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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER: Betsy Ross Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE: 1 Elsie Street, Rome, NY 13440	

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 0573 Level of Harm - Potential for minimal harm Residents Affected - Some	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on record review and interview the facility failed to ensure access to medical records was provided to a resident's legal representative within two (2) working days of written request (excluding weekends and holidays) for one (1) of one (1) resident (Resident #3) reviewed. Specifically, the facility did not provide Resident #3's requested medical records to the legal representative within two (2) working days. Findings include:The facility policy Medical Records, dated 12/02/2025, documented a resident could submit their request either orally or in writing for access to personal or medical information pertaining to them. The request would be formally submitted in a timely manner to the facility's corporate compliance vendor for approval to release records and send to the risk liability insurance carrier for tracking purposes.Resident #3 had diagnoses including anxiety, bipolar disorder, and repeated falls. The 06/05/2023 Minimum Data Set assessment documented Resident #3 had severe cognitive impairment. Resident #3 was discharged home on hospice on 07/27/2023. The electronic communication between the Director of Medical Records and Resident #3's family included:- On 03/25/2025, the Director of Medical Records sent Resident #3's family the authorization form for medical records request.- On 04/07/2025, Resident #3's family sent the authorization form and death certificate to the Director of Medical Records.- On 04/25/2025, the Director of Medical Records sent notice of approval to send the medical records and requested how Resident #3's family would like the records sent to them. The 05/21/2025 Medical Records Request Hotline Complaint Summary, by the Administrator documented on 04/24/2025, the Director of Medical Records submitted the medical records request to Corporate Compliance for review and approval. During an interview on 03/13/2026 at 10:12 AM, the Director of Medical Records stated they were responsible for medical records requests, and there was no backup person if they were unavailable. The process included getting the request, sending the request and supporting documents to a third-party company for review, then upon approval from them they could issue the documents in a manner the requestor wanted. Resident #3's family provided the request form and the death certificate on 04/07/2026, and they sent the request to the third-party company on 04/24/2026. They stated that the request may have been missed or not done timely based on their other responsibilities. They were responsible for scheduling appointments, sending out referrals for outside appointments, organizing transportation, uploading provider dictation, scanning and uploading hospital records and outside appointment notes, creating admission bracelets, scheduling the provider 30-60-90-day visits, and scheduling dental visits for all the residents. They had 40-50 provider dictations every morning, with upwards of 100 per day to manage for all the residents. Those tasks were on top of general records maintenance and being the electronic medical record super user. They thought records requests needed to be completed in 30 days. The request taking from 04/07/2025 to 04/24/2025 to submit to the third party was not timely, based on the regulatory 2 working day requirement. During an interview on 03/13/2026 at 10:51 AM, the Administrator stated the Director of Medical Records was responsible for medical records request. Anyone in the building could receive the medical records request, but they would give the form to the Director of Medical Records to be completed. They had 10 days to provide medical records to the requestor in print but could provide verbal information within 24 hours. (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

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F 0573 Level of Harm - Potential for minimal harm Residents Affected - Some	The medical record request should have been sent to the third-party company right away, waiting until 04/24/2025, was not timely. 10 New York Codes, Rules, and Regulations 415.3(c)(1)(iv)

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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. Based on observations, record review, and interviews, the facility failed to 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 one (1) of one (3) resident (Resident #5) reviewed. Specifically, Resident #5 was diagnosed with COVID-19 and multiple staff were observed in Resident #5's room not wearing appropriate proper personal protective equipment and not performing hand hygiene upon exiting the room.Findings include:The facility policy COVID-19, last reviewed 12/15/2025, documented transmission-based precautions should be used when caring for residents who were documented or suspected to have communicable diseases or infections that can be transmitted to others. They would ensure adherence by staff to always choose proper personal protective equipment and dispose of it properly. Eye protection (i.e. goggle or a face shield that covers the front and sides of the face) worn during all resident care encounters. The door should be kept closed (if safe to do so). Ideally, the resident should have a dedicated bathroom. Staff who enter the room of a resident with suspected or confirmed COVID-19 infection should adhere to universal/standard precautions and use an approved N95 filter or higher, gown, gloves, and eye protection.The facility's posted enhanced contact-droplet precaution sign documented:- hand hygiene when entering and leaving the room;- wear eye protection (face shield or goggles);- gown and glove prior to entering the room;- prior to entering the room, a fit tested N95 respirator must be worn (instead of a surgical face mask). This item was highlighted on the signage;- keep the door closed (if it can be safely done); and- use disposable or resident dedicated equipment, and thoroughly clean and disinfect any shared equipment. Resident #5 had diagnoses of respiratory failure with hypoxia (low oxygen levels in the blood), wheezing, and COVID-19. The 02/19/2026 Minimum Data Set assessment documented Resident #5 was cognitively intact and was dependent on staff for transfers. The 03/02/2026 Comprehensive Care Plan documented Resident #5 was COVID-19 positive. Interventions included assisting with hand hygiene, contact/droplet precautions, and maintaining resident in a private room or cohort with another resident with the same status. The 03/02/2026 Physician #3 order, signed on 03/03/2026, documented the resident was on isolation related to COVID-19, they were in a room by themselves on contact and droplet transmission-based precautions with all activities, including but not limited to therapy, dining, and activities brought to the room. During observations on 03/11/2026 at 12:44 PM, 1:07 PM, 2:05 PM, and 2:23 PM, Resident #5 was coughing. During an observation on 03/11/2026 at 12:05 PM, the Personal Protective Equipment bin located outside Resident #5's room contained vinyl gloves, procedure masks, and isolation gowns. The bin did not contain N95 masks, eye protection, or hand sanitizer. The following observations were made on 03/11/2026: - at 11:49 AM Resident #5's room had precautionary signage on the doorway for enhanced contact-droplet precautions. Four (4) staff members were in Resident #5's room and were not wearing gowns, gloves, face shields, or masks. Staff included two from therapy (Physical Therapist #7 and Physical Therapy Aide #8, one from maintenance (Floor Technician #6), and one unidentified outside vendor. Upon leaving the room, Physical Therapist #7, Physical Therapy Aide #8, Floor Technician #6, and the unidentified outside vendor did not perform hand hygiene. The door remained open throughout the entire observation, with visualization of the bathroom with a sink and an in room hand sanitizer.- at 12:09 PM, Physical Therapist #7 entered Resident #5's room and did not stop at the personal protective equipment bin. They entered the room without performing hand hygiene. They did not wear a gown, gloves, mask of any kind, or a face shield upon entering the room. They closed the door behind them.- at 12:12 PM, Licensed Practical Nurse #9 attempted to bring medication to Resident #5. They noticed there were no N95s in the personal protective equipment bin.- at 12:16 PM, Licensed Practical Nurse #9 returned with N95 masks for the personal protective equipment bin. Licensed Practical Nurse #9 put on an N95 with a surgical mask over it and a gown. They did not wear gloves or a face shield when they entered (continued on next page)

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