

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER PARKER AT SOMERSET, INC		STREET ADDRESS, CITY, STATE, ZIP 15 DELLWOOD LANE SOMERSET, NJ 08873	
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)		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on staff and resident interviews, it was determined that the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next calendar day each time a confirmed COVID-19 test result is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. The deficiency occurred during the COVID-19 pandemic. This deficient practice was evidenced by the following: An interview was completed with the Director of Nurses (DON) on 06/26/2020 at 7:20 PM. The DON was questioned about reporting COVID-19 related changes to residents and families. She said, For notifying residents and families, we report according to the timeline. On 06/26/2020 at 7:25 PM, a review of a provided document titled, Outbreak Response Plan, revised 6/19/2020, was completed. Under Communication, step 6 noted, Family and Residents communication according to timeline. There was no guidance on what the time frames were or what was to be reported. An interview was completed with the facility Administrator on 06/26/2020 at 7:35 PM. He stated, The timeline is the executive order that came out. It says you have to report within 24 hours, if there is a positive case (of COVID-19). We don't have that written anywhere, it's the leadership's responsibility to know what that is. When asked to clarify, the Administrator said that all the executive order said was to report new cases within 24 hours. It was not part of the facility's process to notify residents, their representatives and families by 5 PM the next calendar day each time a confirmed COVID-19 test result is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. NJAC: 8:39-13.1 (c)</p>		

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

TITLE

(X6) DATE

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.