

PUBLIC FILE

13582

ARIZONA DEPARTMENT OF HEALTH SERVICES PUBLIC HEALTH LICENSING SERVICES BUREAU OF LONG TERM CARE LICENSING

ENFORCEMENT MEETING NOTIFICATION OF RIGHTS

Facility Name: Devon Gables Rehabilitation Center

License # NCI-2652

Fac ID LTC0031

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.
_____*
2. This Agreement has been reviewed and approved by the Assistant Director. If this agreement is changed, it will be returned to the Assistant Director for approval. _____*
3. I understand that if I do not enter into an Agreement at this time, the Program will refer this matter to Public Health Licensing Services ("Licensing") Enforcement Team and a legal order may be prepared and sent to me.
_____*
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. _____*

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

Licensee/Director/Provider: _____ SEE PAGE 2 _____ Date: _____

Licensee/Director/Provider: _____ Date: _____

ENFORCEMENT MEETING AGREEMENT FORM

Facility Name: Devon Gables Rehabilitation Center

License # Nci-2652

Fac ID: LTC0031

A meeting was held on

A survey was conducted on July 29, 2016

The following Department concerns were discussed:

Agreement:



(initials) * Licensee agrees to pay civil money penalties in the amount of \$500.00.

(initials) * Licensee understands to not be in substantial compliance could result in further enforcement action up to and including denial of the renewal application.

(initials) * Licensee will return the original Statement of Deficiencies with the signed and dated acceptable Plan of Correction to the Department within 10 working days of receipt of this agreement.

Meeting held in person
 Meeting held by teleconference
 Enforcement agreement mailed

*Based on payment of CMPs,
Licensee has acknowledged

	PLEASE PRINT NAME	SIGNATURE	TITLE	DATE
Licensee/Director/ Provider:		X *		
Licensee/Director/ Provider:		X		
Bureau Chief (or designee):	Diane Eckles		Bureau Chief	10/25/16
Assistant Director:	Colby Bower		Assistant Director	10/26/16
Program & Project Specialist	Belinda Hernandez		Examiner Technician II	
Team Leader:			Team Leader	
Surveyor:			Surveyor	
Surveyor:			Surveyor	
Surveyor:			Surveyor	
Attendee:				
Attendee:				
Attendee:				
Attendee:				

**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES
BUREAU OF LONG TERM CARE LICENSING**

Devon Gables Rehabilitation Center
6150 East Grant Road
Tucson, AZ 85712
License # Nci-2652

CIVIL PENALTIES

Statute/Rule	Violations	Penalty Assessment	Penalty Amount
Y2503 R9-10-425.A.1.b. An administrator shall ensure that: A nursing care institution's premises and equipment are: Free from a condition or situation that may cause a resident or an individual to suffer physical injury;	Based on clinical record review, staff and resident interviews, and hospital documentation, the facility failed to ensure the nursing premises were free of a condition or situation which may cause a resident to suffer physical injury, by failing to ensure one resident (#168) was transferred safely using a hooyer lift.	Date of survey 07/29/2016	\$500.00 FOR one RESIDENT
Total			\$500.00

Licensee agrees to pay the Department civil penalties, pursuant to A.R.S. § 36-431.01, in the total amount of Five HUNDRED dollars (\$500.00) without interest for all violations set forth on this Civil Penalties Form.

Payment in the form of a **Credit Card, Cashier's Check, Money Order or Business Check** payable to the "Arizona Department of Health Services" shall be made within thirty (30) days from the execution date of the attached Enforcement Agreement **unless an alternate payment schedule is arranged.**

Payment by Cashier's Check, Money Order or Business Check shall be mailed or delivered to the **Enforcement Unit, 150 N. 18th Avenue, Suite 410, Phoenix, AZ 85007.**

If paying by credit card, DLS will accept Visa or MasterCard. Visit your licensing program's home page where you will find the credit card payment form. Complete the form and fax it back to DLS at 602.364.4807. (Please indicate at the top of the form that you are paying civil money penalties.)

If the Entity is sold on or after the execution date of this Agreement, Licensee shall pay the civil money penalties.