

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

April 29, 2025

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

RE: RIDGECREST 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 review on 01/17/2025, 01/27/2025 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-2* Date: *01/29/2021* Issued By: *Cranberry Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *02/27/2025*

**Inspection Dates and Department Representative**

01/17/2025 - On-Site: [REDACTED]  
 01/27/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *115* Residents Served: *84*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *3rd Floor* Capacity: *41* Residents Served: *27*

**Hospice**  
 Current Residents: *7*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

01/17/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2025*

Inspections / Reviews *(continued)*

03/31/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/28/2025

04/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/17/25 resident #2 and resident #3 did not have access to a source of light that could be turned on and off at bedside.

Plan of Correction

Accept ( [redacted] ) - 03/31/2025)

- \* On 1/17/25 lamps were placed by resident #2 and #3 by Maintenance Director
- \* Residence Director/Designee will educate Resident #2 and #3 on regulation 2600.101j as to safety of having light source by bedside by 4/14/25.
- \* By 4/14/25 staff shall be educated on regulation 2600.101j7 by Residence Director/Designee regarding light source within reach of residents bedside. Documentation shall be kept
- \* Residence Director/Designee will conduct weekly audit starting 3/31/25 for period of 30 days to ensure consistent adherence to regulation 2600.101j7, compliance monitoring shall be conducted during the QMPI meeting this review shall occur at next meeting on 4/24/25, documentation shall be kept, further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented ( [redacted] ) - 04/29/2025)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 1/17/25 there was an unlabeled and undated bag of beans, an unlabeled and undated bag of pierogis, and an unlabeled and undated bag of mixed vegetables in the walk-in freezer.

Plan of Correction

Accept ( [redacted] ) - 03/31/2025)

- \* Chef immediately discarded unlabeled and undated items on 1/17/25
- \* By 4/14/25 Chef will educate cooks and restaurant coordinator on regulation 2600.103e, documentation shall be kept
- \* Chef/Designee will conduct weekly audit beginning 4/14/25 for next 30 days. Review findings with Residence Director/Designee, to ensure consistent adherence to regulation 2600.103e, compliance monitoring will be conducted during the next QMPI meeting on 4/24/25. Documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented ( [redacted] ) - 04/29/2025)

123b - Emergency Procedures Posted

3. Requirements

2600.

123b - Emergency Procedures Posted (continued)

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 1/17/25 the local municipality's emergency management plan was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( ) - 03/31/2025

- \* Proper emergency binder was placed in conspicuous area immediately on 1/17/25 by Residence Director
  - \* Residence Director/Designee will educate Department Directors/Concierge on proper placement of Emergency binder by 4/14/25. Documentation shall be kept
  - \* Residence Director/Designee will conduct weekly audit to ensure emergency plan is in conspicuous placement beginning 4/14/25 for next 30 days.
- to ensure consistent adherence to regulation 2600.123b, compliance monitoring will be conducted during next QMPI meeting on 4/24/25, documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented ( ) - 04/29/2025

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 1/17/25 the home's posted menus did not include dates.

Plan of Correction

Accept ( ) - 03/31/2025

- \* Chef immediately posted dates on menus on 1/17/25.
  - \* Chef updated new menu documents on 1/17/25 to ensure appropriate dates on all menus moving forward.
  - \* Residence Director shall educate Chef by 4/14/25 on regulation 2600.162c. Documentation shall be kept
  - \* Residence Director/Designee will audit posted weekly menus to ensure proper dating starting 4/14/25 for next 30 days.
- to ensure consistent adherence to regulation 2600.162c, compliance monitoring will be conducted during next QMPI meeting on 4/24/25, documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented ( ) - 04/29/2025

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (continued)

**Description of Violation**

Resident #4 was prescribed Ondansetron 8mg – 1 tablet by mouth every 8 hours as needed for nausea and vomiting. This prescription was discontinued on 1/23/25; however, this medication was still in the medication cart on 1/27/25.

**Plan of Correction**

Accept (█) - 03/31/2025)

- \* Medication was immediately removed and disposed of properly by Health Care Director. on 1/17/25
- \* Health Care Director/Designee will educate Resident Medication Associate on regulation 2600. 183d by 4/14/25.

Documentation shall be kept

- \* Monthly cart audits will be conducted by the Health care director/designee beginning 4/14/25 for the next 90 days.

to ensure consistent adherence to regulation 2600.183d, compliance monitoring will be conducted during next QMPI meeting on 4/24/25, documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented (█) - 04/29/2025)

184a - Resident's Meds Labeled

**6. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

**Description of Violation**

Resident #5 was prescribed Systane 0.3% - 0.4% - Instill 2 drops into both eyes once a day for dry eyes; however, the label on resident #5's Systane indicated the medication was to be used as needed (PRN).

**Plan of Correction**

Accept (█) - 03/31/2025)

- \* Health Care Director informed inspector that direction change sticker was on side of bottle. Evidence was given to inspector at time of survey on 1/27/25

- \* Health Care Director shall educate Resident Medication Associates on regulation 2600.184a by 4/24/25.

Documentation shall be kept

- \*Monthly cart audit will be conducted by Health Care Director/Designee beginning 4/14/25 for the next 90 days.

To ensure consistent adherence to regulation 2600.184a, compliance monitoring will be conducted during next QMPI meeting on 4/24/25, documentation shall be kept further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented (█) - 04/29/2025)

227d - Support Plan Medical/Dental

**7. Requirements**

2600.

**227d - Support Plan Medical/Dental (continued)**

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*As a result of an incident involving another resident, resident #6 hired a private-duty companion three days per week to provide supervision in the home. Resident #6 's support plan dated [REDACTED] was not updated to reflect this.*

**Plan of Correction**

**Accept ( [REDACTED] - 03/31/2025)**

*\* Health Care Director provided addendum of support plan was given to inspector immediately that was dated 12/29/24 that documents the private duty care giver responsibilities as well as community care givers responsibilities.*

*\* Health Care Director/Designee will audit all residents with private duty caregivers RASP to ensure proper documentation by 4/24/25. Findings will be reviewed with Residence Director/Designee.*

*\* By 4/14/25 the Residence Director shall educate the Health Care Director/Assistant Health Care Director on regulation 2600.227d. Documentation shall be kept.*

*\* Residence Director/Designee will audit care plans of residents who have private duty caregivers beginning 4/14/25 for next 90 days.*

*To ensure consistent adherence to regulation 2600.227d, compliance monitoring will be conducted during next QMPI meeting on 4/24/25, documentation shall be kept further ensuring our commitment to transparency and accountability.*

**Licensee's Proposed Overall Completion Date: 04/25/2025**

**Implemented ( [REDACTED] - 04/29/2025)**