

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

Douglas A. Ducey

Governor

**Board Members** 

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

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Allen Imig **Executive Director** 

# **MINUTES** REGULAR MEETING

February 10, 2020

#### 1. **CALL TO ORDER**

President Villafranca called the meeting to order at 9:05 a.m., at 1740 W. Adams, Board Meeting Room C, Phoenix, AZ 85007.

#### 2. **ROLL CALL**

Present: Fred Randolph, Melanie Seamans, Pauline Campbell, Nina Louis, Susan Archer,

Charles Seal-Villafranca, Ted Ihrman

Absent: Ken Kidder

Attendance: Allen Imig, ED, Phil Smyth, Investigator, Zakiya Mallas, Licensing Specialist,

Sabrina Khan, AAG, Mary Williams, 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. January 13, 2020, Regular Board Meeting Minutes
  - 2. December 9, 2019 Executive Session Minutes

The approval of the December 9, 2019 Executive Session Minutes were tabled until the next meeting due to a lack of quorum from that meeting.

Member Villafranca made a motion that was seconded by Member Campbell to approve the January 13, 2020 regular meeting minutes.

The motion passed unanimously 7 - 0.

#### 5. MOTION FOR REHEARING OR REVIEW- OF BOARD ORDER

A. Motion for Rehearing or Review of Board Order

3 McKenzie, Melissa 19-61 Manager

The hearing started at 9:09 a.m., Ms. McKenzie was not present.

Sabrina Khan, AAG, was present to represent the State.

Mary Williams, AAG was present as an independent advisor to the Board.

Ms. Khan presented the States response to Ms. McKenzie request for review or rehearing.

Member Villafranca made a motion that was seconded by Member Randolph to deny Ms. McKenzie's request for review or rehearing as cause was not made to support it.

A Roll call vote passed unanimously 7 - 0.

## 6. FORMAL ADMINISTRATIVE HEARINGS OR PROPOSED CONSENT AGREEMENTS

- A. Formal Administrative Hearings or Consent Agreement.
  - 3a. Garrard, Robert A. 19-11 Manager

Member Villafranca recused himself from hearing this matter.

Member Louis presided over this complaint.

Ms. Khan summarized the reasons for the voluntary surrender of Mr. Garrard's certificate.

Member Randolph made a motion that was seconded by Member Louis to approve the consent agreement for voluntary surrender of certificate.

A Roll call vote passed 5 - 1, with Member Campbell voting nay.

### 7. 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**

- 4. AC Assisted Living LLC
- 5. Amber Creek Memory Care Community
- 6. Arizona Angels LLC
- 7. Best Care Assisted Living
- 8. Brookdale East Arbor
- 9. Caring Haven Homes Two
- 10. Coolidge Legacy at Scottsdale LLC
- 11. Family First Assisted Living Home, LLC
- 12. Generations at Ahwatukee
- 13. Gifted Hands Assisted Living, LLC

- 14. Heritage Village BLDG. 3
- Living Legacy Senior Care East 15.
- 16. Marigold at Redwood Assisted Living Home
- 17. Northwest Assisted Living I
- Oak Tree Care Home 18.
- 19. Pacifica Senior Living Paradise Valley
- 20. Rook at Fairmount Assisted Living
- 21. Rose Lane Adult Care Home
- 22. Royal Oak 2
- Senior Care Assisted Living 23.
- 24. Sue's Place, LLC
- 25. Silver Moon Assisted Living Home
- Villas at Green Valley, Villa B 26.

Member Villafranca made a motion that was seconded by Member Randolph to not open complaints on the facility managers listed under agenda items 4 through 26.

The motion passed unanimously 7 - 0.

- B. Board Review, Consideration and Action on Whether to Open a Complaint
  - Ageless Angels Assisted Living Home 2 27.
  - 28. Solterra La Cholla Operations, LP

Member Villafranca made a motion that was seconded by Member Seamans to open a complaint on the manager of the facility listed on agenda item 27, and on the previous manager, Inge Duran, of the facility listed on agenda item 28.

The motion passed unanimously, 7 - 0.

After further information was presented by Investigator Smyth, Member Villafranca made a motion that was seconded by Member Archer to rescind the motion to open a complaint on the manager of the facility listed under agenda item 27 and to not open a complaint on agenda item 28.

TC:41.

The motion passed unanimously, 7 - 0.

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

	Complaint #	Licensee	Title	<b>Open Date</b>
29.	19-117	King, Brett	Administrato	r 09/20/19

Investigator Smyth summarized the complaint for the Board. DHS conducted six complaint investigations and a recertification survey at Phoenix Mountain Post Acute, located in Phoenix and identified 23 deficiencies in 22 different areas. Some of the deficiencies included:

- Failing to implement their abuse policy related to investigating and reporting
- Failed to ensure meal tickets containing resident information were not thrown into the trash.

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

Mr. King was present and answered the Board's questions. He explained the IJ citation. The resident said they did not feel and threat, abuse or neglect so no investigation or report was made. At the time of the survey the resident said they were abused. Mr. King immediately notified DHS and started an investigation. A facility had a video of the incident. They put the offending resident on a one on one watch when the resident was out of bed.

Member Villafranca made a motion that was seconded by Member Randolph to dismiss complaint 19-117 against Brett King, for insufficient evidence of a violation.

The motion passed unanimously 7 - 0.

## 30. 19-119 Taugape, Tomeletso Administrator 09/23/19

Member Seamans made a motion that was seconded by Member Villafranca to table hearing the complaint to next month.

The motion passed unanimously 7 - 0.

## 31. 19-145 Molaro, Katie Administrator 10/28/19

Member Villafranca recused himself for hearing this matter.

Member Louis led the discussion.

Investigator Smyth summarized the complaint for the Board. DHS conducted a 4 complaint investigations at Ridgecrest Healthcare, located in Phoenix and identified 8 deficiencies in 7 different areas. Some of the deficiencies included:

- Failure to ensure residents were protected from mental, verbal and sexual abuse
- Failure to report all alleged violation in a timely manner.

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

Nicole Cullen attorney for Katie Molaro were present and answered the Board's questions.

An employee did not report the abuse as required per policy and procedure. Ms. Molaro immediately self-reported when she became aware of the incident. They now have separate female and male units.

Member Louis made a motion that was seconded by Member Archer to dismiss complaint 19-145 against Katie Molaro, for insufficient evidence of a violation.

The motion passed 6 - 0.

## 32. 19-154 Parham, Maria Administrator 11/22/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey and 1 complaint investigation at Freedom Plaza Care Center, located in Peoria and identified 4 deficiencies in 4 different areas. Some of the deficiencies included:

- Staff performed an unsafe transfer using a Hoyer lift
- Failure to ensure residents were treated in a dignified manner

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

Maria Parham was present along with her attorney Scott King and answered the Board's questions and explained the circumstances surrounding the violations.

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

The motion passed unanimously 7 - 0.

Executive Session started a 9:22 a.m.

Regular Session started at 9:23 a.m.

Member Louis made a motion that was seconded by Member Seamans to dismiss complaint 19-154 against Maria Parham, for insufficient evidence of a violation.

The motion passed unanimously 7 - 0.

## 33. 19-157 Daroczy, Christopher Administrator 11/22/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at La Estancia Nursing and Rehabilitation Center, located in Phoenix and identified 7 deficiencies in 6 different areas. Some of the deficiencies included:

- Failure to provide adequate supervision to prevent a resident from physical assaulting another resident.
- Failure to meet the reporting requirements

DHS took enforcement action on 1 violations and assessed a civil money penalty of \$1,000.00.

Mr. Daroczy was present and answered the Board's questions and explained the circumstances surrounding the incident of the complaint investigation.

Member Villafranca made a motion that was seconded by Member Louis to dismiss complaint 19-157 against Christopher Daroczy, for insufficient evidence of a violation.

The motion passed unanimously 7 - 0.

## 34. 19-146 Marc, Viorica Manager 11/04/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Dixileta Adult Care Home II, located in Scottsdale and identified 5 deficiencies in 3 different areas. Some of the deficiencies included:

- Caregiver had an invalid caregiver training certificate
- One employee did not have a personnel record

DHS took enforcement action on 2 violations and assessed a civil money penalty of \$1,000.00.

