

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

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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

March 11, 2019

## 1. CALL TO ORDER

President Villafranca called the meeting to order at 9:07 a.m., at 1740 W. Adams, Board Meeting Room C

## 2. ROLL CALL

Present: Ken Kidder, Melanie Seamans (by telephone), David Hasseltine, Susan Archer,

Charles Seal-Villafranca, Nina Louis (by telephone)

Absent: Pauline Campbell, Fred Randolph

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

Sabrina Khan, AAG, Jeanne Galvin, AAG

## 3. <u>CALL TO THE PUBLIC</u>

No one wished to speak.

#### 4. APPROVAL OF MINUTES

- A. Board Review, Consideration and Action on Approval of Minutes
  - 1. February 11, 2019, Regular Board Meeting Minutes

Member Hasseltine made a motion that was seconded by Member Archer to approve the February 11, 2019 regular meeting minutes.

The motion passed 6 - 0.

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

## 2. February 11, 2019, Executive Session Minutes

Member Hasseltine made a motion that was seconded by Member Archer to approve the February 11, 2019 executive session minutes.

The motion passed 6 - 0.

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

## 3. January 14, 2019, Executive Session Minutes

Member Hasseltine made a motion that was seconded by Member Archer to approve the January 14, 2019 executive session minutes.

The motion passed 6 - 0.

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

# 5. <u>FORMAL ADMINISTRATIVE HEARINGS, MOTIONS TO DEEM ALLEGATIONS ADMITTED OR PROPOSED CONSENT AGREEMENTS</u>

A. Consent Agenda on Motions to Deem Allegations Admitted and Revoke Certification.

4. 18-39 Popa, Otilia Manager

Agenda items 4 and 6 were combined

5. 18-53 Ciorba, Viorel Manager

This agenda item was taken off the consent agenda and heard separately.

Mr. Ciorba was present. Mr. Ciorba acknowledged he did not respond to the Complaint and Notice of Hearing. Mr. Ciorba also indicated he was not going to continue as a manager and would surrender his certificate.

Member Kidder made a motion that was seconded by Member Archer to continue the matter until next month to present a voluntary surrender consent agreement.

The motion passed 6 - 0.

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

6. 18-116 Lopez, Jenie

Manager

Vice President Kidder 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 Complaints admitted, because Otilia Popa and Jenie Lopez did not respond to the Complaint and Notice of Hearing as required per ARS 36-446.07(O). Also, both respondents were served with proper notice.

Neither Ms. Popa nor Ms. Lopez was present for the hearing.

Jeanne Galvin, 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.

The motion passed 6 - 0.

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

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

The motion passed 6 - 0.

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

After the Board deliberated, Member Kidder made a motion that was seconded by Member Archer to revoke the manager certificates of Otilia Popa and Jenie Lopez.

A roll call vote passed 6 - 0.

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

The hearing was concluded.

B. Formal Administrative Hearing.

7. 18-140 Nealon, Jennifer Manager

Member Kidder led the hearing.

A roll call of the Members included: Ken Kidder, Melanie Seamans (by telephone), David Hasseltine, Susan Archer, Charles Seal-Villafranca, and Nina Louis (by telephone). Members Randolph and Campbell were not present.

Ms. Nealon was present for the hearing.

The States witnesses are Phil Smyth, Board Investigator and Allen Imig, Executive Director.

Ms. Nealon was a witness for herself.

The State called Phil Smyth as its first witness and testified to exhibits 1 through 5 which were introduced into evidence without objection.

Exhibits presented by the State:

- 1. Notice of Hearing and Complaint
- 2. Arizona Department of Health Services, Enforcement Actions Report
- 3. Arizona Department of Health Services, Statement of Deficiencies Survey
- 4. Notices of Complaint #18-140 Sent to Respondent
- 5. Respondent's Letter to the Board, dated 1/31/18
- 6. Respondent's Email to the Board, dated 3/3/19

Mr. Smyth testified when he started the case in March 2018 he sent the letter to Ms. Nealon's address of record which at the time was correct. Ms. Nealon apparently moved and that Board did not have notice of the new address.

