PROPERTY OF THE

ARIZONA DEPARTMENT OF HEALTH SERVICES

Tempe Life Care Village, Inc, dba
Friendship Village Of Tempe
2525 East Southern Avenue
Tempe, AZ 85282

This facility is licensed to operate as a NURSING CARE INSTITUTION

Total Capacity: 128

From: February 1, 2017 **To: January 31, 2018**

Issued: June 27, 2017

Diane Eckles

Recommended By: Diane Eckles, Bureau Chief

License: NCI-2646

Issued By: Colby Bower, Assistant Director

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ADHS (Rev. 8/02)

ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

June 27, 2017

Mrs. Jadyne Schmidt, Administrator,
Friendship Village Of Tempe
2525 East Southern Avenue
Tempe, AZ 85282

Dear Mrs. Schmidt:

Per your request, enclosed is an amended Nursing Care Institution license number Nci-2646 which reflects the recent name change of your facility from "The Health Care Center at Friendship Village" to "Friendship Village of Tempe", effective 06/27/2017. This license limits the bed capacity of your facility to 128 and will expire 01/31/2018. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license.

Please be advised that A.R.S. § 36-425(A) requires this license to be conspicuously posted in the reception area of your facility. In addition, A.R.S. § 36-422(D) requires the Department to be notified of a change of ownership at least thirty (30) days prior to the effective date.

We have also updated our Medicare records to reflect this name change.

Should you have any questions or concerns, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Diane Eckles

Diane Eckles,
Bureau Chief

DE\bh

Enclosure
cc: State Borad of Nursing
AHCCCS

ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

INITIAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

In accordance with A.R.S. §41-1030
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: Friendship Village of Tempe Tax ID No. 86-0335417

Street Address: 2525 E Southern Ave

City: Tempe State: AZ Zip Code: 85282

Mailing Address: 2525 E Southern Ave

City: Tempe State: AZ Zip Code: 85282

Phone No. 480-831-3184 Fax No. 480-831-3259 E-mail: schmidtjadyne@FVTAZ.com

Class: Nursing Care Institution

If a facility that is not required to comply with A.A.C. R9-1-412, indicate licensed capacity: _____

Is the health care institution located within ¼ mile of agricultural land? ☐YES ■NO
If yes, the name and address of each owner or lessee of agricultural land regulated under A.R.S. § 3-365.

Name of owner or lessee of agricultural land: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of owner or lessee of agricultural land: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

SUBMIT, for each owner or lessee identified, a copy of the written agreement between the applicant and the owner or lessee of the agricultural land as prescribed in A.R.S. § 36-421(D).

Is the health care institution located in a leased facility? ☐ YES ■ NO

If yes, provide a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.

Is the health care institution ready for a licensing inspection by the Department? ■ YES ☐ NO

If no, indicate the date the health care institution will be ready for a licensing inspection: _____

Health care institution's days and hours of operation:
Sun 24 Hours Mon 24 Hours Tues 24 Hours Wed 24 Hours Thurs 24 Hours Fri 24 Hours Sat 24 Hours

Is health care institution accredited? ☐ YES ■NO
Name of accrediting organization (must be from a nationally recognized organization):

SUBMIT, if applicable, a copy of the full accreditation report and cover letter.

Is health care institution requesting certification under Title XIX of the Social Security Act? ☐ YES ■ NO

II. OWNER INFORMATION

The owner is a (select one):

☐ Sole proprietorship ☑ Corporation ☐ Partnership
☐ Limited liability partnership ☐ Limited liability company ☐ Governmental agency

Owner's Name: Tempe Life Care Village, Inc.

Street Address: 2645 E Southern Ave

City: Tempe State: AZ Zip Code: 85282

Phone No. 480-831-0880 Fax #: 480-831-3495 Email: marvincole@FVTAZ.com

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or , if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Don Cassano Title: President, Board of Directors

Name: Ellen Cavanaugh Title: VP-Board of Directors

Name: Marc Pulsifer Title: Secretary-Board of Directors

SUBMIT, if applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents.

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended? ☐ YES ■ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license :

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended? ☐ YES ■ NO

If yes, indicate:

The reason for denial, revocation, or suspension:

_____

The date of the denial, revocation, or suspension: _____

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

_____

What is the health care institution's proposed scope of services?

_____

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2) ? ■ YES ☐ NO

INITIAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

III. SUPPLEMENTAL APPLICATION – NURSING CARE INSTITUTIONS

Does the nursing care institution have a secured area for a resident with Alzheimer's disease or other dementia?

☒ YES ☐ NO

Does the nursing care institution have an area for a resident on a ventilator?

