

**NEVADA BOARD OF EXAMINERS  
FOR  
LONG TERM CARE ADMINISTRATORS**

**QUARTERLY BOARD MEETING**

**July 26, 2016**

---

## **TABLE OF CONTENTS**

|   |          |
|---|----------|
| <b>AGENDA .....</b>                                   | <b>1</b> |
| <b>PUBLIC HEARING FOR THE AMENDMENT/ADOPTION ....</b> | <b>2</b> |
| <b>DISCIPLINARY ACTIONS .....</b>                     | <b>3</b> |
| <b>MINUTES FROM APRIL 26, 2016 MEETING .....</b>      | <b>4</b> |
| <b>ADMINISTRATOR LICENSE RENEWAL .....</b>            | <b>5</b> |

1



**STATE OF NEVADA  
BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS  
3157 North Rainbow Boulevard, #313  
Las Vegas, Nevada 89108  
Telephone: 702-486-5445 Fax: 702-486-5439  
Website: [www.beltca.nv.gov](http://www.beltca.nv.gov)  
E-mail: [beltca@beltca.nv.gov](mailto:beltca@beltca.nv.gov)**

**MEETING NOTICE AND AGENDA**

**Date & Time:** Tuesday, July 26, 2016 – 9:30 a.m.

**Place of Meeting:** Sawyer State Office Building  
555 East Washington Avenue  
Room 4401  
Las Vegas, Nevada 89102  
and

**Video Conferencing:** Legislative Counsel Bureau  
401 South Carson Street  
Room 3138  
Carson City, Nevada 89701

All times are approximate. The Board reserves the right to take items in a different order, items may be combined for consideration by the Public Body and items may be pulled or removed at any time to accomplish business in the most efficient manner.

In certain situations, the option exists to declare the meeting on that agenda item to be a Closed (Executive) Session per NRS 241.030.

I. OPEN MEETING

II. ROLL CALL

III. PUBLIC COMMENTS

This item is to receive comments, limited to five (5) minutes, on any issue and any discussion of those items. However, no action will be taken on an item raised during Public Comments. Comments based on viewpoint are welcome.

IV. PUBLIC HEARING FOR THE AMENDMENT AND ADOPTION OF REGULATION OF THE STATE OF NEVADA "for possible action"

V. APPROVAL OF THE FOLLOWING PROPOSED DISCIPLINARY ACTION\*\* (Board may go into closed session) "for possible action"

- a. Joan MacLennon – Bridge at Paradise Valley – Case No. B-36123
- b. Susan Sowers – Red Rock Residential – Case No. B-36133
- c. Gerald Hamilton – Bee Hives Homes of Mesquite – Case No. B-36135
- d. Marianita Gee – Better Living Care Home – Case No. B-36136
- e. Marilou Reyes – Little Angel Care Home – Case No. B-36137
- f. Sandy Hicks – The Homestead – Case No. B-36138
- g. Sandy Hicks – The Homestead – Case No. B-36139
- h. Villahermosa, Lalaine – Las Vegas Alzheimer & Memory Care I – B-36140
- i. Aquino, Luz – Angels House Adult Care – Case No. B-36141

VI. SECRETARY'S REPORT:

- a. Approve Minutes of April 26, 2016 Meeting "for possible action".

VII. ADMINISTRATIVE REPORT

VIII. ADMINISTRATOR LICENSES ISSUED MUST RECEIVE FINAL BOARD APPROVAL WHEN ALL REQUIREMENTS HAVE BEEN MET.

- a. Nursing Facility Administrator Licenses Issued "for possible action".
  - (1) Jensen, Dane M.
  - (2) Golightly, Shannon
- b. Residential Facility Administrator Licenses Issued "for possible action".
  - (1) Vest, Wade W.
  - (2) Santos, Allie C.
  - (3) Cox, James A.
  - (4) Jensen, Kimberley C.
  - (5) Uhler, Cameron M.
- c. Inactive Requests "for possible action".
  - (1) Brown, Stacy - NFA
  - (2) Hubbard, Lynette - RFA
  - (3) Cartino, June - RFA
  - (4) Serrano, Imelda – RFA
  - (5) Wilding, Geraldine - RFA
- d. Administrator License Renewal \*\* (Board may go into Closed Session) "for possible action"
  - (1) Fox, Michael

IX. UNFINISHED BUSINESS:

- a. RCAL AIT Program Reports "for possible action"
- b. NFA Report "for possible action"

X. NEW BUSINESS:

- a. Financial Reporting Election "for possible action"

XI. DEPUTY ATTORNEY GENERAL'S REPORT

XII. BOARD MEMBER COMMENTS

XIII. PUBLIC COMMENTS

This item is to receive comments, limited to five (5) minutes, on any issue and any discussion of those items. However, no action will be taken on an item raised during Public Comments. Comments based on viewpoint are welcome.

XIV. TIME/DATE/LOCATION OF NEXT REGULAR QUARTERLY MEETING(S) "for possible action"

XV. ADJOURNMENT

\*\*Pursuant to NRS 241.030(1), The Nevada State Board of Examiners for Long Term Care Administrators may conduct a closed meeting to consider the character, allegations of misconduct, professional competence, or physical and mental health of a person.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary please notify the Board of Examiners for Long Term Care Administrators by calling the Board Office at 702-486-5445, or by e-mail at: [beltca@beltca.nv.gov](mailto:beltca@beltca.nv.gov).

Anyone desiring additional information regarding the meeting, including information on how to obtain supporting board meeting material is invited to call Sandy Lampert, Executive Director, at (702) 486-5445.

Copies of BELTCA's Meeting Minutes are available at no charge at BELTCA's web site at:  
[beltca.nv.gov](http://beltca.nv.gov)

**The Agenda was posted at the following locations:  
BELTCA'S website: [www.beltca.nv.gov](http://www.beltca.nv.gov)**

Grant Sawyer State Office Building  
555 East Washington Ave.  
Las Vegas, NV 89101  
Fax: 702-486-2012

ADSD  
3416 Goni Rd., Building – D 132  
Carson City, NV 89706  
Fax: 775-687-0574

DPBH  
727 Fairview Dr., Suite E  
Carson City, NV 89706  
Fax: 775-684-1073

ADSD  
445 Apple Street  
Reno, NV 89502  
Fax: 775-688-2969

Carson City Courthouse  
100 Stewart St.  
Carson City, NV 89701  
Fax: 775-887-2146

ADSD  
1860 East Sahara Ave.  
Las Vegas, NV 89104  
Fax: 702-486-3572

DPBH  
4220 S. Maryland Pkwy.  
Suite 810, Bldg. D  
Las Vegas, NV 89119  
Fax: 702-486-6520

Public Library  
Sierra View Branch  
Fax 775-827-8792

Clark County – Las Vegas Library  
732 North Las Vegas Blvd.  
Las Vegas, NV 89101  
Fax: 702-507-3598

**By E-Mail**

Sue Levinsky, ADSD, LV  
Paul Shubert, DPBH, LV  
Carrie Embree, ADSD  
Charles Perry  
Jennifer Williams-Woods - ADSD  
Theresa Brushfield  
Susan Magluilo, Administrator  
Minou Nelson, DPBH

Jill Berntson, ADSD, Reno  
Teresa Stricker, ADSD, LV  
E. Beck (Grant Sawyer State Office Bldg)  
Daniel Mathis  
Shawn McGivney  
Mark McBride  
Donald Sampson, DPBH, LV  
Blayne Osborn, NRHP

2



# NOTICE OF INTENT TO ACT UPON A REGULATION

## NOTICE OF HEARING FOR THE AMENDMENT AND ADOPTION OF REGULATION OF THE STATE OF NEVADA BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

The State of Nevada Board of Examiners for Long Term Care Administrators will hold a public hearing at 9:30 am on July 26, 2016 to be video-conferenced in the following locations:

Sawyer State Office Building  
555 East Washington Avenue  
Room 4401  
Las Vegas, Nevada 89102

and

Legislative Counsel Bureau  
401 South Carson Street  
Room 3138  
Carson City, Nevada

The purpose of the hearing is to receive comments from all interest persons regarding the amendments/adoptions of regulations that pertain to Chapter 654 of the Nevada Administrative Code (NAC). If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board of Examiners for Long Term Care Administrators may proceed immediately to act upon any written submissions.

The time for the hearing is scheduled as follows:

9:30 A.M.                      Public Hearing and Possible Adoption of Proposed Amendments to NAC 654 are related to the licensure requirements for Nursing Facility Administrators and Residential Facility Administrators, License Renewals for Nursing Facility Administrators and Residential Facility Administrators and status notices required from licensed administrators.

**NOTE: Possible action to adopt may be taken at this meeting.**

The following information is provided pursuant to the requirements of NRS 233B.0603:

1. The need and the purpose of the proposed amendments to NAC Chapter 654 are Based on the recommendations from the State of Nevada Board of Examiners for Long Term Care Administrators. Proposed amendments are related to the licensure requirements for Nursing Facility Administrators and Residential Facility Administrators, License Renewals for Nursing Facility Administrators and Residential Facility Administrators and status notices required from licensed administrators.
2. The Subjects and Issues involved in the regulation are those who would be seeking, renewing and/or working in the capacity of a Nursing Facility Administrator or Residential Facility Administrator.
3. There is no economic effect of the regulation on the business and industry that it regulates.  
There is no economic effect of the regulation on the public.  
There are no immediate or long-term effects on the public.
4. The estimated cost to the State of Nevada Board of Examiners for Long Term Care Administrators for enforcement of the proposed regulations is none.
5. There are no federal laws affecting the proposed regulation and there is no duplication or overlap of state or local government agencies.

6. The proposed regulation is not required pursuant to federal law.
7. The proposed regulation does not include provisions which are more stringent than a federal regulation that regulates the same activity.
8. The proposed regulation does not establish a new fee. The proposed regulation does not increase the existing licensure fee.

Persons wishing to comment upon the proposed action of the State of Nevada Board of Examiners for Long Term Care Administrators may appear at the scheduled public hearing or may address their comments, data, views or arguments, in written form, to the Board Executive Director, State of Nevada Board of Examiners for Long Term Care Administrators, 3157 N. Rainbow Blvd. #313, Las Vegas, NV 89108. The Board must receive written submissions **on or before July 12, 2016**. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the State of Nevada Board of Examiners for Long Term Care Administrators may proceed immediately to act upon any written submissions.

A copy of this notice and the regulation to be amended/adopted will be on file at the State Library and Archives, 100 Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be amended/adopted will be available at the State of Nevada Board of Examiners for Long Term Care Administrators at <http://beltca.nv.gov/> and in all counties at the main public library, for inspection and copying by members of the public during business hours. This notice and the text of the proposed regulation are also available at the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653 and on the Internet at <http://www.leg.state.nv.us>. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request. A reasonable fee may be charged for copies if it is deemed necessary.

