

12179

**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES
BUREAU OF RESIDENTIAL FACILITIES LICENSING**

ENFORCEMENT MEETING NOTIFICATION OF RIGHTS

Facility Name: Sierra Tucson, Inc

License # BH-3923

Fac ID BH3923

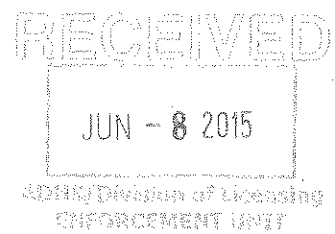
Please initial after each section.

- 1. I understand that I have the right to reject the proposed resolution and may refuse to sign this Agreement. NDA (initials)
- 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. NDA (initials)
- 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 will be prepared and sent to me. NDA (initials)
- 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. NDA (initials)

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

Licensee/Director/Provider: [Signature] Date: 6/5/15
(Licensee's signature)

Licensee/Director/Provider: Roseann H. Mollon Date: 6/5/15
(Licensee's signature)



ENFORCEMENT MEETING AGREEMENT FORM

Facility Name: Sierra Tucson, Inc License # BH-3923 Fac ID BH3923

Compliance Inspection conducted on _____

The following Department concerns were discussed: _____

Agreement: .

(initials) WDA Licensee agrees to pay civil money penalties in the amount of \$7500.00.

(Initials) WDA Licensee agrees to accept a provisional license for the remainder of the licensing period (10/31/15).

(initials) WDA 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.

Provider Response:

Licensee enters into this agreement without any admission of violation, wrongdoing, or liability. Licensee is committed to providing high quality, clinical care and values its relationship with the Department in fulfilling its mission.

- Meeting held in person
- Meeting held by teleconference
- Enforcement agreement mailed

	PLEASE PRINT NAME	SIGNATURE	TITLE	DATE
Licensee/Director/Provider:	<u>William D. Anderson</u>	<u>[Signature]</u>	<u>CEO</u>	<u>6/8/15</u>
Licensee/Director/Provider:	_____	_____	_____	_____
Bureau Chief: (or designee)	<u>Diane Eckles</u>	<u>[Signature]</u>	<u>Bureau Chief</u>	<u>6-8-15</u>
Assistant Director:	<u>Colby Bower</u>	<u>[Signature]</u>	<u>A.D.</u>	<u>6-10-15</u>
Team Leader:	<u>Bob Ohlfest</u>	<u>[Signature]</u>	<u>Team Leader</u>	<u>6-8-15</u>
Team Leader:	_____	_____	_____	_____
Team Leader:	_____	_____	_____	_____
Team Leader:	_____	_____	_____	_____
Surveyor:	<u>Dianne Roberts</u>	<u>[Signature]</u>	<u>Surveyor</u>	<u>6-8-15</u>
Surveyor:	_____	_____	_____	_____
Attendee:	_____	_____	_____	_____

RECEIVED

JUN - 8 2015

ADHS/Division of Licensing
ENFORCEMENT UNIT

**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES
BUREAU OF RESIDENTIAL FACILITIES LICENSING**

Sierra Tucson, Inc
39580 South Lago De Oro Parkway
Tucson, AZ 85739
License # BH-3923

CIVIL PENALTIES

Statute/Rule	Violations	Penalty Assessment	Penalty Amount
R9-10-703.C.2.b.	Policies and procedures were developed but were not implemented for five of five sample residents. In each case the residents had activities, whereby, if the resident did not attend, either an automatic safety check or a check after a 15 minute delay should have been implemented.	\$500 X five residents where facility policies and procedures were not implemented.	\$2500.00
R9-10-708.A.2.b	Treatment Plans were not established for residents when they moved from the hospital to the residential facility for five of five residents.	\$500.00 X five residents for no treatment plans for the BH residential.	\$2500.00
R9-10-708.A.5.	Treatment Plans were not reviewed by a behavioral health professional within 24 hours of completion for five of five residents.	\$500.00 X five residents for no treatment plans being reviewed and signed by a BH professional within 24 hours.	\$2500.00
Total			\$7500.00

Licensee agrees to pay the Department civil penalties, pursuant to A.R.S. § 36-431.01, in the total amount of seven thousand five hundred dollars (\$7500.00) without interest for all violations set forth on this Civil Penalties Form.

Payment in the form of a **Credit Card, Cashier's Check, Money Order or Business Check** payable to the "Arizona Department of Health Services" shall be made within thirty (30) days from the execution date of the attached Enforcement Agreement **unless an alternate payment schedule is arranged.**

Payment by Cashier's Check, Money Order or Business Check shall be mailed or delivered to the **Enforcement Unit, 150 N. 18th Avenue, Suite 410, Phoenix, AZ 85007.**

If paying by credit card, DLS will accept Visa or MasterCard. Visit your licensing program's home page where you will find the credit card payment form. Complete the form and fax it back to DLS at 602.364.4807. (Please indicate at the top of the form that you are paying civil money penalties.)

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

