

KINGMAN REGIONAL MEDICAL CENTER HOSPICE

2202 STOCKTON HILL ROAD, SUITE 200

KINGMAN, AZ 86401

(928) 757-0602

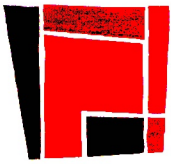
Facility ID: MED2135

License: HSPC3040

Health Survey Comments

No deficiencies were found during the unannounced on-site State Compliance survey conducted 4/11/2019 for Event #6Y9V11. Based on the rules found in Article 6 for Hospice Agencies, the Department is approving the facility to continue operations as a Hospice Agency and to provide the following services: Hospice Services.

Randy Jay, PA-C Surveyor 4/12/2019



KINGMAN REGIONAL MEDICAL CENTER HOSPICE

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KINGMAN, AZ 86401

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The table below displays the Statement of Deficiency information from the selected Inspection for this provider. Select the citation button to view the citation and rule text.



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Medical Facilities Report

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[Provider Type Info](#)



Name: KINGMAN REGIONAL MEDICAL CENTER HOSPICE
Address: 2202 STOCKTON HILL ROAD, SUITE 200
KINGMAN, AZ 86401
Phone: (928) 757-0602
Fax: (928) 692-4659
Facility ID: MED2135
License Issued: 11/1/2019
License Expires: 10/31/2020
Licensee: KINGMAN HOSPITAL, INC.
License: HSPC3040
Provider Type: HOSPICE

The table below displays the Survey dates for all Inspections for the above provider. The Survey dates displayed are all inspections in the last three years from today's date.

	Survey Date	
Select	4/13/2017	Export to PDF
Select	4/18/2017	Export to PDF
Select	4/11/2019	Export to PDF
Select	7/24/2019	Export to PDF

No Enforcement Actions for this Provider.

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150 N. 18th Avenue, Phoenix AZ 85007 Phone: (602) 542-1025 Fax: (602) 542-0883
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ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

Public Health Licensing Services
Bureau of Medical Facilities Licensing

150 North 18th Avenue, Suite 450
Phoenix, Arizona 85007-3242
(602) 364-3030
(602) 792-0466 Fax

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

August 27, 2019

Mr. Brian Turney, Administrator
Kingman Hospital, Inc.
3269 Stockton Hill Road
Kingman, AZ 86409

RE: HSPC4872 -Event # NM0011
Joan And Diana Hospice Home
812 Airway Avenue
Kingman, AZ 86409

Dear Mr. Turney:

Thank you for the time extended to the Arizona Department of Health Services ("Department") during the recent compliance inspection of your facility on **August 21, 2019**.

Enclosed is the **State Compliance** Statement of Deficiency form, which constitutes the inspection report and indicates that no deficiencies were cited at the time of the inspection. A copy of this form will become a part of the Department's public file for the facility. Please keep this current inspection report in the facility and available for review, ensuring that confidentiality requirements specified by law are followed.

Should you have any questions, please contact our office at (602) 364-3030.

Sincerely,

Jeanne Roush, R.N.
Team Leader
Bureau of Medical Facilities Licensing

JR:jr

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSPC4872	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER JOAN AND DIANA HOSPICE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 812 AIRWAY AVENUE KINGMAN, AZ 86409		
(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
Y 000 Initial Comments	<p>No deficiencies were found during an onsite State Compliance survey, conducted on 08/21/2019, for this 12 bed Hospice Inpatient unit. Based on the rules found at 9 A.A.C. 10, Article 6, Hospices, the Department approves the following scope of services: Hospice Services.</p> <p>James Ward, RN Surveyor 08/21/2019</p>	Y 000		

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

TITLE

(X6) DATE



Notice of Inspection Rights

Facility/Agency Name: Joan And Diana Hospice Home

Address: 812 Airway Avenue

City: Kingman

Zip: 86409

Facility I.D.#: MED4292

License #: HSPC4872

Medicare #:

Date of Inspection: 8/21/2019

Survey Event ID: NM0011

Inspector/Team Coordinator: James Ward, RN

Accompanied By: Laura A. Emerson, RN

BUREAU OF MEDICAL FACILITIES LICENSING

This inspection is conducted under the authority of:

1. Arizona Revised Statutes (A.R.S.) Title 36, Chapters 1 and 4, and Arizona Administrative Code (A.A.C.), Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including personnel records, interviews with residents/patients/clients, family and staff, and review of services offered.
2. The purpose of this inspection is to:
☒ Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.
☐ Conduct a complaint investigation.
3. No fees are charged for this inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any private interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are tape or video recorded will be informed that the conversation is being taped or video recorded.
7. Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of Deficiencies (SOD) formally notifying you of the findings will be provided within 30 working days. You will be afforded an opportunity to submit a Plan of Correction (POC) unless the Department is considering enforcement against the license.
8. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). Details of the IDR process will be provided when the SOD is mailed to you.
9. If you have questions regarding this inspection, you may contact: William Alcock, R.N., J.D., Bureau Chief, at 150 N. 18th Ave., Suite 450, Phoenix, Arizona 85007-3242, Phone: (602) 364-3030, FAX: (602) 792-0466, E-Mail: William.Alcock@azdhs.gov. If you have an issue that you cannot resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens' Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
10. Your administrative hearing rights are found at A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. § 12-901 et seq.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS representative(s) may proceed with the inspection.

x A Susan Shaver RN

8/21/19

Administrator/Director/Agency Representative Signature

Date:

☐ Administrator/Director/Agency Representative refused to sign this form.

☐ Administrator/Director/Agency Representative or authorized on-site representative is not present.

James Ward RN

8/21/19

Inspector/Team Coordinator Signature:

Date:

☒ Copy left with Administrator/Director/Agency Representative