Upon adoption any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 day thereafter, will issue a concise statement of the principal reasons for and against its adoption and incorporate therein its reason or overruling the consideration urged against its adoption.

This notice of hearing has been posted at the following locations:

Grant Sawyer State Office Building  
555 East Washington Ave.  
Las Vegas, NV 89101  
Fax: 702-486-2012

ADSD  
3416 Goni Rd., Building – D 132  
Carson City, NV 89706  
Fax: 775-687-0574

ADSD  
1860 East Sahara Ave.  
Las Vegas, NV 89104  
Fax: 702-486-3572

DPBH  
727 Fairview Dr., Suite E  
Carson City, NV 89706  
Fax: 775-684-1073

DPBH  
4220 S. Maryland Pkwy.  
Suite 810, Bldg. D  
Las Vegas, NV 89119  
Fax: 702-486-6520

ADSD  
445 Apple Street  
Reno, NV 89502  
Fax: 775-688-2969

Public Library  
Sierra View Branch  
Fax 775-827-8792

Carson City Courthouse  
100 Stewart St.  
Carson City, NV 89701  
Fax: 775-887-2146

Clark County – Las Vegas Library  
732 North Las Vegas Blvd.  
Las Vegas, NV 89101  
Fax: 702-507-3598

By E-Mail

Sue Levinsky, ADSD, LV  
Paul Shubert, DPBH, LV  
Carrie Embree, ADSD  
Charles Perry  
Jennifer Williams-Woods - ADSD  
Theresa Brushfield  
Susan Magluilo, Administrator  
Minou Nelson, DPBH

Jill Berntson, ADSD, Reno  
Teresa Stricker, ADSD, LV  
E. Beck (Grant Sawyer State Office Bldg)  
Daniel Mathis, NVHCA  
Shawn McGivney  
Mark McBride, Administrator  
Donald Sampson, DPBH  
Blayne Osborn, NRHP

**REVISED PROPOSED REGULATION OF THE BOARD OF  
EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS**

**LCB File No. R030-16**

May 2, 2016

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 654.110 and 654.150; §2, NRS 654.110, 654.140 and 654.150; §3, NRS 654.110, 654.150 and 654.170; §4, NRS 654.110, 654.140 and 654.155; §5, NRS 654.110, 654.155 and 654.170; §6, NRS 654.110; §§7-9, NRS 654.110 and 654.190.

A REGULATION relating to long-term care administrators; revising the qualifications for licensure as an administrator; revising the requirements for continuing education for licensed administrators; revising the grounds for disciplinary action against licensed administrators; revising the limitations on the administration of multiple facilities by licensed administrators; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law sets forth certain qualifications for a person to obtain a license as a nursing facility administrator or an administrator of a residential facility for groups and authorizes the Board of Examiners for Long-Term Care Administrators to develop, impose and enforce standards which must be met by persons to obtain those licenses. (NRS 654.110, 654.150, 654.155) Existing law also provides that the Board may, after notice and an opportunity for a hearing, impose certain disciplinary action against certain licensees. (NRS 654.190) This regulation revises the qualifications for licensure as an administrator and the provisions governing disciplinary action against licensees.

Under existing regulations, to obtain a license as a nursing facility administrator, an applicant must meet certain educational and training requirements. In addition, under existing regulations, a program of training to qualify for a license must require a licensed nursing facility administrator to supervise the training of each person in the program. (NAC 654.100) **Section 1** of this regulation: (1) increases from 1,000 hours to 1,200 hours the number of hours of training that must be completed by a person who seeks to qualify for a license by having a baccalaureate or master's degree in a field other than health care or nursing facility administration; (2) requires a program for training administrators to be completed in a nursing facility that has 40 or more

beds; and (3) requires a licensed nursing facility administrator who supervises a person in a program of training to complete a preceptor training program approved by the Board.

Under existing regulations, to obtain a license as an administrator of a residential facility for groups, an applicant must have certain experience in residential caregiving, the management or administration of a residential facility for groups or the field of health care. (NAC 654.1505) **Section 4** of this regulation revises this requirement to provide that an applicant may qualify for a license by having a certain amount of experience in long-term care or by having certain education in combination with a lesser amount of experience in long-term care. **Section 4** also defines the type of work that qualifies as experience in long-term care.

Existing law requires an applicant for a license as a nursing facility administrator or an administrator of a residential facility for groups to submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report on the applicant's background. (NRS 654.150, 654.155) **Sections 2 and 4** of this regulation require an applicant for a license to submit either the complete set of fingerprints or a written verification, on a form prescribed by the Board, stating that the fingerprints of the applicant were taken and directly forwarded electronically or by other means to the Central Repository for a background investigation.

Existing law and regulations provide that to renew his or her license, a person licensed as a nursing facility administrator or an administrator of a residential facility for groups must complete a certain number of hours of continuing education in a program approved by the Board. (NRS 654.170; NAC 654.130, 654.154) **Sections 3 and 5** of this regulation provide that the Board will not approve more than 8 hours of continuing education credit earned in a 24-hour period.

Existing law and regulations authorize the Board to impose an administrative fine of not more than \$10,000 on a person licensed as a nursing facility administrator or an administrator of a residential facility for groups for each violation of certain regulations adopted by the Board. (NRS 654.190; NAC 654.181, 654.210, 654.250) **Sections 7-9** of this regulation authorize the Board to take disciplinary action against a licensee who fails to pay certain fines imposed by the Board in accordance with the terms of the written notice to the licensee of the fine. **Section 8** of this regulation also reorganizes the list of grounds for disciplinary action.

Existing regulations establish limits on the ability of a person licensed as a nursing facility administrator or an administrator of a residential facility for groups to be the administrator of record for more than one facility. (NAC 654.250) **Section 9** of this regulation prohibits a person who holds both licenses and who is the administrator of record for more than one facility from being the administrator of record for more than a total of 150 beds located in all facilities for which he or she is the administrator of record.

**Section 1.** NAC 654.100 is hereby amended to read as follows:

654.100 1. In addition to the requirements set forth in NRS 654.150 and 654.180, an applicant for a license as a nursing facility administrator must submit evidence satisfactory to the Board that the applicant:

- (a) Is 21 years of age or older;
- (b) Has one of the following:

- (1) A baccalaureate or master's degree in the administration of nursing facilities or ~~related~~ *the field of health care* from a college or university recognized by the United States Department of Education and has successfully completed at least 1,000 hours:

- (I) In a program for training administrators approved by the Board or the National Association of Long Term Care Administrator Boards; or

- (II) In an internship or residency program in a facility providing long-term nursing care;

- (2) A baccalaureate or master's degree in any field from a college or university recognized by the United States Department of Education and has successfully completed at least ~~1,000~~ *1,200* hours in a program for training administrators approved by the Board or the National Association of Long Term Care Administrator Boards; or

- (3) A certificate issued by the American College of Health Care Administrators for the completion of the program for the certification of nursing home administrators;

(c) Has completed 8 hours of training concerning the statutes and regulations relating to long-term care and any other standards of care which apply to nursing facility administrators that is approved by the Board; and

(d) Is not the subject of any disciplinary proceeding.

2. A program for training administrators described in subsection 1 must *be completed in a nursing facility that has 40 or more beds and must* require a person in the program to complete:

(a) All the activities and forms provided in *The NAB Five-Step Program Administrator-in-Training Internship Manual for Nursing Home Administrators* published by the National Association of Long Term Care Administrator Boards; ~~and~~

(b) At least 1,000 hours of training in a period of not less than 20 weeks and include training in the following areas:

- (1) Administration of nursing facilities;
- (2) Personnel management of nursing facilities;
- (3) Nursing;
- (4) Rehabilitation of patients in nursing facilities;
- (5) Management of medical records in nursing facilities;
- (6) Activities for patients of nursing facilities;
- (7) Social services for patients of nursing facilities;
- (8) Admission of patients of nursing facilities;
- (9) Management of a business office;
- (10) Dietary needs of patients of nursing facilities;
- (11) Housekeeping and laundry services provided in nursing facilities; and

(12) Maintenance and environmental management of nursing facilities ~~{ }~~; *and*

*(c) If the applicant is required to complete 1,200 hours of training pursuant to subparagraph (2) of paragraph (b) of subsection 1, 200 hours of training as follows:*

*(1) Sixty-five hours of training on resident care;*

*(2) Forty-five hours of training on personnel management;*

*(3) Twenty-five hours of training on financial management;*

*(4) Twenty-five hours of training on maintenance, housekeeping and laundry; and*

*(5) Forty hours of training on administration.*

3. In addition to the requirements set forth in subsection 2, a program for training administrators described in subsection 1 must require ~~{ }~~ *a preceptor to supervise each person receiving the training set forth in subsection 2. The preceptor must:*

*(a) ~~{A}~~ Be a licensed nursing facility administrator ~~[who is licensed in this State, is]~~ in good standing with the Board ~~{and has}~~;*

*(b) Have practiced as ~~{an}~~ a nursing facility administrator for at least 2 of the preceding 5 years ~~[to supervise the training of each person in the program in the areas set forth in subsection 2;~~*

~~*(b) The administrator to determine;*~~

*(c) Have completed a preceptor training program approved by the Board;*

*(d) Determine the order in which the training will be provided to each person he or she supervises; and*

~~*{(e) The administrator to record}*~~



(e) *Record* the dates and times that each person he or she supervises completes the training required in each area set forth in subsection 2.

4. Evidence of the successful completion of a program for training administrators submitted pursuant to subsection 1 must be a certificate of completion that is:

(a) On a form provided by the Board; and

(b) Signed by the ~~administrator~~ *preceptor* who supervised the applicant.

5. A program for training administrators completed in another state must be equivalent to those programs approved in this State.

6. Before an applicant for a license as a nursing facility administrator may begin a program for training administrators described in subsection 1, the applicant must obtain approval from the Board to do so.

7. A person or entity must obtain approval of the Board to provide a program for training administrators described in subsection 1. The person or entity seeking approval must submit to the Board a description of the training program and any additional information required by the Board.

