



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **FDG CB OPCO LLC**

LEGAL ENTITY

To operate **RIDGECREST AT CRANBERRY WOODS**

NAME OF FACILITY OR AGENCY

Located at **3020 FAIRPORT LANE, CRANBERRY TOWNSHIP, PA 16066**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **115**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 41**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 1, 2024** until **April 13, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **452680**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Emailing Date: October 31, 2024

[REDACTED]
FDG CB OPCO LLC
[REDACTED]

RE: Atria at Cranberry Woods
3020 Fairport Lane
Cranberry Township, PA 16066
License #: 45268

Dear [REDACTED]:

As a result of your facility's recent change in the name from Atria at Cranberry Woods to Ridgecrest at Cranberry Woods, a revised license is being issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License