

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

September 1, 2026

[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 05/15/2026, 05/22/2026 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 Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 131 **Waking Staff:** 98

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 05/22/2026

Inspection Dates and Department Representative

05/15/2026 - On-Site: [REDACTED]
05/22/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 **Residents Served:** 89

Secured Dementia Care Unit

In Home: Yes **Area:** 3rd Floor **Capacity:** 41 **Residents Served:** 30

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 89
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 42 **Have Physical Disability:** 0

Inspections / Reviews

05/15/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/26/2026

07/07/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/23/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/24/2026

Inspections / Reviews (*continued*)

09/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2026

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] was admitted to the secured dementia care unit (SDCU) on [REDACTED]. The resident's assessment and support plan (RASP), dated [REDACTED], indicated that [REDACTED] had been assessed for [REDACTED] behavior, and to address this need, the home's direct care staff will supervise the resident while in the home and redirect as needed due to history of attempting to kiss staff and other residents, attempting to expose [REDACTED] in a common areas.

On [REDACTED] the resident did not receive this assistance as required. Resident [REDACTED] was found in resident [REDACTED]'s bedroom in the SDCU. Staff indicated they heard moaning from the bedroom. Upon entering the bedroom, resident [REDACTED] was sitting on the bed, with [REDACTED] pants and brief pulled down, exposing [REDACTED]. Resident [REDACTED] was lying on [REDACTED] back on the bed with [REDACTED] shirt on, and without pants or underwear. Resident [REDACTED] had one hand on [REDACTED] [REDACTED], and the other hand was fondling and penetrating resident [REDACTED] [REDACTED]. Both residents were immediately assisted in getting dressed and redirected, and the home called the police for the incident. Neither resident could recall the incident. Resident [REDACTED] was placed on indefinite, one-on-one supervision provided by the home and the resident's family.

Plan of Correction

Accept [REDACTED] - 07/06/2026)

Immediately following the incident on 5/12/26, Resident [REDACTED] and Resident [REDACTED] were separated, assisted with dressing, and redirected by direct care staff.

Immediately Law enforcement was notified by the Memory Care Director and an internal investigation was initiated.

On 5/12/2026, Resident [REDACTED] was immediately placed on continuous one-to-one supervision provided by community staff and family members to ensure resident safety.

On 5/12/2026, Resident [REDACTED]'s assessment, support plan, and behavior management interventions were reviewed by the Assistant Health Care Director and revised to reflect the increased supervision needs and specific interventions necessary to address hypersexual behaviors.

On 5/12/2026, Resident [REDACTED]'s physician, responsible party, and interdisciplinary team were notified of the incident by the Assistant Health Care Director.

On 5/12/2026, Resident [REDACTED] was assessed by the Assistant Health Care Director for physical and emotional well-being, and the resident's physician and responsible party were notified.

By 6/26/2026, the Regional Health Care Director will retrain the Health Care Director, Assistant Health Care Director, Residence Director and Assistant Residence Director on 2600.23.a requirements. Documentation shall be maintained.

By 7/10/2026, the Health Care Director or designee will audit current SDCU resident RASP's for compliance with 2600.23a. This will ensure all identified supervision needs and behavioral interventions are current, accurate, and

23a Activities of Daily Living Assistance (continued)

being implemented by staff. Documentation shall be maintained.

By 7/3/2026, the Residence Director or designee will train current direct care staff and management personnel on:
o Requirements of 2600.23(a).

o Following resident assessments and support plans as written

o Monitoring and supervision expectations for residents with identified behavioral concerns

o Appropriate documentation and reporting of behavioral incidents. Documentation shall be kept

Starting 6/29/2026, the Residence Director or designee will review 5 resident RASP's weekly for 4 weeks to ensure compliance with 2600.23.a Documentation shall be maintained.

On 7/6/2026, the Residence Director or designee, will review the above findings for 2600.23.a during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 07/17/2026

Implemented [REDACTED] - 09/01/2026)

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] was admitted to the secured dementia care unit (SDCU) on [REDACTED]. The resident's assessment and support plan (RASP), dated [REDACTED], indicated that [REDACTED] had been assessed for [REDACTED] behavior, and to address this need, the home's direct care staff will supervise the resident while in the home and redirect as needed due to history of attempting to kiss staff and other residents, attempting to expose [REDACTED] in a common areas.

On [REDACTED] in the SDCU, resident [REDACTED] was found in resident [REDACTED]'s bedroom. Staff indicated they heard moaning from the bedroom. Upon entering the bedroom, resident [REDACTED] was sitting on the bed, with [REDACTED] pants and brief pulled down, exposing [REDACTED] [REDACTED]. Resident [REDACTED] was lying on [REDACTED] back on the bed with [REDACTED] shirt on, and without pants or underwear. Resident [REDACTED] had one hand on [REDACTED], and the other hand was fondling and penetrating resident [REDACTED]'s [REDACTED]. Both residents were immediately assisted in getting dressed and redirected, and the home called the police for the incident. Neither resident could recall the incident. Resident [REDACTED] was placed on indefinite, one on one supervision provided by the home and the resident's family.

