ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

October 9, 2020

Important Notice - Please Read Carefully

Troy Toolson, Administrator
Haven Of Globe
1100 Monroe Street
Globe, AZ 85501

Dear Mr. Toolson:

Enclosed is Nursing Care Institution license number Nci-2720, which authorizes your facility to operate 104 beds. 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.

Per A.R.S. § 36-425(C)(1), "A health care institution license does not expire and remains valid unless...The department subsequently revokes or suspends the license..." Additionally, per A.R.S. § 36-425(C)(2), "The license is considered void because the licensee did not pay the licensing fee before the licensing fee due date."

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:bk

Enclosure

PROPERTY OF THE

ARIZONA DEPARTMENT OF HEALTH SERVICES

Haven Of Globe LLC dba
Haven Of Globe
1100 Monroe Street
Globe, AZ 85501

This facility is licensed to operate as a **NURSING CARE INSTITUTION**

Total Capacity: 104

Effective: November 1, 2020

Diane Eckles

Recommended By: Diane Eckles, Bureau Chief

License: NCI-2720

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

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

INFORMATION VERIFICATION AND ANNUAL LICENSING FEES

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – LONG TERM CARE FACILITIES LICENSING

In accordance with A.A.C. R9-10-107
C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
1. The following information in a Department-provided format:
a. The licensee's name, and
b. The facility's name and license number;
2. Verification of the information in the Department's current records for the health care institution;
3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
4. The applicable annual licensing fees in R9-10-106.

Fac ID: LTC0037

Fee Due Date: 10/31/2020

Legend

New Certificate | ! Updates Required | !! Review and Updates Required

HEALTH CARE INSTITUTION INFORMATION

Name of health care institution	License number
HAVEN OF GLOBE	NCI-2720

Facility physical address	City	State	ZIP Code
1100 MONROE STREET	GLOBE	AZ	85501

Facility mailing address	City	State	ZIP Code
1100 MONROE STREET	GLOBE	AZ	85501

Phone number	Email	Fax number (optional)
(928) 425-5721	ttoolson@havenhg.com	(928) 425-3745

Class or subclass

Nursing Care Institution

Authorized services

Authorized Service: Secured Alzheimer's Unit Not Approved (Start Date: N/A)

Authorized Service: Ventilator Area Not Approved (Start Date: N/A)

Authorized Service: Behavioral Health Unit Not Approved (Start Date: N/A)

Authorized Service: Dialysis Services Not Approved (Start Date: N/A)

Fac ID LTC0037 Fee Due Date 10/31/2020

Authorized Service: Radiology Services Not Approved (Start Date: N/A)

Authorized Service: Diagnostic Imaging Services Not Approved (Start Date: N/A)

Authorized Service: Clinical Lab Services Not Approved (Start Date: N/A)

Authorized Service: Behavioral Health Services Not Approved (Start Date: N/A)

Health care institution's days and hours of operation

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM

Fac ID LTC0037

Fee Due Date 10/31/2020

OWNER INFORMATION

The owner type is a

Limited liability partnership

Tax ID

[redacted]

Owner's name

HAVEN OF GLOBE, LLC

Owner's mailing address	City	State	ZIP Code
31752 S COAST HIGHWAY SUITE 300	LAGUNA BEACH	CA	92651

Phone number	Email	Fax number (optional)
(801) 296-5110	SWROBERTSON@HGMGT.COM	(801) 296-5111

Name	Title
Brett P Robertson	Manager/Pres/CEO

CHIEF ADMINISTRATIVE OFFICER

Name | Effective date

NURSING CARE INSTITUTION ADMINISTRATOR

Name: TROY TOOLSON | Effective date: 8/5/2018

EMERGENCY CONTACT INFORMATION

Name: Troy Toolson | Phone number: (928) 425-5721

Fac ID LTC0037

Fee Due Date 10/31/2020

FEES

Description	Amount
License fees	
Base fee	$870
Licensed capacity/occupancy (104) x Per unit cost of $73	$7592
Late fee	$0
Total license fees	**$8462**
Enforcement fees	
Enforcement fees previously owed	$0
Total enforcement fees	**$0**
Total amount due	**$8462**

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE.
NOTE: Fees do not apply to a health care institution operated by a state agency pursuant to federal law such as the veterans home, Arizona State Hospital or an adult foster care home.

[X] I acknowledge that all information has been verified and is accurate.

Submitted by

Scott Robertson

Submitted on

10/7/2020