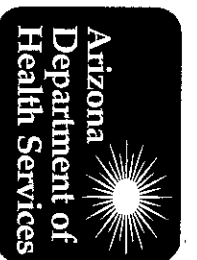




QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION



Issued To:

Avalon Care Center-Tucson, L.L.C, dba
Avalon Southwest Health & Rehabilitation
2900 East Milber Street
Tucson, Arizona 85714

The above named facility has met licensure requirements, has been licensed for one year or more and, therefore, has received the following quality rating as required by R9-10-919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	25	
II. Resident Rights	25	
III. Administration	25	
IV. Environment and Infection Control	15	
V. Food Services	10	
TOTAL CRITERIA MET	100	

QUALITY PERFORMANCE SCALE	
"A": Excellent	X
"B":	
"C":	
"D":	
"A+": 90 to 100 points	
"B+": 80 to 89 points	
"C+": 70 to 79 points	
"D+": 69 or fewer points	

License Effective:

From: 09/29/2016 To: 08/31/2017

Issued: 12/02/2016

Number: NCI-2643

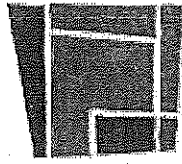
Recommended By

Diane Eckler

Issued By

cmj3m
Acting Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

December 2, 2016

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

Dear Mr. Balliet:

Enclosed is the **State Form: Revisit Report** form which indicates that the following deficiencies have been corrected on October 28, 2016. A copy will be filed in your public file.

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

Sincerely,

B Hernandez

Belinda Hernandez
Examine Technician II

vib

Enclosure

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


Health and Wellness for all Arizonans

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2643	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/28/2016	Y3
NAME OF FACILITY AVALON SOUTHWEST HEALTH & REHABILITATION			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 Y2319	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # R9-10-423.B.1.a.	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/28/2016	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	
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) DA	DATE 10/28/16	SIGNATURE OF SURVEYOR 	DATE 10/28/16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/29/2016		<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		



Public Health Licensing Services
Bureau of Long Term Care Licensing
150 North 18th Avenue, Suite 440
Phoenix, Arizona 85007-3242
(602) 364-2690 Office
(602) 324-0993 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

[Receipt of Notice Presumed 10/11/2016 via email]

October 11, 2016

Brian Balliet, Administrator
Avalon Southwest Health & Rehab
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 29, 2016. 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:

- o 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;
- o How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o 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.
- o 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 21, 2016**. You must include all pages of the Statement of Deficiencies when submitting your PoC. **Plans of correction sent by fax will not be accepted.** Please 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.

Avalon Southwest Health & Rehab

October 11, 2016

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: Joel Bunis, Bureau Chief, Bureau of Long Term Care 150 North 18th Avenue, #440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,

Diane Eckles

Diane Eckles
Bureau Chief

DE:ib

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NCI-2643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER
AVALON SOUTHWEST HEALTH & REHABILITA

STREET ADDRESS, CITY, STATE, ZIP CODE
**2900 EAST MILBER STREET
TUCSON, AZ 85714**

RECEIVED
OCT 20 2016

(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	Initial Comments The State compliance survey was conducted on September 26 through 29, 2016, in conjunction with the investigation of Complaint #'s AZ137564 and AZ137565. The following deficiency was cited.	Y 000	"This Plan of Correction constitutes the facility's allegation of compliance for the deficiencies cited in the CMS-2567. However, the submission of this plan is not an admission that a deficiency exists. The Plan of Correction is prepared solely because it is required by Federal and State law. This response and Plan of Correction does not constitute an admission or agreement by the provider of the facts alleged or the conclusions set forth in the Statement of Deficiencies. We have implemented the Plan of Correction as stated below to correct the deficiencies cited."	9/28/16
Y2319	<p>R9-10-423.B.1.a. Food Services</p> <p>R9-10-423.B. A registered dietitian or director of food services shall ensure that:</p> <p>R9-10-423.B.1. Food is prepared:</p> <p>R9-10-423.B.1.a. Using methods that conserve nutritional value, flavor, and appearance; and</p> <p>This RULE is not met as evidenced by: Based on observation, staff interviews, facility documentation and policy and procedures, the facility failed to ensure that pureed meat was prepared in a manner to conserve nutritive value.</p> <p>Findings include:</p> <p>An observation was conducted in the kitchen on September 28, 2016 at 9:45 a.m. A cook (staff #192) was observed to place 30 ounces of roast beef into a Robo Coupe (blender) to puree 15 servings. During the puree process, the cook added 3 quarts of beef broth and 36 ounces of thickener to the roast beef.</p> <p>An immediate interview was conducted with the nutrition services supervisor (staff #189), who stated that the cook used too much broth and thickener for the portions of roast beef. Staff #189 stated that the cook should have followed the recipe, which included 4-8 ounces of broth and 4-8 tablespoons of thickener.</p>	Y2319	<p>Y2319</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>The cook was immediately in-serviced regarding appropriate preparation of pureed foods. A new batch of pureed roast beef was prepared.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Any resident requiring a puree diet has the potential to be affected. The cooks were in-serviced regarding puree food.</p>	

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

TITLE

(X6) DATE

Brian Kallbet

ADMINISTRATOR

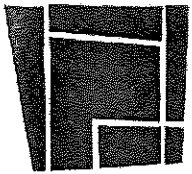
10/19/2016

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NCI-2643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVALON SOUTHWEST HEALTH & REHABILITA	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
---	--

(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
Y2319	<p>Continued From page 1</p> <p>An interview was conducted with staff #192 on September 28, 2016 at 10:15 a.m. The cook stated that he sometimes followed the recipe when he pureed foods, but that he usually just went by how it looked.</p> <p>Review of the facility's recipe for Pureed Plain Meats revealed to use 4-8 ounces of beef stock and 4-8 tablespoons of thickener, when pureeing 32 ounces or 16 servings of meat.</p> <p>The facility's policy regarding Puree Foods included "Standardized recipes will be used for all foods requiring tenderization to promote optimal appearance, texture, flavor, and nutritional value...Food requiring blenderization will be processed according to available recipes and production needs..."</p>	Y2319	<p>What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur?</p> <p>The cooks were in-serviced regarding pureed food.</p> <p>How will the facility monitor corrective action(s) to ensure the deficient practice does not recur?</p> <p>The Dietary General Manager will conduct random observations of each cook preparing pureed food. These audits will be conducted 4x/week x 2 weeks, then 2x/week x 2 weeks. Results of the puree prep audit will be reported to the QAPI committee.</p> <p>Date of Compliance: September 28, 2016</p>	



ADHS

LICENSING

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: September 26, 2016

Survey Event ID: XFF511

Inspector/Team Coordinator: Chris Benson

Accompanied By: Jean Lapour, Luann Wylie, Michael Marek

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: Joel Bunis, Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3242, Phone: (602) 364-2675, FAX: (602) 324-0993, E-Mail: Joel.Bunis@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.

Chris Benson Administrator/Director/Agency Representative Signature Date: 9/26/2016

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

Chris Benson Inspector/Team Coordinator Signature Date: 9/26/16

Copy left with Administrator/Director/Agency Representative

LTC 53 9.29.16
8.5.17



QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION

Issued To: *Aradon Southwest*

The above named facility has met licensure requirements, has been licensed for one year or more and, therefore, has received the following quality rating as required by R9-10-919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	25	
II. Resident Rights	25	
III. Administration	25	
IV. Environment and Infection Control	15	
V. Food Services	10	
TOTAL CRITERIA MET	100	

QUALITY PERFORMANCE SCALE	
"A"	✓
"B"	
"C"	
"D"	
"A": 90 to 100 points	
"B": 80 to 89 points	
"C": 70 to 79 points	
"D": 69 or fewer points	

License Effective:

From: _____ To: _____

Issued:

Recommended By

Number: NCI-

Issued By

Assistant Director

Quality Rating Evaluation

Facility:

Phone:

Address:

Survey Date:

Contact Person:

Nursing Services:

Criteria: Criteria Met?
Pts. YES NO

The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.	15	✓	
The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.	5	✓	
The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.	5	✓	

Points Yes 25

Points No _____

Comments:

Resident Rights:

Criteria: Criteria Met?
Pts. YES NO

The nursing care institution is implementing a system that ensures a resident's privacy needs are met.	10	✓	
The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.	10	✓	
The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.	5	✓	

Points Yes 25

Points No _____

Comments:

Administration:

Criteria: Criteria Met?
Pts. YES NO

The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.	10	✓	
The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Office of Long Term Care Licensure and as required by A.R.S. § 46-454.	5	✓	
The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.	5	✓	
The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.	1	✓	
The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.	1	✓	
The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.	2	✓	
The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.	1	✓	

Points Yes 25

Points No _____

Comments:

Environment and Infection Control:

Criteria: Criteria Met?
Pts. YES NO

The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.	5	✓	
The nursing care institution establishes and maintains a pest control program.	1	✓	
The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.	1	✓	
The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.	1	✓	
The nursing care institution maintains a clean and sanitary environment.	1	✓	
The nursing care institution is implementing a system to prevent and control infection.	5	✓	
An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.	1	✓	

Points Yes 15

Points No _____

Comments:

Food Services:

Criteria: Criteria Met?
Pts. YES NO

The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license	1	✓	
The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.	3	✓	
The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs	2	✓	
The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.	2	✓	
The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.	1	✓	
The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.	1	✓	

Points Yes 10

Points No _____

Comments:

