

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



Wisconsin Department of Safety and Professional Services Access to the Public Records of the Reports of Decisions

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<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>15 BAC 019</u> <u>Rich Kim</u>	FINAL DECISION AND ORDER ORDER # <u>0004241</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>4770-85</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.

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

In violation of Section Cos 4.10(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
12 75 Investigator 7-22-15
Signature of Division Investigative Staff Title Date

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

9/14/15
Date

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Madison, WI 53707-7190

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER ORDER # <u>0004241</u>
<u>Bich Kim</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>4770-85</u>	<input type="checkbox"/> Establishment Name 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.

Owner Bich Kim admitted to me during my inspection Elite Nails provides
waxing services. Practice outside licensee establishment by owner.

In violation of Section COS 2.045C(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B. M. Investigator 7-22-15
Signature of Division Investigative Staff Title Date

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 \$ 500.00 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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Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER ORDER # <u>0004241</u>
<u>Bich Kim</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>4770-85</u>	<input type="checkbox"/> Establishment Name 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, Bich Kim admitted they re-use 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 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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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u> <u>Bich Kim</u>	FINAL DECISION AND ORDER ORDER # <u>0004241</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>4770-85</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.

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

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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9/14/15
Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER ORDER # <u>0004241</u>
<u>Beh Kim</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>4770-85</u>	<input type="checkbox"/> Establishment Name 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
Steve Duong provide manicurist services without a license.

In violation of Section 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B. T. [Signature] Investigator 7-22-15
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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DLSC CASE FILE # <u>15 BAC 019</u>	FINAL DECISION AND ORDER
<u>Bich Kim</u>	ORDER # _____
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>4770-85</u>	License # <u>0004241</u>

4301 West Wisconsin Avenue 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 workstations

In violation of Section cos 4.02(4) 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 Date

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A Member of the Board

9/14/15
Date

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

Committed to Equal Opportunity in Employment and Licensing