| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365950 | A. Building<br>B. Wing | 09/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sapphire Rehabilitation and Care Center | 1605 Northwest Professional Plaza<br>Columbus, OH 43220 |

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 0627<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.<br><br>(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 0627<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed medical record review, hospital record review, review of a facility investigation, review of the facility assessment, policy review, and interview, the facility failed to develop and implement an effective discharge planning process focusing on the safety and total care needs of Resident #23 to ensure the resident was discharged to a safe location with continuity of care post-discharge. This resulted in Immediate Jeopardy and the potential for serious life-threatening harm, injury, and/or death beginning on 08/12/25 when Resident #23, who had been admitted to the facility with a known diagnosis of alcohol abuse, was discharged from the facility without evidence the resident had a safe location in which to go. Following the resident's discharge, on 08/13/25 the facility was notified by an unidentified bystander that Resident #23 wanted the facility contacted and Assistant Director of Nursing (ADON) #341 informed the unknown caller Resident #23 would have to go to the emergency room. The resident was subsequently admitted to the hospital with diagnoses of suicidal ideation and malnutrition. On 09/11/25 at 1:21 P.M., Regional Director of Operations (RDO) #261, Licensed Nursing Home Administrator (LNHA) #271, Regional Nurse #264, and the Director of Nursing (DON) were notified Immediate Jeopardy began on 08/12/25 when Resident #23 was discharged from the facility without proper assessment, without evidence he had a safe location in which to discharge to and without evidence of coordination of care to ensure the resident's medical and psychosocial needs were met resulting in the resident being hospitalized for malnutrition and suicidal ideation. The Immediate Jeopardy was removed on 09/11/25 when the facility implemented the following corrective actions: Resident #23 exited the facility on 08/12/25 at 6:45 A.M. He did not return to the facility. On 09/11/25 at 9:00 A.M., LNHA #271 and the DON were educated on the facility's discharge against medical advice (AMA) and leave of absence (LOA) policies. On 09/11/25 at 12:00 P.M., an audit was completed by LNHA #271 of current residents with plans to discharge to the community. The audit identified five residents (Residents #16, #42, #101, #114, and #122). All five resident's records were audited to ensure discharge planning was in progress and discharge plans were accurately recorded in each resident's record. On 09/11/25 at 3:30 P.M., Social Services Director (SSD) #312 and LNHA #271 were educated by Regional Director of Clinical Services (RDCS) #263 on ensuring support for residents' psychosocial well-being and providing assistance with discharge needs and requests. Additional education included SSD #312 will complete new admission care conferences within 72 hours of admission which will include screening assessments such as the PHQ-9 depression screening tool. On 09/11/25, the DON provided education to the facility's interdisciplinary team (IDT) and licensed nurses on the facility's policies on discharge AMA and LOA policies. The IDT included LNHA #271, ADON #341, Unit Manager (UM) #347, UM #345, SSD #312, Business Office Manager (BOM) #267, Dietary Manager #269, Activity Director #270, Therapy Director #315, Housekeeping Supervisor #280, Maintenance Director #219, Central Supply Coordinator #205, and Medical Records Coordinator #273. Additionally, 20 Licensed Practical Nurses (LPN) and 11 Registered Nurses (RN) were educated. All education was completed on 09/11/25 by 4:30 P.M. The facility held a Quality Assurance Performance Improvement (QAPI) meeting on 09/11/25 which included completion of a root cause analysis of the event and development of a plan of correction. Participants included Medical Director #450, LNHA #271, DON, RDO #261, RDCS #263, and Regional Nurse #264. The QAPI plan was approved by Medical Director #450 and the IDT on 09/11/25 at 4:30 P.M. On 09/11/25 at 4:45 P.M., Minimum Data Set (MDS) Nurse #343 completed an audit of in-house residents with the diagnosis or history of substance abuse or polysubstance abuse. The audit identified six in-house residents (Residents #3, #17, #58, #78, #89, and #120) with a substance abuse or polysubstance abuse history. On 09/11/25 at 5:00 P.M., the DON provided one-on-one education to Residents #3, #17, #58, #78, #89, and #120 on the facility's leave of absences policy. Ad hoc (not scheduled) education will be provided on an ongoing basis by RDCS #263 or Regional Nurse #264 for any staff member who is not correctly implementing the AMA and/or LOA policies on an as-needed basis. Beginning on 09/11/25, newly hired nurses will be trained on the facility's discharge AMA and LOA policies upon hire by the DON or designee. Beginning on 09/12/25, the DON or designee will provide education to agency staff nurses on the facility's discharge AMA and LOA procedures prior to the agency nurse being able to accept the assignment at the facility. Beginning the week of 09/15/25, LNHA #271 or designee will audit weekly discharges for a duration of four weeks to ensure documentation supports a safe discharge, including a discharge plan that meets the residents' behavioral and psychosocial needs. The results of ongoing audits will be reviewed by |

