



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

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Douglas A. Ducey
Governor

Allen Imig
Executive Director

Board Members

Charles Seal-Villafranca, President

Nina Louis, Vice President

Ken Kidder, Member

Fred Randolph, Member

Melanie Seamans, Member

David Hasseltine, Member

Pauline Campbell, Member

Susan Archer, Member

**MINUTES
REGULAR MEETING**

February 11, 2019

1. CALL TO ORDER

President Villafranca called the meeting to order at 9:06 a.m.

2. ROLL CALL

Present: Ken Kidder (by telephone from 9:05 a.m. to 10:25 a.m.), Fred Randolph, Melanie Seamans (by telephone from 9:05 a.m. to 10:25 a.m.), David Hasseltine, Pauline Campbell, Nina Louis, Susan Archer, Charles Seal-Villafranca

Absent: Ken Kidder and Melanie Seamans after 10:25 a.m.

Attendance: Allen Imig, Executive Director, Phil Smyth, Investigator, Zakiya Mallas, Licensing Specialist, Sabrina Khan, Assistant Attorney General; John Tellier, Assistant Attorney General available telephonically as the Board's independent legal advisor for Agenda Item 5A3.

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 14, 2019, Regular Board Meeting Minutes

2. January 14, 2019, Executive Session Minutes

Member Campbell made a motion that was seconded by Member Hasseltine to approve the January 14, 2019 regular meeting minutes.

The January 14, 2019, Executive Session Minutes agenda item was tabled until the next meeting.

The motion passed 8 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	8	X	X	X	X	X	X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	0									

5. FORMAL ADMINISTRATIVE HEARINGS OR PROPOSED CONSENT AGREEMENTS

A. Proposed Consent Agreement for Late Compliance.

3. Czerski, Andrew 17-89

Member Villafranca announced this case for the record. Mr. Imig stated that Assistant Attorney General, John Tellier, is available telephonically as the Board’s independent legal advisor in this case.

Sabrina Khan, Assistant Attorney General, was present and represented the State. Ms. Khan introduced the case and stated that Mr. Czerski complied with most of the requirements of the consent agreement by the deadline except for one term, that being the completion of the forty-hour assisted living facility manager’s training course. Mr. Czerski did complete the assisted living facility managers training course after the required deadline. Ms. Khan stated that the proposed consent agreement acknowledges Mr. Czerski’s late compliance and imposes a \$300.00 civil penalty to address that late compliance. Mr. Imig confirmed Mr. Czerski complied after the deadline for this term.

Jessica Miller, Esq. was present telephonically representing Andrew Czerski, the Respondent. Ms. Miller stated her client is willing to remit the civil penalty for his late compliance.

Member Villafranca made a motion that was seconded by Member Archer to approve the signed Consent Agreement.

A roll call vote passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X			
No	0							X	X	
Abstain	0									
Recuse	0									
Absent	2			X		X				

6. COMPLAINT CASE

A. Consent Agenda to not open a complaint investigation on the facility manager that is related to an Arizona Department of Health Services enforcement action.

Facility Name

- 4. AA Love Care Home LLC
- 5. Amber Woods Assisted Living Home
- 6. Barton House
- 7. Cactus Glen Care Home
- 8. Carriage House on West Garden Lane

9. Elsa’s Adult Care Home II
10. Foothills Place
11. Good Shepherd Assisted Living, LLC
12. Holy Name Assisted Living 2
13. Kristal Bel Care Home of Glendale
14. Lamba Care Home
15. Lemon Tree Care Home
16. Maria’s Adult Care Home
17. Shady Lane Living, Inc.
18. Solterra at White Mountains One
19. Tatum Glen Assisted Living Home
20. The Guardian Angel Assisted Living Home
21. The Homestead on 18th
22. Trudy’s Adult Care Home
23. Villas at Houghton, Villa CC
24. Westchester Garden Court

Member Archer made a motion that was seconded by Member Randolph to not open a complaint investigation on the facility managers listed under items 4 through 24.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

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

	Complaint #	Licensee	Title	Open Date
25.	18-231	Ruzmir, Debora	Manager	09/14/18

Investigator Smyth summarized the complaint for the Board. The Department of Health Services (“DHS”) conducted a compliance inspection along with a complaint investigation at Desert Winds Assisted Living, located in Peoria and identified two deficiencies in two different areas on the complaint investigation and six deficiencies in five different areas on the compliance inspection. Some of the deficiencies included:

- Manager failed to ensure an assistant caregiver was supervised.
- Manager failed to ensure services were documented in resident medical file.
- Manager failed to ensure medication was administered in compliance with the order.

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

Ms. Ruzmir was not present and no longer managing the facility.

Member Villafranca made a motion that was seconded by Member Hasseltine 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 A.A.C. R4-33-407(A)(B)(1), in complaint number 18-231 involving manager Debora Ruzmir 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 of certificate.

