



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

**Douglas A. Ducey**  
Governor

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**Sabrina Khan**  
Executive Director

**Board Members**

Pauline (Wally) Campbell, President  
Charles Villafranca, Vice President  
Ken Kidder, Member  
Nina Louis, Member  
Fred Randolph, Member  
Melanie Seamans, Member  
Susan Archer, Member  
Ted Ihrman, Member

**Minutes**  
**REGULAR MEETING**

**April 12, 2021**

**1. CALL TO ORDER**

President Wally Campbell called the meeting to order at 9:01 a.m.

**2. ROLL CALL**

President Campbell, Vice President Villafranca, Member Archer, Member Ihrman were present in-person; Member Randolph was present by telephone.

Members Kidder, Louis, and Seamans were absent.

Attendance: Executive Director Sabrina Khan, Investigator Phil Smyth, Licensing Specialist Zakiya Mallas, Assistants Attorneys General Seamus Monaghan and Mary Williams.

**3. CALL TO THE PUBLIC**

No person had a comment during “call to the public.”

**4. APPROVAL OF MINUTES**

The Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) (to discuss confidential information), A.R.S. § 38-431.03(A)(3) (to receive legal advice).

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

1. March 8, 2021 Regular Board Meeting Minutes

Vice President Villafranca made a motion that was seconded by Member Ihrman to approve the draft meeting minutes. The motion pass unanimously by a roll call vote.

**5. PETITION FOR REHEARING OR REVIEW**

The Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) (to discuss confidential information), A.R.S. § 38-431.03(A)(3) (to receive legal advice).

A. Formal Administrative Hearings, Consent Agreement or Motion to Deem Allegations Admitted.

2. Woelke, Patricia B. 20-58 Petition for Rehearing or Review

Assistant Attorney General Seamus Monaghan was present in-person representing the State of Arizona. Assistant Attorney General Mary Williams was present in-person as the independent legal advisor for the Board. Patricia Woelke was present in-person.

President Campbell made an opening statement regarding the Petition for Rehearing or Review and asked the parties to introduce themselves. AAG Monaghan and Respondent Woelke introduced themselves.

Respondent Woelke stated that these were unfortunate circumstances, as she left her place of employment, moved out-of-state, and thought her mail was forwarded to her new address. Respondent Woelke expected her mail to be forwarded, but was not. Respondent Woelke explained that after the survey, the facility had a surge of Covid cases, and there was a lot of miscommunication regarding the survey. Respondent Woelke explained that she had no intention of ignoring the Board's communication or to respond late, it was an oversight.

AAG Monaghan provided an overview of the procedural posture of this case. AAG Monaghan deferred to the Board's discretion in this matter.

Vice President Villafranca confirmed that Respondent Woelke was not present during the December 2020 Board meeting. Vice President Villafranca asked whether Respondent Woelke stated any enumerated reasons outlined in regulation regarding this petition. AAG Monaghan commented that she did not state any enumerated reasons to support the petition.

Respondent Woelke commented that her neighbor picked up her mail, and there was no signature.

Vice President Villafranca stated that there were a multiple of issues with the survey that led to the Board's revocation such as fingerprint clearance card issues and personnel files issues. Vice President Villafranca commented that he stands by his previous ruling.

Member Ihrman asked whether Respondent Woelke would be willing to relinquish her certificate. Respondent Woelke responded yes.

Vice President Villafranca made a motion that was seconded by Member Ihrman to deny the request for a rehearing.

Member Archer asked whether Investigator Smyth called her about the matter. Investigator Smyth commented that he spoke with Respondent Woelke when she moved out-of-state on September 10, 2020, and he emailed it to her on October 5, 2020.

The motion passed unanimously by a roll call vote.

3. Vancea, Peter 20-99 Petition for Rehearing or Review

Assistant Attorney General Seamus Monaghan was present in-person representing the State of Arizona. Assistant Attorney General Mary Williams was present in-person as the independent legal advisor for the Board. Peter Vancea was not present.

President Campbell made an opening statement regarding the Petition for Rehearing or Review. Vice President Villafranca noted that Respondent Vancea was not present for this matter at the noted time of 9:15 a.m.

AAG Monaghan provided an overview of the procedural posture of the case. Further, AAG Monaghan commented that the Respondent did not cite any of the enumerated reasons outlined in the regulation to support his petition, but deferred to the Board’s discretion in this matter.

Vice President Villafranca made a motion that was seconded by Member Ihrman to deny the petition.

The motion passed unanimously by a roll call vote.