☐ YES ☒ NO

Services provided (select all those that apply):

☐ Behavioral Health Services
■ Clinical Laboratory Services
■ Radiology Services and Diagnostic Imaging Services
■ Rehabilitation Services
☐ Respiratory Care Services
☐ Dialysis Services

If applicable, name of the individual in charge of proposed nutrition and feeding assistant training program:

For each topic listed below, provide the information presented for each, the amount of time allotted to each, the skills an individual is expected to acquire for each, the testing method used to verify an individual has acquired the stated skills for each, and copies of the materials used during training in each:

a. Feeding techniques;
b. Assistance with feeding and hydration;
c. Communication and interpersonal skills;
d. Appropriate responses to resident behavior;
e. Safety and emergency procedures, including the Heimlich maneuver
f. Infection control;
g. Resident rights;
h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; or
i. Reporting a change in subsection (h) to a nurse at a nursing care institution.

IV. FEES

SUBMIT applicable fees required by R9-10-106. All fees are non-refundable except as provided in A.R.S. § 41-1077.

V. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: Douglas K Cook Title: Legal Counsel

Street Address: 40 N Center Street, Suite 110

City: Mesa State: AZ Zip Code: 85201-7300

Phone No. 480-461-4660

VI. GOVERNING AUTHORITY

Name: Tempe Life Care Village, Inc.

Street Address: 2645 E southern Ave

City: Tempe State: AZ Zip Code: 85282

VII. CHIEF ADMINISTRATIVE OFFICER

Name: Jadyne Schmidt Title: Health Services Administrator

Highest Educational Degree: Master of Health Administration-University of I

Work experience related to the health care institution class or subclass related to licensing requested:

13 years long-term care, 1 year Assisted Living Services Activity Director, 1 year Assistant Assisted Living Manager, 7 years Assisted Living Services Director, 5 years Health Services Administrator

VIII. SIGNATURES

A.R.S. §36-422(B) states an initial licensing application filed shall contain the written or electronic signature of:

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency.

[signature] Signature	PRESIDENT Title
Signature	Title

VII. CHIEF ADMINISTRATIVE OFFICER

Name: Jadyne Schmidt Title: Health Services Administrator

Highest Educational Degree: Master of Health Administration-University of I

Work experience related to the health care institution class or subclass related to licensing requested:

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2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency.

Signature	PRESIDENT Title
Signature	Vice President Title

IX. ADDITIONAL DOCUMENTATION

Is the health care institution required to comply with physical plant codes and standards incorporated by reference in A.A.C. R9-1-412?

☐ YES ☐ NO

If yes, provide documentation of the health care institution's architectural plans and specifications approval in R9-10-104. If no, provide one of the following:

- Documentation from the local jurisdiction of compliance with local building codes and zoning ordinances; or
- If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
- The licensed capacity requested by the applicant for the health care institution: 128 Beds
- If applicable, the licensed occupancy requested by applicant: 128 Beds
- A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and if applicable, each swimming pool on the health care institution premises; and
- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device.

Tempe Fire Medical Rescue
1400 E APACHE BL
P.O. Box 5002
Tempe, AZ 85280

NVN-01 No Violation Notice

Tuesday March 7, 2017 Entire Bld

Friendship Village Healthcare Center
2525 E SOUTHERN AV
Entire Bld
TEMPE, AZ 85282 Email: scottbrian@fvtaz.com

C22 Inspections-Maximum & High Risk
An inspection of your facility on Tuesday February 28, 2017 revealed no violations to the Fire Code of the City of TEMPE.

Notes:

02/28/2017 11:17:24 A_DavidFa

No Violations.

Thank you for your cooperation.

David Fabok

Fabok, David J/Fire Insp II
Inspector

Brian Scott
Responsible Party

Life Care Services
An LCS Company

May 25, 2017 **SUBMITTED VIA FEDEX**

Belinda Hernandez
Long Term Care Licensing / Arizona Department of Health Services
150 N. 18th Avenue, Suite 400
Phoenix, Arizona 85007

Re: Tempe Life Care Village, Inc. d/b/a Friendship Village Tempe, NAIC No. 95222 – Updating of d/b/a name on Nursing Care Institution License

Dear Ms. Hernandez:

It has come to our attention that the d/b/a name on Tempe Life Care Village, Inc.'s nursing care license is inaccurate. We would like to update the license to include the correct name, "Friendship Village of Tempe." We also wish to ensure that the address of the nursing facility is listed as "2525 E Southern Ave, Tempe, AZ 85282." Pursuant to our phone and email correspondence, I have attached an Initial License Application for a Health Care Institution and supporting documentation that was requested of us. Please find, attached, the following items:

1. Initial License Application for a Health Care Institution;
2. A current fire inspection report;
3. A Deed of Trust for the property;
4. Licensure Fee of $50, payable to the Arizona Department of Health Services – Division of Licensing Services; and
5. Assumed name certificate from Maricopa County.

Thank you for your assistance and attention to this matter. Please let me know if there are any issues with this filing and we will address them promptly. Should you have any questions or concerns, I can be reached by telephone at (515) 883-7842 or by e-mail at kocklerandrew@LCSnet.com.

Sincerely,

Andrew Kockler
Compliance Analyst