

STATE DOCUMENTS ONLY

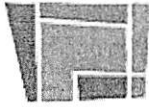
THESE ARE
STATE DOCUMENTS FOR
COMPLAINTS
INVESTIGATION

YZPM11

CONDUCTED ON

2-26-16

THESE ARE OUR STATE
PUBLIC RECORDS



ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

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

June 28, 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** forms which indicate that the following deficiencies were found to be corrected on 06/27/2016 at the time of the follow-up investigation to Complaint #YZPM12. A copy will be filed in your public file.

Thank you for the time extended to us during the recent inspection of your facility. Please contact the Bureau of Long Term Care at (602) 364-2690 if we may be of assistance.

Sincerely,


Belinda Hernandez
Examine Technician II

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Enclosures

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2643	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/27/2016
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NAME OF FACILITY AVALON SOUTHWEST HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
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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 Y2139	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # R9-10-421.B.3.b.	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/01/2016	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) <i>DA</i>	DATE <i>6/27/16</i>	SIGNATURE OF SURVEYOR <i>D. Johnston</i>	DATE <i>6/27/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/26/2016	<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
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DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

April 1, 2016

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

Dear Mr Balliet:

The purpose of this letter is to inform you that the Department of Health Services, Office of Long Term Care, has investigated complaint # YZPM11 on February 26, 2016. As a result of this investigation, the Department has found the facility to be out of compliance with State licensing requirements. A statement of **State** deficiencies is attached to this letter

The statement of deficiencies must be addressed by submitting a Plan of Correction (PoC). 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.

Your POC should be specific and realistic since it will be a public document available to all 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 by **April 16, 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.** Retain a copy for your files. If the PoC is not received by this Office on or before **April 16, 2016**, state enforcement actions may proceed.

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,

Joel Bunis, MBA
Bureau Chief

JB\bh

Attachments

AOC 4-16
APOC 4-21-16

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 C 02/26/2016
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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
Y 000	Initial Comments A complaint (AZ00133448, AZ00130654, AZ00131417, AZ00132297, AZ00131802, AZ00132636, AZ00132712, AZ00132820, AZ00132901, AZ00130584, and AZ00132735) investigation survey was conducted on February 22 through February 24, 2016. The following deficiencies were cited.	Y 000		
Y2139	R9-10-421.B.3.b. Medication Services R9-10-421.B. An administrator shall ensure that: R9-10-421.B.3. A medication administered to a resident: R9-10-421.B.3.b. Is documented in the resident's medical record; and This RULE is not met as evidenced by: Based on clinical record review, facility documentation, and staff interview, the facility failed to ensure for one resident (#2) that the reconciliation of the resident's Oxycodone was complete and accurate when comparing the Medication Administration Record and the Controlled Drug Record. Findings include: Resident #2 was admitted to the facility March 13, 2015, with diagnoses that include schizophrenia, dementia, bipolar disorder, and chronic pain. Review of the physicians orders for the resident an order for Oxycodone HCL 5 milligrams (mg) a narcotic pain reliever, to be given every 4 hours	Y2139	"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." Y2139 This requirement is not met as evidenced by: Based on clinical record review, facility documentation, and staff interview, the facility failed to ensure for one resident (#2) that the reconciliation of the resident's Oxycodone was complete and accurate when comparing the Medication Administration Record and the Controlled Drug Record. How corrective action will be accomplished for those residents found to have been affected by deficient practice. Residents #2s orders have been reviewed and staff have been educated on following the orders. Continue on next page ...	

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

Devin D. Balliet

TITLE

NURSING HOME ADMINISTRATOR

(X6) DATE

4/21/16

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 C 02/26/2016
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NAME OF PROVIDER OR SUPPLIER AVALON SOUTHWEST HEALTH & REHABILITA	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
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Y2139	<p>Continued From page 1</p> <p>as needed for pain level of 5 thru 10 on the 10 point pain scale.</p> <p>Review of the Medication Administration Record (MAR) for the resident revealed that on September 18, 2015, 1 dose of Oxycodone was given at 4:42 a.m..</p> <p>Review of the Controlled Drug Record for the resident's Oxycodone revealed that four doses were signed out on the 18th of September 2015. They were at 4:41 a.m., 11:45 a.m., 4:05 p.m., and 8:10 p.m.. The last three dose times do not appear on the resident's MAR. A quick review four doses were signed out for September 7, 2015, and no Oxycodone was signed out on the MAR. It appears that the reconciliation between the two sign out forms are not complete and accurate.</p> <p>An interview was conducted with the Director of Nurses at 9:50 a.m. on February 24, 2015, and she could not explain why the Oxycodone was signed off on the Controlled Record but not the MAR.</p>	Y2139	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents could potentially be affected.</p> <p>Completed 4/01/2016.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not reoccur.</p> <p>All staff received education on 2/19/2016 regarding following orders as written. Audits will be conducted weekly for three months by DON/Designee to ensure orders are being followed as written.</p> <p>How facility plans to monitor its performance to make sure solutions are sustained.</p> <p>The DON or designee will identify trends from weekly audits and report to the Quality Assurance Committee for a minimum of three months or until our QAPI team deems a lesser frequency is appropriate.</p> <p>Responsible Individual: DON</p> <p>Date of Compliance: 04/01/2016</p>	
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**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES
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: February 22 thru 26, 2016

Survey Event ID: YZPM11

Inspector/Team Coordinator: Dale Adams

Accompanied By: Brian Wachtendonk

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.

Brian Wachtendonk Administrator/Director/Agency Representative Signature Date: 2/22/16

Administrator/Director/Agency Representative refused to sign this form.

Administrator/Director/Agency Representative or authorized on-site representative is not present.

Dale Adams Inspector/Team Coordinator Signature Date: 2/22/16

Copy left with Administrator/Director/Agency Representative



**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES
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: February 22 thru 26, 2016
 Survey Event ID: YZPM11
 Inspector/Team Coordinator: Dale Adams
 Accompanied By: Brian Wachtendonk

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Brian Wachtendonk Administrator/Director/Agency Representative Signature Date: 2/22/16

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Dale Adams Inspector/Team Coordinator Signature: Date: 2/22/16

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