

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

October 10, 2025

[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 08/19/2025 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

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 132 Waking Staff: 99

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 08/28/2025

Inspection Dates and Department Representative

08/19/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 115 Residents Served: 90
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 41 Residents Served: 29
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 42 Have Physical Disability: 0

Inspections / Reviews

08/19/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/12/2025

Inspections / Reviews (*continued*)

09/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/10/2025

10/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

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

The assessment and support plan, dated [REDACTED] for resident [REDACTED] indicated the resident required assistance with transferring, toileting, bladder management and ambulating. On [REDACTED] & [REDACTED], the resident did not receive this assistance as required, resulting in unwitnessed falls in the home.

Plan of Correction

Accept ([REDACTED] - 09/13/2025)

- Resident passed away on [REDACTED]
- Care Plan was updated immediately after inspection on 8/19/25 by Health Care Director to reflect the ADL assistance needed
- Current Staff have been re-instructed by Memory Care Director to follow each resident's current support plan to ensure that assistance with ADLs is provided according to assessed needs on 8/20/2025.
- Resident support plans will be reviewed by Health Care Director or Designee by 9/30/2025 to confirm ADL assistance needs are clearly documented.
- Current direct care staff will be educated by Administrator or designee on the importance of following the resident assessment and support plan, specifically regarding ADL assistance by 9/15/2025. Education will emphasize documentation of ADL care provided and the process for reporting unmet needs to supervisors.
- The Administrator or designee will conduct 4 random checks weekly on different shifts and times for 30 days to ensure ADL assistance is being delivered as required starting week of 9/8/2025. Noncompliance will be addressed through staff coaching or disciplinary action if needed.
- Compliance monitoring will be conducted during the next QMPI meeting on 10/2/25. Documentation shall be kept further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 10/06/2025

Implemented ([REDACTED] - 10/10/2025)

234b - Support Plan Needs Elements

2. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED] for resident [REDACTED] does not address the resident's history of attempting to ambulate from her bed without assistance at night and history of falls.

Plan of Correction

Accept ([REDACTED] - 09/13/2025)

- o The support plan for Resident [REDACTED] has been reviewed and updated to clearly identify and address all required areas: physical, medical, social, cognitive, and safety needs by Health Care Director on 8/20/2025
- o Resident [REDACTED] passed away on [REDACTED]
- o Resident support plans will be reviewed to ensure that each one identifies needs in all five required areas by Health Care Director by 9/30/2025.

234b Support Plan Needs Elements (continued)

- o Health Care Director and Assistant Health Care Director will be educated on regulatory requirements for completing support plans, with emphasis on addressing all required domains by Administrator by 9/30/2025.*
- o The Administrator or designee will audit newly completed support plans weekly for the next 4 weeks to ensure completeness and accuracy starting 9/9/2025.*
- o Compliance monitoring will be conducted during the next QMPI meeting on 10/2/25. Documentation shall be kept further ensuring our commitment to transparency and accountability*

Licensee's Proposed Overall Completion Date: 10/06/2025

Implemented [REDACTED] - 10/10/2025)