



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

1740 W. Adams, Suite 2490, Phoenix, Arizona 85007

(602) 364-2273 phone • (602) 542-8316 fax

Email: [information@aznciboard.us](mailto:information@aznciboard.us)

Web Site: [www.aznciboard.us](http://www.aznciboard.us)

**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**

**March 9, 2020**

**1. CALL TO ORDER**

President Villafranca called the meeting to order at 9:02 a.m., at 1740 W. Adams, Board Meeting Room C, Phoenix, AZ 85007.

**2. ROLL CALL**

Present: Ken Kidder, Fred Randolph, Melanie Seamans, Nina Louis, Susan Archer, Charles Seal-Villafranca

Absent: Pauline Campbell

Attendance: Allen Imig, ED, Phil Smyth, Investigator, Zakiya Mallas, Licensing Specialist, Sabrina Khan, 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. February 10, 2020 Regular Board Meeting Minutes
2. February 10, 2020 Executive Session Minutes
3. December 9, 2020 Executive Session Minutes

Member Villafranca made a motion that was seconded by Member Seamans to approve the February 10, 2020 regular meeting minutes.

The motion passed unanimously 7 – 0.

Member Villafranca made a motion that was seconded by Member Louis to approve the February 10, 2020 executive session meeting minutes.

The motion passed 5 – 0, Members Kidder and Randolph abstained.

Member Villafranca made a motion that was seconded by Member Kidder to approve the December 9, 2019 executive session minutes.

The motion passed 5 – 0, Members Seamans and Randolph abstained.

**5. COMPLAINT CASE**

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

**Facility Name**

- 4. Caring Angels Assisted Living Home
- 5. Casa Del Sol Assisted Living LLC II
- 6. Chaparral Winds Assisted Living
- 7. Fountainview Assisted Living Facility
- 8. Jolley Family Assisted Living, LLC
- 9. Oakmont Assisted Living
- 10. Pepper Tree Care Home
- 11. Pleasant Stay Care Home
- 12. Rose of Sharon Family Home
- 13. Serva Assisted Living of Scottsdale
- 14. Sol Acoma Assisted Living LLC
- 15. Sun Health Grandview Assisted Living Services
- 16. The Enclave at Gilbert Senior Living
- 17. The Manor at Glencroft
- 18. The Mission at Agua Fria

Member Villafranca made a motion that was seconded by Member Kidder to not open complaints on the managers of facilities listed under agenda items 4 through 6, 8 through 14 and 15 through 18 and open complaints on managers of facilities under agenda item 7 and 15.

The motion passed unanimously 7 – 0.

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

<b>Complaint #</b>	<b>Licensee</b>	<b>Title</b>	<b>Open Date</b>
<b>19.</b>	<b>19-153</b>	<b>Hendrickson, Ryan</b>	<b>Administrator 11/22/19</b>

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey along with 5 complaint investigations at Haven at Camp Verde, located in Camp Verde and identified 16 deficiencies in 16 different areas. Some of the deficiencies included:

- The facility failed to assist residents in maintaining their highest practicable well-being
- The facility failed to administer a medication according to the physician ordered parameters for one resident

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

Mr. Hendrickson was present along with Nigal Santiago who was present for support. Mr. Hendrickson answered the Board questions regarding the abuse allegation.

A nursing assistant did not report the incident immediately and brought the situation to an experienced CNA who then brought it to the attention of a nurse.

A nurse had a chronic illness related to pain and took some residents PRN medication. Another shift nurse found the missing narcotic. The nurse who took the narcotics was terminated.

The facility has since reviewed all the policies and procedures and did staff in-service training.

Member Kidder made a motion that was seconded by Member Louis to dismiss complaint 19-153 against Ryan Hendrickson, for insufficient evidence of a violation.

The motion passed unanimously 7 – 0.

