



**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**

**April 8, 2019**

**1. CALL TO ORDER**

President Villafranca called the meeting to order at 9:00 a.m., at 1740 W. Adams, Board Meeting Room C.

**2. ROLL CALL**

Present: Ken Kidder, Melanie Seamans, David Hasseltine, Nina Louis, Susan Archer, Charles Seal-Villafranca

Absent: Fred Randolph, Pauline Campbell

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

**3. CALL TO THE PUBLIC**

No one wished to speak.

**4. APPROVAL OF MINUTES**

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

1. March 11, 2019 Regular Board Meeting Minutes

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

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

**5. FORMAL ADMINISTRATIVE HEARINGS OR MOTION TO DEEM ALLEGATIONS ADMITTED**

A. Formal Administrative Hearings or Motion to Deem Allegations Admitted.

2. Shirley B. Garcia 18-229

President Villafranca conducted the hearing.

Sabrina Khan, Assistant Attorney General, was present and represented the state. Ms. Khan made a motion to deem the allegations in the Complaint admitted, because Shirley B. Garcia did not respond to the Complaint and Notice of Hearing as required per ARS 36-446.07(O). Ms. Garcia was properly noticed of the hearing. The letters were returned to the Board as “moved left no address, unable to forward”. Rule R4-33-407 states certificate holders are required to notify the Board of a change of address.

Shirley B. Garcia was not present for the hearing.

Mary Williams, 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 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	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

Member Kidder made a motion that was seconded by Member Seamans 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.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

After the Board deliberated, Member Kidder made a motion that was seconded by Member Villafranca to revoke the manager certificate of Shirley B. Garcia.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

**6. COMPLAINT CASE**

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

**Facility Name**

3. A Parent’s Paradise and Care LLC
4. Abuelos at Edgewood Place
5. Alert Adult Care, Inc.
6. Arizona Angels Care Home, LLC
7. Big Heart Assisted Living, LLC
8. Canyon Valley Memory Care Residence
9. Cozy Home Care LLC
10. Desert Oasis at Countryside Estates Assisted Living
11. Desert Palace Assisted Living
12. Emerald Groves North
13. Family Home Care House of Treasures
14. Lifestream at Thunderbird
15. Love Living Life
16. Monte Manor Assisted Living
17. Paloserdes Senior Living
18. Paradise Assisted Living Home
19. Supreme Assisted Living Care Home
20. The Sierra’s Assisted Living
21. Waverly House Adult Care Home
22. White House Group Home

Member Kidder made a motion that was seconded by Member Archer to not open complaint cases on the managers of facilities listed under agenda items 3 through 22

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

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

	<b>Complaint #</b>	<b>Licensee</b>	<b>Title</b>	<b>Open Date</b>
23.	19-03	Wartenberg, Chery	Administrator	01/04/09

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey and six complaint investigations at Payson Care Center, located in Payson and identified eight deficiencies in eight different areas. Some of the deficiencies included:

- The facility failed to implement physical health services policies
- The facility failed to ensure a MDS assessment was accurate

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

Ms. Wartenberg started at the facility in October 2017 and the survey was in July 2018

Villafranca questioned Ms. Wartenberg about the behavior of one resident. Ms. Watenberg self-reported the incident and then assigned one on one, 24 hour help. Some of the incidents were not reported by staff. Ms. Watenberg tried to find a behavioral unit but no behavioral unit would take the resident. The facility was not getting any help from anyone.

Changes that were made included incident reports are now reviewed by the Executive Director. Also they are not admitting any behavioral residents.

Ms. Watenberg accepted the resident back into the facility following a hospital stay knowing the resident was a behavior problem. Ms. Watenberg knew it is required to protect the resident and other residents.

Member Kidder made a motion that was seconded by Member Villafranca to dismiss complaint 19-03 against Chery Wartenberg, for insufficient evidence of a violation.

The motion failed 3– 3. Members Louis, Archer and Hasseltine voted nay.

