



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CRANBERRY PLACE**

LEGAL ENTITY

To operate **CUMBERLAND CROSSING MANOR**

NAME OF FACILITY OR AGENCY

Located at **1201 CUMBERLAND ROAD, PITTSBURGH, PA 15237**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Assisted Living**

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:

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

55 Pa.Code Chapter 2800: Assisted Living Residences

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 30, 2025** until **June 30, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446160**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
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: June 5, 2025

Cranberry Place
1201 Cumberland Road
Pittsburgh, Pennsylvania 15237

RE: Cumberland Crossing Manor
Certificate #: 446160

Dear Cranberry Place:

The Department has received your May 6, 2025 renewal application to operate the above Assisted Living Home pursuant to Title 55, PA Code, Chapter 2800. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Assisted Living Home at least once every twelve months. The Department will conduct an inspection of Cumberland Crossing Manor within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2800 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in dark 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