**20. 19-158 Zimmerman, Chaim Administrator 12/06/19**

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey and 3 complaint investigations at Springdale Village Healthcare, located in Mesa and identified 34 deficiencies in 29 different areas. Some of the deficiencies included:

- Doctor orders were not followed regarding ongoing pain
- Facility was not free from accident hazards

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

Mr. Zimmerman was present and answered the Board's questions regarding the survey and complaint investigations. He was the administrator from August 2018 and had inherited a DON with little experience. He also requested a mock survey three months before the state survey but the company did not meet that request.

Following the survey they brought in a new DON and assistant DON and a new operations manager.

Member Villafranca made a motion that was seconded by Member Randolph to dismiss complaint 19-158 against Chaim Zimmerman, for insufficient evidence of a violation.

The motion passed 6 – 1, with Member Ihrman voting nay.

**21. 19-119 Taugape, Tomeletso Administrator 09/23/19**

Investigator Smyth summarized the complaint for the Board. DHS conducted a recertification survey at Maravilla Care Center, located in Phoenix and identified 9 deficiencies in 9 different areas. Some of the deficiencies included:

- The facility failed to assist residents in maintaining their highest practicable well-being

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

Mr. Taugape was present and answered the Board's questions regarding the survey. He has been the administrator at that facility since September 2017. Mr. Taugape explained the circumstances surrounding the deficiencies and what changes were made to correct them

Member Kidder made a motion that was seconded by Member Louis to dismiss complaint 19-119 against, for insufficient evidence of a violation.

The motion passed unanimously 7 – 0.

**22. 19-134 Boudreau, Craig Manager 10/09/19**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Desert Flower, located in Scottsdale and identified 6 deficiencies, of which 1 was a repeat deficiency, in 5 different areas. Some of the deficiencies included:

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

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

Mr. Boudreau was present and answered the Board’s questions related to the survey. Mr. Boudreau was not allowed to be part of the clinical meetings. Mr. Boudreau did not get any support from the company. Because Mr. Boudreau was not allowed to do his job he quit in April 2019.

Member Ihrman made a motion that was seconded by Member Archer to dismiss complaint 19-134 against Craig Boudreau, for insufficient evidence of a violation.

The motion passed unanimously, 7 – 0.

**23. 20-01 Lowe, Emily Manager 01/13/20**

Member Archer recused hearing this case.

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Acuna at Layton Lakes, located in Chandler and identified 14 deficiencies in 11 different areas. Some of the deficiencies included:

- Manager failed to ensure TB requirement was met
- Manager failed to ensure personnel record requirement was met
- Manager failed to ensure medication was administered as ordered

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

Ms. Lowe was present and answered the Board’s questions regarding the compliance inspection. An employee left without notice and took her personnel file and that is the reason for the deficiency that went to enforcement.

Ms. Lowe is at the facility one day a week. There are 5 residents at the home.

Member Kidder made a motion that was seconded by Member Randolph that the Board finds insufficient evidence of a violation in complaint 20-01 involving manager Emily Lowe, but issue a letter of concern. The Board’s concern was that the manager failed to properly maintain a personnel record.

The motion passed unanimously, 7 – 0.

**24. 20-02 Salcido, Jesse Manager 01/16/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Sunset Adult Care Home, LLC, located in Tucson and identified 7 deficiencies in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure resident not subjected to restraint

- Manager failed to ensure service plan requirement was met

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

Ms. Salcido was present and answered the Board’s questions regarding the survey and the steps that were taken to correct them.

Member Villafranca made a motion that was seconded by Member Kidder to dismiss complaint 20-02 against Jesse Salcido, for insufficient evidence of a violation.

The motion passed unanimously, 7 – 0.

**25. 20-05 Niadas, Zelma Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Hummingbird Manor II, located in Tucson and identified 2 deficiencies in 2 different areas. Some of the deficiencies included:

- Manager failed to ensure policy and procedure requirement was met for smoking safety

DHS took enforcement action on 1 violation and assessed a civil money penalty of \$3,525.00

Ms. Niadas was present along with Denise Hennington who was present as a reference. Ms. Niadas answered the Board’s questions regarding the smoking incident.

