

Maintaining Compliance in Residential Facilities

Presented by

The Bureau of Residential Facilities Licensing

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ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Arizona Department of Health Services

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OF HEALTH SERVICES

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Bureau of Residential Facilities Licensing ("BRFL")

Mission Statement:

"To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services."



Bureau of Residential Facilities Licensing ("BRFL")

BRFL licenses and regulates:

- Residential Health Care Institutions:
 - Adult Behavioral Health Therapeutic Homes
 - Adult Day Health Care Facilities
 - Adult Foster Care Homes
 - Adult Residential Care Institutions
 - Assisted Living Centers and Homes
 - Behavioral Health Residential Facilities
 - Secure Behavioral Health Residential Facilities
 - Behavioral Health Respite Homes



Purpose of this Training

- Review various types of surveys and the survey process
- Introduce the basics of preparing an acceptable Plan of Correction (POC)
- Review commonly cited deficiencies
- Provide information regarding the enforcement process and trends
- Review available online resources



Regulatory Compliance

- Based on Arizona's rules and statutes (“regulations”)
- Our goal is **COMPLIANCE** – We want you to have and use all available resources to be in substantial compliance
- It is **YOUR RESPONSIBILITY** to ensure that you are aware of the rules as they apply to your facility



Applicable Rules and Statutes

- Licensing of Residential Facilities is governed by the Arizona Revised Statutes (“A.R.S.”), primarily:

[Title 36: Public Health and Safety,](#)

[Chapter 4: Health Care Institutions](#)

- Reference to a statute generally uses this format:

A.R.S. § 36-401(A)(1)

Statutes are law, and authorize the Department to adopt regulations or rules which govern HCIs.



Applicable Rules and Statutes

- Rules are contained in the Arizona Administrative Code (“A.A.C.”), primarily:

[Title 9: Health Services,](#)

[Chapter 10: Department of Health Services Health Care Institution Licensing](#)

- Reference to a rule generally uses this format:

R9-10-803(A)(3)(a)

Rules are broken down into **Articles** specific to each type of HCI.



Rules Governing Residential HCIs

- **Article 1:** General
- **Article 7:** Behavioral Health Residential Facilities
(Including Secure Behavioral Health Residential Facilities and Adult Residential Care Institutions)
- **Article 8:** Assisted Living Facilities
(Including Homes, Centers and Adult Foster Care Homes)
- **Article 11:** Adult Day Health Care Facilities
- **Article 16:** Behavioral Health Respite Homes
- **Article 18:** Adult Behavioral Health Therapeutic Homes



Types of Surveys



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Survey/Inspection Types

- There are 5 primary types of surveys that a Health Care Compliance Surveyor (“Surveyor”) will conduct:
 - Initials
 - Change of Ownership (CHOW)
 - Compliance
 - Complaints
 - Amends



Initial Inspections

- Initial inspections are scheduled by a Surveyor after your application is administratively complete and contingent upon you being ready to operate
- A Surveyor will conduct a tour of the facility, review the facility's policies and procedures, personnel records, and facility records to determine if your facility is in substantial compliance
- You are encouraged to participate during the inspection process, accompany the Surveyor during the facility tour, ask questions, and take notes
- If your facility is in substantial compliance and you have paid all licensing fees, you will be issued a license



Change of Ownership Inspections

- If you are purchasing or leasing a facility that is already licensed as a residential health care institution, this is referred to as a “CHOW”
- The current licensee must notify the Department in writing at least 30 days prior to the planned change of ownership and ensure services are not interrupted (A.R.S. § 36-422(D))
 - Failure to notify the Department at least 30 days prior may result in enforcement action
- The new owner must submit an initial application and must not begin operating until the Department issues a license to the new owner
 - Operating a health care institution without a license may result in enforcement action
- CHOW inspections may be conducted on or off-site



Compliance Inspections

- Compliance inspections are conducted at least annually and are always unannounced
- A Surveyor will check for health and safety issues and outcomes
- A Surveyor will conduct a tour of the facility, review the facility's policies and procedures ("P&Ps"), resident records, personnel records, facility records and conduct interviews
- You are encouraged to participate during the inspection process, accompany the Surveyor during the facility tour and ask questions
- It is your responsibility to take notes during the survey; the Surveyor cannot give you a copy of his/her notes
- Strive to be deficiency-free



Complaint Investigations

- Complaint inspections are always unannounced
- Complaints about facilities can be submitted to the Department for a variety of reasons and from a variety of sources
- Complaints and complainant information are always kept confidential
- Surveyors will investigate the allegations provided in the complaint and if applicable, deficiencies may be cited



Amend Inspections

- Anything that requires a change to the existing license
 - Capacity (bed) increase or decrease
 - Adding a service such as:
 - Personal care services (i.e. for BH facilities)
 - Behavioral health services (i.e. for AL facilities)
 - Outdoor behavioral health program (i.e. for BH facilities)
 - Changing the level of care
 - Changing populations (i.e. adults → children; children → adults)
- Submit a written request to the Department to request a change
- Amend inspections are scheduled by a Surveyor
- A Surveyor will ensure compliance before the facility is allowed to make a change and P&Ps related to the change may be reviewed
- Do not implement a change until you have received written approval and an amended license is issued by the Department



The Survey Process



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Surveys

- Most inspections are **unannounced**
- Length of an inspection varies and may depend on:
 - The size of facility
 - Completeness and organization of records
 - Timeliness of staff to provide records to Surveyors for review
 - Compliance with the rules and statutes (“regulations”)
- Surveys follow current regulations and the facility’s policies and procedures



Policies & Procedures (“P&Ps”)

Policies and Procedures go hand-in-hand
to clarify
WHAT your organization wants to do
and
HOW to do it!



Policies & Procedures

Policy = Clear simple statement of how your facility intends to conduct its services, actions or business, a set of principles to guide decisions and achieve outcomes

Procedure = The steps to put the policy in to action, who will do what, what steps they need to take, what forms or documents to use



Policies & Procedures

R9-10-718.A.1.c/R9-10-816.A.1.c:

A manager/administrator shall ensure that policies and procedures for medication services include procedures to ensure that a resident's medication regime and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs.

POLICY: Residents of ABC Care Home will have their medications reviewed every 90 days to ensure that the medication regime and method of administration meets the resident's needs.

PROCEDURES:

1. Prior to the resident's acceptance, the manager/administrator will contact the resident's physician to obtain a list of the resident's medications signed by the resident's physician. If the resident's physician is unable/unwilling to provide a signed list, a list of medications will be prepared by the manager/administrator, with the assistance of the resident and/or representative, and documented on the form titled "Initial Doctor's Orders," with the method of administration noted. The Initial Doctor's Order form will then be faxed/hand delivered to the resident's physician by the manager/administrator/designee for review and signature by the resident's physician no later than the day of acceptance.
2. Every 90 days from the date of acceptance the manager/administrator will prepare a list of the resident's medications and method of administration and document on the form titled "Subsequent Doctor's Orders". The Subsequent Doctor's Order form will then be faxed/hand delivered to the resident's physician by the manager/administrator/designee for review and signature by the resident's physician.
3. Upon receipt of the Initial Doctor's Order form and Subsequent Doctor's Order form signed by the physician, the forms will be filed in the resident record under the tab labeled "Medication Orders."

Policies don't need to be long or complicated – a couple of sentences may be all you need for each policy area...



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Statement of Deficiencies (“SOD”)

- After the inspection is complete, the Surveyor will conduct an **INFORMAL** exit interview
 - The Department will **NOT** give a list of deficiencies and findings may or may not result in deficiencies being cited
 - Data may be reviewed with the Surveyor’s Health Care Compliance Manager (“Manager”) to determine if there is a deficiency
 - Technical Assistance (“TA”) is documented and items of discussion are re-reviewed at the following inspection to ensure correction
- To ensure HIPAA compliance, the Department will not provide Rosters with with a SOD; the Department is looking for a systemic fix
- If no deficiencies are cited:
 - A “No-Deficiency” SOD is written and emailed
- If deficiencies are cited:
 - A SOD is emailed to the facility
 - An acceptable Plan of Correction (“POC”) is required to be received by the Department within 10 calendar days of the email (if the SOD is not under review by the Department’s enforcement team)



Informal Dispute Resolution (“IDR”)

- The IDR process is described on our website:
<https://azdhs.gov/documents/licensing/residential-facilities/informal-dispute-resolution-process.pdf>
- It can also be located on the Notice of Inspection Rights
- A facility may IDR if they have documentation that shows the facility was in compliance at the time of inspection
- It is not a guarantee a deficiency will be removed just because you disagree with a deficiency; it has to be legitimate and specific to the citation
- If you wish to submit an IDR to request deficiencies be changed or removed, your IDR must be emailed to residential.licensing@azdhs.gov within 10 calendar days of the SOD email
- An IDR must be sent separately from the POC



Plan of Correction (“POC”)

- Required from the facility within 10 calendar days after the SOD email
 - POCs are not required for “No-deficiency” SODs
 - POCs will not be accepted until after enforcement action is complete (if applicable)
- Read the cover letter that comes with the SOD carefully; it will include information and deadlines that apply to your situation
- You will need to write a POC for each citation on the space provided on your SOD, or attach the POC separately
- Please follow the steps included on the SOD cover letter to complete the POC process and call your Surveyor if you have questions
- You can find a copy of the SOD cover letter with a sample POC on our website: <https://azdhs.gov/documents/licensing/residential-facilities/correction-plan-example.pdf>



Plan of Correction

The 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/was 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



Monitoring Systems for Prevention

NOT Acceptable = The manager/administrator ensures that all residents will have proof of freedom from pulmonary tuberculosis (TB).

NOT Acceptable = The manager/administrator ensures that it will not happen again.

Acceptable = The manager/administrator will conduct a monthly review of resident records to ensure that all residents have current proof of freedom from pulmonary tuberculosis (TB).

Acceptable = The manager will maintain a list of due dates for resident TB tests and will check the list monthly to see if any residents are due for a TB test during the month to ensure that all residents have current proof of freedom from pulmonary tuberculosis.



Plan of Correction

- Return the signed SOD with the POC to the Department on time and include any supporting documentation (such as pictures, etc.) as proof that the necessary corrections have been made
- Keep a copy for your records - You must make the SOD and POC available to the public
- Late POCs
 - Late letters will be sent and could lead to enforcement action (i.e. civil money penalties, legal order)
 - There are no POC extensions granted
- Once received, your Surveyor will review your POC



Plan of Correction

- Acceptable POCs
 - Surveyor will recommend closing the survey
- Unacceptable POCs
 - You will receive a letter detailing what is missing
 - Read the letter; if it was unacceptable, it means the POC did not meet one or more of the requirements in the SOD letter
 - A POC which includes language that argues the deficiency, or does not address a deficiency, will be returned as unacceptable
 - Call your Surveyor if you have questions
- Depending on the circumstances, the Surveyor may do an unannounced on-site follow-up inspection to ensure all deficiencies are corrected before closing the inspection
- **Reminder:** Your survey results and POC are public record



Common Deficiencies



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Common Deficiencies

- Assisted Living Homes

Medication Services	R9-10-816.F.1	175		
Environmental Standards	R9-10-819.A.11	171		
Residency and Residency Agreements	R9-10-807.A.1-2	130		
Medication Services	R9-10-816.B.3.c	118		
Emergency and Safety Standards	R9-10-818.A.4	118		
Medication Services	R9-10-816.B.3.b	115		
Service Plans	R9-10-808.C.1.g	109		
Residency and Residency Agreements	R9-10-807.B.1.a-b	107		
Personnel	R9-10-806.A.8.a-b	98		
Directed Care Services	R9-10-815.F.2.a.i-ii	89		

Data as of April 2022 for the previous 365 days



Common Deficiencies

- Assisted Living Centers

Residency and Residency Agreements	R9-10-807.A.1-2	48
Personnel	R9-10-806.A.8.a-b	44
Administration	R9-10-803.A.9	41
Emergency and Safety Standards	R9-10-818.A.4	32
Medication Services	R9-10-816.B.3.b	31
Service Plans	R9-10-808.C.1.g	29
Emergency and Safety Standards	R9-10-818.A.5.a	29
Personnel	R9-10-806.A.10	28
Service Plans	R9-10-808.A.5.a-d	28
Environmental Standards	R9-10-819.A.11	28

Data as of April 2022 for the previous 365 days



Common Deficiencies

- BH Residential Facilities

Emergency and Safety Standards	R9-10-720.B.4	98
Environmental Standards	R9-10-721.A.14	96
Personnel	R9-10-706.F.1-2	82
Admission; Assessment	R9-10-707.A.6	65
Admission; Assessment	R9-10-707.A.13.a-b	65
Emergency and Safety Standards	R9-10-720.B.5	59
Administration	R9-10-703.C.5.a	45
Environmental Standards	R9-10-721.A.10	41
Physical Plant Standards	R9-10-722.B.8.k	39
Medication Services	R9-10-718.C.6.a	36

Data as of April 2022 for the previous 365 days



Common Deficiencies

- Adult BH Therapeutic Homes

Health care institution..	A.R.S. § 36-420.01.A	3		
Administration	R9-10-1803.B.2.	2		
Emergency and Safety ..	R9-10-1809.6.b.	2		
Emergency and Safety ..	R9-10-1809.8.	2		
Physical Plant, Environ..	R9-10-1810.B.1.	2		
Administration	R9-10-1803.B.5.a-b.	1		
Administration	R9-10-1803.G.1-2	1		
Assistance-Self-Admini..	R9-10-1806.A.2.d.iii.	1		
Assistance-Self-Admini..	R9-10-1806.A.3.	1		
Assistance-Self-Admini..	R9-10-1806.B.1.	1		
Medical Records	R9-10-1807.C.3.	1		
Physical Plant, Environ..	R9-10-1810.A.7.	1		
Health Care Institution	A.R.S.§ 36-401.A.21	1		

Data as of April 2022 for the previous 365 days



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Levels of Medication Assistance

- SELF-ADMINISTRATION OF MEDICATION: *“A patient having access to and control of the patient’s medication and may include the patient receiving limited support while taking the medication”*
 - The resident stores medications in a locked area in their room or residential unit (and included in the service plan)
 - The resident takes medications independently
 - Rules require the facility to have policy and procedures for monitoring a resident who self-administers medication



Levels of Medication Assistance

- ASSISTANCE IN THE SELF-ADMINISTRATION OF MEDICATION:
“Restricting a patient’s access to the patient’s medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered”
 - The facility is required to store the resident’s medications in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage
 - The following assistance is provided to a resident
 - A reminder when it is time to take the medication;
 - Opening the medication container or medication organizer for the resident;
 - Observing the resident while **the resident** removes the medication from the container or medication organizer;
 - Verifying that the medication is taken as ordered by the resident’s medical practitioner and according to the schedule specified on the medical practitioner’s order; or
 - Observing the resident while the resident takes the medication



Levels of Medication Assistance

- MEDICATION ADMINISTRATION: *“Restricting a patient’s access to the patient’s medication and providing the medication to the patient or applying the medication to the patient’s body, as ordered by a medical practitioner”*
 - The facility is required to store the resident’s medications in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage



Evidence of Freedom from Infectious TB

R9-10-113(B)(1): Tuberculosis Screening

B. For each individual required to be screened for infectious tuberculosis, a health care institution's chief administration officer shall obtain from the individual:

1. On or before the date specified in the applicable Section of this Chapter, one of the following as *evidence of freedom from infectious tuberculosis...*



Evidence of Freedom from Infectious TB

R9-10-113(B)(1): Tuberculosis Screening cont.

a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and type of tuberculosis screening test; or

b. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution.



Evidence of Freedom from Infectious TB

The CDC states "There are two types of tests for TB infection: the TB skin test and the TB blood test" (see below).

- TB skin test (Mantoux tuberculin skin test (TST))
- TB blood tests (interferon-gamma release assays (IGRAs))
 - QuantiFERON® – TB Gold In-Tube test (QFT-GIT)
 - T-SPOT®.TB test (T-Spot)

For individuals that had a **positive** Mantoux skin test or other TB screening test recommended by the CDC (TB blood test), a written statement that the individual is free from infectious TB signed by a medical practitioner per A.A.C. R9-10-113(B)(1)(b) and (B)(2)(b) is required.



Evidence of Freedom from Infectious TB

Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, the individual must obtain evidence of freedom from infectious tuberculosis or written statement within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement.



Quality Management

“Ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution”



Quality Management

R9-10-704/R9-10-804 requires facilities to establish, document and implement a plan for an ongoing quality management program that includes:

- A method to identify, document and evaluate incidents;
- A method to collect data to evaluate services provided to residents;
- A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
- A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
- The frequency of submitting a documented report that includes an identification of each concern about the delivery of services related to resident care and any changes made or action taken as a result of the identification of a concern about the delivery of services related to resident care to the governing authority



Enforcement



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Enforcement Team

- Department management team that reviews enforcement referrals and determines appropriate enforcement action
- Considerations include:
 - Direct risk to the life, health, or safety of a resident
 - Repeated violations of statutes or rules
 - Pattern of violation
 - Severity of violation
 - Number of violations
- Enforcement action may include, but not limited to:
 - Civil penalties
 - License revocation
 - Injunction



Enforcement Referrals

- Common items (not a comprehensive list) referred to the Enforcement Team include:
 - Negative outcomes related to resident health & safety
 - Repeat/uncorrected deficiencies
 - Fingerprinting issues
 - Personnel issues
 - Residents left alone
 - Over capacity
 - False and misleading information/documentation



Negative Outcomes

- Any negative outcome related to resident care will go to the Enforcement Team for review and could result in enforcement action up to and including license revocation
- The owner of the facility (licensee) is responsible for any negative outcomes that occur within the facility



Repeat/Uncorrected Deficiencies

- A POC is required after a SOD is issued
- Once the POC is received, reviewed, and accepted by the Department, the deficiency should not be found uncorrected or repeated at the next inspection
- If it is, it will be cited again and referred to the Enforcement Team to determine the appropriate enforcement action



Fingerprinting Issues

- Fingerprinting Statute - A.R.S. § 36-411
 - Employee and owners of residential care institutions, contracted persons or volunteers who provide medical services, nursing services, behavioral health services, health-related services or **supportive services** shall have a valid fingerprint clearance card issued pursuant to title 41, chapter 12, article 3.1 OR shall apply for a fingerprint clearance card within twenty working days of employment or beginning volunteer work
 - *Supportive Services has the same meaning prescribed in section 36-151*
 - Supportive Services means services that may include, but not limited to, nutrition counseling, meal services, homemaker services, general maintenance services and transportation services

AND

- Owners shall make documented good faith efforts to contact previous employers to obtain information or recommendations that may be relevant to a person's fitness to work in a residential care institution, and verify the current status of the person's fingerprint clearance card



Fingerprinting Issues

- Fingerprint Statute - A.R.S. § 36-425.03 (specific to Behavioral Health Residential Facilities providing services to children)
 - Children's behavioral health program personnel, including volunteers, shall have a valid fingerprint clearance card issued pursuant to title 41, chapter 12, article 3.1 or, within seven working days after employment or beginning volunteer work, shall apply for a fingerprint clearance card.

AND

- Children's behavioral health program personnel shall certify on forms that are provided by the department and notarized that they are not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement to committing any of the offenses listed in section 41-1758.03, subsection B or C in this state or similar offenses in another state or jurisdiction.

AND

- Employers of children's behavioral health program personnel shall make documented, good faith efforts to contact previous employers of children's behavioral health program personnel to obtain information or recommendations that may be relevant to an individual's fitness for employment in a children's behavioral health program.



Personnel Issues

- For assisted living facilities and behavioral health facilities authorized to provide personal care services:
 - Leaving a resident with a volunteer, staff, or individual who does not have Caregiver training approved through the [NCIA Board](#)
- Caregivers do not have current CPR/First Aid training, or their training is incomplete per the facility's policies and procedures and/or regulations which require CPR training to include a demonstration of the caregiver's ability to provide CPR (*Online courses are not acceptable*)



Residents Left Alone

- All subclasses require at least one personnel member present at the facility when there is a resident on the premises
 - Many facilities require awake staff 24 hours/day, while some do not, so check your policies and procedures and the regulations
- Going around the corner to a house or facility “next door” does not count as being on premises



False and Misleading Information

R9-10-112(A)(1): Denial, Revocation, or Suspension of License

A. The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:

1. Provides false or misleading information to the Department



False and Misleading Information

- Any document or any interview statement provided to the Department that is determined to be false or misleading by the facility/facility's staff may result in enforcement action up to and including license revocation



False Documentation (example)

- Documentation may be provided to you from a prospective/new employee that has been falsified; you are still responsible to verify the validity of the documents and to ensure the employee meets the requirements for the position
- Common falsified documents include:
 - Fingerprint clearance cards
 - Caregiver certificates
 - Identification
 - TB tests
 - CPR/first aid cards



False Documentation (example)

- To verify the current status of an individual's fingerprint clearance card:
 - Check online at: <https://psp.azdps.gov/> and print the document showing verification
 - Verify by phone by calling DPS at: (602) 223-2279 and document the date you called, person you spoke to and badge number and the status of the fingerprint card



False Documentation (example)

- Caregiver training is regulated by the Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers Board (NCIA Board)
- Caregiver training certificates **DO NOT** expire
- For caregiver certificates issued prior to August 3, 2013, call the NCIA Board to assist with certificate verification at (602) 364-2374
- Any training taken after August 3, 2013, from a provider not on the NCIA-approved list is **NOT** valid
- Verification of a person who took training after August 3, 2013 can be checked at the following website:
<https://az.tmuniverse.com/>



Resources



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Online Resources

- Bureau of Residential Facilities Licensing:
 - <http://azdhs.gov/licensing/residential-facilities/index.php>
 - Frequently asked questions
 - License application forms
 - How to prepare a Plan of Correction (POC)
 - Informal Dispute Resolution process
 - Links to rules, statutes, enforcement actions
 - www.azcarecheck.com: facility information, including survey history and enforcement actions for the last 3 years for all active facilities



Online Resources



HOME

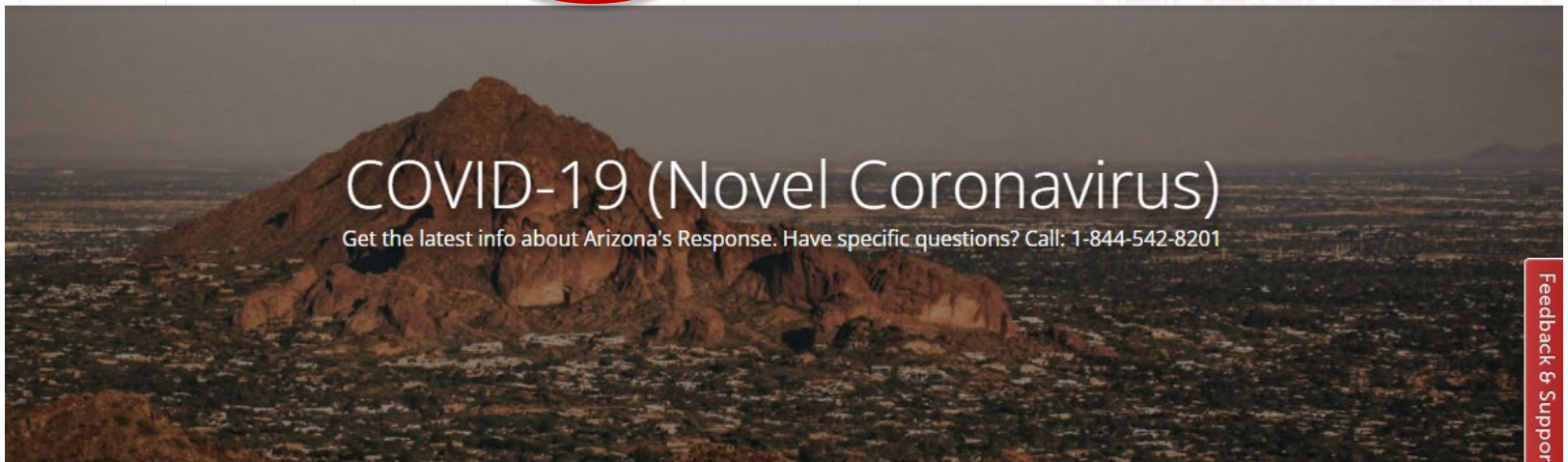
AUDIENCES

TOPICS

DIVISIONS

A-Z INDEX

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The Arizona Department of Health Services is on the front lines as we respond to the COVID-19 pandemic. Our team is committed to providing up-to-date information and resources to keep Arizonans safe, including **extensive data** about the disease in our state. Vaccine appointments are available on our **Vaccines website**, check often as new appointments are added frequently. Those who think they may have been in contact with someone who is sick, please visit our **Testing Locations** page to find a test near you.



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Online Resources



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HOME

AUDIENCES

TOPICS

DIVISIONS

A-Z INDEX

ENHANCED BY Google



Residential Facilities Licensing

ADHS Home / Public Health Licensing Services / Residential Facilities Licensing - Home

Home

Enforcement Action Search

Online Complaint Form

Online Provider Services

Consumers >

Providers >

Contact Us

Signup for email updates



Home



- Notice: COVID-19 Vaccines
- Licensing Fee Payment Reminder
- Notice: Electronic Correspondence
- COVID-19 Guidance for Visitation at Congregate Settings
- COVID-19 Guidance for Visitor Screening
 - Screening Form for Visitation at Congregate Settings
- State Rule Waiver Requests
- ADHS COVID-19 Website
- COVID-19 Executive Orders
- Covid-19 Guidance for Residential Facilities
- Recommendations for Residential Healthcare Facility Diagnostic Testing

Feedback & Support



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Online Resources

Residential Facilities Licensing

[ADHS Home](#) / [Public Health Licensing Services](#) / [Residential Facilities Licensing - Home](#)



- Home**
 - Enforcement Action Search
 - Online Complaint Form
 - Online Provider Services
 - Consumers >
 - Providers >
 - Contact Us
- Signup for email updates

Home



- Notice: COVID-19 Vaccines
- Licensing Fee Payment Reminder
- Notice: Electronic Correspondence
- COVID-19 Guidance for Visitation at Congregate Settings
- COVID-19 Guidance for Visitor Screening
 - Screening Form for Visitation at Congregate Settings
- State Rule Waiver Requests
- ADHS COVID-19 Website
- COVID-19 Executive Orders
- Covid-19 Guidance for Residential Facilities
- Recommendations for Residential Healthcare Facility Diagnostic Testing



A searchable database of deficiencies and enforcement actions in licensed facilities.



An online form to submit a complaint about a suspected violation by a residential facility.



Online licensing and enforcement fee payment portal for licensed facilities and providers.



Applications and other forms for providers.

Feedback & Support

Online Resources

Residential Facilities Licensing

ADHS Home / Public Health Licensing Services / Residential Facilities Licensing - Providers - Provider Resources



- Home
- Enforcement Action Search
- Online Complaint Form
- Online Provider Services
- Consumers >
- Providers** ▾
- Home
- Application Forms
- Architectural Reviews & Safety Code Inspections
- Emergency Preparedness Resources
- Provider FAQs
- Provider Resources**
- Training
- Contact Us

Providers - Provider Resources

- [Plan of Correction Example](#)
- [Informal Dispute Resolution Process](#)
- [Conspicuously Posted Phone Numbers Required by A.A.C. R9-10-803\(D\)\(3\)\(a-d\)](#)
- [Top 10 Deficiencies for Assisted Living Centers](#)
- [Top 10 Deficiencies for Assisted Living Homes](#)
- [Top 10 Deficiencies for Behavioral Health Residential Facilities](#)
- [Behavioral Health Facility Food Establishment Permit FAQs \(for BH facilities licensed for 11+ residents only\)](#)
- [Behavioral Health Facility Food Establishment Permit Fact Sheet \(for BH facilities licensed for 11+ residents only\)](#)
- [Opioid Safety & Naloxone Use Brochure](#)
- [Opioid Prescribing & Treatment Rule Handout for Providers](#)
- [Fingerprint Criminal History Affidavit for Children's Behavioral Health Facilities](#)
- [Perpetual Licensing Portal – Provider Training Manual](#)
- [Perpetual Licensing Portal – Provider Training Video](#)



Feedback & Support



Questions

If you have any licensing/application process questions for our administrative support staff team or any questions about the survey process or regulations for our Surveyor of the Day, please call us at 602-364-2639

OR

Via email at Residential.Licensing@azdhs.gov



ARIZONA DEPARTMENT
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Health and Wellness for all Arizonans

Contact Information

- Address: 150 N. 18th Ave., Suite 420, Phoenix, AZ 85007
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- Fax: 602-324-5872
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- Email: Residential.Licensing@azdhs.gov





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