Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	031984	11/13/2019
Name of Provider or Supplier	**Street Address, City, State**	
El Rio Health Center - Cherrybell Center	1230 Cherrybell Stravenue, Tucson, AZ	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following additional finding was cited at the time of the CMS Complaint Investigation survey conducted on 11/06/2019, with additional documentation provided to the Department on 11/13/2019, for Event #HBVC11, based on the Conditions for Certification, for Rural Health Clinics, for intake #AZ00159171.
J0121	PROVISION OF SERVICES CFR(s): 491.9(a)(1) 491.9(a) Basic requirements: (1) All services offered by the clinic . . . are furnished in accordance with applicable Federal, State, and local laws; and This STANDARD is not met as evidenced by: Based on review of the facility's policy/procedure, documents, and interviews, it was determined that the facility failed to require that clinical oversight of a Behavioral Health Technician (BHT) was provided at a minimum, one (1) time for every forty (40) hours worked. This deficient practice poses a risk to the health, and safety of the patient(s), when the BHT providing behavioral health services fails to receive the clinical oversight by a Behavioral Health Professional (BHP) as required by Arizona Administrative Code (A.A.C.) Title 9, Chapter 10 - Article 1: General, Section R9-10-115. Findings include: Policy titled "Behavioral Health Technician and Behavioral Health Professional Supervision" (#BH-CLIN-001-SOP-005; effective date: 12/2018) revealed: "...to ensure clinical supervision for BHT's as required by the AZ Department of Health Services...BHT...not licensed...who provides behavioral health services with clinical supervision by a BHP...a BHT receives clinical supervision at least once for every forty (40) hours worked, if the BHT provides services related to patient care during

	that period...clinical supervision occurs on an individual or group basis...addresses the treatment needs of all clients...clinical supervision may be delivered using the following methods...individually or in a group via an in-person meeting...individually or in a group via an electronic meeting...clinical supervision is provided by...a staff member who has skills and knowledge in the behavioral health services...a BHP...a BHT with a combination of full-time behavioral health work experience, and post-high school education in a field related to behavioral health totaling at least six (6) year...who received clinical supervision from a BHP...Documentation...clinical supervision sessions are documented on the Clinical Supervision Note...the note will be completed, printed, and given to the employee to sign...the noted will be collected and signed by the BHT, and BHP...the Clinical Supervisor maintains electronic copies of the supervision notes and also places them in a limited-permissions folder on the S-drive...." Personnel file review conducted 11/06/2019, confirmed evidence of documented clinical oversight for the following dates: i. Personnel #8: 09/04/2019; 09/09/2019; 09/10/2019; 09/19/2019; 10/01/2019; 10/10 /2019, and 10/23/2019. Missing weeks: 09/23/2019; 10/14/2019; and 10/28/2019. ii. Personnel #10: 09/10/2019; 09/19/2019, 10/24/2019, and 11/02/2019. Missing weeks: 09/02/3019; 09/09/2091; 09/23/2019; 10/01/2019; 10/07/2019; 10/14 /2019, and 10/28/2019. iii. Personnel #4: No documented evidence of clinical oversight. Personnel #4 confirmed during an interview conducted, 11/06/2019 (1451), that the above clinical oversight for Personnel #4, #8, and #10 was the only documented evidence of clinical oversight available. During an interview conducted 11/06/2019 (1500) with Personnel #1, and Personnel #4, the surveyor requested that any additional documented evidence of clinical oversight be submitted to the Department no later than 11/07/2019 (1200), and no additional clinical oversight documentation was provided.