STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335275	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Nursing at Wappingers	37 Mesier Avenue Wappingers Falls, NY 12590

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews conducted during the Abbreviated Survey the facility did not ensure necessary care and services were provided related to medication for one (Resident #3) of three (3) residents reviewed for quality of care. Specifically, medications were not available to be administered as ordered upon admission on [DATE]. Resident #3's medication list included Buprenorphine/Naloxone, a controlled substance used for opioid dependence treatment, anticonvulsant, neuropathic pain medication, anti-anxiety medication and antiviral medications. Pharmacy delivery records provided by the facility documented medications for Resident #3 were delivered to the facility between 11/03/2025 through 11/07/2025. There was no documented evidence that the pharmacy was contacted by facility staff when Resident #3 medications were not available. There was no documented evidence of physician notification or continuous follow-up related to unavailable medications and missed doses. The Findings Include: The Facility policy titled Medication Availability and Procurement, last reviewed on 11/10/2025, documented, It is the policy of this facility to ensure that our residents are provided with all medications ordered and prescribed by a licensed prescriber, for the treatment of an approved condition. The policy further documented, Reconcile all medications at the time of admission to the facility. Resident #3 was admitted on with diagnoses including Parkinson's disease without dyskinesia, herpes viral infection of the urogenital system, major depressive disorder, bipolar disorder, and opioid dependence. The 11/06/2025 Minimum Data Set (MDS) documented Resident #3 had intact cognition. The physician's orders dated 10/31/2025 documented Resident #3 was prescribed Buprenorphine/Naloxone 4-1 mg sublingual film every 12 hours at 09:00 AM and 09:00 PM, Pregabalin 200 mg three times daily at 09:00 AM, 01:00 PM, and 05:00 PM, Clonazepam 0.25 mg daily at 09:00 AM, Valacyclovir HCL 500 mg daily at 09:00 AM, and Topiramate 50 mg at 06:00 PM. Pharmacy delivery records documented Buprenorphine/Naloxone, Valacyclovir HCL 500 mg, and Clonazepam 0.25 mg were not delivered to the facility until 11/03/2025 at 06:23 PM. The Medication Administration Record did not reflect documented administration for scheduled doses on 11/01/2025, 11/02/2025, and the 09:00 AM dose on 11/03/2025 prior to delivery. Review of Nursing progress notes did not identify documented rationale for not administering physician notification, follow-up, or any monitoring related to the missed doses. Pharmacy delivery records indicated Buprenorphine/Naloxone, Valacyclovir HCL 500 mg, and Clonazepam 0.25 mg had not yet been delivered to the facility. Review of the facility Nursing notes from 10/3/20251-11/07/2025 did not identify documented physician notification, follow-up, monitoring or substitution of other medications related to the missed doses The physician's order dated 10/31/2025 documented Resident #3 was prescribed Topiramate oral tablet 50 mg, give one tablet by mouth during the evening shift for seizure disorder management. Pharmacy delivery records show Topiramate was not delivered until 11/03/2025 at 06:23 PM. The Medication Administration Record did not reflect documented administration for scheduled doses on 11/01/2025 and 11/02/2025. Review of the facility Nursing notes from 10/3/2025-11/03/2025 did not identify documented rationale for why medications were not given, no physician notification, follow-up, or monitoring related to the missed doses were documented. The physician's order dated 10/31/2025 documented (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #3 was prescribed Clonazepam ODT oral tablet 0.25 mg, give one tablet by mouth daily for anxiety management. Pharmacy delivery records show Clonazepam 0.5 mg were not delivered until 11/04/2025 at 06:09 PM. The Medication Administration Record did not document med administration for scheduled doses prior to the pharmacy delivery. Pharmacy delivery records indicated Clonazepam 0.5 mg and Ondansetron 4 mg was not delivered to the facility until 11/04/2025. Review of the facility Nursing notes from 10/3/2025-11/04/2025 did not identify documented physician notification, follow-up, monitoring, or other substitutions for unavailable medications. Pharmacy delivery records show Pregabalin 200 mg and Ropinirole were not delivered until 11/07/2025 at 06:12 PM. The Medication Administration Record did not reflect documented administration for scheduled doses from 11/01/2025 through scheduled doses prior to delivery on 11/07/2025. Pharmacy delivery records documented Pregabalin 200 mg and Ropinirole were delivered to the facility on [DATE] at 06:12 PM. Review of nursing progress notes did not identify documented physician notification, follow-up, monitoring, or alternate interventions related to the missed doses. There was no documented evidence that the physician was made aware of the delay in delivery of Resident #3's medications. There was no documented evidence that the pharmacy was contacted by facility staff about Resident #3 medications that were not available. Review of the Medication Administration Record and Physician progress notes from 10/31/2025 to 