

ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES  
BUREAU OF ASSISTED LIVING FACILITIES LICENSING

ENFORCEMENT NOTIFICATION OF RIGHTS

Facility Name: Prestige Home

License # AL11746H

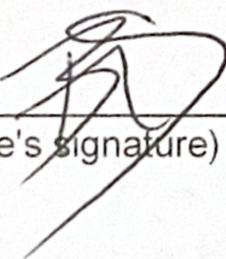
INSP-0131008

Please initial after each section.

1. I understand that I have the right to reject the proposed resolution and may refuse to sign this Agreement. X BD (initials)
2. This Agreement has been reviewed and approved by the Department's Assistant Director. If this Agreement is changed, it will be returned to the Department's Assistant Director for approval. X BD (initials)
3. I understand that if I do not enter into an Agreement at this time, the Bureau will refer this matter to the Department's Enforcement Team and a legal order may be prepared and sent to me. X BD (initials)
4. I understand that I have due process rights and can request a hearing before the Office of Administrative Hearings regarding any legal order issued by the Department's Director. X BD (initials)

I hereby acknowledge that I have discussed the above statements with the Department, or have read and understand the above statements, and understand my rights with regard thereto.

Licensee/Director/Provider: X

  
(Licensee's signature)

Date:

7/22/25

ARIZONA DEPARTMENT OF HEALTH SERVICES  
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Prestige Home  
1274 West Lantana Drive  
Chandler, AZ 85248  
License # AL11746H  
INSP-0131008

**CIVIL FINES TABLE**

<b>Statute/Rule</b>	<b>Violations</b>	<b>Penalty Assessment</b>	<b>Penalty Amount</b>
A.A.C. R9-10-806.A.10.	One caregiver did not have a first aid training certificate.	May 12, 2025	\$500.00
<b>Total</b>			<b>\$500.00</b>

## ENFORCEMENT AGREEMENT FORM

Facility Name: Prestige Home

License # AL11746H INSP-0131008

Inspection conducted on May 12, 2025 and completed on May 12, 2025

Department concerns: No first aid training for one employee.

Agreement: X BD (initials) Licensee agrees to pay civil fines in the amount of \$500.00, pursuant to A.R.S. § 36-431.01, without interest for all violations set forth in the Civil Fines Table.  
 NOTE: If the Facility closes or there is a change of ownership on or after the execution date of this Agreement, Licensee remains responsible and shall pay the civil fines.

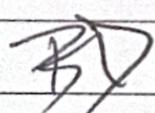
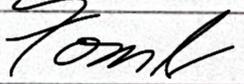
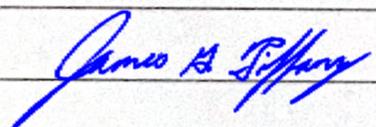
X BD (initials) Licensee understands if the Licensee does not pay the civil fines by the anniversary date of the license, or does not enter into an agreement with the Department before the anniversary date to pay all outstanding fees or civil penalties, the license will be considered void, pursuant to A.R.S. § 36-425(C)(2).

X BD (initials) Licensee understands to not be in substantial compliance could result in further enforcement action, pursuant to A.A.C. R9-10-111(A)(B).

X BD (initials) Licensee agrees not to provide any false and misleading information to the Department as an applicant, a Licensee, or a controlling person of a health care institution, pursuant to A.A.C. R9-10-112(A)(1).

X BD (initials) Licensee agrees to return the original Statement of Deficiencies (SOD) with the signed and dated acceptable Plan of Correction for all violations identified on the SOD to the Department within 10 working days of receipt of the executed Agreement.

- Meeting held in person
- Meeting held by teleconference
- Enforcement agreement mailed
- Enforcement agreement emailed

	PLEASE PRINT NAME	SIGNATURE	TITLE	DATE
Licensee/Director/Provider:	<u>x Brent Daley</u>	<u>x </u>	<u>x Licensee</u>	<u>x 7/22/25</u>
Attendee:				
Bureau Chief (BC):	<u>Dawn Butler</u>	<u></u>	<u>BC</u>	<u>7/23/25</u>
Assistant Director (AD):	<u>Thomas Salow</u>	<u></u>	<u>AD</u>	<u>7/30/25</u>
Deputy Bureau Chief (DBC):	<u>Aaron Telles</u>		<u>DBC</u>	
Compliance Officer Supervisor (COS):	<u>*James Tiffany</u>	<u></u>	<u>COS</u>	<u>23 July 2025</u>