New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061812	A. BUILDING: _____ B. WING _____	01/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER AT SOMERSET, INC	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) COMPLETE DATE
S 000	Initial Comments Initial inspection for Licensure of Renovated Long Term Care Facilities Inspection Date: 01/12/2024 No deficiencies were noted during the inspection of the Floor 1, South Wing resident rooms #117, 118, 119, 120, 121, 122 and 123; Floor 2, South Wing resident rooms #217, 218, 219, 220, 221, 222, 223; South Wing Rehabilitation room, Green House room, Recreation room, Annex, Plant Operations room, Manager's office, linen closet, janitor closet, oxygen closest, and Nurse station exit and egress corridors. Inspection also included the Floor 1, South Wing Main kitchen. The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.	S 000		

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

Electronically Signed | 01/19/24