

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2025
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and review of other facility documentation it was determined that the facility failed to maintain the resident environment, and living areas in a safe, sanitary, and homelike manner. This deficient practice was evidenced by the following: On 10/31/25 at 10:30 AM, the surveyor observed the following conditions while touring the building from 9:30 AM to 11:30 AM: The carpet on the stairway leading to the B unit was heavily soiled and ripped. Heavy dust and debris accumulation on the stairwell leading to the B Unit. The corridor leading to the nourishment room of the B-Unit, had a broken exposed pipe with visible debris around. room [ROOM NUMBER] had a leaking air conditioner cover which was yellow stained. A white yellow stained towel was noted on the windowsill next to the air conditioner. The windows in the room were covered with dust. The windows had no window treatments or drapes providing a clear view of the street. An observation of room [ROOM NUMBER] revealed there were no windows treatments in the room. From the room the view was not restricted from the street. The residents resided in the room could not be interviewed. The area of the kitchen where the food was being transported to the dumbwaiter (small freight elevator or lift intended to carry food) was heavily soiled with debris. Cobwebs were noted in the corner. The lift tray was soiled and covered with debris. During an interview with the Food Service Director (FSD) on 10/31/25 at 12:05 PM, he confirmed that the area needed to be cleaned. On 10/31/25 at 1:00 PM, the surveyor interviewed the Maintenance and Housekeeping Director (MD/HK) and inquired regarding environmental rounds and a cleaning schedule. The MD/HK stated that environmental rounds was done monthly, and housekeeping staff were to clean the rooms daily. He further stated that he was not aware of the leaking air conditioner and the missing drapes in the rooms. The MD/HK stated he had not received a work order for the air conditioner unit to be repaired. The MD/HK did not provide the last environmental round minutes upon request. On 10/31/25 at 1:30 PM a kitchen staff member provided a cleaning schedule of the dumbwaiter area which indicated that the area was scheduled to be cleaned weekly. The above findings were reviewed with the Licensed Nursing Home Administrator and the Director of Nursing during the exit conference. No additional information was provided. NJAC 8:39 -31.4 (a) (b) (e) (f)</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
---	-------	-----------