Ms. Niadas is the manager and owner of the facility that has 8 residents. Ms. Niadas has now revised her smoking policy and procedure.

Member Kidder made a motion that was seconded by Member Louis to dismiss complaint 20-05 against Zelma for insufficient evidence of a violation.

The motion passed unanimously, 7 – 0.

**26. 20-09 Rodriquez, Eddie Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Amore Manor Assisted Living, located in Chandler and identified 7 deficiencies, 3 of which were repeat deficiencies, in 5 different areas. Some of the deficiencies included:

- Manger failed to ensure fingerprint clearance card requirement was met
- Manager failed to ensure CPR policies and procedures were met

DHS took enforcement action and entered into a settlement agreement in lieu of revoking the license.

Mr. Rodriquez was present and answered the Board’s questions. He was at the facility once a month. The Board questioned the lack of oversight on his part.

Mary Natividad was the owner and has a manger certificate but Mr. Rodriquez was the manager of record at that facility.

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 20-09 involving manager Eddie Rodriquez 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 \$500.00
  - b) 3 hours of Board approved continuing education in personnel requirements
  - c) 3 hours of Board approved continuing education in ethics
  - d) Attend 2 NCIA Board meetings during the probation period.
  - 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 7 – 0.

**27. 20-03 Salagean, Georgiana Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Sunny Days Senior Living, located in Mesa and identified 17 deficiencies in 10 different areas. Some of the deficiencies included:

- Manager failed to ensure a resident was not subject to restraint
- Manager failed to ensure service plan requirement was met
- Manager failed to ensure medication was administered as ordered

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

Ms. Salagean was present and answered the Board’s question regarding the compliance inspection. The facility is licensed for 10 residents but there were 6 at the time of the survey.

Ms. Salagean is at the facility every day.

Member Villafranca made a motion that was seconded by Member Archer to dismiss complaint 20-03 against Georgiana Salagean, for insufficient evidence of a violation.

The motion passed unanimously 7 – 0.

**28. 20-04 Hernandez, Shartel Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Brookdale Trail Ridge, located in Sun City and identified 4 deficiencies in 2 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure manager designee requirement was met

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

Ms. Hernandez was present and answered the Board’s questions. The facility is licensed for 56 residents. Ms. Hernandez explained the circumstances for the survey findings and actions that were taken to correct them.

Member Kidder made a motion that was seconded by Member Ihrman that the Board finds insufficient evidence of a violation in complaint 20-04 involving manager Shartel Hernandez, but issue a letter of concern. The Board’s concern was that manager failed to maintain sufficient staff.

The motion passed unanimously 7 – 0.

**29. 20-06 Njoroge, Nancy Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Pennington Gardens, located in Chandler and identified 22 deficiencies in 8 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure caregiver skills and knowledge was verified

DHS took enforcement action on 2 violations and assessed a civil money penalty of \$1,750.00

Aqueelah worthen the business manager was present with Nancy Njoroge. Ms. Njoroge answered the Board's questions. According to Ms. Njoroge, the facility is licensed for 96. Ms. Njoroge explained the issues related to the caregiver certificates and actions they took to correct.

Member Archer made a motion that was seconded by Member Ihrman to dismiss complaint 20-06 against Nancy Njoroge, for insufficient evidence of a violation.

The motion passed unanimously, 7 – 0.

**30. 20-07 Corral, Amanda Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Encanto Care Assisted Living, LLC, located in Phoenix and identified 5 deficiencies in 4 different areas. Some of the deficiencies included:

- Manager failed to ensure service plan requirement was met
- Manager failed to ensure caregiver training requirement was met
- Caregiver could not speak or communicate in English

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

Ms. Corral was present and answered the Board's questions. The facility is licensed for 5 residents. Ms. Corral said she was the one that hired the person who could not communicate in English and is not a certified caregiver. She has been looking for five months to hire a caregiver.

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 20-07 involving manager Amanda Corral 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 service plans
  - c) 3 hours of Board approved continuing education in personnel 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, 7 – 0.

**31. 20-08 Curovac, Semka Manager 01/17/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Home Sweet Home on Leland II, located in Mesa and identified 6 deficiencies in 5 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure a resident was not restrained

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

Ms. Curovac was present and answered the Board's questions. A caregiver that quit took her personnel file and it was not available at the time of the survey. Ms. Curovac did not contact the police and report the theft. Ms. Curovac also answered questions regarding the restraint issue.

Member Villafranca made a motion that was seconded by Member Randolph that the Board finds insufficient evidence of a violation in complaint 20-08 involving manager Semka Curovac, but issue a letter of concern. The Board's concern was that the manager failed to insure proper personnel documentation.

The motion passed unanimously, 7 – 0.

**32. 20-14 English, Victoria Manager 01/30/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Brookdale East Mesa, located in Mesa and identified 7 deficiencies, of which 2 were repeat deficiencies, in 6 different areas. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure first aid and CPR

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

Ms. English was present and answered the Board's questions regarding the complaint investigation. The facility has 55 memory care residents. After the survey, the facility went through all the caregiver certificates to verify they were correct.

Ms. English also explained to the Board the reasons for the repeat deficiencies and corrections.

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 20-14 involving manager Victoria English 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 service plans
  - c) 3 hours of Board approved continuing education in medication management
  - d) 3 hours of Board approved continuing education in personnel requirements
  - 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, 7 – 0.

**33. 20-21 Sollano, Thelma Manager 01/30/20**

Investigator Smyth summarized the complaint for the Board. DHS conducted a complaint investigation at Bloomfield Manor, located in Scottsdale and identified 2 deficiencies. Some of the deficiencies included:

- Manager failed to ensure caregiver training requirement was met
- Manager failed to ensure personnel record requirement was met

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

Ms. Sollano was present and answered the Board's questions. The facility was licensed for 10 and there were 7 residents at the time of the survey. Ms. Sollano said she was the one that hired the two caregivers who did not have the personnel file. Ms. Sollano did not do the proper checks to verify the caregiver certificates.

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 20-21 involving manager Thelma Sollano 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 7 – 0.

**C. Board Review, Consideration and Action on Whether to Open a Complaint**

**34. Fairmount Assisted Living, LLC**

Investigator Smyth summarized the complaint for the Board. DHS conducted a compliance inspection at Fairmount Assisted Living located in Tucson and identified 6 deficiencies in 5 different areas.

Staff learned that the facility had employed 3 managers between September 2018 and December 2019 and the survey was conducted in October 2019. Staff was unable to determine who was responsible for the survey violations.

Member Kidder made a motion that was seconded by Member Villafranca to not open a complaint on the manager of the Fairmount Assisted Living facility.

The motion passed unanimously 7 – 0.

**6. 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.

35. Temporary Administrator Licenses

None			
------	--	--	--

Permanent Administrator Licenses

Provencio, Monica	Ammermann, Lynette	Cody, Brenda	
-------------------	--------------------	--------------	--

Temporary Manager Certificates

Barber, Amanda	Pavelka, Tiger		

Permanent Manager Certificates

Barber, Amanda	Pavelka, Tiger		
Bottom, Robert	Mendea, Cecilia	Patio, Ramona	Moroshan, Elijah
Cecil, Melissa	McKechnie, Suzanne	Pitea, Alexandra	Koga London, Kristin
Nganga, Nancy	Rincon, Lorenzo	Tauro, Myra	Chang, Huey-Huey
Young, Loyd	Hughes, Jenice	Calma, Jose	Mata, Marisela
Selig, Eric	Hibben, Crystal		

Member Villafranca made a motion that was seconded by Member Seamans to approve the temporary and permanent administrator licenses, the temporary and permanent manager certificates, pending passing all required examinations within the substantive time frame or the license or certificate will be denied.

The motion passed unanimously 7 – 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.

**36. LaVia, Gabrielle Permanent administrator license**

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

Applicant Gabrielle LaVia was present and answered the Board’s questions.

Member Kidder made a motion that was seconded by Member Archer to approve the permanent administrator license,

The motion passed unanimously 7 – 0.

**37. Vidal, Benny Permanent manager certificate**

Tabled until next month

**38. Scott, Alison Permanent manager certificate**

Tabled until next month

**39. Pratt, Taryn Permanent manager certificate**

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

Applicant Taryn Pratt was present and answered the Board's questions regarding the criminal issue.

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

The motion passed unanimously 7 – 0

Member Louis left the meeting at 1:42 p.m.

**40. Brooks, DeLaine Permanent manager certificate**

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

Applicant DeLaine Brooks was present and answered the Board's questions. Ms. Brooks was the manager from June 2019 through February 2020 even though her certificate expired.

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

The motion passed unanimously 6 – 0.

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

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

Applicant Bethel was present and answered the Board's questions. Ms. Bethel had been acting as a manager of her facility for about a year since it opened.

Member Kidder made a motion that was seconded by Member Seamans to deny the permanent manager certificate for violation of ARS 36-446.07(B)(4) practicing without biennial certification and ARS 36-446.01(B) An assisted living facility shall not operate in this state except under the supervision of a manager certified pursuant to this article.

The motion passed .5 – 1 with member Archer voting nay.

**42. Borkowski, Pauline Permanent manager certificate**

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

Applicant Borkowski was present and answered the Board's questions regarding the charges that happened in 1998.

Member Kidder made a motion that was seconded by Member Randolph to approve the permanent manager certificate.

The motion passed unanimously 6 – 0.

**7. 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	
------	--

Assisted Living Facility Manager Training Program

None	
------	--

Assisted Living Facility Caregiver Training Program Renewal

Pima JTED Direct Caregiver Program ALCTP0028	Kevin Concannon, LLC ALCTP0084
Excel Caregiver Training Program ALCTP0012	

Assisted Living Facility Manager Training Program Renewal

AZ Essential Health Caregiver & Manager Training – ALMTP0021	
---	--

Member Villafranca made a motion that was seconded by Member Randolph to approve the assisted living facility caregiver and manager training program and the renewals of caregiver and manager training programs.

The motion passed unanimously 6 – 0.

**8. OTHER BUSINESS**

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

44. Rules Committee recommendation to approve Article 7 draft proposed rules.

Executive Director Imig informed the Board that the rules committee had approved the draft proposed rules for Article 7 and they recommend the Board approve them to move forward in the rulemaking process.

Member Kidder made a motion that was seconded by Member Villafranca to approve the proposed rules for Article 7 and file the notice of proposed rules with the Secretary of State.

The motion passed unanimously 6 – 0.

9. **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 reported the Board's fund balance at the end of February was \$395,639 which about 3.50 percent over projections. Expenses are right at what was budgeted.

46. Complaints Status Report

Investigator Smyth reported that as of the end of January there were 33 cases opened in AY20. There are 6 open cases from AY19. There are currently 34 active consent agreements.

47. Licensing Report

Licensing Specialist Mallas reported there are 345 active and 22 inactive administrators and 2159 active and 16 inactive managers. There are currently 50 deficient applications and 70 pending final approval.

48. Legislation Update  
SB1210  
HB2260  
SB1291  
HB2713  
HB2809  
HB2538

Executive Director Imig gave a brief update of each of the listed bills and where they were in the legislative process.

49. Rules Update

The Notice of Proposed Rules will be filed on March 12, 2020 and if there are no delays and with an immediate effective date they would go into effect on July 7, 2020.

50. Training Program Report

Executive Director Imig reported there are 49 caregiver and 14 manager training programs. From March 1, 2019 and March 1, 2020 there were 2,691 first time caregiver exams given with an 80% pass rate. During that same time period there were 410 first time manager exams given with a 79% pass rate

51. Auditor General Report

Executive Director Imig did a brief overview of the Auditor General's report findings and answered questions from the Board.

52. Board Meeting Critique

There was a brief Board meeting critique.

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

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

**11. ADJOURNMENT**

President Villafranca adjourned the meeting at 2:22 p.m.