

Medicare/Medicaid
Documents Only

These are
Medicare/Medicaid
documents for complaint
investigation VIC011
conducted on 2.2.17

The balance of the
investigation records are
found in the
State Public File.

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: UIC011
Facility ID: LTC0053

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 035099		3. NAME AND ADDRESS OF FACILITY (L3) AVALON SOUTHWEST HEALTH & REHABILITATION (L4) 2900 EAST MILBER STREET (L5) TUCSON, AZ (L6) 85714			4. TYPE OF ACTION: <u>6</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
2. STATE VENDOR OR MEDICAID NO. (L2) 835118		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE			FISCAL YEAR ENDING DATE: (L35) 12/31	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		6. DATE OF SURVEY (L34)			8. ACCREDITATION STATUS: (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		10. THE FACILITY IS CERTIFIED AS: X A. In Compliance With Program Requirements Compliance Based On: <u>X</u> 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A1* (L12)			And/Or Approved Waivers Of The Following Requirements: <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit <u> </u> 3. 24 Hour RN <u> </u> 7. Medical Director <u> </u> 4. 7-Day RN (Rural SNF) <u> </u> 8. Patient Room Size <u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room	
12. Total Facility Beds 240 (L18)		13. Total Certified Beds 240 (L17)		14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 240 (L37) (L38) (L39) (L42) (L43)		
15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): YES (L15)						

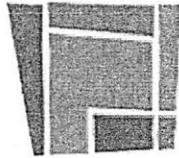
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):
Avalon Southwest Health & Rehabilitation abbreviated Survey was conducted on 02/02/2017 found to be in compliance with revisit report 03/27/2017. State Agency recommended recertification

17. SURVEYOR SIGNATURE *Diane Eckles*
Christie Brown Surveyor (L19)

18. STATE SURVEY AGENCY APPROVAL *[Signature]* Date: _____ (L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Participate 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____	
22. ORIGINAL DATE OF PARTICIPATION 02/05/1985 (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination <u>OTHER</u> 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active	
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. 01101 (L28) (L31)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

April 10, 2017

Brian Balliet, Administrator
Avalon Southwest Health & Rehab
2900 East Milber Street
Tucson, AZ 85714

Dear Mr. Balliet:

Enclosed is the **Post-certification Revisit Report** forms which indicate that the following deficiencies were found to be corrected on March 27, 2017 at the time of the follow-up investigation to Complaint #UICO12. A copy will be filed in your public file.

Thank you for the time extended to us during the recent inspection of your facility. Please contact the Bureau of Long Term Care at (602) 364-2690 if we may be of assistance.

Sincerely,

B Hernandez

Belinda Hernandez
CSR4/Licensing Certification Specialist

\bh

Enclosures

Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 035099	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/27/2017	Y3
NAME OF FACILITY AVALON SOUTHWEST HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714		

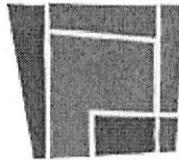
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0248	Correction	ID Prefix F0249	Correction	ID Prefix	Correction
Reg. # 483.24(c)(1)	Completed	Reg. # 483.24(c)(2)(i)(ii)	Completed	Reg. #	Completed
LSC	02/24/2017	LSC	02/24/2017	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) DA	DATE 3/27/17	SIGNATURE OF SURVEYOR <i>Dale Cohen</i>	DATE 3/27/17
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON **2/2/2017**

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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Receipt of Notice Presumed [03/15/2017 via email]

March 15, 2017

Mr. Brian Balliet, Administrator
Avalon Southwest Health & Rehabilitation
2900 East Milber Street
Tucson, AZ 85714

Dear Mr. Balliet:

Enclosed please find the Statement of Deficiencies and Plan of Correction for the Complaint Investigation # **UICO11** conducted on February 2, 2017 which was submitted to the Bureau of Long Term Care on February 17, 2017.

The Plan of Correction is unacceptable for the following reasons:

1. F000: Initial comments-Please strike out the sentence "The Plan of Correction is prepared solely because it is required by Federal and state law."
2. F248: Need copy of activity schedule for the memory unit
Need copy of re-education material taught and to whom
Need copies of audits conducted to date
3. F249: Need copy of corporate social services signing off approval for activity schedule for the memory unit. Need copy of the random observations on activities in the memory unit with findings

The requested documents are required to be returned to this office no later than **March 22, 2017**, please retaining a copy for your files. If the requested documents for the Plan of Correction are not received by this office on or before **March 22, 2017**, licensure action and/or civil penalties may be assessed.

