

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

March 29, 2018

**IMPORTANT NOTICE- PLEASE READ CAREFULLY**

William Amoureux, Administrator  
Avalon Southwest Health & Rehab  
2900 East Milber Street  
Tucson, AZ 85714

Dear Mr. Amoureux:

On March 27, 2018, a first revisit was conducted at your facility by the Arizona Department of Public Health, Licensing, and Certification Bureau, to determine if your facility was in compliance with state requirements at the time of the follow-up investigation to complaint # OUUM12.

Enclosed is the **State Revisit Report form**, which indicates the licensee to be in substantial compliance. A copy of this form will become a part of the facility's public file. Please keep this current inspection report in the facility and available for review.

If we can be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

*B Hernandez*

Belinda Hernandez,  
CSR4/Licensing Certification Specialist

\bh

Enclosure

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

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150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247    P | 602-364-2690    F | 602-324-0993

W | [azhealth.gov](http://azhealth.gov)

*Health and Wellness for all Arizonans*

**ADHS LICENSING SERVICES**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NCI-2643</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/27/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVALON SOUTHWEST HEALTH &amp; REHABILITA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 EAST MILBER STREET TUCSON, AZ 85714</b>
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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) COMPLETE DATE
{Y 000}	<p><b>Initial Comments</b></p> <p>The follow up State complaint investigation survey was conducted on March 27,2018, no deficiencies were cited.</p>	{Y 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2643	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/27/2018	Y3
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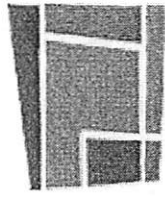
NAME OF FACILITY AVALON SOUTHWEST HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected 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 State Survey Report (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 Y0347	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # R9-10-403.C.2.h.	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/27/2018	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) <b>DA</b>	DATE <b>3/27/18</b>	SIGNATURE OF SURVEYOR <i>Dal Cohen</i>	DATE <b>3/27/18</b>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/23/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

Receipt Of This Notice Is Presumed To Be 03/07/2018  
Important Notice - Please Read Carefully

March 7, 2018

William Amoureux, Administrator  
Avalon Southwest Health & Rehab  
2900 East Milber Street  
Tucson, Arizona 85714

Dear Mr. Amoureux:

The purpose of this letter is to inform you that the Department of Health Services, Office of Long Term Care, has investigated complaint # OUUM11 on February 23, 2018. As a result of this investigation, the Department has found the facility to be out of compliance with State licensing requirements. A statement of **State** deficiencies is attached to this letter

The statement of deficiencies must be addressed by submitting a Plan of Correction (PoC). 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.
- The signature and date you approve the Plan of Correction on the first page.

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

150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247    P | 602-364-2690    F | 602-324-0993

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Avalon Southwest Health & Rehab  
March 7, 2018  
Page Two

Your POC should be specific and realistic since it will be a public document available to all interested parties. Please place your plan of correction in the space provided in the right column of the statement of deficiencies and return the original to this office by **March 17, 2018**. You must include all pages of the Statement of Deficiencies when submitting your PoC. **Plans of Correction sent by fax will not be accepted.** Retain a copy for your files. If the PoC is not received by this Office on or before **March 17, 2018**, state enforcement actions may proceed.

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Informal Dispute Resolution

You have an opportunity to dispute any deficiencies or language listed on the SOD through an Informal Dispute Resolution (IDR). To dispute a deficiency or language listed on the SOD, send a written request on a separate document **due 10 days from receipt of this letter**. The written request must include documentation that shows the licensee was in compliance at the time of the inspection. The Department will review the written request and documentation provided to the Department and notify you of the Department's decision. If you have any questions, please call: Diane Eckles, Bureau Chief, Bureau of Long Term Care 150 North 18th Avenue, #440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,



Diane Eckles  
Bureau Chief

DE\sg

Attachments

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

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ADHS LICENSING SERVICES

RECEIVED  
MAR 13 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NCI-2643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: <u>BY: _____</u>	(X3) DATE SURVEY COMPLETED  C 02/23/2018
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NAME OF PROVIDER OR SUPPLIER  AVALON SOUTHWEST HEALTH & REHABILITA	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
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Y 000	Initial Comments  A complaint (AZ146777) investigation was conducted on February 23, 2018. The following deficiencies were cited.	Y 000	This Plan of Correction is submitted to meet requirements established by state law. And it constitutes the facility's demonstration of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency existed or that one was correctly cited.	
Y 347	<p>R9-10-403.C.2.h. Administration</p> <p>R9-10-403.C. An administrator shall ensure that:</p> <p>R9-10-403.C.2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:</p> <p>R9-10-403.C.2.h. Cover environmental services that affect resident care;</p> <p>This RULE is not met as evidenced by: An Administrator shall ensure that policies and procedures for physical health services and behavioral services are established, documented and implemented to protect the health and safety of a resident that covers environmental services, enough clean linen so as to not adversely affect resident care. Based on observations, staff interviews and residents interviews, the facility failed to maintain an adequate supply of towels and washcloths for 150 residents.</p> <p>Findings include:</p> <p>A tour of the facility was conducted on February 23, 2018 with the housekeeping account manager/staff #156 to determine the availability of towels and washcloths for resident use.</p>	Y 347	<p>Y347</p> <p><b>How corrective action will be accomplished for those residents found to have been affected by deficient practice.</b> Linens were received and put into use on 2/24/2018. There are sufficient linens to supply the current level of residents.</p> <p><b>How facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> All residents have the potential to be affected by this practice.</p> <p><b>What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not reoccur.</b> Laundry/Housekeeping account Manager will audit the linens weekly to ensure the appropriate supply of</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*William L. ...*

