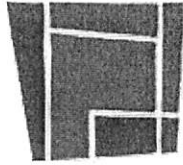

C&T REMARKS - CMS 1539 FORM

STATE AGENCY REMARKS

Devon Gables Rehabilitation Center was found to be out of compliance with federal regulations based on an infection control survey conducted on 5/27/2020.

On 7/7/2020, an offsite revisit survey was conducted. Devon Gables Rehabilitation Center has been placed back in compliance with federal regulations based on an allegation of compliance and acceptable plan of correction with evidence of compliance. The State Agency is recommending recertification at this time.



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

July 8, 2020

Receipt Of This Notice Is Presumed To Be 07/08/2020
Important Notice - Please Read Carefully

Heather Friebus, Administrator
Devon Gables Rehabilitation Center
6150 East Grant Road
Tucson, AZ 85712

Dear Ms. Friebus:

On July 7, 2020, an offsite revisit was conducted for your facility by the Arizona Department of Public Health, Licensing, and Certification Bureau, to determine if your facility was in compliance with federal requirements at the time of the focused infection control survey #QQR412.

The enclosed Center for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS 2567), documents that no deficiencies of participation requirements were identified during this revisit. The plan of correction was accepted for the Federal citations.

Enclosed is the **Federal Post-Certification Revisit Report**, please retain a copy for your files. If we can be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Coleman'.

Daniel Coleman
LTC Customer Service Representative IV

\dc

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/07/2020
NAME OF PROVIDER OR SUPPLIER DEVON GABLES REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6150 EAST GRANT ROAD TUCSON, AZ 85712		
(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) COMPLETION DATE	
{F 000}	INITIAL COMMENTS An offsite follow-up survey was conducted on July 7, 2020. No deficiencies were cited.	{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POST-CERTIFICATION REVISIT REPORT

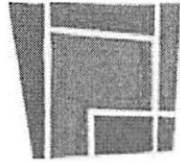
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 035145	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/7/2020	Y3
NAME OF FACILITY DEVON GABLES REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6150 EAST GRANT ROAD TUCSON, AZ 85712		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/02/2020	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY	<input checked="" type="checkbox"/>	REVIEWED BY (INITIALS)	nc	DATE	7/7/2020	SIGNATURE OF SURVEYOR	<i>Matt Long</i>	DATE	7/7/2020
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)		DATE		TITLE		DATE	

FOLLOWUP TO SURVEY COMPLETED ON 5/27/2020	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

June 23, 2020

Receipt Of This Notice Is Presumed To Be -06/23/2020
Important Notice - Please Read Carefully

Heather Friebus, Administrator
Devon Gables Rehabilitation Center
6150 East Grant Road
Tucson, AZ 85712

Dear Ms. Friebus:

On **May 27, 2020**, an Infection Control COVID-19 Focused Survey was conducted at your facility by the Department of Health Services, Bureau of Long Term Care to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the enclosed Form CMS2567.

Plan of Correction

A Plan of Correction (PoC) for the deficiencies must be submitted by **July 3, 2020**. You must include all pages of the Statement of Deficiencies when submitting your PoC.

Failure to submit an acceptable PoC by **July 3, 2020** may result in the imposition of remedies. **Plans of correction sent by fax will not be accepted.**

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice, on both a temporary and permanent basis, including the date the correction will be accomplished;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and the title, or position, of the person responsible for implementing/monitoring the corrective action.

Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247 P | 602-364-2690 F | 602-324-0993

W | azhealth.gov

Health and Wellness for all Arizonans

- The signature and date you approve the Plan of Correction on the first page.
- Any copies of monitoring audits being done up to your Allegation of Compliance date

Your properly signed Plan of Correction constitutes your credible allegation of compliance. We may accept the Plan of Correction and presume compliance until substantiated by a revisit or other means.