Ms. Marc was present and answered the Board's questions. DHS concluded one of the caregivers did not have a valid caregiver certificate. One employee did not have an employee file. It was missing from the facility. Ms. Marc did not report the missing personnel file to the police. Ms. Marc lives at the facility and has six residents.

Member Seamans 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 19-146 involving manager Viorica Marc 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) 3 hours of Board approved continuing education in resident rights
  - 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

A roll call vote passed unanimously, 7 - 0

35. 19-147 Lowe, Emily Manager 11/05/19

Member Archer recused from hearing the complaint.

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Canyon Oaks Assisted Living, LLC, located in Chandler and identified 19 deficiencies, 1 of which was a repeat deficiency, in 9 different areas. Some of the deficiencies included:

- Failure to verify an employee fingerprint clearance card
- Manager failed to ensure medication was administered as ordered
- Manager failed to ensure medication administration requirement was met

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

Ms. Lowe was present and answered the Board's questions. The owner wanted to be involved in the management of the facility. Ms. Lowe was at the facility once a week to check paperwork. At the time of the survey there were two residents at the home.

Member Seamans made a motion that was seconded by Member Randolph 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 19-147 involving manager Emily Lowe 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) 3 hours of Board approved continuing education in personnel requirements
  - d) 3 hours of Board approved continuing education in quality assurance
  - e) 3 hours of Board approved continuing education in record keeping
  - f) All continuing education classes must be pre-approved by the Board's Executive Director
  - g) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5-0.

Member Randolph left the meeting at 10:38 a.m., prior to hearing agenda item 35.

## 36. 19-159 Carranza, Veronica Manager 12/06/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at San Paulo Assisted Living Home, located in Tucson and identified 3 deficiencies, of which 2 were repeat deficiencies, in 2 different areas. Some of the deficiencies included:

- Manager failed to ensure medication was administered as ordered
- Manager failed to ensure toxic materials were stored as required

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

Ms. Carranza was present and answered the Board's questions regarding the repeat deficiencies and why they were not corrected.

The facility had 8 residents at the time of the survey and Ms. Carranza was present for the survey.

Ms. Carranza is in the home every day for eight hours.

Member Villafranca made a motion that was seconded by Member Seamans 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 19-159 involving manager Veronica Carranza 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) 3 hours of Board approved continuing education in residency agreement
  - 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

A roll call vote passed unanimously 6 - 0.

#### 37. 19-160 Ghiurau, Mariana Manager 12/20/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Desert Willow Assisted Living LLC, located in Cave Creek and identified 3 deficiencies, of which 1 was a repeat deficiency, in 2 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure fingerprint clearance card requirement was met

DHS took enforcement action on 1 violation and assessed a civil money penalty of \$2,000.00.

Ms. Ghiurau 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 19-160 involving manager Mariana Ghiurau 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 \$300.00
  - b) Complete the manager training course that is approved by the Board and document completion
  - 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 5 - 1 with member Archer voting nay.

38. 19-161 O'Connell, Paul Manager 12/20/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Solterra La Cholla Operations, LP, located in Tucson and identified 8 deficiencies in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure employee CPR or First Aid requirement was met
- Manager failed to ensure medication was administered as ordered
- Manager failed to ensure service plan requirement was met

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$1.250.00

Mr. O'Connell was present and answered the Board's questions regarding the complaint.

The records are maintained at the business office. Mr. O'Connell started as manager in February 2019 and the survey was in August 2019. He was brought into the facility to clean it up. There have been four wellness managers and business managers leave since he started. According to Mr. O'Connell it has been challenging with executive staff leaving.

Member Villafranca made a motion that was seconded by Member Louis to dismiss complaint 19-161 against Paul O'Connell, for insufficient evidence of a violation.

The motion passed 6 - 0.

#### 39. 19-162 Soriano, Wilfred Manager 12/23/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Assisted Living at the Phoenician, located in Scottsdale and identified 27 deficiencies, of which 1 was a repeat deficiency, in 15 different areas. Some of the deficiencies included:

- Manager failed to ensure quality management program requirement was met
- Manager failed to ensure caregiver training 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 \$1,250.00.

Mr. Soriano was present and answered the Board's questions. He is the owner and manager of the facility. He manages two facilities and is each facility every day for 5 hours. Mr. Soriano said he did not sign his quality management document, but after questioning there were more things that were not done.

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 19-162 involving manager Wilfred Soriano 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 and document completion
  - 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 5 - 1. With member Archer voting nay.

## 40. 19-163 Malimban, Alma Manager 12/23/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Pennington Manor Assisted Living Home, located in Mesa and identified 8 deficiencies in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver skills and knowledge was verified
- Manager failed to ensure an incident reporting requirement was met
- Manager failed to ensure policy and procedure requirement was met

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

Ms. Malimban was present and answered the Board's questions. There were 3 residents at the time of the survey. Ms. Malimban spends 12 hours a week at the facility. Ms. Malimban was not there at the time of the survey. Ms. Malimban was not notified by the owner that a survey was being conducted.

It was learned that the owner, Norma Lajom, had her manager certificate revoked by the Board and was Ms. Malimban's manager designee.

Ms. Malimban along with Ms. Lajom wrote the plan of correction.

Norma Lajom was present and is the owner of the two assisted living homes and Ms. Malimban is the manager for both.

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 19-163 involving manager Alma Malimban 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 and document completion

- 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 6 - 0.

41. 19-129 Arguillo, Meriam Manager 10/01/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Kierland Sanctuary, located in Scottsdale and identified 4 deficiencies in 3 different areas. Some of the deficiencies included:

- Manager failed to ensure personnel record requirement was met
- Manager failed to ensure caregiver skills and knowledge was verified
- Manager failed to ensure policy and procedure requirement was met for inventorying controlled substances

DHS took enforcement action on 2 violations and assessed a civil money penalty of \$750.00

Ms. Arguillo was present and answered the Board's questions. Ms. Arguillo was having problems with the owner for accepting residents without consulting with her. Ms. Arguillo is at the facility three times a week for 2 to 4 hours. The facility had three residents at the time of the survey.

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 19-129 involving manager Meriam Arguillo 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 and document completion
  - 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 6 - 0.

## 8. <u>ADMINISTRATOR LICENSURE AND MANAGER CERTIFICATION</u>

- 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.
  - 42. Temporary Administrator Licenses

3.7		
None		
TVOIIC		

Permanent Administrator Licenses

Edmunds, Bradly Harding, Alyson	LeRoy, Stephen	
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## **Temporary Manager Certificates**

McCarthy, Susan	Nathan, Jessica	Merchand, Elena	Aluoch, Sylvia
Van Gysel, Heath			

## Permanent Manager Certificates

McCarthy, Susan	Nathan, Jessica	Merchand, Elena	Aluoch, Sylvia
Van Gysel, Heath	Pierson, Lisa	Loucks, William	Cisneros, Jennifer
Grenough, Daniel	Spring, Cari	Ibarra, Elga	Tummino, Patricia
Chidester, Carla	Richardson, Gail	Ngugi, John	Callahan, Jeanne
Holt, Harry	Waterfall, Melissa	Ortiz, Edgar	Gonzales, Anna
			Maria
Johnson, Linda	Tucci, Stacey		

Susan McCarthy was pulled from the consent agenda for temporary certificate.

Member Charles made a motion that was seconded by Member Seamans 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 6 - 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.

## 43. Rasmussen, Larry

## Permanent administrator license

Zakiya Mallas, Licensing Specialist outlined for the Board the criminal history related to the applicant. He was found guilty of security fraud and communication fraud.

Applicant Larry Rasmussen was present and answered the Board's questions.

Member Villafranca made a motion that was seconded by Member Archer to approve the permanent administrator license.

The motion passed unanimously 5 - 1 with Member Louis voting nay.

## 44. De Retana, Natilija

## Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the prior disciplinary issues related to the applicant.

Applicant Natilija De Retana was present and answered the Board's questions.

Member Villafranca made a motion that was seconded by Member Ihrman to approve the permanent manager certificate.

The motion passed unanimously 6 - 0.

## 45. Sylvester, Russell

#### Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the criminal issues related to the applicant.

Applicant Russell Sylvester was present and answered the Board's questions.

Member Villafranca made a motion that was seconded by Member Louis to approve the permanent manager certificate.

The motion passed unanimously 6 - 0.

#### 46. Stewart, Dorothea

## Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the criminal issues related to the applicant.

Applicant Dorothea Stewart was present and answered the Board's questions.

Member Villafranca made a motion that was seconded by Member Louis to approve the permanent manager certificate.

The motion passed unanimously 6 - 0.

#### 47. Odishoo, Matthew

### Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the criminal issues related to the applicant.

Applicant Matthew Odishoo was present and answered the Board's questions.

Member Villafranca made a motion that was seconded by Member Ihrman to conditionally approve the permanent manager certificate pending passing all required examinations within the substantive time-frames or the certificate will be denied. As a condition of approval the Board offered a consent agreement to become effective at the time Mr. Odishoo becomes certified with the following conditions:

- 1. Probation for 12 months that includes:
  - a) Attend AA meetings monthly and document attendance
  - b) Provide the Board with any DHS annual or complaint survey's within 30 days.
  - c) Attend Board meetings once a quarter
  - d) Attend Board meeting after passing the state examination

A roll call vote passed unanimously 6 - 0.

#### 48. Borkowski, Pauline

Permanent manager certificate

Was not present and was tabled to next month.

## 9. <u>ASSISTED LIVING FACILITY TRAINING PROGRAMS</u>

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

CareSmart Caregiver Training Institute	
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## Assisted Living Facility Manager Training Program

1 None	
TAGILE	

# Assisted Living Facility Caregiver Training Program Renewal

Assisted Living Training Associates	Professional Health and Safety Training
ALCTP0046	ALCTP0002
Orion Homes Caregiver Training School	Arizona Healthcare Academy
ALCTP0063	ALCTP0081
The Avista Academy	
ALCTP0072	

Assisted Living Facility Manager Training Program Renewal

N.T.	
None	
INORG	
1.0110	

Member Villafranca made a motion that was seconded by Member Campbell to approve the caregiver training program and renewals.

The motion passed unanimously 6 - 0.

#### 10. OTHER BUSINESS

- A. New Business: The Board may Review, Consider and take Action
  - 50. NAB conference attendance for 2020

Member Campbell made a motion that was seconded by Member Villafranca to approve Executive Director Imig and Member Louis to attend the June 2020 NAB Conference.

The motion passed unanimously 6-0.

Member Campbell made a motion that was seconded by Member Louis to approve Executive Director Imig and Member Villafranca to attend the November 2020 NAB conference.

The motion passed unanimously 6 - 0.

#### 11. ADMINISTRATIVE MATTERS

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

## 51. Financial Reports

Executive Director Imig reported the Board's fund balance at the end of January was \$409,566, which about two percent over projections. Expenses were just over what was budgeted due to elicense costs.

#### 52. Complaints Status Report

Investigator Smyth reported that as of the end of January there were 24 cases opened in AY20. There are 18 open cases from AY19.

## 53. Licensing Report

Licensing Specialist Mallas reported there are 344 active and 22 inactive administrators and 2141 active and 17 inactive managers. There are currently 44 deficient applications and 69 pending final approval.

## 54. Legislation Update

SB1210

HB2260

HB2538

HB2713

SB1274

HB2318

Executive Director Imig gave a brief overview of each of the listed bills and what effect if any they would have on the Board if passed.

## 55. Rules Update

Executive Director Imig advised the Board that the rules that GRRC finalized in December became effective on February 2, 2020.

Mr. Imig reporter that the rules committee approved the draft rules for Article 7 and as required they were sent over to the Governor's office for approval prior to starting the GRRC process.

## 56. Training Program Report

Executive Director Imig reported that with the one approved today there were 50 caregiver and 14 manager training programs.

## 57. Board Meeting Critique

There was a brief Board meeting critique.

# 12. <u>FUTURE AGENDA ITEMS AND MEETING DATES</u>

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

## 13. ADJOURNMENT

The President adjourned the meeting at 1:42 p.m.