



**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

Ken Kidder, Vice President

Nina Louis, Member

Fred Randolph, Member

Melanie Seamans, Member

Pauline Campbell, Member

Susan Archer, Member

Ted Ihrman, Member

**Minutes**  
**REGULAR MEETING**

**June 15, 2020**

**1. CALL TO ORDER**

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

**2. ROLL CALL**

Present: Ken Kidder, Melanie Seamans, Pauline Campbell, Nina Louis, Susan Archer, Ted Ihrman

Absent: Fred Randolph, Charles Seal-Villafranca

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. May 11, 2020 Regular Board Meeting Minutes

Member Kidder made a motion that was seconded by Member Archer to approve the May 11, 2020, regular meeting minutes.

A roll call vote passed unanimously 6 – 0.

**5. FORMAL ADMINISTRATIVE HEARINGS OR MOTION TO RESCIND**

A. Motion to Rescind

**2. Johnson, Ramona 19-45 Manager**

Ms. Johnson was present.

State filed a motion to rescind and remand the complaint back to investigations. The Board investigator summarized the complaint. Ms. Johnson made a brief statement stating she was not the manager at the time and had not been for six months prior to the survey.

Member Campbell made a motion that was seconded by Member Archer to rescind the prior motion for formal hearing and remand back to investigations.

A roll call vote passed unanimously 6 – 0.

**6. REQUEST FOR REHEARING OR REVIEW OF DECISION**

A. Request for Rehearing or Review of Decision

**3. Singh, Porabhjoat 19-60 Manager**

Sabrina Khan, Assistant Attorney General, was present and represented the state. Ms. Singh was present and made a brief statement. Ms. Khan made a response to the Ms. Singh’s request for rehearing

Mary Williams Assistant Attorney General was present to advise the Board.

After hearing from both parties, Member Campbell made a motion that was seconded by Member Kidder to grant the State’s motion and deny the request for rehearing or review.

A roll call vote passed unanimously 6 – 0.

**4. Romero, Adrian 19-115 Manager**

Sabrina Khan, Assistant Attorney General, was present and represented the state. Mr. Romero was present by telephone and made a brief statement. Ms. Khan made a response to Mr. Romero’s request for rehearing.

Mary Williams Assistant Attorney General was present to advise the Board.

After hearing from both parties, Member Campbell made a motion that was seconded by Member Archer to grant the State’s motion and deny the request for rehearing or review.

A roll call vote passed unanimously 6 – 0.

**5. Divinagracia, Eric 19-66 Manager**

Sabrina Khan, Assistant Attorney General, was present and represented the state. Mr. Divinagracia was present and made a brief statement. Ms. Khan made a response to Mr. Divinagracia’s request for rehearing.

Mary Williams Assistant Attorney General was present to advise the Board.

Member Campbell made a motion that was seconded by Member Kidder to grant the State’s motion and deny the request for rehearing or review.

A roll call vote passed unanimously 6 – 0.

7. **COMPLAINT CASE**

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

**Facility Name**

- 6. A Parent Paradise And Care LLC
- 7. Agape Care Home Of Scottsdale
- 8. Akator’s Assisted Living Home
- 9. Amazing Care Assisted Living
- 10. Arabian Views Assisted Living One
- 11. Ashlee Care
- 12. Broadway Mesa Village
- 13. Brookdale Union Hills
- 14. Casa Del Sol Assisted Living LLC II
- 15. Copper Canyon Alzheimer’s Special Care Center
- 16. Country Manor Assisted Living Center, LLC
- 17. Doctor’s Choice Assisted Living
- 18. Elders Ranch
- 19. Fairwinds - Desert Point
- 20. Famiglia Amore, LLC
- 21. Family Matters Care
- 22. Garnet Of Casa Grande Assisted Living Community
- 23. Good Samaritan Home Care
- 24. Harmony Palm Care Home
- 25. Heaven Can Wait
- 26. Heritage Village Bldg. 5
- 27. Heritage Village Bldg. 7
- 28. Immanuel Campus Of Care
- 29. Kozzy Kare Assisted Living LLC
- 30. Love And Care Assisted Living, LLC
- 31. New Horizons Adult Care Home #2
- 32. Palo Verde Home At Infinity Wilmot
- 33. Park senior Villas At Houghton – Villa CC
- 34. Park Senior Villas At La Canada – Villa K
- 35. Park Senior Villas At La Canada – Villa M
- 36. Peoria Assisted Living And Health Services, LLC
- 37. Ridgecrest I
- 38. Ridgecrest II
- 39. Saint Rita Assisted Living Of The Valley
- 40. Santo Nino Villas 4
- 41. Solterra Senior Living
- 42. Sun Valley Haven Assisted Living Home
- 43. Sunbeam Oasis
- 44. Surprise Memory Care, LLP
- 45. The Inn At Freedom Plaza
- 46. Tina’s Place Assisted Living Home

Member Louis requested that items 37, 38 and 39 be taken off the consent agenda. Member Seamans requested that items 24, 25 and 40 be taken off the consent agenda.

Member Kidder made a motion that was seconded by Member Archer to not open complaints on the managers of the facilities listed under agenda item 7A, minus the ones pulled from the consent agenda.

A roll call vote passed unanimously 6 – 0.

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

<b>9:00 a.m. through 11:00 a.m.</b>				
	<b>Complaint #</b>	<b>Licensee</b>	<b>Title</b>	<b>Open Date</b>
<b>47.</b>	<b>20-11</b>	<b>Keating, Cherie</b>	<b>Administrator</b>	<b>01/27/20</b>

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Rio Vista Post Acute Rehabilitation, located in Peoria and identified 8 deficiencies in 8 different areas. Some of the deficiencies included:

- Facility failed to ensure a resident was free from neglect

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

Ms. Keating was present with attorney, Ms. Cynthia Patane. The case surrounded reporting of abuse or neglect. Following the incident, the facility hired a trainer to train all of the staff. Ms. Keating also attended the abuse neglect training by AHCA. Ms. Keating had been at the facility for one month before the complaint investigation.

Member Kidder made a motion that was seconded by Member Archer to dismiss complaint 20-11, against Cherie Keating, for insufficient evidence of a violation.

A roll call vote passed unanimously 6 – 0

<b>48.</b>	<b>20-54</b>	<b>Smith, Lori</b>	<b>Administrator</b>	<b>04/17/20</b>
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Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey along with 2 complaint investigations at Maryland Gardens, located in Phoenix and identified 15 deficiencies in 15 different areas. Some of the deficiencies included:

- The facility failed to timely assess a resident who developed a pressure ulcer

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

Ms. Smith was present with her attorney Lori Metcalf. Ms. Smith advised they have instituted in-service training on wound care and pain, and audited all of the residents at the facility. They are licensed for 64 and had 42 residents at the time of the survey.

Member Kidder made a motion that was seconded by Member Seamans to dismiss complaint 20-54 against Lori Smith, for insufficient evidence of a violation.

A roll call vote passed unanimously 6 – 0

<b>49.</b>	<b>None</b>			
<b>50.</b>	<b>20-50</b>	<b>Borton, Teresa</b>	<b>Administrator</b>	<b>04/16/20</b>

Investigator Smyth informed the Board why Ms. Borton was not able to make the meeting and requested to attend the July meeting.

Member Campbell made a motion that was seconded by Member Archer to defer hearing the complaint until the July meeting.

A roll call vote passed unanimously 6 – 0

**51.      20-26                  Carp, Liliana                  Manager                  02/20/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Otilia’s Home Care, located in Glendale and identified 7 deficiencies, of which 1 was a repeat deficiency, in 4 different areas. Some of the deficiencies included:

- Manager failed to ensure a certified caregiver was present when the manager was not
- Manager failed to ensure medication was stored as required
- Manager failed to ensure caregivers completed an approved training program

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

Member Archer 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 20-26 involving manager Liliana Carp and to offer a consent agreement to be signed within 10 days or the matter will proceed to formal hearing. The terms shall include the following:

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

A roll call vote passed unanimously 6 – 0.

**52.      20-30                  Thrush, Dennis                  Manager                  02/25/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Desert Winds Assisted Living, located in Peoria and identified 4 deficiencies, of which 1 was a repeat deficiency, in 3 different areas. Some of the deficiencies included:

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

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$8,000.00.

Mr. Thrush was present and answered the Board’s questions. The primary issue was the CPR being done on-line which does not account for demonstration.

Member Kidder made a motion that was seconded by Member Campbell to dismiss complaint 20-30 against Dennis Thrush, for insufficient evidence of a violation.

A roll call vote passed unanimously 6 – 0.

The Board took a recess at 10:41 a.m.

The Board was back in session at 10:50 a.m.

