

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 08/04/2025
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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

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 08/04/2025
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview during the Recertification and Complaint Survey (Complaint #666294) conducted from 07/28/2025 to 08/04/2025, the facility failed to ensure a resident received adequate supervision and assistance consistent with the resident's needs to prevent accidents. This was evident for one (1) (Resident #49) of seven (7) residents reviewed for accidents out of 35 total sampled residents. Specifically, Resident #49 fell and sustained major injury while being provided care in bed by Certified Nursing Assistant #2. This resulted in actual harm to Resident #49 that was not Immediate Jeopardy. The findings include: The facility policy titled Accidents/Incidents with a last revised date of 12/12/2022 documented Avoidable Accident - Resident had an accident and the facility failed to: 1) Identify environment hazards and individual resident risk for accident, including the need for supervision; 2) Implement interventions, including adequate supervision, consistent with resident's needs, goals and plan of care and recognized standards of practice, to reduce the risk of an accident; 3) Monitor the effectiveness of the interventions and modify the approaches as necessary, in accordance with relevant care standards. Resident #49 had diagnoses of Generalized Muscle Weakness, Alzheimer's Disease (a type of dementia that affects memory, thinking and behavior.), and Cerebrovascular Accident (interruption in the flow of blood to cells in the brain). The Minimum Data Set (a resident assessment tool) dated 10/30/2024 documented Resident #49 had impaired memory, severely impaired cognitive skills, and had impairment on both sides of both upper and lower extremities. The assessment documented Resident #49 was dependent on staff (resident does none of the effort to complete the activity, staff does all the effort or requires the assistance of two (2) or more staff to complete the activity) for activities of daily living including upper and lower body dressing and rolling left and right. A comprehensive care plan for functional abilities was initiated on 11/20/2023. The care plan documented Resident #49 had self-care limitations and was dependent on staff for upper and lower body dressing. The care plan did not indicate the number of staff assistance required. The care plan was reviewed on 11/20/2024; the care plan notes documented by Minimum Data Set Assessor #1 stated plan of care was still applicable. A comprehensive care plan for mobility limitations was initiated on 07/29/2024. The care plan documented Resident #49 required substantial/maximal assistance (staff lifts or holds trunks or limbs and provides more than half the effort) for bed mobility or rolling left to right. The care plan did not indicate the number of staff assistance required. The care plan was reviewed on 11/20/2024; the care plan notes documented by Minimum Data Set Assessor #1 stated Resident #49 was non-ambulatory and required a mechanical lift for transfers. The Resident Nursing Instruction Form (contains instructions for Certified Nursing Assistants) documented on 01/11/2023, Resident #49 was totally dependent for bed mobility and required two (2) person physical assist; and was totally dependent for upper and lower body dressing and required one (1) person physical assist. The nursing instruction also documented Resident #49 was confused, at high risk for falls, and had left-sided weakness and left foot tremors. There was no documented evidence the comprehensive care plan nor the Resident Nursing Instruction Form was updated to include the Minimum Data Set assessment dated [DATE], indicating the resident was dependent, requiring two (2) or more staff for activities of daily living including upper and lower body dressing and rolling left and right. A plan of care notes by Registered Nurse #2 dated 12/18/2024 documented, Writer responded into a thud in Resident #49's room at 1:30 AM when resident was observed on the floor lying on their right side facing the bed with legs extended. Noted with nose injury and bleeding that appeared to be from the back of the head. As per staff assigned, Certified Nursing Assistant #2 was changing and removing resident's wet gown from feeding when the resident fell on the floor. Unable to fully assess the resident on the extent of injury due to their position on the floor. The resident was transferred to the hospital emergency room. The Nursing's Review of Accident/Incident Form completed by the Risk Manager dated 12/20/2024 documented that on 12/18/2024 at 1:30 AM, a thud was heard in Resident #49's room. The nursing supervisor and the floor nurse responded, and they observed Resident #49 on the floor lying on their right side, facing the bed with legs extended. The right side of the resident's nose was resting against the foot frame of the metal bed. The resident was nonverbal and unable to give an account. On assessment, the resident was noted with a nasal injury and bleeding that appeared to be from the right side of the head. 911 (emergency medical service) was immediately activated. According to Certified Nursing Assistant #2, they were changing the resident's wet gown and as they were removing the gown from the right hand, the resident reached over and</p>		