Thank you for your cooperation. If you have any questions, please call the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Diane Eckles

Diane Eckles
Bureau Chief

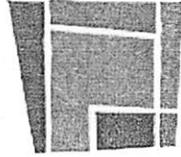
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Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

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ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

April 10, 2017

Brian Balliet, Administrator
Avalon Southwest Health & Rehab
2900 East Milber Street
Tucson, AZ 85714

Dear Mr. Balliet:

On February 2, 2017, complaint survey UICO11 was conducted at your facility. You have alleged that the deficiencies cited on that survey have been corrected. We are accepting your allegation of compliance and presume that you have achieved substantial compliance. Based on this presumed compliance, we are not forwarding to the Centers for Medicare/Medicaid Services (CMS) Regional Office and/or the State Medicaid Agency our recommendation that the remedies we indicated in our letter to you of 02/07/2017 be imposed at this time.

We may be conducting a revisit of your facility to verify that substantial compliance has been achieved and maintained. We will certify your facility in compliance if we find that your facility is in substantial compliance at the time of the revisit. If we find that your facility has failed to achieve or maintain substantial compliance, the following remedies (or revised, if appropriate) will be imposed:

Recommendation to CMS Civil money penalty of \$, effective February 2, 2017

A civil money penalty, if imposed, will continue until you have achieved substantial compliance or your provider agreement is terminated

If you have any questions concerning the instructions contained in this letter, please call the Bureau of Long Term Care at (602) 364-2690.

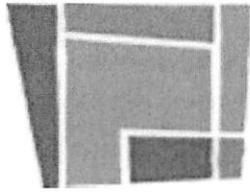
Sincerely,

B Hernandez

Belinda Hernandez
CSR4/Licensing Certification Specialist

/bh

cc: State Ombudsman (with POC)
Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

Receipt of Notice Presumed 02/07/2017 via email

February 7, 2017

Mr. Brian Balliet, Administrator
Avalon Southwest Health & Rehabilitation
2900 East Milber Street
Tucson, AZ 85714

Dear Mr. Balliet:

The purpose of this letter is to inform you that the Department of Health Services, Bureau of Long Term Care has investigated complaint #UICO11 on February 2, 2017. During this investigation, some deficiency(ies) were found. A statement of Medicare deficiencies is attached to this letter.

This survey found the most serious deficiency(ies) in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the attached form 2567 whereby corrections are required (E).

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Plan of Correction

A Plan of Correction (PoC) for the deficiencies must be submitted by **February 17, 2017**. You must include all pages of the Statement of Deficiencies when submitting your PoC. Avalon Southwest Health & Rehabilitation failure to submit an acceptable PoC by **February 17, 2017** may result in the imposition of remedies. **Plans of correction sent by fax will not be accepted.**

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice, on both a temporary and permanent basis, including the date the correction will be accomplished;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and the title, or position, of the person responsible for implementing/monitoring the corrective action.

Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

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- The signature and date you approve the Plan of Correction on the first page.

Mandatory Remedies

Your current period of noncompliance began on February 2, 2017. If you do not achieve substantial compliance within three months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

The CMS Regional Office must terminate your provider agreement if substantial compliance has not been reached by 08/02/2017.

Recommended Remedies

The remedies which will be recommended if substantial compliance is not achieved include the following:

Recommending to CMS Civil Money, effective February 2, 2017

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate). A change in the seriousness of the deficiencies may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

Notice for Statutory Denial of Payment for New Admissions (DPNA)

Based on deficiencies cited during this survey and as authorized by CMS San Francisco Regional Office, we are giving formal notice of imposition of statutory Denial of Payment for New Admissions effective 05/02/2017. This remedy will be effectuated on the stated date unless you demonstrate substantial compliance with an acceptable plan of correction and subsequent revisit. This notice in no way limits the prerogative of CMS to impose discretionary DPNA at any appropriate time.

CMS Regional Office will notify your intermediary and the Medicaid Agency. If effectuated, denial of payment will continue until your facility achieves substantial compliance or your provider agreement is terminated. [Facilities are prohibited from billing those Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid} The Medicare and Medicaid programs will make no payment for residents whose plans of care begin on or after the DPNA effective date.

