

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315253	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER PARKER AT SOMERSET, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 15 DELLWOOD LANE SOMERSET, NJ 08873		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>TYPE OF SURVEY: New Construction and Renovation Project: Phase 3a (First Floor: Storage rooms, Employee break room, locker room, computer learning room, fitness room, Administration offices, Conference Room, Multipurpose room, Laundry room, public restrooms) and Phase 3b (Resident Units: First Floor: White Birch and Second Floor: Red Dogwood) of their new construction project. These two units each contain 14 resident rooms occupying 28 beds, nurses station on each unit, and a new Library, Family Room/Activity Room, Multi-Purpose Room, Nurses station, Medication Rooms, and Staff Offices.</p> <p>Inspection Date: 1/26/2023</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/26/23 and Parker at Somerset was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/07/2023

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2023
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NAME OF PROVIDER OR SUPPLIER PARKER AT SOMERSET, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15 DELLWOOD LANE SOMERSET, NJ 08873
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S 000	<p>Initial Comments</p> <p>INSPECTION OF NEWLY RENOVATED LONG TERM CARE FACILITIES: Phase 3a (First Floor: Storage rooms, Employee break room, locker room, computer learning room, fitness room, Administration offices, Conference Room, Multipurpose room, Laundry room, public restrooms) and Phase 3b (Resident Units: First Floor: White Birch and Second Floor: Red Dogwood) of their new construction project. These two units each contain 14 resident rooms occupying 28 beds, nurses station on each unit, and a new Library, Family Room/Activity Room, Multi-Purpose Room, Nurses station, Medication Rooms, and Staff Offices.</p> <p>Inspection Date: 1/26/2023</p> <p>THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.</p> <p>The areas surveyed may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.</p>	S 000		

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