

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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- 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>15BAC079 15BAC091</u> <u>15BAC082</u>	FINAL DECISION AND ORDER ORDER #	<u>0004299</u>
<input type="checkbox"/> Individual Credential Holder Name License #		<input checked="" type="checkbox"/> Establishment Name License #	<u>Bella Nails & Spa</u> <u>3626-71</u>

2801 Rib Mountain Drive Waukau 54401
Street City Zip
Wednesday 9-16-15 4:20pm
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.

Methyl Methacrylate (MMA) was used on customers. Health and
safety hazard.

In violation of Section 2.03(9) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B 25 Investigator 9-17-15
Signature of Division Investigative Staff Title Date
Shaff 10-8-15
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 \$ 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

10/12/15
Date

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

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

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

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

15BAC079 15BAC091		FINAL DECISION AND ORDER	0004299
DLSC CASE FILE # 15BAC082		ORDER #	
Kathy Nguyen			
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name		
License # 5744-85	License #		

2801 Rib Mountain Drive Waukau 54401
Street City Zip
Wednesday 9-16-15 4:20pm
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.

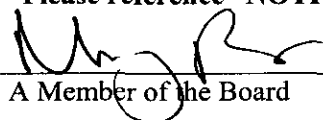
Anna Mai Anh Nguyen provided manicuring services without a license
Assist in unlicensed practice by owner.

In violation of Section 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Division Investigative Staff Investigator 9-17-15
Title Date
Signature of ☐ Licensee OR ☐ Establishment Owner 10-5-15
Date

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10/12/15
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15BAC082</u>	FINAL DECISION AND ORDER ORDER # <u>0004299</u>
<u>Kathy Nguyen</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>5744-85</u>	License # _____

Street 2801 Rib Mountain Drive City Wausau Zip 54401
Day of Week Wednesday Date 9-16-15 Time 4:20 pm

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

Leanne Nguyen provided manicuring services without a license.
Assist in unlicensed practice by owner

In violation of Section 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Division Investigative Staff B. J. [Signature] Title Investigator Date 9-17-15
Signature of ☐ Licensee OR ☐ Establishment Owner [Signature] Date 10-5-15

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.

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[Signature]
A Member of the Board

10/12/15
Date