

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

October 24, 2019

Receipt Of This Notice Is Presumed To Be 10/24/2019  
Important Notice - Please Read Carefully

Brian Balliet, Administrator  
Sapphire Of Tucson Nursing and Rehab, L.L.C.  
2900 East Milber Street  
Tucson, AZ 85714

Dear Mr. Balliet:

On October 24, 2019, an offsite 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 # 0W2W12.

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,

A handwritten signature in blue ink that reads "Sandy Farmer".

Sandy Farmer  
LTC Customer Service Representative IV

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Enclosure

**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 10/24/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAPPHIRE OF TUCSON NURSING AND REHAE</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>Initial Comments</p> <p>The offsite follow up for the State complaint investigation was conducted on 10/24/19, no deficiencies were cited.</p>	{Y 000}		

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

TITLE

(X6) DATE

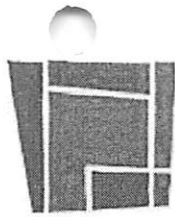
## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2643	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/24/2019	Y3
NAME OF FACILITY SAPPHIRE OF TUCSON NURSING AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714		

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 Y1105	Correction	ID Prefix Y1477	Correction	ID Prefix	Correction
Reg. # R9-10-411.A.2.b.	Completed	Reg. # R9-10-414.B.3.b.	Completed	Reg. #	Completed
LSC	10/24/2019	LSC	10/24/2019	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) <i>DA</i>	DATE <i>10/24/19</i>	SIGNATURE OF SURVEYOR <i>Dakota</i>	DATE <i>10/24/19</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/13/2019		<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		



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

September 27, 2019

Receipt Of This Notice Is Presumed To Be 09/27/2019  
Important Notice - Please Read Carefully

Brian Balliet, Administrator  
Sapphire Of Tucson Nursing And Rehab, LLC  
2900 East Milber Street  
Tucson, Arizona 85714

Dear Mr. Balliet:

Thank you for the courtesy and cooperation extended to our staff during the recent inspection of your facility.

Enclosed is a statement of STATE deficiencies noted during the inspection of your facility on September 13, 2019. A Plan of Correction (PoC) for the deficiencies must be submitted. This plan must be both specific to the problems noted and general to the overall process involved.

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. Please be advised that your plan of correction will be available as a public document for review by 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 no later than October 7, 2019. You must include all pages of the Statement of Deficiencies when submitting your PoC. Plans of correction sent via fax will not be accepted. Please ensure to retain a copy for your files. If the plan of correction is not received by this Office on or before this date, state enforcement action may be taken.

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

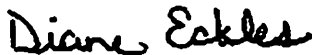
W | [azhealth.gov](http://azhealth.gov)

*Health and Wellness for all Arizonans*

Sapphire Of Tucson Nursing And Rehab, LLC  
September 26, 2019  
Page Two

**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:dc

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>C</b> <b>09/13/2019</b>
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Y 000	Initial Comments	Y 000		
Y1105	<p>R9-10-411.A.2.b. Medical Records</p> <p>R9-10-411.A. An administrator shall ensure that:</p> <p>R9-10-411.A.2. An entry in a resident's medical record is:</p> <p>R9-10-411.A.2.b. Dated, legible, and authenticated; and</p> <p>This RULE is not met as evidenced by: Based on clinical record review, staff interviews, and review of facility policies and procedures, the facility failed to ensure that one resident's (#1) clinical record was accurately documented in accordance with accepted professional standards of practices.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on July 16, 2019 with diagnoses that included traumatic subdural hemorrhage without loss of consciousness, cognitive communication deficit, and hypertension.</p> <p>Review of the resident's admission MDS (Minimum Data Set) assessment dated July 23, 2019 revealed the resident's BIMS (Brief Interview for Mental Status) score was a 13 or intact cognition.</p>	Y1105	<p>"This Plan of Correction is submitted to meet requirements established by state law. This Plan of Correction constitutes this 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."</p> <p><u>Y1105</u></p> <p>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>Resident #1 was relocated to a non-secured unit on the second floor on 09/24/2019.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Administrator, Nursing Management and Social Services are reviewing the charts of each secured unit resident to ensure each has a secured unit acknowledgement form appropriately signed and dated.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p>	09/24/19

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

*Tom Baltet*

TITLE

ADMINISTRATOR

(X6) DATE

10/1/2019



**ADHS LICENSING SERVICES**

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Y1105	<p>Continued From page 1</p> <p>Review of a Notification of Change dated July 24, 2019 revealed the resident was transferred to the facility's secure high acuity behavioral unit. The Reason for Move was "Patient is moved to lock down unit."</p> <p>On September 12, 2019, copies of the resident's clinical record were requested by licensing surveyor. When the copies were provided an unrequested copy dated July 24, 2019 was provided to licensing surveyor. The form documented "I (resident's name) consent that I agree to be housed in a locked unit at Sapphire of Tucson where no unauthorized visitors are allowed." The form was signed by the resident and dated July 24, 2019. This form was not observed in the clinical record when copies of the clinical record were requested.</p> <p>An interview was conducted with the resident on September 12, 2019 at 3:30 p.m. The resident stated that he was asked to sign the above form today and did not remember signing such a form when he transferred to the secured high acuity behavioral unit on July 24, 2019.</p> <p>An interview was conducted with the medical records director (staff #15) on September 12, 2019 at 3:45 p.m. Staff #15 stated that the above form had not been scanned into the computer yet and was on top of her file cabinet in a stack of papers to be scanned.</p> <p>An interview was conducted with the administrator (staff #2) on September 13, 2019 at 8:30 a.m. Staff #2 stated the an LPN unit manager (staff #152) had the resident sign the form on September 12, 2019 consenting to reside in a a locked unit and that she dated it July 24, 2019. Staff #2 further stated that staff #152 did</p>	Y1105	<p>A thorough investigation was conducted into the allegation and the offending staff members were disciplined on 09/17/2019.</p> <p><b>How will the corrective action(s) 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?</b></p> <p>The Administrator will review and audit the secured unit acknowledgement form for each new resident of the secured units. Audit findings will be reported to the QAPI Committee x 3 months.</p>	

ADHS LICENSING SERVICES

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Y1105	Continued From page 2  not have an answer as to why she did that but that she falsified a resident's clinical record by doing that.  Staff #152 was unable to be interviewed.  A review of the facility's policy Welcome to New Hire Orientation, undated, documented "...Conduct which interferes with the safe operation of the facility, brings discredit to the facility, its residents or staff, and any act that is offensive to a resident, family member, visitor, or employee is unacceptable...falsifying or making a willful misstatement of facts on a resident's record..."	Y1105		
Y1477	R9-10-414.B.3.b. Comprehensive Assessment; Care Plan  R9-10-414.B. An administrator shall ensure that a care plan for a resident:  R9-10-414.B.3. Ensures that a resident is provided nursing care institution services that:  R9-10-414.B.3.b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.  This RULE is not met as evidenced by: Based on observations, clinical record review, resident interview, staff interviews, and review of facility policies and procedures, the facility failed to ensure that one of three sampled residents (#1) was not involuntarily secluded in a secured high acuity behavioral unit.	Y1477	<p><u>Y1477</u></p> <p>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>Resident #1 was relocated to a non-secured unit on the second floor on 09/24/2019.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Nursing and Social Services is reviewing the charts of each resident of the secured units to identify residents who are appropriate to relocate to the non-secured units on the</p>	10/24/19



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Y1477	<p>Continued From page 3</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on July 16, 2019 with diagnoses that included traumatic subdural hemorrhage without loss of consciousness, cognitive communication deficit, and hypertension.</p> <p>A Baseline Careplan dated July 16, 2019 revealed the resident planned on being discharged to his own home after the completion of occupational and physical therapy. Further review of the Baseline Careplan revealed the resident was not being administered any psychotropic medications.</p> <p>Review of an Evaluation Criteria for Behavioral Health Specialty Unit dated July 16, 2019 revealed the resident did not have a behavioral health related diagnosis and did not exhibit any behaviors which put himself at risk or required the close supervision of the unit. Further review of the Evaluation Criteria for Behavioral Health Specialty Unit documented "Resident is NOT a good candidate for residence in the Behavioral Health Program. Patient alert and oriented x 3. Pleasant..."</p> <p>A Psychological-Social Evaluation dated July 16, 2019 documented "... (Resident's name) was able to communicate clearly and showed an alert and oriented x 4... plans on going back home once he is discharged..."</p> <p>A Medication Review Report dated July 16, 2019 documented "...Resident is capable of participating in own plan of care. Resident is capable of understanding and exercising rights, does have dementia, is redirectable..."</p>	Y1477	<p>second floor. This will be completed by 10/24/2019.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Administrator, Director of Nursing and Behavioral Health Operations Manager will review the admission criteria to ensure the criteria for the secured units is appropriate. This will be completed by 10/11/2019. A new secured unit resident acknowledgement form was developed, implemented and distributed to marketing and admissions staff, as well as facility nursing, social service and guest relations staff on 09/26/2019.</p> <p><b>How will the corrective action(s) 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?</b></p> <p>Behavioral Health Operations Manager will audit admissions to the secured units to ensure appropriateness. The results of the audits will be reported to the QAPI Committee x 3 months. On-going monitoring for appropriateness of residents of the secured units will be conducted by the IDT and reported to the QAPI Committee by the Behavioral Health Operations Manager.</p>	

**ADHS LICENSING SERVICES**

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Y1477	<p>Continued From page 4</p> <p>Review of the resident's admission MDS (Minimum Data Set) assessment dated July 23, 2019 revealed the resident's BIMS (Brief Interview for Mental Status) score was a 13 or intact cognition.</p> <p>Review of a Notification of Change dated July 24, 2019 revealed the resident was transferred to the facility's secure high acuity behavioral unit. The Reason for Move was "Patient is moved to lock down unit."</p> <p>Review of the clinical record revealed no documentation in the nursing notes as to why the resident was moved to the facility's secured high acuity behavioral unit.</p> <p>A review of a Physician Extender Note dated July 24, 2019 documented "Awake and anxious, he is moving to another room. Per nursing he has been wandering and confused, walking into other rooms."</p> <p>Review of a careplan dated July 30, 2019 documented "The plan for the resident is to complete skilled nursing services and evaluate/plan for a safe discharge if appropriate...Secure unit indicated related to poor safety awareness, wandering, aggression, memory impairments. An intervention documented was "Staff to assist and coordinate with the resident as needed for a safe discharge."</p> <p>Another care plan dated July 30, 2019 documented "(Resident's name) has a behavior problem including but not limited to wandering, pacing, following staff, needing frequent reassurance related to dementia." An intervention documented was "Staff to discuss risks and</p>	Y1477		

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Y1477	<p>Continued From page 5</p> <p>benefits of negative behaviors and natural consequence as needed."</p> <p>An Elopement Risk Assessment dated July 31, 2019 revealed the resident did not have a history of escape or elopement, did not say that he wanted to leave or go home, and did not wander aimlessly. Further review of the Elopement Risk Assessment revealed the resident's elopement risk score was a 2 or low risk for elopement.</p> <p>A review of a Psychiatry Note dated August 20, 2019 documented "...During today's visit, patient appears to be mentally stable and capable of making his own decisions..."</p> <p>Review of a Social Service Note dated August 28, 2019 documented "...The resident stated that he did not want to be at Sapphire...The resident stated that he wanted to continue to explore alternate options with the idea of going home still being his end goal..."</p> <p>A review of a Health Professional's Report dated August 29, 2019 revealed that it was the physician's recommendation that the resident should live in a supervisory care facility.</p> <p>A Nursing Note dated August 30, 2019 documented "...Later asked to use the phone again and apparently called 911 stating was being held against his will..."</p> <p>Review of a Nursing Note dated September 1, 2019 documented "...Requested room change as 'I cannot stand my roommate. He's in and out 10 times a day. I cannot sleep.' Stated 'I'm leaving tomorrow anyway' when explained that there were no rooms to change..."</p>	Y1477		

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Y1477	<p>Continued From page 6</p> <p>A Social Service Note dated September 4, 2019 documented "...Doctor...was given documents by daughter to complete to evaluate his cognitive function. Doctor...stated he would be back in the facility on 9/5/19 with completed documentation and stated that patient was 'just on the border' of cognitive decline, but that very clearly he was able to express in detail his wishes...This writer reported that since admission the resident has had improved cognitive ability to which Doctor...reported that it was 'probably due to not drinking.' The patient will continue to be monitored and assisted with safe discharge plan."</p> <p>An interview was conducted with the administrator (staff #2) on September 12, 2019 at 8:15 a.m. Staff #2 stated that when the resident was admitted to the facility he was very confused but that he was now more alert. Staff #2 stated that the resident was residing in the facility's secured high acuity behavioral unit.</p> <p>An interview was conducted with the behavioral health operations manager (staff #1) on September 12, 2019 at 9:30 a.m. Staff #2 stated that the resident's daughter wanted doctors to deem the resident incompetent but he is not. Staff #2 stated that the resident was transferred to the secured high acuity behavioral unit because he was screaming, yelling, and trying to kick his roommate's family out of the facility. Staff #2 further stated there were no rooms available in the facility's secured dementia unit.</p> <p>An interview was conducted with the resident on September 12, 2019 at 10:00 a.m. The resident stated that he used to be in a room on the facility's second floor. The resident stated that he did not know why he was moved downstairs to the secured high acuity behavioral unit. The</p>	Y1477		

**ADHS LICENSING SERVICES**

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Y1477	<p><b>Continued From page 7</b></p> <p>resident stated that his physical and occupational therapy had been discontinued and he just wanted to go back to his own home.</p> <p>An interview was conducted with a certified nursing assistant (CNA/staff #181) on September 12, 2019 at 1:10 p.m. Staff #181 stated that the only behaviors the resident had was that he liked to hoard food in his room. Staff #181 further stated that the resident didn't have the behaviors like some of the other residents had on the secured high acuity behavioral unit.</p> <p>An interview was conducted with a CNA (staff #269) on September 12, 2019 at 1:20 p.m. Staff #269 stated that she had not seen the resident exhibit any behaviors.</p> <p>An interview was conducted with another CNA (staff #88) on September 12, 2019 at 1:25 p.m. Staff #88 stated this unit is a high acuity behavioral unit for residents who exhibit physical and verbal behaviors toward staff and other residents. Staff #88 stated that the resident didn't exhibit any behaviors other than he liked to hoard food,</p> <p>An interview was conducted with a registered nurse (RN/staff #270) on September 12, 2019 at 1:32 p.m. Staff #270 stated that the resident's behaviors are not as acute as some of the other residents on the unit. Staff #270 stated that the resident had more dementia type behaviors.</p> <p>An interview was conducted with a licensed practical nurse (LPN/staff #92) on September 12, 2019 at 2:00 p.m. Staff #92 stated that the resident should have probably been moved to the facility's dementia unit rather than the secured high acuity behavioral unit, if the only behavior he</p>	Y1477		

**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>C</b> <b>09/13/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAPPHIRE OF TUCSON NURSING AND REHAE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 EAST MILBER STREET TUCSON, AZ 85714</b>		
(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
Y1477	<p>Continued From page 8</p> <p>had was wandering into other resident's rooms.</p> <p>Another interview was conducted with the behavioral health operations manager (staff #1) on September 12, 2019 at 2:45 p.m. Staff #1 stated that the resident was moved to the facility's secured high acuity behavioral unit because there was not a bed available in the dementia unit. Staff #1 stated that the criteria for the secured high acuity behavioral unit was all related to safety as a secured unit is a restraint and has to be evaluated on a case by case basis and risk for elopement.</p> <p>Another interview was conducted with the resident on September 12, 2019 at 3:30 p.m. The resident stated that when he moved from upstairs to the secured high acuity behavioral unit he was not told that the unit was locked. The resident further stated I don't need to be here, I'm not getting therapy any more.</p> <p>Review of the facility's policy Admission Criteria for Behavioral Health Secure Unit dated August 2018 documented "To establish uniform guidelines for personnel to follow when admitting consumers to the unit...Consumers admitted to the unit typically have a diagnosis of mental illness as defined in the DSM (Diagnostic and Statistical Manual of Mental Disorders): including schizophrenia, schizoaffective disorder, shared psychotic disorder, bipolar, depressive disorder, borderline personality disorder, post traumatic stress disorder, obsessive compulsive disorder, and dementia. Consumers admitted to the unit typically have a history of multiple inpatient psychiatric hospitalizations and not appropriate for the transitional living level of services..."</p>	Y1477		



## Notice of Inspection Rights

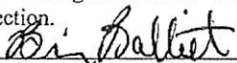
Facility/Agency Name: Sapphire Of Tucson Nursing And Rehab, Llc			
Address: 2900 East Milber Street		City: Tucson	Zip: 85714
Facility I.D.#: LTC0053	License #: NCI-2643	Medicare #: 035099	Date of Inspection: September 12, 2019
Survey Event ID: 0W2W11			
Inspector/Team Coordinator: Chris Benson			
Accompanied By:			

### BUREAU OF LONG TERM CARE LICENSING

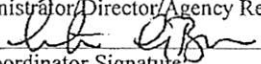
This inspection is conducted under the authority of:

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.


9/12/2019  
 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.


9-12-19  
 Inspector/Team Coordinator Signature Date:

Copy left with Administrator/Director/Agency Representative