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

Member Louis made a motion that was seconded by Member Archer that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-03 involving manager Chery Wartenberg 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 resident rights
  - c) 3 hours of Board approved continuing education in abuse
  - 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 4– 2 with Members Kidder and Seamans voting Nay.

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	
No	0			X		X				
Abstain	0									
Recuse	0									
Absent	0				X			X		

24. 19-21 Harrison, Lisa Administrator 01/28/19

Investigator Smyth summarized the complaint for the Board. Board staff received a letter of complaint from Susan Orenstein a former resident at Advanced Healthcare of Mesa, located in Mesa. Ms. Orenstein alleged:

- Manager failed to meet resident dietary needs
- Manager provided limited meal selections

Lisa Harrison was present along with Laura Miller the facility Director of Nursing. Ms. Harrison stated the resident was at the facility for seven days before she moved out. The resident would not listen to any of the staff during her stay.

Ms. Orenstein was not present at the meeting.

Member Archer made a motion that was seconded by Member Seamans to dismiss complaint 19-21 against Lisa Harrison, 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

25. 19-19 McMillon, Anita Manager 01/25/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Camelback Manor Hours, located in Paradise Valley and identified 10 deficiencies in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure documentation of employee CPR training
- Manager failed to ensure documentation of employee first aid training
- Manager failed to ensure residency agreement requirement was met

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

Ms. McMillon was working at two facilities. The owners were not doing what they were asked to do, this was taking up her time and she was not able to focus on her own home.

Member Villafranca asked who did the hiring Ms. McMillon said it was owner and she then reviewed it. She missed the CPR card.

Member Villafranca asked where she got the response template. Ms. McMillon went to the place where she gets her CEU's and they gave her the template to make the response to the Board.

Member Seamans made a motion that was seconded by Member Archer to dismiss complaint 19-19 against Anita McMillon, 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

26. 19-12 Callini, John Manager 01/22/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a two complaint investigations at Calini's Adult Care Home, located in Scottsdale and identified eight deficiencies in six different areas. Some of the deficiencies included:

- Manager failed to ensure the facility had the ability provide AL services to two residents
- Manager failed to ensure service plan requirement was met
- Manager failed to ensure medication administration requirement was met

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

Mr. Callini is licensed for 10 but had 6 residents at the time of the survey. The resident was not eating and his wife would try to get him to eat. The resident's wife was the POA. The resident had a change of condition and developed a pressure sore, and as already on hospice.

Member Villafranca asked about a doctor signing off on providing services, Mr. Callini said the doctor signed off on hospice, and the wife wanted him at the facility.

Member Seamans made a motion that was seconded by Member Archer to dismiss complaint 19-12 against John Callini, 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

27. 19-14 Ciolac, Pavel Manager 01/25/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Best Home Care of Surprise, located Surprise and identified three deficiencies in three different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver skills and knowledge was verified before providing services.
- Manager failed to ensure residents were subject to restraints

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

Mr. Ciolac is licensed for 10 and there were 6 at the time of the survey. He manages two homes and spends 10 hours a day covering both.

Member Villafranca asked about the restraint violation. Mr. Ciolac stated the caregiver was unaware of the restraint requirement. Mr. Ciolac re-educated the caregivers regarding restraints. Mr. Ciolac took the rails off the bed. Mr. Ciolac also took CEU's regarding restraints after the incident.

Member Kidder made a motion that was seconded by Member Seamans that the Board finds insufficient evidence of a violation in complaint 19-14 involving manager Pavel Ciolac, but issue a letter of concern. The Board's concern was that manager failed to maintain a restraint free environment.

The motion passed 5 – 1 with Member Hasseltine voting nay.

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			
No	0								X	
Abstain	0									
Recuse	0									
Absent	0				X			X		

28. 19-13 Gosun, Maria Laura Manager 01/25/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Sun Creek #2 at Kenly Farms, located Surprise and identified 17 deficiencies in 9 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver skills and knowledge was verified before providing services.
- Manager failed to ensure a resident had documentation indicating they required continuous medical services
- Manager failed to ensure employee CPR and first aid were current

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

Ms. Gosun owns three homes and is the manager of record for two. Ms. Gosun said there were doctor's orders for resident services but the POA did not sign them prior to receiving a resident.

