



# QUALITY RATING CERTIFICATE



## ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION

Issued To

Watson Woods Healthcare, Inc., dba  
Granite Creek Health & Rehabilitation Center  
1045 Scott Drive  
Prescott, Arizona 86301

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	0
II. Resident Rights	25	0
III. Administration	25	0
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	100	0

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: 03/15/2018

To: 02/28/2019

Issued: 03/20/2018

Number: NCI-387

Recommended By

*Diane Eckles*

Issued By

*Cory 3*

Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

Prescott Fire Department

1700 Iron Springs Rd.

Phone: (928) 777-1700 Fax: (928) 776-1890 TDD: 445-6811

Date Inspected: 1/1

Business Name: GRANITE CREEK KITCHEN Resp. Station: \_\_\_\_\_ Zone: \_\_\_\_\_ District: \_\_\_\_\_  
 Address: 1045 SCOT DRIVE Zip: \_\_\_\_\_  
 Business Phone: 928-778-9603 Fax: 928-778-5909  
 Vacant Suite \_\_\_\_\_ Vacant Bldg \_\_\_\_\_ New Business \_\_\_\_\_ Business Relocation from: \_\_\_\_\_

Prop Owner Name: \_\_\_\_\_ Prop Owner Add: \_\_\_\_\_  
 Prop Owner City: \_\_\_\_\_ Prop Owner State: \_\_\_\_\_ Prop Owner Zip: \_\_\_\_\_  
 Owner Ph1: \_\_\_\_\_ Owner Ph2: \_\_\_\_\_ Owner Ph3: \_\_\_\_\_  
 Bus Owner Name: ENSIEN Bus Owner Add: 2701 JENIA REAR  
 Bus Owner City: MISSION VIEJO CA Bus Owner State: \_\_\_\_\_ Bus Owner Zip: \_\_\_\_\_  
 Owner Ph1: \_\_\_\_\_ Owner Ph2: \_\_\_\_\_ Owner Ph3: \_\_\_\_\_  
 Mailing Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 RP1: SHAWN HZLGESON Ph 1: 928-202-6531 Ph 2: 928-778-9603 X426 Key Holder: \_\_\_\_\_ TP: \_\_\_\_\_  
 RP2: LORI CODAM Ph 1: 778-9603 X422 Ph 2: \_\_\_\_\_ Key Holder: \_\_\_\_\_ TP: \_\_\_\_\_  
 Add'l Contact Types: Manager [M] Business Owner [B] Prop Owner [P] Resp Party [RP] Resident [R] Contact [C] Other [O]

Prop Use: I Mixed Prop: \_\_\_\_\_ Complex: \_\_\_\_\_ Building Status: \_\_\_\_\_ Building Class: \_\_\_\_\_  
 Business Sq. Ft.: \_\_\_\_\_ Stories Above: \_\_\_\_\_ Stories Below: \_\_\_\_\_

Detectors: \_\_\_\_\_ Detector Type: \_\_\_\_\_ Description: \_\_\_\_\_

Auto Extinguishing Sys: \_\_\_\_\_ Desc: \_\_\_\_\_ Sprinkler Sys Pressure (SPRI): \_\_\_\_\_ Top: 75 Bottom: 12

Sprinkler Riser Location (RISR): Admin Hallway

Fire Alarm Monitor Co (ALRM): Interstate Communications - 602-433-1271

FACP Location (ALRL): Center Nurse Station

Knox Box Location (KEYB): To Right of front door

Fire Dept Connection Location (FDCN): To Right of front door

Fire Ext Tag DT: \_\_\_\_\_ Sprinkler Tag DT: OCT 16 Fire Alm Tag DT: OCT 16 Keys Test DT: \_\_\_\_\_ Hood/Booth Tag DT: 4/17

Detectors \_\_\_\_\_ FID Connection \_\_\_\_\_ Gate - Keys Req \_\_\_\_\_ Guards \_\_\_\_\_ Hood System \_\_\_\_\_ Sprinkler Sys \_\_\_\_\_  
 Dogs \_\_\_\_\_ Fire Alarm Sys \_\_\_\_\_ Gate - No Keys \_\_\_\_\_ HazMat \_\_\_\_\_ Knox Box \_\_\_\_\_ Standpipe \_\_\_\_\_

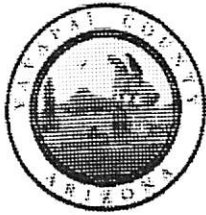
Fire Code Section	THE FOLLOWING VIOLATIONS OF THE INTERNATIONAL FIRE CODE SHALL BE CORRECTED IMMEDIATELY	Date Corrected
	<del>EXIT</del> Exit Door Exit Light - Dining Room to the end	8/30/17
	MARK ALL BREAKER - KITCHEN PANEL	8/30/17
	EXIT LIGHT/Bug Eye NOT WORKING @ 2ND HALL	8/30/17
	MARK ALL BREAKERS to KITCHEN ROOM	8/30/17
	INSTALL KNOX FDC LOCKS	8/30/17
	All Complete	

Reinspection Date: 8/30/17 ReCheck By: DEVENDORF Date: \_\_\_\_\_ ReCheck By: \_\_\_\_\_ Date: \_\_\_\_\_ ReCheck By: \_\_\_\_\_ Date: \_\_\_\_\_ Legal Action: \_\_\_\_\_

Received By: \_\_\_\_\_ Inspector: DEVENDORF Station: \_\_\_\_\_ Shift: \_\_\_\_\_ Stn. Shift Inspecting: TRAVENTION

YAVAPAI COUNTY  
COMMUNITY HEALTH SERVICES  
Environmental Health Unit

Prescott Office: 928-771-3149  
1090 Commerce Drive  
Prescott, AZ 86305



Cottonwood Office: 928-639-8138  
10 S 6th Street  
Cottonwood, AZ 86326

Prescott Valley Office: 928-583-1015  
3212 N Windsong Drive  
Prescott Valley, AZ 86314

## Foodservice Establishment Inspection Report

### Establishment Information

Facility Name  
Granite Creek Health & Rehab Ctr

License #  
13383

Facility Address  
1045 Scott Dr  
Prescott, AZ

Licensee Name  
Watson Woods Healthcare Inc

Facility Type  
Health Care Facility (food)

Facility Telephone #  
928 778-9603

Licensee Address  
27101 Puerta Real # 450  
Mission Viejo, CA  
92691

### Inspection Information

Inspection Type  
Routine

Inspection Date  
January 31, 2018

Total Time Spent  
0.75 hours

### Smoke Free Arizona Act

Compliant  
Yes

Evidence of Non-Compliance

### Equipment Temperatures

Description	Temperature (Fahrenheit)
COLD STORAGE W/I	35
COLD STORAGE FREEZER W/I	ok

### Food Temperatures

Description	Temperature (Fahrenheit)
pork, turkey, cheese, soup	35,35,36,34

### Warewashing Information

Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3-Comp	manual		300	quat	chemical
Pro Clean	Manual		50ppm	chlorine	chemical
Dishmachine	Manual		300	quat	chemical
Sani Buckets					

### Food Safety

Certified Manager Yes	Food Safety Plan In Place Yes
Number Of Food Worker Cards 9	Number of Employees 10

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

### Observed Priority Violations

Total # 0

Repeated # 0

**YAVAPAI COUNTY COMMUNITY HEALTH SERVICES  
ESTABLISHMENT INSPECTION REPORT  
NOTICE OF INSPECTION RIGHTS / BILL OF RIGHTS**

**A.R.S. §§ 11-1603, 41-1001.01(C) and 41-1009  
ATTACHMENT "A"  
SMALL BUSINESS PROVISIONS INCLUDED**


This inspection is conducted by Yavapai County Community Health Services ("Department") in accordance with Arizona Revised Statutes ("A.R.S.") under Title 11 (Chapter 11), Title 36 (Chapters 1, 6, 8, and 39), and Title 41 (Chapter 6), Arizona Administrative Code ("A.A.C."), Title 9, Chapter 8, Articles 1-8, 13, Yavapai County Health Code and Ordinance ("YC HCO") and 2009 U.S. Food, Drug and Administration Code ("2009 FDA Code"). Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review of records, interview with staff, and review of services offered. Upon entry of premises, the Department inspector *shall present photo identification ("ID")*.

