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## ***Arizona State Board of Nursing***

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September 11, 2025

Lindsey A. Perry, CPA, CFE  
Auditor General  
2910 N. 44th Street, Suite 410  
Phoenix, AZ 85018-7271

### **RE: Final Report for the Performance Audit and Sunset Review of the Arizona State Board of Nursing**

Dear Ms. Perry:

Please accept this letter and the attached document as the Arizona State Board of Nursing's final written response to the final report on our performance audit and sunset review, which we received with your letter dated September 5, 2025. We appreciate the diligence of your team and the opportunity to collaborate during this review process.

Our attached response provides comments on the report's audit findings, sunset factors, and includes our specific responses to each recommendation as requested.

The Board and I look forward to presenting the report and our response in greater detail before the Legislative Committee of Reference.

Thank you.

Sincerely,

*Joey Ridenour RRR Jaan*

Joey Ridenour  
Executive Director  
Arizona State Board of Nursing

Attachment: Final Written Response

**Finding 1:** Despite 4 prior audit reports recommending that the Board investigate and resolve complaints in a timely manner, it still has not done so and has a growing backlog of open and unresolved complaints dating back more than 7 years, which may affect patient safety.

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board acknowledges the critical importance of timely complaint resolution for public safety. A significant factor impacting our performance has been the 75% increase of 3067 complaints in 2011 to 5378 in 2024, which has made the 180-day timeframe an unsustainable metric without a corresponding adjustment in resources. Despite this challenge, we are fully committed to implementing the subsequent recommendations (2-13) as a comprehensive strategy to maximize our current resources, improve efficiency, and address the backlog. This effort, combined with our commitment in Recommendation 14 to formally assess resource needs and work with the Legislature, forms our plan to improve timeliness moving forward.

**Recommendation 1:** Investigate and resolve all complaints within 180 days.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will implement policies and procedures with the goal of investigating and resolving complaints with the goal of a 180-day timeframe.

**Recommendation 2:** Establish time frames for investigating and resolving all complaints the Board receives, including medium- and low-risk complaints.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will establish and document internal time frames for stages of the complaint investigation and resolution process.

**Recommendation 3:** Develop and implement policies and procedures for investigators to track and monitor complaint-investigation progress, including identifying time frames for completing investigation phases and key steps.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will develop and implement policies and procedures for tracking and monitoring the progress of complaint investigations against established timelines.

**Recommendation 4:** Request additional functionality and/or reports from the complaint-handling system vendor to help it collect and analyze data for assessing complaint-handling timeliness, including the time frames for and completion of its various complaint-investigation steps.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board has contacted its system vendor to request the development of new reports and functionality to better analyze timeliness.

**Recommendation 5:** Until it can obtain the additional functionality outlined in recommendation 4, establish a consistent and comprehensive method, such as a spreadsheet template that captures the completion and status of investigation phases and key steps, and track and monitor the completion of investigation phases and key steps.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will develop and implement a spreadsheet template to serve as an interim solution for tracking investigation progress.

**Recommendation 6:** Revise and/or implement its September 2024 policy for supervisors to track and oversee investigation progress, including assessing complaint timeliness by reviewing and submitting a bimonthly report to the executive director or senior management that summarizes investigative staffs' performance, including case-completion rates and complaints exceeding the 180-day time frame.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will ensure its policy is implemented to include bimonthly performance reporting to senior management.

**Recommendation 7:** Revise and/or implement its September 2024 policy for supervisors to track and oversee investigation progress, including requiring a regular analysis, at least monthly, of investigator caseloads, including steps in the investigation process where investigators are experiencing delays.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will ensure its policy is implemented to include monthly analyses of investigator caseloads to identify delays.

**Recommendation 8:** Revise and/or implement its September 2024 policy for supervisors to track and oversee investigation progress, including developing targeted strategies to address investigation delays and the complaint backlog based on the analysis conducted in recommendation 7.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will use data from its caseload analysis to develop and implement targeted strategies to address delays and reduce the backlog.