Plan of Correction

Accept [REDACTED] - 07/06/2026)

Immediately following the incident on 5/12/26, Resident [REDACTED] and Resident [REDACTED] were separated, assisted with dressing, and redirected by direct care staff.

42b - Abuse (continued)

On 5/12/2026, Law enforcement was immediately notified by the Memory Care Director and an internal investigation was initiated.

On 5/12/2026, Resident [REDACTED] was immediately placed on continuous one-to-one supervision provided by community staff and family members to ensure resident safety.

On 5/12/2026, Resident [REDACTED]'s assessment, support plan, and behavior management interventions were reviewed by the Assistant Health Care Director and revised to reflect the increased supervision needs and specific interventions necessary to address hypersexual behaviors.

On 5/12/2026, Resident [REDACTED] physician, responsible party, and interdisciplinary team were notified of the incident by the Assistant Health Care Director.

On 5/12/2026, Resident [REDACTED] was assessed by the Assistant Health Care Director for physical and emotional well-being, and the resident's physician and responsible party were notified.

By 6/26/2026, the Regional Health Care Director will retrain the Health Care Director, Assistant Health Care Director, Residence Director and Assistant Residence Director on 2600.42.b requirements. Documentation shall be maintained.

By 7/3/2026, the Residence Director or designee will train current staff and management personnel on:

- o Requirements of 2600.42.b.*
- o Monitoring and supervision expectations for residents with identified behavioral concerns*
- o Appropriate documentation and reporting of behavioral incidents. Documentation shall be kept*

Starting 6/29/2026, the Residence Director or designee will review 2 RASPs weekly for 4 weeks, that indicate the need for behavioral intervention or sexual inappropriateness of the resident and then review the status of that current resident to ensure the RASP is being followed. Documentation shall be maintained.

On 7/6/2026, the Residence Director or designee, will review the above findings for 2600.42.b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 07/17/2026

Implemented [REDACTED] - 09/01/2026)

42s - Privacy**3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Resident [REDACTED] had a camera in [REDACTED] bedroom, and signage on the door frame on the outside of the bedroom door

42s - Privacy (continued)

indicating, "Warning Video Surveillance."

Plan of Correction

Accept [REDACTED] - 07/07/2026)

On 6/24/2026, the Assistant Residence Director removed the sign from the door.

By 6/29/2026, the Director of Compliance will train the Residence Director, Assistant Residence Director and Health Care Director on 2600.42s as it pertains to surveillance postings. Documentation will be maintained.

By 7/10/2026, the Residence Director or designee will call each responsible party of residents who has recording equipment in use and speak to each resident who has surveillance notices posted. If the resident and RP do not want the notice posted they will be removed. If they are ok with the notice being posted a note will be made in the resident record. Any recording device in a resident room will be noted on that residents RASP.

On 7/6/2026, the Residence Director or designee, will review the above findings for 2600.42.s during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 07/17/2026

Implemented [REDACTED] - 09/01/2026)

234d - Support Plan Revision**4. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident [REDACTED] was completed on [REDACTED]; however, the plan does not address the resident care needs for inappropriate sexual behavior, frequent urination outside of the bathroom and resident room, and additional psychological service from Mind Care to address inappropriate sexual behavior.

Plan of Correction

Accept [REDACTED] - 07/06/2026)

Immediately, Resident [REDACTED]'s assessment and support plan were reviewed by the Assistant Health Care Director upon identification of the deficiency. The support plan was revised to accurately reflect the resident's current needs, including:

- o Interventions and supervision requirements related to inappropriate sexual behaviors.
- o Interventions addressing frequent urination outside of designated toileting areas.
- o Psychological and behavioral health services provided by MindCare, including recommendations and interventions resulting from those services.

By 6/29/2026, current staff caring for resident #1 will have the updated support plan reviewed with them. The Health Care Director or Designee will conduct the review. Documentation will be maintained.

234d - Support Plan Revision (continued)

By 7/10/2026, the Healthcare Director or designee will conduct an audit of current SDCU resident support plans to verify that:

- o Current assessed needs are reflected in the support plan.*
 - o Changes in condition have resulted in timely support plan revisions.*
 - o Behavioral health services and recommendations are incorporated into support plans when applicable.*
- Any deficiencies identified during the audit will be corrected immediately and support plans updated accordingly. Documentation will be maintained.*

By 6/26/2026, the Regional Health Care Director will train the Residence Director, Assistant Residence Director, Health Care Director, and Assistant Health Care Director on the requirements of 234.d. Documentation shall be maintained.

Starting 6/29/2026, The Health Care Director or designee will bring any new significant change to the daily pulse meeting for discussion M-F so that the Residence Director or Designee can review that resident RASP for compliance with 2600.234.d. This will continue for 4 weeks. Documentation will be maintained.

On 7/6/2026, the Residence Director or designee, will review the above findings for 2600.234.d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 07/17/2026

Implemented 09/01/2026)