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, 2019 **To: January 31, 2020**

Issued: October 5, 2018

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

October 5, 2018

Important Notice - Please Read Carefully

Jadyne Schmidt, Administrator
Friendship Village of Tempe
2525 East Southern Avenue
Tempe, AZ 85282

Dear Mrs. Schmidt:

Enclosed is Nursing Care Institution license number Nci-2646, which authorizes your facility to operate 128 beds. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license. Please note the expiration date on your 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.

The Department has also completed an administrative completeness review of the renewal application and documents you submitted and determined that the application and documents are administratively complete and in compliance with licensing requirements.

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:sf

Enclosure

ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

RENEWAL 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 License No. NCI-2646

Mailing Address: 2525 EAST SOUTHERN AVENUE

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

What is the health care institution's scope of service:

Skilled nursing services, rehabilitation services and long-term care.

Health care institution's days and hours of operation:

Sun 24 Mon 24 Tues 24 Wed 24 Thurs 24 Fri 24 Sat 24

Is health care institution accredited? ☐ YES ☒ NO

Name of accrediting organization (must be from a nationally recognized organization):

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

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II.OWNER INFORMATION

Owner's Name: TEMPE LIFE CARE VILLAGE, INC

Street Address: 2645 EAST SOUTHERN AVENUE

City: TEMPE State: AZ Zip Code: 85282

Phone No. (480) 831-0880 Fax No. (480) 831-3180

The owner is a (select one):

☐ Sole proprietorship ☒ Corporation ☐ Partnership

☐ Limited liability partnership ☐ Limited liability company ☐ Governmental agency

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: Board of Director President

Name: Ellen Cavanaugh Title: Board of Director Secretary/Treasurer

Name: Title:

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 since the previous license application was submitted?

☐ 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:

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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 since the previous license application was submitted?

☐ 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:

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

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

Name: Kevin Olson Title: Attorney at Law

Street Address: 201 E Washington St. Suite 1600

City: Phoenix State: AZ Zip Code: 85004

Phone No. (602) 257-5275

IV.GOVERNING AUTHORITY

Name: Tempe Life Care Village Inc.

Street Address: 2645 E Southern Avenue

City: Tempe State: AZ Zip Code: 85282

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V. CHIEF ADMINISTRATIVE OFFICER

Name: Jadyne M Schmidt Title: Health Services Administrator

Highest Educational Degree: Masters of Health Administration - University of Phoenix

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

15 years long-term care, 1 year Assisted Living Services Activity Director, 1 year Assistant Assisted Living Manager, 7 years Assisted Living Services Director and 6 years Health Services Administrator.

VI.SIGNATURES

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.

Don Cassano Signature	Board of Director President Title
Ellen Cavanaugh Signature	Board of Director Secretary/Treasurer Title

VII.ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. ☐ YES ☒ NO