

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



Tranquility Home LLC
1845 E Broadway Rd Suite 113
Tempe, AZ 85281

This facility is licensed to operate as a(n) COUNSELING FACILITY

Effective: JULY 7, 2023

License: CSLG12764

A handwritten signature in black ink, appearing to read "Odette Colburn".

Recommended By: Odette Colburn, Bureau Chief

A handwritten signature in black ink, appearing to read "Tom Salow".

Issued By: Tom Salow, Assistant Director

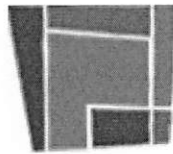
HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

BEHAVIORAL HEALTH PROVIDER CERTIFICATION AND TRANSMITTAL

A copy of this document must be sent with your license when registering with AHCCCS

Type of Action Amended/ Corrected (Circle) 1. Initial Survey 2. Re-certification 3. Termination 4. Change in Ownership 5. Change in Services 6. Change in Location 7. Change in Facility Name 8. Change in Licensure 9. Regular License 10. Provisional License 11. Change in number of beds 12. Other Effective Date: July 7, 2023	Facility Name and Address Tranquility Home LLC 1845 E Broadway Rd Suite 113 Tempe, AZ 85281 ADHS LICENSE NUMBER BH9231 / CSLG12764 Licensure Period: <u>July 7, 2023</u> TO: <u>July 6, 2024</u> Accreditation Period: NA:
AHCCCS PROVIDER ID NUMBER: _____ Total inpatient countable beds within agency system: _____ This facility is certified as meeting Title XIX/Title XXI Standards: <u>XX</u> YES _____ PROVISIONAL Title XIX Certification Effective: <u>July 7, 2023</u> Survey Agency Approval: <u>[Signature]</u> Signature <u>_____</u> Date <u>JULY 12, 2023</u>	
ADHS COMMENTS: BH9231 / CSLG12764 VB	
_____ SPECIAL HOSPITAL-PSYCHIATRIC-(PT 71)* (JC Accreditation Mandatory for Title XIX Certification) _____ PSYCHIATRIC ACUTE UNIT IN GENERAL HOSPITAL (PT 02) (JC Accreditation Mandatory for Title XIX Certification) Name of Affiliated Hospital _____	
_____ INPATIENT (FORMALLY SUB-ACUTE FACILITY) ____ 1 - 16 Beds (PT B5) ____ 17 + Beds (PT B6) ____ Crisis Services less than/to 23 hours (PT B7)	_____ INPATIENT (FORMALLY RESIDENTIAL TREATMENT CENTER) ____ 1 - 16 Beds, SECURE (PT 78) ____ 17 + Beds, SECURE (PT B1) ____ 1 - 16 Beds, Non-SECURE (PT B2) ____ 17+ Beds, Non-SECURE (PT B3)
FOR INPATIENT FACILITIES: Accredited? ____ YES ____ NO (IF NO, DO NOT TITLE XIX CERTIFY) Accreditation Body: ____ JC ____ COA (not deemable) ____ CARF (not deemable) If JC: ____ Inpatient Standards ____ Other JC Standards Licensed to provide Restraint: ____ YES ____ NO Licensed to provide Seclusion: ____ YES ____ NO IF YES, provider must submit letters to AHCCCS and ADHS attesting to compliance with requirements in 42 CFR 438 G	
____ Behavioral Health Residential Facility (B8)	____ Level 2 Residential (PT 74) prior to 10/01/2013
	____ Level 3 Residential (PT A2) prior to 10/01/2013
____ Behavioral Health Respite Home (PT TBD) ____ Behavioral Health Supportive Home (PT A5) (Formerly Adult Therapeutic Foster Home) __X__ Outpatient Treatment Center/Counseling (PT 77) ____ Substance Abuse Transitional Facility (PT A6) ____ Integrated Clinics (PT IC)	ENTITY AFFILIATIONS: DES AOC ADJC RBHA: MMIC CPSA5 CENPATICO 2 CENPATICO 3 CENPATICO 4 HCIC TRBHA: NAVAJO NATION COLORADO RIVER GILA RIVER PASCUA YAQUI WHITE MTN. APACHE



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

July 12, 2023

Robert Ssesanga
Tranquility Home LLC
1845 E Broadway Rd Suite 113
Tempe, AZ 85281

RE: CSLG12764
Tranquility Home LLC
1845 E Broadway Rd Suite 113
Tempe, AZ 85281

Dear Robert:

Thank you for the time extended to the Arizona Department of Health Services ("Department") during the recent initial onsite survey of your facility on JULY 7, 2023

Enclosed is the AZ 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.

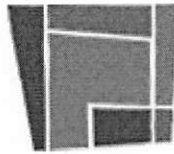
Sincerely,

A handwritten signature in black ink, appearing to read 'Odette M Colburn', with a stylized flourish at the end.

Odette M Colburn, RN, BSN
Bureau Chief
Bureau of Medical Facilities Licensing

OC:VB

Katie Hobbs | Governor Jennie Cunico | Acting Director



ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

July 12, 2023

Robert Ssesanga
Tranquility Home LLC
1845 E Broadway Rd Suite 113
Tempe, AZ 85281

RE: CSLG12764
Tranquility Home LLC
1845 E Broadway Rd Suite 113
Tempe, AZ 85281

Dear Robert:

Enclosed is the license to operate a(n) COUNSELING FACILITY. The license:

- Is the property of the Department of Health Services;
- Is not transferable to another party; and
- Is valid only at the location indicated on the license.

The licensed capacity and classification of services which you are authorized to provide are specified on the license and cannot be changed without prior approval by the Arizona Department of Health Services. A change in location or ownership of the facility requires an application and licensure prior to the change.

Per A.R.S. § 36-425(C)(1), "A health care institution license does not expire and remains valid unless...The department subsequently revokes or suspends the license..." Additionally, per A.R.S. § 36-425(C)(2), "The license is considered void because the licensee did not pay the licensing fee before the licensing fee due date." The licensing fee due date for your license is July 6, 2024.

Arizona laws and rules require that a license be conspicuously posted in the reception area of the facility. The law additionally requires that you notify the Department in writing at least thirty (30) days prior to termination of operation.

Should you have any questions, or need more information, please contact our office at medical.licensing@azdhs.gov.

REMINDER: Health Care Institution licensing fees are processed via the online portal system only. It is your responsibility to register and access the online portal system. The address to the portal is:
<https://licensing.azdhs.gov/LicensingOnline/MED>.

It is a violation of A.R.S. 36-407(a) to operate a health care institution without a current and valid license. Once your license is no longer valid, an initial application is required to recommence operations.

Sincerely,

Odette M. Colburn, RN, BSN
Bureau Chief
Bureau of Medical Facilities Licensing

OMC:VB

Katie Hobbs | Governor Jennie Cunico | Acting Director

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH9231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2023
NAME OF PROVIDER OR SUPPLIER TRANQUILITY HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1845 E BROADWAY RD SUITE 113 TEMPE, AZ 85281		
(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
A 000	<p>Initial Comments</p> <p>No deficiencies were cited at the time of the on-site Initial State Licensing Survey conducted on July 7, 2023. Based on the rules found in Article 1: General and Article 19: Counseling Facilities, the Department approves the facility to begin operations on July 7, 2023, as a counseling facility and to provide the following authorized services: Counseling Services, DUI Treatment, DUI Screening, DUI Education and, Misdemeanor Domestic Violence Offender Treatment.</p> <p>Sarah Gailey, CCHT Healthcare Compliance Officer July 7, 2023</p>	A 000		

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

TITLE

(X6) DATE