

STATE OF NEVADA
BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS
3157 North Rainbow Boulevard, #313
Las Vegas, Nevada 89108
Telephone: 702-486-5445 Fax: 702-486-5439
Website: www.beltca.nv.gov
E-mail: beltca@beltca.nv.gov

MEETING NOTICE AND AGENDA

Date & Time:	August 7, 2014, 9:30 a.m.
Place of Meeting:	The Grant Sawyer State Office Building 555 East Washington Avenue Room 4401 Las Vegas, Nevada 89101
Video Conferencing	and Legislative Counsel Bureau Conference Room 3138 401 South Carson Street Carson City, Nevada 89701

All times are approximate. The Board reserves the right to take items in a different order, items may be combined for consideration by the Public Body and items may be pulled or removed at any time to accomplish business in the most efficient manner.

In certain situations, the option exists to declare the meeting on that agenda item to be a Closed (Executive) Session per NRS 241.030.

- I. OPEN MEETING
- II. ROLL CALL
- III. PUBLIC COMMENTS
This item is to receive comments, limited to five (5) minutes, on any issue and any discussion of those items. However, no action will be taken on an item raised during Public Comments. Comments based on viewpoint are welcome.
- IV. PUBLIC HEARING in the matter of the Complaint for Disciplinary action against Benjamin Medina, Residential Facility Administrator, License No. RFA 9314** (Board may go into closed session) "FOR POSSIBLE ACTION"

- V. APPROVAL OF THE FOLLOWING PROPOSED DISCIPLINARY ACTION** (Board may go into closed session) "FOR POSSIBLE ACTION"
 - a. Ophelia Javier – CJ Homes – Case No. B-36095

- VI. SECRETARY'S REPORTS:
 - a. Approve Minutes of May 8, 2014 Meeting "for possible action".

- VII. ADMINISTRATIVE REPORT

- VIII. ADMINISTRATOR LICENSES ISSUED MUST RECEIVE FINAL BOARD APPROVAL WHEN ALL REQUIREMENTS HAVE BEEN MET.
 - a. Nursing Facility Administrator Licenses Issued "for possible action".
 - (1) Chambers, Thomas
 - (2) Conaway, David
 - (3) Moore, Amanda
 - (4) Mavromatis, Michael Jr.
 - (5) Dunyon, Aaron
 - (6) Clark, James

 - b. Residential Facility Administrator Licenses Issued "for possible action".
 - (1) Hardcastle, Kaitlin
 - (2) Holliday, William
 - (3) Fox, Michael
 - (4) Blanco, Lalaine
 - (5) Helton, Catherine

 - c. Inactive Requests "for possible action".
 - (1) Feedback, Thomas - NFA
 - (2) McClain, Susan - RFA
 - (3) Pophal, Mary – RFA
 - (4) Carlgren, Betty - RFA

 - b. Approve/Deny NFA Application "for possible action".
 - (1) Behn, Marc
 - (2) Iwertz, Denise

- IX. UNFINISHED BUSINESS:
 - a. RCAL AIT Program Reports "for possible action"
 - b. NFA lack of AIT opportunities, obtaining grants and formalize training for preceptors "for possible action"

- X. NEW BUSINESS:
 - a. Veterans Licensure Reciprocity – Caleb Cage, Director of Military and Veterans Policy to discuss "for possible action"
 - b. National Leadership Emergence Conference – Esteban Duran-Ballen to report on his experience at the conference. "for possible action"

XI. DEPUTY ATTORNEY GENERAL'S REPORT

XII. BOARD MEMBER COMMENTS

XIII. PUBLIC COMMENTS

This item is to receive comments, limited to five (5) minutes, on any issue and any discussion of those items. However, no action will be taken on an item raised during Public Comments. Comments based on viewpoint are welcome.

XIV. TIME/DATE/LOCATION OF NEXT REGULAR QUARTERLY MEETING(S) "for possible action"

XV. ADJOURNMENT

**Pursuant to NRS 241.030(1), The Nevada State Board of Examiners for Long Term Care Administrators may conduct a closed meeting to consider the character, allegations of misconduct, professional competence, or physical and mental health of a person.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary please notify the Board of Examiners for Long Term Care Administrators by calling the Board Office at 702-486-5445, or by e-mail at: beltca@beltca.nv.gov.

Anyone desiring additional information regarding the meeting, including information on how to obtain supporting board meeting material is invited to call Sandy Lampert, Executive Director, at (702) 486-5445.

Copies of BELTCA's Meeting Minutes are available at no charge at BELTCA's web site at:
beltca.nv.gov

**The Agenda was posted at the following locations:
BELTCA'S website: www.beltca.nv.gov**

Grant Sawyer State Office Building
555 East Washington Ave.
Las Vegas, NV 89101
Fax: 702-486-2012

ADSD
3416 Goni Rd., Building – D 132
Carson City, NV 89706
Fax: 775-687-0574

ADSD
1860 East Sahara Ave.
Las Vegas, NV 89104
Fax: 702-486-3572

DPBH
727 Fairview Dr., Suite E
Carson City, NV 89706
Fax: 775-684-1073

DPBH
4220 S. Maryland Pkwy.
Suite 810, Bldg. D
Las Vegas, NV 89119
Fax: 702-486-6520

ADSD
445 Apple Street
Reno, NV 89502
Fax: 775-688-2969

Public Library
Sierra View Branch
Fax 775-827-8792

Carson City Courthouse
100 Stewart St.
Carson City, NV 89701
Fax: 775-887-2146

Clark County – Las Vegas Library
732 North Las Vegas Blvd.
Las Vegas, NV 89101
Fax: 702-507-3598

By E-Mail

Sue Levinsky, ADSD, LV
Paul Shubert, DPBH, LV
Heather Korbolic, ADSD
Charles Perry
Lynn Ann Homnick
Rich Hernandez, Senior Transitions
Theresa Brushfield
Ed Vogel, Las Vegas Review-Journal
Mark McBride, Administrator
Chris Nicholas, Administrator

Jill Berntson, ADSD, Reno
Teresa Stricker, ADSD, LV
Donna McCafferty, DPBH
Rosemary Womack, The Abba Group
Daniel Mathis, NVHCA
Shawn McGivney
Rexanne O. Warner, United Health Care
Robbie Williams, Administrator
James Sullivan, Administrator
Susan Magluilo, Administrator



STATE OF NEVADA
BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS

(702) 486-5445
Fax (702) 486-5439
B.E.L.T.C.A.

