

State of Nevada
Board of Occupational Therapy

6170 Mae Anne Ave., Suite 1, Reno, Nevada 89523
Phone (775) 746-4101 / Fax (775) 746-4105 / Website www.nvot.org

DISCIPLINARY HEARING - CONTINUANCE

Formal Disciplinary Hearing in the Matter of:

Complaint Case C22-01 Shacindra Sloan, OTA License Number OTA-2554

Henna Rasul, Sr. Deputy Attorney General will be prosecuting the case
Rosalie Bordelove, Chief Deputy Attorney General will be representing the Board

Questions on the process during the Hearing should be directed to Rosalie Bordelove who will advise.

The Board will be discussing and deliberating on evidence and testimony received at the Hearing on December 11, 2021 relating to alleged violations as outlined in the Notice of Complaint; and will make a determination on disciplinary actions, if any. No additional evidence or testimony will be accepted.

Attachments

HEARING EXHIBITS
SUPPLEMENTAL EXHIBIT BY MS. SLOAN
HEARING TRANSCRIPT – DECEMBER 11, 2021

1 **BEFORE THE STATE OF NEVADA**
2 **BOARD OF OCCUPATIONAL THERAPY**

3
4 IN THE MATTER OF

Case No. C22-01

5 SHACINDRA SLOAN, COTA
6 License No. OTA-2554

**PETITIONER'S WITNESS LIST AND
AMENDED INDEX OF EXHIBITS**

7 Respondent.

8 The STATE OF NEVADA, BOARD OF OCCUPATIONAL THERAPY (BOARD) by
9 and through its counsel AARON D. FORD, Attorney General, and HENNA RASUL,
10 Senior Deputy Attorney General hereby submits the following list of witnesses and
11 hearing exhibits in the above-entitled case.

12 **WITNESSES**

- 13 1. Loretta Ponton, Executive Director
14 State of Nevada, Board of Occupational Therapy
15 6170 Mae Anne Ave., Suite 1
16 Reno, NV 89523

17 Ms. Ponton is expected to testify regarding complaint processing, investigation and
18 licensing.

- 19 2. Danny Aldis, OTR/L
20 Revival Therapy
21 2470 St. Rose Parkway, Suite 302
22 Henderson, NV 89074

23 Mr. Aldis is expected to testify regarding his knowledge of the facts and
24 circumstances concerning the allegations set forth in the Complaint.

- 25 3. Madyson Wier, LCSW
26 Revival Therapy
27 2470 St. Rose Parkway, Suite 302
28 Henderson, NV 89074

 Ms. Wier is expected to testify regarding her knowledge of the facts and
circumstances concerning the allegations set forth in the Complaint.

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4. Carly Aldis, LCSW
Revival Therapy
2470 St. Rose Parkway, Suite 302
Henderson, NV 89074

Ms. Aldis is expected to testify regarding her knowledge of the facts and circumstances concerning the allegations set forth in the Complaint.

INDEX OF EXHIBITS

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	BATES RANGE NVBOOT	
1	Complaint and Notice of Hearing dated September 29, 2021	000001	000010
2	Complaint and Second Notice of Hearing dated October 27, 2021	000011	000020
3	Complaint Form dated August 10, 2021	000021	000051
4	Board letter to D. Aldis dated August 18, 2021	000052	000052
5	Board letter to S. Sloan dated August 18, 2021	000053	000056
6	S. Sloan Application and Licensing Records maintained by the State of Nevada, Board of Occupational Therapy	000057	000071
7	S. Sloan email response to complaint dated September 24, 2021	000072	000072

DATED this 6th day of December, 2021.

AARON D. FORD
Attorney General

By: /s/ Henna Rasul
HENNA RASUL
Senior Deputy Attorney General
Nevada Bar No. 7492
100 North Carson Street
Carson City, Nevada 89701-4717
Telephone: (775) 684-1100
Facsimile: (775) 684-1108
Email: hrasul@ag.nv.gov

Attorneys for Petitioner
State of Nevada, Board of
Occupational Therapy

1 **CERTIFICATE OF SERVICE**

2 I certify that I am an employee of the State of Nevada, Office of the Attorney
3 General and that on this 6th day of December, 2021, I served a true and correct copy of
4 the foregoing, **PETITIONER'S WITNESS LIST AND AMENDED INDEX OF**
5 **EXHIBITS**, via Electronic Mail, as follows:

6 Shacindra Sloan
mscindysloan@gmail.com

7 Loretta Ponton
8 board@nvot.org

9
10 /s/ C. Salerno
An employee of the Office
11 of the Attorney General
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EXHIBIT 1

EXHIBIT 1

BEFORE THE STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

IN THE MATTER OF)

SHACINDRA SLOAN, COTA)
License No. OTA-2554)

RESPONDENT.)

CASE NO. C22-01

COMPLAINT AND NOTICE OF HEARING

The STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY (BOARD) by and through its counsel AARON D. FORD, Attorney General, and HENNA RASUL, Senior Deputy Attorney General, hereby makes the following complaint and requests that Respondent's license to practice occupational therapy in the State of Nevada be disciplined by this Board.

IT IS HEREBY alleged and charged as follows:

1. RESPONDENT was a duly licensed occupational therapy assistant in the State of Nevada at all times relevant to this Complaint.

2. A Complaint was received by the BOARD on or about August 10, 2021.

3. It is alleged that RESPONDENT falsified client records by documenting she provided treatments at times she was not in attendance and when she did not provide said treatments.

4. It is further alleged that RESPONDENT falsified documentation by submitting invoices for payment of services for treatments that were not provided.

5. That the foregoing facts constitute grounds for initiating disciplinary action pursuant to NRS 640A.200.

COUNT I

(UNPROFESSIONAL CONDUCT)

6. The allegations contained in paragraphs 1 through 5 are hereby incorporated as if fully set forth herein.

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1 7. This conduct violated NRS 640A.200(4)(c) which states that an act
2 constituting “unprofessional conduct” is the violation of any provision of this chapter or
3 regulation of the BOARD adopted pursuant to this chapter.

4 8. Therefore, RESPONDENT is subject to discipline pursuant to NRS
5 640A.200(1) for unprofessional conduct.

6 **COUNT II**
7 **(UNPROFESSIONAL CONDUCT)**

8 9. The allegations contained in paragraphs 1 through 8 are hereby incorporated
9 as if fully set forth herein.

10 10. This conduct violated NAC 640A.250(4) which states “[a]n occupational
11 therapy assistant or provisional licensee shall document all treatment provided to a patient
12 by the occupational therapy assistant or provisional licensee.”

13 11. Therefore, RESPONDENT is subject to discipline pursuant to NRS
14 640A.200(1) for unprofessional conduct.

15 **COUNT III**
16 **(RECORDS OF PATIENTS)**

17 12. The allegations contained in paragraphs 1 through 11 are hereby incorporated
18 as if fully set forth herein.

19 13. This conduct violated NAC 640A.290(3)(a) and (b) which states “[a] licensee
20 shall not falsify a record of health care of a patient to indicate: (a) The presence of the
21 licensee at a time when he or she is not in attendance treating a patient; or (b) That
22 therapeutic procedures were performed by the licensee which he or she has not performed.”

23 14. Therefore, RESPONDENT is subject to discipline pursuant to NRS
24 640A.200(1) for unprofessional conduct.

25 **COUNT IV**
26 **(RECORDS OF PATIENTS)**

27 15. The allegations contained in paragraphs 1 through 14 are hereby incorporated
28 as if fully set forth herein.

16. This conduct violated NAC 640A.290(4)(a) and (b) which states “[a] licensee shall not sign a record of health care of a patient unless the licensee has reviewed the record. The review of the record must include, without limitation, verification of: (a) The accuracy of the record; and (b) Continuity in the services received by the patient pursuant to the program of intervention.”

17. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT V
(UNPROFESSIONAL CONDUCT)

18. The allegations contained in paragraphs 1 through 17 are hereby incorporated as if fully set forth herein.

19. This conduct violated NAC 640A.350(2) which states the following acts, among others, constitute “unprofessional conduct”: “[b]eing guilty of negligence in the performance of occupational therapy[.]”

20. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT VI
(UNPROFESSIONAL CONDUCT)

21. The allegations contained in paragraphs 1 through 20 are hereby incorporated as if fully set forth herein.

22. This conduct violated NAC 640A.350(5) which states the following acts, among others, constitute “unprofessional conduct”: “[i]ntentionally making or filing a false or misleading report[.]”

23. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

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1 **COUNT VII**

2 **(UNPROFESSIONAL CONDUCT)**

3 24. The allegations contained in paragraphs 1 through 23 are hereby incorporated
4 as if fully set forth herein.

5 25. This conduct violated NAC 640A.350(6) which states the following acts,
6 among others, constitute “unprofessional conduct”: “[f]ailing to file a report which is
7 required by law or a third person or intentionally obstructing or attempting to obstruct
8 another person from filing such a report[.]”

9 26. Therefore, RESPONDENT is subject to discipline pursuant to NRS
10 640A.200(1) for unprofessional conduct.

11 **COUNT VIII**

12 **(UNPROFESSIONAL CONDUCT)**

13 27. The allegations contained in paragraphs 1 through 26 are hereby incorporated
14 as if fully set forth herein.

15 28. This conduct violated NAC 640A.350(11) which states the following acts,
16 among others, constitute “unprofessional conduct”: “violating a provision of the
17 Occupational Therapy Code of Ethics or the Standards of Practice for Occupational
18 Therapy, adopted by reference in NAC 640A.205.”

19 a. AOTA Code of Ethics 1, Professional Integrity, Responsibility, and
20 Accountability: Occupational therapy personnel maintain awareness and comply with
21 AOTA policies and Official Documents, current laws and regulations that are relevant to
22 the profession of occupational therapy, and employer policies and procedures.

23 A: Comply with current federal and state laws, state scope of
24 practice guidelines, and AOTA policies and Official Documents that apply to the profession
25 of occupational therapy.

26 F: Do not engage in illegal actions, whether directly or indirectly
27 harming stakeholders in occupational therapy practice.

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1 G: Do not engage in actions that reduce the public's trust in
2 occupational therapy.

3 J. Do not exploit human, financial, or material resources of
4 employers for personal gain.

5 K. Do not exploit any relationship established as an occupational
6 therapy practitioner, educator, or researcher to further one's own physical, emotional,
7 financial, political, or business interests.

8 L. Do not engage in conflicts of interest or conflicts of commitment
9 in employment, volunteer roles, or research.

10 b. AOTA Code of Ethics 2, Therapeutic Relationships: Occupational
11 therapy personnel develop therapeutic relationships to promote occupational well-being in
12 all persons, groups, organizations, and society, regardless of age, gender identity, sexual
13 orientation, race, religion, origin, socioeconomic status, degree of ability, or any other
14 status or attributes.

