

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  03/21/2025
NAME OF PROVIDER OR SUPPLIER  Parker at Somerset, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50913</p> <p>C #: NJ 00184292</p> <p>Based on interviews, and record review, as well as review of pertinent facility documents on 3/17/25 and 3/21/25, it was determined that the facility failed to ensure their policy on Medication Transcription was implemented for 1 out of 5 residents (Resident #1). This deficient practice was evidenced by the following:</p> <p>According to the Admission Record, Resident #1 was admitted to the facility on ,d+[DATE], with diagnosis including but not limited to: Immune Thrombocytopenic Purpura (a bleeding disorder that keeps your blood from clotting). The Minimum Data Set (MDS), an assessment tool, dated 3/18/25, showed that the Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13, showing resident had intact cognition.</p> <p>The form Medication Reconciliation History Form (MRHF), dated 2/27/25, revealed the medication reconciliation for Resident #1 was completed and signed by the first nurse and the physician on 2/27/25 at 3 P.M. The second nurse verification was signed on 2/28/25.</p> <p>During a telephone interview with LPN #1 on 3/18/25 at 10:32 A.M., she revealed that she works the 11-7 shift and is responsible for completing the 24-hour chart check. She stated that she accidentally signed the line for the 2nd nurse verification on the medication reconciliation form for Resident #1, she further stated that she is required to only sign the 24-hour chart check space in the admission packet, not the space for verifying nurse.</p> <p>During an interview with LPN #2 on 3/21/25 at 10:11 A.M., she revealed that she was aware of the process for medication reconciliation, and knew she was required to do the verification for the reconciliation, however, she did not complete the verification.</p> <p>During an interview with LPN #3 on 3/21/25 at 10:34 A.M., she revealed that she was aware of the medication reconciliation process and knew that a 2nd nurse was required to check the medications prior to putting them in the Electronic Medical Record (EMR), she assumed that the medication reconciliation check had been completed by LPN #2.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Assistant Director of Nursing (ADON) on 3/17/25 at 2:48 P.M., she revealed, the MRHF was first to be completed by the initial nurse, which was the nurse that reconciled the medications with the provider, then the 2nd nurse was supposed to verify the medications to make sure there were no errors. She further stated that the verification for the MRHF for Resident #1 was not completed by the 2nd nurse but should have been done.</p> <p>The undated policy titled, Medication Transcription Policy, showed .#4. Double-check and Reconciliation: -A second licensed nurse should verify medications; -Compare new transcriptions with previous orders to prevent duplications or omissions .</p> <p>NJAC 8:39-27.1(b)</p>		