TITLE

*Administrator*

(X6) DATE

*3-9-18*

STATE FORM

RECEIVED  
MAR 13 2018  
By *JH*

If continuation sheet 1 of 6

ADHS LICENSING SERVICES

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Y 347	<p>Continued From page 1</p> <p>At 8:35 a.m. the linen cart on the C1 hallway had 3 bath towels, 5 hand towels, and 3 washcloths available for resident use.</p> <p>An interview was conducted with the housekeeping account manager on February 23, 2018 at 8:37 a.m.. The housekeeping account manager stated that linen carts are stocked two to three times per shift. The housekeeping account manager stated that the facility was waiting for a delivery of linen. The housekeeping account manager stated that towels and washcloths could be obtained from another hall if needed.</p> <p>At 8:40 a.m. the linen cart on the B1 hallway had 5 washcloths, 1 hand towel and 8 bath towels.</p> <p>At 8:42 a.m. the linen cart on the A1 hallway had 2 washcloths, 5 hand towels and no bath towels.</p> <p>At 8:45 a.m. the linen cart on the C2 hallway had no washcloths, hand towels or bath towels.</p> <p>At 8:47 a.m. the linen cart on the B2 hallway had 5 washcloths, 13 bath towels and 3 hand towels.</p> <p>At 8:49 a.m. the linen cart on the A2 hallway had no washcloths, hand towels or bath towels.</p> <p>An interview was conducted with a laundry staff person/staff #157 on February 23, 2017 at 8:53 a.m. There were 11 bath towels, 8 hand towels, and 2 washcloths on a table in the laundry room. The laundry staff person stated there were more in the dryer but that she did not know how much.</p> <p>An interview was conducted with the housekeeping account manager/staff #156 on February 23, 2018 at 8:55 a.m.. The</p>	Y 347	<p>linen remains on hand. Linen will be re-ordered as need to keep a par level available.</p> <p><b>How facility plans to monitor its performance to make sure solutions are sustained.</b> Findings will be reviewed in QAPI meeting monthly for a minimum of 3 months or until QAPI team determines a lesser frequency is deemed necessary.</p> <p><b>Date of completion: 2/24/2018</b></p>	
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ADHS LICENSING SERVICES

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Y 347	<p>Continued From page 2</p> <p>housekeeping account manager stated that the facility could use more linen.</p> <p>An interview was conducted with the central supply manager/staff #84 on February 23, 2018 at 9:00 a.m. The central supply manager stated that another housekeeping account manager thought the facility had enough washcloths. The central supply manager was only able to find 5 dozen more washcloths. The central supply manager provided the surveyor a requisition order which was placed on February 22, 2018 for 288 hand towels and 216 bath towels. The central supply manager stated that the towels were expected to be delivered on February 23, 2018.</p> <p>An interview was conducted with the administrator/staff #6 on February 23, 2018. The administrator stated that he told central supply to double the order.</p> <p>An interview was conducted with a CNA (certified nursing assistant)/staff #141 on February 23, 2018 at 10:02 a.m. The CNA stated that sometimes there were no towels or washcloths available for resident use. The CNA stated that she used wipes to bathe the residents. The CNA stated that the facility has been short on linen for about two months.</p> <p>An interview was conducted with a CNA/staff #70 on February 23, 2018 at 10:06 a.m. The CNA stated that sometimes there were no towels or washcloths available for residents. The CNA stated that she used wipes to bathe the residents and bath blankets to dry the residents. The CNA stated that sometimes residents went without showers because of this. The CNA stated that she has asked laundry for more. The CNA further stated that her hallway was without bath blankets</p>	Y 347		



