# WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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(608) 266-2264 (608) 266-2112

4822 Madison Yards Way Madison, WI 53705

E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

		·					
DLSC CASE FILE Tien Nguyen	# 19 BAC 062	· . · · · · ·	FINAL DECISION AND OPERO 007321 ORDER # Happy Nails Spa				
	dential Holder Name -85		Establishment Name tense # 5066-71				
1220 Crossing N	Meadow Drive #100	Onali		<del></del>	54650		
Street	IOUGOW DITTO #100	City	Onalaska City		Zip		
Thomas		•	0.2020		•		
Thursday Day of Week		Date	0, 2020		5:10 pm Time		
be corrected.	d time, date and location,  d Happy Nails provided						
In violation of	Section Cos 2.045(	(1)/3.01(1) of	□ Wis. Stats.	OR	₩ Wis, Adm. Cod		
o M	t Silver		Investigator		03/10/2021		
Signature of Division Investigative Staff			Title		Date		
			Minne	<u> </u>	4-9-21		
Signature of	☐ Licensee	OR	Establishment (	)wner	Date		
addition to other of please take No \$500.00 BY OF THIS CITATIO & PROFESSIONAL	Stat. § 454.15(3), the Idisciplinary action against the CREIN MAILING A CHECK OF THE CONTROL THE SERVICES, DIVISION THIS CITATION IS IS	DENTIAL HOLDER IN THE SIGNED COPY OF LEGAL SERV	MAY DEPOSIT A FOR O LATER THAN TWER Y OF THIS FORM TO VICES & COMPLIANC	RFEITURE NTY (20) D D: DEPA E, PO BO	IN THE AMOUNT O AYS FROM THE DAT RTMENT OF SAFET X 7190, MADISON, V		
ESTABLISHMENT PAYMENT SHALL	, ONE HALF OF THE FO BE TREATED AS A PLE RFEITURE, NOT TO EXC	ORFEITURE IS DEEN A OF NO CONTEST	MED TO BE ASSESSED TO THE VIOLATION C	AGAINS'	T EACH CREDENTIA		
Plo	ease reference "NOTICI LL Column Member of the Board		gal Counsel, 4-14		is form.		
#3053DLSC (02/20 Ch.454, Stats.	0)				Citation 1 of 5		

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

		<del> </del>					
DLSC CASE FILE # 19 BAC 062			FINAL DECISION ROER 1007321				
Tien Nguyen			<u> </u>	appy Nails Spa	<u> </u>	·	
☑ Individual Credential Holder Name License # 6577-85			☑ Establishment Name License # 5066-71				
1220 Crossing M	feadow Drive #100		Onale	nska		54650	
Street.			City			Zip	
Thursday	•		Jan 30, 2020		•	5:10 pm	
Day of Week			Date			Time	
be corrected.	d time, date and location, a						
1 - 7	led to keep Happy Nails' pred cleaning and disinfe				•	y and Santary	
In violation of	Section Cos 3.01(1)	and (6)	of	☐ Wis. Stats. Investigator	OR	☑ Wis. Adm. Code 03/10/2021	
Signature of Divisi	on Investigative Staff			Title '		Date	
o.g				- 1 Cem	wa M	4-9-21	
Signature of	☐ Licensee	OR		2 Establishment	Owner	Date	
	Stat. § 454.15(3), the lid			is authorized to imp	ose a forfe	siture in lieu of or in	
\$100.00 BY OF THIS CITATIO & PROFESSIONAL 53707-7190. IF ESTABLISHMENT PAYMENT SHALL	OTICE THAT THE CREDI Y MAILING A CHECK OR ON, TOGETHER WITH T SERVICES, DIVISION THIS CITATION IS ISS , ONE HALF OF THE FOR BE TREATED AS A PLEA RFEITURE, NOT TO EXCE	MONEY HE SIGI OF LEG UED TO OFFITURE OF NO	ORDER NOTES OF THE PROPERTY OF	O LATER THAN TWEI Y OF THIS FORM TO TICES & COMPLIANCE AN INDIVIDUAL COME TO BE ASSESSED TO THE VIOLATION OF	NTY (20) D. O: DEPAI E, PO BOX REDENTIAI D AGAINST	AYS FROM THE DATE RTMENT OF SAFETY X 7190, MADISON, WI L HOLDER AND AN I EACH CREDENTIAL.	
Ple	case reference "NOTICE					s form.	
A	Member of the Board.	<u>DS</u> PS C	hicf Legal Delegate		- <del>d</del>	_	

#3053DLSC (02/20) Ch.454, Stats.

