

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

December 23, 2024

[REDACTED]
FDG CB OPCO LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/24/2024, 10/28/2024, 11/05/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RIDGECREST AT CRANBERRY WOODS License #: 45268 License Expiration: 04/13/2025
 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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 01/29/2021 Issued By: Cranberry Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 107 Waking Staff: 80

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Interim Exit Conference Date: 11/05/2024

Inspection Dates and Department Representative

10/24/2024 - On-Site [REDACTED]
 10/28/2024 - Off-Site: [REDACTED]
 11/05/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 115 Residents Served: 75
 Secured Dementia Care Unit
 In Home: Yes Area: 3rd Floor Capacity: 41 Residents Served: 25
 Hospice
 Current Residents: 8
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

10/24/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2024

Inspections / Reviews (*continued*)

12/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/31/2024

12/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

105g Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an approximate 1/4-inch accumulation of lint in the lint trap of the 2nd floor resident laundry room dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 12/03/2024)

- * The Maintenance Director checked dryer lint traps and removed all lint immediately on [redacted]
- * The Maintenance Director updated the daily housekeeping checklist to reflect AM and PM checks on lint trap and immediate removal and disposal of lint when found on [redacted]
- * Residence Director/Designee shall re-educate the housekeeping and care staff on or before [redacted] regarding cleaning lint trap after every use. Documentation shall be kept
- * The Maintenance Director/Designee shall check lint traps weekly beginning [redacted] for 4 weeks to ensure compliance. Results shall be reviewed with the Quality Management Performance Improvement meeting on [redacted] and recommendations shall be followed. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 12/23/2024)

225c Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated the resident is on a soft diet; however, the resident's annual medical evaluation, dated [redacted], indicated the resident is on a regular diet.

Plan of Correction

Accept [redacted] - 12/03/2024)

- * Resident [redacted] will have new RASP completed by [redacted] to reflect accurate diet order
- * Residence Director/Designee shall educate Health Care Director on regulation 225c by [redacted]. Documentation shall be kept.
- * Health Care Director/Designee shall audit on all current residents RASP to confirm that the diets match the annual medical evaluation, and discrepancies shall be corrected as identified by [redacted]
- * Residence Director/Designee and Health Care Director/Designee shall meet weekly beginning [redacted] to review annual medical evaluations, diet changes and update RASP's accordingly for 4 weeks to ensure compliance. Results shall be reviewed with Quality Management Performance Improvement team at the next meeting [redacted] and recommendations shall be followed. Documentation shall be kept

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] 12/23/2024)