

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

Printed: 05/13/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335581	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/07/2022
NAME OF PROVIDER OR SUPPLIER  Pinnacle Multicare Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  801 CO Op City Blvd Bronx, NY 10475	
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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>39365</p> <p>Based on observation, record review, and interviews during an abbreviated survey (NY00301318), the facility did not ensure that a resident's Next of Kin (NOK) was immediately informed of a significant change in the resident's condition. This was evident in 1 of 3 residents sampled (Resident #1).</p> <p>Specifically, on 08/08/2022, Resident #1 was observed with black toes on the left foot. Resident #1's NOK was not notified. On 08/23/2022, Resident #1 was transferred to the hospital for an amputation of the toes.</p> <p>The findings include:</p> <p>The facility's Policy and Procedure entitled Significant Change in Resident Condition, last reviewed on 3/2022, documented that at the time a significant change in condition is identified the nurse or clinical staff will notify the designated representative as appropriate.</p> <p>The facility's Policy and Procedure entitled: Preventing and Healing Pressure and Vascular Ulcers and Open Wounds, last reviewed on 06/23/2022, documented that a Registered Nurse (RN) on duty when a Pressure Ulcer, stasis ulcer, or open wound is identified will notify the RN Coordinator/Supervisor. The Supervisor will notify family/designated representative and document in the nurses' note.</p> <p>Resident #1 with diagnoses that included Peripheral Vascular Disease (PVD), Hypertension, and Diabetes Mellitus.</p> <p>A Minimum Data Set (MDS, a resident assessment tool) dated 07/20/2022, documented that Resident #1 had a Brief Interview of Mental Status (BIMS, used to determine attention, orientation, and ability to recall information) scored 5 out of 15, indicating that Resident #1 had severely impaired cognition.</p> <p>A review of Resident #1's Face Sheet revealed that Resident #1's children # 1 and # 2 are Next of Kin (NOK). The Complainant was not listed as an emergency contact.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335581
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335581	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/07/2022
NAME OF PROVIDER OR SUPPLIER  Pinnacle Multicare Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  801 CO Op City Blvd Bronx, NY 10475	
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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Wound Care Consult Note dated 08/08/2022, documented that the wound on the left second toe was an Arterial Ulcer (open skin due to poor blood circulation). There were no signs or symptoms (S/S) of infection, the toes had dry gangrene (dead tissue due to poor blood flow). The wound on the left third toe was a vascular wound with no S/S of infection. The wound on the left fourth Toe was a vascular wound with no S/S of infection. Resident #1 was in no acute distress. The treatment for the wounds was to apply betadine solution daily, place Resident #1 on a low air loss mattress, and apply a heel protector to Resident #1.</p> <p>A review of Resident #1's medical record revealed that there was no documented evidence that the NOK was notified when Resident #1's three toes the left foot became black on 08/08/2022.</p> <p>A Comprehensive Care Plan (CCP) Skin Integrity Arterial ulcer initiated on 08/08/2022, documented that on 08/08/2022, Resident #1 was seen by a Wound Medical Doctor (MD) for changes to the left second toe. As per the MD's documentation, the Left second toe had a Gangrene Arterial wound, 100% Dry Gangrene. The Treatment was to apply Betadine/Dry Protective Dressing (DPD) daily. The left third toe had a dry Vascular Arterial ulcer, measuring 1cm x 1cm x 0 with 100% Gangrene. The treatment with to apply Betadine/DPD daily.</p> <p>A M.D note on 08/15/2022, documented that Resident #1 was seen by wound MD for Left 4th toe Vascular Arterial wound, measuring 2cm x 1cm x 0 100% Dry Gangrene, the treatment was to apply Betadine/DPD daily. The MD documented that PVD is a severe arterial disease of the left lower leg with Dry Gangrene and pain at rest. The recommendation was for a Vascular consult for possible Below the Knee Amputation (BKA). The interventions included monitoring the site for healing or deterioration of the ulcer, monitoring the skin integrity every shift, observing, documenting, and reporting signs of ischemia (reduced blood flow).</p> <p>A Wound Care Consult note dated 08/15/2022 documented: Wound to the Left second toe is an Arterial Ulcer. The measurement was 2 cm x 2cm with no s/s of infection. The dry gangrene wound on the left third Toe was a Vascular wound which measured 1 cm x 1 cm with no s/s of infection. It was Dry Gangrene. A wound on the left forth toe was a vascular wound 2 cm x 1 cm with no s/s of infection. The treatment for wounds were to apply betadine daily. Resident #1 was referred to Vascular Surgery for severe arterial disease, with recommended for possible BKA.</p> <p>During an interview on 08/30/2022 at 2:00 PM, Registered Nurse (RN)/Unit Manager (UM) #1 stated that prior to 08/08/2022, he/she work on the weekend and noted that Resident #1 toes were black during the morning wound rounds with the Wound Doctor on 08/08/2022. The UM #1 stated that he/she thinks that they spoke with the family but forgot to document the conversation in the medical record. The family should be notified when the Resident #1 toes turned black and documented in the Resident #1's chart. The UM #1 stated that he/she thinks that the black toe started with one toe and progressed to other toes. The Wound Doctor ordered treatment and followed up on 08/15/2022 and 08/23/2022. On 08/23/2022 the Medical Doctor assessed Resident #1 and recommended that Resident #1 be transferred to the hospital for possible amputation.</p> <p>During an interview on 08/30/2022 at 3:20 PM, the Nurse Practitioner (NP) stated that Resident #1 was at risk for ulcers due to DM, Neuropathy, and cardiovascular disease. When Resident #1 was noted with a black toe on the left foot the family should be notified but acknowledged that this did not occur.</p> <p>(continued on next page)</p>		

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

Printed: 05/13/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335581	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/07/2022
NAME OF PROVIDER OR SUPPLIER  Pinnacle Multicare Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  801 CO Op City Blvd Bronx, NY 10475	
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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview on 08/31/2022 at 4:30 PM, the NOK #2 stated that they live out of State and call their parent frequently. The parent complained of pain to their legs. The NOK #2 knew that their parent has problems with their legs but did not know that Resident #1's toes are black. They only knew that the parent had a sore on the heels. The NOK #2 stated that the facility called them on the day of the transfer to the hospital and inform them that their parent has a swollen leg and poor circulation. The facility did not tell them that their parent has black toes on 08/08/2022.</p> <p>During a follow-up telephone interview on 09/07/2022 at 10:51 AM, the DON stated that if a resident was noted with a change in condition the Unit Manager, Supervisor or MD should notify the resident's representative and document in the resident's medical record. The DON stated that they did not recall if they were made aware that Resident #1 developed Dry Gangrene of the left foot on 08/08/2022.</p> <p>415.3(e) (2) (ii) (b)</p>		