



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

DALIA HOMECARE VALENCIA

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

DALIA HOMECARE VALENCIA

Facility Status

Active [i](#)

Address

4437 West Valencia Drive, Laveen, AZ 85339

License Status

Active [i](#)

Phone

6027572927

License

BH10297

Maximum Licensed Capacity

5

License Effective

10/25/2024

Behavioral Health Professional

Esther Kparyea

License Expires

10/24/2025

Chief Administrative Officer

DARIUS COX

Owner / Licensee

DALIA HOMECARE, LLC

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.

Additional Information

BH Residential Facility - Child

Inspection # INSP-0096914	Inspection Date(s) 2/12/2025
Status Complete	Inspection Type Initial Monitoring
Location Type	
Worksheet Type Behavioral Health Residential Facility	
Certificate Number BH10297	
Initial Comments The following deficiency was found during the on-site abbreviated follow-up inspection conducted on February 12, 2025:	

Statement of Deficiency	
Rule R9-10-706.K.3.a. Personnel K. An administrator shall ensure that: 3. There is a daily staffing schedule that: a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;	Evidence Based on documentation review and interview, an administrator failed to ensure there was a daily staffing schedule. The deficient practice posed a risk as there was no staffing schedule to accurately reflect staff present at the facility or on-call personnel members. Findings Include: 1. The Compliance Officer requested to review the facility's staffing schedule. However, a staffing schedule was not available for review. 2. In an interview, E1 reported there was no daily staffing schedule, as the facility has only one resident. E1 reported E1 worked at the facility alone every day throughout the week. E1 reported E1 slept while R1 went to school during the day, and E1 called in the on-call staff if E1 felt E1 needed more rest.
Plan of Correction	
Name, title and/or Position of the Person Responsible Darius Cox	Temporary Solution • Immediately following the survey, Sekou Jackson, Administrator, reviewed the staffing schedule, printed and put on display in the group home.
Date temporary correction was implemented 2025-03-15	Permanent Solution Sekou Jackson, Administrator, has updated and displayed the daily staffing schedule in facility. Additionally, he will check monthly that the schedule has been updated.
Date permanent correction will be complete 2025-03-28	

Monitoring

Sekou Jackson, Administrator, will conduct monthly audits of the daily staffing schedule to ensure that it is accurate and up to date.