appointments

The Governor's office has contacted some of the members regarding reappointments. There is no word yet on any new appointments.

59. Board Meeting Critique

There was a brief Board meeting critique.

11. **FUTURE AGENDA ITEMS AND MEETING DATES**

The next regular meeting of the Board will be held on Monday, January 13, 2020 at 1740 W. Adams, Board Meeting Room C, Phoenix, Arizona, at 9:00 a.m.

12. **ADJOURNMENT**

President Villafranca adjourned the meeting at 12:56 p.m.