

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

May 5, 2020

Important Notice - Please Read Carefully

Larry Michael Rasmussen, Administrator
Granite Creek Health & Rehabilitation Center
1045 Scott Drive
Prescott, AZ 86301

Dear Mr. Rasmussen:

Enclosed is Nursing Care Institution license number **NCI-2728**, which authorizes your facility to operate 128 beds. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license.

Please be advised that A.R.S. § 36-425(A) requires this license to be conspicuously posted in the reception area of your facility. In addition, A.R.S. § 36-422(D) requires the Department to be notified of a change of ownership at least thirty (30) days prior to the effective date.

Per A.R.S. § 36-425(C)(1), "A health care institution license does not expire and remains valid unless...The department subsequently revokes or suspends the license..." Additionally, per A.R.S. § 36-425(C)(2), "The license is considered void because the licensee did not pay the licensing fee before the licensing fee due date."

Should you have any questions or concerns, 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:dc

Enclosure

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

150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247 P | 602-364-2690 F | 602-324-0993

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Health and Wellness for all Arizonans

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



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


This facility is licensed to operate as a NURSING CARE INSTITUTION

Total Capacity: 128

Effective: July 1, 2020


Recommended By: Diane Eckles, Bureau Chief

License: NCI-2728


Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



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

6/30/2020

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

Mirassmussen@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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Fee Due Date

6/30/2020

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

12AM-11:59PM

Mon

12AM-11:59PM

Tue

12AM-11:59PM

Wed

12AM-11:59PM

Thurs

12AM-11:59PM

Fri

12AM-11:59PM

Sat

12AM-11:59PM

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Fac ID **LTC0057**

Fee Due Date **6/30/2020**

OWNER INFORMATION

The owner type is a

Corporation

Tax ID

Owner's name

WATSON WOODS HEALTHCARE, INC.

Owner's mailing address

29222 Rancho Viejo Rd #127

City

**SAN JUAN
CAPISTRANO**

State

CA

ZIP Code

92675

Phone number

(949) 487-9500

Email

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

LARRY MICHAEL RASMUSSEN

Effective date

2/18/2020

EMERGENCY CONTACT INFORMATION

Name

Larry Michael Rasmussen

Phone number

(801) 907-5615

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Fee Due Date

6/30/2020

FEES

Description	Amount
<u>License fees</u>	
Base fee	\$870
Licensed capacity/occupancy (128) x Per unit cost of \$73	\$9344
Late fee	\$0
Total license fees	\$10214
<u>Enforcement fees</u>	
Enforcement fees previously owed	\$0
Total enforcement fees	\$0
Total amount due	\$10214

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

5/4/2020

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

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