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**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. SA (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. SA (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. SA (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. SA (initials)

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

Licensee/Director/Provider: APA (Licensee's signature) Date: 5/27/2014

Licensee/Director/Provider: _____ (Licensee's signature) Date: _____

RECEIVED
MAY 27 2014
ADHS/Division of Licensing
ENFORCEMENT UNIT

ENFORCEMENT MEETING AGREEMENT FORM

Facility Name: Sierra Tucson, Inc

License # BH-3923

Fac ID BH3923

Compliance Inspection conducted on 2/4/2014

The following Department concerns were discussed: A survey conducted on February 4, 2014 revealed deficiencies related to implementation of policies & procedures, assessments, treatment plans, and the provision of behavioral health services.

Agreement:

(initials) af Licensee agrees to pay civil money penalties in the amount of \$2000.00.

(initials) af Licensee will return the original Statement of Deficiencies with a signed and dated acceptable Plan of Correction to the Department within 10 working days of receipt of this agreement.

Provider Response:

Licensee has entered into this agreement for settlement purposes only. Nothing in this agreement is an admission of violation, wrongdoing, or liability on the part of the licensee.

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

	PLEASE PRINT NAME	SIGNATURE	TITLE	DATE
Licensee/Director/Provider:	Stephen P. Foley	<i>[Signature]</i>	Executive Director	5/27/2014
Licensee/Director/Provider:				
Bureau Chief:	Diane Eckles	<i>[Signature]</i>	Bureau Chief	5/27/14
ACTING Assistant Director:	Cara Christ, MD	<i>[Signature]</i>	ACTING Assistant Director	5/28/14
Team Leader:	Chuck Jackson	<i>[Signature]</i>	Team Lead	5/27/14
Branch Chief:	Kathryn McCanna	<i>[Signature]</i>	Branch Chief	5/27/14
Surveyor:				
Attendee:	Ruth Moore	<i>[Signature]</i>		05/27/14
Attendee:	Jessie A. Proctor	<i>[Signature]</i>	CCD Div. President	05/27/14

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

CIVIL PENALTIES

Statute/Rule	Violations	Penalty Assessment	Penalty Amount
A.A.C. R9-10-703.C.2.d.	Policies and procedures for behavioral health residential facility services are established, documented and implemented that cover the provision of behavioral health services.	\$500.00	\$500.00
A.A.C.R9-10-707.D.1.	An administrator shall ensure that a resident's assessment information is reviewed and updated when additional information that affects the resident's assessment is identified.	\$500.00	\$500.00
A.A.C.R9-10-708.A.6.d.	A treatment plan is reviewed and updated on an on-going basis when a resident has a significant change in condition or experiences an event that affects treatment.	\$500.00	\$500.00
A.A.C.R9-10-716.A.5.a.	An administrator shall ensure that a resident does not use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs and personal history.	\$500.00	\$500.00
Total			\$2000.00

Licensee agrees to pay the Department civil penalties, pursuant to A.R.S. § 36-431.01, in the total amount of Two Thousand dollars (\$2000.00) without interest for all violations set forth on this Civil Penalties Form. Payment in the form of a **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 shall be mailed or delivered to the **Enforcement Unit, 150 N. 18th Avenue, Suite 410, Phoenix, AZ 85007**. If the Entity is sold on or after the execution date of this Agreement, Licensee shall pay the civil money penalties.