



# QUALITY RATING CERTIFICATE



## ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION

Issued To:

Devon Gables Rehabilitation Center, LLC dba  
Devon Gables Rehabilitation Center  
6150 East Grant Road  
Tucson, Arizona 85712

The above named facility has met licensure requirements, has been licensed for one year or more and, therefore, has received the following quality rating as required by R9-10-919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	25	0
II. Resident Rights	25	0
III. Administration	20	5
IV. Environment and Infection Control	14	1
V. Food Services	10	0
TOTAL CRITERIA MET	94	6

QUALITY PERFORMANCE SCALE	
"A" Excellent	X
"B"	
"C"	
"D"	
"A": 90 to 100 points	
"B": 80 to 89 points	
"C": 70 to 79 points	
"D": 69 or fewer points	

License Effective: Corrected

From: 08/09/2017

To: 07/31/2018

Issued: 09/22/2017

Number: NCI-2652

Recommended By

*Diane Eckles*

Issued By

*Coy B...*

Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



FRMS # 1688026

June 1, 2017

CITY OF  
TUCSON

Devon Gables

Attn: Eric Buffalo

FIRE  
DEPARTMENT

Re: Fire inspection

JIM CRITCHLEY  
FIRE CHIEF

FIRE PREVENTION  
SECTION

On June 1, 2017 a fire safety inspection was conducted at the above location. The following violations were discovered and shall be corrected to gain compliance with the 2012 Tucson Fire Code.

1. IFC 912.3 Fire Department Connection Access. Immediate access to the fire department connections shall be maintained at all times and without obstruction by fences, bushes, trees, walls or any other fixed or moveable object.

**Violation:** Bushes near the Fire Department Connection (FDC) shall be removed. Their shall be a sign placed over the Fire Department Connection that stated FDC.

2. IFC 315.3 Storage in buildings. Storage of materials in buildings shall be orderly and stacks shall be stable. Storage of combustible materials shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur.

**Violation:** 1. Storage in the shed need to be orderly.  
2. Gear Lube oil cannot be stored in the laundry room.

3. IFC 605.6 Unapproved conditions. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

**Violation:** Junction box is missing a cover.

4. IFC 605.1 Abatement of electrical hazards. Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsible code official. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used.

5.

**Violation:** Light switch that operates the kitchen lights is too close to a sink. Move switch or have it wired to a GFCI Receptacle. There was a number of Receptacles in bathroom and in medication room that need to be replaced with a GFCI Receptacle.





**CITY OF  
TUCSON**

**FIRE  
DEPARTMENT**

**JIM CRITCHLEY  
FIRE CHIEF**

**FIRE PREVENTION  
SECTION**

6. IFC 703.2 Opening protective. Opening protectives shall be maintained in an operative condition in accordance with NFPA 80. Where allowed by the fire code official, the application of field-applied labels associated with the maintenance of opening protective shall follow the requirements of the approved third-party certification organization accredited for listing the opening protective. Fire doors and smoke barrier doors shall not be blocked or obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Fire door assemblies shall not be modified.

**Violations:** 1. Door leading into kitchen has been modified. Replace door and frame.  
2. A window is broken in one of the fire door and will need to be replaced.

7. IFC 703.1.2 Smoke barriers and smoke partitions. Required smoke barriers and smoke partitions shall be maintained to prevent the passage of smoke. All openings protected with approved smoke barrier doors or smoke dampers shall be maintained in accordance with NFPA 105.

**Violation:** Smoke seal on West 2 door was missing.

8. IFC 904.11.6.1 Existing automatic fire extinguishing systems. Where changes in the cooking media, positioning of cooking equipment or replacement of cooking equipment occur in existing commercial cooking systems, the automatic fire-extinguishing system shall be required to comply with the applicable provisions of Sections 904.11 through 904.11.4.

