STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0000	INITIAL COMMENTS Complaint # 2705022 Census: 133 Sample Size:4 A complaint survey was conducted on 01/12/26 to determine compliance with 42 CFR Part 483 for Long Term Care facilities. During the survey, a finding which constituted Immediate Jeopardy (IJ) was identified under 42 CFR 483.25(d)(2) F689 as the facility failed to maintain a safe environment during supervision by staff. Resident #1 who was NJ Ex Order 26.4(b)(1), high risk for NJ Ex Order 26.4(b)(1) had NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). On NJ Ex Order 26.4(b)(1) the resident was able to NJ Ex Order 26.4(b)(1), went NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) the facility that NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1). At approximately 4:00 PM, Licensed Practical Nurse (LPN) #1 alerted the nurse management that the resident was NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) of the resident was approximately at 3:25 PM by LPN #1 when the resident NJ Ex Order 26.4(b)(1) ambulating the hallway on the 6th floor towards near the high side of the unit by the NJ Ex Order 26.4(b)(1). It was probable that the resident NJ Ex Order 26.4(b)(1) through the NJ Ex Order 26.4(b)(1) as an NJ Ex Order 26.4(b)(1). The resident was NJ Ex Order 26.4(b)(1) by the NJ Ex Order 26.4(b)(1) at approximately 9:00 PM. According to the U.S. FOIA (b) (6)), the resident's family called them and stated the NJ Ex Order 26.4(b)(1) the resident. The resident was brought to the NJ Ex Order 26.4(b)(1)) for evaluation and stayed overnight. The Administration was notified of the F689 IJ and was provided with the IJ template on 01/12/26 at 5:30 PM. An acceptable Removal Plan (RP) was submitted by the facility on 01/13/26 at 3:38 PM indicating the actions the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate	F0000		01/16/2026

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: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0000	Continued from page 1 the deficient practice including on 12/30/25, an immediate room to room and in-house thorough search were initiated and a foot and car search near the building perimeter was immediately initiated. Code [redacted] was paged to the entire building to alert all staff. Local [redacted] were informed about the [redacted], Resident #1's [redacted] and [redacted] were given to the [redacted]. The resident's family and physician were notified. Hospitals were also alerted of the [redacted]. Resident #1 was brought to [redacted] for evaluation and stayed overnight. On [redacted], immediately after the [redacted] a full head count of all residents in the building was done. All residents were accounted for. On 12/30/25, all residents at risk of [redacted] were reassessed and care plans (CP) were re-evaluated. All residents remain at risk and care plan interventions were deemed appropriate and in place. Resident #1 [redacted] the facility on [redacted] with no [redacted] noted. Resident #1 was placed on [redacted] for 24 hours. Upon return, [redacted] Risk was re-assessed, and care plan was re-evaluated and all was deemed appropriate and in place for Resident #1. The [redacted])/Designee re-educated all staff on the facility's policy on [redacted] and [redacted] on 12/30/25 and is ongoing. On 01/12/26 the facility implemented 24/7 monitoring of the 6th Floor's East and West stairwell doors to ensure that residents at risk of [redacted] and [redacted] have the necessary [redacted] to prevent unsafe access to the [redacted]. A STOP sign barrier was put on both the East and West doors as an additional deterrent. On 01/12/26, a work order was requested from door security vendor for the installation of additional magnetic lock. The surveyor verified the implementation of the RP on-site on 01/15/26 and determined the immediacy was removed as of 01/13/26.	F0000		01/16/2026
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.	F0689	ELEMENT 1 How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS 2567, Statement of Deficiencies. Resident # 1 returned to the facility on [redacted] after remaining overnight at the [redacted] for observation. Resident #1 [redacted] as a result of [redacted] from [redacted] On [redacted] return to the facility, resident's [redacted] was tested for functionality and was immediately [redacted] care plan was reviewed and revised.	01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0689 SS = SQC-J	Continued from page 2 This REQUIREMENT is NOT MET as evidenced by: Based on interviews and review of pertinent facility documents on 01/12/26, it was determined that the facility failed to maintain a safe environment during supervision by staff of a NJ Ex Order 26.4(b)(1) resident (Resident #1) who was a NJ Exec Order 26 for NJ Ex Order 26.4(b)(1) had NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). On 12/30/25, Resident #1 was able to NJ Ex Order 26.4(b)(1), went NJ Ex Order 26.4(b) and NJ Ex Order through the NJ Ex Order 26.4(b)(1) the facility NJ Ex Order 26.4(b)(1). At approximately 4:00 PM, Licensed Practical Nurse (LPN) #1 alerted the nurse management that the resident was NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) of the resident was approximately at 3:25 PM by LPN #1 when the resident was seen NJ Exec Order 26.4b1 the hallway on the NJ Ex floor towards the high side of the Unit near the exit door. It was probable that the resident NJ Ex Order 26.4(b)(1) through the NJ Ex Order 26.4 which NJ Ex Order 26.4(b The resident was NJ Ex Orde by the NJ Ex Order 26.4(b)(1) at approximately 9:00 PM. According to the U.S. FOIA (b) (6)), the resident's family called them and stated the NJ Ex Order found the resident. The resident was brought to the NJ Ex Order 26.4(b)(1)) for evaluation and stayed overnight. The facility's failure to ensure a safe environment during NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) resident at risk of NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) placed Resident #1 at risk. This posed the likelihood of serious physical harm, injury, or death which resulted in an immediate jeopardy (IJ) situation. The IJ began on 12/30/25 at 3:25 PM when LPN #1 had NJ Ex Order 26.4(b)(1) of the resident walking the hallway on the NJ Ex Order 26.4 towards the high side of the unit near the NJ Ex Order 26.4 and sitting on a couch in the hallway. The facility's administration was notified of the IJ on 01/12/26 at 5:30 PM. The facility submitted an acceptable Removal Plan (RP) on 01/13/26 at 3:38 PM. The surveyor verified the implementation of the RP on-site during the continuation of the survey on 01/15/26. The deficient practice was evidenced as follows: A facility policy, "Elopement and Wandering Residents," revised on 03/2025 included: Policy: This facility ensures that residents who exhibit	F0689	Continued from page 2 ELEMENT 2 How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents at risk for wandering/elopement were reviewed; their wander guards were checked for functionality. All staff were re-educated about list of residents at high risk for wandering and/or elopement and the immediate proper response to alarming sound of opened an exit door. ELEMENT 3 What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The IDCP (Interdisciplinary Care Plan) team will assess all residents upon new admission, readmission and during quarterly care plan about risk for wandering and or elopement. Specific interventions will be put into place immediately for residents deemed at high risk for wandering and or elopement. A contracted door security vendor installed magnetic locks mechanism on both the high side and low side exit doors leading to the stairwells. Installation was completed on 01/16/26. All exit doors will continue to have a loud audible sound alerts when opened consistent with Life Safety Code regulations. A mesh barrier with a STOP sign remains as an additional deterrent. All staff were given an education and training by the Director of Nursing and Administrator on 12/31/26 about "Code Gray". Competency, return demonstration of understanding and response time to alarming exit door were collected by the DON and Administrator. This "Code Gray" training will be repeated once every quarterly by the DON and Administrator/ or designees and will be incorporated in the orientation packet Results will be submitted to the QA committee for review and recommendations. ELEMENT 4 How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected	01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0689 SS = SQC-J	Continued from page 3 wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents, and receive care in accordance with their plan of care. Under Procedures, 1. The facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering...evaluation and analysis of hazards and risks...; 2. Monitoring and Managing Residents at Risk for Elopement or Unsafe Wandering: a. Residents will be assessed for elopement and unsafe wandering upon admission...b. Interventions to increase staff awareness of the resident's risk...c. Adequate supervision will be provided to help prevent accidents or elopements. A review of the Reportable Event Record/Report (FRE) submitted by the facility to the New Jersey Department of Health (NJDOH) on [redacted], revealed the date and time of event as [redacted] at 4:00 PM. The FRE included under Narrative that at approximately 4:00 PM, Resident #1 was [redacted]. The building was [redacted] to room and the surrounding area within a mile was also searched by foot. The FRE revealed under Narrative, 3) [redacted] was utilized, indicating that the resident had [redacted]. A review of the facility's Summary of Investigation (SI) with a date of event of [redacted], revealed that at approximately 4:00 PM on [redacted] LPN #1 alerted nurse management that Resident #1 was [redacted]. Immediately a room to room and in-house [redacted] were initiated. The [redacted] continued NJ Ex Order 26.4(b)(1) were informed about the [redacted] resident, as well as Resident #1's family and hospitals. It was probable that the resident NJ Ex Order 26.4(b)(1), as an [redacted] was heard. Staff responded to the [redacted] and looked at the [redacted] but no one was in sight. The SI indicated that the resident had a Brief Interview of Mental Status (BIMS) score of [redacted] indicating NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and had an NJ Ex Order 26.4(b)(1). The resident was able to NJ Exec Order 26.4b1 The SI further indicated that the resident was admitted to the facility from the [redacted] following [redacted] prior to admission which necessitated a NJ Ex Order 26.4(b)(1) l resulting from NJ Ex Order 26.4(b)(1) The SI revealed that Resident #1 was [redacted] by [redacted] at approximately 9:00 PM on [redacted]. The resident was brought to the [redacted] for evaluation and stayed there [redacted] The resident returned to the	F0689	Continued from page 3 and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change. All exit doors to the stairwells and egress from the building will be inspected by the Director of Maintenance (DOM) or his designee 3x weekly for the next month then once weekly thereafter. They will be checking for functionality of the door and locking mechanism (i.e. magnetic lock, audible sound and signage). Results of these audits done by the DOM or designee on the exit doors will be reviewed by the Administrator and subsequently submitted to the QA committee who meets quarterly for review and recommendations.	01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0689 SS = SQC-J	Continued from page 4 facility the next morning and was re-assessed by the U.S. FOIA (b) (6)). The resident was requested to re-enact the process of NJ Ex Order 26.4(b)(1) [redacted]. The SI indicated that the resident led facility staff to the NJ Ex Order 26.4(b)(1) and admitted to NJ Ex Order 26.4(b)(1) and proceeded down to the NJ Ex Order 26.4(b)(1) [redacted] [redacted] obtained by the facility during investigation revealed: -LPN #1 statement: According to LPN #1 when they arrived on the 6th floor to work the 3-11 shift, the resident was sitting inside the nurse's station. LPN #1 further stated that after making rounds, counting narcotics, taking endorsement from the 7-3 shift nurse, LPN #1 noticed the resident was NJ Ex Order 26.4([redacted]. This was approximately 3:25 PM. LPN #1 stated they looked around and saw Resident #1 nearby, NJ Exec Order 26.4b1 and then sitting on the couch along the high side hallway. After reading the 24-hour report [endorsement report] LPN #1 went NJ Ex Order 26.4(b) Resident #1. Resident #1 was no longer on the couch. This was approximately 3:35 PM. LPN #1 began a room NJ Exec Order [redacted] of the NJ Ex Order 26.4 [redacted]. LPN #1 saw the U.S. FOIA and reported that Resident #1 could NJ Ex Order 26.4(b)(1) [redacted]. All staff were alerted and LPN #1 continued NJ Ex Order 26.4(b) [redacted] the resident on every floor and exit stairs multiple times. -Certified Nursing Assistant (CNA)#1, 3-11 shift: According to CNA#1 when they came to the floor at 3:30 PM, they were looking for the resident and NJ Ex [redacted] them. -Registered Nurse (RN) #1, 3-11 shift: RN #1 was sitting at the nurse's station getting report from nurse going off shift and Resident #1 was seated in wheelchair in the back of nurse station. It was around 3:15 PM and that was NJ Ex Order 26.4(b)(1) RN #1 NJ Exec [redacted] the resident. -U.S. FOIA (b) (6)): The U.S. FOIA office was across from the West NJ Ex Order 26.4(b)(1) on the 6th floor. The U.S. FO [redacted] came back to the 6th floor from a meeting, as they came off the elevator they heard NJ Ex Order 26.4(b) [redacted] The U.S. FO [redacted] was going to their office and realized the NJ Ex Orde [redacted] was coming from the NJ Ex Order 26.4([redacted] across from their office. The U.S. FO [redacted] deactivated the NJ Ex Order 26.4(b)(1 [redacted] and went to look down the stairs but did not see anyone. The U.S. FO [redacted] went back to the floor and as they were going down the hallway to inform nursing staff, they saw LPN #1 and reported that the NJ Ex Order 26.4 [redacted] was NJ Ex Order 26.4 [redacted] and that they checked down the stairs and did not see anyone. The U.S. FO [redacted] and LPN #1 then went	F0689		01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0689 SS = SQC-J	Continued from page 5 down the stairs all the way down to bottom and noted that the [redacted] on the ground floor was [redacted]. [redacted] and LPN #1 checked [redacted] that led to [redacted] and did not see any residents from the facility. A review of the [redacted]) titled Incident Report, a document submitted by the [redacted], revealed that on [redacted], at 4:17 PM the [redacted] were dispatched to [street redacted] on [redacted] report. The [redacted] met with the [redacted]) who said that Resident #1 [redacted] the facility using the [redacted] located leading to local streets. The resident was wearing a [redacted], and [redacted]. The PR further stated the resident was reportedly [redacted] approximately 3:30 PM. The [redacted] further revealed that Resident #1 was [redacted]. The local [redacted] brought the resident to the [redacted] of [redacted] after they notified the family member. The surveyor reviewed the medical record for Resident #1. A review of the Admission Record (AR), an admission record summary, revealed that Resident #1 was admitted to the facility with diagnoses which included but were not limited to: [redacted]. A review of the Resident #1's Care Plan Report (CP) revealed the following Foci [Problem Areas]: -Focus: [Resident #1] has the potential for [redacted] r/t [related to] their [redacted] and history of [redacted] with a [redacted] dated intervention of: approach resident in a [redacted] manner and attempt to [redacted] when [redacted] in an [redacted]. -Focus: [Resident #1] was at risk for [redacted] due to [redacted] with [redacted] dated interventions of: [redacted] residents as needed, [redacted] as approved by the family. -Focus: [Resident #1] has [redacted] r/t [redacted] (h/o [history of] [redacted], s/p [status post] [redacted]], w [redacted] with a [redacted] dated intervention of: resident will receive [redacted] services for [redacted].	F0689		01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0689 SS = SQC-J	Continued from page 6 reeducation, [redacted] training. -Focus: [Resident #1] had special needs for [redacted] r/t presence of NJ Ex Order 26.4(b)(1) upon admission with [redacted] dated interventions of: keep [redacted] until instructed by surgeon, [redacted] resident as needed, and instruct resident not to [redacted] or have [redacted] On 01/12/26 at 12:16 PM, the surveyor, together with the [redacted] and the U.S. FOIA (b) (6) [redacted], went to the 6th floor nursing unit, to the West side alarmed exit door. The surveyor heard an alarm sound after the door was pushed open. The surveyor, [redacted] went down the stairs. The surveyor noted that there were ten flights of stairs from the 6th floor to the ground floor. The stairwell led to a [redacted] that opened to the [redacted] On 01/12/26 at 1:53 PM, the surveyor interviewed the U.S. FOIA (b) (6)). According to the [redacted] around 3:30 PM to 3:40 PM they went to their office on the 6th floor. As the [redacted] came off the elevator they heard NJ Ex Order 26.4(b)(1). The [redacted] said it was the [redacted]. The [redacted] stated she only went down 2-3 flights of stairs and looked down the stairs, admitting they did not go all the way down the stairs. The [redacted] told LPN #1. The [redacted] and LPN #1 then went all the way down the stairs to the bottom. It was noted that the [redacted] on the ground floor was [redacted]. The [redacted] and LPN #1 checked [redacted] and did not see any residents from the facility. On 01/12/26 at 2:14 PM, the surveyor requested to see facility video footage of the lobby on [redacted] from 2:00 to 4:00 PM in the lobby. According to the U.S. FOIA (b) (6) [redacted]), the facility had only three camera locations: lobby with 2 angle views, punch clock [redacted]), and the kitchen. The camera footages did not show images of Resident #1 in the vicinity. On 01/12/26 at 4:13 PM, the surveyor interviewed the [redacted] and [redacted] The [redacted] stated they called the [redacted] right away when the resident [redacted], notified the family and the medical doctor. [redacted] further stated the facility will increase the NJ Ex Order 26.4(b)(1) of the [redacted] for fast and quick staff response and re-educate the staff on facility's [redacted] prevention policy which included the heightened vigilance or supervision of the residents at risk.	F0689		01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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
F0689 SS = SQC-J	Continued from page 7 An acceptable Removal Plan (RP) was submitted by the facility on 01/13/26 at 3:38 PM indicating the actions the facility will take to prevent serious harm from occurring or reoccuring. The facility implemented a corrective action plan to remediate the deficient practice including on [redacted], an immediate [redacted] were initiated and [redacted] near the building perimeter was immediately initiated. Code [redacted] was paged to the entire building to alert all staff. [redacted] were informed about the [redacted], Resident #1's [redacted] and [redacted] were given to the [redacted]. The resident's family and physician were notified. Hospitals were also alerted of the [redacted]. Resident #1 was brought to [redacted] for evaluation and stayed overnight. On [redacted] immediately after the [redacted] a full head count of all residents in the building was done. All residents were accounted. On [redacted], all residents at risk of [redacted] were reassessed and care plans (CP) were re-evaluated. All residents remain at risk and care plan interventions were deemed appropriate and in place. Resident #1 [redacted] the facility on [redacted] with [redacted], noted. Resident #1 was placed on [redacted] for 24 hours. Upon return, [redacted] Risk was re-assessed, and care plan was re-evaluated and all was deemed appropriate and in place for Resident #1. The [redacted])/Designee re-educated all staff on the facility's policy on [redacted] and [redacted] on [redacted] and is ongoing. On 01/12/26 the facility implemented 24/7 monitoring of the 6th Floor's East and West stairwell doors to ensure that residents at risk of [redacted] and [redacted] have the necessary [redacted] to prevent [redacted]. A STOP sign barrier was put on both the East and West doors as an additional deterrent. On 01/12/26, a work order was requested from door security vendor for the installation of additional magnetic lock. The surveyor verified the implementation of the RP on-site on 01/15/26 and determined the immediacy was removed as of 01/13/26. N.J.A.C. 8:39-27.1(a)	F0689		01/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/06/2026

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
F0000	INITIAL COMMENTS An on-site revisit for the facility's Plan of Correction was conducted on 03/06/2026 in relation to the 01/15/2026 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.

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