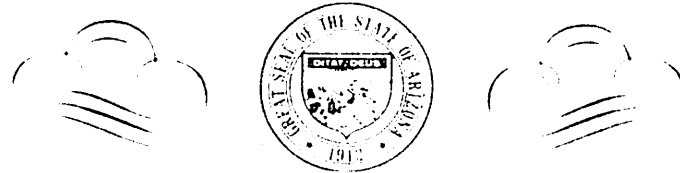


PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



Sapphire of Tucson Nursing and Rehab, L.L.C., dba
Sapphire of Tucson Nursing and Rehab, L.L.C.
2900 East Milber Street
Tucson, AZ 85714

This facility is licensed to operate as a NURSING CARE INSTITUTION

Total Capacity: 240

From: August 1, 2019

To: July 31, 2020

Issued: April 25, 2019

A handwritten signature in cursive script, reading "Diane Eckles", written over a horizontal line.

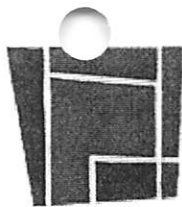
Recommended By: Diane Eckles, Bureau Chief

License: NCI-2643

A handwritten signature in cursive script, reading "Colby Bower", written over a horizontal line.

Issued By: Colby Bower, Assistant Director

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

April 25, 2019

Important Notice - Please Read Carefully

Sheila Wiggins, Administrator
Sapphire Of Tucson Nursing And Rehab, L.L.C.
2900 East Milber Street
Tucson, AZ 85714

Dear Ms. Wiggins:

Enclosed is Nursing Care Institution license number Nci-2643, which authorizes your facility to operate 240 beds. In accordance with A.R.S. § 36-407(C), this license is only valid for the location indicated on the license. Please note the expiration date on your license.

Please be advised that A.R.S. § 36-425(A) requires this license to be conspicuously posted in the reception area of your facility. In addition, A.R.S. § 36-422(D) requires the Department to be notified of a change of ownership at least thirty (30) days prior to the effective date.

The Department has also completed an administrative completeness review of the renewal application and documents you submitted and determined that the application and documents are administratively complete and in compliance with licensing requirements.

Should you have any questions or concerns, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

A handwritten signature in cursive script that reads "Diane Eckles".

Diane Eckles
Bureau Chief

DE:sf

Enclosure

Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247 P | 602-364-2690 F | 602-324-0993

W | azhealth.gov

Health and Wellness for all Arizonans



ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: SAPPHIRE OF TUCSON NURSING AND REHAB, LLC		License No. NCI-2643							
Mailing Address: 2900 EAST MILBER STREET									
City: TUCSON	State: AZ	Zip Code: 85714							
Phone No. (520) 294-0005	Fax No. (520) 294-0076	E-mail: swiggins@sapphireoftucson.com							
Class: Nursing Care Institution									
What is the health care institution's scope of service: SNF and a Behavioral unit									
Health care institution's days and hours of operation: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Sun 24</td> <td style="text-align: center;">Mon 24</td> <td style="text-align: center;">Tues 24</td> <td style="text-align: center;">Wed 24</td> <td style="text-align: center;">Thurs 24</td> <td style="text-align: center;">Fri 24</td> <td style="text-align: center;">Sat 24</td> </tr> </table>			Sun 24	Mon 24	Tues 24	Wed 24	Thurs 24	Fri 24	Sat 24
Sun 24	Mon 24	Tues 24	Wed 24	Thurs 24	Fri 24	Sat 24			
Is health care institution accredited? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
Name of accrediting organization (must be from a nationally recognized organization):									
Is health care institution requesting certification under Title XIX of the Social Security Act? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION
ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

II. OWNER INFORMATION

Owner's Name: SAPPHIRE OF TUCSON NURSING AND REHAB, LLC

Street Address: 3901 GLENVIEW ROAD

City: GLENVIEW State: IL Zip Code: 60025

Phone No. (847) 812-3648 Fax No.

The owner is a (select one):

<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability partnership	<input checked="" type="checkbox"/> Limited liability company	<input type="checkbox"/> Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;
If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
If the owner is a corporation, the name and title of each corporate officer; or
If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Elisha Atkin	Title: Manager
Name: Joel Atkin	Title: member
Name: Shua Seif	Title: Member

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?

YES NO

If yes, indicate:
The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license:



RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – BUREAU OF LONG TERM CARE FACILITIES LICENSING

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

YES NO

If yes, indicate:

The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10-108(C)(2)? YES NO

III. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: Elisha Atkin

Title: Manger

Street Address: 9100 Karlov

City: Skokie

State: IL

Zip Code: 60076

Phone No. (847) 812-3648

IV. GOVERNING AUTHORITY

Name: Elisha Atkin

Street Address: 9100 Karlov

City: Skokie

State: IL

Zip Code: 60076



ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

RENEWAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION
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V. CHIEF ADMINISTRATIVE OFFICER

Name: Shelia Wiggins	Title: ADM
Highest Educational Degree: BS	
Work experience related to the health care institution class or subclass related to licensing requested: See resume	

VI. SIGNATURES

1. If the applicant is an individual, the owner of the health care institution.	
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.	
3. If the applicant is a governmental agency, the head of the governmental agency.	
Elisha Atkin _____ Signature	Manager _____ Title
Shua Seif _____ Signature	Memeber _____ Title

VII. ADDITIONAL DOCUMENTATION

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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