A roll call vote passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

26. 18-260 Alka, Mary Manager 11/30/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection along with five complaint investigations at Courtyard Towers located in Mesa and identified 13 deficiencies in 8 different areas. Some of the deficiencies included:

- Manager failed to ensure policy and procedures requirements were met.
- Manager failed to ensure service plan requirement was met.
- Manager failed to ensure behavioral care resident requirements were met.

DHS took enforcement action on one compliance inspection violation and assessed a civil money penalty of \$250.00.

DHS took enforcement action on two complaint investigation violations and assessed a civil money penalty of \$2,000.00. Mr. Smyth stated that Ms. Alka provided a response and explained the high turnover rate in the facility.

Ms. Alka was present and answered the Board’s questions.

Member Villafranca asked whether Ms. Alka is able to draft residency agreements. Ms. Alka stated that she is not permitted to draft residency agreements, as that is purview of the corporate office, which is out of state. Member Villafranca asked whether there was nurse on staff. Ms. Alka indicated yes there was a nurse on staff. Ms. Alka explained that the policies and procedures were completed by the previous manager. Ms. Alka explained the repetitive key staff turnover rate at this facility and how she communicated with the corporate office to address the needs of the staffing budget that falls within the discretion of the corporate office.

Member Villafranca asked the members of the Board how they wanted to handle this matter. Members Randolph and Louis indicated dismissal. Member Villafranca commented that Ms. Alka was not responsible for the repeat violations. Member Archer asked Ms. Alka what her practice is when she becomes the manager of a facility. Ms. Alka explained her practice to include reviewing the rules, regulations, policies, and procedures of the facility. Additionally, Ms. Alka explained that she consults with other managers at the facility to evaluate the needs of each department and reviews their quality assurance information to assess any needs.

Member Louis made a motion that was seconded by Member Randolph to dismiss complaint 18-260 against Mary Alka for insufficient evidence of a violation.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

27. 18-262 Hanson, Grace Manager 11/30/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Primavera Assisted Living located in Phoenix, and identified five deficiencies in three different areas. Some of the deficiencies included:

- Manager failed to ensure medication storage requirement was met.
- Manager failed to ensure assistant caregiver requirement was met.
- Manager failed to implement policies and procedures for staffing and recordkeeping.

DHS took enforcement action on four compliance violations and assessed a civil money penalty of \$2,000.00. Mr. Smyth stated that Ms. Hanson provided a response to the Board.

Ms. Hanson was present along with the owner and manager’s designee, Ramona Patio. Ms. Hanson answered the Board’s questions regarding the survey findings and what led to them. Ms. Hanson stated she was not there at the time of the survey. Member Villafranca asked how long Ms. Hanson spends at the facility. Ms. Hanson indicated two hours four days per week. Member Villafranca asked why there was a deficiency in paperwork for one employee. Ms. Hanson stated she was not informed regarding the hiring of this employee, and Ms. Patio is responsible for hiring employees, conducting background checks, and maintaining documentation.

Member Louis asked how long the employee was in the home before Ms. Hanson noticed. Ms. Hanson noticed the employee three days after the employee began working at the facility. Ms. Patio indicated that the employee was a nurse from another country who was hardworking and smart. Member Louis commented that she does not have a concern with the employee’s credentials, but the lack of documentation and personnel file for the employee.

Member Randolph asked who owns this facility. Ms. Hanson stated Ms. Patio. Member Archer asked them what solutions they have to address the hiring process and documentation moving forward. They responded that they will communicate with each other about new hires and will not hire someone without proper documentation and a personnel file.

Member Louis commented that Ms. Hanson is ultimately responsible for these deficiencies as it is her certificate hanging on the wall, and not Ms. Patio’s. Member Louis commented that both, Ms. Hanson and Ms. Patio should review the regulations to be familiar with all requirements.

Member Louis made a motion that was seconded by Member Hasseltine 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 A.A.C. R4-33-407(A)(B)(1), in complaint number 18-262 involving manager Grace Hanson 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 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

28. 18-240 Tudose, Silvia Manager 11/26/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Advantage Adult Healthcare, LLC, located in Surprise and identified one deficiency. The deficiency included:

- Manager failed to ensure medication not administered as ordered.

DHS took enforcement action on one repeat violation and assessed a civil money penalty of \$500.00. Mr. Smyth stated that Ms. Tudose submitted a response to the Board.

Ms. Tudose was present along with the owner Maria Padureanu and answered the Board’s questions. Ms. Tudose stated she was present during the time of the survey. Ms. Padureanu stated she is the manager’s designee. Member Villafranca asked about medication orders for one resident. Ms. Tudose and Ms. Padureanu explained that the medication order signed by the nurse practitioner was followed. Ms. Tudose explained that the only family member of the resident lived out of state and it took several months to complete power of attorney paperwork for that resident. Ms. Tudose commented that the resident’s provider was switched to the facility’s provider and the medication that he was previously taking is the same medication he is currently taking today. Members Villafranca and Louis asked how long Ms. Tudose spends at the facility. Ms. Tudose stated she spends about twenty four hours per week.

Member Villafranca asked what they are doing differently now when accepting new residents. Ms. Padureanu stated they do not accept residents who are not able to sign for themselves unless they have power of attorney already in place.

