

State
Public Records Documents
Only

Survey event #UXXB
Facility: DEVON GABLES REHAB
CENTER (COMPLAINT)

Revised 7-2020



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

April 25, 2022

Receipt Of This Notice Is Presumed To Be 04/25/2022
Important Notice - Please Read Carefully

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

Dear Ms. Friebus:

On April 13, 2022, a onsite survey #UXXB11 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 #AZ00181728.

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

\bk

Enclosure

Douglas A. Ducey | Governor Don Herrington | Interim 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

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 04/13/2022
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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	<p>Initial Comments</p> <p>The onsite investigation of complaint AZ00181729 was conducted on April 13, 2022. No deficiencies were cited.</p>	Y 000		

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

TITLE

(X6) DATE