



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC

Behavioral Health Residential Facility

See key licensing information currently on file with the Arizona Department of Health Services below. If applicable, click on the license # to view the currently effective license.

Legal Name

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC

Address

100 Dewey Road, Dewey, AZ 86327

Accreditation

The Joint Commission (TJC)

Phone

6023352000

Maximum Licensed Capacity

9

Behavioral Health Professional

Michelle Kyliavas

Chief Administrative Officer

SHAUN MOHON

Facility Type

Behavioral Health Residential Facility

Facility Type Description

A health care institution that provides treatment to an individual experiencing a behavioral health issue that: a. limits the individual's ability to be

independent, or b. causes the individual to require treatment to maintain or enhance independence.

Facility Status

Active ⓘ

License Status

Active ⓘ

License

BH1122

License Effective

5/1/2025

License Expires

4/30/2026

Owner / Licensee

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC.

Additonal Information

BH Residential Facility - Child

5/12/2025 Inspection

Inspection #

INSP-0131229

Inspection Date(s)

5/12/2025

Status

Complete

Inspection Type

Complaint

Location Type

Worksheet Type

Behavioral Health Residential Facility

Certificate Number

BH1122

Initial Comments

An on-site complaint investigation of complaint 00130160 was conducted on May 12, 2025 and the following deficiencies were cited:

Statement of Deficiency

Rule

R9-10-708.A.4.c. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that:

4. Includes:

c. The signature of the resident or the resident's representative, and date signed, or documentation of the refusal to sign;

Evidence

Based on record review and interview, the administrator failed to ensure a treatment plan was developed to include the signature of the resident's representative, and date signed, or documentation of the refusal to sign, for two of two current residents sampled, and one of one discharged resident sampled. The deficient practice posed a risk if the resident's representatives were not required to sign.

Findings include:

R9-10-101(165) "Patient's representative" means: a. A patient's legal guardian; b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent; c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or d. A surrogate as defined in A.R.S. § 36-3201."

R9-10-101(196) "Resident's representative" means the same as "patient's representative" for a resident.

ARS 1-602(A) All parental rights are exclusively reserved to a parent of a minor child without obstruction or interference from this state, any political subdivision of this state, any other governmental entity or any other institution, including: 5. The right to make all health care decisions for the minor child, including rights pursuant to sections 15-873, 36-2271 and 36-2272, unless otherwise prohibited by law. H. For the purposes of this section, "parent" means the natural or adoptive parent or legal guardian of a minor child.

1. A review of Department documentation revealed the facility was authorized to provide services to individuals under the age of 18.

2. A review of R1's (admitted in August 2024 and discharged in February 2025) medical record revealed documentation of R1's legal guardian and R1's treatment plan, dated in February 2025. R1 signed R1's treatment

plan, however R1’s treatment plan did not include R1’s representative’s signature, and date signed, or documentation of the refusal to sign.

3. A review of R2’s (admitted in December 2024) medical record revealed documentation of R2’s legal guardian, and R2’s treatment plan, dated in December 2024. R2 signed R2’s treatment plan, however, R2’s treatment plan did not include R2’s representative’s signature, and date signed, or documentation of the refusal to sign.

4. A review of R3’s (admitted in May 2024) medical record revealed documentation of R3’s legal guardian, and R3’s treatment plan, dated in February 2025. R3 signed R3’s treatment plan, however, R3’s treatment plan did not include R3’s representative’s signature, and date signed, or documentation of the refusal to sign.

5. In an interview, E1 reported residents were required to sign their treatment plan per The Joint Commission requirements, as the facility was accredited by The Joint Commission. E1 acknowledged the facility was licensed by the Department and not The Joint Commission. E1 reported the facility was in compliance as the regulation stated “resident or resident’s representative.” E1 acknowledged residents at the behavioral health residential facility were under the age of eighteen. E1 acknowledged the rule requirements and definitions however E1 stated the facility was in compliance. E1 reported resident representatives signed the treatment for consents, which included the treatment plans.

6. In an exit interview, the findings were discussed with E2 and no additional statements or documentation were provided.

Plan of Correction

Name, title and/or Position of the Person Responsible

Michelle Kyliavas, Clinical Director

Date temporary correction was implemented

Temporary Solution

Permanent Solution

By 07/21/2025, all the parent(s)/guardian(s) of current clients will be enrolled in the patient portal for our Electronic Health Record (EHR). This will

Date permanent correction will be complete
2025-07-21

allow us to send the treatment plans to the parent(s)/guardian(s) for signature through the patient portal to sign the plan electronically. Plans that are not signed will be marked as such, and a record of attempts made will be maintained in the electronic health record. New admissions to the facility will have portal access set up during their intake to the program.

Monitoring

The internal audit (IAT) will review signatures on treatment plans in client files. This audit is performed monthly by a member of the Compliance and Quality department. The results of this audit are reported to the Performance Improvement Committee.

Statement of Deficiency

Rule

R9-10-716.A.7.a. Behavioral Health Services

A. An administrator shall ensure that:

7. A resident does not:

a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or

Evidence

Based on record review and interview, the administrator failed to ensure a resident did not use or have access to any materials or participate in any activity that presented a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, or personal history, for one of one discharged resident sampled. The deficient practice posed a risk as R1 was able to pierce R1's lip and nose with sharp materials.

Findings include:

1. A review of R1's (admitted in August 2024 and discharged in February 2025) revealed an incident report dated in February 2025. R1's incident report stated "Diagnoses...Self-harming behavior – Diagnosed On 8/6/24...Suicide ideation – Diagnosed On 8/6/24...Incident Details on 2/18, a contraband check was completed in the house by staff members. A razor, a large needle tool from a clay set, an alcohol wipe, and several metal piercings were found in the room. Upon questioning, [R1] admitted to all the contraband items being [R1's] and also disclosed

that [R1] utilized the items found to pierce [R1's] left nostril and inner lip area. [R1] was brought to nursing for an assessment and case manager and therapist were notified of the incidents. All contraband was removed from client's room and locked up/disposed of appropriately."

2. In an interview, E1 reported personnel members were unaware of how R1 brought the contraband into the facility. E1 reported residents attend the Mingus Mountain school and are accompanied by Mingus Mountain personnel members throughout the day. E1 acknowledged R1 had access to materials which posed a threat to R1's safety and R1 was able to use those materials to pierce R1's lip and nose. E1 reported school was not considered an outing and residents were only searched when returning from school if there was a reason to suspect contraband.

3. In an interview, E2 reported E2 received a report about a resident's visitor bringing in contraband but was unable to confirm or verify if R1 was the resident noted in the report.

4. In an exit interview, the findings were discussed with E2 and no additional statements or documentation were provided.

Plan of Correction

Name, title and/or Position of the Person Responsible

Kevin Ullrich, Operations Director, BHRF

Date temporary correction was implemented
2025-06-19

Date permanent correction will be complete
2025-07-07

Temporary Solution

A coaching session was provided to the BHRF supervisor on 6/19/2025 regarding the frequency of contraband check occurrences in the facility, which was set to occur twice weekly.

Permanent Solution

The BHRF supervisor, or designee, will conduct contraband checks of the facility twice weekly and document them on the contraband log.

Monitoring

The contraband log will be submitted to the Risk Manager in the first week of the following month for auditing. Missed contraband checks will be reported

to the Operations Director for accountability issuance. This monitoring will continue for 90 days after the plan of correction is accepted. Monitoring may continue after 90 days if necessary.