

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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>17BAC107</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>NATURE NAILS & SPA</u> <u>3741-71</u>

Street 6241 S 27TH ST City GREENFIELD WI Zip 53221
Day of Week THURSDAY Date 11-26-2018 Time _____

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

NATURE NAILS & SPA failed to dispose of Single-use Contact
equipment after use.

In violation of Section Cos 4.10(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
749 Mr INVESTIGATOR 11-22-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 11-10-18
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 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.

Al Rehmer
A Member of the Board

12-3-2018
Date RECEIVED

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

NOV 15 2018

Committed to Equal Opportunity in Employment and Licensing

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC107</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<u>NATURE NAILS & SPA</u> <input checked="" type="checkbox"/> Establishment Name License # <u>3741-71</u>

6241 S. 27TH ST GREENFIELD WI 53221
Street City Zip
THURSDAY 4-26-2018 _____
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.

NATURE NAILS & SPA failed to keep disinfectant in a
covered container.

In violation of Section Cos 4.02(5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Investigator 11-2-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 11-10-18
Signature of Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC107</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<u>NATURE NAILS & SPA</u> <input checked="" type="checkbox"/> Establishment Name License # <u>3742-71</u>

6241 S. 27TH ST GREENFIELD WI 53221
Street City Zip
THURSDAY 4-26-2018 _____
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.

NATURE NAILS & SPA failed to clean and disinfect reusable contact equipment after use on each client.

In violation of Section Cos 4.01(3g) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] INVESTIGATOR 11-2-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 11-10-18
Signature of _____ Date

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[Signature]
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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BAC 107</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<u>NATURE NAILS & SPA</u> <input checked="" type="checkbox"/> Establishment Name License # <u>3741-71</u>

6241 S. 27TH ST GREENFIELD WI 53221
Street City Zip
THURSDAY 4-26-2018 /
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.

NATURE NAILS & SPA did not store clean towels, aesthetics brushes and combs, eyebrow scissors, nail brushes, nail files, waxing strips, cotton strips, pedicure sandals, buffer blocks, and disposable gloves in a covered container.

In violation of Section Cos 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
769 MZ INVESTIGATOR 11-2-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☐ Establishment Owner 11-10-18
Signature of Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC107</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<u>NATURE NAILS & SPA</u> <input checked="" type="checkbox"/> Establishment Name License # <u>3741-71</u>

6241 S. 27TH ST GREENFIELD WI 53221
Street City Zip
THURSDAY 4-26-2018 —
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.

NATURE NAILS & SPA was dirty and unsanitary.

In violation of Section Cos 4.01CD of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
747M/2 INVESTIGATOR 11-2-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 11-10-18
Signature of Date

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DLSC CASE FILE # <u>17BAC107</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<u>NATURE NAILS & SPA</u> <input checked="" type="checkbox"/> Establishment Name License # <u>3742-72</u>

641 S. 27TH ST GREENFIELD WI 53222
Street City Zip
THURSDAY 4-26-2018 —
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.

NATURE NAILS & SPA stored cleaning and disinfecting equipment in
unsecured locations.

In violation of Section Cos 3.02(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] INVESTIGATOR 11-2-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 11-10-18
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.

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC127</u>	FINAL DECISION AND ORDER ORDER # <u>0005972</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<u>NATURE NAILS & SPA</u> <input checked="" type="checkbox"/> Establishment Name License # <u>3741-71</u>

6241 S. 27TH ST GREENFIELD WI 53221
Street City Zip
THURSDAY 4-26-2018 _____
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.

Nature Nails & Spa assisted in the unlicensed practice of manicuring and
aesthetics by allowing Theresa Pham to provide manicuring and aesthetics services
without a valid license and while Nature Nails & Spa's aesthetics establishment
license was expired.

In violation of	Section <u>Cos 2.04(1)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>		<u>INVESTIGATOR</u>		<u>11-2-2018</u>
Signature of Division Investigative Staff		Title		Date
<u>[Signature]</u>	<input type="checkbox"/> Licensee	OR	<input checked="" type="checkbox"/> Establishment Owner	<u>11-10-18</u>
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 \$1,000 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

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Date

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