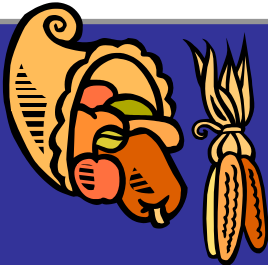


Fall/Holiday 2011
Volume 1, Issue 13



Office of Assisted Living Licensing



Office of Assisted Living Licensing

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Happy Holidays From The Office Chief

Larry Martens, LPN, BPS, OALL Office Chief
Assisted Living Licensing Program

Happy Holidays from the Office of Assisted Living Licensing! Fall is an exciting time of the year for licensees, staff, and especially residents. The weather is pleasant and as the holidays approach there will be many activities scheduled that will certainly have everyone in the holiday spirit. Our office wishes you all a joyous and safe holiday season!

The Office of Assisted Living Licensing is very supportive of training for licensees and staff, and continues to offer three in-house training programs that are always available to providers: New Provider Orientation, a Medication Refresher course, and a Service Plan course. All of these training programs have been a huge success. For 2012, our office is working to develop a Diabetes course that will also be offered at no cost to providers and their staff.

This is the thirteenth edition of the office's newsletter. The newsletter is intended to provide information to our providers and interested community members. I'm sure you will all agree that the newsletter continues to be a very valuable source of information. The continued success of the newsletter is the direct result of Lynn O'Malia's dedication and hard work. She has always ensured that the newsletter provides up to date information that is of interest to our providers and the community alike.

We hope you will find this newsletter to be helpful and interesting. If you have any suggestions, for upcoming newsletters or comments on this issue, please let our Editor, Lynn O'Malia, or myself know.

Sincerely,

Larry

Larry Martens, Office Chief



CREATING A PLAN OF CORRECTION THAT'S RIGHT THE FIRST TIME!

A Plan of Correction (POC) is your facilities written response addressing areas of non-compliance or deficiencies identified by an ADHS surveyor during a Compliance Inspection, Follow-Up Inspection or Complaint Investigation, as outlined in the Statement of Deficiencies (SOD).

Your Plan of Correction must outline the specific steps taken to correct each deficiency noted, and must include the following:

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

By numbering each of your answers, you can make sure you address each of the required four questions for each deficiency noted.

Facilities can complete their POC directly on the SOD report that they receive, in the space provided in the right hand column of the SOD. It is also acceptable for facilities to outline their POC on a separate attached document, however when doing so you will need to reference each tag number/regulation on the attachment. Either format requires that the facility manager or licensee signs and dates the original Statement of Deficiencies/Plan of Correction on the first page, as well.

Including supporting documentation with your POC is essential to convey to your surveyor that you have made the required corrections. Facilities can include copies of documents with their POC, and even take pictures, to illustrate to the surveyor that the corrections have been completed.

Corrections that are unable to be verified through review of your facilities POC and supporting documentation may require verification through an on-site Follow-Up Inspection to your facility by your surveyor to assure the corrections have been completed.

The Department requires immediate correction of any deficiency that presents a threat to the health and or safety of residents, and urges correction of all deficiencies at the earliest possible date, however facilities typically have 14 days from receipt of their SOD to submit an acceptable POC to the Department. If you are in need of additional time to complete the corrections and/or your POC report, or if you have questions regarding completion of your POC, contact the surveyor who conducted your inspection.

Remember, your facilities SOD and POC become a part of the Department's public file for your facility and is available for review by the general public, so it is important that your facility take the time to complete an accurate and thorough Plan of Correction.

STAFF SPOTLIGHT

MEET OUR ADMINISTRATIVE SUPPORT STAFF IN THE OALL PHOENIX OFFICE



Angie Garduno

Angie has worked for the office for 9 years in various capacities, and is currently a Program and Project Specialist. She keeps busy tracking requests for Initial Inspections and bed increases/decreases. Angie processes complaints, once the investigation is complete, and sends determination letters to providers and complainants. She also handles the issuance of Provisional licenses and related correspondence.



Aaron Aguirre

Aaron assists in processing applications for Initial licensure. He is also responsible for updating the manager's information for facilities in our computer database. In addition, Aaron mails out the Statements of Deficiencies completed by the surveyors and tracks the office revenue. He has worked with OALL for 3 years.



April Sanchez
Not pictured

April keeps busy answering the phones at our office. She also handles the Plans of Correction (POC's) that are submitted to our office, to assure they are received by the correct surveyor, and issues letters to facilities whose POC's are late or unacceptable. If you call to register to attend our New Provider Orientation, Medication, or Service Plan classes, April will be happy to sign you up!

Working for the office for the last 5 years, David handles Renewal applications, processes Renewal licenses and makes calls to providers whose Renewal applications are overdue. He spends a good deal of his time answering questions from facilities regarding renewal of their license, but is available to address any questions you may have.



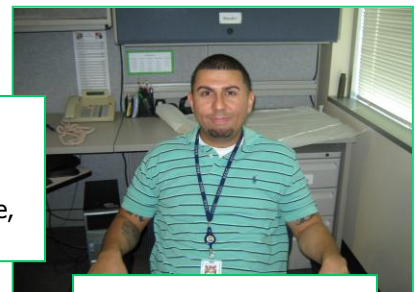
Sara Sarabia

Sara has been with the office for 7 years and is our Administrative Support Supervisor II. She reviews all Initial, Renewal and Change of Ownership applications received to determine their completeness. She also reviews all licenses issued to assure they are accurate. Any questions regarding a change of ownership of your facility should be directed to Sara, as she has expertise in this area!



Monica Garcia

Monica processes all enforcement actions for late Renewal applications. She reminds providers to submit their Renewal application on time by sending out postcards and calling with reminders. She makes the arrangements for meetings with providers. Monica also helps to process Renewal licenses and to keep contact information for providers up to date. Monica has been with the office for over 5 years.



David Valenzuela

Assisted Living Licensing

Did you know the Arizona Department of Health Services (ADHS) does a lot more than just your facilities inspections and complaint investigations? The ADHS has a wealth of information that can help you, your residents and their families, your staff and their families and your visitors and their families.

The information below is just a sampling of information you can find from the ADHS...

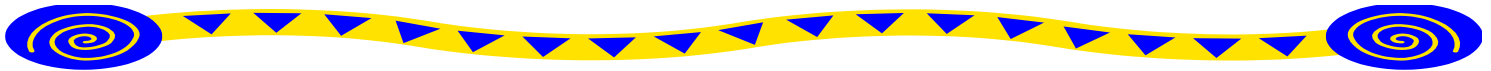
Bureau of Nutrition and Physical Activity – www.azdhs.gov/phs/bnp/index.htm

Bureau of Tobacco and Chronic Disease Prevention – www.azdhs.gov/phs/chronicdisease/

Healthcare Associated Infection (HAI) and Antibiotic Resistance – www.azdhs.gov/phs/oids/hai/

DBHS Office of Prevention (suicide prevention) – www.azdhs.gov/bhs/ops.htm

And, don't forget the main home page of the Arizona Department of Health Services is www.azdhs.gov



What is a CLIA Certificate? Does my facility need one?

CLIA – the Clinical Laboratory Improvement Amendments were established to set quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed. CLIA requires all facilities that perform even one test, including waived tests, for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment, or assessment of health, to meet certain Federal requirements. If a facility performs tests for these purposes, it is considered a “laboratory” under CLIA and must apply for and obtain a certificate from the CLIA program that corresponds to the complexity of tests performed.

Since CLIA requirements are based on the complexity of the test and not the type of laboratory where the testing is performed, even if your facility performs only simple laboratory testing, such as blood glucose monitoring, your facility is still required to have a CLIA Certificate of Waiver. To receive a Certificate of Waiver under CLIA, a lab must only perform tests like the glucose meter test which have been determined to be so simple that there is little risk of error. In addition, these tests are exempted from most CLIA requirements and the laboratories that perform them receive no routine inspections.

Waived laboratories must meet only the following requirements under CLIA:

- ✓ Enroll in the CLIA program;
- ✓ Pay applicable certificate fees every two years; and
- ✓ Follow the manufacturers’ test instructions

You will need a CLIA Certificate of Waiver for each location where you perform testing. Facilities may apply for a CLIA Certificate through the ADHS Office of Laboratory Services (OLS), CLIA Program at (602) 364-0741 or (602) 364-0726 or at www.azdhs.gov/lab/license/clia.htm.

MEDICATION AND SERVICE PLAN REFRESHER CLASSES CONTINUE



The Office of Assisted Living Licensing's Medication Rules/Medication Refresher course and Service Plan course continue to be held monthly and are free to attend for Assisted Living Managers and Certified Caregivers. Call the *Phoenix* office at (602) 364-2639 to pre-register, as space is limited for these informative courses taught by surveyors and team leaders. Participants should bring a copy of the rules and statutes related to the administration of medications and/or service plans (available on our website), a current Drug Reference Guide, materials for taking notes and their own refreshments and/or lunch.

The Medication Rules course is being held from 8:00am to Noon and the Service Plan course is being held from 1:00pm to 3:00pm at the Phoenix office – 150 North 18th Avenue, Suite 420 on the following dates:

November 23, 2011	March 28, 2012
December 14, 2011-cancelled	April 25, 2012
January 25, 2012	May 23, 2012
February 22, 2012	June 27, 2012

Four hours of Continuing Education Units (CEU's) are offered for attending the Medication Rules course and 2 hours of CEU's are offered for completing the Service Plan course.

These classes are also offered in our Tucson office – call the *Tucson* office at (520) 628-6965-option 3 for details.

NEW PROVIDER ORIENTATION

New Provider Orientation is available to applicants who are interested in receiving an overview of the requirements for opening an assisted living facility *and* who have submitted an Initial Application for Licensure of an assisted living facility to the Department. Please call the office to pre-register for New Provider Orientation. The class is free, but the attendee must submit the \$50.00 application fee with their Initial Application before or at the time of the class. Participants should bring a copy of the rules and statutes for assisted living facilities and a copy of the Assisted Living Initial Checklist (both available on our website), materials for taking notes and their own refreshments.

New Provider Orientation will be held at the Phoenix office – 150 North 18th Avenue, Suite 420, from 8:00am to Noon on the following dates:

November 9, 2011
January 11, 2012
March 14, 2012
May 9, 2012
July 11, 2012

To attend at the *Phoenix* office, please call (602) 364-2639 to pre-register.



THE CURE FOR THE HOLIDAY BLUES



For most of us, the holidays are a time to celebrate, gather with friends and family, reflect on the past and plan for the future. However, for many individuals, most especially seniors, the holidays can be sad and depressing.

For many seniors, the holidays are not a time of celebration and joy, but only serve as reminders of how lonely they may be, the friends and family that have passed on, the lack of family get-togethers and an inability to participate in such events. Factors such as being alone or separated from loved ones, lack of social interaction/visitation, loss of independence, an inability to get around and/or the inability to get to religious services, failing eyesight and the lessening ability to write or read holiday correspondence, and financial limitations limit senior's ability to fully partake in such joyous holiday occasions.

It is normal to feel reflective and sad in the face of life's losses and changes, but facility caregivers, family members and friends should be alert to signs of holiday depression among seniors. Changes in sleeping habits or difficulty sleeping, apathy or lethargy, change of appetite and loss of interest in activities and socializing are some of the signs that your resident may be experiencing holiday depression.

Here are some ideas to think about to help make the holiday season a little brighter for the residents in your care:

- Decorate your facility for the holidays and offer to decorate the resident rooms. Have your residents help to create some of the decorations and assist you in decorating the facility, if possible.
- For residents that have visual impairments, offer to assist them in writing out holiday cards to family and friends and make sure you help them to read any cards they may receive too.
- Assist residents who have out of town family to reach out to their family members by helping them make a phone call, write a letter or, better yet, invite them for a visit!
- Celebrate with a special holiday meal and have your residents plan what will be included in the meal.
- Have a holiday party, have your residents help plan the party and invite your resident's family members and friends to attend!
- Allow your residents to share with you and the other residents any holiday traditions they may enjoyed in the past with their own family.
- Encourage a community organization or church to donate small gifts for your residents.

However, the best thing caregivers, family members and friends can do to make the holidays a pleasurable time for the residents in your care, is to make sure your residents feel special, cared for and are provided with a sense of belonging, so do whatever you can to involve your residents and their family and friends in your facility's holiday activities!



SERVICE ANIMALS ARE WORKING ANIMALS, NOT PETS

Service animals are animals that have completed a formal training program, that assists its owner in one or more daily living tasks that are associated with a productive lifestyle and are trained to not pose a danger to the health and safety of the general public. These animals are individually trained to perform tasks for people with disabilities – such as guiding people who are blind, alerting people with hearing impairments to sounds, pulling wheelchairs, carrying or picking up things for people with mobility issues, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Under the Americans with Disabilities Act (ADA), if you are not certain that an animal is a service animal it is acceptable to ask if the animal is a service animal required because of a disability and inquire about what tasks the animal has been trained to perform, but you cannot require special ID cards for the animal or ask about the person's disability.

This federal law requires businesses and organizations that serve the public to allow people with disabilities to bring their service animals into all areas of the facility where customers are normally allowed to go. Service animals and their owners must be allowed entrance to your facility, even if your facility has a no pet policy, as a service animal is not a pet. This includes allowing service animals into the dining area of your facility, even if state or local health codes prohibit animals on the premises. As the ADA provides greater protection for individuals with disabilities, it takes priority over local or state laws or regulations.

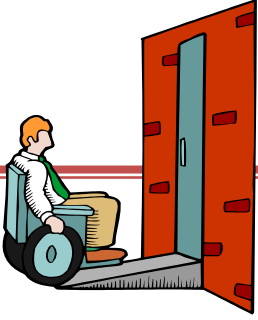
A person with a disability cannot be asked to remove his service animal from the premises unless the animal is out of control and the owner does not take effective action to control it or the animal poses a direct threat to the health or safety of others. Allergies and fear of animals are generally not valid reasons for denying access to people with service animals.

A business is not required to provide care or food for a service animal or provide a special location for it to relieve itself.

People with disabilities who use service animals cannot be charged extra fees, isolated from other patrons, and should not be treated less favorably than other patrons. However, if a business normally charges for damage that an animal causes, a person with a disability may also be charged for damage caused by his or her service animal.

Businesses and organizations that don't comply with the ADA can be required to pay money damages and penalties, so for additional questions concerning the ADA and service animals, call the U.S. Department of Justice's toll-free ADA Information Line at (800) 514-0301 or visit www.ada.gov.





A WORD ABOUT WHEELCHAIR RAMP SAFETY



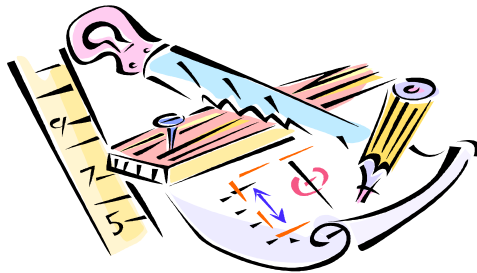
R9-10-716.A.6 requires facilities to provide wheelchair ramps or other access from exterior doors for residents using wheelchairs or other assistive devices, such as a walker. But, what type of ramp is safe for residents to use?

The Americans with Disabilities Act (ADA) has outlined specific requirements to ensure that all wheelchair ramps, whether they are handmade or purchased, are absolutely safe for use by people in wheelchairs. Thus, prior to building or buying any ramp, you need to be aware of these specifications. Ideally, the slope of your wheelchair ramp should not be steeper than a ratio of 1:12. This means that for every 1 inch of rise of the wheelchair ramp, its length needs to be at least 12 inches long or 1 foot long. For instance, if the doorway to your home is 12 inches above ground level and you need a ramp to provide safe access out of the door, then the ramp should be at least 12 feet in length (12 inches rise = 12 feet in length). By following this guideline, you can ensure that the wheelchair ramp slope is neither too steep, nor too gradual.

If there are space constraints, you can have a steeper slope than the 1:12 ratio. A wheelchair ramp slope with a 1:10 inch ratio is considered acceptable for a rise up to 6 inches, whereas a slope of 1:8 is acceptable for a maximum rise of 3 inches. So, if your doorsill is 3 inches high, your ramp should be at least 24 inches long. However, under no circumstances should the ramp slope be steeper than 1:8. And, any wheelchair ramp that is more than 6 inches high, or more than 6 feet in length, should have a handrail on either side of the ramp.

The ramp should be at least 36 inches wide to assure that wheelchairs and individuals with walkers are able to navigate their way down the ramp without falling off of the edge, and it should be constructed from any kind of sturdy, slip-resistant material to minimize the chance of falls when used by individuals with walkers.

If you follow these ADA guidelines for ramps, you will ensure that the ramps in your facility are safe for use by both residents in wheelchairs and for those using walkers!



IS YOUR LICENSE DUE FOR RENEWAL???

A.R.S. § 36-422.C requires an application for licensure or relicensure to be filed at least sixty but not more than one hundred twenty days before the anticipated operation or the expiration date of the current license. An application for a substantial compliance survey submitted pursuant to section 36-425, subsection C, shall be filed at least thirty days prior to the date on which the substantial compliance survey is requested.

It is imperative for facilities to submit a timely application for renewal of their license. Facilities should submit their Renewal application within the stated time frame, even if they aren't able to include the required renewal fees due, in order to have their application considered received on a timely basis. Your application will be noted as received, but incomplete, and the remaining fees due will need to be received by the Department prior to issuance of your license.

By submitting your application within the specified time frame, your application is able to be noted as received timely, and your facility can avoid assessment of a civil money penalty (CMP).

LICENSE EXPIRATION DATES/APPLICATION DUE DATES

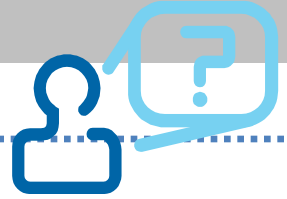
If your license expires on:	Your application is due by:
January 31-----	December 2
February 28-----	December 30
March 31-----	January 30
April 30-----	March 1
May 31-----	April 1
June 30-----	May 1
July 31-----	June 1
August 31-----	July 2
September 30-----	August 1
October 31-----	September 1
November 30-----	October 1
December 31-----	November 1

If the due date falls on a Saturday, Sunday or Holiday, the application is due on the next business day. The due date is the date the application is due in the office. Postmark dates do not apply.

In today's tough economy don't risk being fined CMP's for submitting a late application!

Remember, you can renew your license on the internet 24 hours a day, 7 days a week at

<https://app.azdhs.gov/ls/renewal/>



Did you know...???

R9-10-722.C.1 states:

C. A licensee shall provide to each resident receiving personal care services:

- 1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections.*
- and*

R9-10-722.E.2 states:

E. A licensee...shall ensure a treatment for a resident receiving personal care services is administered as follows:

- 2. A treatment is administered according to a written order from the resident's primary care provider or medical practitioner.*

For residents that have a wound or pressure sore, it is imperative to follow the physician's orders for the treatment of the wound or sore. If the resident is receiving home health or hospice services, facilities should work in conjunction with the outside care provider to assure the resident's treatment needs are being met. Communication between facility caregivers and outside care providers is essential to assure that your facility caregivers are providing any treatment ordered by the physician that may be necessary between the time of the visits from the outside care provider. And, *R9-10-723.G.1.C* requires any instructions for the resident's care from the home health or hospice service agency to be documented in the resident's care plan.

R9-10-722.A.4 states:

A. A licensee of an assisted living facility licensed to provide personal care services shall not:

- 4. Accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a nurse or medical practitioner, unless the assisted living facility meets the requirements in subsection (A)(3)(b)*

Subsection (A)(3)(B) specifies that only facilities that can meet the resident's needs should accept and/or retain residents with stage 3 or 4 pressure sores. The regulation requires that a written authorization of residency be signed and dated by the resident or the representative and that the resident's primary care provider, who has examined the resident within 30 days from the onset of the condition, signs and dates a statement authorizing residency at the facility at least once every six months throughout the duration of the resident's condition. It outlines that the service plan for a resident with significant skin issues should be revised to include the resident's increased need for services and that facilities should document the services provided to the resident to meet the resident's needs. It also specifies that the resident should be under the care of a nurse, licensed home health agency, or licensed hospice service agency throughout the time the resident is being treated for the pressure sore.

R9-10-723.G.1.a states:

G. In addition to the requirements for a resident record in R9-10-714, a licensee shall ensure that:

- 1. The resident record for a resident who is unable to direct self-care contains a record of services provided by a licensed home health or licensed hospice service agency including:*
 - a. A description of the home health services or hospice services provided to the resident and date and time provided*

If your resident receives services from a home health or hospice service agency, documentation of each visit from outside care providers should be included in the resident record. If you are unable to obtain the visit documentation generated by the outside care provider, it is acceptable for facilities to create their own log book for the outside care provider to sign documenting the date/time of their visit and the services provided to the resident.

ADHS Office of Assisted Living Licensing

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Office Chief

Ellie Strang, RN,
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Jim Tiffany,
Team Leader

Zakiya Torkwase,
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Angie Garduno,
Program Specialist

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TUCSON OFFICE

Bob Ohlfest,
Team Leader

Betty Rocha,
Program Specialist

Pam Grumeretz,
Examiner Tech II



We're on the Web!

See us at:

www.azdhs.gov/als/hcb



IMPORTANT DATES TO REMEMBER...

Please remember the office is closed on the following dates in observance of the upcoming holidays:

Friday, November 11, 2011 – Veterans Day

Thursday, November 24, 2011 – Thanksgiving Day

Monday, December 26, 2011 – Christmas Day

Monday, January 2, 2012 – New Year's Day

Monday, January 16, 2012 – Martin Luther King Jr./Civil Rights Day

Monday, February 20, 2012 – Lincoln/Washington/President's Day

Filing of facility Renewal Application

A.R.S. § 36-422.C requires an application for relicensure of your facility be filed at least 60 but not more than 120 days before the anticipated expiration date of the current license. Failure to file within this time frame may result in assessment of a civil money penalty.

WE'RE HERE TO HELP!!

The Surveyor of the Day, our Support Staff, our Management Team and your Surveyor are available to provide technical assistance and answers to your questions. Please feel free to call us with your questions and concerns.

In *Phoenix*, call our office at (602) 364-2639 and ask for the "Surveyor of the Day".

In *Tucson*, please call (520) 628-6965-option 3.

To contact the Department after hours or on a non-business day with an immediate jeopardy concern, please utilize our online complaint system at https://app.azdhs.gov/ls/online_complaint/ALComplaint.aspx or send us a fax at (602) 364-4766.

If residents are endangered, please contact 911 or your local law enforcement agency.

The provider newsletter is designed to provide helpful information, including updates from our office and guidance regarding rule compliance.

We welcome your ideas for future issues of the newsletter. Please e-mail the editor at Lynn.O'Malia@azdhs.gov with your comments and suggestions.

Remember, copies of all of our newsletters are posted on our website!