3157 N. Rainbow Boulevard, No. 313a
Las Vegas, Nevada 89108a
E-mail: beltca@beltca.nv.gov
Website: http://Beltca.Nevada.gov

BRIAN SANDOVAL
Governor

CORRECTED NOTICE

July 10, 2014

Via Certified Mail #7013 1090 0000 7012 9642 and regular mail

Mr. Benjamin V. Medina
3821 Topaz Street
Las Vegas, Nevada 89121a

Dear Mr. Medina:

The Board of Examiners for Long-Term Care Administrators will be meeting in open and by video-conference on:

Thursday, August 7, 2014 at 9:00 a.m.

Grant Sawyer State Office Building
555 East Washington Avenue
Room 4401
Las Vegas, Nevada 89101a

Legislative Counsel Bureau
401 South Carson Street
Conference Room 3138
Carson City, Nevada 89701a

Your name has been placed on the agenda for a hearing of Case No. B-36068. Please plan to attend.

You are notified that you are invited to attend the meeting or a portion of the meeting; your right to have a physical or mental hearing; and your right to have a hearing on alleged misconduct, if you have questions, please contact the Board of Examiners for Long-Term Care Administrators at (702) 486-5445.

You are further notified that you have the right to close the hearing, or to have the hearing closed in whole or in part.

- Print your name and address so that we can return the card to you.
- Attach this card to the back of the mail envelope or on the front if space permits.

1. Article Addressed to:

Mr. Benjamin V. Medina
3821 Topaz Street
Las Vegas, Nevada 89121

3.

4. Restricted Delivery? (Extra Fee)

2. Article Number
(Transfer from service label)

7013 1090 0000 7012 9642

**BEFORE THE NEVADA STATE BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS**

In the Matter of the Complaint for
Disciplinary Action Against

Case No. B36086

BENJAMIN MEDINA,

Filed: _____

RESPONDENT

Executive Secretary

Residential Facility Administrator for

ROYAL HAVEN

AFFIDAVIT OF SERVICE

State of Nevada)
) ss.
County of Clark)

The undersigned is an employee of the NEVADA STATE BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS and that on the date hereinafter set forth, I served the COMPLAINT AND NOTICE OF HEARING, WITNESS LIST and BELTCA'S EXHIBITS in the above-referenced matter by United States Mail, certified mail with return receipt requested, postage prepaid, at the following last known addresses for the addressee:

Benjamin Medina ROYAL HAVEN 1913 Collins Avenue Las Vegas, Nevada 89106	Benjamin V. Medina 3821 Topaz St Las Vegas, Nevada 89121
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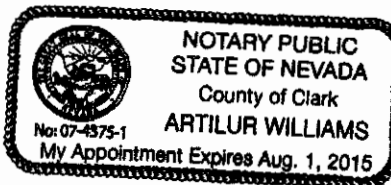
DATED this 9th day of July 2014.

Randy Sargent
An employee for the Board of Examiners
for Long-Term Care Administrators

Subscribed and sworn before me on:

July 9, 2014

Artilur Williams
Notary Public



1 **BEFORE THE NEVADA STATE BOARD OF EXAMINERS**
2 **FOR LONG TERM CARE ADMINISTRATORS**

3 In the Matter of the Complaint for)
4 Disciplinary Action Against)
5 BENJAMIN MEDINA,)
6)
7)
8)
9)

Case No. B36086
Filed: _____

Executive Secretary

10 **COMPLAINT FOR DISCIPLINARY ACTION AND NOTICE OF HEARING**

11 Pursuant to the provisions of Chapter 654 of the Nevada Revised Statutes and Chapter
12 654 of the Administrative Code, the Investigating Board Member of the Nevada State Board of
13 Examiners for Long Term Care Administrators ("Board"), having a reasonable basis to believe
14 that BENJAMIN MEDINA, ("Respondent") has violated the provisions of said Chapters, hereby
15 issues a formal complaint stating the charges and allegations against Respondent pursuant to
16 NRS 654.190 and NAC 654.210 as follows:

17 **STATEMENT OF JURISDICTION**

18 1. Respondent at all times relevant hereto, was and currently is, licensed in the
19 State of Nevada as a residential facility administrator ("RFA") by the Board,
20 pursuant to the provisions of Nevada Revised Statutes and Nevada
21 Administrative Code chapters 654.

22 **ALLEGATIONS OF LICENSURE**

23 2. At all times relevant hereto, Respondent was, and currently is, the Administrator
24 of ROYAL HAVEN located at 1913 Collins Avenue, Las Vegas, Nevada 89106,
25 ("the Facility"), License No. 9314, and as a result of such licensure, his conduct
26 in the capacity of a licensee was and is governed by Nevada Revised Statutes
27 Chapter 654, Nevada Administrative Code 654, and other provisions of Nevada
28 law.

Attorney General's Office
555 E. Washington, Suite 3900
Las Vegas, NV 89101

GENERAL ALLEGATIONS

3. On or about June 11, 2013, Health and Human Services Division of Public and Behavioral Health ("DPBH") conducted a grading re-survey of the Facility. The survey was completed on June 11, 2013, on which date DPBH issued its Statement of Deficiencies against the Facility.
4. The Facility is licensed for 6 Residential Facility for Group beds for elderly and disabled persons, category II residents. The census at the time of the survey was 5. Five resident files were reviewed and three employee files were reviewed.
5. The Facility received a survey grade of C.

COUNT ONE

(Administrator's Responsibilities-Complete Records)

6. NAC 449.194(4) provides that the administrator of a residential facility shall: ensure the records of the facility are complete and accurate.
7. Based on records, review, observation and interview conducted on or about February 12, 2013, this Regulation was not met because the administrator file was not at the Facility.
8. As a result of the foregoing conduct, Respondent violated NAC 449.194(4).
9. As a result of the foregoing conduct, Respondent violated NAC 654.166 requiring each administrator of a residential facility for groups to ensure that the facility complies with the applicable requirements of chapter 449 of NRS and chapter 449 of NAC.
10. As a result of the foregoing conduct, Respondent acted unprofessionally which subjects Respondent to disciplinary action pursuant to NAC 654.210(2).