15 I: Do not engage in dual relationships or situations in which an
16 occupational therapy professional or student is unable to maintain clear professional
17 boundaries or objectivity.

18 M. Do not engage in actions or inactions that jeopardize the safety
19 or well-being of others or team effectiveness.

20 c. AOTA Code of Ethics 3, Documentation, Reimbursement, and
21 Financial Matters: Occupational therapy personnel maintain complete, accurate, and
22 timely records of all client encounters.

23 A: Bill and collect fees justly and legally in a manner that is fair,
24 reasonable, and commensurate with services delivered.

25 B. Ensure that documentation for reimbursement purposes is done
26 in accordance with applicable laws, guidelines, and regulations.

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1 C. Record and report in an accurate and timely manner and in
2 accordance with applicable regulations all information related to professional or academic
3 documentation and activities.

4 d. AOTA Standards of Practice, Standard I. Professional Standing and
5 Responsibility:

6 1. An occupational therapy practitioner (occupational therapist or
7 occupational therapy assistant) delivers occupational therapy services that reflect the
8 philosophical base of occupational therapy and are consistent with the established
9 principles and concepts of theory and practice.

10 2. An occupational therapy practitioner is knowledgeable about
11 and delivers occupational therapy services in accordance with AOTA standards, policies,
12 and guidelines and state, federal, and other regulatory and payer requirements relevant to
13 practice and service delivery.

14 4. An occupational therapy practitioner abides by the *Occupational*
15 *Therapy Code of Ethics*.

16 5. An occupational therapy assistant is responsible for providing
17 safe and effective occupational therapy services under the “direct and indirect” supervision
18 of and in partnership with the occupational therapist and in accordance with laws or
19 regulations and AOTA documents (AOTA, 2014a).

20 8. An occupational therapy practitioner maintains current
21 knowledge of legislative, political, social, cultural, societal, and reimbursement issues that
22 affect clients and the practice of occupational therapy.

23 e. AOTA Standards of Practice, Standard III. Intervention:

24 9. An occupational therapy practitioner documents the
25 occupational therapy services provided within the time frames, formats, and standards
26 established by the practice settings, agencies, external accreditation programs, federal and
27 state law, other regulatory and payer requirements, and AOTA documents.

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29. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

DISCIPLINE AUTHORIZED

Pursuant to NAC 640A.361, upon proof by preponderance of the evidence that an applicant or licensee has engaged in activity which is grounds for disciplinary action as described in NRS 640A.200, the Board may: place the licensee on probation; administer a public reprimand; limit the person's practice; suspend the person's license or certificate for a period of not more than one (1) year; revoke the person's license; require the person to successfully complete a program of remedial education or treatment approved by the board; require supervision of the person's professional work by a person approved by the board; require repayment to a patient of all money collected by the licensee in connection with the unprofessional conduct; require the person to successfully complete a physical or mental examination or an examination testing the competency to practice; and/or such other disciplinary action as the board considers necessary and appropriate.

If discipline is imposed, the Board may order that costs of this proceeding, including investigative costs and attorney's fees, be awarded to the Board pursuant to NRS 622.400. Therefore, the undersigned requests that the Board impose such discipline as it determines is appropriate under the circumstances and to award the Board its costs and attorney's fees for this proceeding.

PLEASE TAKE NOTICE that a disciplinary hearing has been set to consider this Administrative Complaint against the above-named Respondent in accordance with Chapter 233B, Chapter 241, Chapter 622A, Chapter 622, and Chapter 640A of the Nevada Revised Statutes and Chapter 640A of the Nevada Administrative Code.

WHEREFORE, the Board hereby notifies Respondent that a disciplinary hearing in this matter will be held on Saturday, November 6th of 2021, beginning at 10:00 a.m. via zoom video conference at <https://us06web.zoom.us/j/89177871451?pwd=VWRZMENodUFZczZlQnczMjNoOUVtdz09>

STACKED CALENDAR: This hearing is one of several matters scheduled at the same time

1 as part of a regular meeting of the Board. Thus, this hearing may be called at any time
2 after the meeting is called to order. It is Respondent's responsibility to be present when
3 this matter is called. If Respondent is not present when this matter is called, a default may
4 be entered against Respondent and the Board may decide the case as if all allegations in
5 the complaint were true.

6 PURSUANT TO NRS 622A.320, Respondent may, but is not required to, file
7 an answer to this Complaint with the Board.

8 PURSUANT TO NRS 622A.330, Respondent may seek limited discovery from
9 the Board.

10 RESPONDENT'S RIGHTS AT THE HEARING: Except as mentioned below, the
11 hearing is an open meeting under Nevada's Open Meeting Law and may be attended by
12 the public. After the evidence and arguments, the Board may conduct a closed meeting to
13 discuss Respondent's alleged misconduct or professional competence. Respondent is
14 entitled to a copy of the transcript of the open and closed portions of the meeting.

15 Respondent is specifically informed that she has the right to appear and be heard in
16 his defense, either personally or through his counsel of choice. At the hearing, the
17 undersigned has the burden of proving the allegations in the complaint and will call
18 witnesses and present evidence against Respondent. Respondent has the right to respond
19 and to present relevant evidence and argument on all issues involved. Respondent has the
20 right to call and examine witnesses, introduce exhibits, and cross-examine opposing
21 witnesses on any matter relevant to the issues involved.

22 Respondent has the right to request that the Board issue subpoenas to compel
23 witnesses to testify and/or evidence to be offered on Respondent's behalf. In making this
24 request, Respondent may be required to demonstrate the relevance of the witnesses'
25 testimony and/or evidence. Other important rights Respondent has are listed in NRS
26 Chapter 233B, NRS 241, NRS Chapter 622, NRS Chapter 622A, NRS Chapter 640A and
27 NAC Chapter 640A.

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1 The purpose of the hearing is to determine if Respondent has been engaged in
2 activity that is grounds for disciplinary action pursuant to NRS 640A.200.

3 Pursuant to NRS 233B.121(5), informal disposition of this case may be made by
4 stipulation, agreed settlement, consent order, or default. Any attempt to negotiate this
5 case should be made through Henna Rasul, Senior Deputy Attorney General, whose contact
6 information appears below.

7 Pursuant to NRS 241.033(2)(b) and NRS 241.034, the Board may, without further
8 notice, take administrative action against Respondent's license to practice occupational
9 therapy within the State of Nevada if the Board determines that such administrative action
10 is warranted after considering Respondent's character, alleged misconduct, professional
11 competence, or physical or mental health.

12 DATED this 29 day of September, 2021.

13 AARON D. FORD
14 Attorney General

15 By: 

16 HENNA RASUL
17 Senior Deputy Attorney General
18 Nevada Bar No. 7492
19 100 North Carson Street
20 Carson City, Nevada 89701-4717
21 Telephone: (775) 684-1100
22 Facsimile: (775) 684-1108
23 Email: hrasul@ag.nv.gov

24 *Attorneys for Petitioner*
25 *State of Nevada, Board of*
26 *Occupational Therapy*
27
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1 **CERTIFICATE OF SERVICE**

2 I certify that I am an employee of the State of Nevada, Office of the Attorney General
3 and that on this 29th day of September, 2021, I served a true and correct copy of the
4 foregoing **COMPLAINT AND NOTICE OF HEARING** as follows:

5 Via U.S. Mail and U.S. Certified Mail, Return Receipt Requested

6 *Certified Mail No.: 7019 0140 0001 1419 3302*

7 Shacindra Sloan
8 5143 Silica Chalk Ave.
Las Vegas, NV 89115

9 Via Electronic Mail

10 Loretta Ponton
11 board@nvot.org


12 
13 _____
14 An employee of the Office
15 of the Attorney General
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EXHIBIT 2

EXHIBIT 2

BEFORE THE STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

IN THE MATTER OF)	CASE NO. C22-01
SHACINDRA SLOAN, COTA)	
License No. OTA-2554)	
RESPONDENT.)	COMPLAINT AND SECOND
)	NOTICE OF HEARING

The STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY (BOARD) by and through its counsel AARON D. FORD, Attorney General, and HENNA RASUL, Senior Deputy Attorney General, hereby makes the following complaint and requests that Respondent's license to practice occupational therapy in the State of Nevada be disciplined by this Board.

IT IS HEREBY alleged and charged as follows:

1. RESPONDENT was a duly licensed occupational therapist intern in the State of Nevada at all times relevant to this Complaint.
2. A Complaint was received by the BOARD on or about August 10, 2021.
3. It is alleged that RESPONDENT falsified client records by documenting she provided treatments at times she was not in attendance and when she did not provide said treatments.
4. It is further alleged that RESPONDENT falsified documentation by submitting invoices for payment of services for treatments that were not provided.
5. That the foregoing facts constitute grounds for initiating disciplinary action pursuant to NRS 640A.200.

COUNT I
(UNPROFESSIONAL CONDUCT)

6. The allegations contained in paragraphs 1 through 5 are hereby incorporated as if fully set forth herein.

///

7. This conduct violated NRS 640A.200(4)(c) which states that an act constituting “unprofessional conduct” is the violation of any provision of this chapter or regulation of the BOARD adopted pursuant to this chapter.

8. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT II

(UNPROFESSIONAL CONDUCT)

9. The allegations contained in paragraphs 1 through 8 are hereby incorporated as if fully set forth herein.

10. This conduct violated NAC 640A.250(4) which states “[a]n occupational therapy assistant or provisional licensee shall document all treatment provided to a patient by the occupational therapy assistant or provisional licensee.”

11. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT III

(RECORDS OF PATIENTS)

12. The allegations contained in paragraphs 1 through 11 are hereby incorporated as if fully set forth herein.

13. This conduct violated NAC 640A.290(3)(a) and (b) which states “[a] licensee shall not falsify a record of health care of a patient to indicate: (a) The presence of the licensee at a time when he or she is not in attendance treating a patient; or (b) That therapeutic procedures were performed by the licensee which he or she has not performed.”

14. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT IV

(RECORDS OF PATIENTS)

15. The allegations contained in paragraphs 1 through 14 are hereby incorporated as if fully set forth herein.

16. This conduct violated NAC 640A.290(4)(a) and (b) which states “[a] licensee shall not sign a record of health care of a patient unless the licensee has reviewed the record. The review of the record must include, without limitation, verification of: (a) The accuracy of the record; and (b) Continuity in the services received by the patient pursuant to the program of intervention.”

17. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT V

(UNPROFESSIONAL CONDUCT)

18. The allegations contained in paragraphs 1 through 17 are hereby incorporated as if fully set forth herein.

19. This conduct violated NAC 640A.350(2) which states the following acts, among others, constitute “unprofessional conduct”: “[b]eing guilty of negligence in the performance of occupational therapy[.]”

20. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

COUNT VI

(UNPROFESSIONAL CONDUCT)

21. The allegations contained in paragraphs 1 through 20 are hereby incorporated as if fully set forth herein.

22. This conduct violated NAC 640A.350(5) which states the following acts, among others, constitute “unprofessional conduct”: “[i]ntentionally making or filing a false or misleading report[.]”

23. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

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1 **COUNT VII**

2 **(UNPROFESSIONAL CONDUCT)**

3 24. The allegations contained in paragraphs 1 through 23 are hereby incorporated
4 as if fully set forth herein.

5 25. This conduct violated NAC 640A.350(6) which states the following acts,
6 among others, constitute “unprofessional conduct”: “[f]ailing to file a report which is
7 required by law or a third person or intentionally obstructing or attempting to obstruct
8 another person from filing such a report[.]”

9 26. Therefore, RESPONDENT is subject to discipline pursuant to NRS
10 640A.200(1) for unprofessional conduct.

11 **COUNT VIII**

12 **(UNPROFESSIONAL CONDUCT)**

13 27. The allegations contained in paragraphs 1 through 26 are hereby incorporated
14 as if fully set forth herein.

15 28. This conduct violated NAC 640A.350(11) which states the following acts,
16 among others, constitute “unprofessional conduct”: “violating a provision of the
17 Occupational Therapy Code of Ethics or the Standards of Practice for Occupational
18 Therapy, adopted by reference in NAC 640A.205.”

19 a. AOTA Code of Ethics 1, Professional Integrity, Responsibility, and
20 Accountability: Occupational therapy personnel maintain awareness and comply with
21 AOTA policies and Official Documents, current laws and regulations that are relevant to
22 the profession of occupational therapy, and employer policies and procedures.

23 A: Comply with current federal and state laws, state scope of
24 practice guidelines, and AOTA policies and Official Documents that apply to the profession
25 of occupational therapy.

26 F: Do not engage in illegal actions, whether directly or indirectly
27 harming stakeholders in occupational therapy practice.

28 ///

1 G: Do not engage in actions that reduce the public's trust in
2 occupational therapy.

3 J. Do not exploit human, financial, or material resources of
4 employers for personal gain.

5 K. Do not exploit any relationship established as an occupational
6 therapy practitioner, educator, or researcher to further one's own physical, emotional,
7 financial, political, or business interests.

8 L. Do not engage in conflicts of interest or conflicts of commitment
9 in employment, volunteer roles, or research.

10 b. AOTA Code of Ethics 2, Therapeutic Relationships: Occupational
11 therapy personnel develop therapeutic relationships to promote occupational well-being in
12 all persons, groups, organizations, and society, regardless of age, gender identity, sexual
13 orientation, race, religion, origin, socioeconomic status, degree of ability, or any other
14 status or attributes.

15 I: Do not engage in dual relationships or situations in which an
16 occupational therapy professional or student is unable to maintain clear professional
17 boundaries or objectivity.

18 M. Do not engage in actions or inactions that jeopardize the safety
19 or well-being of others or team effectiveness.

20 c. AOTA Code of Ethics 3, Documentation, Reimbursement, and
21 Financial Matters: Occupational therapy personnel maintain complete, accurate, and
22 timely records of all client encounters.

23 A: Bill and collect fees justly and legally in a manner that is fair,
24 reasonable, and commensurate with services delivered.

25 B. Ensure that documentation for reimbursement purposes is done
26 in accordance with applicable laws, guidelines, and regulations.

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1 C. Record and report in an accurate and timely manner and in
2 accordance with applicable regulations all information related to professional or academic
3 documentation and activities.

4 d. AOTA Standards of Practice, Standard I. Professional Standing and
5 Responsibility:

6 1. An occupational therapy practitioner (occupational therapist or
7 occupational therapy assistant) delivers occupational therapy services that reflect the
8 philosophical base of occupational therapy and are consistent with the established
9 principles and concepts of theory and practice.

10 2. An occupational therapy practitioner is knowledgeable about
11 and delivers occupational therapy services in accordance with AOTA standards, policies,
12 and guidelines and state, federal, and other regulatory and payer requirements relevant to
13 practice and service delivery.

14 4. An occupational therapy practitioner abides by the *Occupational*
15 *Therapy Code of Ethics*.

16 5. An occupational therapy assistant is responsible for providing
17 safe and effective occupational therapy services under the “direct and indirect” supervision
18 of and in partnership with the occupational therapist and in accordance with laws or
19 regulations and AOTA documents (AOTA, 2014a).

20 8. An occupational therapy practitioner maintains current
21 knowledge of legislative, political, social, cultural, societal, and reimbursement issues that
22 affect clients and the practice of occupational therapy.

23 e. AOTA Standards of Practice, Standard III. Intervention:

24 9. An occupational therapy practitioner documents the
25 occupational therapy services provided within the time frames, formats, and standards
26 established by the practice settings, agencies, external accreditation programs, federal and
27 state law, other regulatory and payer requirements, and AOTA documents.

28 ///

29. Therefore, RESPONDENT is subject to discipline pursuant to NRS 640A.200(1) for unprofessional conduct.

DISCIPLINE AUTHORIZED

Pursuant to NAC 640A.361, upon proof by preponderance of the evidence that an applicant or licensee has engaged in activity which is grounds for disciplinary action as described in NRS 640A.200, the Board may: place the licensee on probation; administer a public reprimand; limit the person's practice; suspend the person's license or certificate for a period of not more than one (1) year; revoke the person's license; require the person to successfully complete a program of remedial education or treatment approved by the board; require supervision of the person's professional work by a person approved by the board; require repayment to a patient of all money collected by the licensee in connection with the unprofessional conduct; require the person to successfully complete a physical or mental examination or an examination testing the competency to practice; and/or such other disciplinary action as the board considers necessary and appropriate.

If discipline is imposed, the Board may order that costs of this proceeding, including investigative costs and attorney's fees, be awarded to the Board pursuant to NRS 622.400. Therefore, the undersigned requests that the Board impose such discipline as it determines is appropriate under the circumstances and to award the Board its costs and attorney's fees for this proceeding.

PLEASE TAKE NOTICE that a disciplinary hearing has been set to consider this Administrative Complaint against the above-named Respondent in accordance with Chapter 233B, Chapter 241, Chapter 622A, Chapter 622, and Chapter 640A of the Nevada Revised Statutes and Chapter 640A of the Nevada Administrative Code.

WHEREFORE, the Board hereby notifies Respondent that a disciplinary hearing in this matter will be held on Saturday, December 11th of 2021, beginning at 10:00 a.m. via zoom video conference at <https://zoom.us/j/91359790296?pwd=YTV4azhUMnd6TW4vbG9KWXXZvQnhOUT09>

STACKED CALENDAR: This hearing is one of several matters scheduled at the same time

1 as part of a regular meeting of the Board. Thus, this hearing may be called at any time
2 after the meeting is called to order. It is Respondent's responsibility to be present when
3 this matter is called. If Respondent is not present when this matter is called, a default may
4 be entered against Respondent and the Board may decide the case as if all allegations in
5 the complaint were true.

6 PURSUANT TO NRS 622A.320, Respondent may, but is not required to, file
7 an answer to this Complaint with the Board.

8 PURSUANT TO NRS 622A.330, Respondent may seek limited discovery from
9 the Board.

10 RESPONDENT'S RIGHTS AT THE HEARING: Except as mentioned below, the
11 hearing is an open meeting under Nevada's Open Meeting Law and may be attended by
12 the public. After the evidence and arguments, the Board may conduct a closed meeting to
13 discuss Respondent's alleged misconduct or professional competence. A verbatim record
14 will be made by a certified court reporter. Respondent is entitled to a copy of the transcript
15 of the open and closed portions of the meeting, although Respondent must pay for the
16 transcription.

17 Respondent is specifically informed that she has the right to appear and be heard in
18 her defense, either personally or through her counsel of choice. At the hearing, the
19 undersigned has the burden of proving the allegations in the complaint and will call
20 witnesses and present evidence against Respondent. Respondent has the right to respond
21 and to present relevant evidence and argument on all issues involved. Respondent has the
22 right to call and examine witnesses, introduce exhibits, and cross-examine opposing
23 witnesses on any matter relevant to the issues involved.

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Respondent has the right to request that the Board issue subpoenas to compel witnesses to testify and/or evidence to be offered on Respondent's behalf. In making this request, Respondent may be required to demonstrate the relevance of the witnesses' testimony and/or evidence. Other important rights Respondent has are listed in NRS Chapter 233B, NRS 241, NRS Chapter 622, NRS Chapter 622A, NRS Chapter 640A and NAC Chapter 640A.

The purpose of the hearing is to determine if Respondent has been engaged in activity that is grounds for disciplinary action pursuant to NRS 640A.200.

Pursuant to NRS 233B.121(5), informal disposition of this case may be made by stipulation, agreed settlement, consent order, or default. Any attempt to negotiate this case should be made through Henna Rasul, Senior Deputy Attorney General, whose contact information appears below.

Pursuant to NRS 241.033(2)(b) and NRS 241.034, the Board may, without further notice, take administrative action against Respondent's license to practice occupational therapy within the State of Nevada if the Board determines that such administrative action is warranted after considering Respondent's character, alleged misconduct, professional competence, or physical or mental health.

DATED this 27th day of October, 2021.

AARON D. FORD
Attorney General

By: /s/ Henna Rasul
HENNA RASUL
Senior Deputy Attorney General
Nevada Bar No. 7492
100 North Carson Street
Carson City, Nevada 89701-4717
Telephone: (775) 684-1100
Facsimile: (775) 684-1108
Email: hrasul@ag.nv.gov

*Attorneys for Petitioner
State of Nevada, Board of
Occupational Therapy*

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EXHIBIT 3

EXHIBIT 3

State of Nevada
Board of Occupational Therapy
 6170 Mae Anne Ave., Suite 1
 Reno, Nevada 89523
 Phone (775) 746-4101 / Fax (775) 746-4105
 E-mail: board@nvot.org / website: www.nvot.org

COMPLAINT FORM

This complaint form is to be used for the purpose of filing a complaint against a Nevada occupational therapist, occupational therapy assistant, or any other person or entity under the jurisdiction of the State Board of Occupational Therapy, including allegations of unlicensed practice. You may submit your completed form and all supporting documents by USPS mail or email.