Member Campbell commented that she is a little concerned that the owner is managing the facility and not the certified manager. Member Villafranca commented that the issue was fixed and Ms. Tudose was not the previous manager of the facility. Member Louis agreed and made a motion to dismiss. After hearing from Ms. Tudose, Member Louis made a motion that was seconded by Member Randolph to dismiss complaint 18-240 against Silvia Tudose for insufficient evidence of a violation.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

29. 18-235 Boggs, Rowena Manager 09/20/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Home Care Choice, LLC, located Phoenix and identified seven deficiencies in six different areas. Some of the deficiencies included:

- Manager failed to ensure medication administration requirement was met.
- Manager failed to ensure disaster drill requirement was met.
- Manager failed to ensure TB requirement was met.

DHS took enforcement action on one violation and assessed a civil money penalty of \$500.00. Ms. Boggs provided a response to the Board.

Ms. Boggs was present and answered the Board’s questions regarding the inspection violations.

Member Villafranca asked Ms. Boggs to explain the repeat deficiencies regarding medication administration. Ms. Boggs explained that she is present at the facility seven days a week and has remedied the deficiencies in the survey. Member Archer asked whether they located the documentation the surveyor requested. Ms. Boggs stated they had the documentation at the facility, but part of the documentation was located in the medical file and the other portion of the documentation was located in the admission record.

Member Randolph commented that the paperwork was simply separated between two files and no resident was at risk. Ms. Boggs agreed with Member Randolph’s statement. Member Villafranca commented that this has happened several times, which resulted in repeat deficiencies. Member Randolph commented that the Board’s concern is that this doesn’t happen again.

Member Villafranca asked what the procedure is for ensuring paperwork is filled out at least ninety days before the resident moves into the facility. Ms. Boggs stated that she they have procedures to ensure everything is completed before the resident moves into the facility. Member Villafranca asked about the disaster drills not being completed. Ms. Boggs explained the she follows the disaster drill policy in place. Ms. Boggs commented that a disaster drill and a fire drill are not the same thing.

Member Archer asked what the requirement is for the disaster drill policy. Ms. Boggs commented that she tries to complete the drill every month.

Member Villafranca explained his concerns with the survey and that he is not comfortable with the answers Ms. Boggs is articulating. Member Villafranca commented that additional education should be required. Member Louis agreed.

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 A.A.C. R4-33-407(A)(B)(1), in complaint number 18-235 involving manager Rowena Boggs 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 emergency disaster preparedness.
 - 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 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

30. 18-237 Wint, Daniel Manager 11/26/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Victoria Homes I, located in Phoenix and identified seven deficiencies in six different areas. Some of the deficiencies included:

- Manager failed to ensure a caregiver documented services provided in medical record.
- Manager failed to ensure medication was administered as ordered.
- Manager failed to ensure disaster plan review requirement was met.

DHS took enforcement action on one violation and assessed a civil money penalty of \$250.00. Mr. Wint provided a response to the Board.

Mr. Wint was present and answered the Board’s questions regarding the inspection violations. Member Villafranca asked Mr. Wint how much time he spends at the facility. Mr. Wint explained he is present 24-7. Mr. Wint explained that he has a policies and procedures manual for his facility, but could not locate it at the time of the survey, as his spouse/administrator had taken the manual home for photocopying purposes. Once Mr. Wint located the policies and procedure manual, he provided it to the surveyor, who refused to accept it because it was not proper format. Mr. Wint changed the format and resubmitted the documentation.

Member Hasseltine made a motion that was seconded by Member Randolph to dismiss complaint 18-237 against Daniel Wint for insufficient evidence of a violation.

The motion passed 5 - 1.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X		X	
No	0							X		
Abstain	0									
Recuse	0									
Absent	2			X		X				

31. 18-245 Hall, DeAngelo Manager 11/13/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Bethesda Gardens, located in Phoenix and identified four deficiencies in three different areas. Some of the deficiencies included:

- Manager failed to provide written notification to the Department of a resident death.
- Manager failed to ensure policies and procedures were established to protect the health and safety of the residents.
- Manager failed to ensure the premises were free from a condition that may cause a resident to suffer physical injury.

DHS took enforcement action on one violation and assessed a civil money penalty of \$500.00. DHS had only found one substantiated violation. Mr. Hall provided a response to the Board. In his response, he indicated that he had only been the manager for one month at the time of the survey.

Mr. Hall was not present for the Board meeting. Member Villafranca commented that in his review of the information he does not see anything of concern. Member Louis agreed and made a motion to dismiss.

Member Louis made a motion that was seconded by Member Randolph to dismiss complaint 18-245 against DeAngelo Hall for insufficient evidence of a violation.

The motion passed 5 – 1.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	5	X	X		X		X	X		
No	1								X	
Abstain	0									
Recuse	0									
Absent	2			X		X				

32. 18-264 Ramirez, Adrienne Manager 12/03/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Foothills Place, located in Tucson and identified nine deficiencies in five different areas. Some of the deficiencies included:

- Manager failed to ensure personnel requirement was met.
- Manager failed to ensure CPR and First aid requirement was met.
- Manager failed to ensure medication storage was met.

DHS took enforcement action on two violations and assessed a civil money penalty of \$1,000.00. Ms. Ramirez provided a response to the Board.

Member Randolph recused himself from hearing the complaint.

Ms. Adrienne Ramirez was present and answered the Board’s questions regarding the inspection violations. Member Villafranca asked whether Ms. Ramirez was present at the time of the survey and who handles the hiring paperwork. Ms. Ramirez explained that she was present at the time of the survey and that employee hiring is handled by an outside company. Ms. Ramirez explained she conducted audits of personnel files since she became the manager. Ms. Ramirez explained that when she hired the employee, the employee had a valid fingerprint card with an expiration date of 2020 for which she verified; however, did not understand the lapse of employment requirement.

Mr. Ramirez explained the circumstances surrounding the personnel requirements and documentation. Ms. Ramirez expressed concern to the regional office to assist with the deficiencies in the facility including nursing care services.

Ms. Ramirez stated that she studied the regulations and signed up for continuing education as a result of the survey. Ms. Ramirez indicated she needed more assistance than what was provided from her regional manager. Ms. Ramirez explained she left the facility.

Member Archer made a motion that was seconded by Member Hasseltine to dismiss complaint 18-264 against Adrienne Ramirez for insufficient evidence of a violation.

The motion passed 5 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X				X	X	X	
No	0									
Abstain	0									
Recuse	0				X					
Absent	2			X		X				

33. 19-02 Ataeiankafshagri, Manager 01/03/19
Kereshmeh

Mr. Smyth stated to the Board that there was a scheduling conflict with the Respondent and requested the Board table the matter to a future meeting.

34. 18-263 Dexter, Carolyn Manager 11/30/18

Ms. Dexter was not present. Mr. Smyth commented Ms. Dexter provided a response to the Board.

DHS conducted an assisted living at Carefree Assisted Living Facility in Cottonwood. Ms. Dexter was noticed of the complaint and provided a response. Member Villafranca commented that he has concerns regarding Ms. Dexter’s oversight of the facility and would like to speak with her. Member Louis stated that she would like to speak with Ms. Dexter also. Member Campbell agreed.

Board tabled the matter until the next meeting.

35. 19-06 Bestic, Sandra Manager 01/07/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at The Gardens of Scottsdale, located in Scottsdale and identified seven deficiencies in six different areas. Some of the deficiencies included:

- Manager failed to ensure service plan requirement was met.
- Manager failed to ensure medication storage requirement was met.
- Manager failed to ensure evacuation drills were conducted as required.

DHS took enforcement action on four violations of which two were repeat violations, and assessed a civil money penalty of \$1,250.00. Ms. Bestic provided a response to the Board. Mr. Smyth stated that Ms. Bestic was the manager for five months and the DHS inspection took place one week after she left the facility.

Ms. Bestic was present and answered the Board’s questions related to the inspection violations. Member Villafranca asked Ms. Bestic how long she was the manager at the facility. Ms. Bestic explained she was the manager for five months and inherited issues. Member Villafranca asked Ms. Bestic what she does when she takes over a new facility as the manager. Ms. Bestic stated she gets to know the facilities policies, processes, and staff when she takes over a facility.

Member Randolph made a motion that was seconded by Member Campbell to dismiss complaint 19-06 against Sandra Bestic for insufficient evidence of a violation.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

36. 18-239 Murza, Tabita Manager 09/21/18

Lydia Frazier was present in place of Tabita Murza, as she was at work as a registered nurse. The Board wanted to talk to Ms. Murza. Member Campbell asked Ms. Frazier what her title is. Ms. Frazier said assistant manager.

Mr. Smyth provided a brief overview of the case. The Board agreed to table the matter to discuss possible resolutions with Ms. Murza.

The Board tabled the matter until the next meeting.

37. 18-273 Rosario, Bernardina Manager 12/20/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Gardenia Adult Care Home, LLC in Tucson and identified eight deficiencies in six different areas. Some of the deficiencies included:

- Manager failed to ensure in-service education requirement was met.
- Manager failed to ensure service plan requirement was met.
- Manager failed to ensure medications not administrated as ordered.

DHS took enforcement action on one repeat violation and assessed a civil money penalty of \$250.00. Ms. Rosario provided a response to the Board regarding this matter.

Ms. Rosario was present and answered the Board’s questions. Member Villafranca asked whether Ms. Rosario was present at the time of the survey. Ms. Rosario stated she was present at the time of the survey and had been the manager for about eight years. There were four residents present at the time of the survey. Member Villafranca asked about medication administration in the facility. Ms. Rosario explained that she had a resident who could not eat for which she discussed with the resident’s spouse to take the resident to the doctor. Ms. Rosario now has a nurse practitioner that comes to the home every month.

Member Archer asked whether the nurse practitioner is reliable and whether she comes to the house. Ms. Rosario responded that yes the nurse practitioner is reliable and comes to the home every month.

Member Archer made a motion that was seconded by Member Randolph to dismiss complaint 18-273 against Bernardina Rosario for insufficient evidence of a violation.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

The Board took a recess at 11:58 a.m.

The Board resumed the meeting at 12:08 p.m.

38. 18-274 Moisoiu, Adrian Manager 12/12/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Aging with Dignity, located in Surprise and identified 10 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure resident medication record documentation requirement was met.
- Manager failed to ensure the requirement regarding a resident who could not ambulate was met.
- Manager failed to ensure evacuation drill was met.

DHS took enforcement action on one violation and assessed a civil money penalty of \$250.00. Mr. Moisoiu provided a response to the Board.

Mr. Moisoiu was present and answered the Board’s questions regarding the inspection violations. Mr. Moisoiu explained that he was transitioning policies and procedures from hard copy to an electronic format. Mr. Moisoiu explained that he has never had an issue like this in the past. Mr. Moisoiu explained that his cousin was assisting with the transfer of paperwork into an electronic form. He further explained that he told the surveyor that he could have the paperwork later in the evening or next morning for the surveyor to review, as he had some, but not all, paperwork at the facility. Mr. Moisoiu expressed a desire to go electronic to assist caregivers’ in their recordkeeping and quality assurance.

Member Campbell asked about the evacuation drill paperwork. Ms. Moisoiu explained he had the paperwork at his home that was being transferred to electronic format. Member Campbell asked how he would know what medication to provide if the paperwork was off site. Mr. Moisoiu explained that he had the medication in boxes marked properly for each resident.

Member Louis commented that she is in agreement with a letter of concern. Member Villafranca agreed and made a motion.

Member Villafranca made a motion that was seconded by Member Campbell that the Board finds insufficient evidence of a violation in complaint 18-274 involving manager Adrian Moisoiu, but issue a letter of concern. The Board’s concern was the manager failed to adequately maintain resident records.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

39. 18-272 Carlos, Jose Manager 12/20/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at New Beginnings, located at 1663 E. Saratoga St., Gilbert and identified eight deficiencies in eight different areas. Some of the deficiencies included:

- Manager failed to ensure medication storage requirement was met.
- Manager failed to ensure disaster plan requirement was met.
- Manager failed to ensure a refrigerator had a thermometer.

DHS took enforcement action on one repeat violation and assessed a civil money penalty of \$250.00.

Mr. Carlos was not present at the meeting. The owner and granddaughter Christine Carlos was present. Ms. Carlos is the manager’s designee of the facility. Ms. Carlos stated that she is at the facility all the time as Mr. Carlos is not able to be present due to a medical condition. Mr. Imig stated that this case is like any other case where a certificate holder is not present, and the Board may proceed in his absence at the Board’s discretion.

Ms. Carlos answered the Board’s questions. She owns the home, but her grandfather is the manager. She manages two other assisted living facilities. Ms. Carlos indicated that Mr. Carlos is unavailable to manage the facility due to a medical condition and she has taken over the day to day operations. Member Villafranca asked her why she should not manager this facility. Ms. Carlos indicated she manages two other homes. Member Villafranca stated that Mr. Carlos is only present at the facility for one hour per week and this is concerning.

Member Randolph commented that this is a difficult situation, but the facility and the residents must be properly overseen. Ms. Carlos indicated that Mr. Carlos desires to keep his certificate. Member Villafranca asked Ms. Carlos how she thought the survey went. Ms. Carlos commented that she fought the repeat deficiency and could not provide documentation to the surveyor within two hours. Ms. Carlos commented she was provided different information from the surveyor.

Ms. Carlos stated that a caregiver, not Mr. Carlos, was present at the time of the survey. Board members asked about a resident housed in a room that did not have enough square footage for living space under the regulation. Ms. Carlos stated that that issue was remedied and residents no longer live in that space. Member Villafranca stated that Mr. Carlos could appear telephonically if he chooses. Mr. Carlos also manages another property.

Member Randolph stated that he cannot let these issues pass. Member Villafranca agreed that there are too many deficiencies here. Member Villafranca and Member Randolph indicated that the issue in this facility is no oversight.

Member Hasseltine asked how many hours Mr. Carlos is present at the facility. Ms. Carlos indicated that he is only there one hour per week. Ms. Carlos stated that she is a certified manager of record for two facilities, and the designee for this facility. Member Hasseltine explained that he is not expecting any one to be there 24 7, but that Ms. Carlos’ answers are confusing because all he is trying to find out is who is taking care of the residents. Ms. Carlos indicated that the residents are being taking care of

and that the caregiver and she are present at the facility. Member Hasseltine confirmed whose license is handing on the wall. Ms. Carlos stated Mr. Carlos’s license is hanging on the wall.

Member Villafranca expressed concern with her managing two homes and taking on the primary responsibility of this facility. Member Louis stated that she commends Ms. Carlos for stepping in and helping her family. Member Louis commented that unfortunately Mr. Carlos cannot be an effective manager at this time, and should possibly hire another manager in the meantime. Member Archer asked about inactive status. Mr. Imig clarified an inactive status that is achieved through the application process.

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

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

Executive Session started at 12:34 p.m.

Regular session resumed at 12:42 p.m.

Member Villafranca asked Mr. Smyth whether Mr. Carlos asked to appear telephonically. Mr. Smyth stated no. Member Randolph commented that the Board may table this matter. Member Louis commented that continuing this matter would not render a different outcome. Member Hasseltine stated that he appreciated Ms. Carlos attending the meeting.

Member Louis 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 A.A.C. R4-33-407(A)(B)(1), in complaint number 18-272 involving manager Jose Carlos 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 of certificate.

A roll call vote passed 4 – 2.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X			X		
No	0						X		X	
Abstain	0									
Recuse	0									
Absent	2			X		X				

40. 18-217 Dejbakhsh, Amirshad Manager 08/06/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Guiding Angels Assisted Living, LLC, located in Gilbert and identified 14 deficiencies in 9 different areas. Some of the deficiencies included:

- Manager failed to ensure resident agreement requirement was met.
- Manager failed to ensure requirement for resident inability to ambulate was met.
- Manager failed to ensure first aid and CPR requirement was met.

DHS took enforcement action on two violations one of which was a repeat violation and assessed a civil money penalty of \$750.00. Mr. Dejbakhsh did not provide a response to the original notice of complaint to Board staff, but did provide documentation today.

Mr. Amirshad was present along with Rhonda Marrow and answered the Board's questions related to the inspection violations. Mr. Amirshad stated that Ms. Marrow misunderstood the distinction between the Department of Health Services and the Board, and did not understand what entity she was speaking to regarding the survey and/or the Board complaint. Mr. Amirshad explained that he was in California due to a family concerns, and entrusted the management of the facility to Ms. Marrow. Ms. Marrow is the manager's designee.

Member Randolph commented that Mr. Amirshad, a certified manager, should know what is going on in the facility. Member Randolph further commented that he appreciates Mr. Amirshad's commitment to his family, but he also has a commitment to the residents of the facility that pay money and expect care. Ms. Marrow explained that she thought the Department of Health Services and the Board were one entity. She explained that she did not understand the distinction and thought she responded to the appropriate entity when she responded on behalf of Mr. Amirshad.

Ms. Marrow explained she tried to keep everything running smoothly while her husband, Mr. Amirshad was out of state.

Member Hasseltine commented that the surveyor who was there that rendered a \$750.00 fine and Hasseltine asked what they learned from this experience. Ms. Marrow explained quality control. Ms. Marrow explained her process of maintaining books she uses to ensure quality control of residents and employees. Mr. Amirshad explained he thought everything was running smoothly while he was out of state.

Member Campbell asked Mr. Smyth who she spoke with when he called the facility. Mr. Smyth indicated he spoke with Ms. Marrow and explained that the response to the Board should come from the certified manager. Mr. Smyth indicated that he sent two notices and one phone call to the facility to speak with the manager.

Member Hasseltine commented that he believes taking the manager's training course may be appropriate if not continuing education in deficient practice areas.

Member Villafranca 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 A.A.C. R4-33-407(A)(B)(1), in complaint number 18-217 involving manager Amirshad Dejbakhsh 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.
 - d) Any costs of the probation are those of the certificate holder.

The roll call vote passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

41. 18-197 Oropeza, Carolann Manager 06/29/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Casita Linda Adult Care Home in Tucson and identified five deficiencies in five different areas. Some of the deficiencies included:

- Manager failed to ensure assistant caregiver supervision requirement was met.
- Manager failed to ensure disaster plan requirement was met.
- Manager failed to ensure service plan requirement was met.

DHS took enforcement action on five violations and assessed a civil money penalty of \$2,000.00. Ms. Oropeza did not provide a response to the Board.

Ms. Oropeza was present and answered the Board’s questions. The facility was licensed for five residents, but she had seven residents. Ms. Oropeza commented that his care home was licensed for five, but they had seven residents at the time of the survey. Ms. Oropeza is in the facility between 10-15 hours a week. Member Villafranca asked how she did not know two more people were in the home that exceeded the five person capacity. Ms. Oropeza commented that the manager’s designee took in two additional residents without her knowledge.

Member Louis asked Ms. Oropeza how she did not know two more people were living in the facility when she spends about 15 hours per week at the facility. Ms. Oropeza commented that the manager’s designee permitted the additional two people to stay there for two days.

Member Villafranca asked about service plans not being done. Ms. Oropeza commented that they did not have current service plans. Ms. Oropeza commented that she did not write the plan of correction.

Member Campbell asked her why she did not respond to staff. Ms. Oropeza commented that she only received one letter, but communicated with the Department of Health Services. Member Campbell commented that the Board tried to contact her in June, December and January and had no response. Member Villafranca commented that the Department of Health Services and the Board are separate entities.

