

Printed: 12/08/2015 11:04:44AM
Due Date: 12/02/2015
Priority: Non-IJ High

Intake ID: AZ00132363
Facility ID: BH4486 / BHRC
Provider Number:
Mgmt.Unit: RES

ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: SOUTHWEST KEY PROGRAMS
Address: 1601 NORTH ORACLE ROAD
City/State/Zip/County: TUCSON, AZ, 85704, PIMA
Telephone: (520) 230-4100

License #: BH-4486
Type: BHRC
Medicaid #:
Administrator: ALEXIA RODRIGUEZ

INTAKE INFORMATION

Taken by - Staff: OHLFEST, ROBERT
Location Received: RESIDENTIAL TEAM 1
Intake Type: Complaint
Intake Subtype: State-only, licensure
External Control #:
SA Contact: SCHALLIOL, MARILYN P.
RO Contact:
Responsible Team: RESIDENTIAL TEAM 1
Source: Other

Received Start: 11/17/2015 At 15:27
Received End: 11/17/2015 At 15:27
Received by: Online
State Complaint ID:
CIS Number:

COMPLAINANTS

Name	Address	Phone	Email
[REDACTED] (Primary)	[REDACTED]	[REDACTED]	[REDACTED]
Link ID: 150J10	[REDACTED]		

RESIDENTS/PATIENTS/CLIENTS - No Data

ALLEGED PERPETRATORS - No Data

INTAKE DETAIL

Date of Alleged	Time:	Shift:
Standard Notes: Transaction ID: 2015-RES1421	ON-LINE COMPLAINT	11/17/2015 3:09:00 PM

Resident: [REDACTED]

Complaint: According to employees Unaccompanied Minor Children in the care of Southwest Key have been victims of molestation. Because of the lack of local care UAC's have spread Chagas disease and the facility is infested with lice. UAC's share undergarments and receive food that is inappropriate for their life experiences.

Evidence: No text was entered for Evidence Info.

Contact: No text was entered for Contact Info.

Other Info: No text was entered for Other Info.

11/18/2015 - Attached is the On-line Complaint 2015-RES1421. br

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS

Category: Quality of Care/Treatment
Subcategory: Other
Seriousness:

Findings: Unsubstantiated: Allegation did not occur

Details: Possible Rule Violations:

1. R9-10-716.A.1.

An administrator shall ensure that:

1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose

ACTS Complaint/Incident Investigation Report

behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently, in addition to behavioral health services and personnel care services as indicated in the resident's treatment plan, receives continuous protective oversight;

Findings Text: The complaint alleged that children have been victims of molestation. Upon investigation, it was learned that there was one incident where a child reported inappropriate touching. Police were immediately called and investigated the alleged incident. The employee was immediately suspended and later terminated. The possible rule violation of not providing necessary continuous protective oversight is unsubstantiated.

Category: Physical Environment

Subcategory: Infection Control Practices Not Followed

Seriousness:

Findings: Unsubstantiated:Allegation did not occur

Details: 2. R9-10-721.A.1.c.

Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. The premises and equipment are:

c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;

Findings Text: The complaint alleged that children have spread Chagas and lice. There were no reported cases of Chagas disease among residents or staff, as alleged. Children are treated for lice if needed. There is no evidence to support the premises are not in proper condition to cause injury or illness. The allegation is unsubstantiated.

Category: Quality of Care/Treatment

Subcategory: Other

Seriousness:

Findings: Unsubstantiated:Allegation did not occur

Details: 3. R9-10-703.C.2.b.

R9-10-703.C. An administrator shall ensure that:

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:

b. Cover the provision of behavioral health services and physical health services;

Findings Text: The facility had policies and procedures that covered behavioral health and physical health services. There is no evidence to support this allegation.

Category: Dietary Services

Subcategory: Resident Food Preferences Not Honored

Seriousness:

Findings: Unsubstantiated:Allegation did not occur

Details: 4. R9-10-719.B.5.a.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:

5. A resident is provided:

a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;

Findings Text: The complaint alleged that children received food that was inappropriate for their life experiences. Additional information provided by complainant revealed the complaint was that children were given food they didn't like and questioned why they weren't given "what they eat in their country." For example, children were given milk and cookies but their digestive systems weren't used to that because they didn't have milk in their home country. Upon investigation, it was revealed children often said they didn't like milk or pork because they were not accustomed to those foods. Food allergies were noted and children were not given unhealthy or inappropriate foods; they were provided with healthy, balanced meals and food choices. The allegation that they were not provided a diet that meets their nutritional needs is unsubstantiated.

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SURVEY INFORMATION

<u>Event ID</u>	<u>Start Date</u>	<u>Exit Date</u>	<u>Team Members</u>	<u>Staff ID</u>
RVVS11	11/24/15	11/24/15	Schalliol, Marilyn P	BH032

Intakes Investigated: AZ00132363(Received: 11/17/2015)

EMTALA INFORMATION - No Data

ACTIVITIES

<u>Type</u>	<u>Assigned</u>	<u>Due</u>	<u>Completed</u>	<u>Responsible Staff Member</u>
Assigned Complaint Investigation	11/17/2015		12/01/2015	SCHALLIOL, MARILYN P.
Telephone Contact - Complainant	11/18/2015		12/01/2015	SCHALLIOL, MARILYN P.
Telephone Contact - Complainant	11/19/2015		12/01/2015	SCHALLIOL, MARILYN P.
Schedule Onsite Visit	11/24/2015	11/24/2015	11/24/2015	SCHALLIOL, MARILYN P.
Proofread	12/01/2015	12/01/2015	12/01/2015	STRANG, ELLIE

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

Reason for Restraint:

Cause of Death:

NOTICES

Letters:

Notification:

<u>Created</u>	<u>Description</u>	<u>Date</u>	<u>Type</u>	<u>Party</u>	<u>Method</u>
12/01/2015	BRFL COMPLAINANT FINDINGS/Complainant	12/01/2015	Findings Sent to Complainant	Central Office	Written

PROPOSED ACTIONS

<u>Proposed Action</u>	<u>Proposed Date</u>	<u>Imposed Date</u>	<u>Type</u>
State Only Actions	11/24/2015	12/01/2015	Federal

Closed: 12/01/2015

Reason: Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION

Printed: 12/08/2015
Due Date: 12/02/2015
Priority: Non-IJ High

ACTS Complaint Summary

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Facility ID: BH4486
Provider Number:
Mgmt.Unit: RES

PROVIDER INFORMATION:

Name: SOUTHWEST KEY PROGRAMS
Address: 1601 NORTH ORACLE ROAD
City/State/Zip/County: TUCSON, AZ, 85704, PIMA
Telephone: (520)230-4100

License #: BH-4486
Type: BHRC
Medicaid #:

Complaint Number: AZ00132363
State Complaint Number:

Received End Date: 11/17/2015
Investigation Completed: 12/02/2015

ALLEGATIONS

Allegation #: 1

Category: Quality of Care/Treatment

Subcategory: Other

Findings: Unsubstantiated:Allegation did not occur

Deficiencies Cited:

Build ID:

Allegation #: 2

Category: Physical Environment

Subcategory: Infection Control Practices Not Followed

Findings: Unsubstantiated:Allegation did not occur

Deficiencies Cited:

Build ID:

Allegation #: 3

Category: Quality of Care/Treatment

Subcategory: Other

Findings: Unsubstantiated:Allegation did not occur

Deficiencies Cited:

Build ID:

Allegation #: 4

Category: Dietary Services

Subcategory: Resident Food Preferences Not Honored

Findings: Unsubstantiated:Allegation did not occur

Deficiencies Cited:

Build ID:

Total Number of Allegations for Complaint: 4

END OF SUMMARY

**Arizona Department of Health Services
Assisted Living Provider Complaint Data**

Transaction ID: 2015-RES1421
Date Submitted: 11/17/2015 3:09:00 PM
Complainant Name: [REDACTED]
Complainant Address: 7000 N. Oracle Rd, Tucson, AZ 85705
Complainant Phone: [REDACTED]
Alternate Phone:
Complainant Email: [REDACTED]
Report to be sent: No
Complainant Source: Other: journalist
Facility Name: Southwest Key - Estredea Del Norte
Facility Address: 1601 N Oracle Rd, Tucson, AZ 85705
Facility License: 07-27-81-0
Facility Phone: (520) 230-4100
Nearest Cross Streets: Oracle and Speedway
Facility Owner: Southwest Key
Resident Name: [REDACTED]
Resident DOB:
Incident Date: 4/11/0015 12:00:00 AM
Incident Date End: 11/17/2015 12:00:00 AM
Printed Date:
Printed By:

Complaint:

Complaint: According to employees Unaccompanied Minor Children in the care of Southwest Key have been victims of molestation, Because of the lack of local care UAC's have spread Chagas disease and the facility is infested with lice. UaC's share undergarments and receive food that is inappropriate for their life experiences.

Evidence: No text was entered for Evidence Info.

Contact: No text was entered for Contact Info.

Other Info: No text was entered for Other Info.

BH4486

132 369

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH-4486	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/24/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWEST KEY PROGRAMS		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH ORACLE ROAD TUCSON, AZ 85704		
(X4) 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)	(X5) COMPLETE DATE
X 000	<p>Initial Comment</p> <p>An on-site investigation of complaint AZ00132363 was conducted on November 24, 2015. Upon completion of the complaint investigation, it was determined that the allegations were unsubstantiated and no deficiencies were found:</p> <p>_____ Marilyn Schalliol, MSW Date State Licensing Surveyor</p>	X 000		

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

TITLE

(X6) DATE



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

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

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

December 1, 2015

Mr. James Harris
7280 East Rosewood
Tucson, AZ 85710

RE: Complaint Intake# AZ00132363
Southwest Key Programs - BH-4486
1601 North Oracle Road
Tucson, AZ 85704

Dear Complainant:

This is to confirm that the Bureau of Residential Facilities Licensing (Department) has concluded its investigation of the above referenced facility. The Department determined whether the issues raised in your complaint corresponded to the rules or statutes that regulate the above referenced facility. Those individual issues, or allegations, were then investigated.

Within the scope of the investigation process, one or more surveyors may have conducted interviews with staff of the facility, residents receiving services at the facility, and anyone else who may be able to provide pertinent information. Surveyors also make observations during their time on site, and review records and other facility documents. The investigation may have also included the review of hospital, police, and other facility or state agency reports.

The Department was able to substantiate none of four allegation(s).

The facility will receive a report from the Department, known as a Statement of Deficiencies (SOD), which describes each violation identified during this investigation. The facility will be required to submit a plan to the Department describing how they are going to correct the violation(s) and/or prevent them from occurring again.

Although the Department may not have been able to verify all of your allegations, it is appreciated that you took the time to make the Department aware of your concerns.

Additionally, it may help you to know that, with few exceptions, each of our licensed facilities undergoes an unannounced annual inspection. During this inspection the facility is surveyed to see if they are following the rules that govern residential facilities. During the annual inspection, if the surveyor finds rule violations, the surveyor would cite the facility.

RE: Southwest Key Programs - BH-4486 - AZ00132363

December 1, 2015

Page Two

If you would like to see a three year history of all of the inspection results (either annual or complaint investigations) for this facility, as well as any enforcement actions, please visit our website at www.azcarecheck.com.

Thank you for bringing your concerns to the Department's attention. If you have any questions, please contact the Bureau at (602) 364-2639 or via our email address at residential.licensing@azdhs.gov.

Sincerely,

Diane Eckles
Bureau Chief

DE:els