**Recommendation 9:** Continue to assess its allocation of investigative resources by investigation type to ensure timely completion of investigations, including assessing the effectiveness of its pilot program for assigning investigators

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will evaluate its pilot program and resource allocation to optimize the timely completion of investigations.

**Recommendation 10:** Continue to assess its allocation of investigative resources by investigation type to ensure timely completion of investigations, including assigning investigators to complaint investigations accordingly to help ensure they are investigated and resolved within 180 days.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will align investigator assignments with case types and complexity to meet the 180-day resolution goal.

**Recommendation 11:** Continue to assess its allocation of investigative resources by investigation type to ensure timely completion of investigations, including assigning investigators to licensing investigations accordingly to help ensure that license applicants that require an investigation are approved or denied within the 270-day time frame required by rule.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will align investigator assignments for licensing cases to ensure compliance with the 270-day statutory timeframe.

**Recommendation 12:** Continue identifying strategies for addressing its untimeliness and reducing its backlog by reviewing a sample of untimely complaint investigations to identify what is causing investigation delays.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will conduct an analysis on a sample of untimely cases to identify common factors causing delays.

**Recommendation 13:** Continue identifying strategies for addressing its untimeliness and reducing its backlog by developing and taking corrective actions to address the cause of investigation delays identified in the sample reviewed in recommendation 12, including documenting outcomes based on those actions.

Board Response: The audit recommendation will be implemented.

Response explanation: Based on the findings from its analysis, the Board will develop, implement, and document actions to address investigation delays.

**Recommendation 14:** Continue to assess investigator-to-case ratios to determine if additional investigators are needed to investigate and resolve complaints within 180 days and to reduce its growing backlog of open and unresolved complaints, including working with the Legislature as needed to hire and/or contract for additional investigators.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board has performed a formal assessment of investigator-to-case ratios over the past years. A request has been submitted to OSPB to request from

the Legislature 28 additional FTEs and resources to investigate approximately 5,000 complaints submitted annually. The additional FTEs will allow the board to implement the goal of 180 days to complete investigations.

**Sunset factor 2:** The Board's effectiveness and efficiency in fulfilling its key statutory objectives and purposes.

**Board issued initial licenses and certificates to qualified applicants for most applications we reviewed, except for 2 in which the Board could not demonstrate the applicants provided sufficient lawful presence documents prior to issuing the license/certificate.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will reinforce its procedures to ensure all staff verify that lawful presence documents are valid and unexpired prior to issuing any license or certificate.

**Recommendation 15:** Issue licenses and certificates only to applicants who provide valid, unexpired, lawful presence documents.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will reinforce its procedures to ensure all staff verify that lawful presence documents are valid and unexpired prior to issuing any license or certificate.

**Recommendation 16:** Train upon hire, and as needed thereafter, all staff who are responsible for reviewing lawful presence documentation when approving license and certificate applications.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board provides formal training program for all relevant staff on the requirements for lawful presence documentation upon hire and as needed thereafter.

**Board developed procedures for assessing the reasonableness of applicants' practice-hour attestations when approving licensing applications, but has not documented this procedure in its written guidance.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will develop and implement written guidance to formalize its process for calculating and assessing applicants' practice hour attestations.

**Recommendation 17:** Develop and implement written procedures and/or guidance outlining its process for assessing the reasonableness of license applicants' practice requirement

attestations, including guidance for calculating an applicant's estimated practice hours using their employment history and hours worked per week.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will develop and implement guidance procedures to formalize its process for calculating and assessing applicants' practice hour attestations.

**Recommendation 18:** Develop and implement written procedures and/or guidance outlining its process for assessing the reasonableness of license applicants' practice requirement attestations, including guidance for comparing the estimate to the 960-practice-hour requirement.

Board Response: The audit recommendation will be implemented.

Response explanation: The written procedures will formalize and outline the steps staff must take to request and evaluate additional information from applicants when a discrepancy is found.

