WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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 4822 Madison Yards Way RECEIVED Madison, WI 53705 E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov MAR 1 1 2022

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DIV LEGAL SERVICES & COMPLIANCE DEPT SAFETY & PROFESSIONAL SERVICES

DLSC CASE FILE # 19 BAC 066 Ray Vong	FINAL DECISION ORDER 0007948 ORDER # Elegant Nails Elestablishment Name License # 5477-71		
Individual Credential Holder Name License # <u>10166-85</u>			
2800 New Pinery Road, Suite 4	Portage	53901	
Street	City	Zip	
Tuesday	Sep 14, 2021	9:55 am	
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.

Elegant Nails and Ray Vong assisted in the unlicensed practice of manicuring by allow their employees to provide manicuring services without a license and Elegant Nails and Ray Vong provided aesthetics services outside a licensed establishment.

In violation of	Section Cos 2.04(1) / 3.0	01(1) of 🛛 Wis. Stat	s. OR 🕅	Wis. Adm. Code
ant	Silla	Investigator	()3/02/2022
	on Investigative Staff	Title		Date
Chart	2	,	7	5/8/2022
Signature of	□ Licensee (DR 🗹 Establish	ment 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, 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 reverse side of this form. 4-20-2022 DSPS Chief Legal Counsel, mar A Member of the Board Delegatee_ Date

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

Citation 1 of 3

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 FAX #: (608) 266-2264 Phone #: (608) 266-2112

4822 Madison Yards Way Madison, WI 53705 E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE	# 19 BAC 066	F. O	INAL DECISION RU	ICKURU	10/948
Ray Vong			Elegant Nails		
 Individual Cred License # 10160 	ential Holder Name 5-85		l Establishment Name icense # <u>5477-71</u>		
2800 New Pinery	/ Road, Suite 4	Port	age		53901
Street		City			Zip
Tuesday		Sep	Sep 14, 2021		9:55 am
Day of Week		Date	·····		Time
	le in a covered container.		s		
In violation of	Section Cos 3.01(6)/	4.02(5)_of	□ Wis. Stats. Investigator	OR	Wis. Adm. Code 03/02/2022
Signature of Divisio	a Investigative Staff		Title		Date 3/8/ 2022
Signature of	Licensee	OR	E Establishment	Owner	Date
Pursuant to Wis. addition to other d	Stat. § 454.15(3), the lice isciplinary action against	nsing authority your license.	is authorized to imp	oose a forf	eiture in lieu of or in

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, 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 reverse side of this form. DSPS Chief Legal Counsel, -2022 Delegate A Member of the Board Date

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

Citation 2 of 3

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 FAX #: (608) 266-2264 Phone #: (608) 266-2112

□ Licensee

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 # 19 BAC 066	FINAL DECISIO ORDER 1007948		
Ray Vong	Elegant Nails		
Individual Credential Holder Name License # <u>10166-85</u>	Establishment Name License # <u>5477-71</u>		
2800 New Pinery Road, Suite 4	Portage	53901	
Street	City	Zip	
Tuesday	Sep 14, 2021	9:55 am	
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.

Elegant Nails and	I Ray Vong failed to post a p	rocedure for	blood or bodily fluid	exposure	in the establishment.
In violation of	Section Cos 4.02(5)	of	🛛 Wis. Stats.	OR	🛛 Wis. Adm. Code
- with	Sillie		Investigator		03/02/2022
Signature of Divisio	n Investigative Staff		Title		Date
Ans	2				3/8/2022

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.

Establishment Owner

OR

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, 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 reverse side of this form. DSPS Chief Legal Counsel, -30.3072 A Member of the Board Delegatee. Date

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

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Signature of

Citation 3 of 3

Date

Committed to Equal Opportunity in Employment and Licensing