

**Medicare/Medicaid
Public Records Documents
Only**

**Survey event #UXXB
Facility: DEVON GABLES REHAB
CENTER (COMPLAINT)**



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

April 25, 2022

Receipt Of This Notice Is Presumed To Be 04/25/2022
Important Notice - Please Read Carefully

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

Dear Ms. Friebus:

On April 13, 2022, a onsite survey #UXXB11 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 participation requirements at the time of the investigation to Complaint #AZ00181728.

The enclosed Center for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS 2567) indicates that no deficiencies of participation requirements were identified during this visit.

Enclosed is the **Federal Certification Visit 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 that reads "Bernadette Keilman".

Bernadette Keilman
LTC Customer Service Representative IV

\bk

Enclosure

Douglas A. Ducey | Governor Don Herrington | Interim 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

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

PRINTED: 04/25/2022
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 C 04/13/2022
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 The investigation of complaint AZ00181728 was conducted on April 13, 2022. In addition, §483.80(i)(1)-(3)(i)-(x), COVID-19 vaccination of facility staff was also reviewed. 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.



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OF HEALTH SERVICES

LICENSING

April 25, 2022

Important Notice - Please Read Carefully

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

**Re: Complaint Intake #AZ00181728, #AZ00181729
Investigation # UXXB11**

Dear Ms. Friebus:

Surveyors of the Arizona Department of Health Services (Long Term Care) have thoroughly investigated the above referenced complaint. Prior to being investigated, this complaint was broken down into allegations that correspond to the Department's rules for the facility.

The overall finding of this investigation is that the allegations were unable to be substantiated.

You are in receipt of a Statement of Deficiencies for this survey that confirms the complaint was unsubstantiated.

If we may be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

A handwritten signature in black ink that reads "Bernadette Keilman".

Bernadette Keilman
Bureau of Long Term Care Licensing

/bk

Douglas A. Ducey | Governor Don Herrington | Interim Director

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