COMPLAINANT (person filing the complaint)

Danny Aldis	OT-2102		
NAME	LICENSE NO. (IF APPLICABLE)		
1311 Tempo St	Henderson	NV	89052
MAILING ADDRESS	CITY	STATE	ZIP
702-401-1345	dannyaldis@revivaltherapyvegas.com		
TELEPHONE	EMAIL		
Revival Therapy	702-808-8141		
COMPANY/ENTITY/EMPLOYER (IF APPLICABLE)	TELEPHONE	EMAIL	
1311 Tempo St Henderson, NV 89052			
MAILING ADDRESS	CITY	STATE	ZIP

RESPONDENT (person complaint is filed against)

Shacindra Sloan	OTA-2554		
NAME	LICENSE NO. (IF APPLICABLE)		
5143 Silica Chalk Ave	LV	NV	89115
MAILING ADDRESS	CITY	STATE	ZIP
678-557-6653	mscindysloan@gmail.com		
TELEPHONE	EMAIL		
COMPANY/ENTITY/EMPLOYER (IF APPLICABLE)	TELEPHONE	EMAIL	
MAILING ADDRESS	CITY	STATE	ZIP

DESCRIPTION OF COMPLAINT

A violation of the Nevada Revised Statutes (NRS) Chapter 640A or Administrative Code (NAC) Chapter 640A must have taken place. The applicable chapter can be found on our website at www.nvot.org, Law and Regulations tab. If you know the specific statute (law) or regulation you feel the respondent has violated, please include it in your documentation.

On a separate sheet, describe the details of your complaint as clearly and as completely as possible. Include full name of parties involved, date(s) on which the act is alleged to have occurred or action deemed as unprofessional conduct. Provide documented evidence that verifies the violation such as reports, emails, invoices, and signed affidavits by witnesses.

List names and contact information, if available, of all individuals who may have relevant knowledge or information regarding the circumstances or allegations contained in the complaint. You may attach additional pages as needed.

WITNESS LIST

1.	Danny Aldis	OT-2102
	NAME	LICENSE NO. (IF APPLICABLE)
	1311 Tempo St Henderson, NV 89052	
	MAILING ADDRESS	CITY STATE ZIP
	702-401-1345	dannyaldis@revivaltherapyvegas.com
	TELEPHONE	EMAIL
2.	Carly Aldis, LCSW	6615-C
	NAME	LICENSE NO. (IF APPLICABLE)
	1311 Tempo St Henderson, NV 89052	
	MAILING ADDRESS	CITY STATE ZIP
	702-808-8141	carlyaldis@revivaltherapyvegas.com
	TELEPHONE	EMAIL
3.	Madyson Weir	8858-C
	NAME	LICENSE NO. (IF APPLICABLE)
	10416 Loma Portal Ave Las Vegas, NV 89166	
	MAILING ADDRESS	CITY STATE ZIP
	702-960-2006	madysonwier@gmail.com
	TELEPHONE	EMAIL
4.		
	NAME	LICENSE NO. (IF APPLICABLE)
	MAILING ADDRESS	CITY STATE ZIP
	TELEPHONE	EMAIL

Received:

Case No.

CERTIFICATION OF COMPLAINANT



I understand the filing of this complaint does not prohibit me from filing a civil action.



In my complaint, I include reference to the provision of NRS 640A and/or NAC 640A which is alleged to have been violated and have included documented evidence of the violation.



I understand that I may be called upon to submit additional written statements or evidence. I further understand that any information I provided in the complaint may be subject to public disclosure if the complaint is taken to formal hearing.



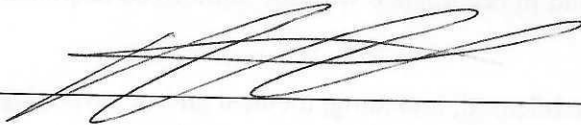
I understand that my personal attendance may be required, and I may be called to serve as a witness at the formal hearing.



I understand that during the pendency of this matter, the Board is not permitted to disclose information or discuss a pending investigation or case with me or any other person.

I hereby certify that all information which I have given to be true, accurate and complete to the best of my knowledge.

Signature



Date

8/10/21



Aldis Therapy Services



2990 W Sunridge Heights Pkwy. #140
Henderson, NV 89052
Phone 702-808-8141/Fax 702-944-5498

Incident/Grievance Form

Date of incident: August 9th, 2021 Time of incident: 2:30 PM

Name of contractor: Shacindra Sloan, OTA-2554

Contractor Phone Number(s): (678) 557-6653

Date of Birth of contractor: 5/2/1981

Details of Grievance/Complaint/Incident:

Throughout this report clients' names have been condensed to first name and last name initials for privacy purposes in order to remain in HIPPA compliance. I, Danny Aldis, OTR/L #OT-2021 am the supervising occupational therapist for Shacindra Sloan #OTA-2554. On May 19, 2021 Ms. Sloan required a corrective action plan due to violating professional boundaries between her and a client's caregiver (WO) in which the caregiver watched Ms. Sloan's dog over the weekend and her dog was attacked by the caregiver's animal. The caregiver reached out to Revival Therapy requesting a new clinician due to conflict of interest. Ms. Sloan failed to inform this supervising therapist of this incident and it was requested that she provide clarification. In response Ms. Sloan forwarded a text message from the caregiver requesting a new clinician since that would be "best for your family and ours." During the corrective action plan, Ms. Sloan was trained in establishing professional boundaries with clients and educated on avoiding dual relationships to maintain professionalism and abide by AOTA's established ethical guidelines. On August 9th, 2021, this therapist was reviewing the invoice dated 8/8/2021 submitted by Ms. Sloan and the corresponding progress notes. Invoices are used to not only submit billing to insurance companies but also to reimburse contracted workers for completing therapy sessions. All Revival Therapy contract workers submit their invoices before the end of every Sunday. Documentation review is one of the responsibilities of being her supervising occupational therapist and is done on a weekly or bi-weekly basis. While reviewing Ms. Sloan's invoice it was noted that there was a pattern of hours being reported in order to receive reimbursement for face-to-face therapy services that did not leave time for travel from client residence to client residence. For example, she reported that on 8/4/21 she ended a session at 9:00am and began another session in a different residence at 9:00am on that same date. Per Revival Therapy's policies and procedures all invoice hours and progress notes are to be documented as true and accurate, which includes true times and dates. As a protocol of Revival Therapy's quality assurance program on August 9th, 2021 various clients were contacted from Ms. Sloan's assigned caseload. It was a common complaint that she is not only late for providing services but has not conducted therapy sessions reflective of her weekly invoices dated 8/1/2021 and 8/8/2021. Specifically, AP was contacted and said that Ms. Sloan did not conduct a treatment session for the week of 8/2-8/8 in contrast to Ms. Sloan's invoice reporting sessions on 8/2 and 8/4. JJ's caregiver was also contacted and stated that Ms. Sloan did not conduct a treatment session on 8/3 in contrast to her invoice dated 8/8/21. Although JJ's caregiver could not provide a specific date, it was further reported that Ms. Sloan attempted to conduct a two hour treatment session in one day, which is in violation of fee-for-service Medicaid policy stating that they will only reimburse up to 60 minutes of a treatment session within a day for occupational therapy



Aldis Therapy Services



2990 W Sunridge Heights Pkwy. #140
Henderson, NV 89052
Phone 702-808-8141/Fax 702-944-5498

outpatient services. Throughout Ms. Sloan's invoices she has never reported a two hour treatment session. JG and JG's caregiver reported that Ms. Sloan has not conducted a telehealth session for the past two weeks in which Ms. Sloan reported telehealth sessions for each client dated 7/30/21 and 8/6/21 totaling four telehealth sessions which the caregiver denied were conducted. RO's caregiver was also contacted and clarified that this client was ill the week of 8/2/21-8/8/21, therefore all treatment sessions were canceled. According to Ms. Sloan's invoice dated 8/8/2021 she conducted treatment sessions on 8/2/21 and 8/4/2021. On August 10th JC's caregiver was contacted and denied that Ms. Sloan had conducted any telehealth sessions with JC throughout receiving occupational therapy services. Ms. Sloan had reported that she provided therapy to JC via telehealth on 7/19 and 7/21 as well as creating progress notes to document these services. After review of Ms. Sloan's invoice, progress notes, and speaking to client/caregivers and therapists within the agency, it has been concluded that Ms. Sloan is submitting falsified and inaccurate invoices which violates Revival Therapy policies and procedures as well as AOTA's code of ethics. On August 9th, 2021 Carly Aldis and this therapist (Co-Owners of Revival Therapy) contacted Ms. Sloan via telephone and informed her that her contract with Revival Therapy has been terminated and a follow up email was sent to her with the termination letter attached.


Danny Aldis, OTR/L #OT-2102
Co-Owner, Revival Therapy

8/10/2021

Date



Aldis Therapy Services



2990 W Sunridge Heights Pkwy. #140
Henderson, NV 89052
Phone 702-808-8141/Fax 702-944-5498

Incident/Grievance Form

Date of incident: August 9th, 2021 Time of incident: 2:30 PM

Name of contractor: Shacindra Sloan, OTA-2554

Contractor Phone Number(s): (678) 557-6653

Date of Birth of contractor: 5/2/1981

ADDENDUM

Details of Grievance/Complaint/Incident:

On August 11th, 2021, I Danny Aldis, OTR/L contacted AH in order to inform the caregiver that occupational therapy services will be placed on hold until another therapist can be assigned to AH. Ms. Sloan was assigned to provide treatment to AH. The caregiver stated that Ms. Sloan did not conduct treatment sessions on 8/4 or 8/6. Ms Sloan's invoice dated 8/8/2021 claims she conducted sessions on both 8/4 and 8/6 in contract to what AH's caregiver reported.

Danny Aldis, OTR/L #OT-2102
Co-Owner, Revival Therapy

8/11/2021

Date

Danny Aldis

From: Cindy Sloan <mscindysloan@gmail.com>
Sent: Wednesday, May 19, 2021 3:00 PM
To: Danny Aldis



Revival Therapy



NPI 1740832617
2990 W Sunridge Heights Pkwy. #140
Henderson, NV 89052
carlyaldislcsw@gmail.com
Phone 702-808-8141/Fax 702-944-5498

Professional Development Plan


Date: 5/19/2021

This professional development plan is to assist Shacindra Sloan in developing clinical skills required for providing client centered quality treatment. The areas described in this document were discussed with Shacindra Sloan. This document has been provided to Shacindra for review and reference.

- Establishing professional boundaries with clients per the American Occupational Therapy Association
- Discussed strategies to respect client relationships and avoid dual relationships to maintain professional boundaries



Danny Aldis, OTR/L
Co-Owner



Carly Aldis, LCSW
Co-Owner



Shacindra Sloan, COTA

Client: [REDACTED]
DOB: 12/31/2008
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 03, 2021
4:30pm-5:30pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

At home with family present

Subjective

Client in somewhat pleasant mood

Fine Motor Activities

Throwing darts activity focusing on improving tripod grip, fine motor strength and coordination. Client required HOH a to improve grip and to facilitate activity.

Gross Motor Activities

No answer given.

Self-Help Activities

Lotions application on U/LE working to improve initiation, I, and effective carryover of application to increased I with grooming task. Client required occasional cues to improve efficiency during task.

Visual-Motor/Perceptual Activities

Visual closure Puzzle activity focusing on improving visual motor/perception with therapist grading activity up and educating client to techniques to improve visual skills

Social Skills Activities

No answer given.

Behavioral/Cognitive/Psychosocial Activities

Breathing and whispering activity focusing on increasing use of coping skills with therapist working to decrease over stimuli from environment and implement healthy coping techniques.

Education

No answer given.

Assessment

Client pleasant throughout session. Client required additional time during floor puzzle due to increased frustration. Client required max cues for carryover of coping skills.

Plan

Continue to work to build rapport and increase frustration tol.

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

DOB: 12/31/2008

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 8, 2021 6:24pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 9, 2021 7:45am

Client: [REDACTED]
DOB: 12/31/2008
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554
[REDACTED]

Appointment: Individual Appointment on Aug 02, 2021
10:30am-11:30am, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

At home with family present

Subjective

Client in somewhat pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

Cross fit course activity working to improve UB strength, gross motor bal while crossing midline, coordination, and flexibility. Client demoed poor+/fair- bal, flexibility, and coordination. Client required Mod v/c's to improve frustration tol and following directions during activity.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

No answer given.

Social Skills Activities

Headbandz activity focusing on improving social skills, asking questions, engaging in age appropriate conversations and improving eye contact. Client required mod v/c's to improve social skills and ability to ask age appropriate questions.

Behavioral/Cognitive/Psychosocial Activities

Phrase It an activity focusing on improving age appropriate conversation and communication skills in order to improve social skills, cognition, and ability to communicate appropriately.

Education

No answer given.

Assessment

Client pleasant throughout session. Client demoed fair-/ poor+ sustained attention, eye contact, and verbal communication requiring decreased v/c's throughout session

Plan

Continue to work to build rapport and increase frustration tol.

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

DOB: 12/31/2008

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 8, 2021 6:26pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 9, 2021 7:45am

Client: [REDACTED]
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 06, 2021
1:00pm-2:00pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

Telehealth

Subjective

Client pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

Jumping jack's activity to improve overall gross motor strength, coordination, and bal. Client demoed fair-/poor+ coordination and bal. Therapist educated client on ways to improve coordination.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

No answer given.

Social Skills Activities

Story telling activity focusing on improving social skills, turn taking, and age-appropriate conversation, in order to improve age-appropriate play. Client demoed fair- social skills requiring mod v/c's to improve verbal communication.

Behavioral/Cognitive/Psychosocial Activities

Coping activity with client demoing 5 coping skills focusing on techniques and communicating I need a break . Client able to demo 5 techniques with proper communication in appropriate environments to improve age appropriate behaviors and body awareness.

Introduction game focusing on improving social skills and communication while allowing role play of age appropriate introduction of self to others. Client demoed fair social skills with Mod v/c's for appropriate language.

Education

No answer given.

Assessment

Client mostly pleasant through out session. Client demoed decreased sustained attention during non preferred activities requiring additional time for carryover of coping skills.

Plan

Cont working to improve ability to make good choices

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: ~~_____~~

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 8, 2021 4:35pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 9, 2021 7:50am

Client: ██████████
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Jul 30, 2021
1:00pm-2:00pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

Telehealth

Subjective

Client pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

Yoga Activity focusing on gross motor movement, coordination, and breathing exercises. Client demoed fair-flexibility/endurance and coordination. Client required mod v/c's for pacing and calm body.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

Drawing pictures with 3 colors only to improve fine motor skills, color coordination, perception, eye coordination, and attention to detail. Client required mod cues to increase creativity.

Social Skills Activities

Phrase It an activity focusing on improving age appropriate conversation and communication skills in order to improve social skills, cognition, and ability to communicate appropriately.

Behavioral/Cognitive/Psychosocial Activities

No answer given.

Education

No answer given.

Assessment

Client mostly pleasant through out session. Client demoed decreased sustained attention during non preferred activities requiring additional time for carryover of coping skills.

Plan

Cont working to improve ability to make good choices

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 2, 2021 1:32am

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 2, 2021 2:26pm

Client: [REDACTED]
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 06, 2021
12:00pm-1:00pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

Telehealth

Subjective

Client in pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

Jumping jack's activity to improve overall gross motor strength, coordination, and bal. Client demoed fair-/poor+ coordination and bal. Therapist educated client on ways to improve coordination.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

No answer given.

Social Skills Activities

Story telling activity focusing on improving social skills, turn taking, and age-appropriate conversation, in order to improve age-appropriate play. Client demoed poor+/fair- social skills requiring mod v/c's to improve verbal communication.

Behavioral/Cognitive/Psychosocial Activities

Coping activity with client demoing 5 coping skills focusing on techniques and communicating I need a break . Client able to demo 5 techniques with proper communication in appropriate environments to improve age appropriate behaviors and body awareness.

Introduction game focusing on improving social skills and communication while allowing role play of age appropriate introduction of self to others. Client demoed poor+ social skills with Mod v/c's for appropriate language.

Education

No answer given.

Assessment

Client mostly pleasant throughout session. Client required max v/c's to increase sustained attention. Therapist allowed increased time and breaks throughout session for increasing frustration tol.

Plan

Cont working to increase frustration tol and use of coping skills

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: ██████████
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Jul 30, 2021
12:00pm-1:00pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

Telehealth

Subjective

Client in pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

Yoga Activity focusing on gross motor movement, coordination , and breathing exercises. Client demoed fair-flexibility/endurance and coordination. Client required mod v/c's for breathing and pacing.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

Drawing pictures with 3 colors only to improve fine motor skills, color coordination, perception, eye coordination, and attention to detail.

Social Skills Activities

Phrase It an activity focusing on improving age appropriate conversation and communication skills in order to improve social skills, cognition, and ability to communicate appropriately.

Behavioral/Cognitive/Psychosocial Activities

No answer given.

Education

No answer given.

Assessment

Client mostly pleasant throughout session. Client required Mod/max v/c's to increase sustained attention. Therapist allowed increased time and breaks throughout session.

Plan

Cont working to increase frustration tol and use of coping skills

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 2, 2021 1:28am

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 2, 2021 2:25pm

Client: [REDACTED]
DOB: 12/25/2007
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Jul 21, 2021
8:00am-9:00am, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

Telehealth

Subjective

Client in pleasant mood

Fine Motor Activities

Hangman activity focusing on improving tripod grasp, fine motor strength, coordination, vocabulary, and spelling. Client required Mod v/cs to improve grip/grasp.

Gross Motor Activities

Yoga Activity focusing on gross motor movement, coordination , and breathing exercises. Client demoed fair-flexibility/endurance and coordination.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

No answer given.

Social Skills Activities

No answer given.

Behavioral/Cognitive/Psychosocial Activities

Reading activity focusing on improving sustained attention and listening skills with therapist reading from a book and asking questions for demo of understanding. 5/5 answered correctly.

Education

No answer given.

Assessment

Client pleasant this session. Cont rapport building this session focusing on establishing trust and communication with client and guardian. Therapist allowed additional breaks secondary to screen time.

Plan

Cont working to increase sustained attention, identifying and demoing coping techniques with preferred and non preferred task.

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

DOB: 12/25/2007

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

July 25, 2021 8:01pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

July 26, 2021 5:42pm

Client: [REDACTED]
DOB: 12/25/2007
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Jul 19, 2021
11:30am-12:30pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

Telehealth

Subjective

Client in pleasant mood

Fine Motor Activities

Erase board Things that start with activity where therapist calls out a letter and client writes a word that begins with that letter on a dry erase board. Client able to identify 6/7 terms.

Gross Motor Activities

No answer given.

Self-Help Activities

Simulated hand washing activity focusing on improving clients hygiene, initiation, and duration of task. Client required min v/c's to facilitate.

Visual-Motor/Perceptual Activities

Drawing pictures with 3 colors only to improve fine motor skills, color coordination, perception, eye coordination, and attention to detail.

Social Skills Activities

No answer given.

Behavioral/Cognitive/Psychosocial Activities

No answer given.

Education

No answer given.

Assessment

Client pleasant this session. Report building session focusing on establishing trust and communication with client and guardian.

Plan

Cont working to increase sustained attention, identifying and demoing coping techniques with preferred and non preferred task.

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

DOB: 12/25/2007

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

July 25, 2021 7:56pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

July 26, 2021 5:41pm

Client: [REDACTED]
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 04, 2021
11:00am-12:00pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

At home

Subjective

Client in pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

B UE PROM exercise within range focusing on improving ROM and flexibility while protecting the joints. Client verbalized and demoed no discomfort. (Repetitive)

Self-Help Activities

Hand washing activity focusing on improving techniques, timing and duration of task. Client educated to hand washing and wearing face mask secondary to COVID19 rise in case.

Brushing hair activity focusing on techniques working to maintain healthy condition of hair. Therapist demoed technique client returned demo 80% with no c/o pain.

Visual-Motor/Perceptual Activities

3DPuzzle activity working to improve fine motor coordination, visual motor, scanning, tracking, endurance and perceptual skills. Client required occasional cues to pace himself to improve frustration tol and sustained attention.

Social Skills Activities

No answer given.

Behavioral/Cognitive/Psychosocial Activities

Pressure relief activity focusing on improving techniques to alleviate pressure from the buttocks. Therapist working to improve carryover of techniques and frequency in order to maintain integrity of skin and decrease skin breakdown. Client demo 100% understanding. (Repetitive)

Meditation activity focusing on improving purse lip breathing techniques during ADLs. 7 minute completed successfully

Education

No answer given.

Assessment

Client pleasant throughout session. Client demoed decrease frustration tol during activities. Client completed activities with no c/o pain. Therapist provided increased time and rest breaks secondary to increased frustration. Client educated to maintaining use of functional reach and ROM in BUE.

Plan

Cont working to improve I and safety with functional and ADL task.

Therapist name, credentials, license

Cindy Sloan COTA/L #2554

Client: 

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 8, 2021 5:26pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 9, 2021 7:44am

Client: [REDACTED]
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 02, 2021
4:30pm-5:30pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

At home

Subjective

Client in pleasant mood

Fine Motor Activities

No answer given.

Gross Motor Activities

B UE PROM exercise within range focusing on improving ROM and flexibility while protecting the joints. Client verbalized and demoed no discomfort. (Repetitive)

Self-Help Activities

Hand washing activity focusing on improving techniques, timing and duration of task. Client educated to hand washing and wearing face mask secondary to COVID19 rise in case.

Visual-Motor/Perceptual Activities

Coloring by the number working to improve visual motor, fine motor, perception, eye coordination, and attention to detail. Client required mod v/c's to increase hand eye coordination and to take her time.

Social Skills Activities

No answer given.

Behavioral/Cognitive/Psychosocial Activities

Pressure relief activity focusing on improving techniques to alleviate pressure from the buttocks. Therapist working to improve carryover of techniques and frequency in order to maintain integrity of skin and decrease skin breakdown. Client demo 100% understanding. (Repetitive)

Meditation activity focusing on improving purse lip breathing techniques during ADLs. 7 minute completed successfully

Education

No answer given.

Assessment

Client pleasant throughout session. Therapist provided increased time and rest breaks secondary to increased frustration. Client completed session with no c/o pain.

Plan

Cont working to improve I and safety with functional and ADL task.

Therapist name, credentials, license

Cindy Sloan COTA/L #2554

Client: [REDACTED]

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 8, 2021 5:30pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 9, 2021 7:44am



Client: [REDACTED]
DOB: 04/29/2018
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 04, 2021
9:00am-10:00am, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

At home

Subjective

In pleasant mood

Fine Motor Activities

Cotton ball retrieval activity focusing on improving fine motor strength and coordination. Client demoed poor+ coordination and frustration tol

Gross Motor Activities

Jumping jack's activity to improve overall gross motor strength, coordination, and bal. Client demoed poor+ coordination and bal. Therapist educated client on ways to improve coordination.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

No answer given.

Social Skills Activities

UNO card game activity focusing on improving social skills, asking questions, engaging in age appropriate following instruction. Client demoed poor+/fair- social skills requiring mod v/c's to improve turn-taking skills and increase attention to detail.

Behavioral/Cognitive/Psychosocial Activities

Breathing and whispering activity focusing on increasing use of coping skills with therapist working to decrease over stimuli from environment and implement healthy coping techniques.

Education

No answer given.

Assessment

client pleasant throughout session. Client demoed increased frustration to during preferred task and required Mod v/c in carryover of coping skills during non preferred tasks

Plan

Cont working to improve frustration tol and carryover of coping skills

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: [REDACTED]

DOB: 04/29/2018

Provider

Shacindra Sloan

Signed by Shacindra Sloan

COTA-L

August 8, 2021 6:36pm

Supervisor

Danny Aldis

Signed by Danny Aldis

OTR/L #OT-2102

August 9, 2021 7:53am

Client: [REDACTED]
DOB: 04/29/2018
Provider: Shacindra Sloan
Provider License: COTA-L #OTA-2554

Appointment: Individual Appointment on Aug 02, 2021
12:30pm-1:30pm, 60min
In Home Psychotherapy, H0004

OT Progress Note

Location of Session

At home

Subjective

In pleasant mood

Fine Motor Activities

Slime activity working to improve fine motor strength and coordination with therapist graded activity up adding objects to slim with client removing them with his hand. Client demoed poor+ fine motor coordination requiring mod v/c's to increase frustration tol.

Gross Motor Activities

Hockey Pockey activity to improve gross motor skills, body awareness, coordination, and following directions. Client demoed poor+/fair- coordination and body awareness requiring Mod v/c's to complete task.

Self-Help Activities

No answer given.

Visual-Motor/Perceptual Activities

Spot it activity focusing on improving visual scanning, timing, and skills to identify various items with therapist grading activity up and down working to visual motor and perception. Client demoed poor+ sustained attention and frustration tol

Social Skills Activities

Magnetic block activity to improve turn-taking, use of coping skills with frustration, and problem-solving. Client demoed poor social skills req mod v/c for use of coping techniques

Behavioral/Cognitive/Psychosocial Activities

No answer given.

Education

No answer given.

Assessment

client pleasant throughout session. Client required Mod v/c in carryover of coping skills during non preferred tasks and to increase attention to detail for increased accuracy.

Plan

Cont working to improve frustration tol and carryover of coping skills

Therapist name, credentials, license

Cindy Sloan, COTA/L, #2554

Client: Ryder Olivetti
DOB: 04/29/2018

Provider



Signed by Shacindra Sloan
COTA-L
August 8, 2021 6:33pm

Supervisor



Signed by Danny Aldis
OTR/L #OT-2102
August 9, 2021 7:52am

EXHIBIT 4

EXHIBIT 4



Steve Sisolak
Governor

STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

6170 Mae Anne Ave., Suite 1
Reno, Nevada 89533-4779
Phone: (775) 746-4101 / Fax: (775) 746-4105
Email: board@nvot.org / Website: www.nvot.org

Loretta L. Ponton
Executive Director

August 18, 2021

Danny Aldis
1311 Tempo Street
Henderson, NV 89052

Dear Mr. Aldis,

This is to acknowledge receipt of the Complaint accusation you submitted against Shacindra Sloan, Occupational Therapy Assistant, license #OTA-2544. A file has been opened and the Complaint will be reviewed to determine if possible violations of NRS 640A and NAC 640A exist. In further correspondence, please refer to case number C21-01.

All accusations are carefully reviewed for potential violations. If potential violations are identified, an investigation will be commenced. After all the facts have been obtained, and if it is determined that no potential violation exist or there is insufficient evidence to file a formal complaint, the accusation may be dismissed. If it is determined that Ms. Sloan's actions may constitute a violation of law, the matter will be submitted for an evaluation to determine whether sufficient evidence exists for the Board to file a formal complaint against Ms. Sloan.

If a formal complaint is filed, the matter will be set for a disciplinary hearing and you may be asked to testify. At any time during the process, Ms. Sloan may choose to resolve this matter by entering into a consent decree. A consent decree is a written agreement between the parties in which the person charged admits to certain violations and agrees to a particular disciplinary action. Please be aware that if a case proceeds to a formal hearing, the process could take twelve to eighteen months from receipt of a complaint to the time a final decision is rendered.

Sincerely,

STATE BOARD OF OCCUPATIONAL THERAPY

A handwritten signature in cursive script, reading "Loretta L. Ponton".

Loretta L. Ponton
Executive Director

NVBOOT 000052

EXHIBIT 5

EXHIBIT 5



Steve Sisolak
Governor

STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

6170 Mae Anne Ave., Suite 1
Reno, Nevada 89523
Phone: (775) 746-4101 / Fax: (775) 746-4105
Email: board@nvot.org / Website: www.nvot.org

Loretta L. Ponton
Executive Director

August 18, 2021

Shacindra Sloan, COTA
5143 Silica Chalk Ave.
Las Vegas, NV 89115

Dear Ms. Sloan,

A Complaint has been received by the State of Nevada Board of Occupational Therapy (Board) regarding your practice as an occupational therapy assistant, during your employment with Revival Therapy in Henderson, Nevada, complaint file #C22-01.

The complaints contain the following allegations:

- Unprofessional Conduct
- Falsification of client records
- Falsification of billing and invoice for services provided

The complaints allege that you documented providing treatments in the records of clients when you were not in attendance and which treatments were not provided. It is further alleged that documentation was falsified by your submitting invoices for payment of services for treatments that were not provided.

The allegations suggest violation of the Occupational Therapy law NRS 640A.200 paragraph 4 (c) and regulations, NAC 640A.250 paragraph 4; NAC 640A.290, paragraphs 3, 4 and 5; NAC 640A.350 paragraphs 2, 5, 6 and 11; the AOTA Standards of Practice and Code of Ethics.

Applicable section of NRS 640A.200 reads as follows:

NRS 640A.200 Authorized disciplinary or other action; grounds; reinstatement of revoked license; orders imposing discipline deemed public records.

4. As used in this section, "unprofessional conduct" includes:

(c) The violation of any provision of this chapter or regulation of the Board adopted pursuant to this chapter; and

Applicable sections of NAC 640A.250 as amended by LCB File No. 067-17 reads as follows:

Sec. 1. NAC 640A.250 is hereby amended to read as follows: 4. An occupational therapy assistant or provisional licensee shall document all treatment provided to a patient by the occupational therapy assistant or provisional licensee.

NVBOOT 000053

Applicable sections of NAC 640A.290 and NAC 640A.350 read as follows:

NAC 640A.290 Records of patients: Maintenance; release; falsification; review before signing.

3. A licensee shall not falsify a record of health care of a patient to indicate:
 - (a) The presence of the licensee at a time when he or she is not in attendance treating a patient; or
 - (b) That therapeutic procedures were performed by the licensee which he or she has not performed.
4. A licensee shall not sign a record of health care of a patient unless the licensee has reviewed the record. The review of the record must include, without limitation, verification of:
 - (a) The accuracy of the record; and
 - (b) Continuity in the services received by the patient pursuant to the program of intervention.
5. As used in this section, "sign" means to inscribe by handwriting or electronic means one's name, initials or license number.

NAC 640A.350 Acts constituting unprofessional conduct. In addition to those acts specified in subsection 3 of NRS 640A.200, the following acts, among others, constitute "unprofessional conduct":

2. Being guilty of negligence in the performance of occupational therapy;
5. Intentionally making or filing a false or misleading report;
6. Failing to file a report which is required by law or a third person or intentionally obstructing or attempting to obstruct another person from filing such a report;
11. Violating a provision of the Occupational Therapy Code of Ethics or the Standards of Practice for Occupational Therapy, adopted by reference in NAC 640A.205;

The applicable sections of the AOTA Standards of Practice are as follows:

Standard I. Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice.
2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.
4. An occupational therapy practitioner abides by the *Occupational Therapy Code of Ethics (2015)* (AOTA, 2015a).
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the "direct and indirect" supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents (AOTA, 2014a).

8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.

Standard III: Intervention

9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA documents.

The applicable sections of the AOTA Code of Ethics are as follows:

AOTA CODE OF ETHICS – STANDARDS OF CONDUCT

Section	Standards of Conduct for Occupational Therapy Personnel
1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.	<p>1A. Comply with current federal and state laws, state scope of practice guidelines, and AOTA policies and Official Documents that apply to the profession of occupational therapy. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1F. Do not engage in illegal actions, whether directly or indirectly harming stakeholders in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice)</p> <p>1G. Do not engage in actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; key words: illegal, unethical practice)</p> <p>1J. Do not exploit human, financial, or material resources of employers for personal gain. (Principle: Fidelity; key words: exploitation, employee)</p> <p>1K. Do not exploit any relationship established as an occupational therapy practitioner, educator, or researcher to further one's own physical, emotional, financial, political, or business interests. (Principle: Nonmaleficence; key words: exploitation, academic, research)</p> <p>1L. Do not engage in conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; key words: conflict of interest)</p>
2. Therapeutic Relationships: Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.	<p>2I. Do not engage in dual relationships or situations in which an occupational therapy professional or student is unable to maintain clear professional boundaries or objectivity. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, colleagues, professional boundaries, objectivity, social media)</p> <p>2M. Do not engage in actions or inactions that jeopardize the safety or well-being of others or team effectiveness. (Principle: Fidelity; key words: relationships, clients, service recipients, colleagues, safety, law, unethical, impaired, competence)</p>

3. Documentation, Reimbursement, and Financial Matters: Occupational therapy personnel maintain complete, accurate, and timely records of all client encounters.	<p>3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; key words: billing, fees)</p> <p>3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations. (Principle: Justice; key words: documentation, reimbursement, law)</p> <p>3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; key words: documentation, timely, accurate, law, fraud)</p>
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Pursuant to NRS 233B.127 (3), you may submit written comments on these allegations and copies of any pertinent documentation within twenty (20) days of the receipt of this letter.

An investigation has been commenced to determine if there is evidence of violations of NRS 640A and NAC 640A. If it is determined that no potential violations exist or there is insufficient evidence to file a formal complaint, a recommendation will be made to dismiss the accusation. If it is determined that there may be violations of law, the matter will be submitted for further evaluation to determine whether there is sufficient evidence for the Board to file a formal complaint. If a formal complaint is filed, the matter will be set for a disciplinary hearing. You are entitled to a lawyer at all times during this process.

At any time during the process, you may choose to resolve these matters by entering into a consent decree. A consent decree is a written agreement in which the person charges admits to certain violations and agrees to a particular disciplinary action. If you wish to admit to certain violations and would agree to a particular disciplinary action, please contact Henna Rasul, Board Counsel. She can be reached at 775-684-1234 or 100 N. Carson Street, Carson City, NV 89701. If you have any questions regarding the disciplinary process, please feel free to contact the board office.

Sincerely,

STATE BOARD OF OCCUPATIONAL THERAPY



Loretta L. Ponton
Executive Director

Cc: Henna Rasul, Sr. DAG
Counsel to the Board

EXHIBIT 6

EXHIBIT 6

State of Nevada Board of Occupational Therapy

Help

 Search

Record Menu ▾	Types Menu ▾	View All	Search Menu ▾	History View	Queue Menu ▾	Reports	Exports	Report Builder	Custom Forms	Batch Admin Menu ▾	Invalid Data Records	Window Shades	Org Menu ▾	Change Password
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Version 6.10.0

0 Queued

First Record

Previous Record

Record 1 of 1

Next Record

Last Record

Contact Records : View/Update an Existing Record

Last Name*

First Name*

Middle Name

Suffix

[search list](#)

▼

Personal Information	Contact Information	State Reporting Requirements	Professional History	CEUs	Comments	For Import	Contact History	Resources	Reminders	License Records	Employer Records	Continuing Education Records
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Mailing Address

City

State

NV ▼

Zip

Contact Phone Number

Alternate Phone Number

ex: 123-456-7890

E-mail

ex: user@domain.com

E-mail

Country

[search list](#)
▼

* Indicates a required field.

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State of Nevada Board of Occupational Therapy

Help

Search

Record Menu ▼	Types Menu ▼	View All	Search Menu ▼	History View	Queue Menu ▼	Reports	Exports	Report Builder	Custom Forms	Batch Admin	Invalid Data Records	Window Shades	Org Menu ▼	Change Password
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Version 6.10.0

[Contact Records...](#) License Records

0 Queued

[First Record](#)[Previous Record](#)

Record 1 of 1

[Next Record](#)[Last Record](#)[Last Search](#)

License Records : View/Update an Existing Record

 Licensee [search list](#) [show all](#)
☒ Shacindra Sloan

License Number	OTA-2554	Type*	search list OTA ▼	Sub License	search list Standard ▼
App Received Date	6/8/2020			Good Standing*	search list Yes ▼
	Issue Date	Expire Date	Status		
	+ 7/6/2020	7/5/2022	Active ▼		

Disciplinary

[Payment Information](#)
[Comments](#)
[For Import](#)
[Tasks](#)
[Contact History](#)
[Resources](#)
[Reminders](#)
[Supervisor Records](#)
[Contact Records](#)

Discipline*	search list No ▼	Disciplinary Action Date		Discipline Terms		Discipline Status		Discipline Case #	
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* Indicates a required field.

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State of Nevada Board of Occupational Therapy

Help

Search

Record Menu ▾	Types Menu ▾	View All	Search Menu ▾	Queue Menu ▾	Reports	Exports	Report Builder	Custom Forms	Batch Admin	Invalid Data Records	Window Shades	Org Menu ▾	Change Password
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Version 6.10.0

[Contact Records...](#)Employer Records

0 Queued

First Record

Previous Record

Record 1 of 1

Next Record

Last Record

Last Search

Employer Records : View/Update an Existing Record

 Licensee [search list](#) [show all](#)
☒ Shacindra Sloan

Start Date 03/01/2019

End Date

Current Employer*

[search list](#)

Yes ▾

Employer Name* San Joaquin Rehab

Address 3601 San Dimas St.

City Bakersfield

State CA ▾

ZIP Code 93301

Phone Number

Fax Number ###-###-####
ex: 123-456-7890Email user@doma
ex: user@domain.com

Comments

For Import Contact History Resources Reminders Contact Records

Comments

* Indicates a required field.

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STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Personal Information

License Information

I am applying for

- ☐ Occupational Therapist*
- ☒ Occupational Therapy Assistant*

Application Type

- ☒ Standard*
- ☐ Temporary*
- ☐ Provisional*

Applicant Information

Please complete the information below. Your name should be entered how it is to appear on your license.

First Name*

Shacindra

Middle Name

S

Last Name*

Sloan

Suffix

Other Names you have used

Shacindra S Sloan

**Social Security Number /
Taxpayer Identification
Number***

[REDACTED]

Gender*

Female

Date of Birth*

[REDACTED]

Place of Birth*

Las Vegas

US Citizen ☒ Yes ☐ No

NVBOOT 000060

Contact Information

Mailing Address*

5143 Silica Chalk Ave

City*

Las Vegas

State*

NV

ZIP Code*

89115

Contact Phone Number*

678-557-6653

E-mail Address*

mscindysloan@gmail.com



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Miscellaneous

Education Information

Educational Institution*

Brown Mackie

City*

Atlanta

State*

GA

Date Graduated*

2013

Degree Awarded*

Associate Degree

NBCOT Information

Are you currently certified by NBCOT? ☒ **Yes*** ☐ **No***

Certification Number

310829

Other State License Information

Are you now or have you ever been licensed, certified or registered in any jurisdiction? ☒ **Yes*** ☐ **No***

List each license held in the previous 5 years.

State/Jurisdiction*

CA

License Number*

3573

Issue Date*

06/20/216

Expiration Date*

05/31/2021

Please select the add button for additional rows.



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Employment Information

Employment Information/Location

Please provide your current/previous employment information. Select the add button to add additional employer information.

Employment Information/Location

San Joaquin Rehab

Address

3601 San Dimas St.

City

Bakersfield

State

CA

ZIP Code

93301

Business Phone

999-999-9999

Business Fax

999-999-9999

Email Address

user@domain.com

Start Date

03/01/2019

End Date

mm/dd/yyyy

Current Employer

Yes

Click the add button to add additional current or previous employer information.



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Legal Questions

Legal Information

If the answer to any of the questions below is "Yes", you will be required to provide full details.

Has there ever been a complaint filed, investigation or legal action taken against your professional license for any reason?*

☐ Yes* ☒ No*

Are there any pending legal actions, complaints, investigations or hearings in process?*

☐ Yes* ☒ No*

Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked?*

☐ Yes* ☒ No*

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?*

☐ Yes* ☒ No*

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.)*

☒ Yes* ☐ No*

Military Service / Veterans Status

Select one of the following options.

- ☒ None*
- ☐ Uniformed Military*
- ☐ Veteran*
- ☐ Military Spouse*
- ☐ Veteran Spouse*



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Explanation

Explanation

Please provide details and/or upload documentation to explain each question with a "yes" answer. If further information is required, you will be notified.

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.)

Answer: I have pleaded nolo contendere to a marijuana charge in Atlanta, Ga. in 2011 and West Palm Beach 2007. On both occasions, I received a citation and paid a fine. It was my understanding at the time it wouldn't be held against me but I understand I must disclose everything to the board.

Uploaded File(s)

Uploaded File



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Information

Nevada Business License Information

- ☒ I do NOT have a Nevada state business license number.*
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State in compliance with the provision of NRS Chapter 76 and my application is pending.*
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76.*

Child Support Information

- ☒ I am not subject to a court order for the support of a child.*
- ☐ 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.*
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or 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.*



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY



Initial Application - Declaration

Notice as Mandatory Reporter of Abuse or Neglect

- ☒ I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 432B.

Declaration

- ☒ I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my application, education, training, experience or my fitness to practice the profession for which I am applying.

Photograph

Please upload a 2x2 photograph. Driver's License is acceptable.

Uploaded File(s)

Uploaded File

Verification of NBCOT Certification

Please upload current certification status. Acceptable documentation include:

- on-line verification printout from NBCOT; or
- request written verification from NBCOT to be sent directly to the board.

Uploaded File(s)

Uploaded File

Verification of Licensure in Another State

Please upload Verification of Licensure in Another State.

Verification of your license status and disciplinary history must be provided for all jurisdictions in which you have held a license in the previous 5 years.

Acceptable documentation for verification purposes:

- Written verification received directly from the regulatory entity; or
- On-line verification printout from official regulatory entity website dated within 10 days of date of application; or
- Electronic verification received directly from the regulatory entity.

Uploaded File(s)

Uploaded File

Military Service / Veterans Documentation

Please attach documentation of Veteran or Active Military status.

Receipt

Your confirmation number is 23942.

Name: Shacindra Sloan

Total: \$325.00

Card: ****9014

Date/Time: 6/8/2020 8:06:34 PM

You have successfully submitted the application. Allow 5-7 business days to process your application.

If you are connected to a printer, you may print this receipt for your records by clicking below. However, a copy of this receipt will be sent to your email address. [Print](#)

When the Download PDF button turns green, click below to download or save a PDF of your application.

? [Download PDF](#) ?



CITATION ORDER

April 18, 2018

Shacindra Sloan

Dear Ms. Sloan:

You are hereby issued Citation Number 18-000526 pursuant to Title 16, California Code of Regulations section 4140 and Business and Professions Code section 125.9 for making or giving a false statement in connection with the application for issuance of a license.

Date of Service	Citation Number	Fine Assessed
April 18, 2018	18-000526	\$ 250.00

Cause for Citation

The Board's Initial Application for Licensure requires applicants to disclose any conviction, no matter how old. A review of your application, which you signed and dated as true and correct on May 4, 2016, found that you failed to report a 2007 conviction sustained in the State of Florida and a 2011 conviction sustained in the State of Georgia.

Such conduct serves as the basis for this citation and constitutes a violation of the statute or regulation cited below.

Licensing History

Board records reflect that you were issued an occupational therapy assistant license number OTA 3573 on June 20, 2016. Said license will expire May 31, 2019, unless renewed.

Authority

Section 4140 of Title 16 of the California Code of Regulations authorizes the Board's Executive Officer to issue citations containing orders of abatement, and/or administrative fines to occupational therapists or occupational therapy assistants who have committed any acts or omissions which are in violation of the Occupational Therapy Practice Act or any regulation adopted pursuant thereto, including unprofessional conduct.

Citation 18-000526

1

Certificate of Achievement

Presented to:

Shacindra Sloan

*For successful completion of the Nevada Board of Occupational Therapy Jurisprudence
Examination*

Test name: OT Jurisprudence Exam

Score: 100% (75 out of 75)

Continuing Education Credit - Two (2) Hours

Mon 8th Jun 2020

EXHIBIT 7

EXHIBIT 7

Connie J. Salerno

From: Henna Rasul
Sent: Friday, September 24, 2021 11:15 AM
To: Connie J. Salerno
Subject: Fw: Case No C22-01

FYI...for prolaw.

Henna Rasul
Senior Deputy Attorney General
Nevada Office of the Attorney General
Boards and Open Government Division
100 North Carson Street
Carson City, Nevada 89701
Telephone: (775) 684-1100
Cell: (775) 219-5097
Facsimile: (775) 684-1108

This message and attachments are intended only for the addressee(s) and may contain information that is privileged and confidential. If the reader of the message is not the intended recipient or an authorized representative of the intended recipient, I did not intend to waive and do not waive any privileges or the confidentiality of the messages and attachments, and you are hereby notified that any dissemination of this communication is strictly prohibited. If you receive this communication in error, please notify me immediately by e-mail at hrasul@ag.nv.gov and delete the message and attachments from your computer and network. Thank you.

From: Cindy Sloan <mscindysloan@gmail.com>
Sent: Friday, September 24, 2021 11:13 AM
To: Henna Rasul <HRasul@ag.nv.gov>; Loretta Ponton <board@nvot.org>
Subject: Case No C22-01

Good morning,

This email is my official response to complaint C22-01. I have never falsified any client records. I have never falsified client billing. I'm unaware of any unprofessional conduct. Please feel free to contact me.

Cindy Sloan,
COTA/L

PROSECUTIONS EXHIBIT 8
INTRODUCED AT HEARING

Revival Therapy

Invoice

Occupational Therapy Invoice

Name: Cindy Sloan

	Date	Start Time	End Time	Treatment/Eval	Name	Total Hours
1)	8/2/21	9:00	10:00	Treatment	[REDACTED]	1
2)	8/3/21	9:00	10:00	Treatment	[REDACTED]	1
3)	8/2/21	4:30	5:30	Treatment	[REDACTED] AP	1
4)	8/4/21	11:00	12:00	Treatment	[REDACTED] AP	1
5)	8/3/21	11:00	12:00	Treatment	[REDACTED]	1
6)	8/5/21	2:00	3:00	Treatment	[REDACTED]	1
7)	8/2/21	10:30	11:30	Treatment	[REDACTED] JJ	1
8)	8/3/21	4:30	5:30	Treatment	[REDACTED] JJ	1
9)	8/3/21	5:45	6:45	Treatment	[REDACTED]	1
10)	8/5/21	5:45	6:45	Treatment	[REDACTED]	1
11)	8/3/21	7:30	8:30	Treatment	[REDACTED]	1
12)	8/5/21	7:30	8:30	Treatment	[REDACTED]	1
13)	8/3/2021	12:00	1:00	Treatment	[REDACTED]	1
14)	8/5/2021	12:00	1:00	Treatment	[REDACTED]	1
15)	8/3/2021	1:00	2:00	Treatment	[REDACTED]	1
16)	8/5/2021	1:00	2:00	Treatment	[REDACTED]	1
17)	8/5/21	3:00	4:00	Treatment	[REDACTED] JG	1
18)	8/6/21	12:00	1:00	Treatment/ Telehealth	[REDACTED] JG	1
19)	8/5/21	4:00	5:00	Treatment	[REDACTED] JG	1
20)	8/6/21	1:00	2:00	Treatment/ Telehealth	[REDACTED] JG	1
21)	8/2/21	11:30	12:30	Treatment	[REDACTED] JG	1
22)	8/4/21	8:00	9:00	Treatment	[REDACTED]	1

23)	8/5/21	9:00	10:00	Treatment	[REDACTED]	1
24)	8/6/21	8:00	9:00	Treatment	[REDACTED]	1
25)	8/5/21	10:00	11:00	Treatment	[REDACTED]	1
26)	8/6/21	9:00	10:00	Treatment	[REDACTED]	1
27)	8/2/21	12:30	1:30	Treatment	[REDACTED] RO	1
28)	8/4/21	9:00	10:00	Treatment	[REDACTED] RO	1
29)	8/2/21	1:30	2:30	Treatment	[REDACTED]	1
30)	8/4/21	10:00	11:00	Treatment	[REDACTED]	1
31)	8/6/21	10:00	11:00	Treatment	[REDACTED]	1
32)	8/3/21	2:00	3:00	Treatment	[REDACTED]	1
33)	8/3/21	3:00	4:00	Treatment	[REDACTED]	1
34)	8/4/21	1:00	2:00	Treatment	[REDACTED]	1
35)	8/5/21	11:00	12:00	Treatment	[REDACTED]	1
				Total Evaluations:		
						35
				Total sessions:	35	35

I certify that these hours are a true and accurate record of all time worked during the pay period.

ESignature: Cindy Sloan COTA/L #2554

Date: 08/08 /21

Revival Therapy

Invoice

Occupational Therapy Invoice

Name: Cindy Sloan

	Date	Start Time	End Time	Treatment/Eval	Name	Total Hours
1)	7/26/21	9:00	10:00	Treatment	[REDACTED]	1
2)	7/27/21	9:00	10:00	Treatment	[REDACTED]	1
3)	7/26/21	4:30	5:30	Treatment	[REDACTED]	1
4)	7/28/21	11:00	12:00	Treatment	[REDACTED]	1
5)	7/27/21	2:00	3:00	Treatment	[REDACTED]	1
6)	7/28/21	2:00	3:00	Treatment	[REDACTED]	1
7)	7/27/21	3:00	4:00	Treatment	[REDACTED]	1
8)	7/28/21	3:00	4:00	Treatment	[REDACTED]	1
9)	7/27/21	11:00	12:00	Treatment	[REDACTED]	1
10)	7/29/21	2:00	3:00	Treatment	[REDACTED]	1
11)	7/26/21	10:30	11:30	Treatment	[REDACTED]	1
12)	7/27/21	4:30	5:30	Treatment	[REDACTED]	1
13)	7/27/21	5:45	6:45	Treatment	[REDACTED]	1
14)	7/29/21	5:45	6:45	Treatment	[REDACTED]	1
15)	7/27/21	7:30	8:30	Treatment	[REDACTED]	1
16)	7/29/21	7:30	8:30	Treatment	[REDACTED]	1
17)	7/27/2021	12:00	1:00	Treatment	[REDACTED]	1
18)	7/29/2021	12:00	1:00	Treatment	[REDACTED]	1
19)	7/27/2021	1:00	2:00	Treatment	[REDACTED]	1
20)	7/29/2021	1:00	2:00	Treatment	[REDACTED]	1
21)	7/29/21	3:00	4:00	Treatment	[REDACTED] JG	1
22)	7/30/21	12:00	1:00	Treatment/ Telehealth	[REDACTED] JG	1
23)	7/29/21	4:00	5:00	Treatment	[REDACTED] JG	1

24) 7/30/21	1:00	2:00	Treatment/ Telehealth	[REDACTED]	1
25) 7/26/21	11:30	12:30	Treatment	[REDACTED]	1
26) 7/28/21	8:00	9:00	Treatment	[REDACTED]	1
27) 7/29/21	9:00	10:00	Treatment	[REDACTED]	1
28) 7/30/21	8:00	9:00	Treatment	[REDACTED]	1
29) 7/29/21	10:00	11:00	Treatment	[REDACTED]	1
30) 7/30/21	9:00	10:00	Treatment	[REDACTED]	1
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35) 7/30/21	10:00	11:00	Treatment	[REDACTED]	1
36) 7/28/21	12:30	1:30	Treatment	[REDACTED]	1
			Total Evaluations:		
					36
			Total sessions:	36	36

I certify that these hours are a true and accurate record of all time worked during the pay period.

ESignature: Cindy Sloan COTA/L #2554

Date: 08/01 /21

SLOAN SUPPLEMENT EXHIBIT
INTRODUCED AT HEARING

From: [Cindy Sloan](#)
To: [Loretta Ponton](#)
Date: Saturday, December 11, 2021 11:22:18 AM
Attachments: [IMG-6884.PNG](#)

6:03



Danny OTR/L >

Tue, Aug 3, 7:47 AM

Hey Cindy, make sure to let me know after you have completed the Carlisle last session/notes so I can sign them.

Let's actually put those sessions on this weeks invoice after you have completed them. We are unable to bill for them prior to the session being completed so I'll go off your original invoice you sent.

Are you sure? Ok. They're scheduled for Wednesday.

Ya, I had to submit the numbers to payroll already. Just include it on this weeks' invoice instead.

Ok got it.

I see we are scheduled to zoom with the student at 9:00 tomorrow.

Ya, does that still work for you?

Let me know if that doesn't work, I don't want you to have to change your sessions around.



iMessage



Loretta Ponton

From: Cindy Sloan <mscindysloan@gmail.com>
Sent: Saturday, December 11, 2021 11:20 AM
To: Loretta Ponton

11:19



Carly >

Madyson wants you to work with a sibling group she has.
Do you have any afternoons available?

Ok sounds great. Love working with her

There is 4 kids in the home but I am not sure how many she wants open.
Do you have an afternoon?

Loretta Ponton

From: Cindy Sloan <mscindysloan@gmail.com>
Sent: Saturday, December 11, 2021 11:19 AM
To: Loretta Ponton

11:18



Danny OTR/L >

Hey Cindy, Angela's authentic
9/4. Do you want that to be your d/c
date or should it be earlier?

Mon, Aug 9, 9:09 AM

The 4th is good. I'll discuss it with
her this week.

Sounds good

I'll follow up as well

Mon, Aug 9, 10:46 AM