STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335017	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beechtree Center for Rehabilitation and Nursing	318 South Albany Street Ithaca, NY 14850

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview during the recertification and abbreviated (NY00342762) surveys conducted 8/24/2025-8/29/2025 the facility did not ensure food was stored, prepared, distributed, and served in accordance with professional standards in one (1) out of one (1) main kitchen and for two staff (Dietary Aide #1 and Certified Nurse Aide #4). Specifically, in the main kitchen food was not labelled and dated; refrigerator and freezer temperatures were not recorded; cookware was not sanitized appropriately; potentially hazardous food temperatures were not recorded; and the ice machine was unclean. Additionally, Dietary Aide #1 did not wear a beard restraint while preparing meal trays; and Certified Nurse Aide #4 scratched their head and played with their hair while serving food. Findings include:The facility policy Food and Non-Food Storage, revised 01/2025, documented refrigerator temperatures were recorded daily; foods were labeled and dated.The facility policy Kitchen Equipment Maintenance, revised 8/4/2025, documented refrigerator and freezer temperatures were logged at least twice daily, and the ice machine interior was cleaned monthly.The facility policy Safe Food Handling, revised 8/4/2025, documented beards must be covered with a beard net if not closely trimmed.The facility policy Food Temperature and Palatability, revised 8/4/2025, documented hot foods should remain at or above 135 degrees Fahrenheit. If food falls outside of required temperature ranges during service, it would be reheated to 165 degrees Fahrenheit immediately. The product label for the three-bay sink sanitizer documented dishes were immersed in a 200-400 parts per million active quaternary solution for at least 60 seconds while immersed completely. Temperature Logs:During an observation of the main kitchen on 8/24/2025 at 1:39 PM, the temperature logs for the walk-in cooler, walk-in freezer, cook's cooler, and dessert cooler were not completed and missing the following dates and times: -Walk- in freezer: 8/5/2025 AM; 8/6/2025 AM; 8/8/2025 PM; 8/9/2025 AM and PM; 8/10/2025 AM; 8/14/2025 AM; 8/16/2025 PM; and 8/19/2025 AM and PM.-Walk in cooler: 8/5/2025 AM; 8/6/2025 AM; 8/8/2025 PM; 8/9/2025 AM and PM; 8/10/2025 AM; 8/16/2025 PM; and 8/19/2025 AM. -Dessert Cooler: 8/5/2025 AM; 8/6/2025 AM; 8/8/2025 PM; 8/9/2025 AM and PM; 8/10/2025 AM; 8/14/2025 AM and PM; 8/19/2025 AM and PM; 8/23/2025 AM; and 8/24/2025 AM and PM.-Cooks Cooler: 8/5/2025 AM; 8/6/2025 AM; 8/8/2025 PM; 8/9/2025 AM & PM; 8/10/2025 AM & PM; 8/14/2025 AM; 8/16/2025: PM; 8/23/2025 PM. During a meal observation on 8/24/2025 at 6:07 PM, Dietary Aide #1 delivered the food cart to Unit 2 and served the hot food. The temperature log attached to the food cart was blank. Dietary Aide #1 stated they obtained the temperatures after the meal was over, and they were back in the main kitchen.Undated items:During an observation of the walk-in cooler on 8/24/2025 at 1:39 PM, there were three unlabeled and undated cups (one contained an orange substance, one contained a gravel like substance, and one contained a yellow substance) on the top right shelf. The cook's cooler contained unlabeled and undated cheese, fried eggs, and a meat product (staff identified the product as left over pork chop from the previous day).Hair Restraints:During a meal observation on 8/24/2025 at 6:07 PM, Dietary Aide #1 delivered the food cart to Unit 2 and served the hot food. They had chin hair two inches long and was not wearing a beard restraint. During a meal observation on 8/25/2025 at 1:11 PM, Dietary Aide #1 served the lunch meal on Unit 2 without a beard restraint. Their beard was (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Beechtree Center for Rehabilitation and Nursing	318 South Albany Street Ithaca, NY 14850

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	approximately two inches long. Certified Nursing Aide #4 scratched their head and played with long strands of their hair while putting beverages and desserts on resident trays.3-Bay sink:During an observation on 8/26/2025 at 10:35 AM, the three-bay sink's (used for washing pots and pans) first compartment contained sudsy water, the second compartment contained clear water, the third compartment was empty, and there were two pots air drying at the end of the sink. A bottle of quaternary sanitizer, used to sanitize food contact surfaces, was attached to the third sink by a hose which mixed the sanitizer with water. [NAME] #2 stated the pots were sanitized by running the sanitizer and water mixture over the pots for 5 seconds because they were trying to use up the almost empty bottle of sanitizer.Ice Machine:During an observation on 8/26/2025 at 11:00 AM, a black substance was inside the ice machine, along the ridge where the ice drops down into the basin.During an interview on 8/28/2025 at 11:15 AM, Dietary Aide #1 stated they usually obtained food temperatures before they brought the food cart upstairs, prior to serving. They stated they forgot on 8/24/2025 at dinner. They stated they used to wear beard nets but had not seen them available for a while, and they did not tell anyone they were not available. During an interview on 8/28/2025 at 12:00 PM, Certified Nursing Aide #4 stated they were responsible for tray set up of beverages and desserts and had no formal training in food safety. They stated food items should not be touched after they scratched their head and touched their hair. During an interview on 8/29/2025 at 8:56 AM, [NAME] #2 stated the sanitation sink in the three-bay sink should be filled with the sanitizer mix and dishes should be submerged for at least ten minutes, then air dried. They stated staff were not allowed to serve food with uncovered facial hair. During an interview on 8/29/2025 at 9:07 AM, Kitchen Supervisor #3 stated refrigerator and freezer temperatures were recorded every day on the log sheets. They did not know why there were missing dates. They did not know what the three cups of unlabeled and undated product in the walk-in cooler were. They stated everything in the cook's cooler should be labeled and dated. They stated all three bays of the three-bay sink should be filled and staff did not do this on 8/26/2025 to use up sanitizer. They stated the dietary aides took food temperatures before leaving the kitchen with the food cart or before they served the first tray and recorded the data on the food temperature form on the food table. They stated staff were not allowed to serve meals with uncovered facial hair and it was an oversight they ran out of beard nets. 10NYCRR 483.60(i)(1)-(2)

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(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 were121 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)

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	335017	A. Building B. Wing	08/29/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observations, record review, and interviews during the recertification survey conducted 8/24/2025 - 8/29/2025, the facility did not ensure residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices for one (1) of one (1) resident (Resident #113) reviewed. Specifically, Resident #113 did not have their blood pressure monitored as ordered. Findings include:Resident #113 had diagnoses including coronary artery disease, peripheral vascular disease, and hypertension. The 8/7/2025 Minimum Data Set assessment documented the resident had intact cognition.The Comprehensive Care Plan initiated 12/20/2024 and revised 5/2/2025, documented the resident had hypertension. Interventions included antihypertensives as ordered, monitor for side effects, monitor for edema, monitor/document/report signs and symptoms of malignant hypertension (severe form of high blood pressure). There was no documentation regarding monitoring of blood pressure. The August 2025 Medication Administration Record documented:-lisinopril (antihypertensive) 30 milligrams at bedtime for hypertension- hold if systolic blood pressure (top blood pressure number) is less than 120 or if heart rate is less than 60 with a start date of 12/23/2024 and a discontinue date of 8/11/2025. An area for blood pressure readings was included on the administration record for the lisinopril. -lisinopril 40 milligrams at bedtime for hypertension- hold if systolic blood pressure (top blood pressure number) is less than 120 or if heart rate is less than 60 with a start date of 8/11/2025 and a discontinue date of 8/27/2025. There were no areas to record blood pressure readings on the administration record for the lisinopril. There was no documented evidence the resident's blood pressures were obtained prior to the administration of lisinopril from 8/11/2025-8/26/2025. The August 2025 Treatment Administration Record documented vital signs one time a day for hypertension for 14 days with a start date of 8/16/2025, resident requesting blood pressure be taken manually as machine hurts their arm. The 8/21/2025 blood pressure reading was the only reading corresponding to the nurse who administered the lisinopril on that day.The 8/23/2025 at 2:20 PM Licensed Practical Nurse #5 progress note documented the resident refused their blood pressure because the machine hurt them. A manual blood pressure cuff was not found. There was no documented evidence why the blood pressure was attempted to be taken several hours before the scheduled administration of lisinopril. The 8/26/2025 at 1:50 PM Licensed Practical Nurse #5 progress note documented the resident refused to have their blood pressure taken with the electronic machine. There was no documented evidence why the blood pressure was attempted to be taken several hours before the scheduled administration of lisinopril. During an interview on 8/24/2025 at 4:15 PM, Resident #113 stated they refused the blood pressure machine because it was very painful, but staff refused to obtain manual blood pressures. They stated their blood pressure had been running very high, and the physician was changing their medications around.During an interview on 8/28/25 at 1:09 PM, Licensed Practical Nurse #5 stated the blood pressure order documented the resident preferred manual blood pressures and when they were the only nurse on the unit, they got very stressed and only offered the machine. They stated if Resident #113 refused the blood pressure they did not try a manual one.During an interview on 8/29/2025 at 10:45 AM, Registered Nurse #6 stated they were not aware Resident #113 was missing blood pressures. They stated if Resident #113 refused the blood pressure machine they expected staff to get a manual cuff and respect the resident's wishes.During an interview on 8/29/2025 at 11:10 AM, Physician Assistant #7 stated Resident #113 had daily blood pressures ordered because they had high blood pressure readings. They expected manual blood pressures were taken based on their order. They stated nurses should have informed them blood pressures were refused. They stated they were not aware staff were not obtaining manual blood pressures after the resident refused the machine. 10NYCRR 415-12

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, record review, and interviews during the recertification survey conducted 8/24/2025-8/29/2025, the facility did not ensure drugs and biologicals were labeled in accordance with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable for one (1) of three (3) medication carts (Unit 2 medication cart) reviewed. Specifically, the Unit 2 medication cart had expired multidose medications. Findings include: The facility policy Medication Storage, reviewed 3/2025, expired, discontinued, or contaminated medications were removed from storage and disposed of in accordance with facility policy and manufacturer guidance. All medications were stored in an orderly manner and remain properly labeled and identifiable until use.During a Unit 2 medication cart observation on 8/25/2025 at 1:36 PM with Licensed Practical Nurse #5, the following was observed:-cyclopentolate ophthalmic solution (eye drops) with an expiration date of 8/2023.-albuterol with an expiration date of 11/8/2024.-unspecified eye drops opened on 7/7/2025 and labeled as good for 28 days. During an interview on 8/26/2025 at 10:16 AM, Licensed Practical Nurse #5 stated expired medications should be discarded and not left in the medication cart. The eye drops opened on 7/7/2025 should have been discarded because they were only good for 28 days after opening. Expired medications should not remain in the medication cart and should be removed and placed in the medication room so pharmacy could dispose of them.During an interview on 8/26/2025 at 1:57 PM, the Director of Nursing stated when insulin, nasal spray, or eye drops were opened, they should be discarded once the manufacturer's recommended timeframe expired. Expired medications should be removed from the cart and returned to the pharmacy for disposal. The pharmacy consultant and night shift nurse checked carts for expired medications and disposed of them when necessary. 10NYCRR 415.18(d)

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	335017	A. Building B. Wing	08/29/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, record review, and interviews during the recertification survey conducted 8/24/2025-8/29/2025, the facility did not ensure planned menus were followed for two (2) of two (2) residents (Residents #3 and #8) reviewed. Specifically, Residents #3 and #8 did not receive double portions as planned.Findings include:The facility policy Tray Ticket Accuracy, revised 9/9/2024, documented tray tickets would be accurate, up to date, and verified prior to tray assembly and service. The facility would ensure all resident meal trays were prepared and served according to the physician's diet orders and individual food likes/ dislikes as documented in the resident's plan of care. Staff assembling meal trays strictly matched the food items to the tray ticket; before releasing the meal tray staff verified accuracy by comparing the tray contents with the tray ticket; and if discrepancies were noted during meal service, the tray was returned for immediate correction. The facility policy Food Temperature and Palatability, revised 9/9/2024, documented resident preferences and dislikes were honored and documented in the resident's care plan. Reasonable efforts were made to accommodate resident choices and preferences. The 7/10/2025 Resident Council Minutes documented a Food Committee Meeting was held and residents had complaints regarding the portion sizes provided at meals. 1) Resident #3 had diagnoses including end stage renal disease (kidney failure), diabetes, and unspecified protein-calorie malnutrition. The 7/24/25 Minimum Data Set assessment documented the resident had intact cognition, required set-up or clean-up assistance with eating, weighed 195 pounds, and had no significant weight changes in the past six months. The Comprehensive Care Plan, initiated 11/27/2024 and revised 8/28/28, documented the resident had an activity of daily living deficit and required assistance of 1 person with set-up and clean-up assistance at meals. The 2/5/2025 revised Comprehensive Care Plan documented the resident was at risk for altered nutritional status related to chronic kidney disease and was on hemodialysis (a machine that filters the blood). Interventions included to provide a regular liberalized diet, honor preferences and offer alternative items, and provide supplements and diet as ordered. The care plan did not include a plan for double portions. The 3/25/25 physician orders documented the resident was to receive Nepro (oral nutrition supplement for kidney disease) four days a week on non-dialysis days. The 3/28/25 physician orders documented the resident received a regular texture, regular thin liquid diet, with coffee mugs, and sip lids to promote oral intake. The undated care instructions documented to ensure the resident's needs were met, including thirst and hunger. The resident required set-up and clean-up assistance of 1 person at meal, coffee mugs with sip lids, a regular liberalized diet, honor preferences, and offer alternatives. Serve diet as ordered and provide supplements as ordered on non-dialysis days. During an interview on 8/24/25 at 4:27 PM, Resident #3 stated they were supposed to get double portions at meals, but the portion sizes were small. During a meal observation on 8/25/25 at 12:57 PM, Certified Nurse Aide #13 served Resident #3 their lunch meal tray. The meal ticket documented the resident received a regular diet and double portions of protein/meats. The meal ticket documented three ounces of baked chicken breast. The meal tray had one baked chicken breast. At 1:29 PM, the resident ate 100% of their meal and was not provided or offered an additional baked chicken breast or additional entree. The 8/27/2025 facility Meal Distribution Sheet (production sheet) documented the 1st floor received 28 portions of three (3) ounces of oven roasted turkey and one (1) double portion. During an interview on 8/27/25 at 12:22 PM, Food Service Aide #12 stated the production sheet indicated the serving size for each item served at the meal. The cook prepared the food and plated the items according to the meal ticket. According to the production sheet, each slice of roast turkey was supposed to be three ounces. If a resident's meal ticket documented they should receive double portions of the entree, and two slices of turkey was provided. The food service aides should follow each resident's meal ticket and provide the items listed. If they ran out of something or did not have an item, they were supposed to call the kitchen to get the items listed on the meal ticket. (continued on next page)

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	335017	A. Building B. Wing	08/29/2025