6. **COMPLAINT CASE**

The Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) (to discuss confidential information), A.R.S. § 38-431.03(A)(3) (to receive legal advice).

The name of a Resident is confidential information. In public session, the Board members, staff, and the licensee should refer to the Residents as “Resident” or use the Resident’s initials.

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

**Facility Name**

- 4. Arizona Eldercare Group, LLC
- 5. Best Home Care of Surprise LLC
- 6. Desert Oasis at Superstition
- 7. La Luna Senior Living at Gemini
- 8. Manor on Paradise
- 9. Maria’s Adult Care Home
- 10. Pleasant Living Surprise
- 11. Quail Park at Morrison Ranch
- 12. Quail Park of Oro Valley
- 13. River’s Edge Assisted Living
- 14. Shady Lane Living, Inc.
- 15. Summerfield at Lisbon ALH
- 16. Villa Maria Care Center
- 17. West Lane Home

Vice President Villafranca made a motion that was seconded by Member Archer to not open a complaint on the facility managers for this agenda item, items 4-17.

The motion passed unanimously by a roll call vote.

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

	<b>Complaint #</b>	<b>Licensee</b>	<b>Title</b>	<b>Open Date</b>
18.	21-19	Hill, Sean	Administrator	02/26/21

Investigator Smyth summarized Complaint No. 21-19 for the Board. Manager Sean Hill was present for the Board Meeting with his attorney, Laurie Metcalf. Investigator Smyth summarized that the Department of Health Services conducted complaint investigations at Sunview Respiratory and Rehabilitation located in Youngstown that identified twenty-one deficiencies in seventeen different areas. On approximately January 11, 2021, DHS took an enforcement action on three substantiated violations and imposed a civil money penalty in the amount of \$5,000.00.

Manager Hill commented that he is responsible for the deficiencies in this matter. As a result of the deficiencies, Manager Hill made changes to the policies and procedures in the facility. Manager Hill was working at different facilities splitting his time between two facilities, Sunview Respiratory and Rehabilitation and Granite Creek. Vice President Villafranca asked was there an administrator at Sunview? Manager Hill responded “yes.” Manager Hill explained that he was managing the other facility that was over fifty miles away, spent a lot of time traveling. Manager Hill commented that he corresponded with facility managers, facility nursing staff, and was available to address any issue as it arose, and that he was present physically and telephonically at each facility.

Investigator Smyth commented that Manager Hill notified the Board as to the change of administrator at the facilities.

President Campbell asked whether Manager Hill was physically present when the survey took place. Manager Hill responded “yes,” he was present at the facility during the survey. Vice President Villafranca asked whether he drafted the plan of correction or did someone else draft it. Manager Hill responded that he wrote the plan of correction for the facility. Vice President Villafranca asked what steps have been taken as a result of the survey. Manager Hill responded that changes had been made to the facility and commented that he added a new full-time diet technician to assist with meals, hired a quality assurance employee and a staff developer who assists in continuing educational training to make sure staff is doing everything the right way. Manager Hill stated that staff is trained on the use of restraints, and that as of right now, medically necessary restraints are not being used in the facility.

Vice President Villafranca asked how often the quality assurance meetings are. Manager Hill commented that they were being done one time per month, but when Covid-19 hit they were not less frequently. He commented that we had documentation on how the facility was addressing restraints.

Member Ihrman asked what type of restraints were being used. Manager Hill responded that they were soft wrist restraints used in very particular situations. Manager Hill commented that they wanted to avoid any threatening situation for the residents by not using the restraints and that they constantly discharge residents from the restraints when they get better and their health improves.

Manager Hill commented that there are three units, including tracheotomy and ventilator units. One unit was established for stable trach patients, and the other two units were for ventilator patients with semi-private rooms, and it is sometimes difficult to have one employee per one resident to oversee that. Manager Hill had medical orders for the soft wrist restraints, and commented that staff checked but was not checked as often as it should. Manager Hill commented that the facility now employs the least restrictive measures first, and uses a large glove-mits to prevent residents from removing tubes and lifesaving medical equipment and treatment. The facility checks the glove-mits on the residents every two hours – that residents with glove-mits are discussed with their staff on a daily basis, and that they are tracking with quality assurance as well. The facility administers psychotropic medication when prescribed with a diagnosis.

President Campbell asked how he ensures service plans are up-to-date. Manager Hill commented that the QAs are monitoring, and that he hired a new director of nursing with a proven track record.

Vice President Villafranca commented that running a ventilator unit is difficult because you must maintain the patients’ life, and when patients are on ventilators, they may grab the equipment. President Villafranca further

commented that Manager Hill has a good plan in place, and has a new director of nursing who can look at the situation with fresh eyes.