**Violation:** Cooking line has been changed and the suppression nozzle does not match or meet the coverage area.

9. IFC 1008.1.9.1 Hardware. Door handles, pulls, latches, locks and other operating devices on doors required to be accessible by Chapter 11 of the International Building Code shall not require tight grasping, tight pinching or twisting of the wrist to operate.

**Violation:** Door handle to exit out of Freezer is of twisting of the wrist. Handle will need to be replaced.

10. IFC 1024.2.6.1 Emergency exit symbol. The doors shall be identified by a low-location luminous emergency exit symbol complying with NFPA 170. The exit symbol shall be a minimum of 4 inches (102 mm) in height and shall be mounted on the door, centered horizontally, with the top of the symbol no higher than 18 inches (457 mm) above the finished floor.

**Violation:** Signs near the exit doors need to be on the door not on the wall.





**CITY OF  
TUCSON**

**FIRE  
DEPARTMENT**

**JIM CRITCHLEY  
FIRE CHIEF**

**FIRE PREVENTION  
SECTION**

11. IFC 5303.5.3 Securing compressed gas containers, cylinders and tanks. Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:
1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
  2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
  3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in seller's warehouses not accessible to the public. Nesting shall be allowed provided the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
  4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

**Violation:** Gift shop Helium Bottle was not secured, Bottle needs to be secured.

12. IFC 5703.5 Labeling and signage. The fire code official is authorized to require a warning signs for the purpose of identifying the hazards of storing or using flammable liquids. Signage for identification and warning such as for the inherent hazard of flammable liquids or smoking shall be provided in accordance with this chapter and Sections 5003.5 and 5003.6. Signs are used to identify the flammable or combustible liquid being stored or used and to provide any warning or information necessary for its storage or use. Sections 5003.5 and 5003.6 include a reference to NFPA 704, which details the locations and construction of the signs. NFPA 704 uses a diamond with each of its four points colored red, blue, yellow or white. Each diamond point represents a different hazard. For flammable and combustible liquids, the red diamond point (uppermost point) represents flammability. The number in this diamond point will vary from 0 (will not burn) to 4 (rapidly burn). For flammable and combustible reference, numbers 2 to 4 usually represent flammable and combustible liquids. These signs are permanent durable signs that are to be readily visible and are not to be covered or removed.

**Violation:** Storage in the of flammable liquids in storage area will need a NFPA 704 Placard with a 2 in the red and a 2 in the blue placed on the fence on both ends and a 704 placard on the building with a 2 in the blue for the acetylene gas that is stored inside.

13. NFPA 5.12.4 The operable part of each manual fire alarm box shall be not less than 3 1/2ft and not more than 4 1/2ft above floor level.

**Note:** Please check 10% of all pull boxes to make sure that they meet the height requirements of NFPA.





Please note that all required operational permit fees must be paid prior to a re inspection and before any permit will be issued. A reinspection shall be conducted on or after June 22, 2017. If you have any questions please call or email.

**CITY OF  
TUCSON**

Sincerely,

**FIRE  
DEPARTMENT**

*Anthony G. Smith*

**JIM CRITCHLEY  
FIRE CHIEF**

Anthony Smith  
Fire Inspector  
Tucson Fire Department  
(520)837-7109

**FIRE PREVENTION  
SECTION**



P.O. Box 27210 • TUCSON, AZ 85726  
(520) 791-4502 • FAX (520) 791-5346 • TTY (520) 791-2639  
[www.cityoftucson.org](http://www.cityoftucson.org)

## Food Establishment Inspection Report

Page 2 of 2

As Governed by Pima County Code 8.08  
 3950 S. Country Club Rd., Ste 2301  
 Tucson AZ 85714 Phone 520-724-7908, Fax 520-724-9597

Permit# 3120201

Date 7-5-17

Establishment  
Devon Crabbes Rehab Center

Address  
6150 E. Grant Rd.

### TEMPERATURE OBSERVATIONS

Item/Location	Temp °F	Item/Location	Temp °F	Item/Location	Temp
WI: cottage cheese	40	RI: ham	38		
HI: Veggies	149	III: turkey	176		
turkey	181, 182	veggies	146		
soup	174, 119	soup	206		
reheat soup	176, 174	RI: yogurt	41		
reheat veggies	176				
RF sliced tomato	39				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected in the time frames below as indicated.

- o (PF) Main handsink ~~was~~ had half pans stored in it. PCC 5-205.11, a handwashing sink may not be used for purposes other than handwashing. Corrected by moving pans.
- w (P) In-use dish machine had no chlorine sanitizer. PCC 4-703.11, after being cleaned, equipment food contact surfaces & utensils shall be sanitized in chlorine 50-100PPM. Corrected by replacing chlorine solution.
- 21(P) Temp in ~~the~~ steam well was 119°F. PCC 3-1-0111, time/temperature control for safety (TCS) food shall be maintained at 135°F or above. Corrected by reheating soup to 194°F.

Person in Charge (Signature)

Verna E. DeCarbon King

Date

7/5/17

Inspector (Print Name)

Andrea Moskal

Date

7-5-17

Inspector (Signature)

AM Moskal

Date

7-5-17

Good



# Food Establishment Inspection Report

Page 1 of 2

As Governed by Pima County Code 8.08 3950 S. Country Club Rd., Ste 2301 Tucson AZ 85714 Phone 520-724-7908, Fax 520-724-9597		No. of Risk Factor/Intervention Violations <b>3</b>	Date <b>7/5/17</b>
Establishment <b>Devon Cables Retail Center - 650 E. Grant Rd.</b>	Address	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>10:40</b>
Permit # <b>3120501</b>	Permit Holder <b>Devon Cables Retail</b>	Rating <b>G</b>	Time Out <b>12:25</b>
Purpose of Inspection <b>Routine</b>		Est. Type <b>Retail</b>	Risk Category <b>3</b>

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and R

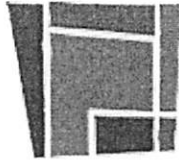
Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>				<b>Time/Temperature Control for Safety</b>			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrated knowledge, and performs duties.			18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time and temperatures		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager			19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		<input checked="" type="radio"/> X
<b>Employee Health</b>				20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperatures		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee knowledge, responsibilities and reporting			21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		<input checked="" type="radio"/> X
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion			22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events			23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition		
<b>Good Hygienic Practices</b>				24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use			<b>Consumer Advisory</b>			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth			25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods		
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Hands clean and properly washed			26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<b>Food/Color/Additives and Toxic Substances</b>			
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="radio"/> X		27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved and properly used		
<b>Approved Source</b>				28 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored, used		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			<b>Conformance with Approved Procedures</b>			
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature			29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance, specialized process, and HACCP plan		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, and unadulterated			<div style="border: 1px solid black; padding: 5px;"> <p>Risk factors are food preparation practices and employees behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.</p> <p style="text-align: right;">Andrea.mackal@pima.gov</p> </div>			
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction						
<b>Protection from Contamination</b>							
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food separated and protected						
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces: cleaned & sanitized	<input checked="" type="radio"/> X					
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food						

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30 <input type="radio"/> N/A	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment and linens: properly stored, dried, handled		
32 <input type="radio"/> N/A	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored, used		
<b>Food Temperature Control</b>				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
34	Plant food properly cooked for hot holding			47	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, used; test strips		
36	Thermometers provided and accurate			49	Nonfood-contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, cleaner		
40	Personal cleanliness			54	Garbage/refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used and stored			55	Physical facilities installed, maintained, and clean		
42	Washing fruits and vegetables			56	Adequate ventilation and lighting; designated areas use		
Person in Charge (Signature) <b>Verna E. Recabon</b>		Date: <b>7/5/17</b>		57 <input checked="" type="radio"/> Yes <input type="radio"/> No	Complies with Smoke Free Arizona 36-601.01		
Inspector (Print Name) <b>Andrea Mackal</b>				Follow-up: YES <input checked="" type="radio"/> (Circle one) Follow-up Date:			
Inspector (Signature) <b>Andrea Mackal</b>							