Citation 2 of 5

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

	<del> </del>				
DLSC CASE FILE #	∮ 19 BAC 062	F	INAL DECISION AND ORDER #	TER O	007321
Tien Nguyen	•		Happy Nails Spa		
I Individual Credential Holder Name			Establishment Name		
	eadow Drive #100		alaska	-u	54650
Street		City			Zip
Thursday		Jan	30, 2020		5:10 pm
Day of Week		Date			Time
be corrected.		<del> </del>	spection has disclosed th		
			id unsafe condition and		<del>-</del>
substances in a co	ntainer that would prev	vent contamination	on of the unused portion	n of that s	ubstance.
]		•	,		
f	Ø- :: 4 01(1)	1 74\			<u> </u>
In violation of	Section Cos 4.01(1)	) and (4) _ of	☐ Wis. Stats.	OR	☑ Wis. Adm. Code
_ cm		<u> </u>	Investigator		03/10/2021
Signature of Divisio	n Investigative Staff	•	Title		Date
			Med	non	4-9-6
Signature of	☐ Licensee	OR	Establishment (	Owner	Date '
	Stat. § 454.15(3), the li isciplinary action again		y is authorized to imp	ose a forf	eiture in lieu of or in
PLEASE TAKE NO	TICE THAT THE CRED	ENTIAL HOLDER	MAY DEPOSIT A FOI	RETURE	IN THE AMOUNT O
\$100.00 BY	MAILING A CHECK OR	R MONEY ORDER	NO LATER THAN TWE	NTY (20) D	AYS FROM THE DAT
OF THIS CITATIO	N, TOGETHER WITH	THE SIGNED CO	PY OF THIS FORM TO	O: DEPA	RTMENT OF SAFET
& PROFESSIONAL 53707-7190. IF T	SERVICES, DIVISION	OF LEGAL SER	RVICES & COMPLIANC AN INDIVIDUAL CE	E, PO BO	X 7190, MADISON, W
33707-7190. IF I RSTABIJSHMRNT.	ONE HALF OF THE FO	RPEITURE IS DEI	EMED TO BE ASSESSEI	AGAINS	T EACH CREDENTIAL
PAYMENT SHALL	BE TREATED AS A PLEA	A OF NO CONTES	T TO THE VIOLATION (	ITED ABO	VE AND CONSENT TO
AN ORDER OF FOR	FEITURE, NOT TO EXCE	SED THE AMOUNT	OF THE DEPOSIT.		•
Ples	ise reference "NOTICE	OF RIGHT TO	CONTEST" on reverse	side of th	is form.
<u>. (</u>	I Kohmeye	DSPS Chief Le		1-21	
<del>4-A</del>	1ember of the Board	Deleg	gatee. Date		•
#3053DLSC (02/20					Citation 3 of 5

Ch.454, Stats.

Citation 3 of 5

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

	<del></del>	<del></del>			
DLSC CASE FILE # 19 BAC 062		IAL DECISION AND		004	
		ORDER#			
Tien Nguyen	H.	appy Nails Spa	<u>.</u>		
Individual Credential Holder Name		図 Establishment Name			
License # 6577-85	Lic	ense # <u>5066-71</u>			
1220 Crossing Meadow Drive #100	Onala	ska		54650	
Street	City			Zip	
Thursday	Jan 30	), 2020		5:10 pm	
Day of Week	Date		<del></del>	Time	
On the above stated time, date and location, a be corrected.	n investigation/inspe	ection has disclosed the	following	violation, which must	
Tien Nguyen and Happy Nails did not sto	re clean liners for	the medianus barrie e	D		
tools, and towels in a covered container.	ic crean inners for	uie pedicure bowis, a	Dremei,	orushes, waxing	
10015, and corrols in a sorotod container.					
·					
	<u> </u>				
In violation of Section Cos 4.02(4)	of	☐ Wis. Stats.	OR	☑ Wis. Adm, Code	
and Silver		Investigator		03/10/2021	
Signature of Division Investigative Staff		Title		Date	
	···- <u>-</u>	- Dun	my	4-9-21	
Signature of   Licensee	OR	Establishment O	vner	Date	
Pursuant to Wis. Stat. § 454.15(3), the lice addition to other disciplinary action against	ensing authority is your license.	authorized to impos	e a forfei	ture in lieu of or in	
PLEASE TAKE NOTICE THAT THE CREDE \$250.00 BY MAILING A CHECK OR NO F THIS CITATION, TOGETHER WITH THE PROFESSIONAL SERVICES, DIVISION OF S3707-7190. IF THIS CITATION IS ISSUESTABLISHMENT, ONE HALF OF THE FOR PAYMENT SHALL BE TREATED AS A PLEA AN ORDER OF FORFEITURE, NOT TO EXCEE	MONEY ORDER NO  IE SIGNED COPY  OF LEGAL SERVI  IED TO BOTH A  FEITURE IS DEEMI  OF NO CONTEST T	LATER THAN TWENT OF THIS FORM TO: CES & COMPLIANCE, N INDIVIDUAL CRE ED TO BE ASSESSED O THE VIOLATION CIT	Y (20) DA DEPAR PO BOX DENTIAL AGAINST	YS FROM THE DATE TMENT OF SAFETY 7190, MADISON, WI HOLDER AND AN RACH CREDENITAL	
Please reference "NOTICE (	OF RIGHT TO CO	NTEST" on reverse si	de of this	form.	
$\Theta \cap V$	SPS Chief Legal C Delegate	.1			
#3053DLSC (02/20)				Citation 4 of 5	

Ch.454, Stats.

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### COSMETOLOGY EXAMINING BOARD

### **CITATION FOR ADMINISTRATIVE FORFEITURE**

DLSC CASE FILE #	19 BAC 062		FINAL DECISION AND ORDER ORDER # URDER UD07321  Happy Nails Spa				
☑ Individual Credential Holder Name License # 6577-85			☑ Establishment Name License # <u>5066-71</u>				
1220 Crossing Meadow Drive #100		Onal	Onalaska		54650		
Street		City			Zip		
Thursday		Jan 3	30, 2020		5:10 pm		
Day of Week		Date			Time		
On the above stated to be corrected.	time, date and location, a	n investigation/ins	pection has disclosed the	he followin	g violation, which must		
Tien Nguyen and l and disinfected fol	Happy Nails failed to d	ispose of single-u	ise manicuring instru	ments that	cannot be cleaned		
In violation of	Section Cos 4.10(4)	of	☐ Wis. Stats. Investigator	OR	☑ Wis. Adm. Code 03/10/2021		
Signature of Division	Investigative Staff		Title		Date		
	,		1/4	rma	4-9-21		
Signature of	☐ Licensee	OR	Establishment	Owner	Date		
	Stat. § 454.15(3), the lic sciplinary action agains		is authorized to imp	ose a forfe	eiture in lieu of or in		
\$100.00 BY I OF THIS CITATION & PROFESSIONAL 53707-7190. IF THE ESTABLISHMENT, OPAYMENT SHALL B	MAILING A CHECK OR N. TOGETHER WITH T SERVICES, DIVISION HIS CITATION IS ISSUED HALF OF THE FOR THE FOR THE TORKE TREATED AS A PLEAR BITURE, NOT TO EXCE	MONEY ORDER N HE SIGNED COP OF LEGAL SERV UED TO BOTH REFITURE IS DEEN OF NO CONTEST	O LATER THAN TWE Y OF THIS FORM T VICES & COMPLIANC AN INDIVIDUAL C MED TO BE ASSESSE TO THE VIOLATION	NTY (20) D O: DEPA CE, PO BO REDENTIA D AGAINS	AYS FROM THE DATE RTMENT OF SAFETY X 7190, MADISON, WI L HOLDER AND AN I EACH CREDENTIAL.		
(N)	se reference "NOTICE	DSPS Chief Leg	gal Counsel, 4-14		is form.		
A-TVI	iemeel of me <del>Doa</del> ld	Delega	no Date				
#3053DLSC (02/20)					Citation 5 of 5		

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