Vice President Villafranca made a motion that was seconded by Member Ihrman to dismiss Complaint No. 21-19 against Manager Hill.

The motion passed unanimously.

Time for me 35.15

19.	21-18	Neice, Diana	Administrator	02/22/21
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Vice President Villafranca announced that he is recused from this matter. AAG Monaghan commented that we do not have a quorum to hear Complaint 21-18, and the matter was continued.

20.	21-13	Ingram, Ronnie	Manager	02/11/21
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Investigator Smyth summarized Complaint No. 21-13 for the Board. Manager Ronnie Ingram was present for the Board Meeting. The Complainant Michelle Gorinac was present for the Board meeting. She filed a complaint based upon the treatment that her mother (Resident D.G.) received at the Palazzo located in Phoenix. Investigator Smyth summarized the complaint for the Board. Investigatory Smyth’s summary included the complainants allegations of Manager Ingram labeling her family as “different” in an email to staff predisposing the staff against the resident and family, that her mother was living in a hostile living environment due to false accusations, threats, retaliation, that her mother was not provided easy off medication bottles as requested, that staff failed to respond to D.G.’s use of the panic button, that requests for an additional heating unit or blankets were not provided when D.G.’s AC unit was not working. Investigator Smyth stated that the Manager Ingram was only the certified manager for six weeks, but was previously employed as the health and wellness director and nurse prior to becoming the certified manager at the Palazzo.

Vice President Villafranca asked Manager Ingram why he sent an email labeling the family as being “different.” Manager Ingram commented that since he did not see the email he was not sure whether he sent that email. Manager Ingram commented that the Vice President of Operations at the Palazoo makes the decision regarding the facility and there is a chain of command. Vice President Villafranca asked about the heater that did not work. Manager Ingram commented that the Palazzo was dated, but there were four hotel units available for residents as needed, and that the facility only had the resources it had. But, that staff would utilize other resources, such as providing a heater or extra blankets if a resident needed them. Manager Ingram stated that residents were not without resources the entire time he was there.

President Campell asked what he recalls about D.G.’s heater. Manager Ingram responded that does not recall D.G.’s heater specifically not working, but that staff used the resources of providing a heater or blankets.

Member Archer asked if D.G. refused resources, and whether her refusal was documented. Manager Ingram stated that he no longer works at the Palazzo, and does not have access to their records or incident reports.

Vice President Villafranca asked what Manager Ingram recalled about D.G. Manager Ingram stated that D.G. needed to be placed in a more supervised unit when she moved into the Palazzo and needed more medical oversight than what was provided in the unit she was in. Manager Ingram said his hands were tied because that decision was not his, but the decision of management. He further commented that he was employed there for about a year, and could not remain there because it was not worth the risk to him professionally, as he did not agree with the decisions that were made due to resident services.

Member Ihrman asked how Manager Ingram addressed allegations of neglect, the heater not working, lack of blankets, and food. Manager Ingram said he had nothing to report because he received no allegations of that

nature. Manager Ingram summarized that most of the communication came from us, the staff, to the family. And, that the family was on ALTEC, there was a situation about their dog, but they were only to have one dog based upon the disposition, there were concerns regarding medication, but D.G. was self-administering her medication. Manager Ingram commented that he recalls there was miscommunication in the dining room. D.G. came into the dining room and starting yelling in the dining room, and as a result, all residents left the dining room. Manager Ingram stated no complaints came from other residents or staff members as a result of D.G.'s yelling in the dining room. Manager Ingram commented that he loves his job and would never work in an environment where abuse was acceptable.

The Complainant Michelle Gorinac outlined her complaint for the Board. She commented that D.G. would be present at this meeting but for the pandemic. Complainant Gorinac summarized her complaint for the Board providing a timeline of events that she said was just the tip of the iceberg. She commented that the staff was predisposed against D.G. and the family because of Manager Ingram's labeling of the family as being "different" for which she believes is unprofessional and created a hostile environment for D.G. She felt discriminated against, defamed, abused, and that her mother suffered, was hospitalized, and that she was forced to pay an upcharge of \$10,000 and could not get a refund. She summarized the lack of care in terms of not receiving easy off medication bottles and glucose monitoring.

Vice President Villafranca commented that Manager Ingram was not a certified manager when this situation began, and that this Board does not regulate a nursing license. Vice President Villafranca further asked Complainant Gorinac whether she filed a complaint against the certified manager at the time of this events for which she responded "no." Vice President Villafranca asked whether she filed a complaint with the nursing Board for which she responded "no."