Member Villafranca asked about verifying caregiver skills and knowledge. Mr. Gosun said the documentation was not in the file for one caregiver.

Member Villafranca felt the manager needed more education.

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 AAC R4-33-407(A)(B)(1), in complaint number 19-13 involving manager Maria Laura Gosun 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 \$250.00b
  - b) 3 hours of Board approved continuing education in recordkeeping
  - c) 3 hours of Board approved continuing education in personnel requirements
  - d) 3 hours of Board approved continuing education in residency agreement
  - e) All continuing education classes must be pre-approved by the Board’s Executive Director
  - f) 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

29. 19-05 Stamo, Rodica Manager 01/04/19

Investigator Smyth summarized the complaint for the Board. DHS receive a compliant from Adult Protective Services concerning inadequate care at Mesa Adult Care Home, located Mesa. Some of the allegations included:

- Resident was neglected while at the facility
- Facility failed to schedule doctor’s appointments

APS and DHS were unable to substantiate the neglect allegations.

Ms. Stamo was present and answered the Board’s questions. The fiduciary changed and the new fiduciary removed the resident from the facility. The primary care physician and nurse were upset the resident was moved.

Member Kidder made a motion that was seconded by Member Archer to dismiss complaint 19-05 against Rodica Stamo, 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		



30. 19-15 Cu, Ana Manager 01/25/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Ana’s Haven Adult Care Home II, located in Chandler and identified three deficiencies in three different areas. Some of the deficiencies included:

- Manager failed to ensure quality management program report was submitted
- Manager failed to ensure service plan requirement was met
- Manager failed to ensure medication was administered as ordered

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

Ana Cu was present along with the facility owner Analisa Sebouaii

Member Villafranca questioned Ms. Cu about the medication violation. Ms. Cu said she is now doing weekly audits and doing the med-sets herself on Sunday. The facility is licensed for five and had five residents at the time of the survey. Ms. Cu is at the facility every Sunday for four to five hours. Any time there are new medication orders she makes the med-sets.

The owner hires caregivers. The manager looks over the employee files and resident medications.

Ms. Cu said she had training after the survey

Member Kidder made a motion that was seconded by Member Archer that the Board finds insufficient evidence of a violation in complaint 19-15 involving manager Ana Cu, but issue a letter of concern. The Board’s concern was that the manager failed to ensure that medication was administered in accordance with physician orders.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

31. 19-16 Viseoan, Pavel Manager 01/25/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Arrowhead Lakes Adult Home Care, located in Glendale and identified four deficiencies in four different areas. Some of the deficiencies included:

- Manager failed to ensure a quality management program was implemented
- Manager failed to ensure acceptance of resident requirement was met
- Manager failed to ensure medication was administered as ordered.

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

Member Villafranca questioned Mr. Viseoan about the response provided to the Board. Mr. Viseoan went to Dan Stamos who helped him write the response.

Mr. Viseoan discussed the medication issue. The MAR was 75MG and the order was 50MG and it was not changed on the MAR.

Member Seamans questioned Mr. Viseoan about the quality management and the response said that he hired a contractor to set up the quality management. Mr. Viseoan could not describe clearly what the contract covered.

Member Louis asked a question on what was needed to accept a resident. Mr. Viseoan was not able to clearly answer the questions.

Member Villafranca suggested additional education is needed. He was also concerned that the company who wrote the response was not communicating adequately with Mr. Viseoan.

Member Louis made a motion that was seconded by Member Seamans that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-16 involving manager Pavel Viseoan 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 motion passed 4 – 2, with Members Archer and Hasseltine voting nay

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	
No	0						X			
Abstain	0									
Recuse	0									
Absent	0				X			X		

32. 19-17 Lee, Patricia Manager 01/25/19

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

- Manager failed to ensure fingerprint clearance card requirement was met
- Manager failed to ensure medication not administered as ordered.

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

Ms. Lee was present along with Francis Carino the current manager. The facility is licensed for 10 residents but there were 8 residents at the time of the survey.

Ms. Lee explained the fingerprint clearance card violation. She is now doing a double verification and sending in the DPS application and not leaving it up to the employee.

Member Kidder made a motion that was seconded by Member Archer to dismiss complaint 19-17 against Patricia Lee, for insufficient evidence of a violation.

David nay

The motion passed 5 – 1, with Member Hasseltine voting nay.

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			
No	0								X	
Abstain	0									
Recuse	0									
Absent	0				X			X		

33. 19-22 Christian, Jody Manager 01/31/19

Louis recused

Investigator Smyth summarized the complaint for the Board. DHS conducted three complaint investigations at Lifestream at Thunderbird, located Glendale and identified two deficiencies in medication services. Some of the deficiencies included:

- Manager failed to ensure policies and procedure requirement for procuring medication
- Manager failed to ensure medication was administered in compliance with a medication order

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

Ms. Christian was present and answered the Board’s questions. She is the manager of record from March 2018 to current.

Ms. Christian explained that discussions were done with the resident’s daughters, who were on the site daily.

Ms. Christian advised they have tightened up on how medication orders were written. The started conducted in-service training of caregivers along with audits. Audits are done on the MAR’s weekly.

Member Kidder made a motion that was seconded by Member Villafranca to dismiss complaint 19-22 against Jody Christian, 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

34. 19-26 Hagos, Nuraine Manager 02/04/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Graceful Hands Home Care, located Phoenix and identified 10 deficiencies, of which 3 were repeat violations, in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure TB requirement was met
- Manager failed to ensure service plan requirement was met
- Manager failed to ensure disaster drill requirement was met

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

Ms. Hagos was present and answered the Board’s questions. The facility is licensed for five residents. Ms. Hagos said she is the owner of the facility and spends 10 hours a day at the facility.

Member Hasseltine questioned Ms. Hagos about the CPR and first aid. She said it was an oversight due to working long hours.

Member Villafranca questioned Ms. Hagos about the TB. Ms. Hagos said the doctor advised the TB test was good for 3 to 5 years. Member Villafranca advised by regulation it is required annually by DHS. Ms. Hagos said she will make sure in the future that TB is done prior to expiring.

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 19-26 involving manager Nuraine Hagos and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

1. Suspension of certificate but stay the suspension as long as terms of the consent agreement are met.
2. Probation for 3 months that includes:
  - a) Reimbursement of investigative costs in the amount of \$250.00
  - b) 3 hours of Board approved continuing education in personnel requirements
  - c) 3 hours of Board approved continuing education in 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 5 – 0, Member Louis was not present

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	
No	0									
Abstain	0									
Recuse	0									
Absent	0		X		X			X		

Member Louis re-joined the meeting at 11:23 a.m.

35. 19-28 Cisneros, Ana Manager 02/05/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Anna’s Assisted Living, LLC, located in Queen Creek and identified 10 deficiencies, of which 2 were repeat violations, in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure policy and procedure for nighttime resident check was met
- Manager failed to ensure service plan requirement was met
- Manager failed to ensure medication administration authorization requirement was met

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

Ms. Cisneros was present and answered the Board’s questions. The facility is licensed for 10 residents but there were 8 residents at the time of the survey. Ms. Cisneros said she was not there at the time of the survey.

Ms. Cisneros advised she has a nurse do the service plans but she does the medication administration. She has new policy and policies. The facility is licensed for directed care but they only have personal and supervisory care residents.

Member Villafranca questioned Ms. Cisneros about her training. Ms. Cisneros said she went to medication administration training recently.

