

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Optima Care Castle Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 615 23rd St Union City, NJ 07087	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</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: 315344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Optima Care Castle Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 615 23rd St Union City, NJ 07087	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and review of pertinent facility documents on [DATE] and [DATE], it was determined that the facility failed to thoroughly investigate by obtaining complete statements from involved staff on an incident of injury of unknown origin of a cognitively impaired resident, Resident #2, who was noted to have a fading discoloration on her left hand near thumb area and a fading [discolored] area on her left forehead. On [DATE], Resident #2 was noticed to have a fading discoloration on her left hand near thumb area, measuring 4.0x4.0 cm [centimeters] and a small fading area on her left forehead measuring less than 2.0x2.0 cm. There was no sign of swelling and the resident denied pain to the sites. Resident #2 who was cognitively impaired was unable to recall any fall, trauma or unusual event that led to discoloration. MD [doctor] was informed and ordered x-ray on the resident's left hand. This deficient practice was evidenced as follows:A review of the form AAS-45, a Facility Reportable Event (FRE), a document submitted by the facility to the New Jersey Department of Health (NJDOH) on [DATE], included the date of event: [DATE], no time indicated. The FRE reflected under Narrative that Resident #2 was noticed to have a fading discoloration on their left hand near thumb area, measuring 4.0x4.0cm. Also a very small nearly fading area on their left forehead measuring less than 2.0x2.0. There was no sign of swelling, denies pain to the sites. Resident was alert, but confused, forgetful, verbally responsive but unable to recall any fall, trauma, or unusual event that led to discoloration. Daughter noticed the discoloration during her visit. MD was informed and ordered x-ray on left hand. The surveyor reviewed the medical record of Resident #2. A review of the admission Record (AR) face sheet (an admission summary), revealed that Resident #2 was admitted to the facility with diagnoses which included but were not limited to: history of falling, dementia, psychotic disorder, anemia, sarcopenia [a condition wherein there is progressive loss of skeletal muscle, strength, and function associated with aging], depressive disorder, and anxiety. A review of the Minimum Data Set (MDS), an assessment tool, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which reflected a severely impaired cognition. The MDS further revealed that the resident required assistance from staff in the completion of their activities of daily living (ADLs). A review of the resident's Care Plan Report (CPR) included a focus: [Resident #2] has potential/actual impairment to their skin integrity r/t her history of fragile skin (bruises easily) that was initiated on [DATE] and revision on [DATE]. The CPR further revealed interventions which included but not limited to: encourage good nutrition, follow facility protocols for treatment of injury, keep skin clean and dry, bilateral arm sleeve in placed (initiated [DATE]), and side rail noodle applied for protection (initiated [DATE]). The resident's CPR also included a focus of: [Resident #2] has bilateral padded half siderails as an enabler with date initiated on [DATE]. A review of the facility's Summary of Investigation (IS) revealed that on [DATE], the nurse supervisor was informed about the fading discoloration noticed on their [Resident #2] left hand near their thumb measuring 4.0x4.0 cm. The IS further indicated there was also a very small almost faint discoloration on their left forehead measuring less than 2.0x2.0 cm. Resident #2 was alert with confusion and forgetfulness. They were unable to recall the cause of discoloration. The resident had no incident of fall, nor did the resident have any physical altercation with anyone. The resident did not have any recent blood drawn to cause skin discoloration. The resident was unable to self-propel their wheelchair. They had very thin sensitive skin, prone to bruising. The IS further included under Conclusion: Statements were obtained from direct care-givers past 48 hours after the discovery date. There no unusual occurrences reported. There was no evidence of neglect or abuse that occurred. The facility IS further concluded the probable cause could be secondary to the resident's diagnosis of Sarcopenia and also side effect of medication Duloxetine HCL [anti-depressant medication and can be used for pain] .the siderails will be padded; Geri sleeves will be given for the resident to wear. A review of the facility's document: Incident Report (IR #3696) with date and time of [DATE] 16:00 (4:00 PM) and documented by Registered Nurse (RN) #1 and appeared as the Person Preparing Report in the IR. RN #1 was the RN Supervisor on [DATE] 3-11 shift. The IR indicated under Nursing Description: Resident was out of bed to wheelchair in the dayroom. Observed fading skin discoloration to left forehead measuring 2.0cm x 2.0cm and fading skin discoloration to left thumb area measuring 4.0cm x 4.0cm. Complete assessment done. No noted swelling to both areas of discoloration. Denies pain to site. Alert, oriented to self, verbally responsive. BIMS was 3. Unable to explain what happened. A review of the statements obtained by the facility from staff during the investigation revealed the following: [DATE] 7-3 shift [morning] 5th Floor Unit -</p>		