**Recommendation 19:** Develop and implement written procedures and/or guidance outlining its process for assessing the reasonableness of license applicants' practice requirement attestations, including guidance for requesting additional information from the applicant when the estimated practice hours are less than the required practice hours.

Board Response: The audit recommendation will be implemented.

Response explanation: The written procedures will formalize and outline the steps staff must take to request additional information from applicants when hours are less than required.

## **Board developed policy and procedures to periodically review its fees and plans to review its fees in July 2026.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will continue to adhere to its policy for periodic fee review and is on track to complete the review scheduled for July 2026.

**Recommendation 20:** Continue to implement its policies and procedures for reviewing the appropriateness of its fees every 5 years, including conducting its review planned for July 2026.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will continue to adhere to its policy for periodic fee review and is on track to complete the review scheduled for July 2026.

## **Board did not use purchasing card, employee travel card, and central travel accounts consistent with State and/or Board requirements.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will provide additional training and oversight to ensure all purchasing and travel card transactions fully comply with SAAM requirements, including supervisory review when a different hotel accommodation is needed.

**Recommendation 21:** Implement all SAAM requirements for purchasing card, employee travel card, and central travel account transactions, including ensuring all purchasing card transactions include written certifications of the supervisor's review of monthly purchasing card statements.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will provide additional training and oversight to ensure all purchasing and travel card transactions fully comply with SAAM requirements, including requesting supervisory review when a different hotel accommodation is needed.

**Recommendation 22:** Implement all SAAM requirements for purchasing card, employee travel card, and central travel account transactions, including reviewing and, if appropriate, approving in writing on the required form all out-of-State travel prior to staff members traveling.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will reinforce its procedures to ensure all out-of-state travel is both verbally and pre-approved in writing on the correct form as required by SAAM even when there is not fee for the conference or out of state travel.

**Recommendation 23:** Implement all SAAM requirements for purchasing card, employee travel card, and central travel account transactions, including developing and implementing Board-specific policies for the use of employee travel cards.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will develop and implement a Board-specific policy for the use for the one employee that uses the travel card that aligns with SAAM.

**Recommendation 24:** Implement all SAAM requirements for purchasing card, employee travel card, and central travel account transactions, including approving only those lodging transactions that meet State policy requirements outlined in SAAM, Topic 50, Section 30.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will ensure all staff responsible for approvals are trained on and adhere to SAAM requirements for lodging transactions. If accommodations are needed, the request must be submitted and approved.

**Board did not ensure all remote and hybrid workers had completed required agreements and training.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board implemented a checklist to verify the completion of all required agreements and training before approving any remote or hybrid work schedules.

**Recommendation 25:** Verify that staff who request to work remote and hybrid schedules have completed a remote work agreement and the required training prior to approving them to work remote and hybrid schedules.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board implemented a checklist to verify the completion of all required agreements and training before approving any remote or hybrid work schedules.

**Recommendation 26:** Verify that remote staff have completed annual renewals of remote work agreements as part of its annual performance review process beginning in July 2025 for those staff working remote and hybrid schedules.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will integrate the annual renewal of remote work agreements into its annual performance review process. The Board has been informed that HR will be sending out an automatic renewal reminders to staff.

**Recommendation 27:** Conduct compliance reviews of all remote work arrangements to confirm that all required remote work documentation has been properly completed and submitted.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will conduct a review of all current remote work arrangements to ensure all documentation is complete and on file.

**Board has not established oversight and accountability mechanisms for all Board staff, inconsistent with recommended practices and State requirements.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will further refine and implement clear, measurable productivity and quality standards for investigators, licensing staff and all key staff functions.

**Recommendation 28:** Develop productivity and quality standards and implement accountability measures for all Board staff, including those working remote and hybrid schedules, who perform key Board responsibilities such as complaint investigations, nurse education program and training approvals, and Alternative to Discipline program participant monitoring.

