

**State
Public Records Documents
Only**

Survey event #G8S411

**Facility: GRANITE CREEK HEALTH
& REHAB CENTER**



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

December 21, 2021

Receipt of This Notice is Presumed To Be 12/21/2021
Important Notice - Please Read

Mr. Joaquin Martinez, Administrator
Granite Creek Health & Rehabilitation Center
1045 Scott Drive
Prescott, Arizona 86301

Dear Mr. Martinez:

On **December 2, 2021**, an Infection Control COVID-19 Focused Survey #G8S411 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 requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19.

The enclosed State deficiency form which indicates that **no deficiencies** were found at the time of the inspection. This form will become a part of your public file; 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,

Diane Eckles
Bureau Chief

DE\bk

Attachments

Douglas A. Ducey | Governor Don Herrington | Interim 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

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 12/02/2021
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 An onsite focused infection control survey was conducted on December 1 and 2, 2021. No deficiencies were cited.	Y 000			

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

TITLE

(X6) DATE