

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395845	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/07/2025
NAME OF PROVIDER OR SUPPLIER  Cranberry Place		STREET ADDRESS, CITY, STATE, ZIP CODE  5 Saint Francis Way Cranberry Township, PA 16066	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, resident clinical records, and staff interview, it was determined that the facility failed to complete comprehensive wound assessments weekly for one out of seven sampled residents (Resident R1).</p> <p>Findings include:</p> <p>The facility Wound care policy last reviewed 6/1/25, indicated that the following information should be recorded in the resident's medical record: all assessments data (wound's color, size, drainage) obtained when inspecting the wound.</p> <p>The facility Skin care and wound management guidelines dated 8/11/23 and last reviewed 6/1/25, indicated that wound assessments are required at a minimum weekly and when there is a change.</p> <p>Review of Resident R1's admission record indicated he was originally admitted on [DATE], and re-admitted [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of resident care needs) date 6/18/25, indicated he had diagnoses that included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), hyperlipidemia (elevated lipid levels within the blood), and spinal stenosis (a narrowing of the spaces within the spine, which causes pain and weakness).</p> <p>Review of Resident R1's care plans dated 5/14/25, indicated he had a cancerous lesion, monitor ulcer for signs of infection and provide wound care.</p> <p>Review of Resident R1's physician orders dated 5/15/25, indicated to monitor the wound for changes and every evening shift, cleanse back with saline.</p> <p>Review of Resident R1's wound consultant assessment dated [DATE], indicated that the last time the wound consultant assessed the lesion/wound was on 12/19/24.</p> <p>Review of Resident R1's clinical records and wound assessments did not include comprehensive wound assessments (wound's color, size, smell, and drainage) on the following weeks:</p> <p>Week of 3/9/25</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Week of 3/16/25</p> <p>Week of 3/23/25</p> <p>Week of 3/30/25</p> <p>Week of 4/6/25</p> <p>Week of 4/13/25</p> <p>Week of 4/20/25</p> <p>Week of 4/27/25</p> <p>Week of 5/4/25</p> <p>During an exit interview on 7/7/25, at 10:34 a.m. Licensed Practical Nurse (LPN) Employee E2 stated: wound assessments are in the computer. Registered Nurse (RN) Employee E3 is the wound nurse.</p> <p>During an exit interview on 7/7/25, at 11:29 a.m. Registered Nurse (RN) Employee E3 reviewed Resident R1 wound assessments and confirmed that the facility failed to complete comprehensive wound assessments weekly for Resident R1.</p> <p>During an exit interview on 7/7/25, at 2:31 p.m. information was disseminated to the Nursing Home Administrator (NHA) that the facility failed to complete weekly comprehensive wound assessments for Resident R1 as required.</p> <p>28 Pa. Code: 211.10(a)(c)(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(2)(5) Nursing Services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of facility policies, observations in the main kitchen, and staff interview, it was determined the facility failed to properly date and store food products in a manner to prevent foodborne illness in the main kitchen (Main Kitchen).</p> <p>Findings include:</p> <p>The facility Food safety program: standard operating procedures policy last reviewed 6/1/25, indicated that the foodservice director will be responsible for monitoring the overall performance of operating procedures. Food safety checklist includes all food stored or prepared in the facility from approved sources. All food is properly wrapped, labeled and dated.</p> <p>During observations of the main kitchen on 7/7/25, the following was observed:</p> <p>-At 9:08 a.m. a refrigerator/cooler by tray line was observed with turkey breast lunch meat, ham lunch meat, provolone sliced cheese, and Swiss sliced cheese. Each was observed open and without an open date.</p> <p>-At 9:17 a.m. observations of the dry storage room found four bags of open pasta and one container of graham cracker crumbs open and without an open date.</p> <p>During an exit interview on 7/7/25, at 2:31 p.m. information was disseminated to the Nursing Home Administrator (NHA) that the facility failed to properly date and store food products in a manner to prevent foodborne illness in the main kitchen (Main Kitchen) as required.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p>		