**ADHS LICENSING SERVICES**

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Y 347	<p>Continued From page 3 today.</p> <p>An interview was conducted with a CNA/staff #143 on February 23, 2018 at 10:08 a.m. The CNA stated that linen was not delivered to her hallway on time. The CNA stated that there was a lack of towels and washcloths. The CNA stated that she sometimes used hand towels to bathe the residents and bath blankets to dry the residents. The CNA further stated that sometimes the residents had to have their showers the next day because of the shortage of linen.</p> <p>An interview was conducted with a CNA/staff #98 on February 23, 2018 at 10:11 a.m. The CNA stated that she always had to get to other hallways to get towels and washcloths. The CNA further stated that it was not fair to the residents as sometimes they had to go without showers.</p> <p>An interview was conducted with a CNA/staff #128 on February 23, 2018 at 10:14 a.m. The CNA stated that the facility ran out of towels and washcloths pretty often and sometimes staff stalled for showers because there is not enough. The CNA further stated that sometimes showers don't get done.</p> <p>An interview was conducted with a CNA/staff #131 on February 23, 2018 at 10:17 a.m. The CNA stated that she was getting ready to give a resident a shower and there was no linen available.</p> <p>An interview was conducted with a CNA/staff #59 on February 23, 2018 at 10:20 a.m. The CNA stated that about two days out of the week there is not enough linen. The CNA stated that she used wipes to give baths.</p>	Y 347		

**ADHS LICENSING SERVICES**

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Y 347	<p>Continued From page 4</p> <p>An interview was conducted with an LPN (licensed practical nurse)/staff #85 on February 23, 2018 at 10:23 a.m. The LPN stated that sometimes residents have to wait to get their showers until we get more linen but that they don't go without.</p> <p>An interview was conducted with the DON (director of nursing)/staff #56 on February 23, 2018 at 10:31 a.m. The DON stated that she communicated with the housekeeping manager/staff #158 to ensure there were enough towels and washcloths. The DON stated that sometimes it was a timing issue as to when laundry delivered the linen to the units. The DON stated that if staff come to me if they can't find linen I get them some. The DON further stated that there were linen rooms on each hallway that had surplus linen stored.</p> <p>An immediate tour was conducted with the DON to determine how much linen was available in the linen rooms on each hallway.</p> <p>The linen rooms on C2, B2, A2, B1, and A1 hallways did not have any towels or washcloths available for resident use. The linen room on the C1 hallway had 8 hand towels, 6 washcloths and 4 bath towels.</p> <p>An interview was conducted with an LPN/staff #125 on February 23, 2018 at 1045 a.m. The LPN stated that it's a problem, we always have to go find linen. I know the CNA's have been using wipes because they don't have enough washcloths and towels.</p> <p>Multiple resident interviews were conducted on February 23, 2018. Most all of the residents interviewed stated they received their scheduled</p>	Y 347		

**ADHS LICENSING SERVICES**

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Y 347	<p>Continued From page 5</p> <p>showers and staff were able to locate towels and washcloths for their showers. One resident stated that sometimes staff ran out of towels and then they used a blanket to dry him after his shower. The resident further stated that he didn't care as long as staff dried him with something.</p> <p>An interview was conducted with the DON/staff #56 on February 23, 2018 at 2:09 p.m. The DON stated that the facility did not have a policy on how much linen the facility should have.</p>	Y 347		



## Notice of Inspection Rights

Facility/Agency Name: Avalon Southwest Health & Rehab

Address: 2900 East Milber Street      City: Tucson      Zip: 85714

Facility I.D.#: LTC0053      License #: NCI-2643      Medicare #: 035099      Date of Inspection: February 23, 2018

Survey Event ID: OUUM11

Inspector/Team Coordinator: Chris Benson

Accompanied By:

### BUREAU OF LONG TERM CARE LICENSING

This inspection is conducted under the authority of:

1. Arizona Revised Statutes (A.R.S.) Title 36, Chapters 1 and 4, and Arizona Administrative Code (A.A.C.), Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including personnel records, interviews with residents/patients/clients, family and staff, and review of services offered.
2. The purpose of this inspection is to:
  - Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.
  - Conduct a complaint investigation.
3. No fees are charged for this inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are tape or video recorded will be informed that the conversation is being tape or video recorded.
7. Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of Deficiencies (SOD) formally notifying you of the findings will be provided within 30 working days. You will be afforded an opportunity to submit a Plan of Correction (POC) unless the Department is considering enforcement against the license.
8. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). Details of the IDR process will be provided when the SOD is mailed to you.
9. If you have questions regarding this inspection, you may contact: Diane Eckles, Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3242, Phone: (602) 364-2675, FAX: (602) 324-0993, E-Mail: Diane.Eckles@azdhs.gov. If you have an issue that you cannot resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens' Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
10. Your administrative hearing rights are found at A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. §12-901 et seq.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS representative(s) may proceed with the inspection.


2/23/18  
 Administrator/Director/Agency Representative Signature      Date:

- Administrator/Director/Agency Representative refused to sign this form.
- Administrator/Director/Agency Representative or authorized on-site representative is not present.


2/23/18  
 Inspector/Team Coordinator Signature      Date:

Copy left with Administrator/Director/Agency Representative