Member Kidder asked Mr. Smyth if he receive any correspondence back regarding attending the meeting in August, 2018. Mr. Smyth did not receive anything back or notice why she did not attend.

The State called Allen Imig who testified regarding exhibit 6.

On March 3, 2019, Mr. Imig received an email from Ms. Nealon and also spoke with her about the upcoming meeting. Ms. Nealon said she was not the manager of record at the time and the reasons why she quit were for ethical reasons. On March 3, 2019 Mr. Imig updated her address in the system.

Ms. Nealon testified on her own behalf. Ms. Nealon testified that she did not receive the notices from the Board and that is why she did not respond. Ms. Nealon testified she sent in a change of address to the Board. However, the Board did not have a record of Ms. Nealon's change of address.

Ms. Khan asked Ms. Nealon how she received notice of this meeting. Ms. Nealon testified she received forwarded mail.

Mr. Hasseltine questioned Ms. Nealon about the notice and conversation she had with Mr. Smyth. Ms. Nealon took her certificate down from the community in January 31, 2018 and left the community in March, 2018. Ms. Nealon talked with Mr. Smyth in April 2018 regarding the notice he sent.

Ms. Nealon did not notify the Board of her notice of appointment when she quit.

Mr. Hasseltine asked what she wanted to do with her certificate. Which Ms. Nealon responded that she wanted to keep her certificate.

Ms. Nealon did not introduce any exhibits.

Member Louis dropped off the telephone line at 10:14 a.m.

Member Louis was back by telephone at 10:16 a.m.

Ms. Khan made a closing statement that the State has proven through testimony from Mr. Smyth and Mr. Imig that there were deficiencies at Fountain View Village and Ms. Nealon was the manager of record at the time the deficiencies occurred.

Ms. Nealon made a brief closing statement and acknowledged communication was lacking but wanted to keep her certificate.

Mr. Kidder acknowledged that the deficiencies in survey were nominal but that Ms. Nealon did not communicate and respond to the Board.

Mr. Villafranca was concerned most about not keeping the Board apprised of her address and notice of appointment.

Ms. Archer was concerned about record keeping or the lack of it at the facility.

Member Villafranca made a motion that was seconded by Member Archer to adopt the Parties and Jurisdictions and Factual Allegations from the Complaint and Notice of Hearing as the Board's Findings of Fact.

A roll call vote passed 6 - 0.

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

Member Villafranca made a motion that was seconded by Member Kidder that the Board finds that the findings of fact constitute a violation of the statutes and rules set forth in the Complaint and that the Board adopts those alleged violations as the Conclusions of Law.

A roll call vote passed 6 - 0.

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

Member Kidder made a motion that was seconded by Member Hasseltine that the Board Order probation with the following terms.

- Probation for three months
- Civil Money Penalty in the amount of \$500.00
- Three hours of continuing education with the Executive Directors preapproval and document completion in the subject of record keeping.

A roll call vote passed 6 - 0.

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

The hearing was concluded at 10:20 a.m.

C. Proposed Consent Agreement.

7a 18-224 Partain, Breanna Administrator

Mr. Smyth summarized the circumstances of the proposed consent agreement. Ms. Partain was indicted for several felonies and wished to voluntarily surrender her license.

Ms. Partain was not present at the meeting.

Member Villafranca made a motion that was seconded by Member Archer to approve the signed consent agreement for Ms. Partain to surrender her license.

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

## 6. <u>COMPLAINT CASE</u>

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

#### **Facility Name**

- 8. Augusta Assisted Living Home
- 9. Anthem Senior Living
- 10. Ashton Ranch Assisted Living
- 11. Asterion Acres, LLC
- 12. Casa Del Sol Scottsdale, LLC
- 13. Desert Sunshine II Assisted Living
- 14. Fountain View Village
- 15. Heaven on Earth Assisted Living Home
- 16. Highgate Senior Living of Prescott Lakes
- 17. Ironwood Estate Assisted Living
- 18. Life Care Center of North Glendale
- 19. Madera Assisted Living Home
- 20. Mayfair Assisted Living Home, Inc.
- 21. Ordinary Lifestyles II
- 22. Paradise Life Care
- 23. Pleasant Valley Adult Care Home, LLC
- 24. Pleasant Valley ALH
- 25. Rainbow Adult Care Home
- 26. Ronald Home Care
- 27. Saint Thomas Manor
- 28. Sara's Place at Glencroft
- 29. Senior Care Assisted Living
- 30. Serenade Assisted Living, LLC
- 31. Shea Post Acute Rehabilitation Center
- 32. Sierra Del Sol
- 33. Silverado Peoria
- 34. Soft Touch Assisted Living LLC
- 35. Spring Valley
- 36. The Forum at Tucson
- 37. The River Gardens Rehab and Care Center
- 38. Vista Ranch LLC

Member Villafranca made a motion that was seconded by Member Archer to not open a complaint investigation on the facility managers listed under items 8 through 38.

A roll call vote passed 6 - 0.

Vote		Villafranca	Louis	Kidder	Randolph	Seamans	Archer	Campbell	Hasseltine	Vacant
		President	V.P.	Member	Member	Member	Member	Member	Member	
Yes	6	X	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:

39. 18-255 Dodd, James Administrator 10/26/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey and five complaint investigations at Villa Campana Rehabilitation Hospital, located in Tucson and identified 33 deficiencies in 25 different areas.

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

Mr. Dodd was present along with his Director of Nursing, Margaret Grappin. Mr. Dodd was only at the facility for 72 days prior to the survey. He made several staff corrective actions after he arrived ahead of the survey and identified other areas that needed improvement. All of the deficiencies were corrected and accepted by ADHS.

Member Villafranca made a motion that was seconded by Member Archer to dismiss complaint 18-255 against James Dodd, for insufficient evidence of a violation.

A roll call vote passed 5 - 0.

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

40. 18-259 Granger, Terry Administrator 11/21/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey and six complaint investigations at Sun West Choice Healthcare & Rehabilitation, located in Sun City West and identified 10 deficiencies in 9 different areas.

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

Mr. Granger was present along with legal Counsel Rita Bustos. Mr. Granger discussed with the Board the survey findings. Of the two substantiated findings one was a result of a self-report. A resident fell and broke her clavicle. The resident was able to explain what happened and the facility did not suspect abuse related to the fall. Mr. Granger also discussed implementing the abuse policy.

Member Louis dropped off the telephone line at 10:56 A.M., losing quorum.

Member Louis was back by telephone at 10:57 A.M. Member Louis dropped off the telephone line at 11:02 A.M., losing quorum.

Member Louis was back by telephone at 11:03 A.M.

Member Kidder made a motion that was seconded by Member Archer to dismiss complaint 18-259 against Terry Granger, for insufficient evidence of a violation.

Vote		Villafranca	Louis	Kidder	Randolph	Seamans	Archer	Campbell	Hasseltine	Vacant
		President	V. P.	Member	Member	Member	Member	Member	Member	
Yes	6	X	X	X			X		X	

No	0					
Abstain	0					
Recuse	0					
Absent	2		X	X	X	

41. 18-261

Waldron, Cindy

Administrator 11/20/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Coronado Healthcare Center, located in Phoenix and identified two deficiencies in two different areas.

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

Ms. Waldron was present with Counsel Rita Bustos. The case surrounded a transport error. The resident was transported by a transport service to a doctor's appointment. The resident declined the offer of having someone accompany her to the appointment and she was clinically appropriate to attend the appointment on her own. The doctor's office called the transport service after the appointment was finished, but they never showed up. The Doctor's office contacted the facility saying the transport service did not show up and they were closing. The Doctor's office put the resident outside of their office on the sidewalk.

The Board discussion was that the doctor's office and transport service were at fault, not the facility.

Member Kidder made a motion that was seconded by Member Villafranca to dismiss complaint 18-261 against Cindy Waldron, for insufficient evidence of a violation.

A roll call vote passed 5 - 0.