Member Ihrman commented that we have no oversight on someone's nursing license. Complainant Gorinac commented that she understood. Vice President Villafranca commented that we have jurisdiction over the time he was a certified manager for which the complainant commented that the conduct created an environment of negligence for D.G.

Complainant Gorinac commented that she addressed this matter in December 2019 and expressed concerns with Chuck Carp indicating Ronnie was ignoring her calls and emails. Then in 2020, and over 77 days after intake asked Ronnie to call her and take care of the easy access medication bottles for which she had requested. Ronnie never gave the order. For ease, D.G. used the pharmacy with the facility, and that it was Ronnie who needed to give the orders so that the pharmacist could provide easy off medication bottles. Ronnie failed to ensure glucose monitoring was properly done for which emails document. Ronnie did not address this or any other issue. D.G. would push her panic button, and no one would show up. And, that the signed agreement indicated that issues and responses would be addressed when Ronnie was the manager. Again, the panic button was not answered and personal items were reported missing in D.G.'s room.

Complainant Gorinac commented that in January of 2020, she requested that staff address D.G. with respect and in a timely manner. Residents are not to be subjected to abuse, negligence or misappropriation of property. D.G. was excluded from receiving resident rights. Ronnie's retaliatory actions and conduct was reported to the Ombudsman, the case manager, and personnel.

Complainant Gorinac commented that in February 2020, with outside with outside temperatures freezing and the heating unit being broken again, a CNA threatened D.G. with reporting her to Ronnie. Complainant Gorinac did not hear that conversation, but claimed that D.G. told her right after the conversation. D.G. was hospitalized and in a skilled nursing facility.

Complainant Gorinac asked that his license be revoked.

Vice President Villafranca commented that when Manager Ingram sent out the email, he was a nurse at that time, and asked her if she filed a complaint with the nursing Board. Complainant Gorinac responded that she had not filed a complaint with the Nursing Board.

President Campbell commented that we do not address Nursing Board matters.

Member Archer asked whether she filed a complaint with the Department of Health Services. Complainant Gorinac commented that Carolyn, the Ombudsman, filed a complaint with DHS.

Member Archer asked about whether they offered D.G. another room, blankets, or heating unit. Complainant Gorinac commented that she did not know about this, and that D.G. was intimidated by staff based upon their claims of “we are going to tell Ronnie on you.”

Member Ihrman asked about glucose monitoring. Complainant Gorinac commented that we were getting prescriptions from the air force base, but used the facility pharmacy, Korman. Korman needed to fill the sticks for the glucometer. Member Ihrman asked how she gained that information. She said that the case manager at a meeting asked whether her needs were met, and she expressed concerns about the glucose monitoring. Member Ihrman asked how she understood there were no glucose strips. Complainant Gorinac responded that she never saw the strips, and said the pharmacy did not provide them.

Vice President Villafranca asked whether Mercy Care opened a quality review. Member Archer asked whether the case manager reported this to Adult Protective Services for which the Complainant did not know. Member Archer asked whether she has knowledge of any agency substantiating her allegations. Complainant said that Carolyn filed a complaint with DHS.

Investigator Smyth commented that he does not know whether a complaint was filed with DHS. Complainant Gorinac commented that there was a complaint filed, and she has a number.

Member Archer stated we do not handle contract disputes and that she would need to deal with Mercy Care about her contract dispute.

Manager Ingram continued with answering Board member questions and comments to the allegations against him. Manager Ingram responded that does want to address certain things said by the complainant. Manager Ingram stated there was no delay in communication with the family, and that there was a lot of communication with the family. Manager Ingram addressed his labeling of the family as being “different” because of the family’s behavior. Manager Ingram stated that whenever you had conversations with the them – they called themselves French Aristocrats. Also, the first time he met the family, the complainant accused staff of taking her cell phone, but the cell phone was not taken, but was in D.G.’s room the entire time.

Manager Ingram commented that as for the upcharge, ALTEC apartments are studios, and if a resident wants to live in a one- or two-bedroom unit, an upcharge must be paid, and that he did not set up her living situation.

Manager Ingram commented that Complainant’s Gorinac’s comments were nothing but an emotionally charged embellishment, and that his license should not be revoked, as this has no basis.

Vice President Villafranca commented that he has never called someone “different” in an email. Manager Ingram commented that he is not disputing that he wrote that.

Member Archer asked what level of care was assigned to D.G. for medication administration. Manager Ingram stated that she was a self-administered resident, and it is her responsibility to administer her own medication.

