

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

PRINTED: 07/22/2020
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 06/26/2020
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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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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at this facility. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 06/26/2020 Census: 89	F 000		
F 885 SS=F	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must— (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within	F 885		7/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/10/2020
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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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F 885	<p>Continued From page 1</p> <p>72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <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.</p> <p>This deficient practice was evidenced by the following:</p> <p>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."</p> <p>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.</p> <p>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</p>	F 885	<p>F885 Submission of this plan does not constitute an admission or agreement by the provider of the truth of the information set forth in the statement of deficiency. The Plan of Correction is prepared and submitted because requirements under State and Federal Law. Please accept this Plan of Correction as our credible allegation of compliance.</p> <ol style="list-style-type: none"> 1) There was no resident affected due to not having a written policy with the specificity of date and time to inform residents and their representatives of confirmed or suspected COVID-19. 2) All of the residents could have been affected by not having a written policy with the specificity and time to inform residents and their representatives. 3) The Policy of Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes was updated to reflect that notification of confirmed or suspected (three suspected within 72 hour period) COVID-19 cases must be done by 5:00pm the next calendar day. An in-service will be performed with the leadership team to ensure that the new policy is understood and all have knowledge of this requirement. 4) Auditing and monitoring will take place by the administrator or designee by tracking the timing of the communication to residents and families should a case(s) that meets the criteria set forth in above policy occur. A monthly audit will be performed by the administrator or 		

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F 885	Continued From page 2 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)	F 885	designee to assess the timing of a known positive case and communication with the residents and families to alert them of this fact.. These audit results will be reported into QAPI on a monthly basis for three months.		