

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395288	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/30/2024
NAME OF PROVIDER OR SUPPLIER: SAPPHIRE CARE AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 221 EAST BROWN STREET EAST STROUDSBURG, PA 18301		
STATE LICENSE NUMBER: 194002				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a revisit completed on December 30, 2024, it was determined that Sapphire Care and Rehab Center corrected the federal deficiencies cited during the survey ending October 25, 2024, under the requirements of 42 CFR Part 483 Subpart B and had a deficiency of past-non-compliance cited under the requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520	Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	The facility cannot retroactively correct the deficiency. The Nursing Staffing Coordinator will be re-educated regarding the ratios for nurse aides. The facility will focus on retention of existing nurse aides and recruitment of new nurse aides through efforts of the facility Recruitment & Retention Committee. Calculation of the daily nurse aide ratios will be completed and reviewed for accuracy by the scheduler/designee. Daily ratios will be audited weekly x4 then monthly x2. The audits will be taken to QAPI for further action planning as needed. Facility will be in compliance 02/15/2025	Completion Date: 02/15/2025 Status: APPROVED Date: 01/10/2025
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P 5520	Continued from page 1 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for five shifts out of 21 reviewed. Findings include: A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the night shift based on the facility's census. December 17, 2024 - 9.00 nurse aides on the evening shift, versus the required 9.36 for a census of 103. December 17, 2024 - 6.00 nurse aides on the night shift, versus the required 6.87 for a census of 103. December 21, 2024 - 5.00 nurse aides on the night shift, versus the required 6.80 for a census of 102. December 22, 2024 - 9.00 nurse aides on the day shift, versus the required 10.20 for a census of 102.	P 5520		

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P 5520	Continued from page 2 December 22, 2024 - 5.00 nurse aides on the night shift, versus the required 6.80 for a census of 102. On the above dates mentioned, no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator on December 30, 2024, at approximately 2:00 PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520		
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P 5530	Continued from page 3 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	The facility cannot retroactively correct the deficiency. The Nursing Staffing Coordinator will be re-educated regarding the ratios for LPNs. The facility will focus on retention of existing LPNs and recruitment of new LPNs through efforts of the facility Recruitment & Retention Committee. Calculation of the daily LPN ratios will be completed and reviewed for accuracy by the scheduler/designee. Daily ratios will be audited weekly x4 then monthly x2. The audits will be taken to QAPI for further action planning as needed. Facility will be in compliance 02/15/2025	Completion Date: 02/15/2025 Status: APPROVED Date: 01/10/2025

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P 5530	<p>Continued from page 4</p> <p>Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum licensed practical nurse staff to resident ratio was provided on each shift for two shifts out of 21 reviewed.</p> <p>Findings include:</p> <p>A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:25 on the day shift.</p> <p>December 19, 2024 - 2.00 LPNs on the night shift, versus the required 2.58 for a census of 103. December 20, 2024 - 2.00 LPNs on the night shift, versus the required 2.58 for a census of 103.</p> <p>On the above dates mentioned, no additional excess higher-level staff were available to compensate this deficiency.</p> <p>An interview with the Nursing Home Administrator</p>	P 5530		

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P 5530	Continued from page 5 on December 30, 2024, approximately 2:00 PM, confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		
P 5640	Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	The facility cannot retroactively correct the deficiency. The Nursing Staffing Coordinator will be re-educated regarding the new staffing hours of 3.2. The facility will focus on retention of existing staff and recruitment of new staff through efforts of the facility Recruitment & Retention Committee. Calculation of the daily staffing hours will be completed and reviewed for accuracy by the Nursing Staffing Coordinator/designee. Daily hours will be audited weekly x4 then monthly x2. The audits will be taken to QAPI for further action planning as needed. Facility will be in compliance by 02/15/2025	Completion Date: 02/15/2025 Status: APPROVED Date: 01/10/2025

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P 5640	<p>Continued from page 6</p> <p>Based on a review of nurse staffing, state regulation, and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily.</p> <p>Findings include:</p> <p>A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.20 hours of general nursing care to each resident:</p> <p>December 21, 2024 - 3.06 direct care nursing hours per resident. December 22, 2024 - 2.91 direct care nursing hours per resident.</p> <p>The facility's general nursing hours were below minimum required levels on the dates noted above.</p> <p>An interview with the Nursing Home Administrator on December 30, 2024, at approximately 2:00 PM,</p>	P 5640		

Pennsylvania Department of Health

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P 5640	Continued from page 7 confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640			



Certified End Page

SAPPHIRE CARE AND REHAB CENTER

STATE LICENSE NUMBER: 194002

SURVEY EXIT DATE: 12/30/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY