STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315310	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE HARBORVIEW	**178-198 OGDEN AVE , JERSEY CITY, New Jersey, 07307**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Survey: Complaint Intake ID#: 431358 Survey Dates: 11/5/25 Census: 137 Sample size: 3 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		11/23/2025
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure that 1 of 3 residents (Resident #1) preference was honored by having a nurse removed from the resident's care team. This deficient practice was evidenced by the following: The surveyor reviewed Complaint #431358 submitted by Resident #1's family member. The complaint reflected that the facility allegedly continued to keep a nurse caring for the resident after the family member asked them not to on [redacted] The surveyor reviewed the electronic medical record (eMR) of Resident #1, and revealed the following:	F0558	Tag F0558 Reasonable Accommodations Needs/Preferences: I: IMMEDIATE ACTION a) The [redacted] were in serviced on 11/19/25 by the Regional Nurse on the process of completing a Grievance report and accommodating resident's needs and preferences. b) Resident #1's has discharged from the facility as of [redacted] c) LPN #1 is not assigned to Resident#1 anymore, no longer employed with the facility. c) The nursing staff were in serviced on 11/19/25 by the Director of Nursing on the Grievance process and ensuring that the facility accommodates resident's needs and preferences. II: IDENTIFICATION OF OTHERS All residents have the potential of being affected by the deficient practice.	11/24/2025

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315310	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/05/2025

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F0558 SS = D	Continued from page 1 A review of the Admission Record (an admission summary) reflected that the resident had diagnoses of but not limited to NJ Ex Order 26, 4B1 [redacted] A brief interview for mental status (BIMS) (a cognitive screening tool) assessment dated [redacted], score of [redacted]), which indicated the resident had NJ Ex Order 26, 4B1 [redacted] A review of the resident's Care Plan (CP) dated [redacted] a document that lists risks, goals and interventions for an individual resident, revealed a focus that the resident has a NJ Ex Order 26, 4B1 [redacted]. A review of the resident's electronic medication administration record (eMAR) for [redacted] revealed that the Licensed Practical Nurse (LPN#1) that the family member wished to be removed from the resident's care administered medications and/or performed assessments for Resident #1 after [redacted] On 11/5/25 at 11:46 AM, the surveyor interviewed the U. S. FOIA (b) (2) [redacted] The [redacted] stated that LPN #1 no longer works at the facility as of NJ Ex Order 26.4(b)(1) [redacted]. The surveyor asked the [redacted] what the procedure is if a resident or family does not want certain staff caring for them or family member. The [redacted] stated that there would be a family meeting and/or a meeting of the care team including the family to discuss what the concern is and try to solve the concern first. On the same date and time, the surveyor interviewed the U. S. FOIA (b) (2) [redacted]. The [redacted] stated that they spoke with Resident #1's family member about LPN#1 and the family member did not say what the concern was with LPN#1. On 11/5/25 at 3:00 PM, the survey team met with the U. S. FOIA (b) (2) [redacted] to discuss the above concern. The [redacted] could not provide any further information as to why LPN#1 was not removed from Resident #1's care team. The facility did not provide any further pertinent information.	F0558	Continued from page 1 III: SYSTEMIC CHANGES The Policy on " Resident Rights " was reviewed by Administrator and Regional nurse on 11/19/25, no changes were made. IV: QA MONITORING Director of Nursing or designee will conduct audits of 5 residents to ensure all needs and preferences are accommodated by the facility accordingly. Audits will be conducted weekly x 4 weeks then monthly x 2 months. All findings will be reviewed at the Quality Assurance meeting, who will then decide to continue or discontinue the audits. V: PERSON RESPONSIBLE: Administrator, Director of Nursing or designee COMPLETION DATE: 11/24/25	

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F0558 SS = D	Continued from page 2 The surveyor reviewed the facility provided policy titled Resident's Rights dated reviewed 6/11/25. The policy reflected that the resident has the right …self-determination with care and the right to the reasonable accommodation of your needs…, the right to choose a representative…family member…to exercise your rights on your behalf. NJAC 8:39-4.1(a)3,12	F0558		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060905	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/05/2025

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OPTIMA CARE HARBORVIEW	178-198 OGDEN AVE , JERSEY CITY, New Jersey, 07307

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations	S0000		11/24/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: REPEAT DEFICIENCY Based on interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evident in Certified Nursing Aide (CNA) staffing for 7 of 14 day shifts reviewed. Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care	S0560	Tag S0560 Mandatory Access to Care: Immediate Action The facility respectfully submits that staff to resident ratios were reviewed on 11/19/25 to ensure compliance with New Jersey minimal staffing requirements. Staffing coordinator was re in-serviced by the Director of Nursing on 11/19/25 on staffing ratio requirements. Identification of Others: The facility respectfully submits that all residents may be affected by this practice. System Changes 1. Policy and Procedure for Minimal Staffing was reviewed on 11/19/25 by Administrator and Director of Nursing and noted to include staffing ratio of Certified Nursing Assistant (C.N.A.) of 1:8 for day shift, 1:10 for evening shift and 1:14 for the night shift.	11/24/2025

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S0560	Continued from page 1 staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... 1. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for a 5 week period beginning 10/19/25 and ending11/1/25 and beginning 4/6/25 and ending 4/12/25 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for residents on 7 of 14 day shifts as follows:	S0560	Continued from page 1 2. Director of Nursing and Administrator will review open positions and applications plus results of any interviews weekly to look for opportunities to hire. 3. The Administrator and Director of Nurses will continue to utilize all possible means to increase the facility staff. This will include continued timely interviews, job fairs, reaching out to agencies for supplemental staff, setting up booths at nursing schools, utilization of all possible avenues to increase staffing in the facility. Quality Assurance Audits will be completed by the Staffing Coordinator or designee to ensure that all staffing complies with staffing ratios. Audits will be done weekly x 4 weeks, monthly x 2 months. The results of all audits will be brought to the QAPI committee quarterly meeting who will then decide to continue or discontinue the audits. Responsibility Staffing coordinator Administrator Director of Nursing COMPLETION DATE: 11/24/25	

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S0560	Continued from page 2 -10/19/25 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs. -10/24/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/25/25 had 14 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/26/25 had 14 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/27/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/31/25 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -11/01/25 had 14 CNAs for 133 residents on the day shift, required at least 17 CNAs. On 11/5/25, the survey team met with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) and asked about staffing expectations for the facility. The DON stated that they follow the state regulations and that the ratios of Certified Nursing Aides (CNA) to residents should be 1:8 for 7-3 shift, 1:10 for 3-11 shift and 1:14 for 11-7 shift. The facility did not provide any further pertinent information.	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/232025 in relation to the 11/03/2025 Recertification/complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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 reverse for further 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.

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 11/04/2025 State of New Jersey Re-Licensure/complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE