

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

June 22, 2026

[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 03/25/2026, 03/26/2026 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: 04/13/2027
 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 Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 127 Waking Staff: 95

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/26/2026

Inspection Dates and Department Representative

03/25/2026 - On-Site: [REDACTED]
 03/26/2026 - 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: 8

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: 43 Have Physical Disability: 0

Inspections / Reviews

03/25/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/18/2026

05/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/17/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/17/2026

Inspections / Reviews *(continued)*

06/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b Abuse

1. 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

Two video recordings from a nannycam on or about [REDACTED] in the bedroom of resident [REDACTED], who is a resident diagnosed with [REDACTED], [REDACTED] and receives hospice services, showed the following: Staff Person A and Staff Person B entered resident [REDACTED] room to provide incontinence care. Both times during this care the resident raised [REDACTED] arms and began grabbing the staff person's wrist and arm and appeared agitated. Both staff proceeded with care and began roughly restraining resident [REDACTED]'s arms. On one occasion staff person A used [REDACTED] knee to restrain the resident's left arm against the side of the bed. On another occasion, staff person B grabbed both of resident [REDACTED] arms and aggressively crossed them and held them against the resident's chest while staff person A completed the incontinence care. During this interaction, Staff Person B was observed smacking the resident's hand away.

Plan of Correction

Accept [REDACTED] 05/27/2026)

Resident [REDACTED] Passed away on [REDACTED]

On 3/27/2026, staff member A and B were re-educated on de-escalation techniques and abuse in accordance with 2600.42b. Both staff members, A and B were suspended 5/12/2026 after receiving the violation report. Starting 5/15/2026, whenever there is an allegation of a staff member being involved in possible abuse, the staff member will be suspended pending investigation immediately.

On 5/14/2026, the Regional Health Care Director will re-educate the Residence Director, Assistant Residence Director, Health Care Director and current care staff on regulation 2600.42.b. Documentation shall be maintained. For any staff not attending the training on 5/14/2026, the Residence Director or Assistant Residence Director/ Designee will re-educate those care staff on regulations 2600.42b. prior to their next scheduled shift. Documentation shall be maintained.

By 5/30/2026, the Residence Director/Designee will re-educate current staff on abuse and neglect including Preventing, Detecting, and Reporting Abuse, Neglect, and Exploitation. Documentation shall be kept.

By 5/30/2026, the Residence Director/Designee shall interview 10 residents a week for two weeks to inquire about safety and being free of neglect, intimidation, physical and verbal abuse, mistreatment, corporal punishment or discipline in any way. Documentation will be maintained.

On 6/6/2026, the above findings for 2600.42b will be reviewed during the community's next routine Quality

42b - Abuse (continued)

Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented [redacted] - 06/22/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted] at approximately 9:10 PM, Staff Person A, Med Tech, administered medications to Resident [redacted] that were not prescribed for the resident. The medications administered included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

On [redacted] at approximately 9:10 p.m., Staff Person A, Med Tech, failed to administer medications to Resident [redacted] as prescribed. The medications not administered included:

- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 05/27/2026)

Immediately upon discovery of administration to wrong resident, MD and family were notified.

Frequent checks were ordered by MD for 12/24/2025 starting around 7pm to 12/25/2025 7 AM for resident who received wrong medications.

The 1 staff member/trainee involved no longer employed with company, resigned on 2/8/2026. That staff member was re-educated on 5 rights prior to administration on 1/1/2026.

The LPN involved was re-educated on proper training of new staff on 1/1/2026 and re-educated on the 5 Rights prior to administration on 1/1/2026.

By 5/30/2026, the Health Care Director or Designee will re-educate current Medication Technicians on the 5 rights of administration. Documentation shall be kept.

On 6/6/2026, the above findings for 2600.187.d will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 06/09/2026

Implemented [redacted] - 06/22/2026)