Member Kidder made a motion that was seconded by Member Archer that the Board finds insufficient evidence of a violation in complaint 19-28 involving manager Ana Cisneros, but issue a letter of concern. The Board’s concern was that the manager failed to develop and document policies and procedures to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident’s health and safety and failed to ensure the facility’s policies and procedures for medication administration included a process for documenting an individual, authorized, according to the definition of “Administer” in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

36. 19-25 Torrea, Felipe Manager 02/04/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Gift of Love Assisted Living, LLC, located in Phoenix and identified 7 deficiencies, of which 2 were repeat violations, in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure medication administration requirement was met
- Manager failed to ensure medication organizer filling requirement was met
- Manager failed to ensure disaster drill requirement was met

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

Mr. Torrea was present at the meeting. He advised he is the owner and manager of the facility.

Member Villafranca questioned Mr. Torrea about the two repeat violations. Mr. Torrea advised that the caregiver did not lock the medication cabinet after she got medication for a resident and the surveyor who was there saw it was not locked.

Member Villafranca asked Mr. Torrea what he has since changed? Mr. Torrea advised he put up a sign to keep cabinet locked.

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 19-25 involving manager Felipe Torrea 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 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

37. 19-29 Mulchandani, Sarah Manager 02/07/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Desert Oasis at Superstition, located in Mesa and identified six deficiencies in five different areas. Some of the deficiencies included:

- Manager failed to ensure medication administration was in compliance with a medication order
- Manager failed to ensure restraint requirement was met
- Manager failed to ensure caregiver skill and knowledge were verified

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

Ms. Mulchandani was present and answered the Board’s questions. The facility is licensed for 5 residents and there were 4 residents there at the time of the survey. Ms. Mulchandani advised a friend is the owner and she was helping out and has been for six months. She spends 8 hours a day twice a week.

Member Villafranca questioned Ms. Mulchandani about medication administration in which a caregiver gave insulin to a resident that was not according to orders.

Member Kidder described that at the time of the survey a resident responded “They fenced me in” which would indicate a restraint.

Member Kidder made a motion that was seconded by Member Louis that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446 (10)(a) for unprofessional conduct and AAC R4-33-407(A)(B)(1), in complaint number 19-29 involving manager Sarah Mulchandani 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 resident rights
- d) All continuing education classes must be pre-approved by the Board’s Executive Director
- e) Any costs of the probation are those of the certificate holder

A roll call vote passed 6 – 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	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

38. 19-43 Chapman, Lenora Manager 02/26/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Royal Paradise Care, located Surprise and identified 6 deficiencies, 2 of which were repeat violations, in 4 different areas. Some of the deficiencies included:

- Manager failed to ensure medication was administered in compliance with an order
- Manager failed to ensure medical record requirement was met
- Manager failed to ensure a residents inability to ambulate requirement was met

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

Ms. Chapman was present and answered the Board’s questions. The facility had 9 residents at the time of the survey. Ms. Chapman said the insulin was not documented properly in the MAR but it was given correctly. A nurse was brought in and completed an in-serviced for the staff.

Member Seamans made a motion that was seconded by Member Archer that the Board finds insufficient evidence of a violation in complaint 19-43 involving manager Lenora Chapman, but issue a letter of concern. The Board’s concern was that the Manager failed to administer one resident’s medication in compliance with a medication order.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

39. 19-47 Brown, Tamara Manager 03/01/19

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Everlasting Services at Ahwatukee, located Phoenix and identified two deficiencies in the area of personnel. Some of the deficiencies included:

- Manager failed to ensure the assistant caregiver requirement was met
- Manager failed to ensure manager or caregiver was present at the facility

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

Ms. Brown was present along with Donna Hansen. Ms. Brown manages two assisted living homes.

Ms. Brown advised there was not a certified caregiver at the home at the time of the survey. HR was the one who checked on caregiver certificates. The manager now is in charge of checking on certified caregivers. In-service education was conducted for staff in that caregivers on not to leave without a certified caregiver present.

Member Louis made a motion that was seconded by Member Archer that the Board finds insufficient evidence of a violation in complaint 19-47 involving manager Tamara Brown, but issue a letter of concern. The Board’s concern was that manager failed to have a certified caregiver present.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				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.

