

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

PRINTED: 05/28/2024
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2023
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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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(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
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E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
F 000	INITIAL COMMENTS STANDARD SURVEY: 2/15/2023 CENSUS: 91 SAMPLE: 19+3 The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/22/2023
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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.

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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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K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 2/14/2023 and 2/15/2023 and Parker at Somerset was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Parker at Somerset is a Two-story, Type II Protected building that was built in January 1987. The facility is divided into 22 smoke zones. The facility has two emergency generators	K 000		
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the	K 324		3/31/23

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

TITLE

(X6) DATE

Electronically Signed

03/02/2023

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.

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K 324	<p>Continued From page 1 corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility documentation on 2/14/2023 and 2/15/2023, in the presence of facility management, it was determined that the facility failed to inspect 2 of 3 range-hood fire suppression systems semi-annually (every six months) in accordance with NFPA 96.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 02/14/2023 during the survey entrance at approximately 9:32 AM a request was made to the Plant Operations Manager (POM) to provide all mandatory inspections from 06/01/21 to 2/13/2023 for review later.</p> <p>Starting on 02/14/2023 at approximately 10:06 AM and continued on 02/15/2023, in the presence of the POM, a tour of the facility was conducted. Along the two day tour of the facility the surveyor inspected three (3) kitchen's fire suppressions systems (Ansul systems) with the following results:</p> <p>1) On 02/15/2023 at approximately 10:53 AM, the surveyor observed in the New Building's 3rd. floor kitchen serving area no evidence of an inspection tag attached to the manual pull for the fire suppression system.</p>	K 324	<p>1. No resident was affected due to the deficient findings.</p> <p>2. All residents have the potential to be affected by the deficient findings</p> <p>3. On 2/20/2023 Associated Fire Protection came to Parker at Somerset to inspect the Kitchen Fire Suppression on the 2 neighborhoods on the third (3rd) Floor and the kitchen on the first (1st) floor cafe. According to the report no deficiencies were found. The Plant Operations Manager and the Administrator audited the Life Safety Book to ensure all mandatory inspections are completed timely. All other inspections were completed timely. A contract with Associated Fire was signed on 2/20/23 for the semi-annual Inspection and Testing of Kitchen Systems. The next Inspection is scheduled on August 21,2023. The Plant Operations Manager will review the life safety book monthly and ensure that all inspections due for the upcoming month is scheduled and confirmed.</p> <p>4. The Plant Operations Manager (POM) will conduct an audit of all semi-annual</p>		

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K 324	Continued From page 2 2) On 02/15/2023 at approximately 12:42 PM, the surveyor observed in the New Building's 1st. floor kitchen serving area that the inspection tag attached to the fire suppression systems manual pull had evidence of an inspection performed in August 2021 (new system). Review of the facility's range-hood semi-annual (every 6 months) fire suppression system inspections for the previous 20 months identified the two kitchen fire suppression systems in the New Building had no semi-annual inspection performed after the initial installations. At approximately 12:44 PM, an interview with the POM was conducted. The POM told the surveyor that the vendor who inspects the Main kitchens range-hood fire suppressions system missed inspecting the two systems. The facility did not semi-annually inspect the two (2) kitchen suppression systems for the 17 months. The POM confirmed the findings at the times of observations. The Administrator was informed of the deficiency at the Life Safety Code exit on 2/15/2023 at approximately 1:15 PM. NFPA 101, NFPA 96 NJAC 8:39-31.2(e)	K 324	inspections in the kitchen and ensure that it is completed timely. This audit will be reported to the Safety Committee and QAPI committee during their monthly meetings. Any negative patterns will be immediately addressed. Audits will continue until the department achieves 100% compliance for 3 months.		
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation	K 341		3/31/23	

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K 341	<p>Continued From page 3</p> <p>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 2/14/2023, in the presence of the facility management, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for 1 of 1 outside enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>On 2/14/2023 during the survey entrance at 9:32 AM, a request was made to the Plant Operations Manager (POM) to provide a copy of the facility lay-out which identified the various rooms and smoke compartments in the facility.</p>	K 341	<ol style="list-style-type: none"> 1. No resident was affected due to the deficient findings. 2. All residents have the potential to be affected by the deficient findings 3. An audible and visual fire alarm will be installed in the courtyard where the fish pond is located by 3/31/2023. The Plant Operations Manager identified all areas in the building that required audio and visual alarm as notification of a fire alarm being activated. All areas are outfitted with audio and visual alarm and were tested for good working condition. These alarms will be checked monthly to ensure that they continue to be in good working order. 4. The Plant Operations Manager (POM) 		

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K 341	<p>Continued From page 4</p> <p>A review of the facility provided lay-out identified the facility as two buildings that are connected (Old building and New building) with an outside enclosed center court yard located with-in the facility.</p> <p>During a tour of the building at 11:48 AM with the POM, an inspection of the outside Fish Pond enclosed (surrounded by the building) courtyard was performed.</p> <p>The surveyor observed no evidence of an audio and visual alarm to notify resident, staff and visitors of an activation of the buildings fire alarm system.</p> <p>At that time, the surveyor asked the POM, "do you have an audio and visual alarm for the fire alarm system out here?" The POM told the surveyor, "no."</p> <p>The POM confirmed the finding at the time of observation.</p> <p>The Administrator was informed of the deficiency at the Life Safety Code exit on 2/15/2023 at approximately 1:15 PM.</p> <p>NJAC 8:39-31.2(a) NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p>	K 341	<p>will conduct an audit of all patios and courtyards and ensure that the proper alarm system is installed in the area. This audit will be reported to the Safety Committee and QAPI committee during their monthly meetings. Any negative patterns will be immediately addressed. Audits will continue until the department achieves 100% compliance for 3 months.</p>		
K 351 SS=E	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in</p>	K 351		3/31/23	

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K 351	<p>Continued From page 5</p> <p>accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 2/14/2023 and 2/15/2023, it was determined that the Facility failed to install sprinklers, as required by CMS regulation §483.90(a) physical environment to all areas in accordance with the requirements of NFPA 101 2012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems 2012 Edition, and as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy.</p> <p>The deficient practice is evidenced by the following,</p> <p>On 2/14/2023 during the survey entrance at 9:32 AM a request was made to the Plant Operations Manager (POM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility as two buildings that are connected</p>	K 351	<ol style="list-style-type: none"> 1. No resident was affected due to the deficient findings. 2. All residents have the potential to be affected by the deficient findings 3. Fire Sprinkler coverage was installed in the first floor family room electrical closet on 2/15/23. Fire Sprinkler coverage will be installed in the Main Electrical Room by 3/31/2023. <p>The Plant Operations Manager (POM) conducted an audit of all areas and spaces in the community required to have sprinkler coverage and ensure that one is present. All areas that require sprinkler coverage were already outfitted with sprinklers.</p> <p>A contract with Associated Fire was signed to ensure timely and thorough inspection of the Sprinkler System for the entire building.</p>		

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K 351	<p>Continued From page 6 (Old building and New building).</p> <p>Starting on 02/14/2023 at approximately 10:06 AM, in the presence of the POM, a tour of the facility was conducted.</p> <p>Along the tour of the facility the surveyor observed the following locations that failed to provide proper fire sprinkler coverage:</p> <p>1) On 2/14/2023 at approximately 10:54 AM, the surveyor observed inside the Old Building's first floor Family room 5'-6" by 8'-6" electrical closet had no evidence of fire sprinkler coverage. At that time, the surveyor asked the POM "do you see a fire sprinkler?" The POM told the surveyor, "no."</p> <p>2) On 2/14/2023 at approximately 11:39 AM, the surveyor observed inside the Old Buildings 22' by 10' Main Electrical room had no evidence of fire sprinkler coverage. At that time, the surveyor asked the POM "do you see a fire sprinkler?" The POM told the surveyor, "no."</p> <p>The Administrator was informed of the deficiency at the Life Safety Code exit on 2/15/2023 at approximately 1:15 PM.</p> <p>Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.</p>	K 351	<p>4. The Plant Operations Manager (POM) will conduct an audit of all areas and spaces in the community required to have sprinkler coverage and ensure that one is present. This audit will be reported to the Safety Committee and QAPI committee during their monthly meetings. Any negative patterns will be immediately addressed. Audits will continue until the department achieves 100% compliance for 3 months.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315253	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 4/11/2023
Y1	Y2	Y3
NAME OF FACILITY PARKER AT SOMERSET, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 15 DELLWOOD LANE SOMERSET, NJ 08873

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0324	03/31/2023	LSC K0341	03/31/2023	LSC K0351	03/31/2023
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/15/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		