Manager Ingram stated that he never predisposed any case manager against them, and if the case managers believed there was any type of abuse or negligent, the case managers can initiate an investigation on their own. Further, Manager Ingram commented that he had open communication with the Ombudsman who never spoke to him about these concerns. He further commented that he did not know what the temperate was or whether it was the cause of D.G.’s hospitalization, but that D.G. mismanaged her medication as she was self-

administering. Manager Ingram commented that there were portable heaters, blankets, and optional rooms for residents. Manager Ingram stated that he wanted to take over D.G.’s medication administration but could not because management did not want it staff administered, and that staff does not have control of Korman’s pharmacy operations. As the resident was self-administered for her medications, it was her responsibility to administer her medication, not the Palazoo’s.

Manager Ingram commented on Complainant Gorinac’s allegation of another resident falling at the Palazoo. Manager Ingram commented that that was conjecture and that falls in a residential care setting may be unavoidable, but you handle those situations as quickly as possible to mitigate the situation the best way you can. Manager Ingram commented that he was the manager for six weeks and fails to see how these allegations impacted him as a manager.

Vice President Villafranca commented that a vast majority of this occurred when he was a licensed nurse, not a manager, and that the Complainant may file a complaint with the Nursing Board if she desires. Vice President Villafranca further commented that he was only the manager for six weeks, DHS has not reviewed this matter, and that D.G. was self-administered for her medications. If you are self-administered, you are self-administered, so those complaints are irrelevant.

Member Ihrman stated that there is evidence of negligent, it should be reported, and if it had, it may have precluded much of this. Vice President Villafranca agreed that a third-party review would have precluded much of this matter, and that APS could have reviewed the matter.

Member Ihrman made a motion that was seconded by President Campbell that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446(10)(a) for unprofessional conduct and AAC R4-33-407(A) & (B)(1), in complaint number 21-13 involving Manager Ronnie Ingram 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) Completion of continuing education in the following areas: 3 hours in ethics, 3 hours in resident rights approved by the executive director and submit documented completion of the continuing education.
  - b) Reimbursement of investigative costs in the amount of \$454.00
  - c) Reimbursement cost of the probation are those of the certificate holder

The motion passed unanimously by a roll call vote.

The Board took a ten-minute break at 10:32 a.m.

President Campbell called the meeting to order at 10:45 a.m.

21.	21-14	Messer, Michael	Manager	02/12/21
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Member Archer stated that she knows Manager Michael Messer and has worked with him professional in the past. Member Archer commented that she has no knowledge of this matter, and there is no conflict. AAG Monaghan commented that he knows Manager Messer, as his family member was present at the facility, and recuses from this matter.

Investigator Smyth summarized Complaint No. 21-14 for the Board. Manager Messer was present for the Board meeting. Investigator Smyth summarized that the Department of Health Services conducted a compliance inspection at East Shea Assisted Living, LLC located in Scottsdale. The compliance inspection identified three deficiencies in three different areas. On approximately January 25, 2021, DHS took and enforcement action and imposed a civil money penalty of \$500.00 for one substantiated violation.

President Campbell asked how large the facility was. Manager Messer explained that it is licensed for ten and there were five residents during the inspection.

Vice President Villafranca asked why there was no certified caregiver present at the time of the survey. Manager Messer said there were two caregiver assistants present. Manager Messer understood that the assistants must be under the direct supervisor of another. Manager Messer explained that he went to pick up a caregiver from the airport, and the surveyor arrived to conduct the survey.

Member Archer asked if he is having a hard time finding caregivers for which Manager Messer responded “yes,” he is having a very difficult time finding and hiring caregivers.

Vice President Villafranca asked about the qualifications of the assistants and whether they were trained on the job. Manager Messer said the assistants were advanced in their training.

Member Archer asked if they had been orientation with the facility for which Manager Messer stated “yes.”

Vice President Villafranca asked if there were any negative outcomes for which Manager Messer responded “no.” Manager Messer commented that he is at the facility all the time.

Vice President Villafranca commented that it is difficult to find caregivers, and sometimes you don’t have enough staff, and that is the reality we are faced with. The assistants had fingerprint clearance cards, had completed CPR training, had been working for a while in the facility, and that Manager Messer had a lapse in judgment when he left to pick up the caregiver from the airport.

President Campbell asked about the tuberculosis test for which Manager Messer commented that he provided that information to the state, and it was 100 pages.

Vice President Villafranca commented that Manager Messer had a lapse in judgment, there were no negative outcomes in this matter. To prevent this situation from arising again Manager Messer stated that he hired a caregiver, and that he won’t have a lapse in judgment again.

