

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."

The status of an appeal may be found on court access websites at:

<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscca>

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Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>13BAC134</u>	FINAL DECISION AND ORDER ORDER # <u>0003906</u>
<u>Le Thi Hoa Dombroe</u> (Responsible licensee & owner of salon) and <u>Absolutely Nails Salon</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>42913 - 82</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>934 - 71</u>

16445 W. Greenfield Ave. Street New Berlin, WI City 53151 Zip

4/1/2011 thru 5/7/2013 Dates

Day of Week _____ Time _____

On the above stated ~~time~~, date and location, an investigation/inspection has disclosed the following violation, which ~~must~~ ^{was} be corrected.

The Absolutely Nails Salon was operating during the above stated dates when the establishment license for the salon was expired (assisting or participating in the unauthorized or unlicensed practice of manicuring). Respondent Le T. H. Dombroe provided manicuring services outside of a licensed establishment from 4/1/2011 thru 5/7/2013, when the establishment license was expired.

In violation of Sections cos 2.04(1) & 2.045(1) of Wis. Stats. OR Wis. Adm. Code

Ralph Draeger Signature of Division Investigative Staff Consumer Protection Investigator Title 3-3-2015 Date

Le Thi Hoa Dombroe Signature of Licensee OR Establishment Owner Le Thi Hoa Dombroe Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 1,000.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

[Signature] A Member of the Board Date 4/14/15

#3053DLSC (11/14)
Ch.454, Stats.

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>13 BAC 134</u>	FINAL DECISION AND ORDER ORDER # <u>0003906</u>
<u>Le Thi Hoa Dambroe (Co-owner of Absolutely Nails Salon along with her husband, Neil Dambroe)</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>42913-82</u>	License # _____

16445 W. Greenfield Ave. New Berlin, WI 53151
 Street City Zip
Wednesday 9/17/2014 10:20 a.m.
 Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which ~~must~~ ^{was} be corrected.

During my inspection of Absolutely Nails Salon, I observed, and took pictures of, a room in the salon set up as a cosmetology services room and a room set up to provide waxing services. Respondent Le T. H. Dambroe admitted cosmetology and aesthetic services had been provided in the salon. Also, on 9/16/2014, I observed and printed pages from a website about the salon where cosmetology and aesthetic services prices were listed.

In violation of Section Cos 2.04(1)+Cos 2.06 of Wis. Stats. OR Wis. Adm. Code
Ralph Draeger Consumer Protection Investigator 3/3/2015
 Signature of Division Investigative Staff Title Date
Le Thi Hoa Dambroe Le Thi Hoa Dambroe 3/20/2015
 Signature of Licensee OR Establishment Owner Date
 and

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 1000.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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[Signature] 4/14/15
 A Member of the Board Date

#3053DLSC (11/14)
Ch.454, Stats.



March 3, 2015

0003906

LE THI H DOMBROE
16445 W GREENFIELD AVE
NEW BERLIN WI 53151

Re: Case number 13 BAC 134

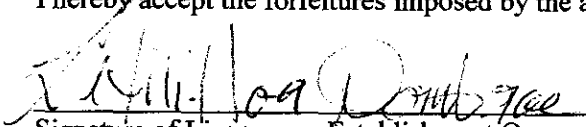
**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN**

Dear Ms. Dombroe:

You have received one or more citations for violations of the Barbering & Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citations. By returning an original signed copy of this letter along with partial payment, you accept the forfeitures imposed on the citations you received and agree to pay the forfeiture amounts in full. To enter into this agreement and to accept the payment plan below:


- You must sign and date this document below and return the original to Investigator Ralph Draeger at the address listed above (use the enclosed return envelope).
- You must also include a partial payment of 25% of the total amount due on the citation(s) when returning this document. 25% of \$2000 is \$500.
- You must return at least the white copy of the signed and dated citation(s) with this document.
- Subsequent payments of \$500 (which is 25% of the total amount) are due every 60 days following the date of the previous payment due date until the full amount has been paid and **must be sent to the Department Monitor at the address above. In order to assure each payment is credited properly, all payments must reference the case number, 13 BAC 134, somewhere on the check.**
- You agree that if you fail to timely submit payment of the forfeiture as set forth above, your license may, in the discretion of the board or its designee, be **SUSPENDED**, without further notice or hearing, until you have complied with payment of the forfeiture(s).

I hereby accept the forfeitures imposed by the attached citations and the terms set forth above.


Signature of Licensee or Establishment Owner


Date

So Ordered:


A Member of the Cosmetology
Examining Board, or Designee


Date