



QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES NURSING CARE INSTITUTION



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

Issued To:

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	25	0
IV. Environment and Infection Control	5	10
V. Food Services	9	1
TOTAL CRITERIA MET	89	11

QUALITY PERFORMANCE SCALE	
"A": Excellent	
"B":	X
"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: 07/29/2016

To: 06/30/2017

Issued: 10/27/2016

Number: NCI-2652

Recommended By

Diane Eckler

Issued By

Carlynn

Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



Public Health Licensing Services
Bureau of Long Term Care Licensing
150 North 18th Avenue, Suite 440
Phoenix, Arizona 85007-3242
(602) 364-2690 Office
(602) 324-0993 Fax

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

October 27, 2016

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

Dear Ms. Friebus:

Enclosed is the **State Form: Revisit Report** form which indicates that the following deficiencies have been corrected on September 27, 2016. A copy will be filed in your public file.

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

Sincerely,

B Hernandez

Belinda Hernandez
Examine Technician II

\bh

Enclosure

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2652	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/27/2016
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 Y0342	Correction	ID Prefix Y1017	Correction	ID Prefix Y2137	Correction
Reg. # R9-10-403.C.2.e.	Completed	Reg. # R9-10-410.B.2.	Completed	Reg. # R9-10-421.B.3.a.	Completed
LSC	09/27/2016	LSC	09/27/2016	LSC	09/27/2016
ID Prefix Y2345	Correction	ID Prefix Y2503	Correction	ID Prefix	Correction
Reg. # R9-10-423.B.5.a.	Completed	Reg. # R9-10-425.A.1.b.	Completed	Reg. #	Completed
LSC	09/27/2016	LSC	09/27/2016	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) <i>DA</i>	DATE <i>10/27/16</i>	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE <i>10/27/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/29/2016	<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

Public Health Licensing Services
Bureau of Long Term Care Licensing

150 North 18th Avenue, Suite 440
Phoenix, Arizona 85007-3242
(602) 364-2690
(602) 324-0993 FAX

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

August 10, 2016

Heather Friebus, Administrator
6150 East Grant Road
Tucson, AZ 85712

RE: Devon Gables Rehabilitation Center

Dear Heather Friebus:

The purpose of this letter is to inform you that during a recent inspection of the facility on 07/29/2016, by the Arizona Department of Health Services, Public Health Licensing Services ("Department"), the Department substantiated at least one or more violations of Department statutes or rules. Due to the seriousness of the violations, this case has been referred to the Department's Enforcement Team (Enforcement Team) for further review.

Enclosed is a copy of the Statement of Deficiencies (SOD), which describes the violations the Department found at the facility. Because the case has been referred to the Enforcement Team, the Department is **not** requesting or accepting a **written** plan of correction for the violations at this time. However, the Department requires that you make immediate corrections of violations that present a threat to the health or safety of a client, resident, patient or agency personnel. Additionally, the Department urges correction of all deficiencies at the earliest possible date. The Department will notify you when a written plan of correction is required.

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: Joel Bunis, Bureau Chief, Bureau of Long Term Care 150 North 18th Avenue, #440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,