11/04/2025 did not identify a physician order authorizing medications to be held pending pharmacy delivery or documented physician follow-up and monitoring or alternate substitutions or a documented plan of care related to unavailable anti-seizure, antianxiety and antiviral medications during the period medications were not available for Resident #3. During an interview on 04/07/2026 at 04:55 PM, the Director of Nursing indicated the X documented on the Medication Administration Record indicates a monitoring protocol. They were unsure why a monitoring protocol would be documented without a corresponding nursing note. The Director of Nursing further stated the Physician, and the Pharmacy should have been notified when medications were not available. The Director of Nursing indicated the need for nursing staff to be educated on required/timely documentation. During an interview on 04/07/2026 at 07:55 PM, Nurse Practitioner #1 stated a note was written on 11/01/2025 to hold medications pending pharmacy arrival. Nurse Practitioner #1 stated notes are not written every day when medications are not available from the pharmacy and stated the note to hold the medications was not completed. Nurse Practitioner #1 was informed that no documentation related to holding medications on 11/01/2025 was found in the electronic medical record during surveyor review. Nurse Practitioner #1 was asked to assist in locating documents in the electronic medical record, as the surveyor found no physician documentation was not provided when requested. During the review a document titled Monthly Physician Assessment and Plan of Care (Revision) with a completed signature time stamp of 04/07/2026 at 07:32 PM was found not signed by the Nurse Practitioner #1 or the Physician. The surveyor asked for clarification regarding completion of the documents, as the documents reflected completion by staff other than a physician. Nurse Practitioner #1 stated they did not complete the forms, and they did not instruct the Infection Control nurse to complete the forms. They stated they did not know how the forms were completed and that the surveyor would need to address this with the facility. During an interview on 04/07/2026 at 08:15 PM, the Infection Control Nurse stated they completed the Monthly Physician Assessment and Plan of Care (Revision) document and the Physician History and Physical WV (Revision) document, as the documents were not completed. The Infection Control Nurse stated the documents were not filled out and signed off by the physician. The Infection Control Nurse confirmed that the Monthly Physician Assessment and Plan of Care (Revision) document reflected a signature time of 04/07/2026 at 07:32 PM and the Physician History and Physical WV (Revision) document reflected completion on 04/07/2026 at 07:33 PM. When asked authorized them to complete the documents, the Infection Control Nurse stated no authorization was provided and the documents were completed at the time indicated on the documents. The Infection Control Nurse stated the documents are to be completed by a physician. 10 NYCRR 415.18 (a)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observations, record reviews, and interviews conducted during an Abbreviated Survey, the facility did not ensure that a dietitian or other clinically qualified professional was sufficiently involved in carrying out the functions of the food and nutrition services. Specifically, the facility began a project to renovate the kitchen which temporarily prevents the facility from using the kitchen to cook resident meals. As an alternative, the facility is using an outside food vendor(a local restaurant) to provide resident meals, but the arrangement is without a system that provides dietitian oversight of meal preparation and consistently ensures that meals meet the daily nutritional, therapeutic, and other special dietary needs of the residents. Kitchen renovation project began in 2025. The use of the outside vendor began 02/02/2026. The facility did not provide a contract with the Food vendor(local restaurant).On 03/30/2026 at 12:11 PM, during a tour of the kitchen in the facility basement, the surveyor observed meals obtained from an outside vendor being plated for resident meals The facility kitchen was under renovation. The surveyor observed food items including Salisbury steak, vegetables, and potatoes being removed from bulk containers and altered at the facility, including texture modification for residents requiring chopped and pureed diets. The surveyor observed meal trays assembled with corresponding meal tickets placed on the trays; however, food items were prepared in bulk and modified at the facility without evidence of diet-specific preparation from the outside vendor. During an interview on 03/30/2026 at 12:11 PM, the Food Service Director stated meals are obtained from an outside vendor due to the renovation of the facility kitchen. The Food Service Director stated communication regarding meal orders is conducted between the facility and the outside vendor. The Food Service Director stated meals are received in bulk and are altered at the facility to meet resident diet needs, including texture modification such as chopped and pureed diets. The Food Service Director stated the outside vendor is not provided with individual resident diet orders. The Food Service Director stated no hot meals are prepared in the facility and stated food preparation