

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 01/15/2026
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>Complaint #2613337Based on interview, and review of other facility documentation, it was determined that the facility failed to provide services in compliance with applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles for a resident who was denied admission to the facility to provide services. This deficient practice was identified for 1 of 20 resident referrals reviewed, Resident #154.This deficient practice was evidenced by the following:According to the Centers for Disease Control (CDC) guidelines dated 4/24/24, which revealed, the Transmission-Based Precautions (TBP) and Enhanced Barrier Precautions (EBP) for Candida Auris (C. Auris) are similar to those used for other multidrug-resistant organisms (MDROs). In most instances, facilities equipped to care for patients with other MDROs . can also care for patients with C. Auris. In nursing homes and skilled nursing facilities, healthcare providers should use either Contact Precautions or EBP (infection control intervention to wear gown and gloves during high contact care), based on the situation and local or state jurisdiction recommendations .According to the local and state guidance from NJ (New Jersey) Department of Health, dated 3/24/23, revealed, C. Auris: Identification, Reporting and Infection Prevention Guidance Updates, under Key Points .2) Most healthcare facilities can provide adequate care for C. Auris positive individuals and therefore should not deny admission to patients based upon their C. Auris diagnosis . On 1/8/26 at 12:45 PM, the surveyor requested from the Director of Nursing (DON), the admission referrals for the last seven months.On 1/9/26 at 9:40 AM, the DON provided the referral list from 6/10/25 thru1/8/26. The referral list revealed 20 resident referrals for admission to the facility, which included Resident #154. The referral list indicated Resident #154 was denied admission, reason for refusal Medical.A review of the facility's Electronic Medical Record (EMR) system revealed that Resident #154 had a previous admission stay in the facility, from the nearby hospital, and living arrangement was within the vicinity of the facility.On 1/9/26 at 1:40 PM, the surveyor interviewed the Regional admission Director (RAD), in the presence of the Medicaid Manager in the admission office, regarding their process for referrals, admissions, and denials. He stated that the referrals from the hospitals were sent electronically to the facility, an outside clinical team will review the referrals remotely, then will send to the admission team within the building, including the License Nursing Home Administrator (LNHA). He further stated that it will be in the portal if the patient (also known as the resident) was accepted or denied admission. He stated the reasons for denial of admission could be for intravenous drug use, a ventilator, 1:1 behavior issue, and insurance denial. The surveyor asked why Resident #154 was denied admission and what was the meaning of Medical as the reason of denial. The RAD responded that it was due to C. Auris (C. Auris-type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities). He further stated that they did not accommodate a C. Auris unit in the facility, it was more of an infection</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 315310	If continuation sheet Page 1 of 3

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>control issue and we did not have the isolation for that. On 1/12/26 at 10:39 AM, the surveyor interviewed the Infection Preventionist/Assistant Director of Nursing (IP/ADON), regarding the process for admitting residents on EBP, and Contact precautions. The IP/ADON informed the surveyor that aside from the EBP we have contact precaution residents. The IP/ADON stated that before the resident come in, we need to know so that we were ready for precautions. The surveyor asked if the facility would admit a resident with C. Auris, and the IP/ADON replied, Yes. The IP/ADON acknowledged that the facility staff had the knowledge to care for residents who were on contact precautions. The surveyor requested for the facility policies for EBP and Contact precautions. On 1/12/26 at 1:30 PM, the surveyor requested from the LNHA to provide the bed board from 9/1/25 through 9/7/25. On 1/13/26 at 8:12 AM, the surveyor reviewed the bed board provided by the LNHA, which revealed on 9/4/25, there were 30 available beds on the 3rd floor which included one private room, 27 available beds on the 4th floor with four private rooms available, and 30 available beds on the 5th floor with two private rooms. On 1/13/26 at 10:33 AM, the surveyor interviewed the LNHA, regarding the admission process and who was responsible for reviewing the admission referrals. The LNHA informed the surveyor that Our initial process, we received referrals through the portal from the hospitals and etc. The LNHA stated that the outside clinical team reviewers will review the referrals, including the in-house admission team, and at times I get involved. The surveyor asked the LNHA who made the final decision for admission, and the LNHA responded It depends and it was case by case. The surveyor also asked the LNHA how the facility determined on whom not to admit, and he stated, Residents that would not be appropriate for the facility like those on a ventilator, again it is case by case. On that same date and time, the surveyor asked the LNHA if the facility had residents for referrals that were on EBP, contact, droplet precautions that you would not admit in the facility, and he responded, Generally, not the case, we do have patient with EBP, contact precautions. The surveyor then asked the LNHA if the facility staff meet the needs of residents admitted for EBP, and contact precautions, and he was aware of the CDC guidelines. The LNHA stated, Yes, we do have residents with those needs. On 1/14/26 at 11:40 AM, the surveyor met with the LNHA, DON, and the Regional Nurse regarding the concern with Resident #154, denied of admission due to the diagnosis of C. Auris. The Regional Nurse stated that they had another facility that was dedicated unit for isolation for C. Auris, and that they notified the resident of the isolation unit (the sister facility was 15 miles away). The surveyor asked, if they considered Resident #154's (who was a previous resident), and Resident Representative's (RR's) preferences for choosing the facility. The Regional Nurse acknowledged and stated, Of course we consider the resident's and RR's preferences, but at the time, we did not really accept C. Auris. The Regional Nurse further stated that in order to accept Resident #154, we have to have a protocol for contact precautions. At that same time, Surveyor #2 (S #2) asked the LNHA, DON, and the Regional Nurse, if the facility staff had a knowledge and facility had appropriate equipment and supplies to address the need and care of resident with contact precautions, and the Regional Nurse responded yes. S #2 also asked if C. Auris considered contact precautions, and the Regional Nurse stated yes. The Regional Nurse confirmed that they did have the EBP and Contact precaution protocols in place at that time. S #2 then asked why Resident #154 was denied of admission, and there was no response from the LNHA, DON, and Regional Nurse. On 1/15/26 at 11:10 AM, the survey team met with the LNHA, DON, and the Regional Nurse stated that we did an in service yesterday with the admission Office Staff regarding denials after surveyor's inquiry. A review of the signed Administrator's Job Description, dated 7/22/25, revealed under Purpose of Your Job, the primary purpose of your position is to direct the day-to-day functions of the facility in accordance with current Federal, State and Local standards guidelines, and</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>regulations that govern nursing facilities A review of the facility's admission Criteria Policy with a review date of 11/22/25, revealed under Policy Interpretation and Implementation, #1a. provide uniform criteria for admitting residents to the facility .A review of the facility's Enhanced Barrier Precaution Policy review date 7/1/25, revealed under General Information, EBP require no private room required .A review of the facility's Infection Prevention and Control Program Policy, reviewed 7/3/25, revealed under Policy Interpretation and Implementation #2. Based on CDC definitions, three types of Transmission-Based Precautions (.and contact) have been established .A review of the undated facility's C Auris Policy and Procedure revealed under Policy, All staff will follow the guidelines by the CDC . Under Transmission Based Precautions #1. Patients with C. Auris should be placed in single room and managed using Contact Precautions or Enhanced Barrier Precautions .NJAC 8:39-5.1(a),5.2(b)</p>		