Diane Eckles

Diane Eckles
Bureau Chief

DE\bh

Attachments

RECEIVED
OCT 17 2016

PRINTED: 08/09/2016
FORM APPROVED

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NCI-2652	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>BY:</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2016
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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
Y 000	Initial Comments The State compliance survey was conducted on July 25 through 29, 2016 in conjunction with the following Complaint Investigations: AZ135498, AZ135300, AZ134229, AZ134046, AZ134198, AZ133274, AZ133181, AZ132384, AZ131064, AZ130815, AZ130782, AZ130197, AZ135826, AZ135973, AZ136002, AZ135919, AZ135974, AZ136158, and AZ136305. The following deficiencies were cited.	Y 000		
Y 342	R9-10-403.C.2.e. Administration R9-10-403.C. An administrator shall ensure that: R9-10-403.C.2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that: R9-10-403.C.2.e. Cover infection control; This RULE is not met as evidenced by: Based on observations, staff interviews and policy review, the facility failed to implement their infection control policy, by failing to ensure two staff members used proper hand washing technique. Findings include: On July 25, 2016, a meal observation was conducted on the Lodge East assisted dining room. During this observation, a CNA (Certified Nursing	Y 342	Y342 <u>Correct to the Individual:</u> Staff will wash hands when assisting residents with meal service. <u>Correct to all others:</u> Staff will receive re-education on hand washing with meal service. <u>System Correction:</u> Audits of hand washing during meal service will be completed 2 times per week for 90 days and weekly thereafter.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Heather Guebas Administrator

TITLE

(X6) DATE

10/11/16.

ADHS LICENSING SERVICES

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Y 342	Continued From page 1 Assistant) was observed to enter the dining room and wash her hands at the kitchen sink. The CNA turned the water faucet on, lathered her hands, rinsed her hands, then dried her hands with a paper towel. The CNA then turned off the water faucet with the same paper towel and then redried her hands with the same paper towel. During this observation, a unit assistant was also observed to wash her hands. The unit assistant was observed to turn the water faucet on, lather her hands, rinse her hands, and then turned the water faucet off with a paper towel and then dried her hands with the same paper towel. An interview was conducted on July 25, 2016, with the CNA. She stated that normally she would wash her hands, turn off the faucet with a paper towel, then dry her hands with the same paper towel. A facility policy titled Washing/Hand Hygiene included, "The facility considers hand hygiene the primary means to prevent the spread of infections." The policy also included the following: 4. Dry hands thoroughly with a paper towel and then turn off faucets with a clean, dry paper towel.	Y 342	<u>Monitoring of System:</u> The analysis of the results of the audits will be taken to QAPI for review and follow-up as needed. <u>Correction Date:</u> <u>Responsible Person:</u> Director of Nursing or Designee.	9/12/16
Y1017	R9-10-410.B.2. Resident Rights R9-10-410.B. An administrator shall ensure that: R9-10-410.B.2. A resident is treated with dignity, respect, and consideration; This RULE is not met as evidenced by: Based on observations, staff interviews, and policies and procedures, the facility failed to	Y1017		

ADHS LICENSING SERVICES

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Y1017	<p>Continued From page 2</p> <p>ensure residents were treated with dignity, by failing to ensure that staff were seated while assisting residents with eating, by failing to ensure residents were offered desserts and condiments with meals, and by failing to assist residents with their meals in a timely manner.</p> <p>Findings include:</p> <p>-An observation of the lunch meal was conducted on July 25, 2016 in the Lodge East assisted dining room. There were two horseshoe shaped tables with four residents at each table and one CNA (Certified Nursing Assistant) was seated at each table. During the observation, a covered food plate was placed in front of each resident at the two tables. The two CNAs, who were seated at the tables, were observed to only uncover one meal plate at a time and assist that resident, while the other residents sat with their covered meals in front of them.</p> <p>One resident waited 30 minutes with her covered lunch in front of her and was then observed to be able to fed herself, once her food was uncovered.</p> <p>An interview was conducted on July 27, 2016 at 10:40 a.m., with CNA (staff #201). Staff #201 stated that it was his routine to assist and/or feed one resident at a time and that the resident who was last to have her food uncovered was able to feed herself.</p> <p>-An observation of the breakfast meal in the Lodge East assisted dining room was conducted on July 27, 2016. One resident was observed to have a bowl of rice krispies, without any milk. The resident had milk in front of her, however, no staff members were observed to assist the resident in pouring the milk into her cereal. This resident was</p>	Y1017	<p>Y1017</p> <p><u>Correction to the individual:</u></p> <p>No individual resident's were cited</p> <p>Resident's will have staff members seated while assisting them to eat.</p> <p>Resident's will have condiments and desserts offered at meal times.</p> <p>Resident's will be assisted in a timely manner with their meals.</p> <p><u>Correct to all others:</u></p> <p>Staff will receive re-education on promoting care in a manner that maintains each resident's dignity, including to be seated while assisting residents to eat, offering desserts and condiments and ensuring that all residents receive timely assistance with their meals</p>	

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Y1017	<p>Continued From page 3</p> <p>not observed to eat the dry cereal.</p> <p>An interview was conducted on July 27, 2016 at 10:15 a.m., with a Certified Nursing Assistant (staff #225). Staff #225 stated that the resident likes milk and staff should have assisted the resident to pour the milk on her cereal.</p> <p>Further observations during the breakfast meal on July 27, revealed that there were four residents who were seated at each of the two horseshoe shaped tables, with a CNA seated at each table. At this time, the food was uncovered and placed in front of the four residents at each table. The CNAs proceeded to assist the residents with feeding, one at a time. The last resident who was provided assistance with her breakfast had her uncovered meal in front of her for 30 minutes.</p> <p>At this time, the CNA was interviewed and was asked if the resident's breakfast was still warm. The CNA was observed to place her hand above the resident's food and then stated that the meal was now "cold."</p> <p>The food temperatures were obtained at this time by nursing staff and each hot food item temperature was between 80 and 88 degrees.</p> <p>An interview was conducted on July 27, 2016 at 10:15 a.m. with staff #225, who confirmed that the resident's breakfast foods were cold and that she should have re-heated them, before she attempted to feed the resident.</p> <p>On July 27, 2016 at 11:10 a.m., an interview was conducted with CNA team lead (staff #36). She stated that the CNA's seated at the horseshoe shaped tables were suppose to assist more than</p>	Y1017	<p><u>System Correction:</u> Random observations and audits of dining service for all meal times will be completed 3 times weekly for 90 days and weekly thereafter.</p> <p><u>Monitoring of System:</u> The analysis of the audits will be taken to QAPI for review monthly and follow-up as needed.</p> <p><u>Correction Date:</u> 9/12/16</p> <p><u>Responsible Person:</u> Director of Nursing or Designee.</p>	

ADHS LICENSING SERVICES

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Y1017	<p>Continued From page 4</p> <p>one resident at a time, and that the residents should not have to wait to eat while their food was in front of them.</p> <p>Another observation during the breakfast meal on July 27, revealed that one resident who was seated alone with her breakfast on a bedside table, was observed to have her uncovered breakfast in front of her for 35 minutes. Although a staff member had past the resident twice and suggested that she eat, no staff member was observed to assist the resident.</p> <p>-A lunch observation was conducted on July 25, 2016 and a breakfast observation was conducted on July 27, 2016, in the Lodge East assisted dining room.</p> <p>During these observations, staff were not observed to offer any condiments, inclusive of salt/pepper and butter/jelly, nor offer any desserts after the lunch meal to the residents.</p> <p>An interview was conducted on July 27, 2016 at 10:15 a.m. with a staff #225. She stated that the residents are not offered any condiments because, "we know what they like." However, she agreed that for those residents in the assisted dining room who could make a decision, they were not offered the opportunity. Staff #225 further stated that the residents in the assisted dining room should be offered dessert after lunch.</p> <p>On July 27, 2016 at 11:10 a.m., an interview was conducted with staff #36. She stated that condiments and desserts were suppose to be offered to residents in the assisted dining room.</p> <p>Posted on the wall outside of the assisted dining room on the Lodge East unit was the following: "If</p>	Y1017		
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Y1017	<p>Continued From page 5</p> <p>you would like a dessert with your lunch meal you may ask your server for one. They will have an assortment of items stocked on the nurses station/dining room for you to choose from." These items are: ice cream, sherbet, popsicles and cookies.</p> <p>A facility policy titled, Nursing Department Responsibilities at Mealtime included the following: 2. The Nursing Department is responsible for preparing residents for meals...assisting residents who are unable to feed themselves. 7. The Total Assist tables should have 4 residents who need total dining assistance or cueing and one CNA on a roller stool can appropriately feed them. (Clarified by Administrative staff (#98) that "appropriately" meant to assist or feed more than one resident at a time).</p> <p>-During a breakfast observation on July 27, 2016 at 8:15 a.m., a CNA (certified nursing assistant/staff #48) was observed feeding three residents at a horseshoe shaped table. Two of the residents were seated in Geri-chairs and the other resident was seated in a wheelchair. A stool was observed inside of the horseshoe table, however, staff #48 was observed standing inside of the horseshoe table, while feeding the residents.</p> <p>An interview was conducted with staff #48 on July 27, 2016. Staff #48 stated that she used to sit while feeding the residents, but one of the residents got new foot pedals on her wheelchair and she felt like she was leaning too much, while she fed the residents. Staff #48 further stated that she found it easier to stand while she fed the residents.</p>	Y1017		
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ADHS LICENSING SERVICES