COUNT TWO

(Personnel File-Tuberculosis)

11. NAC 449.200(1)(d) provides that: a separate personnel file must be kept for each member of the staff of a facility and must include the health certificates required pursuant to chapter 441A of NAC for the employee.

1 12. Based on records review on or about June 11, 2013, this Regulation was not
2 met because the administrator of the Facility failed three of three employees
3 complied with NAC 441A.375 regarding tuberculosis (TB) testing.

4 13. As a result of the foregoing conduct, Respondent violated NAC 449.200(1)(d).

5 14. As a result of the foregoing conduct, Respondent violated NAC 654.166
6 requiring each administrator of a residential facility for groups to ensure that the
7 facility complies with the applicable requirements of chapter 449 of NRS and
8 chapter 449 of NAC.

9 15. As a result of the foregoing conduct, Respondent acted unprofessionally which
10 subjects Respondent to disciplinary action pursuant to NAC 654.210(2).

11 **COUNT THREE**

12 *(Personnel File-Background check)*

13 16. NAC 449.200(1)(f) provides that: a separate personnel file must be kept for each
14 member of the staff of a facility and must evidence of compliance with NRS
15 449.122.

16 17. Based on records review on or about June 13, 2013, this Regulation was not
17 met because the administrator of the Facility failed to ensure three of three
18 employees met the background check requirement under NRS 449.122.

19 18. This is a repeat deficiency from the November 29, 2012 survey.

20 19. As a result of the foregoing conduct, Respondent violated NAC 449.200(1)(f).

21 20. As a result of the foregoing conduct, Respondent violated NAC 654.166
22 requiring each administrator of a residential facility for groups to ensure that the
23 facility complies with the applicable requirements of chapter 449 of NRS and
24 chapter 449 of NAC.

25 21. As a result of the foregoing conduct, Respondent acted unprofessionally which
26 subjects Respondent to disciplinary action pursuant to NAC 654.210(2).

27 **COUNT FOUR**

28 *(Medication Container)*

22. NAC 449.2748(3) provides that the administrator of a residential facility shall

1 ensure that: medication must be plainly labeled as to its contents, the name of
2 the resident for whom it is prescribed and the name of the prescribing physician;
3 and be kept in its original container until it is administered.

4 23. Based on observation on or about June 11, 2013, this Regulation was not met
5 because the administrator of the Facility failed to ensure that medication
6 belonging to one of five residents was in its original container.

7 24. As a result of the foregoing conduct, Respondent violated NAC 449.2748(3).

8 25. As a result of the foregoing conduct, Respondent violated NAC 654.166
9 requiring each administrator of a residential facility for groups to ensure that the
10 facility complies with the applicable requirements of chapter 449 of NRS and
11 chapter 449 of NAC.

12 26. As a result of the foregoing conduct, Respondent acted unprofessionally which
13 subjects Respondent to disciplinary action pursuant to NAC 654.210(2).

14 **COUNT FIVE**

15 *(Resident File-NRS 441A tuberculosis)*

16 27. NAC 449.2749(1)(e) provides that a separate file must be maintained for each
17 resident of a residential facility and the file must contain evidence of compliance
18 with the provisions of chapter 441A of NRS and the regulations adopted
19 pursuant thereto.

20 28. Based on records review conducted on or about June 11, 2013, this Regulation
21 was not met because the administrator of the Facility failed to ensure two of five
22 residents complied with NAC 441A.380 regarding TB testing.

23 29. This is a repeat deficiency from the November 29, 2012 and January 23, 2013
24 surveys.

25 30. As a result of the foregoing conduct, Respondent violated NAC 449.2749(1)(e).

26 31. As a result of the foregoing conduct, Respondent violated NAC 654.166
27 requiring each administrator of a residential facility for groups to ensure that the
28 facility complies with the applicable requirements of chapter 449 of NRS and
chapter 449 of NAC.

- 1 32. As a result of the foregoing conduct, Respondent acted unprofessionally which
2 subjects Respondent to disciplinary action pursuant to NAC 654.210(2).
3 33. As a result of the foregoing conduct, Respondent is guilty of gross or repeated
4 negligence in providing services contrary to the provisions of NAC
5 654.210(2)(b).

6 **PRAYER FOR RELIEF**

7 WHEREFORE, the Investigating Board Member prays as follows:

- 8 34. That the Board conduct a hearing on this complaint as provided by statute, and
9 after such hearing, that the Board impose upon Respondent the discipline
10 permitted by NRS 654.190, which may include the following, (a) the imposition of
11 an administrative fine of not more than \$10,000.00 per violation, (b) recovery of
12 reasonable investigative fees and costs incurred, (c) recovery of attorney fees
13 pursuant to NRS 622.400, (d) licensee be publicly reprimanded, (e) suspend,
14 revoke or place conditions on the licensee's license, (f) place the licensee on
15 probation, and/or (g) such other impositions as may be permitted by Nevada law.
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1 **NOTICE OF HEARING**

2 Benjamin V. Medina
3 ROYAL HAVEN
4 1913 Collins Avenue
Las Vegas, Nevada 89106

Benjamin V. Medina
3821 Topaz St
Las Vegas, Nevada 89121

5 NOTICE IS HEREBY GIVEN that a Complaint has been filed pursuant to Chapter 654
6 of the Nevada Revised Statutes charging you with various violations of Nevada Revised
7 Statutes Chapter 654 and Nevada Administrative Code Chapter 654. A copy of said
8 Complaint is being served simultaneously on you with this Notice of Hearing. The violations
9 alleged against you are more specifically set forth in the Complaint.

10 YOU ARE HEREBY NOTIFIED that a hearing before the Nevada State Board of
11 Examiners for Long-Term Care Administrators ("Board") on the Complaint has been set as
12 follows:

13 Time: 9:30a.m.

14 Date: August 7, 2014

15 Place: Grant Sawyer State Office Building
16 555 East Washington Avenue
17 Room 4401
18 Las Vegas, Nevada 89101

19 With video-conferencing to
20 401 South Carson Street
21 Carson City, Nevada 89701

22 or as soon thereafter may be heard.