1. The inspection is conducted in accordance with A.R.S. §§ 11-1602(3) and 41-1001.01(7), and the above cited authority, for the purpose of:
  - Conducting a complaint investigation; or
  - Determining compliance regarding any premise if the Department believes a violation relating to sanitation/health exists.
2. The Department inspector shall disclose any applicable fees in accordance with A.R.S. §§ 11-1603 and 41-1001.01(3). There is no fee for this inspection unless the inspection is one of the following: Repeat re-inspection, Compliance inspection or Plan Review.
3. An authorized on-site representative of the regulated person may accompany the Department inspector on the premises, except during confidential interviews or if the inspection pertains to fire and life safety inspection of areas that are accessible to the general public or a food and swimming pool inspection.
4. You have the right to have:
  - Copies of any original documents taken by the Department during the inspection, if permitted by law to take the original documents;
  - A split of any samples taken during the inspection if the split of any samples would not prohibit an analysis from being conducted or render an analysis inconclusive and copies of any analysis performed on such samples taken; and
  - Copies of any documents relied upon to determine compliance with licensure or regulatory requirements.
5. If the information and documents provided to the Department become a public record, the regulated person may redact trade secrets, proprietary and confidential information unless the information and documents are confidential per statute.
6. Each person interviewed will be informed that statements made by the person may be included in the inspection report.
  - Participation in the interview is voluntary unless the person is legally compelled to participate in the interview.
  - If the conversation is tape recorded, the interviewed person will be informed that the conversation is being tape recorded.
  - The person is allowed at least 24 hours to review and revise any written witness statement that is drafted by the Department inspector, auditor or regulator and on which the Department inspector, auditor or regulator requests the person's signature.
  - The inspector, auditor or regulator may not prohibit the regulated person from having an attorney or any other experts in their field present during the interview to represent or advise the regulated person
7. You and your staff have the opportunity to provide any information that would clarify an issue. If the inspection report contains deficiencies identified during the inspection, the Department shall provide the regulated person an opportunity to correct the deficiencies identified during the inspection, unless contrary to state or federal law or if the Department determines the deficiencies are intentional, not correctable within a reasonable amount of time, evidence of a pattern of noncompliance, or a risk to any person, public health, safety, welfare or the environment.
8. Upon completion of the inspection or complaint investigation, the Department inspector will:
  - Conduct an exit interview and informally disclose his/her findings;
  - Afford you the opportunity to identify corrective actions that can be taken to comply with the law; and
  - Provide you with a copy of the inspection report or notify you that a copy of the inspection report will be provided to you within 30 working days after the inspection.
9. A Department decision pursuant to A.R.S. §§ 11-1603(E)-(F) and 41-1009(E)-(F) is not an appealable county action.
10. You may contact Cecil Newell at (928) 771-3149 to inquire about the process by which a regulated person, including small businesses, may file a complaint. See also, A.R.S. § 41-1001.01(9)-(10). In addition, you may contact the AZ Ombudsman Citizens' Aide at [www.azoca.gov](http://www.azoca.gov) if you have already made a reasonable effort with the Department to resolve a problem, but have not been successful.
11. For questions regarding the inspection or for further information about your due process rights concerning an appeal of a final decision based upon inspection results, you may contact: Cecil Newell, Yavapai County Community Health Services, 1090 Commerce Drive, Prescott, AZ 86305, Phone: (928) 771-3149. You may also seek assistance from AZ Ombudsman Citizens' Aide at [www.azoca.gov](http://www.azoca.gov).
12. You may participate in the rule development process. See A.R.S. §§ 11-1602(11) and 41-1001.01(5)-(6), (8)-(9).
13. Your due process rights relating to an appeal of a final decision, based upon inspection results, are set forth in A.R.S. §§ 12-901 to 12-914, 36-183.04(E)-(F), 41-1061 to 41-1066, and YC HCO. For copies of the related statutes or YC HCO, please contact the Department at (928) 771-3149. You may be eligible for fees and expenses reimbursement if you prevail as set forth in A.R.S. §§ 11-1603(1) and 41-1001.01(1)-(2).
14. The inspector, auditor or regulator may not take any adverse action, treat the regulated person less favorably or draw any inference as a result of the regulated person's decision to be represented by an attorney or advised by any other experts in their field.
15. The Department inspector may file a compliance action against you arising from the inspection or compliance investigation, which applies to both new and amended compliance inspections, in accordance with the statute of limitations set forth in A.R.S. § 12-550.
16. As provided in A.R.S. § 11-1604(D), you are entitled to have the Department not request or initiate discussions about waiving any of the rights prescribed in this Notice of Inspection Rights. See A.R.S. § 11-1602(10).
17. The Department inspector presented ID and reviewed with me the above information. I read the disclosures herein and understand my inspection and due process rights as listed. Although I may decline to sign this form, I understand the Department may proceed with the inspection.

Regulated Person/Representative Name

Print: \_\_\_\_\_

Signature and date



31-Jan-2018

Inspector Name

Print: Jon Groulx

Signature and date



31-Jan-2018

☐ Regulated person or representative refused to sign form. ☐ Regulated person or on-site representative is not present.

The Notice of Inspection Rights and related Regulatory Bill of Rights, Small Businesses (A.R.S. § 41-1001.01) or Regulatory Bill of Rights (A.R.S. § 11-1602) are available at the Department's website: <http://www.yavapaihealth.com/environmental-health>.

**Observed Priority Foundation Violations****Total # 0****Repeated # 0****Observed Core Violations****Total # 0****Repeated # 0****Comments****Certification of Bill of Rights**

I acknowledge that I was notified of my inspection and due process rights at the start of this inspection as I read and reviewed with the inspector the Notice of Inspection Rights/Bill of Rights (incorporated herein and identified as Attachment "A") with the inspector.

Yes

Person in Charge

Will Han

Sanitarian



Jon Groulx

YAVAPAI COUNTY  
COMMUNITY HEALTH SERVICES  
Environmental Health Unit

Prescott Office: 928-771-3149  
1090 Commerce Drive  
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## Foodservice Establishment Inspection Report

### Establishment Information

Facility Name  
Granite Creek Health & Rehab Ctr  
License #  
13383

Facility Type  
Health Care Facility (food)  
Facility Telephone #  
928 778-9603

Facility Address  
1045 Scott Dr  
Prescott, AZ

Licensee Name  
Watson Woods Healthcare Inc

Licensee Address  
27101 Puerta Real # 450  
Mission Viejo, CA  
92691

### Inspection Information

Inspection Type  
Re-inspection

Inspection Date  
November 01, 2017

Total Time Spent  
0.50 hours

### Smoke Free Arizona Act

Compliant  
Yes

Evidence of Non-Compliance

### Equipment Temperatures

Description

Temperature (Fahrenheit)

COLD STORAGE W/I

COLD STORAGE FREEZER W/I

### Warewashing Information

Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3-Comp Pro Clean Dishmachine Sani Buckets	manual Manual Manual		100 bleach		

### Food Safety

Certified Manager  
Yes

Food Safety Plan In Place  
Yes

Number Of Food Worker Cards

Number of Employees

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

### Observed Priority Violations

Total # 0

Repeated # 0

### Observed Priority Foundation Violations

Total # 0

Repeated # 0

**Observed Core Violations**

Total # 0

Repeated # 0

**Corrected Hazards**

The following hazard(s) have been corrected since the last inspection.

Total # 1

**4-703.11 - HOT WATER AND CHEMICAL - SANITIZING METHOD**

This is a priority item

Observation: No sanitizer measured at the final rinse of the chemical dish machine and then was 200+ chlorine.

Corrective Action(s): Maintain a sanitizer rinse of 50 ppm chlorine. Adjust or repair dish machine as needed. \*Manually wash, rinse and sanitize at the 3-compartment sink until the dish machine is in proper operation. After 4 attempts, the reading was too high Correct By: 25-Oct-2017

**Comments**

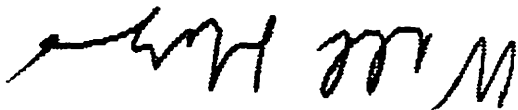
Violation corrected. Thank you.

**Certification of Bill of Rights**

I acknowledge that I was notified of my inspection and due process rights at the start of this inspection as I read and reviewed with the inspector the Notice of Inspection Rights/Bill of Rights (incorporated herein and identified as Attachment "A") with the inspector.