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

42. 19-01

Short, Elizabeth

Manager

01/02/19

- Investigator Smyth summarized the complaint for the Board. Board staff received a letter of complaint from Miranda Snook, an investigator with Adult Protective Services regarding an over medication of a resident at Sun Ray Assisted Living, located in Avondale. alleged:
- Manager failed to ensure the resident's medical record included the correct dosage for medication administration
- Manager failed to ensure service plan requirement was met
- Manager failed to ensure medication administration was in compliance with a medication order.

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

Ms. Short was invited to the meeting but did not attend.

Ms. Shook filed a complaint with ADHS and with Avondale Police Department who did not file any criminal charges because APS also filed it with the Arizona Attorney General's Office. Ms. Short is also listed on the APS registry.

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 19-01 involving manager Elizabeth Short 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 5 - 0.

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

43. 18-271 Levins, Larristine Manager 12/18/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint at Copper Village Assisted Living, located in Mesa and identified two deficiencies in two different areas. Some of the deficiencies included:

- Manager failed to ensure service plan requirement was met
- Manager failed to ensure premises were free from a condition or situation that caused a resident physical injury

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

Ms. Levins was invite to the meeting but was not present.

Investigator Smyth informed the Board that Ms. Levins requested the Board here this on any other Monday or Tuesday as her current job interfered with her attending.

The Board decided to proceed.

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 18-271 involving manager Larristine Levins 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 manager certificate

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

44. 18-183 Hardy-Hickman, Elaine Manager 06/05/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint at Gwee's Comfort Assisted Living, located Avondale and identified 13 deficiencies in 7 different areas. Some of the deficiencies included:

- Manager failed to ensure volunteer fingerprint requirement was met
- Manager failed to ensure documentation of caregiver training requirement was met
- Manager failed to ensure manager or caregiver was present when there were residents

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

Ms. Hardy-Hickman was present and answered the Board's questions. There were three residents at the facility at the time of the survey. Ms. Hardy-Hickman was at the facility for 20 hours for the first day. The ombudsman came to the facility and found there was not a caregiver or manager at the facility, only the owner was present and was not a caregiver.

Nina dropped off the telephone at 11:32 a.m. Member Seamans continued on with the call.

Member Kidder 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 AAC R4-33-407(A)(B)(1), in complaint number 18-183 involving manager Elaine Hardy-Hickman 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 \$200.00
  - b) 3 hours of Board approved continuing education in medication management
  - c) 3 hours of Board approved continuing education in recordkeeping
  - d) 3 hours of Board approved continuing education in personnel requirements
  - e) 3 hours of Board approved continuing education in communicable diseases
  - 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 5 - 0.

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

45. 18-266 Cabatic, Flerida Manager 12/03/18

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

- Manager failed to ensure restraint requirement was met
- Manager failed to ensure sleeping area was not used as a passageway to common bathroom

• Manager failed to ensure

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

Ms. Cabatic was present and answered the Board's questions. Ms. Cabatic said she was also the manager at the time prior to the repeat violations.

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 18-266 involving manager Flerida Cabatic 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 residency agreement
  - c) 3 hours of Board approved continuing education in physical plant standards
  - 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 5 - 0.

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

46. 19-02 Ataeiankafshgari, Manager 01/03/19 Kereshmeh

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Desert Flower, located Scottsdale and identified 13 deficiencies of which 3 were repeat deficiencies, in 8 different areas. Some of the deficiencies included:

- Manager failed to ensure policy and procedures for medication administration requirement was met
- Manager failed to ensure medication stored by a resident requirement was met
- Manager failed to ensure evacuation drill requirement was met

DHS took enforcement action on four violations and assessed a civil money penalty of \$1250.00

Ms. Ataeiankafshgari, was present. Ms. Ataeiankafshgari was not the manager at the time the survey. She was the manager for a short period and during that time she spent about 10 hours a day at the facility trying to fix the things that were wrong. She did not get any help from the regional director or corporate on fixes that were needed.

Member Villafranca made a motion that was seconded by Member Seamans to dismiss complaint 19-02 against Kereshmeh Ataeiankafshgari, for insufficient evidence of a violation.

A roll call vote passed 5 - 0.

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

47. 18-267 Darnall, Jeannette Manager 12/03/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Gracious Haven Edgemont, located in Tucson and identified 18 deficiencies in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure first aid and CPR requirement was met
- Manager failed to ensure medication administration requirement was met
- Manager failed to ensure service plan requirement was met

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

Ms. Darnall was present. She also managed another home at the time and spent five hours a week at that home. Member Villafranca questioned the CPR and first aid violation and why it was not found and corrected. Ms. Darnall replied that the owner would only tell her what she thought she needed to know and see what she thought she should see as to the employee files.

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 18-267 involving manager Jeannette Darnall 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 \$150.00
  - 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

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

48. 18-265 Reyes, Maria Manager 12/03/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Medisys Home Care, LLC, located in Casa Grande and identified 6 deficiencies in 4 different areas. Some of the deficiencies included:

- Manager failed to ensure fingerprint clearance card requirement was met
- Manager failed to ensure service plan requirement was met

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

Ms. Reyes was present and answered the Board's questions. Member Villafranca questioned Ms. Reyes to explain why a caregiver was working without a fingerprint clearance card. Ms. Reyes said the caregiver had been working at another facility and though she had a clearance card.

Ms. Reyes manages two homes and spends about three hours a day in each home. Ms. Reyes said she spends more time on resident care then on paperwork.

Member Villafranca questioned Ms. Reyes about not having signed admission orders. She did not have those signed.

Member Villafranca questioned Ms. Reyes about service plans. She had them but they were not available at the time of the survey.

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 18-265 involving manager Maria Reyes 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 \$100.00
  - b) 3 hours of Board approved continuing education in personnel requirements
  - c) 3 hours of Board approved continuing education in service plans
  - 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

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

49 19-07 Ruhorimbere, Manager 01/07/19 Rugabirwa

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Serenity Springs, located in Gilbert and identified 19 deficiencies in 9 different areas. Some of the deficiencies included:

- Manager failed to implement quality management program
- Manager failed to ensure CPR and first aid requirement was met
- Manager failed to ensure medication administration policy and procedure requirement was met

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

Mr. Ruhorimbere was present and answered the Board's questions. Mr. Ruhorimbere manages two homes. He arrived at the end of the survey.

Villafranca questioned on hiring. Mr. Ruhorimbere said he did the hiring and is responsible for verifying all of the requirements for caregivers.

Villafranca questioned Mr. Ruhorimbere about the refrigerator. The refrigerator was in the garage and because of the heat it was above the minimum temperature. The refrigerator was moved it back inside the facility.

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 19-07 involving manager Rugabirwa Ruhorimbere 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 5 - 0.

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

50. 19-09 Laurente, Ulysses Manager 01/07/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Peachtree Assisted Living Home, located in Surprise and identified seven deficiencies of which two were repeat deficiencies, in five different areas. Some of the deficiencies included:

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

• Manager failed to ensure disaster drill requirement was met

DHS took enforcement action on 4 violations 2 were repeat violations and assessed a civil money penalty of \$1,000.00.

Mr. Laurente was present and answered the Board's questions.

Member Villafranca questioned who was responsible for disposal of the medications and disaster drills.

Mr. Laurente responded that he was responsible. The owner was none compliant with his instructions.

Member Hasseltine asked who paid the \$1,000.00 for the enforcement. Mr. Laurente said the owner did.

Member Kidder asked who wrote the plan of correction and Mr. Laurente responded that he did.

Melanie came back on the line at 11:22 a.m.

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 19-09 involving manager Ulysses Laurente and to offer a consent agreement to be signed within 45 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 disaster preparedness
  - c) 3 hours of Board approved continuing education in medication management
  - 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

The motion passed 6 - 0.

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

51. 18-244 Wright, Scott Manager 10/01/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Bannon Springs Assisted Living, located in Vernon and identified 13 deficiencies in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure residents were notified of availability vaccinations
- Manager failed to ensure medication policies were developed
- Manager failed to ensure oxygen cylinders were secured

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

Mr. Wright was not present at the meeting.

Mr. Wright was noticed twice and telephoned and still has not responded to the complaint.

Member Kidder 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 AAC R4-33-407(A)(B)(1), in complaint number 18-244 involving manager Scott Wright 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 5 - 0.

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

52. 18-239 Murza, Tabita Manager 09/21/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Hands of Care, located in Scottsdale and identified 7 deficiencies in 4 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 equipment used at the facility was free from a condition that may cause a resident or individual injury

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

Tabita Murza was invited to the meeting but was not present.

Member Villafranca's concerns were that the nature of the complaint indicated potential harm to residents including, medication issues and policy and procedures not implemented.

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 18-239 involving manager Tabita Murza 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

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

53. 18-263 Dexter, Carolyn Manager 11/30/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Carefree Assisted Living Center, located at Cottonwood and identified 9 deficiencies, of which 3 were repeat deficiencies, in 8 different areas. Some of the deficiencies included:

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

DHS took enforcement action on 2 violations and assessed a civil money penalty of \$1,500.00

Ms. Dexter was invited to the meeting but was not present.

The case was postponed from the February meeting to this meeting.

Member Villafranca and Kidder both had concerns about the seriousness of the violations.

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 18-263 involving manager Carolyn Dexter 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 5 - 0.

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

54. 18-270 Cana, Laarni Manager 12/06/18

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Tang Assisted Living, LLC, located in Phoenix and identified seven deficiencies two were repeat deficiencies, in five different areas. Some of the deficiencies included:

- Manager failed to ensure disaster drill requirement was met
- Manager failed to ensure resident restraint requirement was met
- Manager failed to ensure personnel requirement was met

DHS took enforcement action on four violations of which two were repeat violations and assessed a civil money penalty of \$2,000.00.

Ms. Cana was present and answered the Board's questions. Ms. Cana was not present for the survey but the owner was there. Ms. Cana is at the facility two or three times a week for an hour. Ms. Cana works full time at another job.

Member Villafranca questioned about who was in charge of the facility. Ms. Cana said the owner, Josephine Jimenez.

Ms. Jimenez answered the Board's questions. Member Villafranca questioned Ms. Cana about a resident being tied to a wheel chair. Member Villafranca asked Ms. Cana what the requirement was regarding restraints. Ms. Cana could not answer the question.

Member Kidder gave his rational for the motion in that Ms. Cana can't answer the questions regarding the regulations. She is hanging a license for someone that runs the facility and that is unethical.

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 18-270 involving manager Laarni Cana 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) Complete the manager training course that is approved by the Board
  - b) Pass the manager state examination
  - c) Any costs of the probation are those of the certificate holder

A roll call vote passed 5 - 0.

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

The Board recessed at 12:55 p.m.

The Board was back in regular session at 1:10 p.m.

C. Consent Agenda to Close Investigations

55. 19-23 Felix, Kerri Manager 01/31/19

Phil summarized complaint. Ms. Felix responded to the complaint and advised she was there for only 10 days before the survey occurred. Based on the circumstances staff recommended the case be closed as Ms. Felix was not responsible for the deficiencies.

Member Kidder made a motion that was seconded by Member Hasseltine to close complaint 19-23 against Kerri Felix.

A roll call vote passed 5 - 0.

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

56. 18-187 Alexander, Larry Manager 03/05/18

Phil summarized the complaint. Mr. Alexander was not the manager at the time of the survey and there was not a manager at the facility at the time.

Member Kidder made a motion that was seconded by Member Hasseltine to close complaint 19-23 against Larry Alexander.

A roll call vote passed 5 - 0.

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

## D. Board Review Pursuant to Terms of Probation

57. Worley, Tiffany Manager (applicant) 11/16/18

Ms. Worley was present and answered the Board's questions regarding her consent agreement. Ms. Worley explained what she is doing to make sure she does not have deficiencies. Ms. Worley said she has a good support system with the owners.

## 7. <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.

## 58. Temporary Administrator Licenses

None		

#### Permanent Administrator Licenses

Fraser, Antonia	Velez, Mario	Williams, Cory	

## **Temporary Manager Certificates**

Wilson, Elena	Thaxton, Jessica	Watkins, Milissa	Balboa, Lief
Langston, Melisa			

## Permanent Manager Certificates

Wilson, Elena	Thaxton, Jessica	Watkins, Milissa	Balboa, Lief
Langston, Melisa	Callender, Joan	Aplas, Heather	Nauer, Tiffany
Bordei, Damaris	Price, Apryl	De La Cruz, Gabriella	Peppers, Yereth
Martin, Art	Hunt, Richard	Lup, Rodica	Brown, Michael
Stefanescu, Petre	O'Connell, Paul		

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.

A roll call vote passed 5 - 0.

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

B. Individual Board Review, Consideration and Action to deny manager certificate for failing to meet the qualifications of A.R.S. § 36-446.03(C)(3), for not passing the state examination within the substantive time frame.

59. Weigold, Andrea

Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the reason for denying the permanent application for Ms. Weigold.

Applicant Andrea Weigold was not present for the meeting.

Member Kidder made a motion that was seconded by Member Villafranca to deny permanent certification to Ms. Weigold for not meeting the qualifications of A.R.S. § 36-446.03(C)(3), for not passing the examination within the substantive time frame.

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

60. None

## 8. <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.
  - 61. Assisted Living Facility Caregiver Training Program

None								
Assisted Living Facility Manager Training Program								
None								

Assisted Living Facility Caregiver Training Program Renewal

American Care Concepts Academy	Assisted Living Training Associates
ALCTP-0062	ALCTP-0046
The Avista Academy	Charles Residential Care Training
ALCTP-0072	Institute ALCTP-0074
Professional Health & Safety Training	
ALCTP-0002	

Assisted Living Facility Manager Training Program Renewal

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

A roll call vote passed 5 - 0.

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

## 9. <u>OTHER BUSINESS</u>

- A. New Business: The Board may Review, Consider and take Action
  - 62. NAB Annual Conference Attendance

Member Kidder made a motion that was seconded by Member Archer to have the Executive Director and one Board member attend the NAB conference June 12 - 14, 2019

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

## 10. ADMINISTRATIVE MATTERS

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

## 63. Financial Reports

Executive Director Imig reviewed the financial reports with the Board. The Board fund ended the month of February with a balance of \$271,158. Overall expenses were as projected.

## 64. Complaints Status Report

Investigator Smyth reported that in February there were 19 complaints opened. 247 of 274 cases for FY18 were resolved. There are currently 39 active consent agreements.

## 65. Licensing Report

Licensing Specialist Mallas reported there were 18 manager and 2 administrator applications submitted in February. Currently there are 2,337 active and 30 inactive managers and 318 active and 21 inactive administrators.

## 66. Legislation Update

Executive Director reported on SB 1356 and 1244 have moved from the Senate to the House. The Board's OSPB analyst requested information on a fiscal impact of the Bills both for Board and the training programs. The fiscal impact for the Board, if the caregiver training programs cease to exist, would be approximately a loss of \$68,000.00 per year.

## 67. Rules Update

There was no rules update.

## 68 Training Program Report

Executive Director Imig reported there were about 45 caregiver training programs and 12 manager training programs. During the last year from March 2018 to March 2019 there were 2088 caregivers that took the exam for the first time and had an 80% pass rate. There were 357 manager trainees that had first time pass rate of 82%.

## 69. Board Meeting Critique

There was not critique.

## 11. FUTURE AGENDA ITEMS AND MEETING DATES

The next regular meeting of the Board will be held on Monday, April 8, 2019 at 1740 W. Adams, Board Meeting Room C, Phoenix, Arizona, at 9:00 a.m.

Member Kidder made a motion that was seconded by Member Villafranca to adjourn.

## 12. <u>ADJOURNMENT</u>

The meeting was adjourned at 1:41 p.m.