

LTC0057



## INFORMATION VERIFICATION AND ANNUAL LICENSING FEES

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – LONG TERM CARE FACILITIES LICENSING

In accordance with A.A.C. R9-10-107

C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:

1. The following information in a Department-provided format:

a. The licensee's name, and

b. The facility's name and license number;

2. Verification of the information in the Department's current records for the health care institution;

3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and

4. The applicable annual licensing fees in R9-10-106.

Fac ID **LTC0057**

Fee Due Date **6/30/2021**

### Legend



New Certificate



Updates Required



Review and Updates Required

### HEALTH CARE INSTITUTION INFORMATION

Name of health care institution

**GRANITE CREEK HEALTH & REHABILITATION CENTER**

License number

**NCI-2728**

Facility physical address

**1045 SCOTT DRIVE**

City

**PRESCOTT**

State

**AZ**

ZIP Code

**86301**

Facility mailing address

**1045 SCOTT DRIVE**

City

**PRESCOTT**

State

**AZ**

ZIP Code

**86301**

Phone number

**(928) 778-9603**

Email

**renewals@EnsignServices.net**

Fax number (optional)

**(928) 778-5909**

Class or subclass

**Nursing Care Institution**

Authorized services

Authorized Service: Secured Alzheimer's Unit Not Approved (Start Date: N/A)

Authorized Service: Ventilator Area Not Approved (Start Date: N/A)

Authorized Service: Behavioral Health Unit Not Approved (Start Date: N/A)

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Authorized Service: Dialysis Services Not Approved (Start Date: N/A)

Authorized Service: Radiology Services Not Approved (Start Date: N/A)

Authorized Service: Diagnostic Imaging Services Not Approved (Start Date: N/A)

Authorized Service: Clinical Lab Services Not Approved (Start Date: N/A)

Authorized Service: Behavioral Health Services Not Approved (Start Date: N/A)

Health care institution's days and hours of operation

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM

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**OWNER INFORMATION**

The owner type is a

Corporation

Tax ID

Owner's name

WATSON WOODS HEALTHCARE, INC.

Owner's mailing address

29222 RANCHO VIEJO ROAD, SUITE 127

City

SAN JUAN  
CAPISTRANO

State

CA

ZIP Code

92675

Phone number

(949) 487-9500

Email

renewals@ensignservices.net

Fax number (optional)

Name

John Albrechtsen

Title

PRESIDENT

Name

CRAIG FITCH

Title

SECRETARY

Name

SOON BURNAM

Title

TREASURER

**CHIEF ADMINISTRATIVE OFFICER**

Name

Effective date

**NURSING CARE INSTITUTION ADMINISTRATOR**

Name

JOAQUIN MARTINEZ

Effective date

2/10/2021

**EMERGENCY CONTACT INFORMATION**

Name

Joaquin Martinez

Phone number

(480) 721-5285

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**FEES**

Description	Amount
<b><u>License fees</u></b>	
Base fee	
Licensed capacity/occupancy (128) x Per unit cost of \$73	
Late fee	
<b>Total license fees</b>	
<b><u>Enforcement fees</u></b>	
Enforcement fees previously owed	\$0
<b>Total enforcement fees</b>	<b>\$0</b>
<b>Total amount due</b>	

**Please note that the Department will not receive your submission unless the payment process is complete and approved.**

ALL FEES ARE NON-REFUNDABLE.

NOTE: Fees do not apply to a health care institution operated by a state agency pursuant to federal law such as the veterans home, Arizona State Hospital or an adult foster care home.

☒ I acknowledge that all information has been verified and is accurate.

Submitted by

Soon BURNAM

Submitted on

5/3/2021

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