Board Response: The audit recommendation will be implemented.



Response explanation: The Board will develop and implement clear, measurable productivity and quality standards for all key staff functions.

**Sunset factor 4:** The extent to which rules adopted by the Board are consistent with the legislative mandate.

**Board has adopted rules when statutorily required to do so, with 1 exception.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will assess the available options and will pursue a legislative change or initiate the rulemaking process to ensure statutory compliance.

**Recommendation 29:** Work with the Legislature to revise A.R.S. §32-1650.01 to remove the requirement to adopt rules prescribing fees for medication assistant training program applications or adopt the rules required by statute.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will work with the Legislature to revise A.R.S. §32-1650.01 to remove the requirement to adopt rules prescribing fees for medication assistant training program applications.

**Sunset factor 5:** The extent to which the Board has provided appropriate public access to records, meetings, and rulemakings, including soliciting public input in making rules and decisions.

**Board established some practices to help it comply with public records law and recommended practices, but has not revised its written policies and procedures to reflect these practices and could not demonstrate it met public records law requirements for at least 2 public records requests the Board reported it received in fiscal year 2024.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board notes board members in attendance at the beginning of each meeting and will also continue its current practice of conducting a roll call at the beginning of each meeting to identify all members and any vacancies.

**Recommendation 30:** Continue to implement its process for taking roll call at its Board meetings, including identifying Board members present, absent, and vacancies.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will continue tracking board members in attendance throughout the board meeting and also continue its current practice of conducting a roll call at the beginning of each meeting to identify all members and any vacancies.

**Recommendation 31:** Revise and implement its public records and information policies and procedures to help it comply with the State's public records law and recommended practices, including requirements for sending a receipt acknowledging public records requests.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board acknowledges receipt of an email request upon submission and will also revise its public records policy to include a refined tracking system acknowledging all requests upon receipt.

**Recommendation 32:** Revise and implement its public records and information policies and procedures to help it comply with the State's public records law and recommended practices, including requirements for responding to standard requests within 7-10 business days, including notifying requestors of delays if requests are not fulfilled within this time frame.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will refine its policy to establish a 7-10 business day response timeframe for standard requests and a procedure for notifying requestors of any delays.

**Recommendation 33:** Revise and implement its public records and information policies and procedures to help it comply with the State's public records law and recommended practices, including requirements for notifying requestors with complex requests, such as requests for numerous documents and/or information that is not readily available, that the request will not be fulfilled within the standard request time frame and providing an estimated time for fulfilling the request.

Board Response: The audit recommendation will be implemented.

Response explanation: The policy will be refined to include procedures for communicating with requestors about complex requests and providing an estimated fulfillment date.

**Recommendation 34:** Revise and implement its public records and information policies and procedures to help it comply with the State's public records law and recommended practices, including requirements for tracking and monitoring the receipt and fulfillment of public records requests, including logging the request receipt date, subject, requestor's name, requests from the Board to obtain additional information from the requestor to facilitate fulfillment of the requests, status, and the date the request was fulfilled.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will refine the log to track all public records requests from receipt to fulfillment.

**Recommendation 35:** Perform a risk-based review of the list of fiscal year 2024 public record requests compiled during the audit to determine if the Board failed to respond to any public record requests and fulfill them, including all 8 we identified at risk of not being fulfilled.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board has reviewed all FY 2024 public records requests to ensure every request has been fulfilled.

**Board provided some licensee and certificate holder disciplinary information on its website inconsistent with statutory requirements and did not provide statutorily required information in response to anonymous phone calls we made, despite prior recommendations to do so.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board reviewed its procedures to ensure compliance with the 5-year limit for posting disciplinary actions online.

**Recommendation 36:** Revise its public records policy to include the statutory requirement to post disciplinary actions on its website for no more than 5 years.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will review procedures to ensure compliance with the 5-year limit for posting disciplinary actions online.