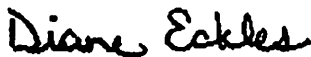
Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, an explanation of why you are disputing those deficiencies along with supporting information that shows that the facility was in compliance at the time of the survey to Diane Eckles, Bureau Chief, Bureau of Long Term Care, 150 North 18th Avenue, Suite 440, Phoenix, Arizona 85007. This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies.

An informal dispute resolution process will not delay the effective date of any enforcement action. **Please note: Facilities requesting an Informal Dispute Resolution must submit separate requests, one for State deficiencies cited and one for Federal deficiencies cited, if applicable.**

Retain a copy of the PoC for your files. If the PoC is not received by this Office by **July 3, 2020**, licensure and/or recertification may be denied. **Plans of correction sent by fax will not be accepted.** If you have any questions concerning the instructions contained in this letter, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,



Diane Eckles
Bureau Chief

DE:dc

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2020
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
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NAME OF PROVIDER OR SUPPLIER DEVON GABLES REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 EAST GRANT ROAD TUCSON, AZ 85712
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(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) COMPLETION DATE
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F 000	INITIAL COMMENTS A focused Infection Control survey was conducted on May 27, 2020. The following deficiency was cited:	F 000	<u>F880</u> Correct to all residents: All residents that dine have the potential for being affected.	
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of	F 880	Staff re-educated on policy and procedure for COVID-19 Dining Protocol which includes social distancing for dining and Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. <u>System Correction:</u> Audits will be done weekly to ensure that residents remain 6 feet apart during dining. Audits will be done weekly to ensure that staff are completing hand hygiene between assisting residents when assisting with their meals. <u>Monitoring of System:</u> The analysis of the audits will be taken to QAPI meeting for review and follow up as needed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Heather Anibus* TITLE *Administrator* (X6) DATE *7/02/2020*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 1</p> <p>communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure infection control standards were followed. The deficient practice</p>	F 880	<p><u>Correction Date:</u></p> <p><u>Responsible Person:</u> Infection Preventionist Nurse or designee</p>	7/02/2020

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F 880	<p>Continued From page 2</p> <p>could result in the spread of infection, including COVID-19.</p> <p>Findings include:</p> <p>On May 27, 2020 at approximately 1:15 p.m. an observation of the Central Unit was conducted with the Director of Nursing (DON/staff #41). Staff #41 stated that the Central Unit was a secured dementia unit that housed both male and female residents. She stated there were currently 20 residents that resided there.</p> <p>Upon entry to the unit, a communal dining room was observed on the left side of the main hallway. 17 residents were observed in the dining room eating their meals. 13 of the residents were eating independently. Five square tables in the room were observed to accommodate 2 residents each. Three over-the-bed tables had one resident seated at each table. Two horseshoe shaped tables were observed along the left wall of the room. Each horseshoe shaped table accommodated two residents and a Certified Nursing Assistant (CNA). The CNA assisted both residents at their table with their meals. Each resident in the room was observed to be within one arm's length of one or more other residents. 6 feet social distancing was not observed.</p> <p>During the observation, one of the residents seated at the square table in the middle of the room was observed to reach across the table and take the other resident's roll off her plate and begin eating it. The DON quickly walked into the dining room and asked the resident for the roll. The resident gave the DON the roll. The DON requested another roll for the resident whose roll was taken.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>Directly behind each CNA seated at the horseshow shaped tables, a hand sanitizer dispenser was observed mounted on the wall. The CNAs were assisting the residents with eating and drinking. They alternated their assistance between each resident seated at their tables. However, neither of the CNAs was observed to utilize hand sanitizer between residents.</p> <p>An interview was conducted with the DON on May 27, 2020 at 1:25 p.m. She stated that the residents dine communally due to their risks for choking and aspiration and that some of the residents required cueing.</p> <p>On May 27, 2020 at 2:10 p.m., an interview was conducted with a member of the maintenance staff (staff #33) regarding the size of the tables in the dining room. Staff #33 measured the tables and stated that the two horseshoe tables measured 6 feet long by 4 feet wide, the five square tables measured 42 inches by 42 inches, and the over-the-bed tables measured 30 inches long by 15 inches wide. 6 feet is 72 inches.</p> <p>An interview was conducted on May 27, 2020 at 3:08 p.m. with a CNA (staff #64). She stated that it was facility policy to sanitize your hands between residents when assisting residents with their meals. She further stated that day; she had forgotten to sanitize her hands between residents.</p> <p>The facility's policy titled COVID-19 Resident Dining Protocol revised March 16, 2020 revealed a key reason for cancelling communal dining is linked to the concept of social distancing (e.g.,</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 880	<p>Continued From page 4</p> <p>limiting people being in close proximity to each other for periods of time; ideally people should keep about 6 feet apart). Social distancing is recommended by CMS for facilities regarding resident interactions. Communal dining is a common group activity that places residents in close proximity to each other. This can spread respiratory viruses. The policy included the facility will follow the CMS guidance with the following protocol: Implement social distancing in dining practices. Recommended approaches included:</p> <ol style="list-style-type: none"> 1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance. 2. Identify high-risk choking residents and those at risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the resident should remain at least 6 feet or more from others if in a common area for meals, and with as few other residents in the common areas as feasible during their mealtime ... 3. If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing ... 4. Residents who need assistance with feeding should be spaced apart as much as possible, ideally 6 feet or more or no more than one person per table (assuming a standard 4 person table)... <p>The policy also revealed staff member who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.</p> <p>The CDC guidance titled Preparing for COVID-19 in Nursing Homes stated that given the</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 880	<p>Continued From page 5</p> <p>congregate nature and resident population served, nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. The guidance stated that implementation of social distancing measures should include aggressive social distancing measures (remaining at least 6 feet apart from others), and cancelling communal dining and group activities.</p> <p>The CDC guidelines titled Considerations for Memory Care Units in Long-term Care Facilities included limiting the number of residents or space residents at least 6 feet apart as much as feasible when in a common area.</p> <p>The CDC guidelines titled Hand Hygiene in Healthcare Settings stated multiple opportunities for hand hygiene may occur during a single care episode. The clinical indications for hand hygiene include immediately before touching a resident and after touching a resident or a resident's immediate environment.</p>	F 880			

Supplemental POC Documents



RECEIVED
JUL 07 2020
BY: *LTJ-RSK*

**Plan of Correction Education for Infection Control Survey
6/24/2020**

Review attached COVID-19 Dining Protocol.

- Hand hygiene practices between assisting each resident during dining.
- Provide in room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance.
- Understand social distancing of at least 6 feet between all residents who require supervised dining if unable to assist them in their room.

COVID-19 RESIDENT DINING PROTOCOL

Infection Prevention and Control Protocol	Subject: Coronavirus Disease (COVID-19)
Effective Date: 3/14/20	Revised: 3/16/20, 6/25/20

Background:

A key reason for the recommendation to cancel communal dining is linked to the concept of social distancing (e.g., limiting people being in close proximity to each other for periods of time; ideally people should keep about six [6] feet apart). Social distancing is recommended broadly across the public and recommended by CMS for facilities regarding resident interactions. Communal dining is a common group activity that places residents in close proximity to each other. This can spread respiratory viruses.

Guidance:

The facility will follow the CMS guidance with the following protocol:

Implement social distancing in your dining practices. Recommended approaches:

1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance.
2. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with eye protection and masks given the risk for these residents to cough while eating.
3. If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing.
 - a. Attempt to separate tables as far apart as possible; at least six (6) feet if practicable.
 - b. Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time.
 - c. Ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size.
 - d. If necessary, arrange for meal sittings with only two (2) residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes.
4. Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or no more than one person per table (assuming a standard four [4] person table). Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

Resource: CMS through AHCA