

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

July 1, 2025

[REDACTED]
FDG CB OPCO LLC
[REDACTED]
[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 04/23/2025 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: 04/13/2026
 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

Staffing Hours

Resident Support Staff: [REDACTED] Total Daily Staff: 125 Waking Staff: 94

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Incident Exit Conference Date: 04/23/2025

Inspection Dates and Department Representative

04/23/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 Residents Served: 86

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 41 Residents Served: 29

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

04/23/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/17/2025

05/12/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/06/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/12/2025

Inspections / Reviews *(continued)*

07/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident [redacted]’s annual assessment and support plan, dated [redacted], indicates the resident requires assistance with level of awareness. The plan to meet this need is “when resident becomes upset please allow resident space to calm. Resident enjoys walking quietly” However, on [redacted] at approximately 9:30 p.m., direct care staff A and another staff entered resident [redacted] bedroom to provide continence care. While providing care, the resident became aggressive and attempted to strike the staff. Direct care staff A blocked and held resident # [redacted] wrists and held [redacted] down on [redacted] bed, placing [redacted] body weight to hold the resident in place, who was struggling, while other staff changed [redacted] clothes and brief. The restraint lasted approximately 5 to 7 minutes until direct care staff A released the resident and exited the bedroom.

Plan of Correction

Accept [redacted] - 05/12/2025)

- Employee was suspended by Residence Director starting 4/9/2025, pending investigation.
- Internal investigation was completed by Residence Director/Assistant Residence Director, including interviewing accused staff member and witnesses. Employee was counseled 4/24/25 by Assistant Residence Director
- By 5/31/2025, the Residence Director or designee shall interview 10 current residents to inquire if needs are being met and support plans are being followed.
- Residence Director or designee shall educate current staff on care plans, following plan of care, and regulation 2600.23a by 5/31/25, documentation shall be kept.
- Beginning 5/5/25, the Residence Director or designee shall interview 5 residents weekly X 4 weeks to inquire if care needs are being met and support plan is being followed.
- Compliance monitoring will be conducted during the next QMPI meeting on 6/5/25. Documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 06/27/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted]’s annual assessment and support plan, dated [redacted], indicates the resident requires assistance with level of awareness. The plan to meet this need is “when resident becomes upset please allow resident space to calm. Resident enjoys walking quietly” However, on [redacted] at approximately 9:30 p.m., direct care staff A and another staff entered resident [redacted] bedroom to provide continence care. While providing care, the resident became aggressive and attempted to strike the staff. Direct care staff A blocked and held resident [redacted] wrists and held [redacted] down on [redacted] bed, placing [redacted] body weight to hold the resident in place, who was struggling, while other staff changed [redacted] clothes and brief. The restraint lasted approximately 5 to 7 minutes until direct care staff A released the resident and exited the bedroom.

42b Abuse (continued)

Repeat Violation: 5/31/24

Plan of Correction

Accept [redacted] - 05/12/2025)

- On 4/9/25, staff person A was suspended immediately pending investigation, after investigation employee was educated and retrained on de escalation and returned to community
- By 5/31/25, the administrator or designee shall interview 10 residents to inquire about safety and being free of neglect, intimidation, physical and verbal abuse, mistreatment, corporal punishment or discipline in any way.
- Residence Director or Designee will train staff on de escalation techniques by 5/21/25, documentation shall be kept.
- Executive Director/ Designee will retrain staff on abuse and neglect policy OP 004 Preventing, Detecting, and Reporting Abuse, Neglect, and Exploitation by 5/31/25, documentation shall be kept.
- Compliance monitoring will be conducted during the next QMPI meeting on 6/5/25. Documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 06/27/2025)

202 - Prohibitions

3. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move [redacted] arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompt [redacted] escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [redacted] annual assessment and support plan, dated [redacted] indicates the resident requires assistance with level of awareness. The plan to meet this need is "when resident becomes upset please allow resident space to calm. Resident enjoys walking quietly" However, on [redacted] at approximately 9:30 p.m., direct care staff A and another staff entered resident [redacted] bedroom to provide continence care. While providing care, the resident became aggressive and attempted to strike the staff. Direct care staff A blocked and held resident # [redacted] wrists and held [redacted] down on [redacted] bed, placing [redacted] body weight to hold the resident in place, who was struggling, while other staff changed [redacted] clothes and brief. The restraint lasted approximately 5 to 7 minutes until direct care staff A released the resident and exited the bedroom.

Plan of Correction

Accept [redacted] - 05/12/2025)

- On 4/9/25, staff person A was suspended by the administrator pending investigation. After investigation employee was educated and retrained on de escalation and returned to community
- By 5/31/25, the administrator or designee to provide education to staff on regulation 2600.202, documentation shall be kept.
- By 5/31/2025, the administrator or designee to train staff on de escalation techniques, documentation shall be kept.
- Beginning 5/5/25, the administrator or designee shall observe care/interactions of 10 residents on various shifts weekly X 4 weeks.
- Compliance monitoring will be conducted during the next QMPI meeting on 6/5/25. Documentation shall be kept further ensuring our commitment to transparency and accountability

202 - Prohibitions (continued)

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 06/27/2025)

225c - Additional Assessment

4. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] annual assessment and support plan, dated 8/2/24, indicates the resident is independent and self manages bowel and continence care, can be resistive to taking [redacted] socks and shoes off at bedtime, has been known to push others and is easily re-directed by staff. However, according to multiple staff interviews, the resident's dementia has progressed and sundowns in the evening, becoming combative and physically aggressive, particularly towards [redacted]. Resident is also incontinent of bladder and bowel and will urinate on the floor. Also indicating that staff providing continence care is a behavioral trigger.

The home failed to update the resident's assessment and support plan to address these care needs.

Repeat Violation: [redacted]

Plan of Correction

Accepted [redacted] - 05/12/2025)

- On 4/28/25, the Health Care Director reviewed and amended resident [redacted] support plan to reflect the change in care needs, incontinence and sundowning behavior.
- Health Care Director/Designee will complete an audit of resident service plans/support plans by 5/31/25 to ensure service plans/support plans address the resident's mental health needs/behaviors. Any issues found during audit will be addressed immediately
- By 5/31/25, the administrator or designee shall educate the Health Care Director and Assistant Health Care Director on regulation 2600.225c, documentation shall be kept.
- Executive Director/Designee and Health Care Director will conduct weekly audits beginning 5/5/2024 for 30 days to review new support plans to ensure service plans/support plans have documentation to address mental health/behavior needs.
- Compliance monitoring will be conducted during the next QMPI meeting on 6/5/25. Documentation shall be kept further ensuring our commitment to transparency and accountability

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 06/27/2025)