STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365950	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Rehabilitation and Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, resident interviews, staff interviews, and facility policy, the facility failed to maintain resident use shower rooms in a clean, sanitary, and safe condition. This is affected three of three showers rooms located in the facility. This had the potential to affect all 64 residents who utilize the shower rooms. The facility census was 94.Findings include:Interview on 06/09/26 at 10:50 A.M. with Resident #60 revealed concerns regarding the condition of the shower rooms. The resident stated a shower room was not being cleaned and reported concerns regarding the condition of the facility's shower areas on both unit A and B.Interview on 06/09/26 at 10:59 A.M. with Unit Manager #211 revealed the Unit B shower remained in use and was cleaned regularly. Unit Manager #211 stated the shower on Unit B had contained missing tile since she began working on the unit approximately one month earlier.Observation on 06/09/26 at 11:07 A.M. of the Unit B shower room revealed missing wall tiles, warped flooring causing tiles to bulge upward, and separation of wall material beneath the tile surface due to moisture damage. The shower remained in use and a resident shower had recently concluded. Unit Manager #211 confirmed the condition of the shower on unit B at the time of the observation.Interviews on 06/09/26 at 1:40 P.M. revealed Residents #18 and #71 reported concerns regarding shower room cleanliness and maintenance, including missing tiles and inadequate cleaning.Observation on 06/09/26 at 1:51 P.M. with the Administrator revealed the memory care shower room contained mold like substance throughout the shower area, multiple missing/broken floor tiles, and exposed sharp tile edges. Observation of the Unit A shower room revealed a yellow substance present along the corners of the tiled surfaces. The Administrator confirmed the mold like substance conditions observed in the memory care shower room, they yellow substance present along the tile of unit A shower, and confirmed the Unit B shower room contained missing tiles and warped flooring.Interview on 06/09/26 at 2:01 P.M. with Housekeeper #166 revealed the black substance observed in the memory care shower room had been present for months.Interview on 06/09/26 at 2:30 P.M. with Maintenance Director #194 revealed he had been aware of the shower conditions since beginning employment approximately three weeks earlier. Maintenance Director #194 stated he discussed the conditions with his supervisor on the date of this survey (06/09/26). Maintenance Director #194 stated the mold and tile issues were being addressed following surveyor observations but would have remained pending a future remodel project that had not been scheduled yet.Review of the facility policy titled Homelike Environment, revised February 2021, revealed residents were to be provided a safe, clean, comfortable, and homelike environment. The facility was to maximize characteristics of a homelike setting including a clean, sanitary, and orderly environment.This deficiency represents non-compliance investigated under Complaint Number 3022596.

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Respond appropriately to all alleged violations. Based on review of the facilities Self-Reported Incidents (SRI) and investigations, policy review, and staff interview, the facility failed to conduct thorough investigations into allegations of physical abuse, neglect, and misappropriation were thoroughly investigated. This affected three of three SRIs reviewed. This affected five resident, Residents #40, #41, #43, #74, and #76. The facility census was 94.Findings include:1. Review of SRI tracking number 274596 dated 05/15/26 revealed an allegation of neglect involving facility staff member, Registered Nurse (RN) #166 and Residents #74 and #41. The narrative summary stated that head-to-toe assessments were completed with no injuries noted, staff and resident interviews were conducted, the alleged perpetrator was interviewed, and the allegation was unsubstantiated. On 06/09/26 at 8:33 A.M., 11:50 A.M., 1:00 P.M., and 4:10 P.M., the State Survey Agency surveyor requested the facilities SRI 274596 and the facilities investigation related to this SRI to the Administrator. The SRI investigation was not provided until 4:56 P.M.Review of the facilities investigation revealed there was no evidence staff and residents interviews were conducted or head-to-toe assessments were completed. Witness statements, including one from RN #166 describing the incident, were only provided to surveyor after survey exit via e-mail. The file contained a statement stating residents were interviewed and listed the residents names regarding concerns with their care and missing items but no evidence of the resident interviews were in the file. Interview on 06/09/26 at 5:07 P.M. with the Administrator revealed he acknowledged the delay in providing the SRI records and investigations. The Administrator confirmed the facility's expectation for thorough investigations including witness statements and resident statements/skin checks but could not explain the gaps in the documentation for the SRI 274596.2. Review of SRI tracking number 274624 dated 05/16/26 revealed an allegation of misappropriation involving Resident #40. The narrative summary stated that the resident was interviewed, other residents and staff were interviewed with no concerns noted, family was contacted, and no inventory record existed for the missing items. The allegation was unsubstantiated. On 06/09/26 at 8:33 A.M., 11:50 A.M., 1:00 P.M., and 4:10 P.M., the State Survey Agency surveyor requested the facilities SRI 274624 and the facilities investigation related to this SRI to the Administrator. The SRI investigation was not provided until 4:56 P.M.Review of the facilities investigation revealed the investigation did not contain staff interview documentation, resident witness statements, or other supporting evidence. The file was primarily composed of care plan information.Interview on 06/09/26 at 5:07 P.M. with the Administrator revealed he acknowledged the delay in providing the SRI records and investigations. The Administrator confirmed the facility's expectation for thorough investigations including witness statements and resident statements/skin checks but could not explain the gaps in the documentation for the SRI 274624.3. Review of SRI tracking number 274784 dated 05/20/26 revealed an allegation of physical abuse (resident-to-resident altercation between Resident #76 and Resident #43). The narrative summary stated head-to-toe assessments were completed, residents were interviewed (limited information due to cognition), staff working on the unit were interviewed, and the allegation was unsubstantiated. Resident #76 was placed on increased supervision. On 06/09/26 at 8:33 A.M., 11:50 A.M., 1:00 P.M., and 4:10 P.M., the State Survey Agency surveyor requested the facilities SRI 274784 and the facilities investigation related to this SRI to the Administrator. The SRI investigation was not provided until 4:56 P.M.Review of the facilities investigation revealed there was no evidence witness statements or resident statements despite the summary claiming they were obtained. The file did contain head to toe assessments of non-interview able residents but the rest of the file was resident profile and care plan information.Interview on 06/09/26 at 5:07 P.M. with the Administrator revealed he acknowledged the delay in providing the SRI records and investigations. The Administrator confirmed the facility's expectation for thorough investigations including witness statements and resident statements/skin checks but could not explain the gaps in the documentation for the SRI 274784. The Administrator stated the witness statements, resident interviews, and any (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	head to toe assessments should have been included in the file and stated he was unsure of their location.Review of the facility policy titled, Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property dated March 2024, revealed residents have the right to be free from abuse, neglect, exploitation, and misappropriation of resident property. Once the Administrator and ODH are notified the investigation must be completed within five working days. The investigation protocol included to interview the resident, the accused, and all witnesses, and the interviews may need to be expanded to all employees on the shift or unit. Under documentation, evidence of the investigation should be documented in accordance with Quality Assurance (QA) protocols.This was an incidental finding discovered during the course of the complaint investigation.