

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 04/01/2026
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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record, and staff interviews it was determined that the facility failed to identify and or review a change in therapy recommendations for one of three residents (Resident R1). Review of clinical record indicated Resident R1 was admitted on [DATE]. Review of clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 2/8/26, indicated diagnosis of diabetes mellitus, left femur fracture and end stage renal disease (kidneys no longer work well and you need dialysis or a transplant to survive). Review of facility provided documents revealed on 3/5/26 NA was getting Resident R1 up for dialysis. During a transfer of assist x 1 stand and pivot, Resident R1 lost balance and fell. Most recent Kardex indicated Resident R1 is a sit to stand x 2. Xray completed, Resident R1 sent out to the hospital with right distal radius fracture. During an interview on 4/1/26, at 10:30 a.m. Assistant Director of Nursing (ADON) Employee E1 indicated that Resident R1 has been working with therapy, transfer status was changed, but it did not make it to the Kardex or Care Plan. ADON Employee E1 stated therapy gives a paper change of status to nursing. During an interview on 4/1/26, at 1:00 p.m. Nursing Home Administrator confirmed that the facility failed to address or implement therapy instructions for Resident R1 as required. 28 Pa. Code 201.18 (e) Management 28 Pa. Code 211.10(c)(d) Resident care policies</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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