Member Louis commented that it is Ms. Oropeza’s responsibility to update her information with the Board. Member Villafranca commented that he is concerned in that the manager had no idea two additional residents were taken into the home, without paperwork, and in excess of the facility’s capacity. Member Louis commented that Ms. Oropeza’s presentation today is concerning because it appears as though she does not understand the deficiencies outlined in the survey or what led to her

being brought before the Board. Ms. Oropeza commented that she pulled her certificate from the home and is no longer managing the facility.

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 A.A.C. R4-33-407(A)(B)(1), in complaint number 18-197 involving manager Carolann Oropeza 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.
 - d) Any costs of the probation are those of the certificate holder.

A roll call vote passed 5 – 1.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X		
No	0								X	
Abstain	0									
Recuse	0									
Absent	2			X		X				

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.

42. Temporary Administrator Licenses

Gordon, Matthew			
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Permanent Administrator Licenses

Gordon, Matthew	Fair, Ryan	Runyon, Erica	Guthmiller, Trevor
Downing, Shanetha	O’Hara, William	Sessions, Troy	Cooper, Johnny

Temporary Manager Certificates

Holbura, Christina			
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Permanent Manager Certificates

Holbura, Christina			
Crays, Grace	Rasmussen, Quinton	Johnson, Kathy	Wilson, Natanya
Valdez, Rowena			

Member Villafranca made a motion that was seconded by Member Hasseltine 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 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

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. Weigold, Andrea Permanent manager certificate

The Board tabled until the next month.

44. Blunt, Brent Permanent manager certificate

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

Applicant Brent Blunt was present and answered the Board’s questions. Ms. Mallas explained that Mr. Blunt was truthful in his application responses and that he received a driving under the influence traffic ticket in 1998. Mr. Blunt has a current fingerprint clearance card. Mr. Blunt indicated that when he passes the exam, he has employment lined up.

Member Randolph made a motion that was seconded by Member Campbell to approve the permanent manager certificate, pending passing all required examinations within the substantive time frame or the certificate will be denied.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

45. Razinn, Erin Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the criminal and non-disclosure issues related to the applicant. Ms. Razinn did not truthfully answer questions related to her criminal conviction and that her real estate license lapsed.

Applicant Erin Razinn was present and answered the Board’s questions. Ms. Mallas stated Ms. Razinn did not answer truthfully to the question of whether she has ever been charged with a criminal offense,

or and if she had every allowed a certificate or license to lapse. In April 2001, Ms. Razinn was charged with the following three counts: driving under the influence of alcohol/drug in a vehicle, which was dismissed, having .08% or more of alcohol in blood while driving, which was resolved of through a guilty plea, and failure to yield an emergency vehicle, which was dismissed.

Ms. Mallas indicated Ms. Razinn did not disclose this information on the application because she was granted a fingerprint clearance card, that she satisfied the requirements to teach children, and that she just forgot about the DUI. Ms. Mallas noted that she sent four deficiency letters to Ms. Razinn and in response to one of the letters Ms. Razinn indicated a previous charge for which she believes was a charge for an open alcohol container on the beach. Ms. Mallas stated Ms. Razinn did not provide documentation or this charge.

Board members asked about Ms. Razinn's real estate license. Ms. Razinn explained that her real estate license had expired, not lapsed. Ms. Razinn stated that a few of the items on the application do not relate to health care and she did not believe she had to disclose them. Member Villafranca commented that the application process provides the applicant an opportunity to be on point and thorough in filing it out. Member Villafranca further commented that you would have to be specific with insurance companies and resident documentation.

Member Louis commented that she believes Ms. Razinn is engaging in word games, trying to make distinctions between lapse and expired, convicted and charged without answering the questions fully. Member Louis commented that when someone enters the realm of assisted living management, they have to be honest with the resident and their families concerning their care and medication orders.

Ms. Razinn stated that when she was filling out the application she was trying to multi-task when her kids were ill and she did not focus on the application completely. Ms. Razinn commented that she filled out the application as she would the application for the education board where they go back seven years. Ms. Razinn further explained that she was not trying to hide anything, and that she disclosed this information to the education board. She further commented that the education board does not require what this Board requires.

Member Hasseltine stated that if Ms. Razinn had any questions she could have contacted the Board. Ms. Razinn stated that she could have called the Board, but did not. Member Randolph expressed disapproval in granting a license to Ms. Razinn and made a motion to deny her application for failure to fill out the form properly.

Member Hasseltine stated that it did not occur to you to disclose these matters on your application. Ms. Razinn stated that she did not remember the previous convictions but fulfilled the court commitments, and she has done great things with her life, such as being an elementary teacher and working in real estate. She further commented that she has airport security clearance. Member Hasseltine stated if you cannot fill out the form completely, how can I have confidence you are going to be able to assist residents with their paperwork, documentation, and orders. Member Hasseltine stated he cannot support this.

Ms. Razinn commented that when she filled out the application she did not realize the question related to any charge. Member Hasseltine commented that how can he have confidence in her ability to work with residents and filling out paperwork, providers signatures, residents service plans and orders when can't even fill out the form completely. Member Hasseltine stated he cannot support granting her application.

