

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2026
NAME OF PROVIDER OR SUPPLIER  Sapphire Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1605 Northwest Professional Plaza 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)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on resident and staff interview and record review, the facility failed to provide a resident's 30-day discharge notice to a representative of the Office of the State Long-Term Care Ombudsman. This affected one (Resident #11) of one resident reviewed for discharge notices. The facility census was 95. Findings include: Review of the medical record revealed Resident #11 was admitted to the facility on [DATE]. Diagnoses included heart failure, renal insufficiency, diabetes mellitus, and depression. The Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #11 was cognitively intact, independent with eating, toileting, bathing, and personal hygiene. Review of Resident #11's 30-day discharge notice dated 12/29/25 revealed the effective date of discharge was 01/28/26 and it was signed by the Administrator. There was no evidence the Long-Term Care Ombudsman was notified of Resident #11's discharge notice. Interview on 01/28/26 at 1:27 P.M. with Resident #11 revealed she received a letter stating they were discharging her to a homeless shelter today (01/28/26). Interview on 01/28/26 at 3:00 P.M. with the Administrator confirmed he was unable to provide any evidence the facility provided a copy of Resident #11's 30-day discharge notice dated 12/29/25 to the Long-Term Care Ombudsman's office. This was an incidental finding discovered during the complaint investigation.</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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