

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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

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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>15 BAC 017</u>	FINAL DECISION AND ORDER
<u>Aileen Nguyen</u>	ORDER # <u>0004201</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>7711-85</u>	License # _____

4301 West Wisconsin Ave Suite #142 Appleton 54913
Street City Zip
Monday 7-6-15 _____
Day of Week Date Time

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

Disinfect/Sterilize reusable manicure instruments - I saw reusable
instruments not fully covered in Barbicide and the Barbicide was not
covered

In violation of Section COS 4.10(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B 74 Investigator 7-82-15
Signature of Division Investigative Staff Title Date
[Signature] 8/17/15
Signature of ☐ Licensee OR ☒ Establishment Owner 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 \$ 250.00 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

10/7/15
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER
<u>Aileen Nguyen</u>	ORDER # <u>0004201</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>7711-85</u>	License # _____

4301 West Wisconsin Ave Suite #142 Appleton 54913
Street City Zip
Monday 7-6-15 _____
Day of Week Date Time

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

Assist in unlicensed practice by owner - I observed Elite Nails employee
Lien Thi My Vu provide Manicurist services without a license

In violation of Section COS 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B 25 Investigator 7-22-15
Signature of Division Investigative Staff Title Date
[Signature] 8/17/15
Signature of ☐ Licensee OR ☐ Establishment Owner 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 \$ 500 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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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER ORDER # <u>0004201</u>
<u>Aileen Nguyen</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>7711-85</u>	License # _____

4301 West Wisconsin Ave Suite 142 Appleton 54913
Street City Zip

Monday 7-6-15 _____
Day of Week Date Time

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

Failure to properly store contact equipment - I saw clean contact
equipment stored with dirty contact equipment in drawers of work stations

In violation of Section COS 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

B 79 Investigator 7-22-15
Signature of Division Investigative Staff Title Date

[Signature] ☐ Licensee OR ☒ Establishment Owner 8/17/15
Signature of Date

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 100 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]
A Member of the Board

10/7/15
Date

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

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER
<u>Aileen Nguyen</u>	ORDER # <u>0004201</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>2488-86</u>	License # _____

4301 West Wisconsin Ave Suite #142 Appleton 54913
Street City Zip

Monday 7-6-15 _____
Day of Week Date Time

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

Failure to provide supplies and equipment by owner - I found a plastic cup floating in the wax, Rich Kim admitted they reuse the cup for waxing services

In violation of Section COS 2.06(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B. 75 Investigator 7-22-15
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner 8/15/15
Date

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[Signature]
A Member of the Board

10/7/15
Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15BAC 019</u>	FINAL DECISION AND ORDER ORDER # <u>0004201</u>
<u>Aileen Nguyen</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>2488-86</u>	<input type="checkbox"/> Establishment Name License # _____

Street 4301 West Wisconsin Ave Suite #142 City Appleton Zip 54913
Day of Week Monday Date 7-6-15 Time _____

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

Owner Bich Kim admitted to me, during my inspection Elite Nails provides wax services. Practice outside licensed establishment by owner

In violation of Section COS 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
1374
Signature of Division Investigative Staff [Signature] Title Investigator Date 7-22-15
Signature of ☐ Licensee OR ☒ Establishment Owner Date 8/17/15

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Date