**Recommendation 37:** Continue to implement its public information policies and procedures, including ensuring that staff responsible for answering the phones have been trained on the use of the policies and procedures.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will provide refresher training to all front-line staff to ensure they are knowledgeable about public information policies.

**Sunset factor 6:** The extent to which the Board timely investigated and resolved complaints that are within its jurisdiction.

**Board conducted a risk-based review of complaints that staff determined not to investigate and identified 18 complaints that were incorrectly triaged and should have been investigated; however, it had only reopened 11 of these complaints and investigated and resolved 2.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board has prioritized and will ensure the prompt investigation and resolution of the remaining complaints that were identified as incorrectly triaged.

**Recommendation 38:** Investigate and resolve the 16 complaints the Board determined were incorrectly triaged between January and April 2023.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board has prioritized and will ensure the investigation and resolution of the remaining complaints that were identified as incorrectly triaged.

**Board revised its triage policy to require a supervisory review for serious complaint allegations that staff determine not to investigate but lacked a process to ensure these reviews were performed.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will refine the tracking mechanism to ensure all complaints meeting the criteria in its policy receive a documented secondary review.

**Recommendation 39:** Develop and implement a process to identify all complaints requiring a secondary review as specified in its March 2024 policy and ensure that those complaints receive a secondary review to ensure the appropriateness of the complaint triage decision.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will refine the tracking mechanism to ensure all complaints meeting the criteria in its policy receive a documented secondary review.

**Board established a policy for merging new complaints into existing investigations, but it does not consider status of existing investigation, and Board has not fully implemented its policy.**

Board Response: The Auditor General's finding is agreed to.

Response explanation: The Board will revise its complaint-merging policy to include an assessment of the existing investigation's status to include the information is documented in the licensing data base – Orbs.

**Recommendation 40:** Revise its policy for merging new complaints into existing investigations to require consideration of the status of existing complaints and if merging a new complaint into an existing investigation would delay the resolution of the prior investigation.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will revise its complaint-merging policy to include documenting in the licensing data base the assessment of the new complaint. If the new complaint is similar to prior complaints, a decision to merge will be made and assign to the current investigator to prevent incomplete investigations considering all complaints.

**Recommendation 41:** Require staff to document their explanation and rationale for merging new complaints into an existing investigation as required by Board policy.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will enforce its policy by requiring staff to provide written justification for all merged investigations.

**Recommendation 42:** Once its policy for merging new complaints into existing investigations has been revised, provide training to all Board staff responsible for triaging new complaints.

Board Response: The audit recommendation will be implemented.

Response explanation: After the policy is revised, mandatory training will be provided to the two staff involved in the complaint triage process.

**Sunset factor 8:** The extent to which the Board has established safeguards against possible conflicts of interest.

**Board did not ensure conflict-of-interest acknowledgement forms are updated annually and its acknowledgement form does not include an “affirmative no.”**

Board Response: The Auditor General’s finding is agreed to.

Response explanation: The Board will continue to implement a tracking system to ensure the timely annual completion of conflict-of-interest forms by all required individuals and to have the person also provide a “firm no” there is no conflict of interest.

**Recommendation 43:** Revise and implement its conflict-of-interest policy to require tracking and monitoring the completion of its acknowledgment forms annually by all Board members and staff, including following up with Board members and staff who do not sign and return the acknowledgement form in a timely manner.

Board Response: The audit recommendation will be implemented.

Response explanation The Board will continue to implement a tracking system to ensure the timely annual completion of conflict-of-interest forms by all required individuals and follow up with those who do not acknowledge in a timely manner.

**Recommendation 44:** Revise its acknowledgement form to require Board member and staff to disclose any business or decision-making interests, secondary employment, and relatives employed by the State; and to attest to an “affirmative no,” if applicable, consistent with the ADOA disclosure form.

Board Response: The audit recommendation will be implemented.

Response explanation: The Board will revise its conflict-of-interest acknowledgement form to include all recommended disclosure fields and an “affirmative no” attestation.