

20047

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES  
BUREAU OF LONG TERM CARE FACILITIES LICENSING  
ENFORCEMENT MEETING NOTIFICATION OF RIGHTS**

Facility Name: Granite Creek Health & Rehabilitation  
Center

License # NCI-2728

Fac ID LTC0057

Please initial after each section.

1. I understand that I have the right to reject the proposed resolution and may refuse to sign this Agreement. SA
2. This Agreement has been reviewed and approved by the Assistant Director. If this agreement is changed, it will be returned to the Assistant Director for approval. SA
3. I understand that if I do not enter into an Agreement at this time, the Program will refer this matter to Public Health Licensing Services ("Licensing") Enforcement Team and a legal order may be prepared and sent to me. SA
4. I understand that I have due process rights and can request a hearing before the Office of Administrative Hearings regarding any legal order issued by the Department's Director. SA

I hereby acknowledge that I have discussed the above statements with the Department and understand my rights with regard thereto.

**PUBLIC FILE**

Licensee/Director/Provider: SA Date: 9/14/20

Licensee/Director/Provider: SA Date: \_\_\_\_\_

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES  
BUREAU OF LONG TERM CARE FACILITIES LICENSING**

Granite Creek Health & Rehabilitation Center  
1045 Scott Drive  
Prescott, AZ 86301  
License # Nci-2728

**CIVIL FINES**

<b>Statute/Rule</b>	<b>Violations</b>	<b>Penalty Assessment</b>	<b>Penalty Amount</b>
R9-10-422. An administrator shall ensure that: R9-10-422.1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including: R9-10-422.1.c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and	Based on observations, interviews, facility documentation, review of the Center for Disease Control (CDC) guidelines and policies and procedures, the facility failed to maintain an effective infection control program, by having multiple staff who were either symptomatic and positive for COVID-19 or exhibited symptoms of COVID-19 and provided care to residents. As a result, the Condition of Immediate Jeopardy (IJ) was identified.	Date of survey June 30, 2020	\$500.00
<b>Total</b>			<b>\$500.00</b>

Licensee agrees to pay the Department civil fines, pursuant to A.R.S. § 36-431.01, in the total amount of five hundred dollars (\$500.00 ) without interest for all violations set forth on this Civil Fines Form.

Please remit a credit card or e-check payable to the Arizona Department of Health Services. Payment needs to be made via the Division of Licensing Services Online Website: <https://licensing.azdhs.gov/LicensingOnline/Account/Login>.

If the Entity is sold on or after the execution date of this Agreement, Licensee shall pay the civil fines.

## ENFORCEMENT MEETING AGREEMENT FORM

Facility Name: Granite Creek Health & Rehabilitation Center

License # Nci-2728

Fac ID: LTC0057

A survey was conducted on July 2, 2020

The following Department concerns were discussed:


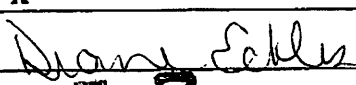
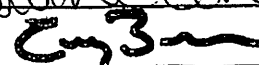
Agreement:

(initials) SA Licensee agrees to pay civil fines in the amount of \$500.00 .

(initials) SA Licensee understands that not being in substantial compliance could result in further enforcement action.

(initials) SA Licensee will return the original Statement of Deficiencies with the signed and dated acceptable Plan of Correction to the Department within 10 working days of receipt of this agreement.

☐ Meeting held in person  
☐ Meeting held by teleconference  
☒ Enforcement agreement mailed

	PLEASE PRINT NAME	SIGNATURE	TITLE	DATE
Licensee/Director/Provider:	<u>SEA2 Hiu</u>	<u>X</u> 	<u>ADMINISTRATOR</u>	<u>9/14/20</u>
Licensee/Director/Provider:		<u>X</u>		
Bureau Chief (or designee):	<u>Diane Eckles</u>		<u>Bureau Chief</u>	<u>9/14/2020</u>
Assistant Director:	<u>Colby Bower</u>		<u>Assistant Director</u>	<u>9-14-2020</u>
Program & Project Specialist			<u>Program &amp; Project Specialist II</u>	
Team Leader:			<u>Team Leader</u>	
Surveyor:			<u>Surveyor</u>	
Surveyor:			<u>Surveyor</u>	
Surveyor:			<u>Surveyor</u>	
Attendee:				
Attendee:				
Attendee:				
Attendee:				