**Sec. 2.** NAC 654.110 is hereby amended to read as follows:

654.110 In addition to the requirements of NRS 654.150 and 654.180 and NAC 654.100, an applicant for a license as a nursing facility administrator must:

1. Provide a statement to the Board indicating that to the best of the applicant's knowledge he or she is of good health and free from contagious disease;

2. Indicate whether the applicant suffers from any mental impairment that would affect his or her ability to perform the duties of a nursing facility administrator;

3. Be able to communicate adequately in the English language both verbally and in writing;
4. Indicate whether the applicant has been investigated or is being investigated for misconduct or had a license or certificate revoked, modified, limited or suspended, or whether any other disciplinary action or proceeding has been instituted against him or her by any authority in any state; ~~and~~
5. Provide a statement to the Board indicating whether since the age of 18 years the applicant has ever been:
  - (a) Charged with any misdemeanor, gross misdemeanor or felony; or
  - (b) Convicted of any misdemeanor, gross misdemeanor or felony ~~or~~ ; *and*

6. *Submit to the Board:*

~~(a) A complete set of fingerprints and written permission authorizing the Board or its designee to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; or~~

*(b) Written verification, on a form prescribed by the Board, stating that the fingerprints of the applicant were taken and directly forwarded electronically or by another means to the Central Repository and that the applicant has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation for a report on the applicant's background and to such other law enforcement agencies as the Board deems necessary.*

Sec. 3. NAC 654.130 is hereby amended to read as follows:

654.130 1. A program of study to train and qualify applicants for a license as nursing facility administrators offered by any accredited university or college is acceptable and approved for such a purpose.

2. Except as otherwise provided in NAC 654.169, to renew his or her license, a licensee must have, in the 2 years immediately preceding the date for renewal of the license, completed 30 continuing education units in a program approved by the Board pursuant to subsection 5. Two of the continuing education units must be in professional ethics and two of the continuing education units must be in training concerning the statutes and regulations relating to long-term care and any other standards of care which apply to nursing facility administrators.

3. Subject to the approval of the Board, not more than a total of 10 continuing education units may be obtained by:

(a) Except as otherwise provided in subsection 4, having an article published in a publication concerned with health care, with 10 continuing education units allowed for each published article containing at least 1,500 words;

(b) Except as otherwise provided in subsection 4, having an article published in a publication concerned with health care, with 1 continuing education unit allowed for each hour spent writing the article; or

(c) Presenting a paper at a meeting of an organization concerned with long-term care, with 1 continuing education unit allowed for each hour spent presenting the paper.

4. If an article is self-published by a nursing facility administrator, the nursing facility administrator may not receive the continuing education units that are described in paragraphs (a) and (b) of subsection 3.

5. The Board will approve programs for continuing education units for organizations, groups or persons that sponsor educational programs which meet certain criteria as the Board may prescribe. Special forms for requesting approval must be used and are available from the office of the Board. Topics for programs for continuing education units must be related to the domains of practice in the field of long-term care.

*6. The Board will not approve more than 8 continuing education units earned in any 24-hour period.*

Sec. 4. NAC 654.1505 is hereby amended to read as follows:

654.1505 In addition to the requirements of NRS 654.155 and 654.180, an applicant for a license as an administrator of a residential facility for groups must:

1. Possess a high school diploma, general equivalency diploma or degree from an accredited institution of higher learning;
2. Pass an examination administered by the National Association of Long Term Care Administrator Boards;
3. Complete a program of training approved by the Board concerning the statutes and regulations relating to residential group care and any other standards of care which apply to operators of residential facilities;
4. Provide a statement to the Board indicating that to the best of the applicant's knowledge he or she is of good health and free from contagious disease;
5. Indicate whether the applicant suffers from any mental impairment that would affect the ability to perform the duties of an administrator of a residential facility for groups;
6. Be able to communicate adequately in the English language both verbally and in writing;

7. Indicate whether the applicant has been investigated for misconduct or had a license or certificate revoked, modified, limited or suspended, or whether any other disciplinary action or proceeding has been instituted against him or her by any authority in any state;

8. Provide a statement to the Board indicating whether since the age of 18 years the applicant has ever been:

- (a) Charged with any misdemeanor, gross misdemeanor or felony; or
- (b) Convicted of any misdemeanor, gross misdemeanor or felony; ~~{and}~~

9. *Submit to the Board:*

(a) *A complete set of fingerprints and written permission authorizing the Board or its designee to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; or*

(b) *Written verification, on a form prescribed by the Board, stating that the fingerprints of the applicant were taken and directly forwarded electronically or by another means to the Central Repository and that the applicant has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation for a report on the applicant's background and such other law enforcement agencies as the Board deems necessary; and*

10. Provide proof that he or she : ~~{has:}~~

(a) ~~{At least:}~~ *Has*

(1) ~~{Two}~~ *At least 2* years of experience in ~~{residential caregiving or as a manager of a residential facility for groups or an administrator of a residential facility for groups}~~ *long-term*

*care, including management and supervision, within the 6-year period immediately preceding the date on which he or she submits his or her application; ~~or~~*

(2) ~~{One}~~ *An associate's degree and at least 1 year of experience in ~~the field of healthcare;~~ long-term care, including 6 months of management and supervision, within the 6-year period immediately preceding the date on which he or she submits his or her application;*  
*or*

(3) *A bachelor's degree, master's degree or doctoral degree and at least 6 months of experience in long-term care, including management and supervision, within the 6-year period immediately preceding the date on which he or she submits his or her application;*

(b) Completed 100 hours of study or training approved by the Board in the domains of practice in the field of operating a residential facility for groups; and

(c) Completed 40 hours of study under the supervision of a mentor who has been approved by the Board pursuant to NAC 654.156.

*As used in this subsection, "experience in long-term care" means full-time, or equivalent hourly experience, working in a licensed residential facility for groups, licensed facility for skilled nursing or licensed facility for intermediate care.*

Sec. 5. NAC 654.154 is hereby amended to read as follows:

654.154 1. Except as otherwise provided in NAC 654.169, to renew his or her license, in the 2 years immediately preceding the date for renewal of the license, an administrator of a residential facility for groups must have completed 16 continuing education units in programs approved by the Board pursuant to subsection 2. Two of the continuing education units must be in professional ethics and two of the continuing education units must be in training concerning

the statutes and regulations relating to residential group and any other standards of care which apply to operators of residential facilities.

2. The Board will approve programs for continuing education units for organizations, groups or persons that sponsor educational programs which meet certain criteria as the Board may prescribe. Special forms for requesting approval must be used and are available from the office of the Board. Topics for programs for continuing education units must be related to the domains of practice in the field of long-term care.

3. An administrator of a residential facility for groups who is approved by the Board to serve as a mentor pursuant to NAC 654.156 may receive credit for not more than 10 continuing education units during each renewal period by supervising the study of an applicant for a license as an administrator of a residential facility for groups. One continuing education unit will be awarded for each 4 hours of actual supervision.

*4. The Board will not approve more than 8 continuing education units earned in any 24-hour period.*

**Sec. 6.** NAC 654.156 is hereby amended to read as follows:

654.156 1. A person who wishes to mentor an applicant for a license as an administrator of a residential facility for groups as required for such applicants pursuant to paragraph (c) of subsection ~~[9]~~ 10 of NAC 654.1505 must meet the requirements set forth in subsection 2 and be approved to serve as a mentor by the Board.

2. The Board may approve a person to serve as a mentor if the person completes an application provided by the Board and demonstrates that he or she:

(a) Holds a license issued by the Board as an administrator of a residential facility for groups;

(b) Has at least 2 years of experience as an administrator of a residential facility for groups;  
(c) Has completed a course that has been approved by the Board for the training of mentors;  
and

(d) Is able to communicate effectively orally and in writing.

3. The Board may deny approval for a person to serve as a mentor if:

(a) The person has been the subject of a disciplinary action brought by the Board; or

(b) The person has been the administrator of record of a residential facility for groups that has been the subject of an action brought by the Division of Public and Behavioral Health of the Department of Health and Human Services against the holder of the license to operate the facility.

Sec. 7. NAC 654.181 is hereby amended to read as follows:

654.181 1. Each person licensed as a nursing facility administrator or an administrator of a residential facility for groups shall notify the Board, in writing:

(a) Of any change in his or her residential address, telephone number, electronic mail address or other contact information within 15 days after such a change;

(b) Any time the person becomes *or terminates his or her position as* the administrator of record of a ~~different~~ facility within 15 days after such an event; or

(c) Of any change in the number of beds authorized in the facility of which the person is the administrator of record.

2. If the Board imposes an administrative fine on a licensee for a violation of subsection 1, the amount of the fine will be at least \$500 for a first violation and at least \$1,000 for a second or subsequent violation, but will not exceed \$10,000 for each violation.



*3. If the Board imposes an administrative fine pursuant to subsection 2, and the fine is not paid in accordance with the terms of the written notice to the licensee of the fine, the Board will refer the matter to an investigator and the legal counsel for the Board to initiate disciplinary action against the licensee pursuant to NAC 654.210.*

Sec. 8. NAC 654.210 is hereby amended to read as follows:

654.210 In addition to the reasons set forth in NRS 654.190, the Board may bring disciplinary action against a licensee or deny the issuance of or refuse to renew a license as a nursing facility administrator or an administrator of a residential facility for groups if the Board finds that the applicant or licensee:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license pursuant to this chapter.
2. Is guilty of unprofessional conduct, including, without limitation:
  - (a) Providing services to a patient or resident which the applicant or licensee is not capable of providing with reasonable skill and safety because of his or her use of alcohol or drugs, or because of lack of adequate training, skill or knowledge;
  - (b) Gross or repeated negligence in providing services;
  - (c) Willful noncompliance with any order of the Board or any other enforcement authority;
  - (d) ~~Conviction for violation of any federal or state law or regulation governing the prescription, possession, distribution or use of a controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years;~~

~~—(e)~~ Failure to notify the Board of the loss of a license issued by the Bureau of Health Care Quality and Compliance of the Division of Public and Behavioral Health of the Department of Health and Human Services;

~~[(d)]~~ (e) Failure to notify the Board of a change in circumstances as required pursuant to NAC 654.181;

~~[(e)]~~ (f) Paying or giving, or causing to be paid or given, a fee, commission or other valuable consideration, inducement or incentive for the solicitation or procurement of a patient or resident;

~~[(f)]~~ (g) Paying or giving, or causing to be paid or given, a fee, commission or other valuable consideration, inducement or incentive for referring a patient or resident to a facility;

~~[(g)]~~ (h) Providing or giving, or causing to be paid or given, any financial incentive, including, without limitation, a discount on rent or other fees, to a patient, resident, or family member of or responsible party for a patient or resident, to fund a payment to a person or entity for referring the patient or resident to a facility;

~~[(h)]~~ (i) Engaging in fraudulent, misleading or deceptive advertising;

~~[(i)]~~ Receiving a conviction in any jurisdiction for a felony or for any offense involving moral turpitude, including, without limitation:

~~—(1) Murder, voluntary manslaughter or mayhem;~~

~~—(2) Assault with intent to kill or to commit sexual assault or mayhem;~~

~~—(3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;~~

~~—(4) Soliciting or engaging in prostitution;~~

- ~~— (5) Except as otherwise provided in paragraph (1), domestic violence;~~
- ~~— (6) Abuse or neglect of a child or contributory delinquency;~~
- ~~— (7) A violation of any provision of NRS 200.50955 or 200.5099;~~
- ~~— (8) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years; and~~
- ~~— (9) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years;~~
- ~~— (l) Receiving a conviction in any jurisdiction for a misdemeanor for domestic violence within the immediately preceding 7 years;~~
- ~~— (m) Receiving a conviction in any jurisdiction for:~~
  - ~~— (1) Any offense which is substantially related to the practice of an administrator; or~~
  - ~~— (2) Any offense for driving under the influence of intoxicating liquor or a controlled substance;~~
- ~~— (n)† (j) Failing to protect the privacy of a resident or patient;~~
- ~~†(o)† (k) Violating the confidentiality of a resident or patient;~~
- ~~†(p)† (l) Failing to maintain records as required by law;~~
- ~~†(q)† (m) Falsifying or altering the records of a resident or patient;~~
- ~~†(r)† (n) Failing to protect a resident or patient from the incompetent, abusive or illegal practice of any person;~~
- ~~†(s)† (o) Engaging in sexual contact with a resident or patient;~~

~~[(+)]~~ (p) Engaging in conduct which endangers the safety of the general public, patients, residents, clients or employees by making actual or implied threats of violence or carrying out such threats;

~~[(+)]~~ (q) Abusing, exploiting, isolating, ~~[or]~~ neglecting *or abandoning* a resident or patient as defined in NRS 200.5092 ~~[(+)]~~, *as amended by section 3 of Assembly Bill No. 223, chapter 174, Statutes of Nevada 2015, at page 804; or*

~~[(+)]~~ (r) Willfully or repeatedly violating the provisions of this chapter.

3. *Is convicted in any jurisdiction of:*

*(a) A felony or any offense involving moral turpitude;*

*(b) Any offense listed in paragraph (a) of subsection 1 of NRS 449.174, as amended by section 41 of Assembly Bill No. 223, chapter 174, Statutes of Nevada 2015, at page 839;*

*(c) Any violation of NRS 200.5091 to 200.50995, inclusive, as amended by sections 2 to 13, inclusive, of Assembly Bill No. 223, chapter 174, Statutes of Nevada 2015, at pages 804-13;*

*(d) Any offense which is substantially related to the practice of an administrator; or*

*(e) Any offense for driving under the influence of intoxicating liquor or a controlled substance.*

4. Has a record of any disciplinary, civil or criminal action taken against the applicant or licensee that has been reported to or is required pursuant to the law of any jurisdiction to be reported to the ~~[(Healthcare Integrity and Protection)]~~ **National Practitioner** Data Bank maintained by the Health Resources and Services Administration of the United States Department of Health and Human Services which the Board determines is contrary to the qualifications of an applicant or licensee.

5. *Fails to pay an administrative fine levied by the Board pursuant to this chapter or NRS 654.190.*

Sec. 9. NAC 654.250 is hereby amended to read as follows:

654.250 1. Except as otherwise provided in subsection ~~{7,}~~ 8, a person licensed as a nursing facility administrator may not be the administrator of record of more than one nursing facility at the same time for more than 90 days in a calendar year.

2. If a person licensed as a nursing facility administrator is the administrator of record of more than one nursing facility, the person must:

(a) Immediately notify the Board that he or she is the administrator of record of more than one nursing facility; and

(b) Obtain a secondary administrator's license for each additional nursing facility for which he or she is the administrator of record by paying a nonrefundable fee of \$100 for each license.

⇒ The Board may impose an administrative fine on a licensee for failure to comply with paragraph (a). The amount of such a fine will be at least \$500 for a first violation and at least \$1,000 for a second or subsequent violation, but will not exceed \$10,000 for each violation.

3. Except as otherwise provided in subsections 4 and ~~{7,}~~ 8, a person licensed as an administrator of a residential facility for groups *who is the administrator of record for more than one facility* may be an administrator of record for not more than 150 beds located in not more than five residential facilities for groups. *For purposes of this subsection, multiple facilities located on the same campus are deemed to be a single facility.*

4. If a person licensed as an administrator of a residential facility for groups operates more than one residential facility for groups, the administrator must:

(a) Immediately notify the Board that he or she is operating more than one residential facility for groups; and

(b) Obtain a secondary administrator's license for each additional residential facility for groups that he or she is operating by paying a nonrefundable fee of \$100 for each license.

⇒ The Board may impose an administrative fine on a licensee for failure to comply with paragraph (a). The amount of such a fine will be at least \$500 for a first violation and at least \$1,000 for a second or subsequent violation, but will not exceed \$10,000 for each violation.

5. Each license and secondary license issued by the Board must include the name of the nursing facility or the residential facility for groups for which the license or secondary license was obtained. The Board will label each secondary administrator's license issued pursuant to subsection 2 or 4 as an "A," "B," "C" or "D" license.

6. *A person licensed as a nursing facility administrator and as an administrator of a residential facility for groups who is the administrator of record for more than one facility may be an administrator of record for not more than 150 beds located in all facilities for which he or she is the administrator of record. For purposes of this subsection, multiple facilities located on the same campus are deemed to be a single facility.*

7. A nursing facility administrator or an administrator of a residential facility for groups shall surrender and return a license to the Board not later than 15 calendar days after:

(a) Relinquishing his or her responsibilities at the nursing facility or residential facility for groups for which the license was obtained; or

(b) The closure of the nursing facility or residential facility for groups for which the license was obtained.

⇒ The Board may impose an administrative fine on a licensee for failure to comply with this subsection. The amount of such a fine will be at least \$500 for a first violation and at least \$1,000 for a second or subsequent violation, but will not exceed \$10,000 for each violation.

~~{7.}~~ 8. Upon application to the Board, a nursing facility administrator or an administrator of a residential facility for groups may, at the discretion of the Board, receive a waiver for a specified period of time from the limitations imposed by this section.

9. *If the Board imposes an administrative fine pursuant to subsection 2, 4 or 7 and the fine is not paid in accordance with the terms of the written notice to the licensee of the fine, the Board will refer the matter to an investigator and the legal counsel for the Board to initiate disciplinary action against the licensee pursuant to NAC 654.210.*



STATE OF NEVADA  
BOARD OF EXAMINERS  
FOR LONG TERM CARE ADMINISTRATORS

(702) 486-5445

Fax (702) 486-5439

B.E.L.T.C.A.

3157 N. Rainbow Boulevard, No. 313

Las Vegas, Nevada 89108

E-mail: beltca@beltca.nv.gov

Website: <http://Beltca.Nevada.gov>

BRIAN SANDOVAL  
Governor

**SMALL BUSINESS IMPACT STATEMENT  
PURSUANT TO NRS 233B.0608**

Date: June 27, 2016

Re: Proposed Adoption of Regulations Revising NAC 654.

I, Sandy Lampert, Executive Director of the State of Nevada Board of Examiners for Long Term Care Administrators, do hereby certify that, to the best of my knowledge or belief:

1. The proposed changes to the regulation NAC 654 are not likely to (a) impose a direct or Significant economic burden upon a small business, or (b) directly restrict the formation, operation or expansion of a small business.
2. A concerted effort was made to determine any economic burden. The State of Nevada Board of Examiners for Long Term Care Administrators has relied on the expert knowledge of Board staff and the Attorney General's Office to determine that the impact is solely on long term care applicants and administrators.
3. All relevant materials were reviewed and the Board considered its history with implementing similar regulations; the proposed changes are within the historic scope of the Board's activities and present no new cost of enforcement.
4. Comment has not been solicited from small business, and no summary of their response is provided, because small business are not impacted by this regulation and thus no burden or economic impact can be assessed.

I hereby further certify that, to the best of my knowledge or belief, a concerted effort was made to determine the impact of the regulation on small businesses and that the information contained in the statement was prepared properly and is accurate.

Respectfully submitted,  
State of Nevada Board of Examiners for Long Term Care Administrators

  
Sandy Lampert  
Executive Director



4

**STATE OF NEVADA  
BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS**

**Draft Minutes of Regular Quarterly Board Meeting**

**April 26, 2016  
9:30 a.m.**

**Sawyer State Office Building  
555 East Washington Avenue  
Room 4412  
Las Vegas, Nevada 89102  
and  
Legislative Counsel Bureau  
401 South Carson Street  
Room 3138  
Carson City, Nevada 89701**

- I. Chair, Margaret McConnell called the meeting to order at 9:34 a.m.
- II. Executive Director, Sandy Lampert called the roll and a quorum was present.

**Board Members:**

Margaret McConnell, Chair  
Terry Clodt, Sec/Treas.  
Jane Gruner, ADSD  
Lilia Sioson

Mary Ellen Wilkinson, Vice Chair, Excused  
Lindsay Hansen, M.D.  
Linda Gelinger

**Staff:**

Sophia Long, Deputy Attorney General

Sandy Lampert, Executive Director

**Guests:**

Susan Levinsky, ADSD  
Lee Garber

Daniel Mathis

- III. PUBLIC COMMENTS – Jane Gruner announced that the State Plan on Aging is currently open for comments at the Aging and Disabilities website at [adsd.nv.gov](http://adsd.nv.gov).
- IV. SECRETARY'S REPORTS:
  - a. Approval of the Minutes of January 27, 2016 Meeting – Terry Clodt moved to approve. Jane Gruner seconded. Motion carried.
- V. ADMINISTRATIVE REPORT: Executive Director, Sandy Lampert, reported that we are continuing to pursue the paperless office. All of the current active RFAs are in the system and about one third of the NFAs. Also since the last Board Meeting we were audited by the Department of Public Safety for our fingerprinting and there were no deficiencies. We continue to be concerned about repeat deficiencies, especially for group home and we will discuss this matter with Paul Shubert to see if there can be some kind of coordination between BELTCA and the Bureau. Nevada Healthcare Association is introducing the Nevada Alliance on Aging at a luncheon to be held in Reno on May 6<sup>th</sup> and Las Vegas on May 12<sup>th</sup>. Both Ms. Lampert and

Chair, Margaret McConnell will be attending to show the Board's support for this program. Daniel Mathis of NVHCA advised that the program is being provided by a grant received by the Perry Foundation in partnership with the Sanford Center for the Aging.

VI. ADMINISTRATOR LICENSES ISSUED MUST RECEIVE FINAL BOARD APPROVAL WHEN ALL REQUIREMENTS HAVE BEEN MET.

- a. Nursing Facility Administrator Licenses Issued "for possible action".
  - (1) Jeffers, Timothy
  - (2) Smith, Samuel
  - (3) Stokes, Samuel
  - (4) De Luca, Tobias
  - (5) Langevin, Scott
  - (6) Alexander, Anthony
  - (7) Wester, Zachery
- b. Residential Facility Administrator Licenses Issued "for possible action".
  - (1) Bovill, Cipriana
  - (2) Johansen, Tyler
  - (3) Benton, Pamala
  - (4) Brooks, Thomas
  - (5) Meyers, Theresa
- c. Inactive Requests "for possible action".
  - (1) Acoba, Oscar - RFA
  - (2) Panos, Angela - NFA
  - (3) Del Rosario, Theresa - RFA
  - (4) Arciaga, Joel - RFA
  - (5) Simons, Wenette - RFA
  - (6) Doran, Mary - RFA
  - (7) Sullivan, James - NFA
  - (8) Caudill, Ruth

Chair, Margaret McConnell, called for a motion. Jane Gruner moved to approve Items a through c. Lindsay Hansen seconded. Motion carried.

- d. d. Approve/Deny NFA Application\*\* (Board may go into Closed Session) "for possible action"
  - (1) Garber, Lee - Mr. Garber went over the incident that resulted in a DUI. He reported that he completed all required training and that his attorney advised him to plead guilty to Criminal Mischief. To this he paid a fine and completed 2 days of work crew. All has been completed to the satisfaction of the court. Chair, Margaret McConnell asked if Mr. Garber is licensed in another State. To this Mr. Garber responded that he has been licensed in Oregon since 1972. Mr. Garber stated that this is his only DUI offense. Mr. Garber stated that he moved to Nevada 5 months ago and is not currently working in a facility. After some additional discussion, Chair, Margaret McConnell, called for a motion. Jane Gruner moved to allow Mr. Garber's application to go forward. Linda Gelingher seconded. Motion carried.

VII. UNFINISHED BUSINESS:

- a. RCAL AIT Program Report - Executive Director, Sandy Lampert, reported that since the last meeting we have received 16 new applications. We have issued 5 new licenses and currently have 29 candidates going through the program; 10 need to complete the 60 Hour

Introductory Course, 6 are working on the Nevada Best Practices Training, 3 are currently doing their AIT and 10 are ready to take the NAB Exam. Ms. Lampert informed the Board that there will be a Mentor Training in the North on June 1, 2016, followed by a Mentor Appreciation Luncheon.

b. NFA Lack of AIT Opportunities – Chair, Margaret McConnell reported that she will be attending the NAB Meeting in June and at that time she will get an update on the online training that will be provided to state boards at no charge.

c. Regulation Workshop – The Board has received the amendments drafted by the Legislative Counsel Bureau. The amendments were reviewed by the Board. The Board will move forward with the Public Hearing to Adopt Amendments.

VIII. NEW BUSINESS:

IX. DEPUTY ATTORNEY GENERAL'S REPORT:

X. BOARD MEMBER COMMENTS:

XI. PUBLIC COMMENTS:

XII. TIME/DATE/LOCATION OF NEXT REGULAR QUARTERLY MEETING: The next meeting will be held on Tuesday, July 26, 2016 at 9:30 a.m.

XIII. ADJOURNMENT: Meeting was adjourned at 10:50 p.m.

Respectfully submitted:

*Sandy Lampert*

Sandy Lampert  
Executive Director

Attested by:

*Terry Clodt*

Terry Clodt  
Secretary/Treasurer

5



Item 8. D Administrator License Renewal \*\* (Board may go into Closed Session) "for possible action"

(1) Fox, Michael

Mr. Fox's RFA license was renewed as of June 30, 2016.

Mr. Fox indicated yes to Item III – 7 of the renewal application that states: Since the date of your last application/Renewal of your license, have you been investigated or arrested for, charged with, convicted of, plead nolo contendere to or received pretrial diversion for an offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance or alcohol is not considered a minor traffic offense), or had any criminal records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction?

He provided the following documentation.



If the answer is yes to any of the above questions, you must submit a detailed letter of explanation including diagnosis, past treatment efforts (inpatient or out patient), date of last treatment and current treatment plan, including documentation

4. Are you free from contagious disease?

Yes ☒ No ☐

5. Since the date of your last application/renewal of your license, have you been notified that you were under investigation or investigated for a violation of a statute, rule or regulation governing any professional license issued to you or had a license or certificate revoked, modified, limited or suspended, other disciplinary action instituted against you, or had an application for licensure or certification rejected, denied or limited by a professional licensing authority of another state, territory or country?

Yes ☐ No ☒

6. Have you ever voluntarily surrendered a license for a nursing facility administrator or residential facility administrator or certificate for a nursing or residential facility?

Yes ☐ No ☒

If the answer is yes to 5 and/or 6, you must submit a detailed explanation of the circumstances involved.

(Please use the reverse side of this form if more space is required)

7. Since the date of your last Application/Renewal of your license, have you been investigated or arrested for, charged with, convicted of, plead nolo contendere to or received pretrial diversion for an offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance or alcohol is not considered a minor traffic offense), or had any criminal records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction? YES ☒ NO ☐

IF THE ANSWER IS YES, YOU MUST SUBMIT THE FOLLOWING:

A detailed letter of explanation including the date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.

Copies of court documents identifying actual conviction and sentence.

A letter from your parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.

A criminal history printout from a FBI fingerprint check.

**PLEASE NOTE: FAILURE TO FULLY AND COMPLETELY DISCLOSE ANY FORMER CHARGES, ARRESTS OR CONVICTIONS MAY RESULT IN NON-RENEWAL OF YOUR LICENSE.**

#### IV. Child Support Statement:

Please place a check mark next to one of the following statements:



(a) I am not subject to a court order for the support of a child;



(b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or



(c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order, or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's  
Signature

Mike Ferguson

Date

5-20-16

05-20-2017

On the night of 10-11-14, I was out having a celebration with friends at a local bar.

We had planned to go to dinner later, as more friends arrived dinner was pushed back.

As the night got later I knew I needed to leave and have a meal or go home.

I made the wrong decision and decided to drive home.

I was not capable of driving as I had been drinking and was feeling the effects of those drinks.

I was stopped for making a large wide turn and also tossing a water bottle out the window.

After the officers did the field test, I was placed under arrest for DUI.

I was given the privilege of taking a class on Victim Impact and DUI School.

I paid a fine of \$685.00 and agreed to the plea of No Contest to misdemeanor DUI and having the two lesser charges dismissed by the court ( being unsafe turn, failure to give proper signal )

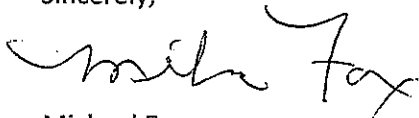
I am including all the paperwork attached to this charge and conviction.

On a personal note, I have never been more scared and upset as that night. I had not ever had even a parking ticket in my 56 years of life.

I am truly sorry for my action as it did endanger not only my own on but, those of others.

If more is needed on this explanation please let me know.

Sincerely,

A handwritten signature in black ink that reads "Michael Fox". The signature is written in a cursive, flowing style.

Michael Fox



**Justice Court, Las Vegas Township  
Clark County, Nevada**

**Court Minutes**



**14M29736X State of Nevada vs. FOX, MICHAEL CLAY**

**Lead Atty: RYAN HELMICK**

**2/3/2015 8:30:00 AM Bench Trial (o/r)**

**Result: Matter Heard**

**PARTIES PRESENT:** Attorney HELMICK, RYAN  
Defendant FOX, MICHAEL CLAY

**Judge:** Baucum, Suzan

**Prosecutor:** Rutledge, Brian

**Court Reporter:** Morichetti, R.

**Court Clerk:** Rodgers, Jackie

**PROCEEDINGS**

**Hearings:** 5/5/2015 7:30:00 AM: Status Check Added  
5/5/2015 7:30:00 AM: Status Check Canceled

**Events:** **Admonishment of Rights - DUI**

*Signed in open court.*

**Judgment Entered**

**Case Closed - Requirement(s) Completed**

**Payment in Court** Amount: \$685.00

**Plea/Disp:** **001: DUI, above legal limit, (1st) [53900]**

Plea: Nolo Contendere

Disposition: Guilty as Charged

Sentence: Misdemeanor Sentence

**Imposed Fees**

Forensic/Analysis Fee-Criminal Case \$60.00

AA Fees \$125.00

County Fine-Criminal \$400.00

DUI FEE \$100 \$100.00

**Fee Totals:** \$685.00

DUI School 2/3/2015 - Satisfied (2/3/2015)

Victim Impact Panel 2/3/2015 - Satisfied (2/3/2015)

Sentence To CCDC:

Remand Term: 0 Months 2 Days

CTS: 2 Specific Days

**002: Fail give approp signal when req [53829]**

Disposition: Dismissed

**003: Fail give approp signal when req [53829]**

Disposition: Dismissed

**CERTIFIED COPY**

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township and for the County of Clark, State of Nevada.

By:  Deputy

Date: 5/23/16

**Las Vegas Justice Court: Department 13**

LVJC\_RW\_Criminal\_MinuteOrder

Case 14M29736X Prepared By: rodgj

2/9/2015 2:39 PM

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 14M29736X

STATE VS: FOX, MICHAEL CLAY

ID #: 01016789

AKA: FOX, MICHAEL CLAY

DR NUMBER:

START DATE: 10/11/2014

ARRESTED BY: COGNIAN, TOM ADISON

ARREST DATE: 10/11/2014

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 10/11/2014

PROSECUTOR: BRIAN RUTLEDGE

DISPO DATE: 02/03/2015

001 CHARGE: 484C.400.1 M DUI, ABOVE LEGAL LIMIT, (1ST)  
DISPOSITION: ---GUILTY--- M DUI, ABOVE LEGAL LIMIT, (1ST)

SENTENCED: 02/03/2015

FINED: \$ 685

EXCUSED: \$ 0

JAIL TIME: MOS

DAYS 2 HRS

CONS/CONC: NOT APPLIC

CTS : MOS

DAYS 002 HRS

COMM SERV: DAYS

HRS MIN

RESTITUTION: \$ 0 CONTRIBUTION: \$ 0 DRUG FEE: \$ 160

EDUCATION: DUI SCHOOL/VICTIM IMPACT PANEL

NONE

CITATION: 1410110304

PCN: 0025527652 SEQ: 001

002 CHARGE: 484B.400

DISPOSITION: -DISMISSED-

M UNSAFE TURN, IMPROPER POSITION/METHOD AT I-SE  
DISMISSED ON COURTS MOTION

CITATION: 1410110304

PCN: 0025527652 SEQ: 002

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY REGIONAL JUSTICE CENTER  
200 LEWIS AVENUE  
LAS VEGAS, NEVADA 89101  
COURT 128  
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 14M29736X

STATE VS: FOX, MICHAEL CLAY

ID #: 01016789

AKA: FOX, MICHAEL CLAY

DR NUMBER:

START DATE: 10/11/2014

ARRESTED BY: COGNIAN, TOM ADISON

ARREST DATE: 10/11/2014

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 10/11/2014

PROSECUTOR: BRIAN RUTLEDGE

DISPO DATE: 02/03/2015

003 CHARGE: 484B.413

M FAIL GIVE APPROP SIGNAL WHEN REQ

DISPOSITION: -DISMISSED-

DISMISSED ON COURTS MOTION

CITATION: 1410110304

PCN: 0025527652 SEQ: 003

CERTIFIED COPY

The document to which this certificate is  
attached is a full, true and correct copy of the  
original on file and of record in Justice Court of  
Las Vegas Township and for the County of  
Clark, State of Nevada.

By: [Signature] Deputy  
Date: 5/23/16

[Signature]  
JUSTICE OF THE PEACE - DEPT. 13

FILED

JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

MICHAEL CLAY FOX #1016789,

Defendant.

CASE NO: 14M29736X

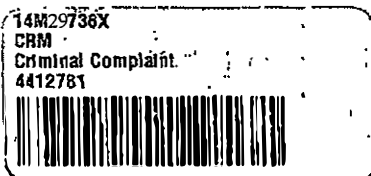
DEPT NO: 13

CRIMINAL COMPLAINT

The Defendant above named having committed the crimes of DRIVING AND/OR BEING IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF AN INTOXICATING LIQUOR OR ALCOHOL (Misdemeanor - NRS 484C.110, 484C.400 - NOC 53900); IMPROPER TURNING MOVEMENT (Misdemeanor - NRS 484B.413 - NOC 53829) and FAILURE TO SIGNAL (Misdemeanor - NRS 484B.413 - NOC 53829), in the manner following, to-wit: That the said Defendant, on or about the 11th day of October, 2014, at and within the County of Clark, State of Nevada,

COUNT 1 - DRIVING AND/OR BEING IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF AN INTOXICATING LIQUOR OR ALCOHOL

did then and there wilfully and unlawfully drive and/or be in actual physical control of a motor vehicle on a highway or on premises to which the public has access, to-wit: Naples Drive and Swenson Street, Las Vegas, Clark County, Nevada, Defendant being responsible under one or more of the following theories of criminal liability, to wit: 1) while under the influence of intoxicating liquor to any degree, however slight, which rendered him incapable of safely driving and/or exercising actual physical control of a motor vehicle, 2) while he had a concentration of alcohol of .08 or more in his breath, and/or 3) when Defendant was found to have a concentration of alcohol of .08 or more in his breath sample which was taken within two (2) hours after driving and/or being in actual physical control of a vehicle.



1 COUNT 2 - IMPROPER TURNING MOVEMENT

2 did wilfully and unlawfully operate a motor vehicle, on Naples Drive and Swenson  
3 Street, Las Vegas, Clark County, Nevada, by turning said vehicle from a direct course when  
4 such movement could not be made with reasonable safety.

5 COUNT 3 - FAILURE TO SIGNAL

6 did then and there wilfully and unlawfully operate a motor vehicle, on Naples Drive  
7 and Swenson Street, Las Vegas, Clark County, Nevada, by failing to give the appropriate  
8 signal to any driver of any vehicle immediately to the rear of Defendant's vehicle,  
9 continuously during and for not less than 100 feet.

10 All of which is contrary to the form, force and effect of Statutes in such cases made and  
11 provided and against the peace and dignity of the State of Nevada. Said Complainant makes  
12 this declaration subject to the penalty of perjury.

13  
14  
15 10/29/14  
16  
17  
18  
19  
20  
21

22 CERTIFIED COPY

23 The document to which this certificate is  
24 attached is a full, true and correct copy of the  
25 original on file and of record in Justice Court of  
26 Las Vegas Township, in and for the County of  
27 Clark State of Nevada.

28 By: [Signature] Deputy  
Date: 5/23/16

14M29736X/mb  
LVMPD EV# 1410110304  
(TK12)

1 NOTICE OF WITNESSES

2 [NRS 174.234]

3  
4 TO: Defendant or attorney of record:

5 YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the STATE OF  
6 NEVADA intends to call the following witnesses:

7 FORENSIC ANALYST OF ALCOHOL  
8 DARBY LANZ MP14274  
9 DANA RUSSELL MP7503  
LAS VEGAS METROPOLITAN POLICE  
FORENSIC LABORATORY

10 These witnesses are in addition to those witnesses noted in the discovery or other  
11 documents provided.

12 DATED October 29, 2014.  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# IMPAIRED DRIVING REPORT

I.D. Number: 1016789

THE UNDERSIGNED MAKES THE FOLLOWING DECLARATIONS SUBJECT TO THE PENALTY FOR PERJURY AND SAYS:

That I am a Police Officer with the Las Vegas Metropolitan Police Department, Clark County, Nevada being so employed for a period of 1 years. That I learned the following facts and circumstances which led me to believe that the below subject committed (or was committing) the offense of ☐ Felony Driving Under The Influence (DUI) ☒ Misdemeanor Driving Under The Influence (DUI) at the following location: Naples/Swenson, Las Vegas, Nevada 89119.

Additional offense(s) that occurred: Left Turn-OneWay Roadway, and Signal of Intention.

These offense(s) occurred at approximately 0215 hours on the 11 day of October, 2014, in the

☒ County of Clark ☐ City of Las Vegas ☐ City of North Las Vegas ☐ City of Henderson ☐ Boulder City ☐ Mesquite

## DEFENDANT & VEHICLE

|                               |                                   |   |  |
|-------------------------------|-----------------------------------|---|--|
| Last Name<br><b>Fox</b>       | First Name<br><b>Michael</b>      | Middle Name<br><b>Clay</b>  | Suffix (Jr., Sr., II, III, etc.)   |
| Driver's License #            | State/Country<br><b>IA</b>        | <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Expired<br><input type="checkbox"/> Revoked (Date of Revocation) _____ to _____ | <input type="checkbox"/> No License<br><input type="checkbox"/> ID Card Only |
| Vehicle Year<br><b>2008</b>   | Vehicle Make<br><b>Kia</b>        | Vehicle Model<br><b>Optima</b>  | Body Style<br><b>4-DR</b>  |
| Vehicle Color<br><b>White</b> | License Plate #<br><b>157 YSE</b> | License State<br><b>IA</b>  | VIN #<br><b>KNAGE123085214950</b>  |

GIVE DETAILED INFORMATION AND CIRCUMSTANCES ON WHY THE VEHICLE WAS STOPPED AND/OR THE DRIVER WAS CONTACTED.

☒ Traffic Stop ☐ Accident ☐ Accident w/Injury ☐ 9-1-1 Call / Citizen Reported ☐ Stopped/Parked Vehicle ☐ DUI Checkpoint

(Articulate actual physical control and reasonable suspicion of impairment including information about how time of control was determined. Be very specific on all information that provides evidence that driver was impaired and how the impairment was determined.) **FYI**

On October 11<sup>th</sup>, 2014, I Officer T. Cognian P#14728 and Officer B. Cobb P#14099 were working as marked patrol unit "1DP13". We observed a white 4-door sedan bearing Iowa "157 YSE" making a left turn from Naples northbound onto Swenson, Las Vegas, Nevada 89119, making a wide turn all the way to the #3 travel lane, failing to signal. Further, after the turn was completed the driver threw a clearplastic bottle out of the front passenger window.

A traffic stop was conducted on the vehicle at Swenson and Harmon, Las Vegas, Nevada 89119. The driver was identified as Michael Fox DOB 08/26/1958. Emergency lights and sirens were used to stop the vehicle to which it traveled over 100 yards before coming to a complete stop. Further, the vehicle hit the curb several times before coming to a complete stop. When Michael was asked for his documents, he took an excessive amount of time to retrieve these items and was removed from the vehicle. Both Officer Cobb and I could smell a strong odor of an unknown alcoholic beverage.

The Use and Dissemination of this  
Record is Regulated by Law. Secondary  
Dissemination of any kind is Prohibited.

| LOCATION OF VEHICLE STOP (Check all that apply.)   |  |   |
|--|--|---|
| Time<br><b>0215</b>  | Location Where Vehicle Was Stopped<br><b>Swenson/Harmon, Las Vegas, Nevada 89119</b> | and Civil Liability.<br>This Information Released To: |
| Directed To/Stop By Using:<br><input checked="" type="checkbox"/> Emergency Lights <input checked="" type="checkbox"/> Horn  |  |   |
| Reaction To Stop / Signal:<br><input type="checkbox"/> Appropriate Stop <input checked="" type="checkbox"/> Excessive Travel <input type="checkbox"/> Excessive Maneuvers                    |  |   |
| Position Of Vehicle:<br><input type="checkbox"/> Stopped in Travel Lane <input checked="" type="checkbox"/> Partially On/Off Roadway <input type="checkbox"/> Parking Lot                    |  |   |
| Vehicle's Transmission Of Stopped Vehicle:<br><input checked="" type="checkbox"/> Park <input type="checkbox"/> Drive/Gear <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse |  |   |
| If the vehicle is damaged from an accident, give detailed information about how the vehicle was still operational.   |  |   |

# IMPAIRED DRIVING REPORT

I.D. Number: 1016789

## OFFICER'S OBSERVATIONS (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Engine Was Running                    | <input type="checkbox"/> Engine Was Not Running      | <input checked="" type="checkbox"/> Key Was In The Ignition |
| <input checked="" type="checkbox"/> Vehicle Lights ON                     | <input type="checkbox"/> Vehicle Lights OFF          | <input type="checkbox"/> Key(s) In Driver's Possession      |
| <input checked="" type="checkbox"/> Subject Behind The Wheel              | <input type="checkbox"/> Subject In Passenger Seat   | <input type="checkbox"/> Electronic Key / Fob               |
| <input checked="" type="checkbox"/> Key Removed By Police (B. Cobb 14099) | <input type="checkbox"/> Key Removed By FD/Ambulance | (Where was key?) _____                                      |
| <input type="checkbox"/> Key Removed By Witness ( )                       | ( )  |   |

Explain where the subject was located if not inside the vehicle:

## PRESENTATION OF IDENTIFICATION AND PAPERWORK

- |  |   |
|--|---|
| <input type="checkbox"/> No Problem Presenting Paperwork Or Identification | <input type="checkbox"/> Not in Possession Of Documents (Explain what's missing.) |
| <input checked="" type="checkbox"/> Difficulty Recognizing Paperwork       | <input type="checkbox"/> Presented Wrong Paperwork                                |
| <input type="checkbox"/> Not Responsive To Request                         | <input type="checkbox"/> Police Recovered Paperwork/Computer Inquiry              |
- Additional Details:

## PERSONAL CONTACT (Exit from vehicle) Including any open containers or evidence relating to intoxication from drugs.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No Problem With Exit              | <input checked="" type="checkbox"/> Trouble Opening Door | <input type="checkbox"/> Refused To Exit Vehicle |
| <input checked="" type="checkbox"/> Stumbling / Staggering | <input checked="" type="checkbox"/> Leaned On Vehicle    | <input type="checkbox"/> Falling Down            |

Additional Details:

## PERSONAL CONTACT PHASE (Physical Observations Of The Driver)

- |              |  |  |  |   |
|--------------|--|--|--|---|
| Breath Odor: | <input type="checkbox"/> No Odor           | <input checked="" type="checkbox"/> Alcoholic Beverage | <input type="checkbox"/> Marijuana/Synthetic Spice           | <input type="checkbox"/> Other              |
|              | <input type="checkbox"/> Slight            | <input type="checkbox"/> Moderate                      | <input checked="" type="checkbox"/> Strong                   |   |
| Eyes:        | <input type="checkbox"/> Normal            | <input checked="" type="checkbox"/> Bloodshot          | <input checked="" type="checkbox"/> Watery/Glassy            | <input type="checkbox"/> Fixed Focus/Stare  |
|              | <input type="checkbox"/> Normal            | <input type="checkbox"/> Dilated (large)               | <input checked="" type="checkbox"/> Constricted (small)      | <input type="checkbox"/> Eyelid Tremors     |
| Pupil Size:  |  |  |  |   |
| Speech:      | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Incoherent                    | <input type="checkbox"/> Slurred                             | <input type="checkbox"/> Confused           |
|              | <input type="checkbox"/> Rapid/Repetitive  |  |  |   |
| Attitude:    | <input checked="" type="checkbox"/> Polite | <input checked="" type="checkbox"/> Cooperative        | <input type="checkbox"/> Talkative                           | <input type="checkbox"/> Insulting          |
|              | <input type="checkbox"/> Excited           | <input type="checkbox"/> Aggressive                    | <input type="checkbox"/> Combative                           | <input type="checkbox"/> Unresponsive       |
| Balance:     | <input type="checkbox"/> Sure              | <input checked="" type="checkbox"/> Wobbling           | <input type="checkbox"/> Falling                             | <input checked="" type="checkbox"/> Swaying |
|              |  |  | <input checked="" type="checkbox"/> Leaned On Object/Support |   |
| Clothing:    | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Unkempt                       | <input type="checkbox"/> Urinated                            | <input type="checkbox"/> Defecated          |
|              |  |  | <input type="checkbox"/> Unfastened                          | <input type="checkbox"/> Removed            |
- Additional Details:

## INITIAL FIELD INTERVIEW QUESTIONS

- |  |   |
|--|---|
| 1. Are you currently under the care of a Doctor or Dentist?<br>Yes                           | 13. When did the collision occur?<br>N/A                        |
| 2. What is the name of your Doctor or Dentist?<br>Tiffany Fature                             | 14. What road were you on or what location?<br>Maryland Parkway |
| 3. When did you last see the Doctor or Dentist?<br>30 Days Ago                               | 15. Who owns this vehicle?<br>Driver and Sister                 |
| 4. Why did you see the Doctor or Dentist?<br>Heart, Liver and Asthma Problems                | 16. What was your destination?<br>Home                          |
| 5. Do you have Epilepsy and/or Diabetes?<br>Yes, Diabetes                                    | 17. Where did you start?<br>Free Zone                           |
| 6. Do you have any physical/mental disabilities?<br>Hip Problems                             | 18. What time did you leave?<br>5 minutes ago                   |
| 7. Describe any physical/mental disabilities:<br>Hip Problems                                | 19. What time is it now?<br>0230 (Subject looked at watch)      |
| 8. What medications are you taking and what dosage?<br>Lorezapham, Prozac, Luteta, Metformin | 20. What is today's date?<br>10/11/2014                         |
| 9. When was your last dosage (date and time)?<br>10/10/2014 6 AM                             | 21. Have you been drinking?<br>Yes                              |
| 10. Have you used drugs recently (illicit drugs)? Explain:<br>No                             | 22. What have you been drinking?<br>Beer                        |
| 11. Were you driving or in physical control of the vehicle?<br>Yes                           | 23. How much?<br>5-6  |
| 12. Were you in a collision?<br>No   | 24. When was your last drink?<br>30 Minutes Ago                 |
|  | 25. Where was your last drink?<br>Free Zone                     |



**LAS VEGAS METROPOLITAN POLICE DEPARTMENT**  
**IMPAIRED DRIVING REPORT**

Event Number: 141011-0304

I.D. Number: 1016789

**STANDARDIZED FIELD SOBRIETY TESTS (SFST)**

\*\*\* THE ORDER OF SFSTs: HGN, VGN, LOC, WAT, and OLS \*\*\*

SFSTs Administered By (Officer & P#): T. Cognian P#14728

Time of SFSTs: 0225

SFSTs: ☐ Refused ☐ Not Performed

Location of SFSTs: Asphalt Trail East of roadway

Details: Dry Flat Surface

Surface Condition: Dry

Weather Conditions: Clear/No Wind

Lighting Conditions: Street Lighting

Description Of Clothing/Shoes Worn By Subject:

Button up Shirt and Slacks

Was the suspect transported to the hospital? ☐ Yes ☒ No Name of Hospital:

How was suspect transported? ☐ Ambulance ☐ Fire Rescue ☒ Police ☐ Other \_\_\_\_\_

**GENERAL INSTRUCTIONS GIVEN TO THE SUSPECT**

"I am going to administer a set of tests to determine whether or not you are impaired. My evaluation will be based on how well you follow my instructions and whether or not you perform the tests exactly as I demonstrate them. Do you understand?" ☒ Yes ☐ No

**HORIZONTAL GAZE NYSTAGMUS (HGN) TEST** Only to be administered by trained personnel. (Must be completed first in SFSTs.)

HGN Test Administered by (Officer Name and P#)

Were any overhead emergency lights left on?

T. Cognian P#14728

☐ Yes ☒ No

Instructions: "Put your feet together, hands at your side. Keep your head still and look at the stimulus. Follow movement of the stimulus until told the test is over. Do you understand?" ☒ Yes ☐ No

☐ Wearing Eye Glasses

☐ Wearing Contact Lenses

☒ Able to Follow Stimulus

☐ Removed Eye Glasses

☐ Hard or Soft Lenses

☒ Equal Pupil Size

☒ Equal Tracking

**CLUES OF IMPAIRMENT** (Based on scientific research, four (4) or more clues of impairment indicate a BAC of .08 or higher.)

Position the stimulus 12" to 15" in front of subject's nose and slightly above eye level to commence the test.

LEFT EYE

RIGHT EYE

**Lack Of Smooth Pursuit**

Approximately two seconds out and approximately two seconds back for each eye.

☒

☒

**Distinct and Sustained Nystagmus @ Maximum Deviation**

Nystagmus was distinct and sustained for a minimum four (4) seconds.

☒

☒

**Onset of Nystagmus Prior to 45 Degrees** Stimulus was moved no faster than approximately four seconds; onset of Nystagmus was observed and sustained prior to 45 degrees.

☐

☐

**Vertical Gaze Nystagmus** ☐ Yes ☐ No

Observed and sustained for approximately four (4) seconds.

Total HGN Clues

4

The total number of HGN clues is obtained by adding together the first three clues above for each eye. DO NOT count Vertical Gaze Nystagmus clue.

☐ HGN present (4 or more clues)

☐ No HGN

Other indicators of impairment: (Including Lack of Convergence Test)

Subject was instructed several times and continued to move head while taking test.

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT**  
**IMPAIRED DRIVING REPORT**

Event Number: 141011-0304  
 I.D. Number: 1016789

**WALK AND TURN (WAT) TEST**

The Walk and Turn test may use a designated straight line or the subject may imagine the line. The test should be conducted on a reasonably dry, hard, level, non-slippery surface. There should be sufficient room for the subject to complete nine heel-to-toe steps. Subjects wearing heels with more than two inches in height should be given the opportunity to remove their shoes.

Shoes Removed:

☐ Yes ☒ No

Type Of Line Used For The Test: ☐ Designated Straight Line ☒ Imaginary Line

**Instructions:** (Explain the test requirements using the following verbal instructions accompanied by demonstrations)

"Place your left foot on the line." (Real or imaginary) **"Demonstrate"**

"Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of your left foot." **"Demonstrate"**

"Place arms down at your side." **"Demonstrate"**

"Maintain this position until I have completed the instructions. Do not begin to walk until told to do so."

"Do you understand?" ☒ Yes ☐ No

"When I tell you to start, take nine heel-to-toe steps on the line and take nine heel-to-toe steps back." **"Demonstrate 3 heel-to-toe steps."**

"When you turn, keep your front foot on the line and turn by taking a series of small steps with the other foot, like this." **"Demonstrate"**

"While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud."

"Once you start walking, don't stop until you have completed the test."

"Do you understand the instructions?" ☒ Yes ☐ No

"Count your first step from the heel-to-toe position as one and begin."

**CLUES OF IMPAIRMENT** (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher.)

**Cannot Keep Balance While Listening to the Instructions:**

"Record this clue if the subject does not maintain the heel-to-toe position throughout the instructions (feet actually must break apart and step off line). Do not record this clue if the subject sways or uses arms to balance but maintains the heel-to-toe position."

☒ Yes

**Starts Before the Instructions are Finished**

"Record this clue if the subject starts the test before you are finished giving the instructions."

☒ Yes

**Stops While Walking**

"Record this clue if the subject pauses for several seconds. Do not record this clue if the subject is merely walking slowly."

☐ Yes

**Does Not Touch Heel-to-Toe**

"Record this clue if the subject leaves a space of more than one-half inch between the heel and toe of any step."

☒ Yes

**Steps off the Line**

"Record this clue if the subject steps so that one foot is entirely off the line."

☒ Yes

**Uses Arms to Balance**

"Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance."

☐ Yes

**Improper Turn**

"Record this clue if the subject removes the front foot from the line while turning. Also record this clue if the subject has not followed directions as demonstrated, i.e., spins or pivots around." (If the subject takes 8 steps and turns to the right correctly with series of steps, this is not a clue)

☐ Yes

**Incorrect Number of Steps** (Total # of Steps) : 9 FORWARD and 9 RETURN

"Record this clue if the subject takes more or fewer than nine steps in either direction."

☐ Yes

To calculate the total number of walk and turn clues, add the number of boxes checked above.

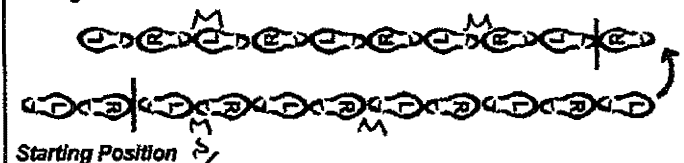
Total Walk and Turn Clues:

4

**Documentation of Clues**

1. Missed heel to toe: Use "M"
2. Raised arms for balance: Use "R" FYI
3. Stopped while walking: Use "S"
4. Stepped off line:  
Use "I" stepped right - "V" stepped left

Ending Position



Additional observation during WAT:

☐ PASSED WAT TEST

☒ FAILED WAT TEST

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**IMPAIRED DRIVING REPORT**

Event Number: 141011-0304

I.D. Number: 1016789-

**ONE LEG STAND (OLS) TEST**

The One Leg Stand test should be conducted on a reasonably dry, hard, level, non-slippery surface. If the subject puts their foot down, give them the instructions to pick the foot up again and continue from the point at which the foot touched the ground. Evaluate the subject for 30 seconds.

**Instructions:** (Explain the test requirements using the following verbal instructions accompanied by demonstrations:)

"Please stand with your feet together and your arms down at your sides, like this." **\*Demonstrate\***

"Maintain position until told otherwise."

"Do you understand the instructions so far?" ☒ Yes ☐ No

"When I tell you to start, raise one leg, either leg, with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground." **\*Demonstrate\***

"You must keep both legs straight, arms at your side."

"While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, until told to stop."

**\*Demonstrate and count as follows; one thousand and one, one thousand and two, one thousand and three, etc.\***

(You should not look at your feet when conducting the demonstration.)

"Keep your arms at your sides at all times and keep watching the raised foot."

"Do you understand?" ☒ Yes ☐ No

"Begin the test."

\*\*\*\* If the subject puts their foot down during the test, instruct them to raise the foot and continue counting where they left off. Do not give this instruction prior to the test; only after it has started. \*\*\*\*

**CLUES OF IMPAIRMENT** (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher.)

**Sways While Balancing**

"Record this clue if the subject sways from side to side or front to back while maintaining the one leg stand position."

☒ Yes

**Uses Arms to Balance**

"Record this clue if the subject raises one or both arms more than six inches from either side to maintain balance."

☐ Yes

**Hopping**

"Record this clue if the subject is able to keep one foot off the ground, but resorts to hopping in order to maintain balance."

☒ Yes

**Puts Foot Down**

"Record this clue if the subject is not able to maintain the one leg stand position, putting the foot down one or more times during the 30 second period."

☒ Yes

To calculate the total number of one leg stand clues, add the number of boxes checked above.

Total One Leg Stand Clues:

3

NOTE: If the subject can't do the test, record observed clues and document the reason for not completing the test below.

☐ PASSED OLS TEST

☒ FAILED OLS TEST

**Additional Documentation:** Document the number counted in 30 seconds, how the subject counted and what numbers the subject put their foot down.

Subject counted properly but only counted to 10 as he continued to put foot down and starting over.

**PRELIMINARY BREATH TEST (PBT)** Administer only after all SFSTs have been given. The results of this test are PASS or FAIL only.

Defendant was asked to submit to a Preliminary Breath Test, which they: ☐ Passed ☐ Failed ☐ Refused ☒ Not Given

PBT Administered By: \_\_\_\_\_

PBT Device Last Calibration Check: \_\_\_\_\_

Serial #: \_\_\_\_\_

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**IMPAIRED DRIVING REPORT**

Event Number: 141011-0304  
I.D. Number: 1016789

**IMPLIED CONSENT WARNING**

**SUSPECTED ALCOHOL IMPAIRMENT FYI**

- I suspect you are impaired by an alcoholic beverage and request that you submit to an evidentiary test of your breath or blood to determine the presence of alcohol.  
Will you submit to a breath test? ☒ Yes ☐ No If NO, will you submit to a blood test? ☐ Yes ☐ No

**SUSPECTED DRUG IMPAIRMENT**

- I suspect you are impaired by a prohibited or controlled substance and request that you submit to an evidentiary test of your blood.  
Will you submit to a blood test? ☐ Yes ☐ No

**\*\*ONLY READ IF APPLICABLE\*\***

- I am requesting a blood test because you have caused death or substantial bodily harm to another person as a result of your driving while impaired by a controlled substance or an alcoholic beverage.  
Will you submit to a blood test? ☐ Yes ☐ No

\*\*\*NOTE - If subject is younger than 18 years of age, officers must make a reasonable attempt to notify parents or legal guardian prior to administering test. Officers should document the notification attempt in the narrative section near the end of the report.\*\*\*

Advised by Officer: B. Cobb P#: 14099 Date: 10/11/2014 Time: 0237

- ☐ Telephonic Search Warrant Obtained ☐ Approved by Judge: \_\_\_\_\_  
☐ Time Search Warrant Process Started: \_\_\_\_\_  
☐ Exigent Circumstances (Describe in detail why a warrant was not obtained.)

The evidentiary test was obtained: ☒ within 2 hours. ☐ past 2 hours. (Explain reason on alcohol related only.)

Prior DUI Convictions: List date of arrest(s), jurisdiction of arrest, Case Number or Event Number and date of the conviction(s) for DUI.  
"This is for all DUI convictions in the last 7 years and not arrests only." "If convicted of Felony DUI, all future arrests are Felony DUI!"

Details:

**EVIDENTIARY SAMPLE INFORMATION**

**Subject submitted to which evidentiary test:**

- Location of Test: ☒ CCDC ☐ LV City Jail ☐ Hospital ☐ Other Location \_\_\_\_\_
- ☒ Breath Test Obtained @ \_\_\_\_\_ hours, October 11th, 20 14. ☒ Results of Breath Test .115, .118, \_\_\_\_\_  
☐ Blood Sample Collected @ \_\_\_\_\_ hours, \_\_\_\_\_, 20 \_\_\_\_\_. ☐ Results Pending  
☐ 2<sup>nd</sup> Blood Sample Collected @ \_\_\_\_\_ hours, \_\_\_\_\_, 20 \_\_\_\_\_. ☐ Results Pending  
☐ Urine Sample Collected @ \_\_\_\_\_ hours, \_\_\_\_\_, 20 \_\_\_\_\_. ☐ Results Pending  
☐ Subject was unable to provide sample. (Explain)

Evidentiary Test Obtained by: T. Cognian P#14728 Evidentiary Test Witnessed by: B. Cobb P#14099  
Additional Details:

Specimen(s) were stored and impounded at: ☐ CCDC ☐ Las Vegas City Jail ☐ LVMPD Traffic Bureau ☐ Evidence Vault

☐ Forced sample obtained due to the following circumstances: (Explain)

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**IMPAIRED DRIVING REPORT**

Event Number: 141011-0304

I.D. Number: 1016789

**EVIDENTIARY SAMPLE INFORMATION**

☐ Drug(s) are suspected and a screen was requested for the following controlled substance(s):

**FYI**

**WITNESSES / VICTIMS / PASSENGERS**

Last Name First Name Date of Birth Phone Number ☐ Home ☐ Cell ☐ Work

Street Address City State Zip Code

☐ Can Identify The Driver ☐ Observed Driving Or Physical Control ☐ Completed Statement ☐ Removed Key(s)

*What role did this person have or witnessed?*

**WITNESSES / VICTIMS / PASSENGERS**

Last Name First Name Date of Birth Phone Number ☐ Home ☐ Cell ☐ Work

Street Address City State Zip Code

☐ Can Identify The Driver ☐ Observed Driving Or Physical Control ☐ Completed Statement ☐ Removed Key(s)

*What role did this person have or witnessed?*

**FYI**

**POLICE OFFICERS or MEDICAL PERSONNEL**

Last Name First Name Station Badge # or P# Shift/RDOs  
Cobb B SCAC 14099 WTF

☒ LVMPD ☐ LVFD ☐ CCFD ☐ AMR ☐ Medic West ☐ Other Law Enforcement /Medical (Explain)

☒ Can identify the Driver ☒ Observed Driving Or Physical Control ☐ Completed Statement ☒ Removed Key(s)

*What role did this person have or witnessed?*

**POLICE OFFICERS or MEDICAL PERSONNEL**

Last Name First Name Station Badge # or P# Shift/RDOs

☐ LVMPD ☐ LVFD ☐ CCFD ☐ AMR ☐ Medic West ☐ Other Law Enforcement /Medical (Explain)

☐ Can identify the Driver ☐ Observed Driving Or Physical Control ☐ Completed Statement ☐ Removed Key(s)

*What role did this person have or witnessed?*

**POLICE OFFICERS or MEDICAL PERSONNEL**

Last Name First Name Station Badge # or P# Shift/RDOs

☐ LVMPD ☐ LVFD ☐ CCFD ☐ AMR ☐ Medic West ☐ Other Law Enforcement /Medical (Explain)

☐ Can identify the Driver ☐ Observed Driving Or Physical Control ☐ Completed Statement ☐ Removed Key(s)

*What role did this person have or witnessed?*

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**IMPAIRED DRIVING REPORT**

Event Number: 141011-0304

I.D. Number: 1016789

Give detailed information on any additional charges the subject is being arrested for other than DUI. Articulate the facts and circumstances of how the charges were discovered and how they apply to this subject.

**FYI**

We observed a white 4-door sedan bearing Iowa "157 YSE" making a left turn from Naples northbound onto Swenson, Las Vegas, Nevada 89119, making a wide turn all the way to the #3 travel lane, failing to signal. Further, after the turn was completed the driver threw a clear plastic bottle out of the front passenger window.

**REPORTS CONNECTED TO THIS CASE**

**OTHER COMPLETED OR  
ATTACHED REPORTS**

- ☐ Accident Report
- ☐ Arrest Report
- ☒ Breath Test Results
- ☐ Declaration of Arrest
- ☐ Drug Screen Reports
- ☐ Incident Crime Report
- ☐ Citation # \_\_\_\_\_

- ☒ Intoxilyzer Operator's Affidavit
- ☒ Intoxilyzer Operator's Checklist
- ☐ Medical Records Release
- ☐ Nevada DMV DP46
- ☐ Nurse's Affidavit
- ☐ Property Report

- ☐ Request For Prosecution
- ☐ Search Warrant
- ☒ Temporary Custody Record
- ☒ Vehicle Impound Report
- ☐ Voluntary Statements
- ☐ Witness List

Wherefore this Declarant prays that the Honorable Magistrate find probable cause exists to hold the above named person for trial on such charge(s).

T. Cognian P#14728

Print Name and P#

Dated this 11th Day of October, 2014

14728  
Signature of Arresting Officer

7299 10/13/14  
Signature of Supervisor / P# / Date Approved