



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

June 9, 2020

**Important Notice - Please Read Carefully**

Brian Balliet, Administrator  
Sapphire Of Tucson Nursing And Rehab, LLC  
2900 East Milber Street  
Tucson, AZ 85714

Dear Mr. Balliet:

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 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.

Per A.R.S. § 36-425(C)(1), "A health care institution license does not expire and remains valid unless...The department subsequently revokes or suspends the license..." Additionally, per A.R.S. § 36-425(C)(2), "The license is considered void because the licensee did not pay the licensing fee before the licensing fee due date."

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

Sincerely,

A handwritten signature in blue ink that reads "Diane Eckles".

Diane Eckles  
Bureau Chief

DE:dc

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](http://azhealth.gov)

*Health and Wellness for all Arizonans*

PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**Sapphire Of Tucson Nursing And Rehab, LLC, dba  
Sapphire Of Tucson Nursing And Rehab, LLC  
2900 East Milber Street  
Tucson, AZ 85714**

**This facility is licensed to operate as a NURSING CARE INSTITUTION**

**Total Capacity: 240**

**Effective: August 1, 2020**

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**

**HEALTH AND WELLNESS FOR ALL ARIZONANS**

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**



# INFORMATION VERIFICATION AND ANNUAL LICENSING FEES

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – LONG TERM CARE FACILITIES LICENSING

In accordance with A.A.C. R9-10-107

C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility’s health care institution license:

1. The following information in a Department-provided format:
  - a. The licensee’s name, and
  - b. The facility’s name and license number;
2. Verification of the information in the Department’s current records for the health care institution;
3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
4. The applicable annual licensing fees in R9-10-106.

Fac ID **LTC0053**

Fee Due Date **7/31/2020**

### Legend

New Certificate	Updates Required	Review and Updates Required
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## HEALTH CARE INSTITUTION INFORMATION

Name of health care institution		License number	
<b>SAPPHIRE OF TUCSON NURSING AND REHAB, LLC</b>		<b>NCI-2643</b>	
Facility physical address	City	State	ZIP Code
<b>2900 EAST MILBER STREET</b>	<b>TUCSON</b>	<b>AZ</b>	<b>85714</b>
Facility mailing address	City	State	ZIP Code
<b>2900 EAST MILBER STREET</b>	<b>TUCSON</b>	<b>AZ</b>	<b>85714</b>
Phone number	Email	Fax number (optional)	
<b>(520) 294-0005</b>	<b>bballiet@sapphireoftucson.com</b>	<b>(520) 294-0076</b>	
Class or subclass			
<b>Nursing Care Institution</b>			
Authorized services			
<b>Authorized Service: Secured Alzheimer’s Unit Not Approved (Start Date: N/A)</b>			
<b>Authorized Service: Ventilator Area Not Approved (Start Date: N/A)</b>			
<b>Authorized Service: Behavioral Health Unit Not Approved (Start Date: N/A)</b>			
<b>Authorized Service: Dialysis Services Not Approved (Start Date: N/A)</b>			

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Authorized Service: Radiology Services Not Approved (Start Date: N/A)

Authorized Service: Diagnostic Imaging Services Not Approved (Start Date: N/A)

Authorized Service: Clinical Lab Services Not Approved (Start Date: N/A)

Authorized Service: Behavioral Health Services Not Approved (Start Date: N/A)

Health care institution's days and hours of operation

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM	12AM-11:59PM

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**OWNER INFORMATION**

The owner type is a

**Limited liability company**

Tax ID

Owner's name

**SAPPHIRE OF TUCSON NURSING AND REHAB,  
LLC**

Owner's mailing address

**3901 GLENVIEW ROAD**

City

**GLENVIEW**

State

**IL**

ZIP Code

**60025**

Phone number

**(847) 812-3648**

Email

**kishmere l @aol.com**

Fax number (optional)

Name

**Elisha Atkin**

Title

**Manager**

Name

**Joel Atkin**

Title

**member**

Name

**Shua Seif**

Title

**Member**

**CHIEF ADMINISTRATIVE OFFICER**

Name

Effective date

**NURSING CARE INSTITUTION ADMINISTRATOR**

Name

**BRIAN BALLIET**

Effective date

**5/29/2019**

**EMERGENCY CONTACT INFORMATION**

Name

**Brian Balliet**

Phone number

**(520) 294-0005**

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**FEES**

Description	Amount
<b><u>License fees</u></b>	
Base fee	\$1450
Licensed capacity/occupancy (240) x Per unit cost of \$73	\$17520
Late fee	\$0
<b>Total license fees</b>	<b>\$18970</b>
<b><u>Enforcement fees</u></b>	
Enforcement fees previously owed	\$0
<b>Total enforcement fees</b>	<b>\$0</b>
<b>Total amount due</b>	<b>\$18970</b>

**Please note that the Department will not receive your submission unless the payment process is complete and approved.**

ALL FEES ARE NON-REFUNDABLE.

NOTE: Fees do not apply to a health care institution operated by a state agency pursuant to federal law such as the veterans home, Arizona State Hospital or an adult foster care home.

I acknowledge that all information has been verified and is accurate.

Submitted by

**Angela Schierer**

Submitted on

**6/9/2020**