

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

March 24, 2023

[REDACTED], SENIOR OPERATIONS COUNSEL  
FDG CB OPCO LLC  
[REDACTED]

RE: ATRIA AT CRANBERRY WOODS  
3020 FAIRPORT LANE  
CRANBERRY TOWNSHIP, PA, 16066  
LICENSE/COC#: 45268

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/14/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *ATRIA AT CRANBERRY WOODS* License #: *45268* License Expiration: *04/13/2024*  
 Address: *3020 FAIRPORT LANE, CRANBERRY TOWNSHIP, PA 16066*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *FDG CB OPCO LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *1 2* Date: *01/29/2021* Issued By: *Cranberry Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *03/14/2023*

**Inspection Dates and Department Representative**

*03/14/2023* On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: <i>115</i>		Residents Served: <i>72</i>	
<b>Secured Dementia Care Unit</b>			
In Home: <i>Yes</i>	Area: <i>SDCU</i>	Capacity: <i>41</i>	Residents Served: <i>16</i>
<b>Hospice</b>			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>70</i>	
Diagnosed with Mental Illness: <i>1</i>		Diagnosed with Intellectual Disability: <i>1</i>	
Have Mobility Need: <i>15</i>		Have Physical Disability: <i>0</i>	

**Inspections / Reviews**

*03/14/2023 - Partial*

Lead Inspector: [REDACTED] Follow Up Type: *Not Required*

NO DEFICIENCIES FOUND