23 //

24 The legal authority and jurisdiction under which the hearing is to be held is: NRS
25 654.110, NRS 654.190 and NAG 654.210. The particular sections of the statutes and
26 regulations involved are: NRS 654.190, NAG 654.166 and NAG 654.210.

27 YOU ARE FURTHER NOTIFIED that possible sanctions authorized in NRS 654.190 for
28 a violation which disciplinary action may be brought against a licensee include:

- 29 A. An administrative fine of not more than \$10,000.00 per violation; and
- 30 B. Recover reasonable investigative fees and costs incurred; and
- 31 C. Suspend, revoke or place conditions on the license of the licensee; and,
- 32 D. Place the licensee on probation.

33 YOU ARE FURTHER NOTIFIED that you have the right to appear and be heard in your
34 defense, either personally or through your counsel of choice at your own expense. You have
35 the right to respond and to present relevant evidence and argument on all issues involved.

Attorney General's Office
555 E. Washington, Suite 3900
Las Vegas, NV 89101

1 You have the right to call and examine witnesses, introduce exhibits and cross-examine
2 opposing witnesses on any matter relevant to the issues involved. All notices to the Board
3 must be sent by U.S. Postal Service or private carrier or delivery service to:

3 Sandy Lampert
4 B.E.L.T.C.A.
5 3157 N. Rainbow Boulevard, No. 313
6 Las Vegas, NV 89108

7 YOU ARE FURTHER NOTIFIED that pursuant to NRS chapter 233B, your failure to
8 attend the hearing, or your failure to defend yourself, shall not serve to delay or void the
9 proceedings.

10 DATED this 8th day of July 2014.

11 NEVADA STATE BOARD OF
12 EXAMINERS OF LONG TERM CARE
13 ADMINISTRATORS

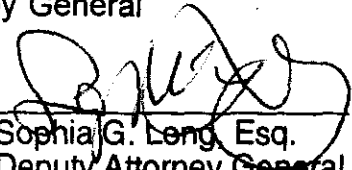
14 By:


15 SANDY LAMPERT
16 EXECUTIVE DIRECTOR

17 Submitted by:

18 CATHERINE CORTEZ MASTO
19 Attorney General

20 By:


21 Sophia G. Long, Esq.
22 Deputy Attorney General
23 555 E. Washington Avenue, Suite 3900
24 Las Vegas, Nevada 89101
25 (702) 486-3420
26
27
28

BEFORE THE NEVADA STATE BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS

In the Matter of the Complaint for
Disciplinary Action Against)
BENJAMIN MEDINA,)
RESPONDENT)
Residential Facility Administrator for)
ROYAL HAVEN)

Case No. B36086

Filed: _____

Sandy Lampert
Executive Secretary

BELTCA'S WITNESS LIST

1. Terry Clodt, BELTCA's Investigating Board Member.
2. Sandy Lampert, BELTCA's Executive Secretary.
3. Dorothy Sims, Health Facilities Inspector III.

DATED this 8th day of July 2014.

CATHERINE CORTEZ MASTO
Attorney General

Sophia G. Long
Sophia G. Long, Esq.
Deputy Attorney General
555 E. Washington Avenue, Suite 3900
Las Vegas, Nevada 89101
(702) 486-3420

Attorney General's Office
555 E. Washington, Suite 3900
Las Vegas, NV 89101

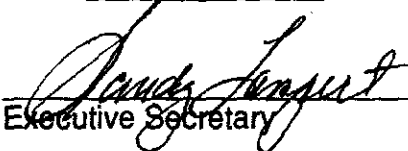
1 **BEFORE THE NEVADA STATE BOARD OF EXAMINERS**
2 **FOR LONG TERM CARE ADMINISTRATORS**

3 In the Matter of the Complaint for
4 Disciplinary Action Against)

Case No. B36086

5 BENJAMIN MEDINA,
6 RESPONDENT
7 Residential Facility Administrator for
8 ROYAL HAVEN
9

Filed: _____



Executive Secretary

10 **BELTCA'S EXHIBITS**

- 11 1. Division of Public and Behavioral Health ("DPBH") complaint letter to the Board
12 of Examiners for Long-Term Care Administration, bates no. rhav0001.
13 2. Notice Pursuant to NRS 233B of Intent to Take Administrative Action, bates no.
14 rhav0002-rhav0003.
15 3. Statement of Deficiencies, bates no. rhav0004-rhav00010.

16 DATED this 8th day of July 2014.

17 CATHERINE CORTEZ MASTO
18 Attorney General

19 
20 Sophia G. Long, Esq.
21 Deputy Attorney General
22 555 E. Washington Avenue, Suite 3900
23 Las Vegas, Nevada 89101
24 (702) 486-3420
25
26
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STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300

Carson City, Nevada 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

December 5, 2013

Board of Examiners for Long Term Care Administrators
Attention: Sandy Lamper, Executive Secretary
3157 N. Rainbow Boulevard, No. 31
Las Vegas, Nevada 89108

Dear Ms. Lampert:

Enclosed is the survey done at Royal Haven on 06/11/2013. Please look at the information under Tag #Y0050 and #Y103. The bureau has identified this at a state sanction level due to repeat deficiencies.

The administrator at the time of this occurrence was Benjamin Medina.

If you need more information about this survey or need to speak with the surveyor who conducted the investigation please contact Bruce Nisberg at (702) 486-6515 and he can arrange for that communication to occur.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Dorothy Sims, RN".