is limited to reheating or modifying food items after delivery. On 04/01/2026 at 4:54 PM, the surveyor observed meals obtained from an outside vendor being plated for dinner service. The surveyor observed [NAME] #1 and [NAME] #2 plating food items from bulk containers while dietary staff assembled trays with corresponding meal tickets. The surveyor observed food items altered at the facility kitchen, including texture modification, without evidence of diet-specific preparation from the outside vendor. During an interview on 03/30/2026 at 12:30 PM, the Administrator stated meals are being obtained from an outside vendor due to the renovation of the facility kitchen. The Administrator stated meals are ordered for the resident population and delivered to the facility in bulk containers for plating and distribution. The Administrator stated meals are not separated by individual resident diets at the time of ordering and are modified at the facility after delivery based on meal tickets. The Administrator stated the Food Service Director is responsible for communicating with the outside vendor regarding meal orders. The Administrator stated dietary oversight should be provided by the Registered Dietitian, as resident diets are managed by the Registered Dietitian, while the Food Service Director is responsible for meal service operations, including timely meal delivery, plating, and food temperatures. During an interview on 03/30/2026 at 3:50 PM, the Registered Dietitian stated meals are currently being obtained from an outside vendor due to the renovation of the facility kitchen. The Registered Dietitian stated they are not involved in communications with the outside vendor regarding meal orders. They stated that communication is conducted with the Food Service Director and Administrator. The Registered Dietitian stated they have not provided input regarding meal preparation, therapeutic diet requirements, or nutritional needs of residents. The Registered Dietitian stated they are responsible for ensuring residents receive meals in accordance with their prescribed therapeutic diets; however, they are not involved in overseeing meals obtained from the outside vendor and rely on facility staff to ensure residents receive appropriate meals. The (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Registered Dietitian stated no changes were made to monitoring systems following the implementation of meals from the outside vendor and stated they were not aware of the frequency of meals being obtained from the outside vendor. During an interview on 03/30/2026 at 4:15 PM, the owner of the restaurant providing catered meals to the facility stated communication regarding meal orders is conducted with the Food Service Director. The owner of the restaurant stated they receive menus from the facility; however, menus are not provided with individual resident diet orders or therapeutic diet requirements. All meals are prepared in the same manner as regular business operations. No food is prepared based on individual resident dietary needs. The owner stated that sometimes the facility may request to limit salt or sugar; however, there is no standardized system to measure or control the amount added. The owner stated they do not prepare separate meals for therapeutic diets and are not involved in ensuring meals meet individual resident dietary needs. During an interview on 04/01/2026 at 3:55 PM, the Food Service Director, in the presence of the [NAME] President of Clinical Services, stated they communicate directly with the outside vendor that provides meals to the facility. The Food Service Director stated they communicate with the outside restaurant on a weekly basis regarding meals to be sent to the facility. The Food Service Director stated specific resident diets are not communicated to the outside vendor and meals are sent to the facility in bulk for distribution. The Food Service Director stated meals are divided and distributed at the facility according to resident diets after delivery. The Food Service Director stated they do not collaborate with the Registered Dietitian regarding communication with the outside vendor. There is no dietitian oversight of meals obtained from the outside vendor 10 NYCRR 415.12(c)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, record review, and interviews conducted during the Abbreviated Survey, the facility did not ensure food was procured, distributed, and served under sanitary conditions and at safe temperatures. Specifically, the surveyor observed the facility plating lunch meals on 03/30/2026. Hot foods were not maintained at safe temperatures during holding, as evidenced by temperatures declining below 135 F during continued plating. A test tray performed at the completion of meal service at 1:07pm on 03/30/2026 showed hot food items were not maintained at safe temperatures and were below acceptable ranges. The findings included: On 03/30/2026 at 12:11 PM, the surveyor arrived at the kitchen located in the basement of the facility and in the presence of the Food Service Director, observed [NAME] #1 plating the residents food for lunch. [NAME] #1 was observed as the only staff plating the food. The surveyor observed food items including Salisbury steak, mixed vegetables, baked potatoes, mashed potatoes, pureed chicken, pureed vegetables, and ground meat. The food was observed in metal pans placed on steno setups with canned heat