



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

12/10/2024 Inspection

Inspection #

INSP-0077614

Inspection Date(s)

12/10/2024

Status

Complete

Inspection Type

Complaint

Location Type

Worksheet Type

Behavioral Health Residential Facility

Certificate Number

BH1122

Initial Comments

An on-site investigation of complaint AZ00220066 was conducted on December 10, 2024 and the following deficiencies were cited :

Statement of Deficiency

Rule

A.R.S. § 36-424. Inspections; suspension or revocation of license; report to board of examiners of nursing care institution administrators and assisted living facility managers C. On a determination by the director that there is reasonable cause to believe a health care institution is not adhering to the licensing requirements of this chapter, the director and any duly designated employee or agent of the director, including county health representatives and county or municipal fire inspectors, consistent with standard medical practices, may enter on and into the premises of any health care institution that is licensed or required to be licensed pursuant to this chapter at any reasonable time for the purpose of determining the state of compliance with this chapter, the rules adopted pursuant to this chapter and local fire ordinances or rules. Any application for licensure under this chapter constitutes permission for and complete acquiescence in any entry or inspection of the premises during the pendency of the application and, if licensed, during the term of the license. If an inspection reveals that the health care institution is not adhering to the licensing requirements established pursuant to this chapter, the director may take action authorized by this chapter. Any health care institution, including an accredited hospital, whose license has been suspended or revoked in accordance with this section is subject to inspection on application for relicensure or reinstatement of license.

Evidence

Based on documentation review, observation, and interview, the licensee failed to provide complete acquiescence in any entry or inspection of the premises during the term of the license. The deficient practice posed a risk as such action shall be deemed reasonable cause to believe a substantial violation exists. Findings include: A.R.S. § 36-427(B) If the licensee, the chief administrative officer or any other person in charge of the institution refuses to permit the department or its employees or agents the right to inspect the institution's premises as provided in section 36-424, such action shall be deemed reasonable cause to believe that a substantial violation under subsection A, paragraph 3 of this section exists. 1. A review of the Department documentation revealed the facility's perpetual license was effective on June 15, 2000. 2. The Compliance Officer arrived at the facility at 10:23 AM to conduct a complaint inspection. Upon arrival, the Compliance Officer contacted E1 who reported E1 would arrive at the facility in "about 20 minutes." The Compliance Officer explained to E1 that the Compliance Officer would begin the inspection with the staff on-site while waiting for E1. 3. The Compliance Officer knocked on the facility's door at 10:25 AM. The door was answered by E2. The Compliance Officer identified themselves with ID. E2 reported E2 did not know who the Compliance Officer was and would not let the Compliance Officer on site. The Compliance Officer explained the role of licensing and that licensed health care institutions are required to grant access to state Compliance Officers. E2 reported a second time to the Compliance officer would not be granted access to the facility. E2 then went inside to call E2's boss. 4. In an interview, E2 came back to the facility's front door and reported E2 spoke to E2's boss and still would not let the Compliance Officer onto the premises. E2 reported E2 did not know who E1 is. E2 refused to give the Compliance Officer E2's name and reported E2 did not know E2's title. E2 reported E2 "was looking after the girls" and the "girls were in quarantine." E2 then stated, "you are starting to piss me off" and told the Compliance Officer to go wait in the car until E1 arrived. The Compliance Officer went to the car and called a Health Care Compliance Manager at 10:35 AM. 5. The Compliance Officer observed E1 arrived at the facility at 10:47 AM. E1

granted the Compliance Officer access to the facility. The Compliance Officer observed E1 explained to E2 that the facility is required to grant access to state licensing at all times. E2 acknowledged to E1 that E2 did not grant the Compliance Officer access and reported E2 now understood the requirement. 6. In an interview, E2 apologized to the Compliance Officer for not granting the Compliance Officer access. E2 acknowledged complete acquiescence in entry was not granted. 7. In an interview, E1 acknowledged the licensee failed to provide complete acquiescence in any entry or inspection of the premises during the term of the license. E1 reported E2 is a new employee and will undergo "retraining" after this incident.

Plan of Correction

Name, title and/or Position of the Person Responsible

Temporary Solution

Permanent Solution

Date temporary correction was implemented

Monitoring

Date permanent correction will be complete
2024-12-10

Statement of Deficiency

Rule

G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes: 3. Documentation of: e. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;

Evidence

Based on record review, documentation review, and interview, the administrator failed to ensure a personnel record was maintained to include documentation of compliance with Arizona Revised Statutes (A.R.S.) \a7 36-425.03, for one of two personnel members sampled. The deficient practice posed a risk if E2 was a danger to a vulnerable population. Findings include: A.R.S. \a7 36-425.03(A) states "Except as provided in subsections B, C and D of this section, children's behavioral health program personnel, including volunteers, shall submit the form prescribed in subsection E of this section to the employer and 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." 1. The Compliance Officer arrived on site at 10:25 AM. The Compliance Officer observed E2 was the only personnel member on-site. E2 reported residents were in "quarantine" and E2 would not allow the Compliance Officer to enter the premises. 2. A review of E2's personnel record revealed E2 was hired as a "Client Care Technician" (BHPP). E2's personnel record revealed no valid fingerprint clearance card was available for review. 3. A review of the Arizona Department of Public Safety (AZDPS) Fingerprint Clearance Status website revealed E2's fingerprint clearance card expired on March 17, 2021. The AZDPS website also revealed an application was received for a new fingerprint clearance card on December 3, 2024, and the application was "In Process." However, the application was not within seven working days after E2 began employment at the facility. 4. A review of facility documentation revealed facility staffing schedules which indicated E2 worked alone with residents from 3:00 PM to 11:00 PM on December 1-3 and 8-9, 2024. The schedule also indicated E2 was scheduled to work alone with residents from 3:00 PM to 11:00 PM on December 10, 15-17, and 22-24, 2024. 5. In an interview, E1 acknowledged documentation of compliance with A.R.S. § 36-425.03(A) was not available for review in E2's personnel record.

Plan of Correction

Name, title and/or Position of the Person Responsible

Temporary Solution

Permanent Solution

Date temporary correction was implemented

Monitoring

Date permanent correction will be complete
2024-12-11

Statement of Deficiency

Rule

B. An administrator shall ensure that: 1. A behavioral health residential facility has a: a. Room that provides privacy for a resident to receive treatment or visitors; and

Evidence

Based on observation and interview, the administrator failed to ensure the behavioral health facility had a room to provide privacy for a resident to receive treatment or visitors. The deficient practice posed a risk if the administrator was unable to ensure confidentiality in treatment as well as a resident's right to privacy in treatment and visitation. Findings include: R9-10-722.B.8.a. An administrator shall ensure that a resident bedroom complies with the following: Is not used as a common area. R9-10-101.52.a. "Common area" means licensed space in a health care institution that is: Not a resident's bedroom or a residential unit. R9-10-101.203. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door. 1. The Compliance Officer observed the facility did not have a room to provide privacy for a resident to receive treatment or visitors. 2. In an interview, the Compliance Officer requested to use the facility's privacy room to interview residents. E1 reported the facility did not have a privacy room. 3. In an interview, E1 acknowledged the facility did not have a room to provide privacy for a resident to receive treatment or visitors. E1 reported the facility may decrease residency to turn a facility bedroom into a privacy room.

Plan of Correction

Name, title and/or Position of the Person Responsible

Temporary Solution

Permanent Solution

Date temporary correction was implemented

Monitoring

Date permanent correction will be complete
2025-01-31