Dorothy Sims, RN, Health Facilities Inspector III

Enclosures #5 pages Statement of deficiencies

cc. File : Royal Haven AGC

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS88AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2013
--------------------------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1913 COLLINS AVENUE LAS VEGAS, NV 89105 <i>Acceptable POC 10/21/13 Ben</i>
-------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 8/11/13. This State Licensure resurvey was conducted by the authority of NRS 449.0307, Powers of the Health Division. The facility received a re-survey grade of C.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed.</p> <p>The following deficiencies were identified:</p> <p>Y 050 SS=F 449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 Responsibilities of administrator.</p> <p>The administrator of a residential facility shall:</p> <p>1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS.</p>	Y 000	<p>RECEIVED</p> <p>SEP 09 2013</p> <p>BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV</p>	
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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

4880 CXZU11

If continuation sheet 1 of 6

*Ben Medina 9-9-13
Admin*

rbay000000004

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS98AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2013
--------------------------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1813 COLLINS AVENUE LAS VEGAS, NV 89106
-------------------------------------------------	-------------------------------------------------------------------------------------

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on record review, observation and interview on 2/12/13, the administrator failed to keep the records of the facility complete and accurate (Resident #4-TB test documents were falsified by a handwritten date change from 2012 to 2013). Severity: 2 Scope: 3	Y 050 OK	<i>The Administrator of the facility will provide oversight and direction for the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and the facility is in compliance.</i>	
Y 053 SS=C	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. This Regulation is not met as evidenced by: Based on record review, observation and interview on 2/12/13, the administrator failed to keep the records of the facility complete and accurate (Employee #1-no Administrator file on site). Severity: 1 Scope: 3	Y 053 OK	<i>To ensure that the Administrator of the facility will keep records of the facility complete and accurate. Please see Attachment #1 Tag Y050 To ensure that every resident being admitted will have a Resident check list of the requirements for Admission. Resident #4 will have a repeat 2 Step TB test on Sept. 12, 2013 and it will be filed. The Administrator will monitor for compliance.</i>	
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required	Y 103 OK		9/Sept. 13 2013

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

CXZU11

If continuation sheet 2 of 6

rhav0000000005

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS88AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2013
--------------------------------------------------	---------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1913 COLLINS AVENUE LAS VEGAS, NV 89106
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Y 103	Continued From page 2 for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 8/11/13, the facility failed to ensure 3 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1-no TB test documents on site, Employee #2-missing 2 step TB test and Employee #3-missing 2 step TB test). This was a repeat deficiency from the 11/29/12 State Licensure survey and the 1/23/13 State Licensure mandatory grading resurvey. Severity: 2 Scope: 3	Y 103 <i>cl</i>	<i>Y103</i> <i>The facility will ensure that all employees comply with the regulations regarding TB testing 2 Step prior to hiring.</i> <i>b) Employee #1 TB test 1-2 result has been filed in his book. Employee #2 don't work in the facility. Employee #3 had his Step 2 TB testing Sept. 5, 2013, Step 2 TB test is scheduled Sept 20, 2013.</i> <i>c) Attachment 1 Tag Y103 will be use as a guide to make sure staff being hired has complete requirements.</i> <i>d) Attachment 2 Y103 is a policy and procedure to ensure that employee file are audited once a month by the administrator.</i> <i>e) The Administrator will</i>	
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 8/11/13, the facility failed to ensure 3 of 3 employees met	Y 105 <i>cl</i>		<i>Sept 20 2013</i>

rhav0000000000

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NV588AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2013
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NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1913 COLLINS AVENUE LAS VEGAS, NV 89106
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Y 105	Continued From page 3 background check requirements of NRS 449.176 to 449.188 (Employee #1, #2 and #3-missing State and FBI background clearances). This was a repeat deficiency from the 11/29/12 State Licensure survey Severity: 2 Scope: 3	Y 105	<i>Y105 The facility will ensure all employees meet the background check requirements. Employee #1's State + FBI background clearances are already filed in his book. Employee #2 don't work in the facility anymore. Employee #3 will be scheduled to go for background clearance on Sept. 20, 2013</i>	
Y 923 SS=D	449.2748(3)(a-b) Medication Container NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 3. Medication including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation on 8/11/13, the facility failed to keep medications belonging to 1 of 5 residents in their original container (Resident #1-unknown pills were observed in a pill cutting device).	Y 923 OK	<i>2] The Attachment 2 of Y103 will also be utilized by the Administrator as a monthly monitoring form of personnel file. 3] The Administrator will ensure that the above actions are completed for compliance. Y923 The facility will ensure that all medications for the residents are properly stored according to regulations.</i>	9/10-20-13

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS88AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2013
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NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1913 COLLINS AVENUE LAS VEGAS, NV 89108
-------------------------------------------------	-------------------------------------------------------------------------------------

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Y 923	Continued From page 4 Severity: 2 Scope: 1	Y 923	<i>b) The Administrator will check the medication container of each residents weekly</i>	
Y 936 SS=E	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/11/13, the facility failed to ensure 2 of 5 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3-injection date for TB test reads 12/28/2013, Resident #5-missing 2013 annual TB test).</p> <p>This was a repeat deficiency from the 11/29/12 State Licensure survey and the 1/23/13 State Licensure mandatory grading resurvey.</p> <p>Severity: 2 Scope: 2</p> <p>Y9999 Final Observations</p>	Y 936 <i>dl</i>	<p><i>c) The Administrator will ensure that the above actions are completed for compliance.</i></p> <p><i>Y936 The facility will ensure that all residents will undergo TB testing in compliance 441A and to include documentation in the residents file.</i></p> <p><i>Resident #3 injection will be scheduled on October 4, 13. 10-4-13</i></p> <p><i>Resident #5 injection - annual TB will be scheduled Oct. 4 2013</i></p> <p><i>The Administrator will monitor all the residents + cont.</i></p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS88AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2013
--------------------------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1913 COLLINS AVENUE LAS VEGAS, NV 89108
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Y9999	<p>Continued From page 5</p> <p>Based on record review on 8/11/13, the administrator failed to ensure employees received annual training in the recognition, prevention and response to elder abuse per Senate Bill 129 of the 2011 Legislative Session (Employee #3-no training completed).</p>	Y9999 OL	<p>file weekly to ensure compliance w/ 441A of NRS.</p> <p>a) The Administrator will ensure that the above actions are completed for compliance.</p> <p>Y9999</p> <p>b) The Administrator will ensure that employees need to receive annual training in the recognition, prevention and response to elder abuse.</p> <p>c) Employee #3 will be scheduled for training on October 2013 October 20, 13</p> <p>d) The Administrator will ensure that employee training documents are current, up to date and not expired.</p> <p>e) The Administrator will monitor for compliance</p>	
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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

**BEFORE THE NEVADA STATE BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS**

In the Matter of the Complaint for
Disciplinary Action Against

 OPHELIA F. JAVIER,

 RESPONDENT

Residential Facility Administrator for

 C J HOMES

Case No. B-36095

Filed: _____

Executive Director

STIPULATION FOR SETTLEMENT OF DISCIPLINARY ACTIONS

WHEREAS, as more fully addressed below, the NEVADA STATE BOARD OF EXAMINERS OF LONG TERM CARE ADMINISTRATORS, ("BOARD"), and RESPONDENT OPHELIA F. JAVIER ("RESPONDENT" or "JAVIER") (collectively referred to as "the Parties"), hereby enter into this Stipulation for Settlement of Disciplinary Actions as follows:

Jurisdiction

1. Pursuant to Nevada Revised Statute 654.110(1)(f), the BOARD has jurisdiction to receive, investigate and take appropriate action with respect to any charge or complaint filed with the BOARD against a licensee.
2. RESPONDENT at all times relevant hereto, was and currently is, licensed in the State of Nevada as a residential facility administrator ("RFA") by the BOARD, pursuant to the provisions of Nevada Revised Statutes and Nevada Administrative Code chapters 654.
3. At all times relevant hereto, RESPONDENT was the Administrator of C J HOMES, 1627 Gabriel Dr., Las Vegas, NV 89119 ("the Facility"), License No. 8006, and as a

Attorney General's Office
555 E. Washington, Suite 3900
Las Vegas, NV 89101

1 result of such licensure, his/her conduct in the capacity of a licensee was and is
2 governed by Nevada Revised Statutes Chapter 654, Nevada Administrative Code
3 654, and other provisions of Nevada law.

- 4 4. Pursuant to Nevada Revised Statute 233B.121(5), the BOARD is authorized to
5 enter into a settlement agreement to resolve a disputed matter.

6 **Allegations**

- 7 5. On or about July 25, 2013 through September 9, 2013, the State of Nevada,
8 Division of Public and Behavioral Health ("DPBH") conducted annual grading survey
9 at C J Homes, and subsequently DPBH issued its Statements of Deficiencies
10 ("SOD") against the Facility.
- 11 6. On or about March 28, 2014, the BOARD sent a "Notice Pursuant to Nevada
12 Revised Statutes ("NRS") 233B.127(3) of Intent to Take Administrative Action for
13 Violations of Chapter 654 of NRS and Chapter 449 of NRS" to RESPONDENT, by
14 certified mail, notifying him or her of an investigation concerning allegations of
15 Chapter 654 violations.
- 16 7. On April 22, 2014, the Board sent correspondence to RESPONDENT, by certified
17 mail, notifying RESPONDENT that sufficient evidence had been found for
18 disciplinary action to be commenced, and that the BOARD proposed such action
19 would be brought for an administrative hearing.
- 20 8. Respondent acknowledges that information has been received by the BOARD or its
21 agent, which constitutes sufficient grounds for the initiation of an administrative
22 hearing.
- 23 9. The Parties desire to resolve any disputed matters relating to the BOARD'S
24 investigation, and recognize that continued litigation of this dispute would be
25 protracted, costly and time consuming, and therefore, the Parties have reached a
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27
28

settlement agreement in the interest of judicial and administrative economy.

Violations of Law

10. RESPONDENT admits that the conduct set forth in the DPBH survey and/or complaint investigation constitutes a violation of law regulating the practice of residential facility administrators and/or skilled nursing administrators. RESPONDENT has elected to enter into this settlement agreement rather than face the possibility of further disciplinary action by the BOARD.

Administrative Penalty

11. RESPONDENT shall complete 8 CEU hours on Regulations provided by the Board and 8 approved CEU hours on Medication Training and submit the Certificates of Completion to the Board within thirty (30) days after the Effective Date of the Board's Final Order, and pay the following monetary assessment to the BOARD:

Administrative Fine:	\$	800.00
Administrative & Legal Costs:		<u>350.00</u>
Total Assessed:	\$	<u>1,150.00</u>

12. RESPONDENT shall pay to the BOARD the total sum of \$1,150.00, in twelve (12) installments consisting of the first payment being ten (10) percent of the total balance equaling \$115.01 and eleven (11) equal monthly installment payments \$94.09 thereafter.

13. The first payment of \$115.01 is due and payable within thirty (30) days after the EFFECTIVE DATE of the BOARD'S Final Order, with eleven (11) additional installment payments of \$94.09, each installment payment becoming due and payable on the 15th day of each next succeeding month after the first payment, until

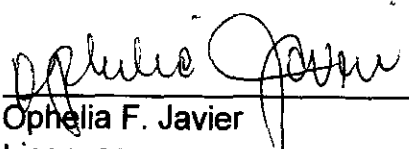
1 31. If the BOARD does not accept the settlement agreement, it shall be regarded as
2 null and void. Admissions by RESPONDENT in the settlement agreement will not
3 be regarded as evidence against him at the subsequent disciplinary hearing. The
4 RESPONDENT will be free to defend himself and no inferences against him will be
5 made from his willingness to have entered into this agreement.
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10
11
12 **Complete Agreement**

13 32. This settlement agreement consists of eight pages and embodies the entire
14 agreement between the BOARD and RESPONDENT. It may not be altered,
15 amended or modified without the express consent of the parties.
16

17 Date: _____

Date: _____
NEVADA STATE BOARD OF
EXAMINERS OF LONG TERM CARE
ADMINISTRATORS

18
19
20 By: 
Ophelia F. Javier
Licensee

21 By: _____
Sandy Lampert
Executive Director
22
23
24
25
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**STATE OF NEVADA
BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS**

Minutes of Regular Quarterly Board Meeting

**May 8, 2014
9:30 a.m.**

**The Grant Sawyer State Office Building
555 East Washington Avenue
Room 4401
Las Vegas, Nevada 89101
and
Video Conferencing
Legislative Counsel Bureau
401 South Carson Street
Conference Room 3138
Carson City, Nevada 89701**

- I. Chair, Margaret McConnell called the meeting to order at 9:35 a.m.
- II. Executive Director, Sandy Lampert called the roll and a quorum was present.

Board Members:

Margaret McConnell, Chair
Lilia Sioson
Terry Clodt
Jane Gruner, ADSD

Mary Ellen Wilkinson, Vice Chair
Lindsay Hansen, M.D.
Linda Gelinger - Excused

Staff:

Rose Reynolds, Esq. DAG

Sandy Lampert, Executive Director

Guests:

Heather Korblick, ADSD
Donald Sampson, DPBH
Mark McBride

Robert Kidd – NVHCA
Corey Christensen
Rosemary Womack

III. PUBLIC COMMENTS

IV. WELCOME NEW BOARD MEMBER, LILIA SIOSON AND ACKNOWLEDGE THE MANY YEARS OF SERVICE BY FORMER BOARD MEMBER, DOUGLAS SINCLAIR.

Chair, Margaret McConnell, welcomed new Board Member, Lilia Sioson, who represents RFA Administrators for communities of less than 6 beds. She also acknowledged Douglas Sinclair who served on the Board for over 18 years.

V. APPROVAL OF THE FOLLOWING PROPOSED DISCIPLINARY ACTION**(Board may go into closed session) "FOR POSSIBLE ACTION"

- a. Leonard Arnold – Wentworth of Las Vegas – Case No. B-36092

- b. Natalie Hayes – Vintage Park at San Martin – Case No. B-36083
- c. Julie Liebo – Emeritus@Las Vegas – Case No. B-36071/74
- d. Olivia Parnell – Feli’s Care Home – Case No. B-36093

Chair, Margaret McConnell called for a Motion. Mary Ellen Wilkinson motioned to approve the disciplinary actions. Jane Gruner seconded. Motion carried. Terry Clodt abstained.

VI. SECRETARY’S REPORTS:

a. Chair, Margaret McConnell, directed the Board to a copy of the minutes from the meeting of February 6, 2014. Chair, Margaret McConnell called for a motion. Mary Ellen Wilkinson moved to approve. Terry Clodt seconded. Motion carried.

VII. ADMINISTRATIVE REPORT – Executive Director, Sandy Lampert, reported that our website now has a listing of all licensed administrators. She also reported that with Ms. McConnell they appeared before the State Legislature Sunset Committee for review. Margaret McConnell reported that it turned out to be a very positive experience. Margaret also brought to the attention of the Board the preparation of our Position Paper. It was helpful when presented to the Sunset Committee since it detailed all of the firsts of our Board and laid out the future direction of the Board. Margaret was also asked to testify before the Silver Haired Legislators. Jane Gruner reported on the fine presentation by Ms. McConnell. Discussion of future legislation included facilities of 2 beds or less, hospice, adult day care, etc.

VIII. ADMINISTRATOR LICENSES ISSUED MUST RECEIVE FINAL BOARD APPROVAL WHEN ALL REQUIREMENTS HAVE BEEN MET.

- a. **Nursing Facility Administrator Licenses Issued**
 - (1) Okekeocha, Helwan
 - (2) Murphy, Brian
 - (3) Morella, Anthony
 - (4) Laurretta, Marlene
 - (5) Costanzo, Jordan

Chair, Margaret McConnell, called for a motion. Terry Clodt moved to approve the Nursing Facility Administrator Licenses. Mary Ellen Wilkinson seconded. Motion carried.

- b. **Residential Facility Administrator Licenses Issued**
 - (1) Acoba, Oscar
 - (2) Buntin, Emily
 - (3) Doran, Mary
 - (4) Gasataya, Eugene
 - (5) Birke, Mesfin
 - (6) Dale, Charo
 - (7) Denoncourt, James

Chair, Margaret McConnell, called for a motion. Jane Gruner moved to approve the Residential Facility Administrator licenses. Mary Ellen Wilkinson seconded. Motion carried.

- c. **Inactive Requests**
 - (1) McDonald, Jason - NFA
 - (2) Hayes, Natalie - RFA
 - (3) Trump, Donald - RFA
 - (4) Hofer, Linda - RFA

Chair, Margaret McConnell, called for a motion. Terry Clodt moved to approve the Inactive License Requests. Mary Ellen Wilkinson seconded. Motion carried.

d. Approve/Deny NFA Application "for possible action"

(1) Christensen, Cory – DAG Reynolds swore in Mr. Christensen. Mr. Christensen waived his right to a closed session. Chair, Margaret McConnell explained that Mr. Christensen was before the Board because he checked No to Item 2 of the Application for Licensure as to whether he had any prior arrests or convictions. However, his background check disclosed an incident that took place on August 26, 2010. Mr. Christensen stated that he was arrested in August of 2010 for a DUI. He stated that in filling out the application he just read up to "felony" and answered No. He reported that he completed Court ordered education. Margaret McConnell expressed her concern about the DUI conviction, but also the ability to correctly complete the application. Mary Ellen Wilkinson asked about the completion of an AIT program. Mr. Christensen stated that he started his AIT program at Rosewood in Reno for 6 weeks, and then was asked to continue his training at Sonoma Health Care Center in Sonoma, CA under preceptor, Rusty Marsh. Terry Clodt inquired about the court ordered education. Mr. Christensen responded that it was 15 hours on everything from the dangers of alcohol to rules of the road. Mary Ellen Wilkinson also expressed her concern about how the application was completed. Mary Ellen Wilkinson moved that the Board approve the license of Mr. Christensen with the provision that he come before the Board quarterly, and bring with him his survey results demonstrating that his administrative skills are as they should be. Lindsay Hansen seconded. Margaret McConnell, asked that the motion be amended to add some consequence. Mary Ellen Wilkinson amended the motion adding that Mr. Christensen will report to the Board quarterly for the first year and if there is any instance where he came to the Board or was reported to the Board for sub-standard care, that would require a disciplinary hearing at which time he could lose his license. Lindsay Hansen seconded. Motion carried.

VIX. UNFINISHED BUSINESS:

a. RCAL AIT Program Report – Rosemary Womack reported from July 1, 2011, 97 candidates have completed the AIT program and 70 have been licensed. 12 have not taken the NAB Exam. Ms. Womack thanked the Board for the support since her contract was ending.

b. NFA lack of AIT Opportunities – Mary Ellen Wilkinson reported that there is a Task Force working in conjunction with NAB on a national level that is working to foster AIT programs.