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

October 3, 2017

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

Dear Ms. Friebus:

Enclosed is the **State Form: Revisit Report** forms which indicate that the following deficiencies were found to be corrected on 09/18/2017 at the time of the follow-up investigation to Complaint #5L4C12. A copy will be filed in your public file.

Thank you for the time extended to us during the recent inspection of your facility. Please contact the Bureau of Long Term Care at (602) 364-2690 if we may be of assistance.

Sincerely,

*B Hernandez*

Belinda Hernandez,  
CSR4/Licensing Certification Specialist

\bh

Enclosures

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

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

W | [azhealth.gov](http://azhealth.gov)

*Health and Wellness for all Arizonans*

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2652	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/18/2017	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 State surveyor to show those deficiencies previously reported 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 State Survey Report (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 Y1039 Reg. # R9-10-410.B.3.k LSC	Correction Completed 09/18/2017	ID Prefix Y2505 Reg. # R9-10-425.A.2 LSC	Correction Completed 09/18/2017	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>DA</i>	DATE <i>9/18/17</i>	SIGNATURE OF SURVEYOR <i>Dal Coler</i>	DATE <i>9/18/17</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/10/2017	<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
--	--

**ADHS LICENSING SERVICES**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NCI-2652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/18/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEVON GABLES REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6150 EAST GRANT ROAD TUCSON, AZ 85712</b>
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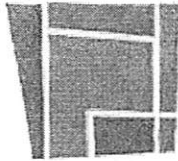
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{Y 000}	<p>Initial Comments</p> <p>The State offsite annual and complaint investigation survey was conducted on September 18, 2017, there were no defeciencis cited.</p>	{Y 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

Receipt of Notice Presumed08/23/2017 via email

August 23, 2017

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

Dear Ms Friebus:

Thank you for the courtesy and cooperation extended to our staff during the recent inspection of your facility.

Enclosed is a statement of **STATE** deficiencies noted during the inspection of your facility on August 10, 2017. A Plan of Correction (PoC) for the deficiencies must be submitted. This plan must be both specific to the problems noted and general to the overall process involved.

Your PoC must contain the following:

- o 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;
- o How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o 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.
- o The signature and date you approve the Plan of Correction on the first page. Please be advised that your plan of correction will be available as a public document for review by interested parties.

**Please place your plan of correction in the space provided in the right column of the statement of deficiencies and return the original** to this office no later than **September 2, 2017**. You must include all pages of the Statement of Deficiencies when submitting your PoC. **Plans of correction sent by fax will not be accepted.** Please retain a copy for your files. If the plan of correction is not received by this Office on or before this date, state enforcement action may be taken.

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](http://azhealth.gov)

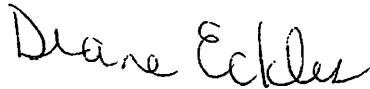
*Health and Wellness for all Arizonans*

Devon Gables Rehabilitation Center  
August 23, 2017  
Page Two

**Informal Dispute Resolution**

You have an opportunity to dispute any deficiencies or language listed on the SOD through an Informal Dispute Resolution (IDR). To dispute a deficiency or language listed on the SOD, send a written request on a separate document **due 10 days from receipt of this letter**. The written request must include documentation that shows the licensee was in compliance at the time of the inspection. The Department will review the written request and documentation provided to the Department and notify you of the Department's decision. If you have any questions, please call: Diane Eckles, Bureau Chief, Bureau of Long Term Care 150 North 18th Avenue, #440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,



Diane Eckles  
Bureau Chief

DEASG

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

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

W | [azhealth.gov](http://azhealth.gov)

*Health and Wellness for all Arizonans*

ADHS LICENSING SERVICES

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NCI-2652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	DATE SURVEY COMPLETED  <b>08/10/2017</b>
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Arizona Department of Health  
Division of Public Health  
Licensing Services

SEP 1 2017

NAME OF PROVIDER OR SUPPLIER  <b>DEVON GABLES REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6150 EAST GRANT ROAD TUCSON, AZ 85712</b>
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Reception Desk  
150 N. 19th Ave #400  
Phoenix AZ 85007

(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
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Y 000	Initial Comments  The State compliance survey was conducted on August 7 through 10, 2017, in conjunction with the investigation of Complaint #'s: AZ142684, AZ140891, AZ137401, AZ139985 and AZ141416. The following deficiencies were cited.	Y 000	<b>Y1039</b>	
Y1039	<p>R9-10-410.B.3.k. Resident Rights</p> <p>R9-10-410.B. An administrator shall ensure that:</p> <p>R9-10-410.B.3. A resident is not subjected to:</p> <p>R9-10-410.B.3.k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and</p> <p>This RULE is not met as evidenced by: Based on clinical record review, facility documentation, staff interviews and review of policies and procedures, the facility failed to ensure one resident (#132) was not subjected to misappropriation of resident property by a staff member.</p> <p>Findings include:</p> <p>Resident #132 was admitted on June 9, 2016, with diagnoses that included altered mental status and anxiety disorder.</p> <p>An admission Minimum Data Set (MDS) assessment dated June 16, 2016 included the resident had a Brief Interview for Mental Status score of 5, which indicated severe cognitive impairment. The resident was also assessed to require limited to extensive assistance with</p>	Y1039	<p><b>Correct to the individual:</b></p> <p>Resident #132 received her ring back. When the allegation of misappropriation was reported to the facility by the family of resident #132, the facility reported per regulation to DHS, notified the Tucson Police Department and initiated the investigation. The Facility provided the Police the name and date of birth of the CNA suspected of theft. Based on this the Tucson Police were able to confirm that the suspect in question had pawned a wedding ring that met the description of the ring of resident #132. The Tucson Police returned the wedding ring to the family and the resident was informed that her wedding ring was found.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Heather Mebus* TITLE: *Administrator* (X6) DATE: *9/1/17*

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NCI-2652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEVON GABLES REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6150 EAST GRANT ROAD TUCSON, AZ 85712</b>
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Y1039	<p>Continued From page 1</p> <p>activities of daily living.</p> <p>Review of a facility investigative report revealed that on August 19, 2016, a CNA (staff #330) reported that she was contacted on the evening of August 18, 2016, by the resident's family member asking if she had seen the resident's wedding rings. Per the CNA's statement, she had observed the resident wearing the rings and noticed that they were loose on her fingers, but could not remember when she had seen them last. The CNA stated that the rings may have slipped off of her finger during care. The report included that the facility was unable to locate the rings and the police were notified. The facility filed an online police report dated August 20, 2017, which included a family member reported that the resident's rings were missing, but was not alleging any misappropriation of property. The rings were described in the report as three yellow metal rings, with three clear stones.</p> <p>Review of the personnel records for staff #330 revealed a Counseling Action Form dated August 24, 2016, which documented that staff #330 had not shown up for her scheduled shift on August 23, 2016, and that staff #330 had resigned without notice.</p> <p>As part of the facility's investigation, the administrator (staff #91) contacted staff #330 on August 30, 2016, and questioned her regarding the rings. The report included that she denied taking the resident's rings.</p> <p>Continued review of the investigative report revealed that on September 15, 2016, a family member reported to the administrator that she suspected a CNA (staff #330) had stolen the wedding rings. On September 16, 2016, the</p>	Y1039	<p><b>Correct to all others:</b></p> <p>Staff is educated on abuse, neglect and misappropriation of resident property upon hire and at least annually. Staff #330 received education on abuse and misappropriation of property policy upon hire and 3 additional times during her employment.</p> <p>The Facility continues to do back ground checks, ensuring finger print clearance cards are in good standing, obtain references from previous employers, and verifies through the State Board that licenses and certifications are active and in good standing.</p> <p>On 10/18/16 Seargeant Rick Radinsky from Tucson Police Department did training for all staff on theft and misappropriation.</p>	
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ADHS LICENSING SERVICES

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Y1039	<p>Continued From page 2</p> <p>facility called the police and reported the alleged theft. The family was able to provide police with a picture of the rings. The police were able to confirm that staff #330 had pawned the rings at a local pawn shop on August 26, 2016 and the rings were returned to the family.</p> <p>An interview was conducted on August 8, 2017 with staff #91. She stated the rings were reported missing on August 19, 2016, and on September 15, 2016, the family member alleged that staff #330 had taken the rings. Staff #91 stated the police were immediately informed. She stated that a police officer stated that according to their data, a person matching the name and date of birth of staff #330 had pawned jewelry at a local pawn shop on August 26, 2016.</p> <p>Review of a policy and procedure titled Abuse Prevention Program revealed that residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.</p>	Y1039	<p><b>System Correction:</b> Devon Gables followed our policy and procedure for education on abuse, neglect and misappropriation of resident property. The Facility reported, investigated and ultimately restored resident #132's wedding ring because of the investigation. The Facility will continue to do training on abuse, neglect, exploitation and misappropriation of property upon hire and at least annually.</p> <p><b>Monitoring of System:</b> Concerns, grievances, allegations and investigations are reviewed at QAPI monthly with any follow-up as needed.</p>	
Y2505	<p>R9-10-425.A.2. Environmental Standards</p> <p>R9-10-425.A. An administrator shall ensure that:</p> <p>R9-10-425.A.2. A pest control program is implemented and documented;</p> <p>This RULE is not met as evidenced by: Based on observations, staff interviews and policy and procedures, the facility failed to maintain an effective pest control program, by having multiple flies in the dining room and kitchen.</p>	Y2505	<p><b>Correction Date:</b> 9/17/17</p> <p><b>Responsible Person:</b> Administrator or designee</p> <p><b>Y2505</b></p> <p><b>Correct to individual:</b> No individual residents identified</p>	

ADHS LICENSING SERVICES

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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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Y2505	<p>Continued From page 3</p> <p>Findings include:</p> <p>-A lunch meal observation was conducted on August 7, 2017 at 1:00 p.m., on the east hall assisted dining room. During this observation, multiple flies were observed on the residents' tables, eating utensils and on residents.</p> <p>Also during this observation, a resident was observed to be seated at a dining room table. The resident picked up her glass of chocolate milk and took a drink. The resident then placed the glass back on the dining table. Shortly thereafter, a fly landed on the inside of the glass of chocolate milk. A CNA (Certified Nursing Assistant/staff #144) who also observed this, removed the glass and replaced it with a fresh glass of chocolate milk.</p> <p>During this same observation, one resident was observed waving her hand in the air at flies and stated, "Somebody needs to get these flies, I just want to kill these flies."</p> <p>In addition, one CNA was observed standing in the middle of the dining room, waving her hand in the air to deter the flies from landing on the residents and the dining room tables.</p> <p>Another CNA (staff #133) was observed to exit the dining room and then return with a fly swatter. Staff #133 swatted at the flies with the fly swatter and stated, "I got two."</p> <p>Additional observations were also conducted at this time on the east hall nursing unit. Multiple flies were observed on the outside of the lunch meal cart, which was stationed in the hallway. Staff were observed waving the flies away several times, while preparing to deliver the meal trays to</p>	Y2505	<p><b><u>Correct to all others:</u></b> Not Applicable as no residents identified</p> <p><b><u>System Correction:</u></b> Eco Lab, our Pest Control Company was out to spray for pest control on 8/7/17. Services are routinely provided monthly and upon request. Eco Lab did verify that the call volume regarding flies had doubled the week of August 7, 2017 for the whole city of Tucson due to the extend monsoon season.</p> <p>Eco Lab delivered and installed Fly deterrent lights in multiple areas throughout the facility including the Dining Rooms, Kitchen and hallways.</p> <p><b><u>Monitoring of System:</u></b> Department Managers have been instructed to report any concerns with flies at stand-up meeting so Eco Lab can be contacted as needed between routine visits.</p>	