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Y1017	Continued From page 6 An interview was conducted with the DON (Director of Nursing/staff #276) on July 28, 2016. She stated that staff should be seated while feeding residents, so they could talk to the residents while they ate. A review of the facility's policy regarding Nursing Department Responsibilities at Meal Time revealed the total assistance tables should have four residents who need total assistance or cueing with dining. The CNA on a roller stool can appropriately feed the residents. Residents in Geri-chairs can be fed two at a time with two trays on a bedside table set between them, and the aide in a chair feeding both residents. Appropriate interaction with Nursing and the resident is important, for example, the nurse should be at eye level, not standing while feeding..."	Y1017		
Y2137	R9-10-421.B.3.a. Medication Services R9-10-421.B. An administrator shall ensure that: R9-10-421.B.3. A medication administered to a resident: R9-10-421.B.3.a. Is administered in compliance with an order, and This RULE is not met as evidenced by: Based on clinical record reviews, staff interviews and policy and procedures, the facility failed to ensure that a medication was administered as physician ordered to one resident (#407).	Y2137	Y2137 <u>Correct to the individual:</u> Resident# 412 had Pantoprazole DR/EC time corrected to follow the Physician's order. Resident # 407 discharged, system change will correct the cited deficiency.	

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Y2137	<p>Continued From page 7</p> <p>Findings include:</p> <p>Resident #407 was admitted on January 15, 2015, with diagnoses that included gastro-esophageal reflux disease, chronic embolism and thrombosis. The resident was discharged on February 20, 2015 to home.</p> <p>A nursing note dated February 16, 2015, included the resident complained of having a hard bowel movement, with some bleeding and the physician was notified.</p> <p>A physician's order dated February 16, 2015 included for Lactulose (laxative) 30 ml (milliliters) by mouth every night for constipation.</p> <p>Review of the February 2015 MAR (Medication Administration Record) revealed the Lactulose order, however; the MAR did not include any documented evidence that the Lactulose had been administered from February 16, through 19.</p> <p>The February 2015 nursing note entries also did not include any documentation that the Lactulose had been administered.</p> <p>An interview was conducted on July 28, 2016 with the Director of Nursing (staff #276), who stated that the MAR should have been signed by licensed staff when the Lactulose was administered. She stated that she was unable to locate any documented evidence that the Lactulose had been administered as physician ordered.</p> <p>A facility policy titled, Medication Administration included "All medications ordered for a resident by the Medical provider shall be documented by time, name of drug and signature of Nurse</p>	Y2137	<p><u>Correct to all others:</u></p> <p>Re-education on the procedure for changing times of medication and ensuring medications are documented when administered was initiated and will be completed with nurses and Unit Clerks.</p> <p><u>System Correction:</u></p> <p>MAR/TAR audits will be completed 2 times weekly for 90 days and weekly thereafter.</p> <p><u>Monitoring of System:</u></p> <p>The analysis of the audits will be taken to QAPI for review and follow-up as needed.</p> <p>Correction Date: 9/12/16</p> <p><u>Responsible Person:</u></p> <p>DON or Designee.</p>	9/12/16
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ADHS LICENSING SERVICES

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Y2137	Continued From page 8 administering the medications."	Y2137		
Y2345	<p>R9-10-423.B.5.a. Food Services</p> <p>R9-10-423.B. A registered dietitian or director of food services shall ensure that:</p> <p>R9-10-423.B.5. A resident is provided with food substitutions of similar nutritional value if:</p> <p>R9-10-423.B.5.a. The resident refuses to eat the food served, or</p> <p>This RULE is not met as evidenced by: Based on observations, staff interviews and a review of policy and procedures, the facility failed to ensure that two residents were provided food substitutions, after refusing to eat the food served.</p> <p>Findings include:</p> <p>A lunch observation was conducted on July 25, 2016, in the Lodge East assisted dining room. During this observation, two residents who were seated at the horseshoe shaped tables, refused to eat their meal. Although a CNA (Certified Nursing Assistant) was seated at each of the horseshoe shaped tables, neither CNA offered either resident an alternative meal. At the end of the lunch observation, neither resident had consumed any food.</p> <p>An interview was conducted on July 27, 2016 at 10:15 a.m., with a CNA, who stated that the residents who had refused their lunch should have been offered an alternative.</p>	Y2345	<p>Y2345</p> <p><u>Correct to the individual:</u> Resident's #36 will be offered substitutes when not eating food served.</p> <p><u>Correct to all others:</u> Staff will receive re-education on offering substitutes/alternates when residents are not eating the food served.</p> <p><u>System Correction:</u> Audits of staff offering substitutes/alternates during meal service if residents are not eating the food served will be completed 2 times per week for 90 days and weekly thereafter.</p>	

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 07/29/2016
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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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Y2345	<p>Continued From page 9</p> <p>Another interview was conducted on July 27, 2016 at 11:10 a.m., with the CNA team lead (staff #36). She stated that if a resident refuses a meal, an alternative meal was suppose to be offered.</p> <p>A facility policy titled Menu Alternatives included, "An alternative meat or entree and vegetable should be provided at every meal in the event of personal food preferences or refusals."</p> <p>The policy also included the following: 1...The alternative must be offered to the resident within 15 minutes of refusal of the main course. 2. In addition, the following should always be available to the residents if they refuse the scheduled alternative: A. Soup B. Cheese C. Cottage cheese D. Peanut butter and or jelly E. Juice and fruit</p>	Y2345	<p><u>Monitoring of System:</u> The analysis of the results of the audits will be taken to QAPI for review and follow-up as needed.</p> <p><u>Correction Date:</u></p> <p><u>Responsible Person:</u> Administrator or Designee</p> <p>Y2503</p>	9/12/16
Y2503	<p>R9-10-425.A.1.b. Environmental Standards</p> <p>R9-10-425.A. An administrator shall ensure that:</p> <p>R9-10-425.A.1. A nursing care institution's premises and equipment are:</p> <p>R9-10-425.A.1.b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;</p> <p>This RULE is not met as evidenced by: Based on clinical record review, staff and resident interviews, and hospital documentation, the</p>	Y2503	<p><u>Correct to the Individual:</u> Resident #168 was sent to the hospital for evaluation of laceration to the back of her head on June 26, 2016. Two staples were placed to the resident's head and the CT scan was negative for internal injuries. The resident returned to the facility the same day.</p>	