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| F 0628<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to provide bed hold notices, and transfer/discharge notices to residents being sent to the hospital and to notify the ombudsman monthly of facility discharges. This affected three residents (#3, #55, and #109) of three reviewed for hospitalization.Findings Include:<br><br>1.Review of Resident #109‘s medical record revealed an admission date of 06/18/25, a discharge date of 06/30/25 and diagnoses including, but not limited to, diabetes, chronic kidney disease stage three, Alzheimer's disease, anxiety, hypertension and metabolic encephalopathy.<br><br>Review of the admission Minimum Data Set (MDS) assessment, dated 06/24/25 revealed a Brief Interview for Mental Status (BIMS) score of six indicating the resident had severely impaired cognition. The resident required set up assistance for eating and substantial/maximal assist for bathing, toileting hygiene, bed mobility and transfers. Further review revealed Resident #109 was frequently incontinent of bladder and bowel, was receiving antidepressant, diuretic and hypoglycemic medications and was working with speech, occupational, and physical therapy.<br><br>Review of Resident #109's medical record revealed no documentation the resident or resident's representative had been given a bed hold notice or a transfer/discharge notice. Further review of Resident #109's medical record revealed no documentation the ombudsman had been notified of the resident's transfer to the hospital.<br><br>In an interview on 08/27/2025 at 3:23 P.M. the Director of Nursing (DON) stated the facility was not able to provide documentation that Resident #109 or her representative had received a bed hold notice or transfer/discharge notice. The DON further stated the facility was unable to provide documentation of the ombudsman being notified of Resident #109's transfer.<br><br>2. Review of Resident #55‘s medical record revealed an admission date of 07/29/25, a discharge date of 08/24/25 and diagnoses including, but not limited to, peripheral vascular disease, diabetes, chronic obstructive pulmonary disease, hypertension, and other acute osteomyelitis of the left ankle and foot.<br><br>Review of Resident #55's admission Minimum Data Set (MDS) assessment, dated 08/07/25 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating the resident was cognitively intact. The resident required set up assistance for eating, partial/moderate assist with bathing and dressing and substantial/maximal with transfers. Further review revealed Resident #109 was continent of bladder and bowel, was receiving insulin, antidepressant, antidepressant, antibiotic, opioid, antiplatelet, hypoglycemic and anticonvulsant medications and was working with occupational and physical therapy.<br><br>Review of Resident #55's medical record revealed no documentation the resident or resident's representative had been given a bed hold notice or a transfer/discharge notice.<br><br>In an interview on 09/04/2025 at 3:45 P.M. the Director of Nursing (DON) stated the facility was not able to provide documentation that Resident #55 or his representative had received a bed hold notice or transfer/discharge notice.<br><br>(continued on next page) |

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| F 0628<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | 3. Review of the medical record revealed Resident #3 was admitted on [DATE] and readmitted on [DATE] with diagnoses that included osteomyelitis, asthma, type 2 diabetes, and methicillin resistant staphylococcus aureus.<br><br>A nursing note dated 04/23/25 at 7:22 P.M. revealed Resident #3 went to an appointment and had not returned. A nursing note dated 05/14/25 at 4:38 P.M. revealed Resident #3 was readmitted to the facility from the hospital.<br><br>Review of the census revealed Resident #3 was out to the hospital on [DATE] and returned to the facility on [DATE].<br><br>An interview on 08/28/25 at 2:13 P.M. Director of Nursing (DON) verified Resident #3 had not been provided with a bed hold notification when Resident #3 went to the hospital on [DATE] and 05/25/25.<br><br>An interview on 09/02/25 at 10:49 A.M. Resident #3 stated she was told once that she had only nine days for her room to be held. Resident #3 verified she was not given a formal bed hold notification.<br><br>Review of the policy titled Bed-Holds and Returns, revised March 2017, revealed that prior to transfers residents or resident representatives would be informed in writing of the bed-hold and return policy.<br><br>Review of the policy titled Facility Initiated Transfers and Discharge Notice, dated December 2024, revealed that in emergencies the resident and their representative would be notified as soon as possible. |