ADHS LICENSING SERVICES

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Y2505	<p>Continued From page 4</p> <p>the resident's rooms.</p> <p>A second meal observation was conducted on August 9, 2017 at 8:30 a.m., in the east hall dining room. During the breakfast meal, flies again were observed in the dining room.</p> <p>Following this observation, an interview was conducted with a resident who was seated in the east hall dining room. She stated the flies are always terrible in the dining room. She stated that the flies come in and you can not get rid of them. She further stated that the flies land on your food and you have to try and swat them away.</p> <p>An interview was conducted on August 9, 2017, with staff #144. She stated that the flies are a problem, but they seem to be seasonal and sometimes there are more than other times. Staff #144 confirmed that she had observed a fly in the resident's chocolate milk on August 7, and that she had removed the glass before the resident could drink from it. She stated that the resident was not alert enough to recognize that a fly was in her glass.</p> <p>An interview was conducted on August 9, 2017 with staff #133, who stated that the flies seem to be more of a problem in the summer, because some residents open their patio doors and the hall door to the outside area is frequently left open. Staff #133 also confirmed that she had used a fly swatter during the lunch meal on August 7.</p> <p>On August 9, 2017, an interview was conducted with the administrator (staff #91). She stated that during the monsoon season the flies get worse, as the residents leave their patio room doors open.</p>	Y2505	<p>A Feedback log will be kept and reviewed in QAPI monthly to ensure that measures are effective in helping to prevent flies in the building.</p> <p><b><u>Correction Date:</u></b> 9/17/17</p> <p><b><u>Responsible Person:</u></b> Administrator or Designee</p>	

ADHS LICENSING SERVICES

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Y2505	<p>Continued From page 5</p> <p>-A kitchen observation of the lunch meal preparation was conducted on August 9, 2017 at 9:24 a.m. Multiple flies were observed throughout the kitchen. At times, the flies landed on several of the food preparation surfaces and baking pans, used in meal preparation.</p> <p>During the observation, an interview was conducted with the Dietary Manager (staff #246), who stated that the flies have been a recent problem, since the monsoon rains. She further stated that she suspected the flies were getting into the kitchen from the multiple doors that open to the outside throughout the facility.</p> <p>An interview was conducted on August 10, 2017 with the maintenance director (staff #37). He stated that they use a commercial pest control company routinely, but the flies are due to the monsoon rain and are getting in through the open doors.</p> <p>Review of the facility's Food Policy revealed the facility should check for pest infestation regularly and if a there is a pest infestation problem, steps for eradicating the problem should be in place.</p> <p>A facility policy titled, Pest Control included "Our facility shall maintain an effective pest control program." The policy also included the following: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p>	Y2505		



DT

Facility/Agency Name: Devon Gables Rehabilitation Center

Address: 6150 East Grant Road		City: Tucson	Zip: 85712
Facility I.D.#: LTC0031	License #: NCI-2652	Medicare #: 035145	Date of Inspection: August 7, 2017

Survey Event ID: 5L4C11

Inspector/Team Coordinator: Chris Benson

Accompanied By: Desiree Gasiorowski, Olive Katarikawe, Jean Lapour, Michael Marek, Steve Schuman

**BUREAU OF LONG TERM CARE LICENSING**

This inspection is conducted under the authority of:

