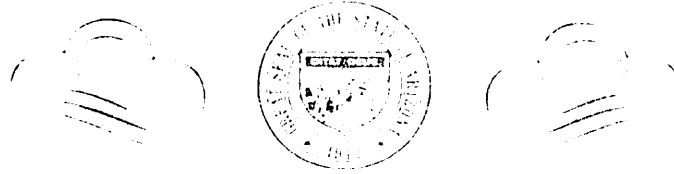


PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**Avalon Care Center - Tucson, L.L.C., dba  
Avalon Southwest Health & Rehab  
2900 East Milber Street  
Tucson, AZ 85714**

**This facility is licensed to operate as a NURSING CARE INSTITUTION**

**Total Capacity: 240**

**From: March 1, 2018**

**To: February 28, 2019**

**Issued: November 13, 2017**

A handwritten signature in cursive script, reading "Diane Eckles", written over a horizontal line.

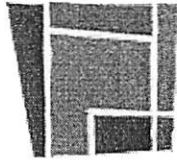
**Recommended By: Diane Eckles, Bureau Chief**

**License: NCI-2643**

A handwritten signature in cursive script, reading "Colby Bower", written over a horizontal line.

**Issued By: Colby Bower, Assistant Director**

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
**TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE**



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

November 13, 2017

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

Dear Mr. Balliet:

Enclosed is Nursing Care Institution license number NCI-2643, which authorizes your facility to operate 240 beds. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license. Please note the expiration date on your license.

Please be advised that A.R.S. § 36-425(A) requires this license to be conspicuously posted in the reception area of your facility. In addition, A.R.S. § 36-422(D) requires the Department to be notified of a change of ownership at least thirty (30) days prior to the effective date.

The Department has also completed an administrative completeness review of the renewal application and documents you submitted and determined that the application and documents are administratively complete and in compliance with licensing requirements.

Should you have any questions or concerns, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Diane Eckles  
Bureau Chief

DE:sf

Enclosure

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



# RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

## I. HEALTH CARE INSTITUTION INFORMATION

|   |                        |                                |
|---|------------------------|--------------------------------|
| Name of Health Care Institution: AVALON SOUTHWEST HEALTH & REHABILITATION   |                        | License No. NCI-2643           |
| Mailing Address: 2900 EAST MILBER STREET  |                        |                                |
| City: TUCSON  | State: AZ              | Zip Code: 85714                |
| Phone No. (520) 294-0005  | Fax No. (520) 294-0076 | E-mail: bballiet@avalonhci.com |
| Class: Nursing Care Institution   |                        |                                |
| What is the health care institution's scope of service:<br>Skilled nursing services   |                        |                                |
| Health care institution's days and hours of operation:<br>Sun 24      Mon 24      Tues 24      Wed 24      Thurs 24      Fri 24      Sat 24                         |                        |                                |
| Is health care institution accredited? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                        |                                |
| Name of accrediting organization (must be from a nationally recognized organization):   |                        |                                |
| Is health care institution requesting certification under Title XIX of the Social Security Act? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                        |                                |



**RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION**  
ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

**II. OWNER INFORMATION**

Owner's Name: AVALON CARE CENTER - TUCSON, L.L.C.

Street Address: 255 EAST 400 SOUTH, #200

City: SALT LAKE CITY State: UT Zip Code: 84111

Phone No. (801) 596-8844 Fax No. (801) 596-9001

The owner is a (select one):

Sole proprietorship                       Corporation                       Partnership

Limited liability partnership               Limited liability company               Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;  
If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;  
If the owner is a corporation, the name and title of each corporate officer; or  
If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Avalon Care Center-Tucson, LLC Title: Sole Member & Manager

Name: Scott R. Carpenter Title: Senior Vice President

Name: Faye Lincoln Title: Senior Vice President

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

YES       NO

If yes, indicate:  
The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license:



**RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION**  
ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

YES       NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2)?       YES       NO

**III. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS**

|   |                       |        |     |           |       |
|---|-----------------------|--------|-----|-----------|-------|
| Name:   | CT Corporation System | Title: | N/A |           |       |
| Street Address: 3800 N. Central Avenue, Suite 460 |                       |        |     |           |       |
| City:   | Phoenix               | State: | AZ  | Zip Code: | 85012 |
| Phone No.   | (602) 234-9600        |        |     |           |       |

**IV. GOVERNING AUTHORITY**

|                                     |                                |        |    |           |       |
|-------------------------------------|--------------------------------|--------|----|-----------|-------|
| Name:                               | Avalon Care Center-Tucson, LLC |        |    |           |       |
| Street Address: 206 North 2100 West |                                |        |    |           |       |
| City:                               | Salt Lake City                 | State: | UT | Zip Code: | 84116 |



**RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION**  
 ARIZONA DEPARTMENT OF HEALTH SERVICES  
 PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

**V. CHIEF ADMINISTRATIVE OFFICER**

|  |                      |
|--|----------------------|
| Name: Brian D. Balliet   | Title: Administrator |
| Highest Educational Degree: Bachelor of Arts Safety Management   |                      |
| Work experience related to the health care institution class or subclass related to licensing requested:<br>Please see attached resume |                      |

**VI. SIGNATURES**

|   |              |                                 |                                 |           |  |       |   |                    |  |                                 |           |  |       |
|---|--------------|---------------------------------|---------------------------------|-----------|--|-------|---|--------------------|--|---------------------------------|-----------|--|-------|
| 1. If the applicant is an individual, the owner of the health care institution.   |              |                                 |                                 |           |  |       |   |                    |  |                                 |           |  |       |
| 2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.  |              |                                 |                                 |           |  |       |   |                    |  |                                 |           |  |       |
| 3. If the applicant is a governmental agency, the head of the governmental agency.  |              |                                 |                                 |           |  |       |   |                    |  |                                 |           |  |       |
| <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Faye Lincoln</td> <td style="width: 50px;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Sr. VP Avalon Health Care, Inc.</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td></td> <td style="text-align: center;">Title</td> </tr> </table> | Faye Lincoln |                                 | Sr. VP Avalon Health Care, Inc. | Signature |  | Title | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Scott R. Carpenter</td> <td style="width: 50px;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Sr. VP Avalon Health Care, Inc.</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td></td> <td style="text-align: center;">Title</td> </tr> </table> | Scott R. Carpenter |  | Sr. VP Avalon Health Care, Inc. | Signature |  | Title |
| Faye Lincoln  |              | Sr. VP Avalon Health Care, Inc. |                                 |           |  |       |   |                    |  |                                 |           |  |       |
| Signature   |              | Title                           |                                 |           |  |       |   |                    |  |                                 |           |  |       |
| Scott R. Carpenter  |              | Sr. VP Avalon Health Care, Inc. |                                 |           |  |       |   |                    |  |                                 |           |  |       |
| Signature   |              | Title                           |                                 |           |  |       |   |                    |  |                                 |           |  |       |

**VII. ADDITIONAL DOCUMENTATION**

|   |
|---|
| <p>If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p> |
|---|