President Campbell commented that she would be receptive to a letter of concern.

Vice President Villafranca made a motion that was seconded by Member Irhman that the Board finds insufficient evidence of a violation in Complaint No. 21-14 against Manager Messer, but issues a letter of concern in that the manager failed to give adequate oversight to the facility.

The motion passed unanimously by a roll call vote.

22.	21-15	Pecora, Lenora	Manager	02/12/21
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Investigator Smyth summarized Complaint No. 21-15 for the Board. Manager Lenora Pecora was present for the Board meeting. Investigator Smyth summarized that the Department of Health Services conducted a compliance inspection at Villas at Green Valley, Villa I located in Green Valley. The compliance inspection identified two deficiencies in two different areas. On approximately January 20, 2021, the DHS took enforcement action for one substantiated deficiency and imposed a civil money penalty of \$500.00.

The situation involved a resident who had Covid - left their unit - and went to the patio and spoke with another resident who did not have Covid. The caregiver who was assigned to Covid residents ran out to the patio to retrieve the Covid resident.

Vice President Villafranca asked what are you doing differently regarding knowledge and skills training before providing care to residents. Manager Pecora commented that they train caregivers to handle stressful

situations and that everyone must come to the main office, and that she screens them herself for temperature checks. Manager Pecora commented that the manager orientates new employees who undergo training, safety training, handwashing, infection control measures and the like.

Manager Archer commented that the caregiver was responding to an emergent situation.

Vice President Villafranca made a motion that was seconded by Member Archer to dismiss Complaint No. 21-15 against Manager Pecora.

The motion passed unanimously by a roll call vote.

23. 21-16 Nealon, Jennifer Manager 02/18/21

Investigator Smyth summarized Complaint No. 21-16 for the Board. Manager Jennifer Nealon was present for the Board meeting. Investigator Smyth summarized that the Department of Health Services conducted a compliance inspection at The Mission at Agua Fria located in Peoria. The compliance inspection identified six deficiencies in five different areas. On approximately January 28, 2021, the DHS took enforcement action on one substantiated deficiency and imposed a civil money penalty in the amount of \$500.00.

Manager Nealon commented that the facility is licensed for one-hundred and eleven residents, but at the time of the survey, the facility had forty-five residents. Manager Nealon stated that she has been working at the facility for approximately eleven months.

Vice President Villafranca asked whether she reviews personnel files and she responded “yes.” Manager Nealon commented that the facility has a new checklist for caregivers, nursing care documentation, and a new process for checking records for prior licensure of personnel. She explained that she administratively reviewed prior surveys and responded to previous surveys as necessary. Manager Nealon explained that she was trying to clean up those surveys when Covid hit. She commented that she manages two facilities and splits her time between the two. Also, the facility is uploading everything on a computer database.

Vice President Villafranca asked if the business manager was in charge of the personnel files for which Manager Nealon responded “yes.” The office manager verifies the information, and the manager oversees the information for verification and confirmation.

Manager Nealon said that she was not present at the time of the survey, as she was out sick on that day.

Member Archer made a motion that was seconded by Member Ihrman to dismiss Complaint No. 21-16 against Manager Nealon.

The motion passed unanimously by a roll call vote.

24. 21-17 Halkowitz, Amber Manager 02/18/21

Investigator Smyth summarized Complaint No. 21-17 for the Board. Manager Amber Halkowitz was present for the Board meeting. Investigator Smyth summarized that the Department of Health Services conducted a compliance inspection at Foothills Vista Adult Care Home, LLC located in Tucson. The compliance inspection identified seven deficiencies in six different areas for which two were repeat deficiencies. On approximately January 28, 2021, the DHS took enforcement action on two substantiated repeat deficiencies and imposed a civil money penalty in the amount of \$500.00.

Manager Halkowitz commented that she has had her manager’s certificate for eleven years and had been employed at the facility since 2014 or 2015. She commented that during the inspection four residents were at the facility, but the facility was licensed for ten residents.

Vice President Villafranca asked why are there repeat deficiencies for which Manager Halkowitz explained the owner falsely documented verifying a fingerprint card, and that she had no reason to question it. The owner and administrator are the persons who hire employees at the facility. Manager Halkowitz explained that she spends a couple of hours per week at the facility, but that during Covid she limited her time in the facility because she did not want to possibly expose residents, as she worked with the public during her full-time job. During Covid she went every other week to the facility or one time per month.

Manager Halkowitz explained that the owner did not let her know about the inspection, but now she shows up unannounced and spends at least two hours per week - two times per week.

Manager Archer asked if the governing authority cooperates with her as the manager. Manager Halkowitz explained that they have been more cooperative with the requirements because she will remove her license from the facility if they don't. Also, Manager Halkowitz explained that she wants to give them a chance to fix the issues with her and communicate better. Member Archer asked whether she is verifying documentation now for which Manager Halkowitz responded, "yes."

President Campbell commented that she is concerned that enough time is not being spent in the facility. Manager Halkowitz responded that she intends to be there more often.

Vice President Villafranca commented that in order to ensure the health and safety of the residents, the manager must be in the facility to ensure compliance.

Member Ihrman asked what the plan of correction is now. Manager Halkowitz explained that she is verifying everything the owner is doing, and signing and dating documentation after she reviews it to ensure compliance.

Vice President Villafranca asked how would she know if a resident is being abused or neglected if she is showing up one time per month. This is unacceptable. You are a certified manager by this Board, and it is your job is to ensure health and safety of those residents. Manager Halkowitz explained that she spent limited time in the facility due to Covid.

Member Archer asked if she was available by phone for which Manager Halkowitz responded, "yes" and that she responds immediately, and can leave her day job in order to be present at the facility.

Vice President Villafranca stated that he is not comfortable with this situation, the plan of correction is not working or not being implemented properly.

Vice President Villafranca made a motion that was seconded by Member Ihrman 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 21-17 involving Manager Ronnie Ingram 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) Completion of continuing education in the following areas: 3 hours in ethics, 3 hours in personnel requirements approved by the executive director and submit documented completion of the continuing education.
  - b) Reimbursement of investigative costs in the amount of \$425.00
  - c) Reimbursement cost of the probation are those of the certificate holder

The motion passed unanimously by a roll call vote.

Investigator Smyth summarized Complaint No. 21-20 for the Board. Manager Cincy King was not present for the Board meeting. Vice President Villafranca took note of the time at 11:21 a.m. Investigator Smyth summarized that the Department of Health Services conducted a compliance inspection at Ventana Winds, LLC, located Youngstown. Investigator Smyth invited Manager King to the Board meeting today for which she is not in attendance. Manager King did not provide a response to Complaint No. 21-20. The compliance inspection identified two deficiencies in two different areas. On approximately January 25, 2021, the DHS took enforcement action for one substantiated deficiency and imposed a civil money penalty of \$1,000.00.

Vice President Villafranca commented that the inspection identified deficiencies, and it is the manager’s responsibility to update the Board regarding contact information. Board staff went out of there way, and it appears that this individual is not able to be regulated. I am inclined to make a motion for voluntary surrender.

Member Villafranca made a motion that was seconded by President Campbell that based upon the information contained in the investigation report, the Board finds sufficient evidence of a violation of A.R.S. § 36-446.07(B)(3) as defined by A.R.S. § 36-446(10)(a) for unprofessional conduct and AAC R4-33-407(A) & (B)(1), in complaint number 21-20 involving Manager King and to offer a consent agreement for the voluntary surrender of her manager’s certificate, and if not signed within 10 days, the matter will proceed to formal hearing.

The motion passed unanimously by a roll call vote.

C. Board Review, Consideration and Action on Rescinding Previous Action and Review Proposed Consent Agreement

26. 20-118 Ocava, Loreli Manager 12/10/2020

Investigator Smyth provided an update on Complaint 20-118 concerning Manager Loreli Ocava. The Board offered her a consent agreement in March 2021, but the manager contacted staff to relinquish her license. Staff explained that this could be done through a consent agreement for voluntary surrender that is treated as a revocation.

Vice President Villafranca made a motion that was seconded by Member Archer to rescind the Board’s previous vote to offer a proposed consent agreement to Manager Ocava.

The motion passed unanimously by a roll call vote.

Vice President Villafranca made a motion that was seconded by Member Archer to accept the proposed consent agreement for voluntary surrender in Complaint No. 20-118.

The motion passed unanimously by a roll call vote.

7. **ADMINISTRATOR LICENSURE AND MANAGER CERTIFICATION**

The Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) (to discuss confidential information), A.R.S. § 38-431.03(A)(3) (to receive legal advice).

- 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.

27. Temporary Administrator Licenses

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Permanent Administrator Licenses

Morris, Caleb	Eaton, Chad	Majors, Megan	
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Temporary Manager Certificates

Leathers, Grace	Robinson, James	Whitfield, Lonnet	

Permanent Manager Certificates

Leathers, Grace	Robinson, James	Whitfield, Lonnet	Singleton, Olugbala
Gunter, Lassie	Lyon-Dannison, Celia	Harmon, Enoch	Marez, Apple
West, Dominique	Dreher, Peter	Hassler, Kristina	Miller, Celeste
Dungca, Julius	Hernandez, Alma	Marinas, Rosemarie	Shlezar, Marie
McCusker, Kayla	Coughlin, Rebecca		

Vice President Villafranca made a motion that was seconded by Member Ihrman to approve the 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.

The motion passed unanimously by a roll call vote.

- 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.

28. none

29. Sanders, Earnest permanent manager’s certificate

Licensing Specialist, Zakiya Malas, provided an overview of the disclosures of Applicant Earnest Sanders’ application for a manager’s certificate. Licensing Specialist Malas stated that he was not present, and did not indicate that he wanted to continue the matter in order for him to be present. Licensing Specialist Malas outlined the matter for the Board. The outline included two counts for forgery in 1990 for his use of a credit card to purchase items at a mall. And in 1998, Applicant Sanders took two vehicles from the rental car company for which he was employed, but later returned them.

Licensing Specialist Malas explained that he has not passed the State’s examination for assisted living facility managers.

Vice President Villafranca commented that he seems disinterested with his application, he did not show up today at the Board meeting to explain or provide information about his disclosures.

Vice President Villafranca made a motion that was seconded by Member Ihrman to deny Applicant Sanders application based upon multiple crimes of moral turpitude in violation of A.R.S. § 36-446.07 including a conviction, failure to participate in the process of becoming certified, and failure to pass the State’s examination.

The motion passed unanimously by a roll call vote.

- 30. none
- 31. none

**8. ASSISTED LIVING FACILITY TRAINING PROGRAMS**

The Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) (to discuss confidential information), A.R.S. § 38-431.03(A)(3) (to receive legal advice)

- A. Consent Agenda to Approve Assisted Living Facility Caregiver and Manager Training Programs and Renewals of Assisted Living Facility Caregiver and Manager Training Programs.

32. Assisted Living Facility Caregiver Training Program

Arizona Technical Training Institute, LLC, ALCTP-0103	
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Assisted Living Facility Manager Training Program

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Assisted Living Facility Caregiver Training Program Renewal

Arizona Health Caregiver Training Program, ALCTP-0016	Trisummit Facility Manager & Caregiver Training Center, ALCTP-0076
Excel Caregiver Training Program, ALCTP-0012	

Assisted Living Facility Manager Training Program Renewal

Academy for Caregiving Excellence ALMTP-0023	Pfundamental Consulting, LLC ALMTP-0024
CareGiver Training Institute ALMTP-0012	Arizona Certified Manager’s Education ALMTP-0014

Member Archer recused from Pfundamental Consulting, LLC as she is an instructor at that program.

Vice President Villafranca made a motion that was seconded by Member Ihrman to approve the consent agenda items with the exception of Pfundamental.

The motion passed unanimously by a roll call vote.

Pfundamental Consulting, LLC will be moved to a future meeting as the Board does not have quorum at this meeting.

**9. OTHER BUSINESS**

The Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03(A)(2) (to discuss confidential information), A.R.S. § 38-431.03(A)(3) (to receive legal advice).

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

None to report.

**10. ADMINISTRATIVE MATTERS**

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

33. Financial Report

Board members did not comment on the financial report.

34. Complaints Status Report

Investigator Smyth stated that there will be ten complaints ready for next month's Board meeting.

35. Licensing Report

Licensing Specialist Malas stated that we have 2,405 managers, 20 inactive managers, 13 temporary managers, 324 administrators, 20 inactive administrators, and 1 temporary administrator.

36. Legislation Update – SB1282

Executive Director Khan commented that SB1282 passed the Senate and is in the House.

37. Rules Update – A.A.C. R4-33-707

Executive Director Khan commented that the new rules are now in effect as of April 2, 2021, which includes the on-the-job caregiver training program.

38. Training Program Report

Executive Director Khan commented that there are 58 caregiver training and 15 manager training programs.

39. National Association of Long-Term Care/NAB Conference

Executive Director Khan commented that the NAB conference will be virtual on June 9-11, and that there will be no forums or educational sessions as this year's conference is condensed.

40. Board Meeting Critique

Vice President Villafranca commented that President Campbell did a good job with the meeting.

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

The next regular meeting of the Board will be held on Monday, May 10, 2021 at 1740 W. Adams, Board Meeting Room C, Phoenix, Arizona, at 9:00 a.m.

President Campbell stated when the next Board meeting will be held during the meeting.

**12. ADJOURNMENT**

The Board meeting adjourned.