



**Public Health Licensing Services
Bureau of Residential Facilities Licensing**

150 North 18th Avenue, Suite 420
Phoenix, Arizona 85007-3242
(602) 364-2639 Office
(602) 324-5872 Fax

DOUGLAS A. DUCEY, GOVERNOR
CORY NELSON, INTERIM DIRECTOR

March 31, 2015

Old Preceptors Home
1234 Anywhere Lane
El Mirage, AZ 85335

Re: AL9999 - Event ID #58YW11

Dear :

Thank you for the time spent with the Arizona Department of Health Services ("Department") staff during the recent inspection of your facility. Enclosed is the Statement of Deficiencies (SOD) for the inspection. The Department requires immediate correction of any deficiency that presents a threat to the health or safety of a client, resident, patient or agency personnel, and urges correction of all deficiencies at the earliest possible date.

The Plan of Correction (POC) must outline the specific steps taken to correct each deficiency noted, and must include the following:

1. How the deficiency is to be corrected, on both a temporary and permanent basis.
2. The date the correction will be completed.
3. The name, title, and/or position of the person responsible for implementing the corrective action.
4. A description of the monitoring system you will use to prevent the deficiency from recurring.
5. The signature, title, and date signed of the person responsible for the POC on the first page of the SOD.

An example of the type of information necessary for an acceptable POC is attached to this letter. Remember, this is a Plan of Correction, and future dates of correction are acceptable. The POC is a plan and can be submitted before the correction is made.

The POC must be returned to the Bureau of Residential Facilities Licensing by [DUE DATE]. If this day falls on a Saturday, Sunday, or a holiday, these items must be submitted the business day after the weekend or holiday. If the POC is not received on or before this date, further action may be taken. If you are interested in disputing deficiencies, the POC is still due for all deficiencies, including those being disputed.

You have an opportunity to dispute any deficiencies or language listed on the SOD through an Informal Dispute Resolution (IDR). To dispute a deficiency or language listed on the SOD, send a written request on a separate document **due 10 days from receipt of this letter**. The written request must include documentation that shows the licensee was in compliance at the time of the inspection. The Department will review the written request and documentation provided to the Department and notify you of the Department's decision.

If you have any questions or need any additional information, please contact at the Bureau of Residential Facilities Licensing at (602) 364-2639 or via e-mail at Residential.Licensing@azdhs.gov.

Sincerely,

Diane Eckles
Bureau Chief

DE:

EXAMPLE OF AN ACCEPTABLE PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0001	MULTIPLE CONSTRUCTION BUILDING _____ WING _____	DATE SURVEY COMPLETED 2/18/2004	
NAME OF PROVIDER OR SUPPLIER SAMPLE		STREET ADDRESS, CITY, STATE, ZIP CODE COPY		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
B 000	INITIAL COMMENTS A renewal survey was completed on February 14, 2005 and revealed the following deficiencies.	B 000		
B1234	<p>R9-20-201. Administration</p> <p>B. A licensee shall ensure that:</p> <p>1. The administrator or clinical director develops, implements, and complies with policies and procedures that:</p> <p>d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;</p> <p>This RULE is not met as evidenced by:</p> <p>A review of the licensee's documentation, including the incident reporting policy and procedures, and an interview with staff revealed the agency's incident reporting policy did not include all of the elements required in R9-20-202.</p> <p>Findings include: A review of the licensee's incident reporting policy revealed the policy did not include the following:</p> <p>The requirement the written report contain the client's date of admission as required in R9-20-202.A.3.c.ii;</p> <p>The requirement the written report include a description of the client's physical and behavioral health condition before the incident, as required in R9-20-202.A.3.c.v; and</p> <p>The requirement the written report include the signature and professional credential or job title of the individual or individuals preparing the written report as well as the signature and professional credential or job title of the clinical director or the clinical director's designee indicating the clinical director or the clinical director's designee reviewed the written incident report, as required in R9-20-202.A.3.j.</p> <p>During the exit interview, the site administrator acknowledged that the licensee's incident reporting policy did not ensure that the written report meet all the requirements for R9-20-202.A.3.</p>	B1234	See Attached Plan of Correction	03/01/2005

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

PLAN OF CORRECTION ATTACHMENT

BRFL License # **0001**

Rule Number: R9-20-209.J.6a.b.c.d.e.f.g.i.ii.

Name, title, and/or position of the person responsible for implementing the corrective action:

John Smith, QA Director

Complete date: 08/24/2012

Correction on both a temporary and permanent basis:

John Smith, QA Director, met with the clinical director on March 1, 2005 to add the treatment plan review dates for client #1, #5, #6, #7, and #8. The clinical director provided training on February 28, 2005 for all clinical staff on completing treatment plans and the requirements of R9-20-209.J.6.

Monitoring System:

John Smith, QA Director, will conduct a client record review on a quarterly basis to ensure each client treatment plan contains a review date.

Attachments:

- (A) Documentation of the treatment plan training session for all clinical staff
- (B) Treatment plans with review dates for client #1, #5, #6, #7, and #8

**Unofficial Document
Information Only**