

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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

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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>16 BAC 008</u>	FINAL DECISION AND ORDER ORDER # <u>0004987</u>
<u>Vu Huynh</u>	<u>Vu Nail + SPA, LLC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>6788-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3447-71</u>

9901 77th St Suite 830 Pleasant Prairie 53158
Street City Zip
Tuesday September 20th, 2016 9:30 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 be corrected.

I found used emery boards and used buffer blocks stored at several work stations.

In violation of Section COS 4.10(4) of Wis. Stats. OR Wis. Adm. Code
Rina Beckitt Investigator 10/04/2016
Signature of Division Investigative Staff Title Date
N. [Signature] Licensee OR Establishment Owner 10/13/16
Signature of 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 \$ 100.00 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

10/19/16
Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>16 BAC 008</u> <u>Vu Huynh</u>	FINAL DECISION AND ORDER ORDER # <u>0004987</u> <u>Vu Nail + SPA, LLC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>6788-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3447-71</u>

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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.

Several pedicure basins had dirt, dried hair, and other particles in the drain.

In violation of Section Cos 4.01(5) of Wis. Stats. OR Wis. Adm. Code
Lena Beckett Investigator 10/04/2016
Signature of Division Investigative Staff Title Date
Nasrullah
Signature of Licensee OR Establishment Owner Date

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[Signature]
A Member of the Board

10/19/16
Date

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

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<u>Vu Huynh</u>	<u>Vu Nail + SPA, LLC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>6788-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3447-71</u>

9901 77th St. Suite 830 Pleasant Prairie 53158
Street City Zip
Tuesday September 20th, 2016 9:30 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 be corrected.

Vu Nail + SPA, LLC allowed Phoebe Ngo to perform manicuring services without being licensed.

In violation of Section Cos 2.04(1) of Wis. Stats. OR Wis. Adm. Code
Nina Beckert Investigator 10/04/2016
Signature of Division Investigative Staff Title Date
Nawale Licensee OR Establishment Owner Date

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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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Nina Beckert
A Member of the Board

10/19/16
Date

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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>6788-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3447-71</u>

9901 77th St. Suite 830 Pleasant Prairie 53158
Street City Zip
Tuesday September 20th, 2016 9:30 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 be corrected.

Clean contact equipment was not properly stored in a covered container or cabinet.

In violation of Section COS 4.02(4) of Wis. Stats. OR Wis. Adm. Code
Aria Beckett Investigator 10/04/2016
Signature of Division Investigative Staff Title Date
Nawale
Signature of Licensee OR Establishment Owner Date

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[Signature]
A Member of the Board

10/19/16
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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>6788-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3447-71</u>

Street 9901 77th St. Suite 830 City Pleasant Prairie Zip 53158
Day of Week Tuesday Date September 20th, 2016 Time 9:30 A.M.

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

Vu Nail + SPA, LLC does not have an Aesthetician Establishment license but provides waxing services.

In violation of Section Cos 2.04(1) of Wis. Stats. OR Wis. Adm. Code
Nina Beckitt Investigator 10/04/2016
Signature of Division Investigative Staff Title Date
Nwolu
Signature of Licensee OR Establishment Owner Date

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Committed to Equal Opportunity in Employment and Licensing