Member Villafranca commented that this is a character issue and her not being forthcoming in the application process has concerns with her caring for residents. Member Campbell agreed and stated this she believes this is also an integrity issue. Member Randolph commented that he withdraws his motion and Member Villafranca can make a new motion.

Member Archer clarifies with the Board members that their concern is that Ms. Razinn misrepresented information and that her oversight response was inadequate.

Member Hasseltine stated that he does not have a good feeling about Ms. Razinn’s testimony today. Member Villafranca confirmed with Ms. Mallas regarding whether Ms. Razinn disclosed the criminal charges on her application. Ms. Mallas indicated she did not disclose them on her application, but later did upon receipt of deficiency notices. Ms. Mallas explained that Ms. Razinn indicated in her responses to the deficiency notices that she did not disclose the information because it was eighteen years ago, she did not have the paperwork regarding the matters, did not remember what occurred, and did not know why the Board wanted the information.

Member Villafranca commented again that this goes back to her integrity and good character in her failure to disclose the information on the application.

Member Villafranca made a motion that was seconded by Member Campbell to deny Ms. Razinn’s application because she failed to disclose the charges of driving under the influence of alcohol, having a blood alcohol level of .08% or more, and failure to yield an emergency vehicle, in addition to failing to disclose a lapsed real estate license based on A.R.S. § 36-446.07(B)(3), Unprofessional conduct, as defined by A.R.S. § 36-446(10).

A roll call vote passed 6 – 0. Ms. Razinn commented that this was unfair and asked if there is an appeal. Mr. Imig stated that she will be provided a notice.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

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.

46. Assisted Living Facility Caregiver Training Program

Arizona Essential Health Caregiver and Manager Training	Kevin Concannon, LLC
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Assisted Living Facility Manager Training Program

None	
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Assisted Living Facility Caregiver Training Program Renewal

Southwest Caregiver Training Institute ALCTP-0045	Assisted Living Licenses Certificates and Training, LLC – ALCTP-0011
Regional Center for Boarder Health, Inc. ALCTP-0024	Orion Homes Caregiver Training ALCTP-0063
Pima JTED ALCTP-0028	

Assisted Living Facility Manager Training Program Renewal

None	
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Member Villafranca made a motion that was seconded by Member Randolph to approve the assisted living facility caregiver and manager training program and the renewals of caregiver and manager training programs.

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				

9. OTHER BUSINESS

A. Review and Discussion on Legislative Bills

47. Review and Discuss SB1244 with LeadingAge Association

Pam Koester from LeadingAge presented an overview of the Bill. The Bill will align the Board’s caregiver training program with AHCCCS’s DCW training allowing reciprocity between the two. DCW’s would be required to complete the medication portion of caregiver training to get a caregiver certificate.

Bill Kennard with AHCCCS workforce development presented information about DCW training and indicated there are approximately 35,000 DCW’s in the workforce.

There was Board discussion related to the presentation.

48. Review and Discuss SB1356 with Arizona Assisted Living Federation of America

Karen Barno from ALFA presented an overview of the Bill. The Bill would allow credit for on-the-job training to count towards getting a caregiver certificate.

There was Board discussion related to the presentation.

10. ADMINISTRATIVE MATTERS

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

49. Financial Reports

Executive Director Imig reviewed the financial reports with the Board. The Board fund ended the month of January with a balance of \$284,991. Overall expenses were as projected.

50. Complaints Status Report

Investigator Smyth reported that in January there were 25 complaints opened. There are currently 35 active consent agreements. With the switchover to the new elicensing system case generated numbers switched from a fiscal year to a calendar year. There were 274 cases opened from July 1, 2017. through December 31, 2018.

51. Licensing Report

Licensing Specialist Mallas reported there were 9 manager and 4 administrator applications submitted in January. Currently there are 2,323 active and 29 inactive managers and 315 active and 21 inactive administrators.

52. Legislation Update

1. SB1086

Executive Director Imig briefly reviewed the Bill with the Board.

53. Rules Update

There was not update.

54 Training Program Report

Executive Director Imig reported with the two that were approved today there are 45 caregiver training programs and 11 manager training programs. In the last year there were 2,197 first time caregiver tests given with an 80% pass rate. During the same time period there were 349 first time manager tests given with an 82% pass rate.

55. Board Meeting Critique

There was a brief critique of the meeting.

11. FUTURE AGENDA ITEMS AND MEETING DATES

The next regular meeting of the Board will be held on Monday, March 11, 2019 at 1740 W. Adams, Board Meeting Room C, Phoenix, Arizona, at 9:00 a.m.

12. ADJOURNMENT

Member Campbell made a motion that was seconded by Member Hasseltine to adjourn the meeting

The motion passed 6 – 0.

Vote		Villafranca President	Louis V. P.	Kidder Member	Randolph Member	Seamans Member	Archer Member	Campbell Member	Hasseltine Member	Vacant
Yes	6	X	X		X		X	X	X	
No	0									
Abstain	0									
Recuse	0									
Absent	2			X		X				