

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 01/31/2026
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)		
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, resident group meeting, clinical record review, observation and staff interview, it was determined that the facility failed to accommodate the call bell needs for 19 of 19 residents in Resident Council on 1/8/26, two of seven Group residents on 1/29/26, and one of seven residents observed (Resident R41). Findings include:</p> <p>Review of the facility policy Accommodation of Needs dated January 2026, the facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independence functioning, dignity and well-being.</p> <p>Review of the facility document Resident Council Meeting Minutes dated 1/8/26, indicated that during Resident Council Residents unanimously expressed that staff do not leave their call bells in reach.</p> <p>During a Resident Group meeting on 1/29/26, at 10:30 a.m. two of seven Group residents indicated call bells are not always left within their reach. They put it where we can't reach it. This happens a lot.</p> <p>Review of the admission record indicated Resident R41 admitted to the facility on [DATE].</p> <p>Review of Resident R41's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/4/26, indicated the diagnoses of high blood pressure, GERD (gastroesophageal reflux disease- when stomach acid frequently flows back into the esophagus causing heartburn), and multiple sclerosis (a disease that affects central nervous system).</p> <p>Review of Resident R41's care plan intervention dated 8/7/24, indicated to be sure that resident's call light is within reach and encourage resident to use it for assistance as needed.</p> <p>During an observation and interview on 1/29/26, at 9:35 a.m. Resident R41 was observed lying in bed with a call bell beside her head, clipped to her pillow. State Agency (SA) asked Resident R41 how she activates her call bell, and resident explained that she is unable to move her arms, so she has to use her head to activate the call bell. Resident R41 then moved her head vigorously from side to side but was not able to reach the call bell with her head. Resident R41 stated I can give myself whiplash and still not reach it. I need my pillow to be slide over to the left, so the light is closer.</p> <p>During an interview and observation on 1/29/26, at 9:36 a.m. Nurse Aide (NA) Employee E26 entered Resident R41's room, and assisted with moving the resident's pillow to the left. Resident R41 was then able to activate the call light. NA Employee E26 confirmed that Resident R41 was unable to</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395845	Facility ID: 395845 If continuation sheet Page 1 of 8

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>activate call light when it was in the original position.</p> <p>During an interview on 1/29/26, at 2:36 p.m. the Nursing Home Administrator confirmed that the facility failed to accommodate call bell needs for 19 of 19 Resident Council residents, two of seven Group residents, and 1 of seven residents observed (Resident R41).</p> <p>28 Pa. Code 201.14(a) Responsibility of license28 Pa. Code: 211.10(d) Resident care policies28 Pa. Code: 211.12(d)(1)(5) Nursing services</p>		

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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>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of professional standards of practice, facility policy, clinical records, observation, and interviews with staff and resident, it was determined that the facility failed to make certain that residents received the necessary services to prevent/treat pressure ulcers (injuries to the skin and underlying tissue resulting from prolonged pressure to the skin) for two of three residents (Residents R83 and R156).</p> <p>Findings include:</p> <p>Review of the facility policy Physician Orders last reviewed January 2026, indicated that orders must be carried out as written and within the timeframe specified.</p> <p>Review of the admission record indicated Resident R83 was admitted to the facility on [DATE].</p> <p>Review of Resident R83's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/23/26, indicated the diagnoses of high blood pressure, quadriplegia (paralysis affecting all four limbs) and neurogenic bladder (loss of bladder control).</p> <p>During an observation completed on 1/28/26, at 11:11 a.m. Resident R83 was in bed Prafo boots (boots that stabilize the ankle and foot helping manage muscle weakness, foot drop and ankle/foot anomalies while removing pressure from the heel to prevent pressure ulcers) were visualized to her bilateral lower extremities.</p> <p>During an observation completed on 1/28/26, at 1:18 p.m. Prafo boots were visualized on both bilateral lower extremities.</p> <p>During an observation and interview completed on 1/28/26, at 2:15 p.m. upon asking Resident R83 concerning the schedule for the boots, stated if I am in bed they go on in the morning and then my bunny boots (medical foot supports designed to prevent heel and toe pressure injuries that provides cushioning and positioning flexibility while allowing air circulation to reduce skin irritation and promote comfort) go on at 5:00 p.m. I keep track and let the staff know when it is time to change them.</p> <p>Review of resident R83's physician orders on 1/29/26, failed to include orders or a schedule for Resident R83's Prafo and bunny boots.</p> <p>During an interview completed on 1/29/26, at 12:12 p.m. Registered Nurse RN Employee E5 confirmed there were not any current physician orders or schedule for Resident R83's Prafo and bunny boots.</p> <p>Review of the admission record indicated Resident R156 was admitted to the facility on [DATE].</p> <p>Review of Resident R156's MDS dated [DATE], indicated the diagnoses of high blood pressure, malnutrition (lack of nutrients in the body), and heart failure (a progressive heart disease that affects pumping action of the heart muscles).</p> <p>Review of Resident R156's clinical record revealed a physician's order dated 12/25/25, to wash coccyx (tailbone) and peri area/groin twice daily with soap and water and apply zinc based barrier cream (a protective cream that helps to prevent skin irritation and breakdown in a moist environment)</p> <p>(continued on next page)</p>		

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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>report any decline in wound care, two times a day (morning shift, and evening shift).</p> <p>Review of Resident R156's Treatment Administration Record (TAR) indicated that Resident R156 did not receive the above treatment on 12/26/25 on the evening shift.</p> <p>During an interview on 1/30/26, at 9:48 a.m. the Director of Nursing confirmed that the facility failed to provide pressure ulcer prevention treatments as ordered for Resident R156.</p> <p>Interview on 1/30/26, at 3:00 p.m. the Director of Nursing confirmed that the facility failed to make certain that residents were monitored, assessed, and received the necessary services to prevent pressure ulcers/wounds from developing for two of three residents (Residents R83 and R156).</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, review of Resident Representative concerns, review of facility documents, resident observations, resident and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for one of four quarters of facility staffing data (Quarter Three), two of three Resident Council Meetings (November 2025, and January 2026), six of seven residents in a Group meeting, one of three months for Grievances (January 2026), and five of ten residents observed (Residents R41, R73, R76, R79, and R151).</p> <p>Findings include:</p> <p>Review of the facility policy Staffing, Sufficient and Competent Nursing dated January 2026, indicated the facility provides sufficient staff numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.</p> <p>Review of Payroll Based Journal (PBJ - a mandatory reporting system for nursing homes in which staffing information is reported on a quarterly basis) dated 4/1/25, through 6/3/25, indicated that the facility had excessively low weekend staffing.</p> <p>Review of Resident Council Meeting Minutes dated 11/13/25, and 1/8/26, indicated that Multiple residents expressed concern with the length of time it takes for call lights to be answered.</p> <p>Review of Concern and Comment Form dated 1/8/26, indicated during Resident Council Residents expressed dissatisfaction with meal temperatures- receiving cold items, and review of Facility and Investigation and Response dated 1/12/26, in response to this concern, indicated Food carts are delivered to the units and sit for a period of time before trays are passed.</p> <p>Review of Concern and Comment Form dated 1/11/26, indicated You need more staff. One person covering is not enough for half a floor. Taking two- two and half hours to get a patient on a bedpan is not acceptable. Has happened too often, and review of Facility and Investigation and Response dated 1/16/26, in response to this concern stated Investigation conducted related to short staffing allegations at the facility. Reviewed schedules, payroll, ratios and interviews with administration and leadership. The investigation determined that the facility experienced periods of staffing challenges due to ongoing recruitment difficulties and unexpected absences.</p> <p>Review of a Resident Representative Concern dated 1/13/26, indicated that residents Go longer than a week between showers due to insufficient staffing, and Residents are fed cold meals, and Call lights go unanswered.</p> <p>Review of a Resident Representative Concern dated 1/22/26, indicated that During Christmas, they had 1 nurse/aide on the floor to take care of 35 residents. This is completely unacceptable, and My mom's food tray sat in hallway for an hour before I finally went out looking for her food, of course it was ice cold by then</p> <p>During a Resident Group meeting on 1/29/26, at 10:30 a.m. when asked if they felt the facility</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>maintained enough staff to care for resident needs, six of seven residents indicated it depended on the day, the shift, and the number of staff that came to work. Indicated if a resident requires a Hoyer lift (a mechanical lift that moves a body from point A to point B) they would likely not get a shower on days the staff were short because it takes two people to use the equipment. Three of seven residents indicated they have missed showers due to lack of staff. Four of seven residents indicated you can wait for assistance on any given day or shift anywhere from 30 minutes up to two hours.</p> <p>Interview on 1/29/26, at 11:17 a.m. Nurse Aide (NA) Employee E10 indicated showers that all depends on how many staff we have, we need two staff for all the Hoyer lift residents who must stay in bed until we find a second person.</p> <p>During an interview on 1/29/26, at 11:17 a.m. NA Employee E26 stated, Staffing is a problem, can't always do showers, and care gets cut in half, you can't get people out of bed, trays are hard to pass when we're short. You can't be everywhere. Call lights have to wait sometimes.</p> <p>During an interview on 1/29/26, at 11:28 a.m. NA Employee E28 stated when staffing is low, Showers don't get done, we are slow at passing trays, and sometimes call bell take longer.</p> <p>Interview on 1/29/26, at 11:30 a.m. Registered Nurse (RN) Employee E11 indicated staffing has been a real struggle.</p> <p>Interview on 1/29/26, at 11:35 a.m. NA Employee E12 indicated usually the quick showers get done, it's the residents who require a Hoyer for their showers that are missed or wait longest.</p> <p>Interview on 1/29/26, at 11:40 a.m. Licensed Practical Nurse (LPN) Employee E13 indicated it is very hard to get the showers in, especially the Hoyer showers seem to be very bad lately.</p> <p>Review of the admission record indicated Resident R41 admitted to the facility on [DATE].</p> <p>Review of Resident R41's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/4/26, indicated the diagnoses of high blood pressure, GERD (gastroesophageal reflux disease- when stomach acid frequently flows back into the esophagus causing heartburn), and multiple sclerosis (a disease that affects central nervous system).</p> <p>During an interview on 1/29/26, Resident R41 stated that she is to receive two showers per week but frequently misses showers. Sometimes the girls say they can't give me one due to staffing, but that's not my problem.</p> <p>Review of clinical record revealed Resident R41 is to receive showers every Tuesday and Thursday. Review of Documentation Survey Report conducted on 1/29/26, revealed that Resident R41 did not receive showers on 1/6/26, 1/8/26, and 1/28/26 as indicated.</p> <p>During an interview on 1/29/26, at 1:37 p.m. the Director of Nursing (DON) confirmed that the facility failed to provide showers as scheduled to Resident R41 on 1/6/26, 1/8/26, and 1/28/26</p> <p>Review of the admission record indicated Resident R73 admitted to the facility on [DATE].</p> <p>Review of Resident R73's MDS dated [DATE], indicated the diagnoses of atrial fibrillation (irregular heart rhythm), high blood pressure and pancreatic cancer.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R73's care plan dated 12/16/25, indicated be sure resident's call light is within reach and encourage the resident to use it for assistance as needed. Resident needs prompt response to all requests for assistance.</p> <p>Observation on 1/29/26, at 11:30 a.m. the monitor at the desk indicated Resident R73's call light had been activated for 17 minutes. Interview on 1/29/26, at 11:31 a.m. Resident R73 indicated they needed a pain pill. The final time the call light was activated was 22 minutes.</p> <p>Review of the clinical record revealed Resident R76 was admitted to the facility on [DATE].</p> <p>Review of Resident R76's MDS dated [DATE], indicated diagnoses of high blood pressure, aphasia (a language disorder that affects a person's ability to speak, understand, read, and write), and hypokalemia (low levels of potassium in the blood).Review of Resident R76's clinical record revealed the resident is scheduled to have shower every Sunday and Wednesday at 6 a.m.</p> <p>Review of documentation revealed Resident R76 did not receive their shower as scheduled on 1/4/26, 1/11/26, and 1/25/26.</p> <p>During an interview on 1/29/26, at 10:04 a.m. Resident R76 stated, My roommate is supposed to get a shower every Monday and Thursday. She did not get one on Monday, she just finally got one on Wednesday, so now she will not get one today [Thursday]. I have a big mouth; I need to speak up for residents like my roommate who can't always make their needs known.During an interview on 1/29/26, at 10:21 am. Resident R76 stated, The website for the facility says we're supposed to get an hour of care per resident every shift. I'm lucky if I get 15 minutes of care a week. I can do a lot for myself, I have balance issues, I need the staff to help me in the shower room. When I don't get my scheduled showers, they [staff] like to say they don't have enough staff. I tell them it's not my problem, tell your boss to get more staff.Review of the clinical record revealed Resident R79 was admitted to the facility on [DATE].</p> <p>Review of Resident R79's MDS dated [DATE], indicated diagnoses of aphasia, depression, and lack of coordination.Review of Resident R79's clinical record revealed that the resident is scheduled to have a shower every Monday and Thursday during the 7 a.m. to 3 p.m. day shift.</p> <p>Review of documentation revealed Resident R79 did not receive their shower as scheduled on 1/26/26.During an interview on 1/29/26, at 10:23 a.m. when asked if they receive their showers as scheduled, Resident R79 shook their head no indicating that they do not receive their showers as scheduled. Resident R79 then pointed to a calendar and indicated they are scheduled to receive showers every Monday and Thursday.During an interview on 1/29/26, at 1:41 p.m. the DON confirmed that the facility failed to provider showers as scheduled for Residents R76 and R79.</p> <p>Review of the admission record indicated Resident R151 admitted to the facility on [DATE].</p> <p>Review of Resident R151's MDS dated [DATE], indicated the diagnoses of atrial fibrillation, high blood pressure, and renal failure (a condition in which the kidneys lose the ability to remove waste and balance fluids).</p> <p>Review of Resident R151's care plan dated 1/26/26, indicated be sure resident's call light is within reach and encourage the resident to use it for assistance as needed. Resident needs prompt response to all requests for assistance.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 1/29/26, at 11:27 a.m. the monitor at the desk indicated Resident R151's call light had been activated for 25 minutes. Interview on 1/29/26, at 11:27 a.m. Resident R151 indicated they needed their indwelling foley catheter (a thin tube in bladder to drain urine) adjusted because something was wrong with it. The final time the call light was activated was 26 minutes.</p> <p>During an interview on 1/29/26, at 11:30 a.m. RN Employee E7 confirmed the monitor at the desk indicated times of 22 minutes and 25 minutes for Resident R151.</p> <p>Interview on 1/29/26, at 2:00 p.m. the DON confirmed the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for or one of four quarters of facility staffing data (Quarter Three), two of three Resident Council Meetings (November 2025, and January 2026), six of seven residents in a Group meeting, one of three months for Grievances (January 2026), and five of ten residents observed (Residents R41, R73, R76, R79, and R151).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(e)(6) Management.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(4)(5)(f.1)(i) Nursing services.</p>		