40. Temporary Administrator Licenses

None			
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Permanent Administrator Licenses

Watson, Jaron	Brady, Shane		
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Temporary Manager Certificates

Petillo Ireland, Linda	Sayco, Marjorie	Ralphs, Susan	Arguillo, Dina
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Permanent Manager Certificates

Petillo Ireland, Linda	Sayco, Marjorie	Adorjani, Dennis	Arguillo, Dina
Ralphs, Susan	Ojwang, Tami	Bortis, Mariana	Ramirez, Hilda
Gamboa, Mary	Bush, Carolyn	Gyuricsko, Mary	Bissen, Jason
Antol-Dlugopolski, Barbara	Gradinariu, Valentin	Fulton, Molly	

Member Kidder 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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				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.

41. Zarinegar, Kori Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the criminal DUI related to the applicant. On probation to 2024. Took the exam and passed.

Applicant Kori Zarinegar was present and answered the Board’s questions.

Ms. Zarinegar advised the probation was to be a good citizen and not drink. She has changed and she has learned from the experience.

Member Villafranca made a motion that was seconded by Member Kidder to approve the certificate.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

42. Fortson, Cassandra Permanent manager certificate

Zakiya Mallas, Licensing Specialist outlined for the Board the issues related to the applicant. Ms. Fortson did not answer truthfully about conviction on the bad check charge and the Board of Nursing issued a Decree of Censure against her LPN and CAN certificate in 2005.

Applicant Fortson was present and answered the Board’s questions related to the check charge and the reason for the Decree of Censure.

Member Kidder made a motion that was seconded by Member Villafranca 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 5 – 1 with Member Hasseltine voting nay.

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			
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X	X	

- C. Individual Board Review, Consideration and Action to deny temporary administrator license or manager certificate for failing to meet the qualifications of A.R.S. § 36- 446.06(D), for failing the state examination.

42a Dennis Adorjani

Member Kidder made a motion that was seconded by Member Seamans to deny for failing to meet the qualifications of A.R.S. § 36- 446.06(D).

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				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.

43. Assisted Living Facility Caregiver Training Program

None	
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Assisted Living Facility Manager Training Program

Legaspi Management Services, LLC	
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Assisted Living Facility Caregiver Training Program Renewal

Arizona Health Training Program ALCTP-0016	
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Assisted Living Facility Manager Training Program Renewal

CareGiver Training Institute ALMTP-0012	
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Member Kidder 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.

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	8	X	X	X		X	X		X	
No	0									
Abstain	0									
Recuse	0									
Absent	0				X			X		

**9. OTHER BUSINESS**

A. New Business: The Board may Review, Consider and take Action

44. None

**10. ADMINISTRATIVE MATTERS**

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

45. Financial Reports

Executive Director Imig reviewed the financial reports with the Board. The Board fund ended the month of March with a balance of \$260,758. Overall expenses were as projected.

46. Complaints Status Report

Investigator Smyth reported that in March there were 9 complaints opened. 261 of 274 cases for FY18 were resolved. There are currently 38 active consent agreements.

47. Licensing Report

Licensing Specialist Mallas reported there were 25 manager and 3 administrator applications submitted in March. Currently there are 2,356 active and 29 inactive managers and 323 active and 21 inactive administrators.

48. Legislation Update

Discuss legislative bills from the 2019 first regular session including but not limited to SB1356 and SB1244

Executive Director Imig advised that both bills were still proceeding through.

49. Rules Update

There was no update.

50. Training Program Report

Executive Director Imig reported there were about 43 caregiver training programs and 11 manager training programs. During the last year from April 2018 to April 2019 there were 2271 caregivers that took the exam for the first time and had an 80% pass rate. There were 355 manager trainees that had first time pass rate of 81%.

51. Board Meeting Critique

There was a brief Board meeting critique.

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

The next regular meeting of the Board will be held on Monday, May 13, 2019 at 1740 W. Adams, Board Meeting Room C, Phoenix, Arizona, at 9:00 a.m.

12. **ADJOURNMENT**

The meeting was adjourned at 12:52 p.m.