

State
Public Records Documents
Only

Survey event #F23D11

Facility: DEVON GABLES REHAB
CTR

Revised 7-2020



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

January 29, 2021

Receipt Of This Notice Is Presumed To Be 01/29/2021
Important Notice - Please Read Carefully

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

Dear Ms. Friebus:

On January 25, 2021, an onsite visit survey was conducted at your facility by the Arizona Department of Public Health, Licensing and Certification Bureau, to determine if your facility was in compliance with state requirements at the time of the investigation to complaint #F23D11.

Enclosed is the **State Visit Report form**, which indicates the licensee to be **in substantial compliance**. A copy of this form will become a part of the facility's public file. Please keep this current inspection report in the facility and available for review.

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

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Enclosure

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NCI-2652	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2021
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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) COMPLETE DATE
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Y 000	<p>Initial Comments</p> <p>An onsite complaint investigation of complaint #AZ00170098 was conducted on January 25, 2021. No deficiencies were cited.</p>	Y 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Notice of Inspection Rights

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: January 25, 2021
Survey Event ID: F23D11
Inspector/Team Coordinator: Carey Sexton
Accompanied By: Rebecca Jacobson, Sallie Martinez

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:
- Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.
- 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, 7878 N. 16th St., Suite 235 Phoenix AZ 85020 (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.

Signature: [Handwritten Signature] Date: 1/25/21
Administrator/Director/Agency Representative Signature

- 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: [Handwritten Signature] Date: 1/25/21

Copy left with Administrator/Director/Agency Representative