Yes

Person in Charge



Sanitarian

  
William Blankemeier

YAVAPAI COUNTY  
COMMUNITY HEALTH SERVICES  
Environmental Health Unit

Prescott Office: 928-771-3149  
1090 Commerce Drive  
Prescott, AZ 86305



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## Foodservice Establishment Inspection Report

### Establishment Information

Facility Name	Facility Type
Granite Creek Health & Rehab Ctr	Health Care Facility (food)
License #	Facility Telephone #
13383	928 778-9603
Facility Address	Licensee Address
1045 Scott Dr	27101 Puerta Real # 450
Prescott, AZ	Mission Viejo, CA
Licensee Name	92691
Watson Woods Healthcare Inc	

### Inspection Information

Inspection Type	Inspection Date	Total Time Spent
Re-inspection	November 01, 2017	0.50 hours

### Smoke Free Arizona Act

Compliant	Evidence of Non-Compliance
Yes	

### Equipment Temperatures

Description	Temperature (Fahrenheit)
COLD STORAGE W/I	
COLD STORAGE FREEZER W/I	

### Warewashing Information

Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3-Comp	manual				
Pro Clean	Manual		100		
Dishmachine	Manual		bleach		
Sani Buckets					

### Food Safety

Certified Manager	Food Safety Plan In Place
Yes	Yes
Number Of Food Worker Cards	Number of Employees

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

### Observed Priority Violations

Total # 0  
Repeated # 0

### Observed Priority Foundation Violations

Total # 0



Repeated # 0

**Observed Core Violations**

Total # 0

Repeated # 0

**Corrected Hazards**

The following hazard(s) have been corrected since the last inspection.

Total # 1

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**Comments**

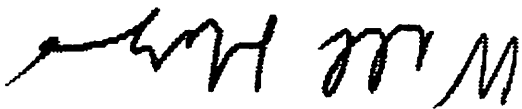
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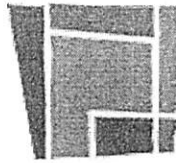
Yes

Person in Charge



Sanitarian

  
William Blankemeier



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

Receipt of Notice Presumed 03/20/2018 via email

March 20, 2018

Brigham Curran, Administrator  
Granite Creek Health & Rehabilitation Center  
1045 Scott Drive  
Prescott, Arizona 86301

Dear Mr Curran:

On **March 15, 2018**, an annual recertification survey was conducted at your facility by the Department of Health Services, Bureau of Long Term Care to determine if your facility was in compliance with Federal/State participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. During this survey, complaint investigations may have also been conducted.

The enclosed State deficiency form which indicates that no deficiencies were found at the time of the recertification inspection. This form will become a part of your public file; **please sign and return the original** and retain a **copy** for your files.

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

Sincerely,

A handwritten signature in cursive script that reads "Diane Eckles".

Diane Eckles  
Bureau Chief

DE\sf

Attachments

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

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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*

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NCI-2728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/15/2018
NAME OF PROVIDER OR SUPPLIER  GRANITE CREEK HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301		
(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 March 12 through 15, 2018, in conjunction with the investigation of Complaint #'s AZ00147042, AZ00145518, AZ00146324 and AZ00144324. No deficiencies were cited.	Y 000		



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

*[Handwritten Signature]*

TITLE

*Executive Director*

(X6) DATE

*3/28/18*

STATE FORM

6899

7V1811

If continuation sheet 1 of 1

# QUALITY RATING CERTIFICATE



## ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION

Issued To: *Granite Creek*

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	<i>25</i>	
II. Resident Rights	<i>25</i>	
III. Administration	<i>25</i>	
IV. Environment and Infection Control	<i>15</i>	
V. Food Services	<i>10</i>	
TOTAL CRITERIA MET	<i>100</i>	

QUALITY PERFORMANCE SCALE	
"A"	<input checked="" type="checkbox"/>
"B"	<input type="checkbox"/>
"C"	<input type="checkbox"/>
"D"	<input type="checkbox"/>
"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:

Number: NCI-

Recommended By

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: Pts. Criteria Met?  
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 16

Points No \_\_\_\_\_

Comments: