

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 11/20/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Beechtree Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 318 South Albany Street Ithaca, NY 14850	
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations and interviews during the recertification survey conducted 8/24/2025-8/29/2025, the facility did not ensure residents were provided food and drink that was palatable, flavorful, and at an appetizing temperature for two (2) of (2) two meals (lunch meals on 8/25/2025 and 8/26/2025) reviewed. Specifically, food was not served at palatable and appetizing temperatures during the lunch meals on 8/25/2025 and 8/26/2025. Additionally, Residents #3 and #8 stated the food was not palatable and Resident #34 stated the food was often cold. Findings include: The facility policy Food Temperature and Palatability, revised 9/9/2024 documented all hot food items were maintained at 135 degrees Fahrenheit or greater until served. Cold food items were served at 41 degrees Fahrenheit or below. Resident meals would be palatable, visually appealing, and prepared in a manner consistent with resident preferences and nutritional needs. Resident interviews on 8/24/2025 included the following:-at 3:23 PM, Resident #8 stated the food was not palatable.-at 4:27 PM, Resident # 3 stated the food was not palatable. -at 4:47 PM, Resident #34 stated the food was often cold. During a lunch meal observation on 8/25/2025 at 12:42 PM, Resident #20's meal was tested in the presence of Registered Nurse #22, and a replacement tray was ordered. Food temperatures measured as follows: the baked chicken breast was 96 degrees Fahrenheit and fried potatoes with onions were 121 degrees Fahrenheit. The baked chicken was dry and tough to chew. During a lunch meal observation on 8/26/2025 at 1:01 PM Resident #34's meal tray was tested in the presence of Certified Nurse Aide #11, and a replacement tray was ordered. Food temperatures were measured as follows: pork cutlet was 123.6 degrees Fahrenheit, zucchini was 131 degrees Fahrenheit, rice was 114.8 degrees Fahrenheit, applesauce was 53 degrees Fahrenheit, water was 43.3 degrees Fahrenheit, and 2% milk was 45 degrees Fahrenheit. The pork cutlet was bland with mushy breading. During an interview on 8/28/2025 at 11:15 AM, Food Service Aide #1 stated the holding temperature for hot food was 175-180 degrees Fahrenheit. The food was cooked prior to being brought to the units and the food service aides were supposed to measure the temperature of the food prior to serving and record it on their temperature log. If the food was not at the proper temperature, they should notify the supervisor. During an interview on 8/29/2025 at 9:07 AM, Kitchen Supervisor #3 stated the food was cooked in the kitchen and held in the hot holding box or refrigerator in the kitchen until the food service aides brought the food to the units. The food service aides took the temperature of the foods prior to serving the residents and recorded them on their temperature log. If there any issues with the temperature of the food the food service aides should call the supervisor. When hot food was served cold it could affect the palatability of the meal. Hot foods should be served at least 135 degrees Fahrenheit and cold foods should be served at 41 degrees or below Fahrenheit to ensure palatability. 10NYCRR 415.14(d)(1)(2)		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observations, record review, and interviews during the recertification and abbreviated (NY00383732) surveys conducted 8/24/2025-8/29/2025, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for two (2) of seven (7) residents (Residents #8 and #111) reviewed. Specifically, staff did not wear personal protective equipment when entering Residents #8's and #111's rooms, who were on contact precautions. Findings include: 1) Resident #8 had diagnoses including methicillin resistant staphylococcus aureus (antibiotic resistant bacteria) infection and local infection of the skin. The 6/5/2025 Minimum Data Set assessment documented the resident had intact cognition, multidrug-resistant organisms, a wound infection, and required applications of nonsurgical dressings to feet. The 6/30/2025 Comprehensive Care Plan documented the resident had methicillin resistant staphylococcus aureus in the left heel wound. Interventions included bag and transport used linen according to facility protocol, contact isolation, and educate the resident and family regarding the importance of hand washing immediately after activities of daily living, care tasks, and activities. The 8/14/2025 Physician order documented enhanced barrier precautions and contact isolation precautions secondary to wounds and history of methicillin resistant staphylococcus aureus. The Wound culture collected 8/12/2025 documented there was methicillin resistant staphylococcus aureus growth in the left foot wound. The Comprehensive tissue culture collected 8/25/2025 documented there was staphylococcus aureus growth in the left foot wound. The following contact precaution observations were made:-On 8/26/2025 at 8:34 AM, Certified Nurse Aid #11 entered Resident #8's room without donning personal protective equipment and placed a meal tray on the resident's table.-On 8/27/2025 at 9:48 AM, Certified Nurse Aid #18 entered the room without donning and isolation gown or gloves and delivered packages to the resident. During an interview on 8/27/2025 at 10:48 AM, Certified Nurse Aid #17 stated that they knew who was on isolation precautions because of the sign on the door. The sign stated what type of isolation they were on and what to wear. Resident #8 was on enhanced barrier precautions. Surveyor and Certified Nurse Aid #17 observed the door for Resident #8 with a contact precaution sign. They stated they were not sure when the sign was placed as it was not there a day ago. Since they were on contact isolation, one needed a gown and gloves to enter the room. 2) Resident #111 had diagnoses including sepsis due to Escherichia coli (a bacteria found in the gut). The 8/11/2025 Minimum Data Set assessment documented the resident had intact cognition, had multidrug-resistant organism infections, and sepsis. The 8/5/2025 Comprehensive Care Plan documented the resident was on contact precautions related to extended-spectrum beta-lactamases (a resistant enzyme produced by Escherichia coli) in their urine and wounds. Interventions included contact precautions. The 8/5/2025 Physician order documented transmission-based precautions: contact precautions secondary to extended-spectrum beta-lactamases in urine. The following observations were made:- On 8/24/2025 at 4:16 PM a contact isolation sign was on the door Resident #111's room.- On 8/24/2025 at 4:20 PM Certified Nurse Aid #19 entered the resident's room without donning gown or gloves, lifted up the resident's blanket and stated they were checking if the resident was dry or needed to be changed.- On 8/24/2025 at 4:27 PM Registered Nurse #20 entered the resident's rooms without donning gown or gloves to deliver food to the resident. During an interview on 8/24/2025 at 4:20 PM, Certified Nurse Aid #19 stated they did not wear a gown or gloves because they did not know the resident was on contact precautions. They had only been working in the facility for three days. They were unsure how to know if a resident was on precautions. They thought that maybe there would be something across the door telling them to stop. They had been in and out of Resident #111's room multiple times and in other resident rooms. They knew they should wear a gown and gloves if someone was on contact precautions but did not know why. They did not remember if they had received education about isolation when they started. They stated that they should have worn a gown and gloves if the resident was on contact precautions. During an interview on 8/28/2025 at 10:50 AM, Assistant Director of Nursing stated staff knew if a resident was on contact precautions by the sign on the door outside the room. The sign indicated what personal protective equipment was required to enter the room. Contact precautions required staff to don a gown and gloves prior to entering the resident's room. Staff received education on this on orientation and annually. Residents #8 and #111 were on contact isolation. During an interview on 8/28/2025 at 1:57 PM, Director of Nursing/Infection Preventionist stated if someone had an active infection they should be on contact isolation. The resident was placed on contact precautions after the		