ORIGINAL

**BEFORE THE IDAHO BOARD OF EXAMINERS OF RESIDENTIAL CARE FACILITY ADMINISTRATORS**

**STATE OF IDAHO**

| | | |
|---|---|---|
| In the Matter of the License of: | ) | |
| | ) | Case No. RCA-2010-2 |
| JENNIFER TREFZ, | ) | |
| License No. RCA-1040, | ) | **NOTICE OF VIOLATION AND** |
| | ) | **SETTLEMENT ORDER RE:** |
| Respondent. | ) | **CONTINUING EDUCATION** |
| | ) | |

**NOTICE OF VIOLATION:**

**You are hereby notified** that, based upon the audit by the Bureau of Occupational Licenses of your continuing education records for the year before reinstatement of your license on October 16, 2009, you have not met the following continuing education requirements adopted by the Idaho Board of Residential Care Facility Administrators under the authority of Idaho Code § 54-4205 as follows:

☒ 12 hours of Board-approved instruction during the one-year period before reinstatement of your license, as required by Rule 401, IDAPA 24.19.01.401. Your audit shows 0 hours of qualifying instruction were submitted as having been taken during this one-year period, leaving you a deficiency of 12 hours for this period.

If you accept the allegations of this Notice of Violation and wish to settle this matter under the terms below, please sign and return this document on or before **January 7, 2010,** to:

Idaho Bureau of Occupational Licenses
Owyhee Plaza
1109 Main Street, Suite 220
Boise, ID 83702-5642

**TERMS OF SETTLEMENT:**

1. This settlement is a disciplinary action. I have read, understand and admit the violation(s) set forth above. I further understand that this settlement constitutes cause for disciplinary action upon my license to practice residential care facility administration in the State of Idaho.

2. I understand that I have the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to testify myself; the right to reconsideration of the Board's orders; the right to judicial review of the Board's orders; and all rights accorded by the Administrative Procedure Act of the State of Idaho and the laws and rules governing the practice of residential care facility administration in the State of Idaho. I hereby freely and voluntarily waive these rights in order to enter into this settlement as a resolution of the Notice of Violation.

3. I understand that in signing this settlement I am enabling the Board to impose disciplinary action upon my license without further process.

4. I agree to pay to the Board an administrative fine in the amount of Two Hundred Fifty and No/100 Dollars ($250.00) within thirty (30) days of entry of the Board's Order accepting this settlement.

5. I agree to pay to the Board its costs in bringing this matter in the amount of One Hundred and No/100 Dollars ($100.00) within thirty (30) days of entry of the Board's Order accepting this settlement.

6. If I have not already done so, I will make up my deficiency of 12 continuing education hours within ninety (90) days of the entry of the Board's Order accepting this settlement.

7. When I renew my license in 2010 and 2011, I will submit with my License Renewal Application documentation verifying completion of the required continuing education.

8. My violation of any of these terms may warrant further Board action. The Board retains jurisdiction over this matter until it is finally resolved according to its terms.

9. The Chief of the Bureau of Occupational Licenses will present this signed settlement to the Board. I understand that the Board may accept, modify with my approval, or reject this settlement, and that if the Board rejects this settlement, an administrative Complaint may be filed against me with the Board. I waive any right I may have to challenge the Board's impartiality to hear the allegations in the administrative Complaint based on the fact that the Board has considered and rejected this settlement. I do not waive any other rights regarding challenges to Board members.

10. If the Board rejects this settlement then, except for my waiver set forth in Paragraph 9, this settlement will be null and void, and admissions in this settlement will not be admissible at any subsequent disciplinary hearing.

DATED this 28 day of December, 2009.

Respondent

**ORDER:**

**It is so ordered** that this settlement be approved this 7th day of January, 2010.

IDAHO BOARD OF EXAMINERS OF RESIDENTIAL CARE FACILITY ADMINISTRATORS

By Ruth Meyer
Board Chair

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 7th day of January, 20 10, I caused to be served a true and correct copy of the foregoing by the following method to:

Jennifer Trefz
18491 S. Francis Faire Road
Worley, ID 83876

- [x] U.S. Mail
- [ ] Hand Delivery
- [x] Certified Mail, Return Receipt Requested
- [ ] Overnight Mail
- [ ] Facsimile: _____

Tana Cory

Tana Cory, Chief
Bureau of Occupational Licenses