1. Arizona Revised Statutes (A.R.S.) Title 36, Chapters 1 and 4, and Arizona Administrative Code (A.A.C.), Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including personnel records, interviews with residents/patients/clients, family and staff, and review of services offered.
2. The purpose of this inspection is to:
  - x Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.
  - x Conduct a complaint investigation.
3. No fees are charged for this inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are tape or video recorded will be informed that the conversation is being tape or video recorded.
7. Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of Deficiencies (SOD) formally notifying you of the findings will be provided within 30 working days. You will be afforded an opportunity to submit a Plan of Correction (POC) unless the Department is considering enforcement against the license.
8. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). Details of the IDR process will be provided when the SOD is mailed to you.
9. If you have questions regarding this inspection, you may contact: Diane Eckles, Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3242, Phone: (602) 364-2675, FAX: (602) 324-0993, E-Mail: Diane.Eckles@azdhs.gov. If you have an issue that you cannot resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens' Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
10. Your administrative hearing rights are found at A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. §12-901 et seq.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS representative(s) may proceed with the inspection.

Administrator/Director/Agency Representative Signature
 
 8/7/17  
 Date:

Administrator/Director/Agency Representative refused to sign this form.

Administrator/Director/Agency Representative or authorized on-site representative is not present.

Inspector/Team Coordinator Signature
 
 8-7-17  
 Date:

Copy left with Administrator/Director/Agency Representative

# QUALITY RATING CERTIFICATE



## ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION

Issued To: *Devon Gables*

The above named facility has met licensure requirements, has been licensed for one year or more and, therefore, has received the following quality rating as required by R9-10-919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	<i>25</i>	
II. Resident Rights	<i>25</i>	
III. Administration	<i>20</i>	<i>5</i>
IV. Environment and Infection Control	<i>14</i>	<i>1</i>
V. Food Services	<i>10</i>	
<b>TOTAL CRITERIA MET</b>	<b><i>94</i></b>	<b><i>6</i></b>

QUALITY PERFORMANCE SCALE	
"A"	<input checked="" type="checkbox"/>
"B"	<input type="checkbox"/>
"C"	<input type="checkbox"/>
"D"	<input type="checkbox"/>
"A": 90 to 100 points "B": 80 to 89 points "C": 70 to 79 points "D": 69 or fewer points	

License Effective:

From: \_\_\_\_\_ To: \_\_\_\_\_

Issued: \_\_\_\_\_

Number: NCI- \_\_\_\_\_

Recommended By \_\_\_\_\_

Issued By \_\_\_\_\_ Assistant Director

## Quality Rating Evaluation

Facility:

Phone:

Address:

Survey Date:

Contact Person:

### Nursing Services:

Criteria: Criteria Met?  
Pts. YES NO

The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Points Yes 25

Points No \_\_\_\_\_

Comments:

**Resident Rights:**

Criteria: Criteria Met?  
Pts. YES NO

The nursing care institution is implementing a system that ensures a resident's privacy needs are met.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Points Yes 25

Points No \_\_\_\_\_

Comments:

**Administration:**

Criteria: Criteria Met?  
Pts. YES NO

The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Office of Long Term Care Licensure and as required by A.R.S. § 46-454.	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.	1	<input type="checkbox"/>	<input type="checkbox"/>
The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Points Yes 20

Points No 5

Comments:

**Environment and Infection Control:**

Criteria: Criteria Met?  
Pts. YES NO

The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution establishes and maintains a pest control program.	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution maintains a clean and sanitary environment.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The nursing care institution is implementing a system to prevent and control infection.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Points Yes 14

Points No 1

Comments:

**Food Services:**

Criteria: Criteria Met?  
Pts. YES NO

The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license	1	/	
The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.	3	/	
The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs	2	/	
The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.	2	/	
The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.	1	/	
The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.	1	/	

Points Yes 10

Points No \_\_\_\_\_

Comments: