

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



Devon Gables Rehabilitation Center, L.L.C., dba
Devon Gables Rehabilitation Center
6150 East Grant Road
Tucson, AZ 85712

This facility is licensed to operate as a **NURSING CARE INSTITUTION**

Total Capacity: 312

From: August 1, 2018

To: July 31, 2019

Issued: May 30, 2018

Diane Eckles

Recommended By: Diane Eckles, Bureau Chief

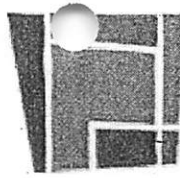
License: NCI-2652

Colby Bower

Issued By: Colby Bower, Assistant Director

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

LTC31



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

May 30, 2018

Important Notice - Please Read Carefully

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

Dear Ms. Friebus:

Enclosed is Nursing Care Institution license number NCI-2652, which authorizes your facility to operate 312 beds. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license. Please note the expiration date on your license.

Please be advised that A.R.S. § 36-425(A) requires this license to be conspicuously posted in the reception area of your facility. In addition, A.R.S. § 36-422(D) requires the Department to be notified of a change of ownership at least thirty (30) days prior to the effective date.

The Department has also completed an administrative completeness review of the renewal application and documents you submitted and determined that the application and documents are administratively complete and in compliance with licensing requirements.

Should you have any questions or concerns, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

A handwritten signature in cursive script that reads "Diane Eckles".

Diane Eckles
Bureau Chief

DE:sf

Enclosure

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

Health and Wellness for all Arizonans

ATC 31



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION
ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

In accordance with A.R.S. §41-1030

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact.
D. This section may be enforced in a private civil action and relief may be awarded against the state.
E. A state employee may not intentionally or knowingly violate this section.
F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: DEVON GABLES REHABILITATION CENTER License No. NCI-2652
Mailing Address: 6150 EAST GRANT ROAD
City: TUCSON State: AZ Zip Code: 85712
Phone No. (520) 296-6181 Fax No. (520) 298-0997 E-mail: hfriebus@devongables.com
Class: Nursing Care Institution
What is the health care institution's scope of service:
Skilled Nursing, Sub-Acute, Alzheimer Secured, Behavioral Secured
Health care institution's days and hours of operation:
Sun 24 Mon 24 Tues 24 Wed 24 Thurs 24 Fri 24 Sat 24
Is health care institution accredited? [] YES [x] NO
Name of accrediting organization (must be from a nationally recognized organization):
Is health care institution requesting certification under Title XIX of the Social Security Act? [] YES [x] NO



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

II. OWNER INFORMATION

Owner's Name: DEVON GABLES REHABILITATION CENTER, LLC

Street Address: 2201 MAIN STREET

City: EVANSTON

State: IL

Zip Code: 60202

Phone No. (847) 905-4000

Fax No. (847) 905-4040

The owner is a (select one):

Sole proprietorship

Corporation

Partnership

Limited liability partnership

Limited liability company

Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: William Rothner

Title: Manager

Name: Steve Miretzky

Title: Manager

Name:

Title:

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

YES

NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license:



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Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

YES NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2) ? YES NO

III. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: CSB Service Entity, LLC

Title: Statutory Agent

Street Address: 2800 N. Central Avenue Suite 1200

City: Phoenix

State: AZ

Zip Code: 85004

Phone No. (602) 224-0999

IV. GOVERNING AUTHORITY

Name: Devon Gables Rehabilitation Center LLC

Street Address: 2201 Main St.

City: Evanston

State: IL

Zip Code: 60202



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V. CHIEF ADMINISTRATIVE OFFICER

Name: Heather Friebus	Title: Administrator
Highest Educational Degree: Bachelor of Science Nutritional Sciences	
Work experience related to the health care institution class or subclass related to licensing requested: Devon Gables Rehabilitation Center Administrator 2012-Present, Devon Gables Health Care Center Administrator 2007-2012, Devon Gables Health Care Center Assistant Administrator, RD, Dietary 1992-2012	

VI. SIGNATURES

1. If the applicant is an individual, the owner of the health care institution.	
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.	
3. If the applicant is a governmental agency, the head of the governmental agency.	
<u>William Rothner</u> Signature	<u>Manager</u> Title
<u>Steve Mietzky</u> Signature	<u>Manager</u> Title

VII. ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. YES NO