

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Sapphire Center for Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 35 15 Parsons Blvd Flushing, NY 11354	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>40565</p> <p>Based on record review and interviews conducted during the abbreviated complaint investigation survey (NY00356207) from 12/27/2024 to 12/30/2024, the facility did not ensure it was administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This was evident during review of Application for Employment submitted by the Assistant Director of Nursing dated 05/18/23. Specifically, the facility did not ensure that background information was properly completed and verified prior hiring the staff.</p> <p>The findings including, not limited to:</p> <p>The Facility Application for Employment dated 05/18/2023 documented: Please provide complete and legible information. An incomplete application may affect your consideration for employment.</p> <p>On May 18, 2023, the prospective Assistant Director of Nursing submitted an incomplete Application for Employment form that was verified by the Administration before the applicant was hired for the management position at the facility. The background information question about whether the applicant had ever been convicted of a crime was not answered. The applicant was hired as the Assistant Director of Nursing by the Administration on 05/23/2023, and later promoted to Director of Nursing without further clarification of the background information, and was responsible for the collection, documentation and disposal of unused residents' prescription medication.</p> <p>Intake Number: NY00356207 dated 10/03/2024 documented the Director of Nursing has been accused with the theft of more than 1500 oxycodone pills meant for destruction between two nursing homes and has also been accused of falsifying records and leaving blank the question regarding prior criminal conviction on the application to both facilities, although they had two prior convictions.</p> <p>Queens County District Attorney Office Release #103-2024 dated August 14, 2024, documented that the Director of Nursing was arraigned on drug charges following an investigation into their past employment as the nursing director at two nursing homes, accused of stealing more than 1,500 oxycodone pills, which were meant to be destroyed, from the facilities.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/30/2024 at 10:30 am, the Administrator was interviewed and stated that they were not in the facility when the former Director of Nursing was hired. The Administrator stated that they believed the background investigation should have been carried out by the previous administration, and they should have ensured that the application form was properly completed before hiring. The names and contact numbers of the former Human Resources Personnel and former Administrator were provided.</p> <p>On 12/30/24 at 12:28 PM, Former Human Resources Personnel was interviewed and stated they were not responsible for the hiring the Nursing staff including the Director of Nursing, they only check the background of the newly hired administrative staff and social services.</p> <p>On 12/30/24 at 1:29 PM Message left for the former Administrator with no response. Follow up call was also made 12/31/2024 at 10:15 am to speak with the previous Administrator with no success.</p> <p>10 NYCRR 415.26.</p>