

LTC0053



INFORMATION VERIFICATION AND ANNUAL LICENSING FEES

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – LONG TERM CARE FACILITIES LICENSING

In accordance with A.A.C. R9-10-107

C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:

1. The following information in a Department-provided format:

a. The licensee's name, and

b. The facility's name and license number;

2. Verification of the information in the Department's current records for the health care institution;

3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and

4. The applicable annual licensing fees in R9-10-106.

Fac ID

Fee Due Date

Legend



New Certificate



Updates Required



Review and Updates Required

HEALTH CARE INSTITUTION INFORMATION

Name of health care institution

License number

Facility physical address

City

State

ZIP Code

Facility mailing address

City

State

ZIP Code

Phone number

Email

Fax number (optional)

Class or subclass

Authorized services

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

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

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

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

Fac ID

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Fee Due Date

7/31/2021

Authorized Service: Dialysis Services Not Approved (Start Date: N/A)
Authorized Service: Radiology Services Not Approved (Start Date: N/A)
Authorized Service: Diagnostic Imaging Services Not Approved (Start Date: N/A)
Authorized Service: Clinical Lab Services Not Approved (Start Date: N/A)
Authorized Service: Behavioral Health Services Not Approved (Start Date: N/A)

Health care institution's days and hours of operation

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

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OWNER INFORMATION

The owner type is a

Limited liability company

Tax ID

[REDACTED]

Owner's name

SAPPHIRE OF TUCSON NURSING AND REHAB, LLC

Owner's mailing address

3901 GLENVIEW ROAD

City

GLENVIEW

State

IL

ZIP Code

60025

Phone number

[REDACTED]

Email

[REDACTED]

Fax number (optional)

Name

Elisha Atkin

Title

Manager

Name

Joel Atkin

Title

member

Name

Shua Seif

Title

Member

CHIEF ADMINISTRATIVE OFFICER

Name

[REDACTED]

Effective date

[REDACTED]

NURSING CARE INSTITUTION ADMINISTRATOR

Name

WILLIAM AMOUREUX

Effective date

5/15/2021

EMERGENCY CONTACT INFORMATION

Name

William P Amoureux

Phone number

[REDACTED]

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FEES

Description	Amount
<u>License fees</u>	
Base fee	
Licensed capacity/occupancy (240) x Per unit cost of \$73	
Late fee	
Total license fees	
<u>Enforcement fees</u>	
Enforcement fees previously owed	\$0
Total enforcement fees	\$0
Total amount due	

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

ALL FEES ARE NON-REFUNDABLE.

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

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

Submitted by

Angela Schierer

Submitted on

6/29/2021