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

Received End: 11/17/2015

At 15:27 At 15:27

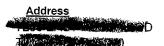
Received by: Online

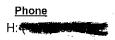
State Complaint ID:

**CIS Number:** 

#### COMPLAINANTS

Name (Primary) Link ID: 150J10







### **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

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

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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.

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

SURVEY INFORMATION

Start Date Event ID

11/24/15

**Exit Date** 

Team Members

Staff ID

RVVS11

11/24/15 Schalliol, Marilyn P BH032

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

**EMTALA INFORMATION - No Data** 

**ACTIVITIES** 

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

**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: Created

Description

12/01/2015 BRFL COMPLAINANT FINDINGS/Complainant

Notification:

Date

Type

12/01/2015 Findings Sent to Complainant

<u>Party</u> Central Office

Method Written

PROPOSED ACTIONS

**Proposed Action** 

State Only Actions

Closed: 12/01/2015

**Proposed Date** 

11/24/2015

**Imposed Date** 

Туре Federal

Reason: Paperwork Complete

12/01/2015

END OF COMPLAINT INVESTIGATION INFORMATION

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

# **ACTS Complaint Summary**

Intake Number: AZ00132363 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:** 

Allegation #: 2

Category: Physical Environment

Subcategory: 'Infection Control Practices Not Followed

Findings: Unsubstantiated: Allegation did not occur

**Deficiencies Cited:** 

**Build ID:** 

**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:

Date Submitted:

Complainant Name:

Complainant Address:

Complainant Phone:

Alternate Phone:

Complainant Email:

Report to be sent:

Complainant Source:

Facility Name: Facility Address:

Facility License: Facility Phone:

Nearest Cross Streets:

Facility Owner:

Resident Name: Resident DOB:

Incident Date:

Incident Date End:

Printed Date:

Printed By:

2015-RES1421

11/17/2015 3;09;00 PM

TABLE PROPERTY OF THE STATE OF

No

Other: journalist

Southwest Key - Estredea Del Norte 1601 N Oracle Rd, Tucson, AZ 85705

07-27-81-0

(520) 230-4100

Oracle and Speedway

Southwest Key

4/11/0015 12:00:00 AM 11/17/2015 12:00:00 AM

### 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.

BHULL

132 76 9

PRINTED: 12/08/2015 FORM APPROVED

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С		
BH-4486		B. WING			11/24/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SOUTHWEST KEY PROGRAMS  1601 NORTH ORACLE ROAD  TUCSON, AZ 85704							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)							
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG			COMPLETE DATE	
X 000	X 000 Initial Comment						
	was conducted on completion of the conducted that the	ation of complaint AZ00132363 November 24, 2015. Upon omplaint investigation, it was allegations were d no deficiencies were found:					
	* *			•			
	Marilyn Schalliol, M State Licensing Su		Average and the second				
=							
		•					
	}						
1			- 1/8				

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 <a href="https://www.azcarecheck.com">www.azcarecheck.com</a>.

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