

PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



Hacienda, Inc., dba  
Hacienda Nursing Facility  
1402 East South Mountain Avenue  
Phoenix, AZ 85040

This facility is licensed to operate as a NURSING CARE INSTITUTION

Total Capacity: 74

From: June 1, 2018

To: May 31, 2019

Issued: April 3, 2018

Diane Eckles

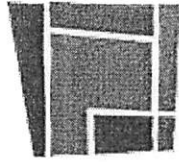
Recommended By: Diane Eckles, Bureau Chief

Colby Bower

Issued By: Colby Bower, Assistant Director

License: NCI-2617

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



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

April 3, 2018

Brian Henrie, Administrator  
Hacienda Nursing Facility  
1402 East South Mountain Avenue  
Phoenix, AZ 85040

Dear Mr. Henrie:

Enclosed is Nursing Care Institution license number NCI-2617, which authorizes your facility to operate 74 beds. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license. Please note the expiration date on your 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.

The Department has also completed an administrative completeness review of the renewal application and documents you submitted and determined that the application and documents are administratively complete and in compliance with licensing requirements.

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:sf

Enclosure

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*



# RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

## I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: HACIENDA NURSING FACILITY		License No. NCI-2617				
Mailing Address: 1402 EAST SOUTH MOUNTAIN AVENUE						
City: PHOENIX	State: AZ	Zip Code: 85040				
Phone No. (602) 243-4231	Fax No. (602) 243-1217	E-mail: bhenrie@haciendainc.org				
Class: Nursing Care Institution						
What is the health care institution's scope of service: Skilled Nursing						
Health care institution's days and hours of operation:						
Sun 24	Mon 24	Tues 24	Wed 24	Thurs 24	Fri 24	Sat 24
Is health care institution accredited? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Name of accrediting organization (must be from a nationally recognized organization):						
Is health care institution requesting certification under Title XIX of the Social Security Act? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						



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II. OWNER INFORMATION

Owner's Name: HACIENDA, INC.

Street Address: 1402 E. SOUTH MOUNTAIN AVE.

City: PHOENIX State: AZ Zip Code: 85028

Phone No. (602) 243-4231 Fax No. (602) 243-1217

The owner is a (select one):

Sole proprietorship  Corporation  Partnership

Limited liability partnership  Limited liability company  Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;  
 If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;  
 If the owner is a corporation, the name and title of each corporate officer; or  
 If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Thomas R. Pomeroy Title: President

Name: Gary Orman Title: Executive Vice President

Name: Kathryn del Real Title: Vice President

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

YES  NO

If yes, indicate:  
 The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license:



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Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

YES       NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2) ?       YES       NO

**III. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS**

Name: William Timmons

Title: CEO

Street Address: 1402 E. South Mountain Ave.

City: Phoenix

State: AZ

Zip Code: 85042

Phone No. (602) 243-4231

**IV. GOVERNING AUTHORITY**

Name: Hacienda Nursing Facility

Street Address: 1402 E. South Mountain Ave.

City: Phoenix

State: AZ

Zip Code: 85042



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**V. CHIEF ADMINISTRATIVE OFFICER**

Name: Brian Henrie	Title: SNF Administrator
Highest Educational Degree: Masters of Social Work	
Work experience related to the health care institution class or subclass related to licensing requested: 19 years in multiple health care settings including long term care. 15 years within management at Hacienda Health Care	

**VI. SIGNATURES**

1. If the applicant is an individual, the owner of the health care institution.	
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.	
3. If the applicant is a governmental agency, the head of the governmental agency.	
<u>Thomas R. Pomeroy</u> Signature	<u>Board President</u> Title
<u>Gary Orman</u> Signature	<u>Executive Vice President</u> Title

**VII. ADDITIONAL DOCUMENTATION**

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.     YES     NO