underneath while plating was in progress. The surveyor observed meals were plated on disposable foam plates with plastic lid coverings during meal service. During the observation, a sterno burner was observed to go out while the food remained in the pans. The surveyor made the Food Service Director aware, and the sterno was then relit. Meals were obtained from an outside vendor due to the facility kitchen being under construction since November 2025. Food was held in metal pans on sterno setups during plating; however, a sterno burner was observed to extinguish and required relighting by the Food Service Director. Meal service was delayed, and trays were not delivered to the units at scheduled meal times. During continued plating, food temperatures declined, and a test tray completed at the conclusion of meal service showed hot food items were not maintained at safe temperatures and were below 135 F. On 03/30/2026 between 12:11 PM and 12:15 PM, the Food Service Director obtained food temperatures as follows, baked potato 165, Salisbury steak 150, mixed vegetables 130, pureed chicken 130, pureed vegetables 130, mashed potatoes 140, ground meat 130, and ground vegetables 130. On 03/30/2026 at 12:30 PM, [NAME] #1 was observed to still be plating trays for the South unit and had not yet completed meal service for that unit. [NAME] #1 was also observed to have two carts remaining to be plated for the North unit. On 03/30/2026 at 12:35 PM, [NAME] #1 was observed to have just started plating the first cart for the North unit. On 03/30/2026 at 12:40 PM, the Food Service Director obtained food temperatures while food remained in the sterno setups during continued plating. Temperatures were as follows, Salisbury steak 120, baked potato 148, mixed vegetables 118, pureed chicken 122, pureed vegetables 118, mashed potatoes 120, and ground vegetables 110. Hot foods were not maintained at safe temperatures during holding, as evidenced by temperatures declining below 135 F during continued plating. On 03/30/2026 at 12:50 PM, the first cart for the North unit was observed leaving the kitchen to be transported to the unit. On 03/30/2026 at 1:03 PM, the last tray for the second cart for the North unit was observed being placed on the cart. On 03/30/2026 at 1:07 PM, a test tray was completed with the Food Service Director. The test tray included Salisbury steak, baked potato, and vegetables. Food temperatures obtained at that time were as follows, Salisbury steak 110, baked potato 118, and vegetables 100. At the time of service, hot food items were not maintained at safe temperatures, with test tray temperatures below 135 F. On 03/30/2026 at 1:10 PM, the surveyor arrived at the South unit and observed meal trays remaining on the cart that had not yet been distributed to residents. Per facility meal service schedule, lunch trays were scheduled to arrive to the South unit at approximately 12:15 PM, and meal distribution remained incomplete at the time of observation.During an interview on 03/30/2026 at 12:11 PM, the Food Service Director stated the kitchen has been under construction since late November 2025 and that meals are being obtained from outside vendors. The Food Service Director stated lunch is catered for 7 days per week and dinner is catered for 3 days per week. The Food (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Service Director stated scheduled mealtimes are 12:15 PM for the South unit and 12:30 PM for the North unit. They attempt to have lunch delivered at approximately 11:00 AM to allow time for reheating and preparation prior to service. Dinner mealtimes are 5:15 PM for the South unit and 5:30 PM for the North unit. Food received from the vendor is altered at the facility to meet resident diet needs, including modifying textures such as chopped and pureed. The Food Service Director stated meal preparation started late on 03/30/2026 at approximately 12:05 PM due to one cook arriving late and the other cook leaving early. The facility usually has two cooks assigned to plate meals. The Food Service Director stated hot food temperatures were below acceptable ranges of 135 F or below during meal service on 03/30/2026. The facility has received resident complaints regarding food temperatures. The Food Service Director stated there is no equipment available to maintain food temperatures other than sterno setups after food is delivered to the facility from the vendor. Staff must continuously monitor the sterno burners to ensure they remain lit during food plating. The Food Service Director stated an industrial microwave is available to reheat food for residents upon request During an interview on 03/30/2026 at 12:45 PM, [NAME] #1 stated they were in the process of plating the food for the North unit carts. They stated meal service should be completed within 10 to 15 minutes. [NAME] #1 stated meal service was delayed on 03/30/2026. They were behind scheduled meal service times. [NAME] #1 stated they had no assistance, and they were the only staff plating food. [NAME] #1 stated the volume of trays to be plated was significant and stated it is difficult to maintain food temperatures during plating when there is only one staff member assigned to complete the process. During an interview on 03/30/2026 at 1:17 PM, Resident #5 stated that when the food arrives to the unit, it is already cold. They stated they do not ask for it to be reheated. They just eat it as it is. The food is always cold. Resident #5 also stated that not much is given for breakfast and stated they get items such as cold cereal, cottage cheese, yogurt, pancakes, and waffles. Resident #5 stated the pancakes and waffles come cut up and are cold and stated if they do not eat it, other choices are not offered. Nothing else is offered. During an interview on 03/30/2026 at 1:17 PM, Resident #6 stated that when the food comes it is a treat if you get a hot lunch. Resident #6 stated that at times the food arrives lukewarm and when a warm meal is received they eat it quickly before it becomes cold. Resident #6 further stated they do not ask for the food to be reheated. Resident #6 also stated that sometimes the food has flavor, sometimes it is too salty, and sometimes it is inconsistent. During an interview on 03/30/2026 at 4:12 PM, the Administrator stated the kitchen is currently under full renovation and is unable to be used, and therefore no food is being cooked on-site. The Administrator stated the facility began catering meals during the first week of February 2026, approximately February 2, 2026. The Administrator stated that when construction initially began in November 2025, kitchen operations were not impacted; however, as the renovation progressed, the kitchen became inoperable, requiring the facility to transition to catered meals. The Administrator stated the Food Service Director is in communication with the catering vendors regarding meal service. The Administrator did not identify an ongoing issue regarding cold food complaints. The Administrator stated food service concerns were managed by the Food Service Director and stated if delays in meal service had been communicated, additional staff could have been provided. During an interview on 03/30/2026 at 4:15 PM, the owner of the restaurant providing catered meals to the facility stated they were unsure why food is arriving to residents cold or lukewarm. The owner stated food is cooked at high temperatures, approximately 500 F, and stated that once prepared it is transferred and transported to the facility in insulated containers intended to maintain food temperatures during delivery. The owner stated that upon arrival at the facility, equipment should be in place to maintain food temperatures prior to service. The owner stated the facility places orders for trays of food and stated they are not provided with specific resident diet orders. The owner stated they do not modify meals to meet individual diet needs and do not puree or chop food. It is the responsibility of the facility to alter the food after delivery. The owner of the restaurant stated communication regarding meal orders is conducted through the Food Service Director and they have (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not communicated with a dietitian regarding resident diets. The owner of the restaurant stated menus are provided approximately a week in advance and meals are prepared in the same manner as regular business operations. The owner stated that at times the facility may request limiting salt or sugar; however, they do not utilize a standardized system to measure or control the amount added. The owner stated they prepare one meal per menu item and do not prepare separate meals for specific diets. It is the responsibility of the facility to portion and modify meals as needed. During an interview on 04/01/2026 at 10:52 AM, Certified Nurse Aide #1 stated meal trays arrive late on the unit. They stated they have received complaints from residents that the food is cold or that the food is not appealing. During an interview on 04/01/2026 at 11:00 AM, Certified Nurse Aide #2 stated residents have reported that meals arrive on the unit cold and residents have made complaints about food temperatures. During an interview on 04/01/2026 at 11:20 AM, Licensed Practical Nurse #1 stated they have received complaints regarding food temperatures and stated residents report that the food is cold. On 04/01/2026 at 4:54 PM, the surveyor arrived in the basement kitchen and observed [NAME] #1 and [NAME] #2 plating dinner meals. One cook observed plating food while the second cook was assisting dietary staff with tray preparation and placement of food items on trays. The surveyor observed meals were plated on disposable foam plates with plastic lid coverings during meal service. During an interview on 04/01/2026 at 5:00 PM, the Food Service Director stated a hot holding box was obtained on Monday evening, 03/30/2026, following the surveyor's initial observation, to assist with maintaining food temperatures. Prior to that time, the Food Service Director stated no dedicated hot holding system was in use and meals were maintained in delivery pans and on sterno setups until service. During an interview on 04/01/2026 at 5:41 PM, Resident #1 stated they do not like the food and stated that the food either comes cold or is not appealing. Resident #1 stated there is no consistency with meal quality. Resident #1 stated they were informed the facility does not have a working kitchen and stated they do not request reheating of the food because staff are often busy and not readily available. The Administrator was interviewed previously on 03/30/2026. A follow-up interview was unable to be conducted on 04/01/2026, as the Administrator departed the facility at approximately 2:00 PM and was unavailable for the remainder of the survey. 10 New York Codes Regulation 415.12