X. NEW BUSINESS:

a. Election of new Board Secretary/Treasurer "for possible action" – Chair, Margaret McConnell asked for nominations. Mary Ellen Wilkinson nominated Terry Clodt. Jane Gruner seconded. Motion carried.

b. National Leadership Emergence Conference – Review applications to award scholarship "for possible action" – Chair, Margaret McConnell informed the Board that the conference will be held in July. Last year, the Board sponsored Mark McBride who reported that it was a very positive experience. Esteban Duran-Balan has submitted an application, and he meets all of our requirements. Margaret McConnell, called for a motion. Jane Gruner moved to approve Mr. Duran-Balan. Terry Clodt seconded. Motion carried.

c. New Regulation training – 60 hour courses are available by 2 providers. The 40 hour Best Practices program is being revised so that it can be provided by a manual with workbook, webinars, etc. to make it much easier for our candidates. This program will be totally Board sponsored.

d. RFA Mentor/NFA Preceptor Program – A survey was taken of our RFAs to determine what the Board would have to do to increase the number of Mentors. We will also be reviewing the NFA AIT experience.

- X. DEPUTY ATTORNEY GENERAL'S REPORT
- XI. BOARD MEMBER COMMENTS
- XII. PUBLIC COMMENTS – Donald Sampson, DPBH commented on background checks done by BELTCA. Mr. Sampson asked the Board to consider aligning our background checks with the Bureau, 449.123, so that the Board's letter of background check could be acceptable by the Bureau. Executive Director, Sandy Lampert, reported that she had been in contact with the Bureau regarding this matter, and it has been determined that the Board would have to amend its regulations to do so.
- XIII. TIME/DATE/LOCATION OF NEXT REGULAR QUARTERLY MEETING – The next meeting will be held on Thursday, August 7, 2014 at 9:30 a.m.
- XIV. ADJOURNMENT – Meeting was adjourned at 10:45 am.

Respectfully submitted:

Sandy Lampert

Sandy Lampert
Executive Director

Attested by:

Terry Clodt

Terry Clodt
Secretary/Treasurer

Marc K. Behn
NFA Application Submitted May 21, 2014

The application for licensure, Personal Information, reads as follows:

III. PERSONAL HISTORY INFORMATION (All Applicants)

In order to protect the public and comply with the American Disabilities Act, please answer the following questions. If the response is yes, carefully read the information after each question and provide all necessary documentation. Your application will not be considered complete without it.

1. Has your license, registration or certification in any state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation? Yes _____ No _____

If the answer is yes, you must submit a detailed letter of explanation of the action, state where the action took place and the circumstances leading to the action and copies of records and orders from the agency that took the action identifying the allegations, action taken and current action status.

2. Have you ever, since attaining the age of 18 years, been charged, even if charges were dropped, or dismissed, or convicted of a criminal offense whether a felony, gross misdemeanor or misdemeanor, placed on probation, or granted deferred adjudication, pretrial diversion or had records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction? Yes _____ No _____

PLEASE NOTE: FAILURE TO FULLY AND COMPLETELY DISCLOSE ANY FORMER CHARGES, ARRESTS OR CONVICTIONS MAY RESULT IN DENIAL OF YOUR LICENSE.

If you have any question as to how to respond to this question, please call the Board Office at (702) 486-5445 for clarification.

If the answer is yes, you must submit the following:

- a. A detailed letter of explanation including date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.
- b. Copies of court documents identifying actual conviction and sentence
- c. A letter from parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.
- d. A criminal history printout from a FBI fingerprint check.

Mr. Behn answered yes to Item #2 under Personal History Information and submitted his letter explaining that in March of 2007, he was detained for Driving While Intoxicated (DWI) in the state of New Jersey. His driving privileges were suspended for 6 months, he was ordered to attend a driver's education course and pay mandated fines. Apparently all were satisfied.

However, when Mr. Behn's background check was received the above incident was not reported, instead the following items were reported with an arrest date of April 13, 2009:

Arson and Related Offenses
Insurance Fraud
Criminal Mischief
Causing or Risking Catastrophe
Possessing Instrument of Crime
Recklessly Endangering
Institutional Vandalism
Unsworn Falsification to Authorities

The disposition of all of the above was "Non-Conviction/Nolle Prossed/Withdrawn

Upon notifying Mr. Behn of the April 13th incident, he forwarded his explanation to the Board stating the following:

"In March 2009, my vehicle was subject to arson. During the investigation it was determined that one of my students participated in the crime. Upon learning this information I spoke with the detective and determined that, in the best interest of the student's future, I would accept responsibility for the actions. The district attorney and the presiding judge granted by acceptance into the ARD program. Upon completion of the program requirements all charges were fully expunged from my record".

Along with this statement, Mr. Behn submitted documents confirming that this matter has been expunged from his record.

Denise Iwertz

NFA Application Submitted July 15, 2014

The application for licensure, Personal Information, reads as follows:

III. PERSONAL HISTORY INFORMATION (All Applicants)

In order to protect the public and comply with the American Disabilities Act, please answer the following questions. If the response is yes, carefully read the information after each question and provide all necessary documentation. Your application will not be considered complete without it.

1. Has your license, registration or certification in any state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation? Yes _____ No _____

If the answer is yes, you must submit a detailed letter of explanation of the action, state where the action took place and the circumstances leading to the action and copies of records and orders from the agency that took the action identifying the allegations, action taken and current action status.

2. Have you ever, since attaining the age of 18 years, been charged, even if charges were dropped, or dismissed, or convicted of a criminal offense whether a felony, gross misdemeanor or misdemeanor, placed on probation, or granted deferred adjudication, pretrial diversion or had records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction? Yes _____ No _____

PLEASE NOTE: FAILURE TO FULLY AND COMPLETELY DISCLOSE ANY FORMER CHARGES, ARRESTS OR CONVICTIONS MAY RESULT IN DENIAL OF YOUR LICENSE.

If you have any question as to how to respond to this question, please call the Board Office at (702) 486-5445 for clarification.

If the answer is yes, you must submit the following:

- a. A detailed letter of explanation including date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.
- b. Copies of court documents identifying actual conviction and sentence
- c. A letter from parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.
- d. A criminal history printout from a FBI fingerprint check.

Ms. Iwertz answered yes to Item #2 under Personal History Information and submitted court documents indicating that on November 17, 2012, in Phoenix, Arizona, Ms. Iwertz was involved in a motor vehicle collision while driving under the influence.

Ms. Iwertz pled guilty to DUI Impaired to the slightest degree and had her driving privileges suspended for 90 days, she was ordered to pay a fine and attend Alcohol/Drug Evaluation and MADD Victim Impact Panel.