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 8/27/2025 at 1:00 PM, Certified nurse aide #11 provided Resident #3 their lunch meal. The meal ticket documented the resident received a regular diet and double portions of protein/ meats. The ticket indicated three ounces of oven roasted turkey, two ounces of poultry gravy, 1/2 cup bread dressing, 1/2 cup broccoli and cauliflower florets, 1/2 cup mandarin oranges, four ounces of 2% milk, and eight ounces of water. The resident had one slice of oven roasted turkey on their plate that appeared smaller than three ounces. During a follow up interview on 8/27/2025 at 1:01 PM, Food Service Aide #12 stated they were unsure why Resident #3 did not receive double portions of the oven roasted turkey. During an interview on 8/27/25 at 1:03 PM, [NAME] #2 stated they prepared and sliced the oven roasted turkey served at the lunch meal today. The production sheets indicated the portion sizes required for each item. The serving size for the roasted turkey was two ounces, and each slice of turkey should be two ounces. When they sliced the roasted turkey, they calibrated the scale and measured two ounces, set the slicer to the correct thickness, and sliced the portions to provide two ounces. They did not realize the portion size of the oven roasted turkey listed on the production sheet was supposed to be three ounces and they made a mistake. During an interview on 8/27/25 at 1:37 PM, Kitchen Supervisor #3 stated they oversaw the production of the lunch meal today. The cooks were provided with a production sheet indicating the portion sizes and number of portions for each meal. It was their responsibility to ensure the meats were cut to the correct portion size. The production sheet indicated the portion size for oven roasted turkey was three ounces for a single serving, and residents whose meal tickets listed double portions should receive six ounces. The supervisors did not verify the correct portion sizes were prepared. The cooks should ensure the correct portions sizes were prepared, and the food service aides should read the meal tickets and provide what is listed. During an interview on 8/27/2025 at 1:50 PM, Certified Nurse Aide #11 stated the food service aides plated the food items according to the resident's meal tickets. Resident #3 was supposed to receive double portions as indicated on their meal ticket. When they served the resident their meal there was one slice of oven roasted turkey on their plate. During a telephone interview on 8/29/2025 at 12:39 PM, Registered Dietitian #15 stated they did not provide oversight to the kitchen staff. In the past they had heard the residents complain about food portion sizes at the facility. The Food Service Director, who was currently out on medical leave, educated staff on portion sizes and following the meal tickets. The menu indicated the residents were supposed to receive three ounces of oven roasted turkey and the cooks should be following the production sheets. If the residents did not receive the correct portion sizes it could impact their nutritional status and lead to possible weight loss. Resident #3 was on dialysis, their weight was stable, and they requested double portions per their preference. Their meal ticket indicated double portions of protein and meats. 2) Resident #8 had diagnoses including depression, morbid obesity, and diabetes. The 6/5/2025 Minimum Data Set assessment documented the resident had intact cognition, was independent with eating, was 61 inches tall, weighed 348 pounds, had no significant weight changes in the past six months, and was on a therapeutic diet. The Comprehensive Care Plan initiated 10/9/2024 and revised 3/3/2025, documented the resident was at risk for an alteration in nutritional status related to weight changes and need for a therapeutic diet order. Interventions included preferences would be honored and diet served as ordered. The 5/28/2025 physician orders documented the resident received a regular consistency, low concentrated sweets, no added salt diet. The undated care instructions documented to provide diet as ordered and honor preferences. During an interview on 8/24/2025 at 3:23 PM, Resident #8 stated the food did not taste good. During a dinner meal observation on 8/24/2025 at 6:37 PM, Resident #8's meal ticket documented they were to receive three ounces of turkey and Swiss cheese sandwich with double portions of meat and cheese. The resident received one slice of turkey and one slice of cheese. During a lunch meal observation on 8/26/2025 at 1:09 PM, Resident #8's meal ticket documented they were to receive one tossed salad with dressing, three ounces of breaded pork cutlet, double portions, 1/2 cup of herbed rice, 1/2 cup seasoned zucchini, 1/2 cup applesauce, 1/2 slice of Texas garlic toast, four ounces of 2% milk, eight (continued on next page)

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	335017	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ounces of water, six ounces of coffee, and one serving of pita bread and hummus. The resident's tray was missing tossed salad and dressing, and they received one three-ounce portion of breaded pork cutlet and did not receive the pita and hummus. During an interview on 8/26/2025 at 1:13 PM, Resident #8 stated they were disappointed they did not receive all the items on their meal ticket. During an interview on 8/28/2025 at 10:06 AM, Certified Nurse Aide #21 stated the food service aide plated the resident's meal according to their meal ticket and the nursing staff who served the resident their meal tray checked it again prior to serving the resident to make sure all items were the correct consistency and on the tray. If they noticed anything was missing from the tray they asked for the items. The meal ticket also documented if the resident received double portions. They never observed Resident #8 receive double portions and was unaware they were supposed to receive double portions. During an interview on 8/28/2025 at 10:50 AM, the Assistant Director of Nursing stated nursing staff was responsible to double check the residents' meal tickets against the items on their tray prior to serving the resident. If a resident's meal ticket documented double portions, they should receive double portions. On 8/29/2025 at 10:42 AM, Registered Dietitian #15 stated during a telephone interview Resident #8's meal tickets documented they were supposed to receive double portions per their preference. The resident had expressed an interest in weight loss and wanted double portions at meals to aide with decrease snacking between meals. Resident's meal preferences should be honored to assist them with their nutritional goals. 10NYCRR 415.14(c)(1-3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335017	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beechtree Center for Rehabilitation and Nursing	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 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 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 result of the culture came back. An order was needed for contact isolation. Staff knew if a resident was on contact isolation by the sign on the door, a doctor order, and it was in the Kardex and Care Plan. Anytime a staff member entered a contact isolation room they were required to wash hands and don gown and gloves prior to entering the room. The rational for wearing personal protective equipment was to decrease the spread of infection. 10 NYCRR 415.19(a)(b)