Appeal Rights

If you disagree with the determination of noncompliance (and/or substandard quality of care, if applicable), you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, et. seq. You may appeal the finding of noncompliance that led to an enforcement action, but not the enforcement action or remedy itself.

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A written request for hearing must be filed no later than (60 days from the date of receipt of this letter). Such written request should be made directly to:

**Attention: Ms. Karen Robinson
Departmental Appeals Board
Civil Remedies Division
Cohen Building, Room G-644
330 Independence Avenue S.W.
Washington, D.C. 20201**

A request for hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may be represented at a hearing by counsel at your own expense. Be sure to include a copy of this letter with your request to the Departmental Appeals Board. In addition, please forward a copy of your request to:

**Attention: Paula Perse, Manager
Long Term Care Branch
Division of Survey and Certification
Centers for Medicare & Medicaid Services
90 1h Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707**

Alternatively, you can file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at <https://dab.efile.hhs.gov>. To file a new appeal using DAB E-File, you first need to register a new account by: (1) clicking Register on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking Register Account at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at https://dab.efile.hhs.gov/user_sessions/new to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he or she is a party or authorized representative. Once registered, you may file your appeal by:

-Clicking the File New Appeal link on the Manage Existing Appeals screen, then clicking Civil Remedies Division on the File New Appeal screen.

And,

-Entering and uploading the requested information and documents on the "File New Appeal-Civil Remedies Division" form.

At minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. All documents must be submitted in Portable Document Format ("PDF").

Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E-File Procedures link on the File New Appeal Screen for CRD appeals.

If you choose to file your appeal electronically, please also send a copy of the hearing request to:

**Attention: Paula Perse, Manager
Long Term Care Branch
Division of Survey and Certification
Centers for Medicare & Medicaid Services
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707**

Allegation of Compliance

Your properly signed Plan of Correction constitutes your credible allegation of compliance. We may accept the Plan of Correction and presume compliance until substantiated by a revisit or other means.

To ensure that this office has time to confirm compliance before mandatory remedies are imposed, the Bureau of Long Term Care recommends that an allegation of compliance date be within one week of **03/19/2017**.

If, upon a subsequent revisit, your facility has not achieved substantial compliance, the Office of Long Term Care will recommend that remedies be imposed by the CMS Regional Office or the State Medicaid Agency and continue until substantial compliance is achieved.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, an explanation of why you are disputing those deficiencies along with supporting information that shows that the facility was in compliance at the time of the survey to Joel Bunis, Bureau Chief, Bureau of Long Term Care, 150 North 18th Avenue, Suite 440, Phoenix, Arizona 85007.

Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

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Avalon Southwest Health & Rehabilitation
February 7, 2017
Page Five

This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies. An informal dispute resolution process will not delay the effective date of any enforcement action. **Please note: Effective July 1, 2007, facilities requesting an Informal Dispute Resolution must submit separate requests, one for State deficiencies cited and one for Federal deficiencies cited, if applicable.**

Retain a copy of the PoC for your files. If the PoC is not received by this Office by **February 17, 2017**, licensure and/or recertification may be denied. **Plans of correction sent by fax will not be accepted.**

If you have any questions concerning the instructions contained in this letter, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Diane Eckles

Diane Eckles
Bureau Chief

DE:bh

Attachments

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APC 2-24-17
3/23/17
RECEIVED
MAR 22 2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING <u>BY:</u> _____	(X3) DATE SURVEY COMPLETED C 02/02/2017
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NAME OF PROVIDER OR SUPPLIER AVALON SOUTHWEST HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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<p>F 000</p> <p>F 248 SS=E</p>	<p>INITIAL COMMENTS</p> <p>A complaint (AZ133764, AZ134243, AZ134306, AZ134460, AZ134559, AZ134598, and AZ134600) investigation survey was conducted on January 30 through February 2, 2017. The following deficiencies were cited.</p> <p>483.24(c)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>(c) Activities.</p> <p>(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and review of facility policies and procedures, the facility failed to provide an ongoing program of activities for multiple residents in the facility's secured memory care unit.</p> <p>Findings include:</p> <p>During an observation on January 30, 2017 at 10:05 a.m., nine residents were observed seated in a television room which was approximately 12 by 15 feet. A television was turned on in the corner of the room but none of the residents were observed watching the television. None of the residents appeared to be involved in any</p>	<p>F 000</p> <p>F 248</p>	<p>"This Plan of Correction constitutes the facility's allegation of compliance for the deficiencies cited in the CMS-2567. However, the submission of this plan is not an admission that a deficiency exists. This response and Plan of Correction does not constitute an admission or agreement by the provider of the facts alleged or the conclusions set forth in the Statement of Deficiencies. We have implemented the Plan of Correction as stated below to correct the deficiencies cited."</p> <p>F248 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice, on both a temporary and permanent basis, including the date the correction will be accomplished?</p> <p>No specific residents were identified.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents residing in the Memory Care Unit have the potential to be affected. The Activity offerings have been revised to provide varied group activities for residents. The Recreation Department conducts a minimum of</p>	<p>2/24/17</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 3/17/2017
--	------------------------	------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2017
NAME OF PROVIDER OR SUPPLIER AVALON SOUTHWEST HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 248	<p>Continued From page 1</p> <p>meaningful activities. One resident was unable to exit the room as another resident was seated near the entrance of the room. No staff were present in the television room with the residents.</p> <p>Other residents were observed either walking or wheeling their wheelchairs up and down the halls during this time.</p> <p>An interview was conducted with a CNA (certified nursing assistant), staff #139 on January 30, 2017 at 10:10 a.m. Staff #139 stated "We are going to start thinning them out (of the television room) right now for lunch."</p> <p>A sign posted in the resident's dining room revealed lunch was not served until 11:45 a.m.</p> <p>An interview was conducted with a CNA, staff #83 on January 31, 2017 at 12:45 p.m. Staff #83 stated that the residents should have more activities going on. Staff #83 stated that the residents on the memory care unit need activities but because of their dementia they are unable to request that. Staff #83 stated that the facility used to have much more activities scheduled for the residents on this unit. Staff #83 stated that the Nail Spa was never provided for the residents at 9:00 a.m. this morning as posted on the activity calendar in every resident's room. Staff #83 further stated that sometimes the residents on the memory care unit do not have any activities provided by the activity department during the day.</p> <p>Another observation was made in the television room on January 31, 2017 at 12:40 p.m. Six residents were observed seated in the room. Again the television was on with none of the</p>	F 248	<p>Four (4) group activities per day, Monday thru Friday and two (2) per day, Saturday and Sunday.</p> <p>What measures will be put in place or what systematic changes will be made to ensure the deficient practice does not recur?</p> <p>The Activity/Recreation Director has been re-educated by the Administrator/designated on 2/14/17 regarding the importance of and value of activities in the Memory Care Unit. The Activity/Recreation Director will follow the posted calendar for activities.</p> <p>How will the facility monitor corrective actions(s) to ensure the deficient practice does not recur?</p> <p>The Administrator/designee will conduct audits of the Activity Calendar/Schedule and the Activities for compliance 4x/week x 2 weeks, then 2x/week x 2 weeks, then weekly x 2 months. Audit findings will be reported to the QAPI Committee x 3 months or until a lesser frequency is deemed appropriate.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2017
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NAME OF PROVIDER OR SUPPLIER AVALON SOUTHWEST HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 248	<p>Continued From page 2</p> <p>residents observed watching it. Other residents were observed wandering up and down the halls with no meaningful activities being provided.</p> <p>A review of the activities calendar which was posted in every resident's room revealed that Tea and Trivia Tuesday was scheduled at 1:00 p.m. in the memory care unit on January 31, 2017. This activity was not observed to have occurred while licensing surveyor was making observations on the unit from 12:30 p.m. until 1:20 p.m.</p> <p>An interview was conducted with the recreation director, staff #78 on January 31, 2017 at 1:30 p.m. The recreation director stated that the memory care unit had fewer activities scheduled than the other units in the facility because the residents have dementia. The recreation director stated that dementia residents don't stay in activities so that activities can only be done for a short period of time. The recreation director stated that the memory care unit has two activities scheduled per day, at 9:00 a.m. and 1:00 p.m. When licensing surveyor told recreation director that these activities were not observed, the recreation director stated that she checks on her staff all the time but that she is having problems with a few.</p> <p>During the interview with the recreation director, staff #78 on January 31, 2017 at 1:30 p.m., the recreation director stated that she wasn't able to find a lot of activities that catch the attention of the dementia residents. The recreation director further stated basically my girls (recreation assistants) would be sitting down there (memory unit) not doing a whole lot with them (the residents) or doing the activities by themselves.</p>	F 248		

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F 248	Continued From page 3 A review of the facility's policy Activity Programs documented "Activity programs designed to meet the needs of each resident are available on a daily basis...Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs...At least four group activities are offered per day Monday through Friday..."	F 248		
F 249 SS=E	483.24(c)(2)(i)(ii) QUALIFICATIONS OF ACTIVITY PROFESSIONAL (c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who- (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, review	F 249	<p>F249 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice, on both a temporary and permanent basis, including the date the correction will be accomplished?</p> <p>No specific residents were identified.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected. The Recreation Director is attending coursework with the end goal of certification as an Activity Director. On a temporary basis, the Corporate Director of Social Services and Activities/Recreation will monitor the facility Activity Director, via telephone and webinar.</p>	2/24/17

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F 249	<p>Continued From page 4</p> <p>of facility documentation, and review of a facility job description, the facility failed to ensure the activities program for the residents in the memory care unit was directed by a qualified professional.</p> <p>Findings include:</p> <p>Multiple observations were made of the residents in the facility's memory care unit on January 30 and 31, 2017 and none of the residents were observed to be engaged in meaningful activities.</p> <p>An interview was conducted with the recreation director, staff #78 on January 31, 2017 at 1:30 p.m. The recreation director stated that the memory care unit had fewer activities scheduled than the other units in the facility because the residents have dementia. The recreation director further stated that she wasn't able to find a lot of activities that catch the attention of the dementia residents.</p> <p>During the interview with the recreation director, staff #78 on January 31, 2017 at 1:30 p.m., the recreation director stated that she was an activity assistant for a few months prior to her employment at this facility. The recreation director stated that most of her background was in customer service. The recreation director further stated that she worked at this facility as an activity assistant for three months prior to becoming the activity director in November 2016.</p> <p>An interview was conducted with the administrator, staff #16 on January 31, 2017 at 2:50 p.m. The administrator stated that the recreation director currently is not certified but that the facility was making arrangements for her to be certified.</p>	F 249	<p>What measures will be put in place or what systematic changes will be made to ensure the deficient practice does not recur?</p> <p>The facility activities program will be monitored by a qualified professional. The facility Recreation Director will submit the proposed monthly calendar to the Corporate Director of Social Services and Activities/Recreation for review of appropriateness of activities, prior to posting, until the Recreation Director completes her coursework.</p> <p>How will the facility monitor corrective actions(s) to ensure the deficient practice does not recur?</p> <p>The Administrator/designee will conduct review the activity calendar daily, Monday thru Friday, and conduct random observations at different times of the day to verify that the approved, scheduled activities are being conducted. This will continue until successful completion of the coursework by the facility Recreation Director.</p> <p>The findings will be reported to the QAPI Committee monthly x 3 months or until the coursework is completed.</p>		

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F 249	Continued From page 5 A review of the facility's job description Recreation Director documented "...Minimum Qualifications: Must be eligible for certification as a Therapeutic Recreation Specialist or as an activities professional by a recognized accrediting body; or have two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or is a qualified Occupational Therapist or Occupational Therapy Assistant; or have completed a training course approved by the State..."	F 249		



February 15, 2017

Ms. Diane Eckles, Bureau Chief
Bureau of Long Term Care Licensing
150 North 18th Avenue, Suite 440
Phoenix, AZ 85007-3242

ADHS CONTROLLER'S OFFICE
CASH RECEIPTS UNIT

kw FEB 17 2017
RECEIVED *m d*

Dear Ms. Eckles:

Enclosed please find the Statements of Deficiencies with the corresponding Plans of Correction for each of the citations received in the February 2, 2017, Complaint Survey conducted at Avalon Southwest Health and Rehabilitation. Included are the Statements of Deficiencies and the Plans of Correction for the F-Tags and the Y-Tags.

Please accept this Plan of Correction as the credible allegation of substantial compliance.

Please contact me with any questions.

Sincerely,

Brian Balliet
Administrator