**11:00 a.m. through 12:00 a.m.**

**53. 19-164 Victoria-Sales, Athena Manager 12/23/19**

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

- Manager failed to ensure employee CPR or First Aid requirement was met
- Manager failed to ensure caregiver skills and knowledge was verified
- The manager submitted an altered document after the date of the survey

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$1,000.00.

Ms. Victoria-Sales was present and answered the Board’s questions. She has been a manager since 2003. The facility is licensed for 5 residents and had five residents at the time of the survey.

One of the issues was that CPR was taken on-line which does not account for demonstration. Ms. Victoria-Sales showed the Board the document and they agreed it was altered.

Member Campbell 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 19-164 involving manager Athena Victoria-Sales 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 record keeping
  - 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

A roll call vote passed unanimously 6 – 0.

**54. 20-40 De Jesus, Rowena Manager 03/19/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Magic Touch Adult Care, located in Chandler and identified 21 deficiencies, of which 2 were repeat deficiencies, in 10 different areas. Some of the deficiencies included:

- Manager failed to ensure quality management program requirement was met
- Manager failed to ensure a manager or caregiver was present at the facility
- Manager failed to ensure admission requirements were met

DHS took enforcement action on 4 violations and assessed a civil money penalty of \$1,500.00

Ms. De Jesus was present and answered the Board’s questions. She hired a caregiver that was not certified. Ms. De Jesus explained the repeat deficiencies.

Member Campbell 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 20-40 involving manager Rowena De Jesus 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 record keeping
  - c) 3 hours of Board approved continuing education in personal requirements
  - d) All continuing education classes must be pre-approved by the Board’s Executive Director
  - e) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 6 – 0.

**55.      20-41                      Garcia, Adrienne                      Manager                      03/19/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Happy Foster Family Adult Care Home, located in Tempe and identified 13 deficiencies, 2 of which were repeat deficiencies, in 7 different areas. Some of the deficiencies included:

- Manager failed to ensure fingerprint clearance card requirement was met
- Manager failed to ensure medical record requirement was met
- Manager failed to ensure medication was administered as ordered

DHS took enforcement action on 3 violations and assessed a civil money penalty of \$1,000.00

Ms. Garcia was not present or on the telephone.

Member Kidder 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 20-41 involving manager Adrienne Garcia 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 personal requirements
  - d) All continuing education classes must be pre-approved by the Board’s Executive Director
  - e) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 6 – 0.

**56.      20-42                      Mikeworth, Daniel                      Manager                      03/20/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Bannon Springs Assisted Living, located in Vernon and identified 12 deficiencies, of which 4 were repeat deficiencies, in 8 different areas. Some of the deficiencies included:

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

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

Mr. Mikeworth was not present or on the telephone.

Member Campbell 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 20-42 involving manager Daniel Mikeworth 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 emergency preparedness
  - c) 3 hours of Board approved continuing education in service plans
  - d) 3 hours of Board approved continuing education in environmental standards
  - 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 unanimously 6 – 0.

**57.      20-39                      Rodriguez, Eddie                      Manager                      04/02/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Amore Courtyard Assisted Living Home, located in Chandler and identified 8 deficiencies, of which 3 were repeat deficiencies, in 6 different areas. Some of the deficiencies included:

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

DHS took enforcement action on 7 violations and assessed a civil money penalty of \$1,750.00.

Mr. Rodriguez was present and answered the Board’s questions. He has been a manager since 2012 and the facility is licensed for 5 residents. There were five residents at the time of the survey.

Mr. Rodriguez said he is at the facility two to three times a week for two to four hours. Mr. Rodriguez also manages a second home. The owner of the home is Mr. Rodriguez manager designee. Mr. Rodriguez was not present during the survey. At the time of the survey the caregiver on duty was nervous and did not provide correct information.

Member Campbell 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 20-39 involving manager Eddie Rodriguez 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 emergency preparedness
  - c) 3 hours of Board approved continuing education in medication management
  - d) 3 hours of Board approved continuing education in record keeping
  - 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 unanimously 6 – 0.

**58.      20-43                      Papuc, Antoaneta                      Manager                      03/20/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Our Parents Home Care II, located in Phoenix and identified 14 deficiencies, one of which was a repeat deficiency, in 7 different areas. Some of the deficiencies included:

- Manager failed to ensure personnel record requirement was met
- Manager failed to ensure inability to ambulate requirement was met
- Manager failed to ensure a manger or caregiver was present.

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

Ms. Papuc was present and answered the Board’s questions. Ms. Papuc manages two facilities. She was helping a friend out for a short period of time when the survey took place.

Member Kidder made a motion that was seconded by Member Archer that the Board finds insufficient evidence of a violation in complaint 20-43 involving manager Antoaneta Papuc, but issue a letter of concern. The Board’s concern was that manager failed to ensure the facility was compliant with regulations.

A roll call vote passed unanimously 5 – 0. Member Louis abstained.

**59.      20-45                      Derushia, David                      Manager                      03/26/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Catalina Village Assisted Living, located in Tucson and identified 12 deficiencies, two of which were repeat deficiencies, in 10 different areas. Some of the deficiencies included:

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

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

Mr. Derushia was present and answered the Board’s questions. Mr. Derushia started as a manager in 2016. Mr. Derushia said he is now personally verifying all the personnel files. The facility is licensed for 107 residents and there were 96 residents at the time of the survey.

Member Seamans made a motion that was seconded by Member Kidder to dismiss complaint 20-45 against David Derushia, for insufficient evidence of a violation.

A roll call vote passed unanimously 5 – 0

**60. 20-46 Hamed, Shaista Manager 03/27/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Assisted Senior Living Care, located in Mesa and identified 7 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure employee CPR or First Aid requirement was met

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

Ms. Hamed was not present or on the telephone.

Member Campbell made a motion that was seconded by Member Archer to dismiss complaint 20-46 against Shaista Hamed, for insufficient evidence of a violation.

A roll call vote passed unanimously 5 – 0.

**61. 20-48 Mendez, Ami Manager 04/16/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Project Avista Senior Living North Mountain, located in Phoenix and identified 6 deficiencies in 4 different areas. Some of the deficiencies included:

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

Ms. Mendez was present and answered the Board's questions. Ms. Mendez became licensed in 2017. The facility had 149 residents at the time of the survey. Ms. Mendez said there was a problem with the business manager not making sure all the required documents were verified. That has now been corrected.

Member Archer made a motion that was seconded by Member Kidder to dismiss complaint 20-48 against Ami Mendez, for insufficient evidence of a violation.

A roll call vote passed unanimously 5 – 0.

**12:00 p.m. through 1:00 p.m.**

**62. 20-51 Asota, Eugenia Manager 04/16/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Charles Residential Care, LLC, located in Goodyear and identified 5 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure manager designee requirement was met
- Manager failed to ensure a manager or caregiver was present in the facility

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

Ms. Asota was present and answered the Board's questions. Ms. Asota said she was out of the facility for about 10 minutes leaving a volunteer who was not certified.

Member Campbell made a motion that was seconded by Member Archer that the Board finds insufficient evidence of a violation in complaint 20-51 involving manager Eugenia Asota, but issue a letter of concern. The Board's concern was that the manager failed to properly store medication or meet personal requirements.

A roll call vote passed unanimously 5 – 0.

**63. 20-57 Preda, Veronica Manager 04/20/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Big Heart Assisted Living, located in Surprise and identified 4 deficiencies, 1 of which was a repeat deficiency, in 4 different areas. Some of the deficiencies included:

- Manager failed to ensure medication was administered as ordered
- Manager failed to ensure inability to ambulate requirement was met

DHS took enforcement action on 1 violation and assessed a civil money penalty of \$3,810.00.

Ms. Preda was present and answered the Board’s questions. Ms. Preda explained the survey deficiencies and those they were corrected.

Member Kidder made a motion that was seconded by Member Campbell to dismiss complaint 20-57 against Veronica Preda, for insufficient evidence of a violation.

A roll call vote passed unanimously 5 – 0.

**64. 20-29 Regorgo, Dominic Manager 02/21/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Desert Stream Assisted Living Home, located in Chandler and identified 2 deficiencies in the area of personnel. Some of the deficiencies included:

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

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

Mr. Regorgo was present and answered the Board’s questions. Mr. Regorgo failed to provide a written response to the Board regarding the complaint. Mr. Regorgo stated that the caregiver did not have a valid training certificate of training.

Member Campbell 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 20-29 involving manager Dominic Regorgo 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 personal requirements
  - c) All continuing education classes must be pre-approved by the Board’s Executive Director
  - d) Any costs of the probation are those of the certificate holder

A roll call vote passed unanimously 5 – 0

**65. None**

**8. 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.

66. Temporary Administrator Licenses

None			
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Permanent Administrator Licenses

Cochran, Jonathan	Ust, Curtis	Spencer, Andrew	
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Temporary Manager Certificates

Fuangunji, Fuanjia	Verdieu, June	Pyne, Mercy	Iyere, Kingsley
Wei, Dan			

Permanent Manager Certificates

Fuangunji, Fuanjia	Verdieu, June	Pyne, Mercy	Iyere, Kingsley
Juboori, Iman	Delci, Bailee	Akinyoyenu, Woyengipriye	Brunson, Jennifer
Gray, DeSombra	Tilvan, Manuela	Wyatt, Lynette	Daily, Sharice
Hughes, April	Kurail, Jenny	Lawther, Philip	Ruiz, Vivian
Visoan, Sebastian	Giles, Brittany	Ringo, Nicole	Jackson, Taylor
Marshall, Rodshawnda	Ogoti, Jared	Wei, Dan	

Member Campbell made a motion that was seconded by Member Kidder 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 unanimously 5 – 0

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

**67. Gathright, Michael Permanent administrator license**

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

Applicant Michael Gathright was present by telephone and answered the Board’s questions.

Member Kidder made a motion that was seconded by Member Seamans to approve the permanent administrator license.

A roll call vote passed unanimously 5 – 0

**68. Kebede, Bethel Permanent manager certificate**

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

Applicant Bethel Kebede was present and answered the Board’s questions.

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

A roll call vote passed unanimously 5 – 0

**69. Hernandez, Paul Permanent manager certificate**

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

Applicant Paul Hernandez was present and answered the Board’s questions. He failed to renew in June, 30, 2019 and did not have a manager at the facility from July 1, 2019 to March 1, 2020.

Member Archer made a motion that was seconded by Member Campbell to approve the permanent manager certificate contingent on signing a consent agreement with a term of probation for 12 months to attend 4 meetings, once each quarter or certificate would be denied.

A roll call vote passed unanimously 5 – 0

**70. Plotado, Aurea Permanent and temporary manager certificate**

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

Applicant Plotado was present by telephone and answered the Board’s questions. In 2012 she was an LPN and received a decree of censure for making an inaccurate MAR entry.

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

A roll call vote passed unanimously 5 – 0

**9. 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.

71. Assisted Living Facility Caregiver Training Program

Best Care Behavioral Homes	Arizona Career Institute
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Assisted Living Facility Manager Training Program

None	
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Assisted Living Facility Caregiver Training Program Renewal

A+ Assisted Living Academy ALCTP0078	Mohave Community College ALCTP0031
Arizona Certification Program ALCTP0069	Endeavor Training Institute ALCTP0079
Innovative School of Health Sciences ALCTP0066	

Assisted Living Facility Manager Training Program Renewal

Excel Caregiver Training Program ALMTP0013	
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Member Campbell made a motion that was seconded by Member Archer to approve the assisted living facility caregiver and manager training program and the renewals of caregiver and manager training programs.

A roll call vote passed unanimously 5 – 0

**10. OTHER BUSINESS**

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

72. None

**11. ADMINISTRATIVE MATTERS**

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

73. Financial Reports

Executive Director Imig reported the Board’s fund balance at the end of April was \$388,189 which about 6.64 percent above projections. Expenses are right at what was budgeted

74. Complaints Status Report

Investigator Smyth reported that as of the end of May there were 70 cases opened in AY20, of which 31 are resolved. There is 1 open case from AY19. There are currently 28 active consent agreements.

75. Licensing Report

Licensing Specialist Mallas reported there are 350 active and 26 inactive administrators and 2221 active and 16 inactive managers. There are currently 44 deficient applications and 71 pending final approval.

76. Legislation Update  
SB1210

Executive Director Imig reported that SB1210 was signed into law by the Governor and the statute would be effective on August 25, 2020. The Board will be looking to write rules.

77. Rules Update

Executive Director Imig advised the current rule package was still on track. Staff is currently developing the medication exam for the rules.

78. Training Program Report

Executive Director Imig reported there are 51 caregiver and 14 manager training programs. From June 1, 2019 through June 1, 2020 there were 2,582 first time caregiver exams given with an 80% pass rate. During that same time period there were 401 first time manager exams given with an 81% pass rate.

There are currently 25 OJT programs that were approved in response to EO 2020-28.

79. Board Meeting Critique

There was no Board meeting critique.

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

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

13. **ADJOURNMENT**

Member Campbell adjourned the meeting at 1:57 p.m.