



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to 3020 FAIRPORT LN OPCO LLC

LEGAL ENTITY

To operate RIDGECREST AT CRANBERRY WOODS

NAME OF FACILITY OR AGENCY

Located at 3020 FAIRPORT LANE, CRANBERRY TOWNSHIP, PA 16066

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 115

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 41

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 21, 2026 until October 21, 2027,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456530**

  
ISSUING OFFICER

  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

HS 628 - 04/23



# Pennsylvania Department of Human Services

MAILING DATE: OCTOBER 20, 2026

[REDACTED]  
3020 Fairport LN OPCO LLC  
[REDACTED]

RE: Ridgecrest at Cranberry Woods  
3020 Fairport Lane  
Cranberry Township, PA 16066  
License #: 456530

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 23, 2026 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in blue ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *RIDGECREST AT CRANBERRY WOODS* License #: *456530* License Expiration:  
Address: *3020 FAIRPORT LANE, CRANBERRY TOWNSHIP, PA 16066*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *3020 FAIRPORT LN OPCO LLC*  
Address: [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: *130* Waking Staff: *98*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *09/23/2026*

**Inspection Dates and Department Representative**

09/23/2026 - 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: *30*

**Hospice**

Current Residents: *11*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *44* Have Physical Disability: *0*

**Inspections / Reviews**

09/23/2026 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

NO DEFICIENCIES FOUND