

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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  Optima Care Harborview		STREET ADDRESS, CITY, STATE, ZIP CODE  178-198 Ogden Ave Jersey City, NJ 07307	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 4/11/25. The surveyor reviewed the electronic medical record (eMR) of Resident #1, and revealed the following: A review of the admission Record (an admission summary) reflected that the resident had diagnoses of but not limited to Alzheimer's Disease (progressive mental decline) and Dysphagia (difficulty swallowing). A brief interview for mental status (BIMS) (a cognitive screening tool) assessment dated [DATE], score of zero (0), which indicated the resident had severe cognitive impairment. A review of the resident's Care Plan (CP) dated 7/17/25, a document that lists risks, goals and interventions for an individual resident, revealed a focus that the resident has a history of behavior problems, refusing care and aggressive with staff. A review of the resident's electronic medication administration record (eMAR) for 4/25 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 4/11/25. On 11/5/25 at 11:46 AM, the surveyor interviewed the Director of Nursing (DON). The DON stated that LPN #1 no longer works at the facility as of May or June of 2025. The surveyor asked the DON what the procedure is if a resident or family does not want certain staff caring for them or family member. The DON 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 Regional Nurse (RegN). The RegN 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 Licensed Nursing Home Administrator (LNHA) and DON to discuss the above concern. The DON 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. 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</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
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