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 07/29/2016	
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Y2503	<p>Continued From page 10</p> <p>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 hoier lift.</p> <p>Findings include:</p> <p>Resident #168 was admitted to the facility on October 19, 2011, with diagnoses that included vascular dementia, depressive disorder and right sided hemiplegia.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated May 26, 2016 revealed a Brief Interview for Mental Status score of 11, which indicated the resident had moderate cognitive impairment. Under functional status, the resident was assessed to be totally dependent with transfers and required the assistance of two persons.</p> <p>Review of a falls care plan revealed the resident was at risk for falls. The goal included that the resident will remain free from injury due to falls. An approach included for a two person transfer using the hoier lift.</p> <p>A nursing note dated June 26, 2016 indicated a Licensed Practical Nurse (LPN/staff #96), heard a noise in the room of resident #168. Upon entering, the resident was on the floor and two CNAs (staff #18 and 181) were in the room. Staff #96 asked what happened and one of the CNAs stated "something popped off." The LPN then observed that the "top left top strap unhooked from the hoier." The note further included that 911 was called, as the resident's head was bleeding.</p>	Y2503	<p><u>Correct to all others:</u></p> <p>House wide education was completed for all CNA's on hoier safety, including a return demonstration and quiz.</p> <p><u>System Correction:</u></p> <p>Visual audits of CNA's performing hoier lifts will be done 2 times per week for 90 days and weekly thereafter.</p> <p>A policy for hoier lifts was in place and given to survey team at the time of survey.</p> <p>Hoier Policy reviewed.</p> <p>Facility will continue with Preventative maintenance plan, Fall risk observations, and therapy screens.</p> <p><u>Monitoring of System:</u></p> <p>The analysis of the audits will be taken to QAPI for review and follow-up as needed.</p>	

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 07/29/2016	
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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Y2503	<p>Continued From page 11</p> <p>Another nursing note dated June 26, 2016 included that the resident returned to the facility and had 2-3 staples to the back of her head.</p> <p>Review of the facility's investigative report revealed the resident was alert and oriented times two, had expressive aphasia and right sided hemiplegia. On June 26, 2016, the resident "was being assisted out of bed by two staff members via hoyer transfer when it appears a strap slipped off a loop and she fell to her right side landing on her buttocks then falling back hitting her head." The resident sustained a laceration to the back of her head and was transported to the hospital for an evaluation. The report indicated two staples were placed to the laceration on the resident's head and the CT scan was negative for internal injuries. The resident returned to the facility the same day. The report further included that the hoyer lift and the sling straps were immediately checked for failure and no faulty equipment was found. The report also noted "It appears that as the hoyer was lifted a strap slipped of (sic) the hook on the hoyer."</p> <p>In an interview conducted with resident #168 on July 27, 2016 at 11:40 a.m., the resident stated she was getting transferred from the bed to her wheelchair by two CNAs (Certified Nursing Assistant) using the hoyer lift. She stated she was being lifted up and the left upper sling strap slipped off and she fell. She further stated she hurt the left side of her body and cut her head and had to go to the hospital.</p> <p>An interview was conducted with CNA (staff #313) and CNA (staff #303) on July 27, 2016 at 11:50 a.m. The CNAs stated they always used two staff to transfer a resident when using the hoyer lift and that they had training on the use of the lift, as</p>	Y2503	<p>Correction Date:</p> <p>Responsible Person: Director of Nursing or Designee</p>	9/12/16

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 07/29/2016
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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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Y2503	<p>Continued From page 12</p> <p>part of the initial and ongoing training at the facility.</p> <p>An interview was conducted with a LPN (staff #96) on July 27, 2016 at 3:05 p.m. Staff #96 stated that on June 26, 2016, she was passing medications when she heard a loud noise. She stated she ran in the room and there were two CNAs (staff #18 and #181). She said she asked what happened and CNA #181 said she was guiding the hoyer by the feed and heard a pop and the resident fell to the floor. She stated she looked at the straps of the sling and nothing was wrong with them. She said the resident's head was bleeding, so 911 was called. She stated that she didn't want to move the resident, because of how high she was when she fell. She stated the resident was approximately 4-5 feet off the floor when she fell.</p> <p>An interview was conducted with CNA (staff #18) on July 28, 2016 at 7:55 a.m. Staff #18 stated that staff #181 hooked up the top of the sling and she hooked up the bottom of the sling. Staff #18 stated her role during the transfer was to guide the resident. She stated staff #181 voiced that there was resistance when moving the hoyer and thought the hoyer might be caught on a cord from under the bed. She said at that moment the hook on the top right of the hoyer came undone and the resident fell to the floor. Staff #18 stated she looked at the equipment following the fall and there were no tears, rips, or defects on the sling. She also stated the resident was not moving or flailing during the transfer.</p> <p>In an interview conducted with CNA (staff #181) on July 28, 2016 at 8:00 a.m., staff #181 stated that staff #18 was the one who hooked up the upper sling loops and she hooked the lower sling</p>	Y2503		
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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 07/29/2016
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Y2503	<p>Continued From page 13</p> <p>loops, and that her role in the transfer was to raise the hoyer and guide the lift out from under the bed to position it for transfer to the wheelchair. She stated that staff #18 was to guide the resident, however, staff #18 left the head of the resident and went to move the wheelchair, so she was not near the resident's head to watch the sling loops, as she was supposed to do. She stated that is when the upper right loop slipped and the resident fell to the floor. Staff #181 stated she looked at the equipment and sling following the incident and there were no defects identified. She also stated the resident was not moving or flailing during the transfer.</p> <p>In an interview conducted with the Director of Nursing (DON/staff #276) on July 28, 2016 at 10:15 a.m., the DON stated that during the transfer a sling strap slipped off the hook on the hoyer lift.</p> <p>A policy regarding the use of hoyer lifts was requested, however, the facility did not have a policy related to the use of hoyer lifts.</p>	Y2503		
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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: September 27, 2016

Survey Event ID: JYNH12

Inspector/Team Coordinator: Shirley Farnworth

Accompanied By: Kay Huff

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.
- [] 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 acting Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3242, Phone: (602) 364-2690, 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.

Administrative signature and date: 9/27/16

- [] 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 and date: 9/27/16

[X] Copy left with Administrator/Director/Agency Representative



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: July 25, 2016
Survey Event ID: JYNH11
Inspector/Team Coordinator: Chris Benson
Accompanied By: Jeanne Castro, Desiree Gasiorowski, Luann Wylie, Kim Yedowitz, Keesha Young

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.
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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.
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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 of Administrator/Director/Agency Representative: [Handwritten Signature] Date: 7/25/16

- Administrators/Directors/Agency Representative refused to sign this form.
Administrators/Directors/Agency Representative or authorized on-site representative is not present.

Inspector/Team Coordinator Signature: [Handwritten Signature] Date: 7/25/16

Copy left with Administrator/Director/Agency Representative

576 51

7-29-16
6-30-17



QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES

NURSING CARE INSTITUTION

Issued To: *Derm 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	25	
II. Resident Rights	25	
III. Administration	25	
IV. Environment and Infection Control	5	10
V. Food Services	9	1
TOTAL CRITERIA MET	89	11

QUALITY PERFORMANCE SCALE	
"A"	
"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:

From: To:

Issued:

Number: NCL

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	✓	
The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.	5	✓	
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	✓	

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	✓	
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	✓	
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	✓	

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	✓	
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	✓	
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	✓	
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	✓	
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	✓	
The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.	2	✓	
The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.	1	✓	

Points Yes 25

Points No _____

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		✓
The nursing care institution establishes and maintains a pest control program.	1	✓	
The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.	1	✓	
The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.	1	✓	
The nursing care institution maintains a clean and sanitary environment.	1	✓	
The nursing care institution is implementing a system to prevent and control infection.	5		✓
An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.	1	✓	

Points Yes 5

Points No 10

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 9

Points No 1

Comments:



ADHS CONTROLLER'S OFFICE
CASH RECEIPTS UNIT

OCT 17 2016

RECEIVED

KS

October 11, 2016

MK

Dear Ms. Diane Eckles,
Attached is our Plan of correction for our State Tags.

Thank You,

Heather Friebus R.D Administrator
Devon Gables Rehabilitation Center
6150 E. Grant Rd.
Tucson, Az 85712
(520) 296-6181 X 5011
(520) 298-0997 fax
hfriebus@devongables.com