

ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES
BUREAU OF LONG TERM CARE FACILITIES LICENSING

ENFORCEMENT MEETING NOTIFICATION OF RIGHTS

PUBLIC FILE

Facility Name: Avalon Southwest Health & Rehabilitation

License # NCI-2643

Fac ID LTC0053

Please initial after each section.

- 1. I understand that I have the right to reject the proposed resolution and may refuse to sign this Agreement. BB
- 2. This Agreement has been reviewed and approved by the Assistant Director. If this agreement is changed, it will be returned to the Assistant Director for approval. BB
- 3. I understand that if I do not enter into an Agreement at this time, the Program will refer this matter to Public Health Licensing Services ("Licensing") Enforcement Team and a legal order may be prepared and sent to me. BB
- 4. I understand that I have due process rights and can request a hearing before the Office of Administrative Hearings regarding any legal order issued by the Department's Director. BB

I hereby acknowledge that I have discussed the above statements with the Department and understand my rights with regard thereto.

Licensor/Director/Provider: *Don Kalliel* Date: 11/15/2017

Licensor/Director/Provider: _____ Date: _____

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ENFORCEMENT MEETING AGREEMENT FORM

Facility Name: Avalon Southwest Health & Rehabilitation

License # Nci-2643

Fac ID: LTC0053

A meeting was held on November 15, 2017 @ 1:45pm

A survey was conducted on October 5, 2017

The following Department concerns were discussed:

Agreement:

(initials) BB Licensee agrees to pay civil fines in the amount of \$250.00.

(initials) BB Licensee understands to not be in substantial compliance could result in further enforcement action up to and including denial of the renewal application.

(initials) BB Licensee will return the original Statement of Deficiencies with the signed and dated acceptable Plan of Correction to the Department within 10 working days of receipt of this agreement.

- Meeting held in person
- Meeting held by teleconference
- Enforcement agreement mailed

	PLEASE PRINT NAME	SIGNATURE	TITLE	DATE
Licensee/Director/Provider:	<u>BRIAN BALLIET</u>	<u>Brian Balliet</u>	<u>ADMINISTRATOR</u>	<u>11/15/2017</u>
Licensee/Director/Provider:		<u>X</u>		
Bureau Chief (or designee):	<u>Diane Eckles</u>	<u>Diane Eckles</u>	<u>Bureau Chief</u>	<u>11/17/17</u>
Assistant Director:	<u>Colby Bower</u>	<u>CB</u>	<u>Assistant Director</u>	<u>11/17/17</u>
Program & Project Specialist	<u>Shoalynn Gilliland-McCleery</u>	<u>Shoalynn Gilliland-McCleery</u>	<u>Program & Project Specialist II</u>	<u>11-17-17</u>
Team Leader:	<u>Sylvia Turner</u>	<u>Sylvia Turner</u>	<u>Team Leader</u>	
Surveyor:			<u>Surveyor</u>	
Surveyor:			<u>Surveyor</u>	
Surveyor:			<u>Surveyor</u>	
Attendee:				
Attendee:				
Attendee:				
Attendee:				

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Brian Balliet
Avalon Southwest Health & Rehab
2900 East Milber Street
Tucson, Arizona 85714
License # Nci-2643

CIVIL FINES

Statute/Rule	Violations	Penalty Assessment	Penalty Amount
Y1477 R9-10-414.B.3.b	An administrator shall ensure that a care plan for a resident: Ensures that a resident is provided nursing care. institution services that Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment	Date of survey 10/05/2017	\$250.00
Total			\$250.00

Licensee agrees to pay the Department civil fines, pursuant to A.R.S. § 36-431.01, in the total amount of two hundred fifty dollars (\$250.00) without interest for all violations set forth on this Civil Fines Form.

Please remit a credit card or e-check payable to the Arizona Department of Health Services. Payment needs to be made via the Division of Licensing Services Online Website: <https://licensing.azdhs.gov/LicensingOnline/Account/Login>.

If the Entity is sold on or after the execution date of this Agreement, Licensee shall pay the civil fines.