STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060910	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE CASTLE HILL	615 23RD ST , UNION CITY, New Jersey, 07087

(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
S0000	Initial Comments The NJDOH conducted a Complaint survey on 10/14/25. The survey was officially completed on 10/14/25. COMPLAINT #: 2637691, 2638101 CENSUS: 134 SAMPLE SIZE:4 The facility was not in compliance with the standards in the New Jersey Administrative code, 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		12/31/2025
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: Complaint #: 2637691, 2638101 Based on review of facility documents on 10/14/2025, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 4 of 14-day shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum	S0560	Element 1 - How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. There were no reported negative outcome as a result of this citation. Element 2 -How the facility will identify other residents having the potential to be affected by the same deficient practice. All the residents have the potential have the potential to be affected by the staffing shortage at any given day or shift. Element 3- What measures will be put into place or systemic changes made to ensure that deficient would not recur.	12/18/2025

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

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S0560	Continued from page 1 staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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 CNA and perform CNA duties. For the 2 weeks of AAS-11 staffing prior to survey from 09/28/2025 to 10/11/2025, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows: On 09/28/25, the facility had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. On 10/04/25, the facility had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs. On 10/05/25, the facility had 13 CNAs for 134 residents on the day shift, required at least 17 CNAs. On 10/11/25, the facility had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.	S0560	Continued from page 1 The staffing coordinator was re-educated on 10/15/25 about the regulatory staffing requirements. The facility recognizes the shortage of CNA during the dates mentioned (09/28/25; 10/04/25; 10/05/25; 10/11/25). This facility has hired 2 (two) new full-time CNAs in October, 2025 to fill in additional staffing needs. Optimacare Castle Hill will continue to utilize staffing agencies to fill in the open slots. Likewise, overtime and bonus incentives will continue to be offered to our current working staff. Element 4- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. On October 15, 2025, the Director of Nursing and /or her designee will review daily the staffing schedule for adequacy. This process will remain on-going The results of her daily audit will be submitted to the QA committee for review and recommendations.	
S2410	Mandatory Physical Environment CFR(s): 8:39-31.7(h) Hot (95 to 110 degrees Fahrenheit) and cold running water shall be provided. Hot water in resident areas shall not exceed 110 degrees Fahrenheit. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent documentation, it was determined that the facility failed to develop and implement a hot water policy in accordance with state regulation for hot water temperatures to not exceed 110 degrees Fahrenheit (F) in resident care areas. This deficient practice was identified on 2 of 6 nursing units ([NJ Ex] and [NJ Ex] floor), and was evidenced by the following:	S2410	Element 1 = How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; residents specified in the CMS-2567, SOD. On the [NJ Ex] floor nursing unit, resident [NJ Ex Order 26.4(b)(1)] water temperature were found over the state regulation for hot water. The Director of Maintenance immediately adjusted the hot water on at the boiler room on 10/14/25, thus lowering the hot water to no more than 110 degrees Fahrenheit. There was no negative incident reported on those residents residing in those rooms. Element 2= How the facility will identify other residents having the potential to be affected by the same deficient practice.	12/18/2025

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S2410	Continued from page 2 On 10/14/2025 at 10:20 AM, the surveyor and the Maintenance Director (MD) calibrated two thin probed thermometers to 32 degrees F, using an ice bath in the facility's conference room. On 10/14/2025 at 10:22 AM, during a tour with the MD, the surveyor and the MD obtained the following hot water temperatures on the 5th floor nursing unit: Resident Room #[NJ Ex O] The MD obtained a hot water temperature of 115.9 degrees F, and the surveyor obtained a hot water temperature of 119 degrees F. Resident Room #[NJ Ex O] The MD obtained a hot water temperature of 118.2 degrees F, and the surveyor obtained a hot water temperature of 117 degrees F. On 10/14/2025 at 10:30 AM, during a tour with the MD, the surveyor and the MD obtained the following hot water temperatures on the 6th floor nursing unit: Resident Room #[NJ Ex O] The MD obtained a hot water temperature of 114.2 degrees F, and the surveyor obtained a hot water temperature of 114.6 degrees F. Resident Room #[NJ Ex O] The MD obtained a hot water temperature of 113.5 degrees F, and the surveyor obtained a hot water temperature of 113.5 degrees F. During an interview conducted on 10/14/2025 at 10:29 AM, the MD, stated that he did not know the required temperature range for hot water in the facility. The MD indicated that he had never been informed of the specific parameters, and that he checked the water temperatures on a weekly basis and submit the readings to the Licensed Nursing Home Administrator (LNHA). The MD expressed his belief that the acceptable hot water temperature range was between 98 and 120 degrees F, and that "I just do the paperwork." On 10/14/2025 at 1:00 PM, the surveyor interviewed the LNHA, who stated that the hot water temperature should	S2410	Continued from page 2 All residents have the potential to be affected by this deficient practice. The DOM and his designee checked all resident's water faucet temperatures on 10/14/25. All are within the range (95 to 110). Element 3 = What measures will be put into place or systemic changes made to ensure that the deficient practice would not recur. On 10/15/25, The Regional Maintenance Director educated the Administrator, DOM, Maintenance staff about the acceptable hot water temperature range for the residents. On 10/15/25 and 10/16/25, the Nurse Educator gave in-service to all the rest of the direct care giver s and staff about the acceptable water temperature for the residents' use. Element 4= How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continues effectiveness of the systemic change. On 10/14/25, the DOM or his designee initiated an audit on all resident's water temperature. This audit will done by the DOM or his designee3 x weekly for the next 3 months then monthly thereafter. The results of the audit s will be submitted to the QA and safety committee quarterly for review and comment.	

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S2410	Continued from page 3 not exceed 120 degrees F. The LNHA further explained that her expectation was for the DM to check the water temperature daily. According to the LNHA 115 degrees F was an acceptable hot water temperature. A review of the “Hot Water Temperature Report” was conducted. The report revealed that in August 2025, the hot water temperature was recorded with a range 111 degrees F to 112 degrees F. For September 2025, the hot water temperature was documented to range between 111 degrees F and 115 degrees F. A review of the facility’s “Water Temperature Monitoring and Documentation”, reviewed on 6/2023, indicated that the water temperature at resident-use fixtures-such as sinks, showers and tubs, should be maintained between 105 [degrees] F and 115 [degrees] F. NJAC 8:39 -31.7(h)	S2410		

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 1/22/2026 in relation to the 10/25/2025 State of New Jersey 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

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