STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424 Based on review of residents clinical record, resident and staff interview it was determined that the facility failed to meet resident rights for one of 10 residents reviewed (Resident R94). Findings include: Resident R94 was admitted on [DATE]. Resident R94 MDS (minimum data set - a periodic assessment of resident needs) dated 11/13/24, indicated diagnoses diabetes mellitus (a group of diseases that result in too much sugar in the blood), anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and depression (mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily life). During an interview on 1/23/25, Resident R94 indicated that they were interested in switching beds from the door bed, to the window bed (which was empty due to roommate being discharged). Resident R94 indicated that they spoke with staff about it and the facility was going to switch Resident R94 to the window bed. During an interview on 1/23/25, at 11:16 a.m. Director of Social Services Employee E2, confirmed that the facility was aware of the request and was going to honor the request. During an observation on 1/24/25, at 9:00 a.m. Resident R94 indicated that the switch to the window bed did not take place as the facility indicated, and they got a new roommate who was in the window bed. During an interview on 1/24/25, at Nursing Home Administrator confirmed that the facility failed to move Resident R94 to the window bed. 28 Pa. Code 201.29 (j) Resident rights. 28 Pa. Code 201.18 (e) (1)(2)(3)(6)Management.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide documentation of advanced directives or given the opportunity to formulate an advance directive (a written instruction such as a living will or durable power of attorney for health care for when the individual is incapacitated) for two of four residents reviewed (Resident R70, and R77). Findings include: A review of the facility policy Advanced Directives last reviewed 8/24, indicated that the resident has the right to formulate an advanced directive, including the right to accept or refuse medical or surgical treatment. Advanced directives are honored in accordance with state law and facility policy. The resident or representative is provided with written information concerning the right to formulate an advanced directive in a manner that is easily understood. Review of Resident R70's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R70's MDS dated [DATE], indicated diagnoses of cancer, depression, and peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). A review of the clinical record failed to reveal an advanced directive or documentation that Resident R70 was given the opportunity to formulate an Advanced Directive. Review of Resident R77's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R77's MDS dated [DATE], indicated diagnoses of cancer, high blood pressure, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). A review of the clinical record failed to reveal a copy of Resident R77's Advanced Directives. During an interview on 1/24/25 at 12:05 p.m. Registered Nursed Employee E1 stated, I looked in both residents ' charts and could not find Advanced Directives or documentation that the opportunity was given to formulate them. During an interview on 1/24/25, at 3:00 p.m. the Director of Nursing confirmed that the facility failed to provide documentation of advanced directives or given the opportunity to formulate an advance directive for two of four residents reviewed (Resident R70, and R77). 28 Pa. Code: 201.29(b)(d)(j) Resident rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469 Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to notify the physician of a resident's refusal of tube feedings for one of four residents (Resident R50). Findings include: Review of the facility policy Guidelines for Notifying Physicians of Clinical Problems last reviewed 8/24, indicated medical care problems are communicated to the medical staff in a timely efficient and effective manner. Review of the facility policy Enteral Tube Feeding via Continuous Pump last reviewed 8/24, indicates to report negative consequences of tube use (e.g., agitation, depression, self-extubating, infections etc.) to the supervisor and attending physician. Review of the facility policy Enteral Feedings-Safety Precautions last reviewed 8/24, indicates report unusual findings and/or signs of complications to the physician. Review of the clinical record indicated that Resident R50 was admitted to the facility on [DATE], with the diagnosis of quadriplegia (paralysis that affects all limbs and body from the neck down) depression, and anxiety. Review of Resident R50's medication administration record (MAR) dated 1/25, indicates enteral feed order Nutren 2.0 (formula for those who need high calories), 265 cubic centimeter (cc-unit of volume) intermittent feeding four times a day via pump start day 12/27/24. Discontinued 1/10/25. Review of Resident R50's MAR dated 1/25, indicates eternal feed order Nutren 2.0, 250cc intermittent feeding four times a day via pump start date 1/10/25. Review of Resident R50's MAR for 1/25, indicated the following dates marked with the number two (2) indicating refused: 1/1/25, at 8:00 a.m., 1/4/25, at 8:00 a.m., 1/5/25, at 8:00 a.m., 1/7/25, at 8:00 a.m., 1/8/25, at 5:00 p.m. and 9:00 p.m., 1/10/25, at 9:00 p.m., 1/11/25, 9:00 p.m., 1/12/25, at 5:00 p.m., 1/14/25, at 8:00 a.m. and 5:00 pm., 1/16/25, at 9:00 p.m., 1/18/25, at 4:00 p.m., 1/19/24 at 8:00 a.m. Review of Resident R50's nursing progress notes failed to include physician notification of the refusal of above enteral tube feedings. During an interview completed on 1/23/25, at 2:44 p.m. the Director of Nursing (DON) confirmed the facility failed to notify the physician of a resident's refusal of tube feedings for Resident R50. 28. Pa. Code: 211.10(a)(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 201.14(a)(c)(d)(e) Responsibility of licensee. 28 Pa. Code: 201.29(a)(b)(c)(d)(j)(m) Resident rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 45577 Based on a review of facility admission documents and staff interview, it was determined that the facility failed to ensure resident rights to make informed decisions and choices about important aspects of residents' health, safety and welfare by making certain residents understand the Notice of Medicare Non-Coverage (NOMNC) and Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) forms and failed to ensure the agreement is explained to the resident and his or her representative in a form and manner that he or she understands for one of three residents (Resident R27). Findings include: Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2024 indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions: 13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment Review of Resident R27's admission record indicated the resident was admitted to the facility 7/15/24. Review of Resident R27's demographic information available in the electronic medical record indicated that Resident R27's daughter was her responsible party. Review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 7/17/24, included diagnoses of chronic obstructive pulmonary disease, myopathy (disease of the muscle), and diabetes mellitus (disease that affects how the body uses blood sugar). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R27's score to be 11, moderately impairment. Review of the NOMNC and SNF ABN form dated 8/16/24, revealed that it was signed by Resident R27. During an interview on 1/24/25, at 8:33 a.m., the Nursing Home Administrator (NHA) confirmed the facility failed to ensure the NOMNC and SNF ABN forms are explained to the resident and his or her representative in a form and manner that he or she understands for one of three residents (Resident R27). 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 201.29(a) Resident Rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 27424 Based on review of facility policy, observations, resident and staff interviews it was determined that the facility failed to make certain that a posted grievance policy and procedure met federal guidelines for three of three nursing units and common areas. Findings include: The facility Grievance Program (Concern and Comment) dated 8/20/24, indicated To help guide our communities in the grievance process and ensure that a thorough, complete, and accurate investigation has been completed to the best of our knowledge in accordance with F585 483.10(j)(1)(2)(3) and (4). Resident group interview on 1/22/25, at 3:00 p.m. resident indicated they were unaware of the grievance policy, and procedure how they could file anonymously. During a tour on 1/23/25, at 9:57 a.m. on 3 nursing units and common areas to include the main dining room, nursing unit lounge areas, failed to have a complete grievance policy and procedure posted and failed to have a posting with the grievance officer address included on the posting, failed to include how to file anonymously, failed to include the process (time frame to get response to grievance). During observations on 1/23/25, at 10:08 a.m. with Director of Social Service Employee E2, confirmed that there was not information nor a place to file anonymously, that the process for grievances was not posted, facility failed to make certain that a posted grievance policy and procedure met federal guidelines for three of three nursing units and common areas. 28 Pa. Code 201.29(1) Resident rights. 28 Pa. Code 201.19(e)(1)Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336 Based on review of clinical records and staff interviews, it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for three of four residents sampled with facility-initiated transfers (Residents R70, R76, and R115). Findings include: Review of the clinical record indicated Resident R70 was admitted to the facility on [DATE]. Review of Resident R70's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/9/24, indicated diagnoses of cancer (abnormal cells form tumors in healthy tissue), depression, and peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). Review of Resident R70's clinical record revealed that the resident was transferred to the hospital on 12/31/24. Review of Resident R70's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transfer, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. Review of the clinical record indicated Resident R76 was admitted to the facility on [DATE]. Review of Resident R76's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident 76's clinical record revealed that the resident was transferred to the hospital on 8/25/24. Review of Resident R76's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transfer, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. Review of the clinical record indicated Resident R115 was admitted to the facility on [DATE], with the diagnoses of renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids), atrial fibrillation (irregular heart rhythm), and heart failure (heart doesn't pump blood as well as it should). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated Resident R115 was transferred to the hospital on 10/28/24. Review of Resident R115's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transfer, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. During an interview on 1/24/25, at 9:40 a.m. the Nursing Home Administrator stated, We send the paperwork with the resident but as far as documentation to prove what was sent, that we don't have. During an interview on 1/24/25, at 3:00p.m. the Director of Nursing confirmed that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for three of four residents sampled with facility-initiated transfers (Residents R70, R76, and R115). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(a)(b)(3) Management. 28 Pa. Code: 201.29(b)(d)(j) Resident rights. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336 Based on review of facility policy, clinical records, and resident and staff interview, it was determined that the facility failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for three of four resident hospital transfers (Residents R70, R76, and R115). Findings Include: Review of the facility policy Bed-Holds and Returns dated August 2024, indicated all residents/representatives are provided written information regarding the facility bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospital or therapeutic leave). Residents are provided written information about these policies at least twice: well in advance of any transfer (e.g., in the admission packet); and at the time of transfer (or, if the transfer was an emergency, within 24 hours.) Review of the clinical record indicated Resident R70 was admitted to the facility on [DATE]. Review of Resident R70's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/9/24, indicated diagnoses of cancer (abnormal cells form tumors in healthy tissue), depression, and peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). Review of Resident R70's clinical record revealed that the resident was transferred to the hospital on 12/31/24, and returned on 1/7/25. Review of Resident R70's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 12/31/24. Review of the clinical record indicated Resident R76 was admitted to the facility on [DATE]. Review of Resident R76's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R76's clinical record revealed that the resident was transferred to the hospital on 8/25/24, and returned on 8/29/24. Review of Resident R76's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 8/25/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated Resident R115 was admitted to the facility on [DATE], with the diagnoses of renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids), atrial fibrillation (irregular heart rhythm), and heart failure (heart doesn ' t pump blood as well as it should). Review of the clinical record indicated Resident R115 was transferred to the hospital on 10/28/24. Review of Resident R115's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 10/28/24. During an interview on 1/24/25, at 9:40 a.m. the Nursing Home Administrator confirmed the resident or resident's representative were not informed of the facility bed-hold policy at the time of transfer. Interview on 1/24/25, at 3:00 p.m. the Director of Nursing confirmed the facility failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for three of four resident hospital transfers (Residents R70, R76, and R115). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(a)(b)(3) Management. 28 Pa. Code: 201.29(b)(d)(j) Resident rights. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469 Based on clinical and facility record review, facility provided documents and staff interviews, it was determined that the facility failed to permit one of three residents who transferred to the hospital with the expectation of returning to the facility, return to the facility in a timely manner. (Resident R50) Findings include: Review of the facility policy Bed-Holds and Returns dated August 2024, indicates residents and/or representatives are informed (in writing) of the facility and state (if applicable) bed hold policies. The written information regarding bed-holds provided to the residents/representatives explains in detail: a. The duration of a state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility. b. The reserve bed payment as indicated by the state plan. c. The facility policies regarding bed-hold periods. d. The facility per diem rate required to hold a bed (for a non-Medicaid residents), or to hold a bed beyond the state bed hold period (for Medicaid residents) and e. The return policy. The resident will be permitted to return to an available bed in the location of the facility that he or she previously resided. If there is not an available bed in that part, the resident will be given the option to take an available bed in another distinct part of the facility and return to the previous distinct part when a bed becomes available. Review of the clinical record indicates resident R50 was admitted to the facility on [DATE]. Review of Resident R50's MDS dated [DATE], indicated the diagnosis of anemia (low iron in the blood), hypertension (high blood pressure), and quadriplegia (paralysis that affects all limbs and body parts from the neck down). Review of Health Status Note dated 1/21/25, at 8:47 p.m. indicates Resident is febrile (high temperature), blood pressure low, heart rate elevated, I did call physician (on-call) reviewed Resident R50's clinical stats, and he agrees he needs to be sent out. Review of Health Status Note dated 1/21/25, at 9:01 p.m. indicates call to 911 to pick Resident R50 up and called to his mother, updated her on clinical status and the plan to send him out, she requested his board, charger and board stand go with him. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Social Service progress note dated 1/22/25, at 1:08 p.m. indicate social worker (SW) contacted Resident's mother to inform her that we will not be able to take Resident back a resident at this facility because we can no longer meet his needs. SW stated if she had any further questions or to inquire where he would be going, she could reach out to SW at the hospital. The mother responded with, You got to be kidding me. Mother stated did not want facility to give away his stuff and she would be in to pick it up. SW stated that facility would not give his belongings away and would pack it up for her. Mother stated she did not want facility to touch his belongings. SW stated that respiratory was already willing to assist with packing his belongings. The phone then went silent. Mother hung up on SW. During an interview completed on 1/23/25, at 11:57 a.m. upon asking Social Service Director Employee E2 why Resident R50 is not being permitted to return to the facility she replied, because Resident R50 is refusing all medications, all tube feedings, all care is being refused, we can't care for him. During an interview completed on 1/23/24, at 12:40 p.m. upon asking the Director of Nursing why Resident R50 is not being permitted to return to the facility she replied, cause his mom wants to continue giving things by mouth and he wants things by mouth, resident is an aspiration risk, and he is choosing to go against physician orders. During an interview completed on 1/24/25, at 9:00 a.m. the Nursing Home Administrator confirmed that Resident R50 will not be permitted to return to the facility and that the facility failed to permit one of three residents who transferred to the hospital with the expectation of returning to the facility, return to the facility in a timely manner. (Resident R50) 28 PA. Code 201.14(a)(b) Responsibility of licensee 28 PA. Code 201.29(c.3) (4) Resident rights 28 PA. Code 211.12(d)(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45577 Based on review of facility policy, clinical records, and staff interview, it was determined the facility failed to update a care plan for three of ten residents (Residents R1, R50, and R115) to accurately reflect the current status of the resident and care needs. Findings include: Review of the facility policy Care Plans, Comprehensive Person-Centered dated August 2024, indicated the facility must develop a comprehensive Person-Centered Care Plan for each resident that includes measurable objectives and timeframes and describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Care plans are revised as information about the residents and residents' condition change. The interdisciplinary team reviews and updated the care plan: a. when there has been a significant change in resident's condition; b. when the desired outcome is not met: c. when the resident has been readmitted to the facility from a hospital stay; and d. at least quarterly, in conjunction with the required quarterly MDS assessment. Review of Resident R1's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/6/24, indicated diagnoses of peripheral vascular disease (progressive disorder that causes narrowing or blocking of the blood vessels outside of the heart), heart failure, and dependance on renal dialysis (blood purifying treatment given when kidney function is not optimal). MDS section K0520 is coded for therapeutic and mechanically altered diet while a resident; MDS section M0300 is coded a 1 for number of stage 3 pressure ulcers; and MDS section O0110 is coded for dialysis while a resident. Review of Resident R1's Nutrition/Dietary note dated 1/23/25, at 9:52 a.m., indicated that resident has chronic stage IV (pressure ulcer staging which extends below the subcutaneous fat into deep tissue, including muscle, tendon, and ligaments) left antecubital fossa, requires a therapeutic diet, and ongoing communication with dialysis dietitian. Review of Resident R1's current potential for malnutrition plan of care, initiated 8/26/24, updated 11/19/24, failed to identify focused nutritional problems, goals, and interventions specific to chronic pressure ulcer, therapeutic diet, and dialysis. During an interview on 1/24/25, at 9:00 a.m., Registered Dietitian (RD) Employee E12 confirmed that Resident R1's care plan failed to be updated and identify focused nutritional problems, goals, and interventions specific to resident's nutritional current plan of care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the clinical record indicates resident R50 was admitted to the facility on [DATE]. Review of Resident R50's MDS dated [DATE], indicated the diagnosis of anemia (low iron in the blood), hypertension (high blood pressure) and quadriplegia (paralysis that affects all limbs and body parts from the neck down). Review of nursing progress note dated 1/9/25, indicates resident continues to refuse feedings this am. Review of nursing progress notes date 1/11/25 indicates resident vehemently refused his dinner feeding and flush. Review of Resident R50's MAR for January 2025, indicated the following dates marked with the number 2, indicating refused for tube feedings: 1/1/25, at 8:00 a.m., 1/4/25, at 8:00 a.m., 1/5/25, at 8:00 a.m., 1/7/25, at 8:00 a.m., 1/8/25, at 5:00 p.m., and 9:00 p.m., 1/10/25, at 9:00 p.m., 1/11/25, at 9:00 p.m., 1/12/25, at 5:00 p.m., 1/14/25, at 8:00 a.m., and 5:00 pm., 1/16/25, at 9:00 p.m., 1/18/25, at 4:00 p.m., 1/19/24 at 8:00 a.m. Review of Resident R50's care plan on 1/22/25, at 9:47 a.m. did not include interventions for Resident R50's refusal of tube feedings. During an interview completed on 1/24/25, at 9:00 a.m. the Nursing Home Administrator confirmed Resident R50's care plan did not include interventions for refusal of tube feedings. Review of the clinical record indicated Resident R115 was admitted to the facility on [DATE], with the diagnoses of renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids), atrial fibrillation (irregular heart rhythm), and heart failure (heart doesn't pump blood as well as it should). Review of physician order dated 10/24/24, indicated change valved PICC (peripherally inserted central catheter - a thin tube placed in a large vein near the heart to deliver fluids, blood and medications) to deliver needless connector and transparent dressing 24 hours after insertion, or on admission, and weekly. Document upper arm circumference (the distance around the widest part of a round object) in centimeters (cm) and external catheter length in cm with each dressing change. Compare to previous measurements. Notify physician if the length has changed since the last measurement. Review of Resident R115's progress notes dated, 10/26/24, at 8:35 p.m. indicated resident refused his bedtime medication pass. Review of Resident R115's progress notes dated 10/27/24, at 1:13 a.m. indicated resident was pushing all the buttons on his intravenous pump (IV pump used to deliver infusions). Review of Resident R115's current care plan on 1/24/25, at 9:50 a.m. failed to include a problem, goal, or interventions for the PICC line, and failed to address resident's refusal of medications and care. Interview on 1/24/25, at 10:00 a.m. the Nursing Home Administrator confirmed R115's care plan lacked care of the PICC line, and refusal of medications and care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/24/25, at 3:15 p.m., the Director of Nursing (DON) confirmed that the facility failed to update a care plan for three of ten residents (Residents R1, R50, and R115) to accurately reflect the current status of the resident and care needs. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336 Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to notify a physician of abnormal glucose readings and lab results as per order for three of six residents (Residents R67, R77, and R167) and failed to follow a physician order for two of five residents (Resdient R67, and Resident R115). Findings include: Review of the facility policy Medication and Treatment Orders dated August 2024, indicated orders for medications and treatments will be consistent with principles of safe and effective order writing. Review of facility policy Management of Hypoglycemia dated 8/24, indicated the purpose is to provide guidelines for managing hypoglycmia (low blood sugar) to insulin therapy or therapy with oral hypoglycemic agents in the diabetic resident. Symptoms of hypoglycemia (low blood sugar level) may include: - Weakness, dizziness, or fainting - Restlessness and/or muscle twitching - Increased heart rat - Pale, cool, moist skin - Excessive sweating - Irritability or bizarre changes in behavior - Blurred or impaired vision - Headaches - Numbness of the tongue and the lips/thick speech More severe symptoms include: - Stupor (a state of near-unconsciousness), unconsciousness and/or convulsions (sudden uncontrolled electrical disturbances in the brain which can cause changes in behavior, movements, feelings, and consciousness) - Coma (a state of prolonged unconsciousness where the patient cannot respond to external stimuli). Classification of hypoglycemia: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Level 1 hypoglycemia: blood glucose less than 70 mg/dL (milligrams per deciliter) but greater than 54 mg/dL; - Level 2 hypoglycemia: blood glucose is less than 54 mg/dL and; - Level 3 hypoglycemia: altered mental status and/or physician status requiring assistance for treatment of hypoglycemia Treatments for hypoglycemia levels include: - For Level 1 hypoglycemia, give the resident an oral form of rapidly absorbed glucose (15-20 grams), notify the provider immediately, remain with the resident, and recheck blood glucose in 15 minutes. - For Level 2 hypoglycemia, administer glucagon (intranasal [via the nose], intramuscular [into a muscle], or as provided), notify the provider immediately, remain with the resident, place resident in a comfortable and safe place, monitor vital signs, and recheck blood glucose in 15 minutes. - For Level 3 hypoglycemia and is unresponsive, call 911, administer glucagon (a medication used to increase blood sugar levels) (intranasal, intramuscular, or as provided), notify the provider immediately, remain with the resident, place the resident in a safe place, and monitor vital signs. Review of the clinical record indicated Resident R67 was admitted on [DATE]. Review of the MDS (minimum data set a periodic assessment of resident needs) dated 12/24/24, atrial fibrillation (a-fib- irregular heart rhythm), heart failure (heart doesn't pump blood as well as it should) and CAD- coronary artery disease (narrowing or blockage of the arteries - a heart disease). Review of Resident R67 current physician record indicated to check residents blood sugar level. If blood sugar is less than 70 call MD, If blood sugar level is over 400 call MD. Review of clinical record MAR (medication administration record), blood sugar indicated the following: 1/6/25 - 403 at 5:00 p.m. physician not made aware. 1/11/25 - 429 at 5:00 p.m. physician not made aware. Review of Resident R67 clinical record progress notes indicated the following: 9/29/24: Called by nurse for PT/INR (lab result) results. INR supratherapeutic at 4.1. Advised nurse that Resident R67 with LVAD (left ventricle assist device) and follows with LVAD clinic who manages his Coumadin (blood thinner). Per order in the chart, every shift Call/fax PT/INR results to Hospital Anticoagulation Team. Nurse to call LVAD team for further direction. Review of Resident R67 clinical record failed to include notification to LVAD team of PT/INR results. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/24/25, at 10:55 .m. Director of Nursing (DON) confirmed that the facility failed to notify the physician for Resident R67 high blood sugar level as ordered by the physician, and failed to notify the LVAD team of the high PT/INR and the facility failed to meet Resident R67 care needs. Review of the clinical record indicated Resident R77 was admitted to the facility on [DATE]. Review of Resident R77's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/2/24, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and cancer (abnormal cells that can cause tumors in healthy tissue). Review of Resident R77's current physician orders indicated to check residents blood sugar level. If blood sugar is less than 70, repeat in 15 minutes and notify the physician immediately. Glucose (sugar gel) oral gel, give 15 grams orally as needed for diabetes. Recheck blood sugar in 15 minutes. Glucose oral gel, give 30 grams (two tubes) as needed, recheck blood sugar in 15 minutes. GlucGen Injection one mg (milligram) intramuscularly as needed. The medications above failed to have set parameters as to when to give the medication during a hypoglycemic incident. Review of Resident R77's blood sugar readings were the following: 12/4/24 - 68 at 11:57 a.m. Physician not made aware. No interventions documented. 12/8/24 - 59 at 5:39 p.m. Physician not made aware. No interventions documented. 12/13/24 - 55 at 4:50 p.m. Physician not made aware. No interventions documented. 12/15/24 - 66 at 12:02 p.m. Physician not made aware. No interventions documented. 12/26/24 - 67 at 6:17 p.m. Physician not made aware. No interventions documented. 1/6/25 - 66 at 12:12 p.m. No interventions documented. 1/10/25 - 38 at 5:02 p.m. No interventions documented. 1/15/25 - 62 at 6:02 a.m. No interventions documented. 1/22/15 - 68 at 11:57 a.m. No interventions documented. During an interview on 1/23/25, at 2:52 p.m. Director of Nursing stated, I don't see any parameters on the medications, I don't see that anyone notified the doctor, and no documentation to follow up on the low blood sugars. Review of the clinical record indicated Resident R115 was admitted to the facility on [DATE], with the diagnoses of renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids), atrial fibrillation (irregular heart rhythm), and heart failure (heart doesn't pump blood as well as it should). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R115's admission orders dated 10/24/24, indicated Bumex (a medication that increases urine production, helping the body get rid of excess fluid and salt) 2 mg (milligrams) give one tablet daily for congestive heart failure. Review of Resident R115's hospital discharge Final Medication List dated 10/24/24, indicated bumex 2mg tablet give two tablets daily. Review of Physician Employee E15's progress noted dated 10/27/24, indicated Questioned about bumex it was 2mg. Resident stated it was supposed to be 4mg. Checked records and resident is to get 4mg daily. Recommended nursing to correct. Interview on 1/24/25, at 1:24 p.m. the Nursing Home Administrator confirmed the bumex was transcribed incorrectly on admission. Interview on 1/24/25, at 3:00 p.m. the Director of Nursing confirmed the facility failed to notify a physician of abnormal glucose readings and lab results as per order for three of six residents (Residents R67, R77, and R167) and failed to follow a physician order for one of five residents (Resident R115). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(a)(b)(3) Management. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336 Based on clinical and facility record review, facility provided documents and staff interviews, it was determined that the facility failed to provide adequate supervision for two residents resulting in elopement (resident exited to an unsupervised or unauthorized location without staff's knowledge) for two of two residents (Residents R42, and R114), and failed to follow a prescribed diet order for one of three residents (Resident R50). Findings include: Review of the facility policy Wandering and Elopements dated August 2024, indicated the facility will identify residents who are at risk of unsafe wandering and strive to prevent harm. Review of the facility policy Assistance with meals dated August 2024, indicates residents shall receive assistance with meals in a manner that meets the individual need of each resident. Residents with feeding tubes, nursing staff will provide feedings to tube feed residents. Review of the facility policy Therapeutic Diets dated August 2024, indicated therapeutic diets are prescribed by the attending physician to support a residents treatment and plan of care. Review of the clinical record revealed that Resident R42 was admitted to the facility on [DATE]. Review of Resident R42's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/6/24, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking). Review of Resident R42's MDS assessment section C0200 Brief Interview for Mental Status (BIMS, a screening test that aides in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact, 8-12: moderately impaired, 0-7: severe impairment. Resident R42's BIMS score was a 3 indicating Resident R42 was severely impaired. Review of Resident R42's care plan dated 8/14/24, at 9:02 a.m. revealed that outside facility patio needs - supervised. During review of Resident R42's clinical record indicated a nurse's progress note on 12/21/24, at 1:42 p.m. that stated while this nurse was at lunch resident went outside in the snow. Brought back in by Registered Nurse (RN). Asked concierge to lock both doors in the dining room for safety. She checked and locked both doors, but resident went out dining room door due to it not being securely locked. This nurse and RN was bringing resident back in. He was swinging, scratching and trying to punch staff. Got male nurse assistant to help and was brought back to his room, notified residents father. The facility failed to document an assessment upon returning resident into the facility and failed to notify the physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During review of Resident R42's clinical record indicated a nurse's progress note on 12/23/24, at 2:19 p.m. that stated resident outside in the snow. Witnessed by social services who brought him inside. Notified resident's father. The facility failed to document an assessment upon returning resident into the facility and failed to notify the physician. During an interview on 1/22/25, at 2:05 p.m. the Director of Nursing stated We did not treat him going outside to the patio as an elopement because they have the right to go into the courtyard. We encourage them. The Nursing Home Administrator (NHA) and I saw him go outside. The facility failed to provide documentation of Resident R42 being seen going outside by himself, unsupervised. During an interview on 1/22/25, at 2:31 p.m. Licensed Practical Nurse (LPN) Employee E8 stated, He was not wearing a coat on both days, he was not cold, and I did do an assessment but didn't document it. He likes to be outside and stated he wanted to stay out in the snow. During an interview on 1/23/25, at 10:13 a.m. NHA confirmed that the facility failed to recognize the above incidents as elopement and will notify the appropriate agency of the events. Review of the clinical record indicates resident R50 was admitted to the facility on [DATE]. Review of Resident R50's MDS dated [DATE], indicated the diagnosis of anemia (low iron in the blood), hypertension (high blood pressure) and quadriplegia (paralysis that affects all limbs and body parts from the neck down). Review of Resident R50's physician orders dated 8/1/24, indicated Diet nothing by mouth (NPO). Review of Resident R50's physician orders dated 10/29/24, indicated NPO diet. Review of progress note dated 1/9/25, indicates Resident R50 has been followed by speech at facility throughout stay. Speech recommendations are that Resident R50 remains NPO for severe aspiration risk. Further review of progress note indicates that the resident has been consuming large amounts of fluids. Review of physician progress note dated 1/10/25, indicates staff has expressed aspiration concerns. Resident has a documented history of aspiration and requires enteral feeds. Made aware today that the resident has been consuming significant quantities of fluids and soups provided by mother, including weekly supplies of mountain dew and power aid. Review of progress note dated 1/10/25, this Director of Nursing (DON) discussed oral fluid intake by resident with attending physician. Physician has agreed to not allow staff to administer oral fluids due to safety risk at this time. Review of Resident R50's Kardex dated 1/13/25, interventions included aspiration precautions. Eating/Nutrition indicated aspiration precautions, g-tube, NPO. During an interview on 1/23/25, at 12:40 p.m. the DON confirmed that Resident R50 was given liquids by staff members despite having orders for a NPO diet and the facility failed to follow a prescribed diet order for one of three residents (Resident R50). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Admission Record indicated Resident R114 was admitted to the facility on [DATE], with the diagnoses of alcoholic cirrhosis (A late stage of liver disease. Occurs when scar tissue replaces health liver tissue due to long term alcohol consumption), anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), and chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe). Review of Resident R114's progress noted dated 11/17/24, at 4:09 p.m. the Director of Nursing received notification that resident wanted to be discharged against medical advice (AMA). Discussions regarding inability to set up home care services/outpatient appointments, and not receiving some or all of his medications if he was to leave AMA. Resident R114 and his family member were willing to remain at the facility until physician and care team were available to assess discharge needs on Monday morning. Review of Resident R114's progress notes dated 1/18/24, at 4:00 a.m. indicated at around 1:00 a.m. when staff went to check in on resident, he was not in his room or bathroom. After a thorough search staff realized he was no longer in his room. Attempts to call resident's phone and sister's phone without success. Resident had previously expressed interest in leaving the facility. Review of Resident R114's progress note dated 11/18/24, at 8:30 a.m. indicated resident left the facility in the middle of the night at 11:12 p.m. on 11/17/24, via Uber (ride service). Resident left AMA. Review of Resident R114's discharge summary note dated 11/18/24, at 10:13 a.m. indicated was just notified that resident eloped and subsequently will be considered AMA. Interview with the Nursing Home Administrator on 1/23/25, at 3:30 p.m. indicated the facility was not aware Resident R114 was not in the facility, and that the facility did not recognize this as an elopement and called it an AMA discharge. Interview on 1/24/25, at 3:15 p.m. the Director of Nursing confirmed the facility failed to provide adequate supervision for two residents resulting in elopement for two of two residents (Residents R42, and R114), and failed to follow a prescribed diet order for one of three residents (Resident R50). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(a)(b)(3) Management. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review facility polices, observations, clinical records, and staff interviews it was determined that the facility failed to make certain that appropriate treatments and services were provided for the use of a urinary catheter as required for three of six residents (Resident R3, R62 and R317) and failed to update a care plan for one of three residents (R317) to accurately reflect the current status of the resident and care needs. Findings include: Review of facility policy Dignity dated 8/24, indicated that each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Review of Resident R3's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R3's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/8/24, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and multiple sclerosis (a disease that affects central nervous system). Review of the clinical record revealed that Resident R3 had a physician's order dated 10/4/24, for suprapubic catheter for neurogenic bladder (urinary bladder problem due to disease or injury of central nervous system or nerves in the control of urination). Apply dignity bag. Check placement every shift. During an observation on 1/21/25, at 10:55 a.m. Resident R3 was observed lying in bed with her urinary catheter bag hanging from bed frame without a privacy-dignity bag. During an interview on 1/21/25, at 11:02 a.m. Registered Nurse Employee E4 confirmed that Resident R3 did not have a privacy-dignity bag on her catheter drainage bag. Review of Resident R62's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident 62's MDS dated [DATE], indicates the diagnosis of anemia (low iron in the blood), neurogenic bladder (causes a loss of control of urination) and quadriplegia (paralysis that affects all limbs and body parts from the neck down). Review of Resident R62's physician orders dated 10/2/24, indicates condom catheter (external noninvasive urinary catheter that fits like a condom over the penis) every day, apply dignity bag, check for placement each shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 1/21/25, at 10:15 a.m. Resident R62 was in bed his catheter bag was attached to the bed frame facing the door and failed to have a privacy- dignity cover. During an interview on 1/21/25, at 10:17 a.m. Registered Nurse (RN) Employee E10 confirmed Resident R62's catheter bag did not have a privacy- dignity cover. A review of Resident R317's clinical record indicate an admitted [DATE], with the diagnosis of aphasia (language disorder that affects speech), hyperlipidemia (high fat in the blood) and respiratory failure with hypoxia (low levels of oxygen in the body tissues). Review of Resident R317's physician orders dated 1/21/25, indicate monitor indwelling catheter document size and urinary output size 18 french (fr) the order failed to include the fluid amount needed for the catheter balloon (holds the catheter in place in the bladder) securement. Review of Resident R317's care plan dated 1/21/25, did not include the size of catheter or the amount of fluid needed for the catheter balloon. During an interview completed on 1/23/24, at 11:40 a.m. RN Employee E7 confirmed the catheter order failed to include the amount of fluid needed for the balloon and the care plan failed to include the size of the catheter or the amount of fluid needed for balloon. During an interview on 1/21/25, at 3:00 p.m. the Director of Nursing confirmed that the facility failed to make certain that appropriate treatments and services were provided for the use of a urinary catheter as required for three of six residents (Resident R3, R62, and R317). 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa code: 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that residents with an enteral feeding tube (a tube inserted in the stomach through the abdomen) received appropriate treatment and services to prevent potential complications for four of five residents (Residents R40, R53, R70, and R103). Findings include: Review of facility policy Enteral Tube Feeding via Continuous Pump dated 8/24, indicated the purpose of this procedure is to provide a guideline for the use of a pump for enteral feedings. Check the enteral nutrition label against the order before administration. Check the following information: - Residents name, ID, and room number - Type of formula - Date and time formula was prepared - Rate of administration Review of Resident R40's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R40's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/1/25, indicated diagnoses of difficulty walking, cancer (a disease that occurs when cells grown and divide uncontrollably, forming tumors that can invade and destroy healthy tissue), and hyperlipidemia (high levels of fat in the blood). MDS section K0520 is coded feeding tube while a resident. Review of current physician order indicated Jevity 1.5 (a type of feeding that will supply a person with nutrients and minerals) to be administered continual over 20 hours. Flush tube with 125 ml (milliliters) of warm water every four hours. Change feeding bag and tubing daily. During a tour of unit on 1/21/25, at 10:45 a.m. Resident R40's enteral feeding was observed hanging at bedside with the date 1/21/25, written on the bag. Water flush bag failed to have a date written on the bag. During an interview on 1/21/25, at 11:02 a.m. Registered Nurse Employee E4 confirmed she did not see a date on the water flush bag and wrote the date on it. Review of Resident R53's clinical record indicated he was admitted to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R53's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/20/24, indicated diagnoses of quadriplegia (a symptom of paralysis that effects all limbs and body from the neck down), chronic pulmonary disease, and anxiety disorder. MDS section K0520 is coded feeding tube while a resident. Review of current physician orders indicated [NAME] Farms Peptide 1.5, 256 cc (cubic centimeter) intermittent feeding via pump QID (four times per day) to run over 2 hours each time; flush tube with 150 ml (milliliters) every four hours for hydration. During a tour of unit on 1/21/25, at 12:45 p.m., Resident R53's enteral feeding was observed hanging at bedside with the date 1/21/25, written on the bag. Water flush bag failed to have a date written on the bag. During an interview on 1/21/25, at 12:51 p.m., Registered Nurse Employee E5 confirmed she did not see a date on the water flush bag. Review of Resident R70's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R70's MDS dated [DATE], indicated diagnoses of cancer, depression, and peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). MDS section K0520 is coded feeding tube while a resident. Review of current physician order indicated Osmolite 1.5 (a type of feeding that will supply a person with nutrients and minerals) to be administered continual over 20 hours. Flush tube with 200 ml of warm water every six hours. Change feeding bag and tubing every night shift. During a tour of unit on 1/21/25, at 10:55 a.m. Resident R70's enteral feeding was observed hanging at bedside without a date written on the bag, and water flush bag failed to have a date written on the bag. During an interview on 1/21/25, at 11:07 a.m. Registered Nurse (RN) Employee E4 confirmed she did not see a date on the tube feed and water flush bag and wrote the date on it. A review of Resident R103's clinical record indicates an admitted [DATE]. A review of Resident R103's MDS dated [DATE] indicates the diagnosis of coronary artery disease (CAD-narrowing or blockage of arteries), heart failure (heart doesn't pump the way it should), and hypertension (high blood pressure). A review of Resident R103's physician orders dated 1/15/25, indicates enteral feed order every evening and night shift [NAME] farms peptide 1.5 (plant-based formula) 75 milliliter (ml) per hour for six hours per day (on at 9:00 p.m. off at 3:00 a.m.). During an observation 01/21/25, at 9:48 a.m. Resident R103's formula bag and water flush bag were hanging at the bedside without a date written on the formula bag, the water flush bag also failed to be labeled with the date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview completed on 1/21/25, at 9:53 a.m. RN Employee E7 confirmed Resident R103's formula bag and water flush bag were hanging at bedside without a date written on them as required. During an interview on 1/21/25, at 3:00 p.m. the Director of Nursing confirmed that the facility failed to ensure that residents with an enteral feeding tube received appropriate treatment and services to prevent potential complications for four of five residents (Residents R40, R53, R70, and R130). 28 Pa. Code: 201.18(b)(1) Management. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(1) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469 Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for five of six residents (Residents R2, R70, R77, R103, and R317). Findings include: A review of the facility policy Respiratory Therapy last reviewed on 8/24, indicates to guide prevention of infection associated with respiratory therapy task and equipment, including ventilators, among residents and staff. Steps in the procedure include but not inclusive to: . Change the oxygen cannula and tubing every 7 days or as needed. . Wash filters from oxygen concentrators every 7 days with soap and water. Rinse and squeeze dry. . Store the circuit in plastic bag, marked with date and residents name, between uses. A review of Resident R2's clinical record indicate an admitted [DATE]. A review of R2's Minimum Data Set (MDS-periodic assessment of care needs) dated 11/7/24, indicate the diagnosis of anemia (low iron in the blood), hypertension (high blood pressure), and hypoxemia (low concentration of oxygen in the blood). A review of Resident R2's physician orders dated 7/31/24, indicate Oxygen (02) - specify liters per minute (lpm) and delivery method in notes every shift. 4-6 lpm via nasal canula (NC) maintain respiratory comfort and failed to include the percentage of oxygen saturation parameter to maintain comfort. A review of Resident R2's physician orders dated 7/31/24, indicate titrate oxygen to maintain oxygen saturation as needed to maintain comfort, and failed to include the percentage of oxygen saturation parameter to maintain comfort. During an interview completed on 1/23/24, at 11:37 a.m. Registered Nurse (RN) Employee E7 confirmed the orders for Resident R2's oxygen did not contain the oxygen saturation level, just states comfort and stated I just spoke to the hospice practitioner and received a new order to maintain a level of 92% (percent), I will put the order in. Review of Resident R70's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R70's MDS dated [DATE], indicated diagnoses of depression, cancer (a disease that occurs when cells grow and divide uncontrollably, forming tumors that can invade and destroy healthy tissue), and peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record revealed that Resident R70 had current physician order for oxygen and to change and date oxygen tubing every Tuesday night. During an observation on 1/21/25, at 10:55 a.m. Resident R70 was observed sitting in his wheelchair with oxygen on per physician order and failed to have a date on his oxygen tubing. During an interview on 1/21/25, at 11:02 a.m. Registered Nurse (RN) Employee E4 confirmed that Resident R70's oxygen tubing was not dated. Review of Resident R77's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R77's MDS dated [DATE], indicated diagnoses of high blood pressure, cancer, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of the clinical record revealed that Resident R77 had current physician orders for Ipratropium-Albuterol (medication inhaled to treat shortness of breath and wheezing) three times a day. During an observation on 1/21/25, at 10:58 a.m. Resident R77 was observed lying in bed with her nebulizer (machine used to administer medication) tubing and mask on her bedside dresser, unlabeled and not in a bag. During an interview on 1/21/25, at 11:02 a.m. RN Employee E4 stated, I don't see a date on the tubing and its not in a bag and confirmed the above findings. Review of Resident R103's clinical record indicates an admitted [DATE]. Review of Resident R103's MDS dated [DATE], indicates the diagnosis of coronary artery disease (CAD-narrowing or blockage of arteries), heart failure (heart doesn't pump the way it should), and hypertension (high blood pressure) A review of Resident R103's physician orders dated 11/29/24, indicates ipratropium albuterol solution 0.5-2.5 (3) milligrams(mg) 3 milliliters (ml) 3 ml inhale orally every 4 hours as needed for shortness of breath or wheezing via nebulizer. During an observation 01/21/25, at 9:48 a.m. Resident R 103's nebulizer was sitting on top of dresser not stored in a bag. During an interview completed on 1/21/25, at 9:53 a.m. RN Employee E7 confirmed the nebulizer was not stored in a bag as required Review of Resident R317's clinical record indicate an admitted [DATE], with the diagnosis of aphasia (language disorder that affects speech), hyperlipidemia (high fat in the blood), and respiratory failure with hypoxia (low levels of oxygen in the body tissues). Review of Resident R317's physician orders dated 1/16/25, indicate oxygen at 2 liters per minute (lpm) via nasal cannula (thin flexible tube used to deliver oxygen) every shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 1/21/25, at 10:01 a.m. Resident R317 was resting in his bed with his oxygen on. The oxygen tubing and humidifier bottle (prevents airways from becoming dry) failed to be labeled with a date. During an interview completed on 1/21/25 at 10:06 a.m. Licensed Practical Nurse (LPN) Employee E9 confirmed Resident R317's oxygen tubing and humidifier bottle failed to be labeled with a date. Interview with the Director of Nursing on 1/124/25, at 3:00 p.m. confirmed the facility failed to provide appropriate respiratory care and maintain oxygen equipment for five of six residents (Residents R2, R70, R77, R103, and R317). 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45577 Based on review of facility policy and clinical record and staff interview it was determined that the facility failed to make certain consistent dialysis communication was maintained for one of two dialysis residents (Resident R1). Findings include: Review of the facility policy End-Stage Renal Disease, Care of a Resident with dated August 2024, indicated residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. Agreements between the facility and the contracted ESRD facility will include how communication between the dialysis provider and facility staff will occur. Review of Resident R1's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/6/24, indicated diagnoses of peripheral vascular disease (progressive disorder that causes narrowing or blocking of the blood vessels outside of the heart), heart failure, and dependence on renal dialysis (blood purifying treatment given when kidney function is not optimal). Review of current physician orders on 1/24/25, indicated Resident R1 attends dialysis on Tuesday, Thursday, and Saturday each week. Further review of physician orders indicated to complete pre and post dialysis UDA (User-Defined Assessment) every day and night shift every Tuesday, Thursday, and Saturday. A review of the clinical record did not include complete communication documentation of User-Defined Assessments for the month of January 2025. There were five missing communication documentation assessments post dialysis for the following dates: 1/4/25, 1/7/25, 1/11/25, 1/14/25, and 1/18/25; and there were two missing communication documentation assessments for pre and post dialysis for the following dates: 1/2/25, and 1/9/25. During an interview on 1/24/25, at 9:44 a.m., Registered Nurse (RN) Employee E5 confirmed that the above dates did not include completed communication documentation as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 46336 Based on review of personnel records and staff interview it was determined that the facility failed to complete annual performance evaluations for four out of four nurse aide personnel records (Nurse Aides (NA) Employee E16, NA Employee E17, NA Employee E18, and NA Employee E19). Findings include: Review of facility policy In-Service Training, Nurse Aide dated August 2024, indicated the facility completes a performance review of nurse aides at least every 12 months. Review of NA Employee E16's personnel record indicated a hire date of 2/6/23. Review of NA Employee E17's personnel record indicated a hire date of 7/25/22. Review of NA Employee E18's personnel record indicated a hire date of 7/30/12. Review of NA Employee E19's personnel record indicated a hire date of 2/7/22. Review of personnel records did not include annual performance evaluations based on the date of hire for NA Employee E16, NA Employee E17, and NA Employee E18, and NA Employee E19. Interview on 1/23/25, at 2:21 p.m. the Nursing Home Administrator confirmed that the facility failed to complete annual performance evaluations based on date of hire for NA Employee E16, NA Employee E17, NA Employee E18, and NA Employee E19. 28 Pa Code: 201.14 (a) Responsibility of licensee 28 Pa Code: 201.18 (b)(1)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424 Based on review of facility policy, resident and staff interview and clinical record review the facility failed to maintain the highest practicable mental and psychosocial well-being for one of three residents (Resident R94). Findings include: Review of the facility policy Social Services dated 8/20/24, indicated: Our facility provides medially-related social services to assure that each resident can attain or maintain his/her highest practicable physical, mental, or psychosocial well-being. The social worker/social services staff are responsible for: making referrals and obtaining needed services from outside entities Resident R94 was admitted on [DATE]. Resident R94 MDS (minimum data set - a periodic assessment of resident needs) dated 11/13/24, indicated diagnoses diabetes mellitus (a group of diseases that result in too much sugar in the blood), anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and depression (mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily life). Review of Resident R94 clinical record indicated the following : Care plans indicated Resident R94 has a mood problem related to depression anxiety: behavioral health consults as needed. Monitor/record/report to physician, as needed acute episode feelings or sadness; loss of pleasure and interest in activities; feelings of worthlessness or guilt; change in appetite/eating habits; change in sleep patterns; diminished ability to concentrate; change in psychomotor skills. Review of the clinical record failed to include any behavioral health consult. During an interview on 1/23/25, at 10:59 a.m. Social Service Director Employee E2 confirmed the facility had not sent any referrals for behavioral health services and the facility failed to maintain the highest practicable mental and psychosocial well-being for Resident R94. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e) (1) Management. 28 Pa. Code: 211.10(d)Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, observation and staff interview it was determined the facility failed to dispose or reconcile discontinued medication in a timely manner for one of two medication rooms reviewed (West Medication Room). Findings: Review of facility Storage of Medications policy dated 8/24, indicated that the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity control. Only persons authorized to prepare and administer medications have access to locked medications. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. Review of facility Discarding and Destroying Medication policy dated 8/24, indicated that medications will be disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals, hazardous [NAME], and controlled substances. Completed medication disposition records shall be kept on file in the facility. The medication disposition record will contain the following information: - The residents name - Date medication disposed - The name and strength of the medication - The quantity disposed - Method of disposition - Reason for disposition - Signature of witnesses During a medication room review on 1/22/25, at 11:30 a.m. one grey plastic basin with medications was observed sitting on the counter, unsecured and unaccounted for. The medications observed were: - Neurontin (used to treat seizures or pain) 274 pills - Levemir Vial (used to manage diabetes - a metabolic disorder in which the body has high sugar levels for prolonged periods of time) 1 vial - Lantus Pen (used to manage diabetes) 1 pen (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Amlodipine (used to treat high blood pressure) 12 pills - Ibprofen (used to treat pain) 8 pills - Coumadin (used to treat heart conditions or blood clots) 15 pills - Eliquis (used to treat heart conditions or blood clots)1 pill - Tylenol (used to treat pain) 120 pills - Motrin (used to treat pain) 49 pills - Zyrtec (used to treat allergies) 30 pills - Senna (used to treat constipation) 29 pills - Lipitor (used to treat high fat levels in the blood) 21 pills - Remeron (used to treat depression) 21 pills - Metoprolol (used to treat high blood pressure) 18 pills - Prednisone (used to treat inflammation) 3 pills - Mucinex (used for congestion) 20 pills - Ezetimibe (used to treat high fat levels in blood) 19 pills - Keflex (used to treat an infection) 10 pills - Nitroglycerin (used for heart conditions) 7 patches and 1 bottle - Lopressor (used to treat high blood pressure 16 pills - Cymbalta (used to treat depression) 24 pills - Simethicone (used to treat gas) 100 pills - Rochepin (used to treat infection) 1 bag - Miralax (used for constipation) 5 bottles - Milk of Magnesia (used for constipation) 9 bottles - Ertapenem (used to treat infection) 3 bags - Lispro vial (used to treat diabetes) 1 vial (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Humalog (used to treat diabetes) 1 pen - Voltaren Gel (cream used for pain) 1 tube - Delsym (used for coughing) 1 bottle During an interview on 1/22/25, at 11:25 p.m. Director of Nursing (DON) stated, These are medications that get sent back to pharmacy. They pick up maybe once a week. We don't have any paperwork to fill out. The nurses discontinue the medication in the computer, pull it from their carts and put them in this bin. We don't have any accountability or disposition forms to fill out. During an interview on 1/22/25, at 11:30 a.m. the DON confirmed that the facility failed to dispose or reconcile discontinued medication in a timely manner for one of two medication rooms reviewed (West Medication Room). 28 Pa. Code211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336 Based on facility policy review and clinical record review, and staff interview, it was determined that the facility failed to make certain that residents receiving psychotropic medications have adequate indication for use for one of five sampled residents (Resident R108). Findings include: Review of the facility policy Medication and Treatment Orders dated August 2024, indicated orders for medications must include name and strength of the drug, number of doses, dosage and frequency of administration, route, clinical condition for which the medication is prescribed. Review of the admission record indicated Resident R108 was admitted to the facility on [DATE]. Review of Resident R108's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/5/25, indicated the diagnoses of atrial fibrillation (irregular heart rhythm), heart failure (heart doesn't pump blood as well as it should), high blood pressure, and anxiety disorder. Review of Resident R108's physician orders dated 12/30/24, indicated quetiapine (an antipsychotic medication) 25 mg (milligrams) twice daily for anxiety. Review of Resident R108's Medication Administration Record (MAR) dated January 2025, indicated resident was receiving the medication as prescribed. Interview on 1/24/25, at 1:00 p.m. the Nursing Home Administrator confirmed the facility failed to have an appropriate diagnosis for the use of the antipsychotic medication quetiapine. Interview on 1/24/25, at 3:15 p.m. the Director of Nursing confirmed the facility failed to make certain that residents receiving psychotropic medications have adequate indication for use for one of five sampled residents (Resident R108). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(a)(b)(3) Management. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to properly store medical supplies in two of four medication carts (North Front Med Cart, and [NAME] Med Cart) and failed to properly store medical supplies and biologicals in one of two medication rooms (North medication room). Findings: Review of facility Storage of Medications policy dated ,d+[DATE], indicated that the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity control. Only persons authorized to prepare and administer medications have access to locked medications. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. Insulin pens are clearly labeled with the resident's name. During a medication cart review on [DATE], at 9:45 a.m. the narcotic lock box on the North Front medication cart was not locked and there was an expired insulin Lispro (used to treat diabetes - a metabolic disorder in which the body has high sugar levels for prolonged periods of time) pen stored on the cart. During an interview on [DATE], at 9:45 a.m. Registered Nurse (RN) Employee E5 confirmed that the narcotic drawer was not locked and there was an expired insulin pen on the cart. During a medication cart review on [DATE], at 11:00 a.m. it was observed on the [NAME] medicine cart that there was one insulin Lantus (used to treat diabetes) pen on the cart that had the name blackened out and unable to determine whose medication it belonged to. During an interview on [DATE], at 11:02 a.m. Licensed Practical Nurse (LPN) Employee E13 confirmed that the insulin pen did not have a legible residents name on. During an observation completed on [DATE], at 10:32 a.m. the North Hall medication rooms refrigerator contained an opened bottle of [NAME] sweet peach wine. The wine failed to be labeled with a name or date opened. During an interview completed on [DATE], at 10:34 a.m. LPN Employee E8 confirmed the wine stored in the refrigerator was not labeled with a name or date opened and that the facility failed to properly store medical supplies and biologicals in one of two medication rooms (North medication room). During an interview on [DATE], at 3:00 p.m. the Director of Nursing confirmed that the facility failed to properly store medical supplies in two of four medication carts (North Front Med Cart, and [NAME] Med Cart). 28 Pa Code: 211.9 (a) Pharmacy services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa code: 211.12 (d) (1) (5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on facility policy, observation, and staff interviews, it was determined that the facility failed to provide food in a form to meet individuals' needs in one of three residents ordered a soft and bite size diet (Resident R42). Findings include: Review of the facility policy Therapeutic Diets dated 8/24, indicated that therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences. A therapeutic diet is considered a diet ordered as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet. Review of the clinical record revealed that Resident R42 was admitted to the facility on [DATE]. Review of Resident R42's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/6/24, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking). Review of Resident R42's physician's orders on 1/16/25, indicated that resident was ordered a soft and bite size diet. During an observation on 1/21/25, at 12:43 p.m. Resident R42 was observed in the dining room with a lunch tray that was pureed food (soup like) consistency. Resident R42's meal ticket stated he should have received a soft and bite size food consistency diet for lunch. Resident R42 was also missing his milk on his tray. During an interview on 1/21/25, at 12:47 Nursing Assistant Employee E6 stated that Resident R42's tray looked like it was pureed food consistency, did not match what he was ordered, and stated I should have called the kitchen to tell them to bring him another lunch tray. During an interview on 1/21/25, at 12:55 p.m. the Dietary Manager Employee E3 confirmed that the facility failed to provide food in a form to meet individuals' needs in one of three residents ordered a soft and bite size diet (Resident R42). 28 Pa. Code: 211.6(d) Dietary services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 46336 Based on review of facility meal delivery times, observations and staff interview, it was determined that the facility failed to deliver meals in a timely manner for one of two meal observations (West Rooms 374-387). Findings include: Review of the facility provided tray schedule, indicated lunch start time is at 11:00 a.m. More specifically, [NAME] 2 (Rooms 374-387) cart number 8 is 12:05 p.m. During dining/meal observations on 1/21/25, at 12:00 p.m. of the [NAME] Hallway Rooms 374-387, it was revealed that the lunch trays did not arrive until 12:32 p.m. Trays arrived 27 minutes late. Interview on 1/21/25, at 12:33 p.m. Nurse Aide (NA) Employee E20 confirmed the time of tray arrival to be 12:32 p.m. Interview on 1/21/25, at 12:40 p.m. Registered Nurse (RN) Employee E21 indicated tray arrival time varies since the change in management, and the loss of multiple dietary personnel. During an interview on 1/24/25, at 3:15 p.m. the Director of Nursing confirmed the facility failed to deliver meals in a timely manner for one of two meal observations (West Rooms 374-387). 28 Pa. Code: 201.18(e)(4) Management 28 Pa. Code: 201.29(i) Resident Rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on observations, and staff interviews it was determined that the facility failed to provide adaptive feeding devices for one of three residents (Resident R42). Findings include: Review of the admission record indicated Resident R42 admitted to the facility on [DATE]. Review of Resident R42's Minimum Data Set (MDS- a periodic assessment of care needs) dated 12/6/24, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking). Review of Resident R42's current physician orders indicated a soft and bite size diet with thin liquids. Review of Resident R42's care plan dated 1/20/25, indicated to use a two handled sippy cup with spout, sippy lid. During an observation on 1/22/25, at 12:15 p.m. Resident R42 was in the dining room set up for lunch and was eating. The meal ticket indicated spouted cup. During an interview and observation on 1/22/25, at 12:17 p.m. Dietary Director Employee E3 indicated a spouted cup was not served as ordered on the tray, one regular cup was present. During an interview on 1/22/25, at 3:00 p.m. the Director of Nursing confirmed the facility failed to provide adaptive feeding devices for one of three residents (Resident R42). 28 Pa. Code: 211.6(a) Dietary services. 28 Pa Code: 201.29 (d) Resident rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45577 Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to maintain proper infection control practices related to care of indwelling urinary catheters (tube inserted in the bladder to drain urine) for one of three residents reviewed (Residents R53), failed to prevent cross contamination during a dressing change for one of three residents (Resident R54) and failed to follow enhanced barrier precautions for one of five residents (Resident R54). Findings include: Review of facility policy Catheter Care, Urinary, dated August 2024, indicated this procedure is to prevent catheter-associated complications, including urinary tract infections. Be sure the catheter tubing and drainage bag are kept off the floor. Review of the facility policy Dressings, Dry/Clean, dated August 2024, indicates the purpose of this procedure is to provide guidelines for the application of dry, clean dressings. Steps in the procedure (1 thru 24) include but not inclusive to: Step number 1 is to clean bedside stand. Establish a clean field. Step number 22 is to clean the bedside stand. Review of the facility policy Enhanced Barrier Precautions, dated August 2024, indicate enhanced barrier precautions (EBP's) are utilized to prevent the spread of multi-drug resistant organism (MDROs). EBP's are indicated for residents with wounds and indwelling medical devices. EBP's remain in place for the duration of the residents stay or until resolution of the wound. Review of Resident R53's clinical record indicated he was admitted to the facility on [DATE]. Review of Resident R53's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/20/24, indicated diagnoses of quadriplegia (a symptom of paralysis that effects all limbs and body from the neck down), chronic pulmonary disease, and anxiety disorder. MDS section H0100 is coded that an indwelling catheter appliance is used. Review of a physician order dated 10/30/24, indicated Resident R53 has a foley catheter for neurogenic bladder. During an observation on 1/21/25, at 12:49 p.m., Resident R53's catheter collection bag, contained within a dignity cover, was observed lying on the floor on the left side of resident's bed. During an interview on 1/21/25, at 12:51 p.m., Registered Nurse (RN) Employee E5 confirmed Resident R53's catheter collection bag was lying on the floor on the left side of resident's bed. Review of Resident R54's clinical record indicates an admitted [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395845	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cranberry Place	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R54's MDS dated [DATE], indicates the diagnosis of anemia (low iron in the blood), coronary artery disease (CAD- buildup of plaque in the hearts arteries), and hypertension (high blood pressure). Review of Resident R54's physician orders dated 1/21/25, indicate wound care right buttocks every day shift. Cleanse with NSS (normal sterile saline) and pat dry. Apply Medi honey (medical grade honey used to treat wounds) and cover with dry dressings. Resident R54's physician orders failed to include orders for enhanced precautions. Observation on 1/22/25, at 10:39 a.m. Licensed Practical Nurse (LPN) Employee E8 entered resident R54's room along with Nurse Aid (NA) Employee E14 to complete dressing change. The room did not have any signage up indicating the need to stop and see nurse before entering or the need to utilize personal protective equipment (PPE). LPN Employee E8 and NA E14 continued to complete the dressing change. Upon completion of dressing change LPN Employee E8 and NA Employee E14 exited the room. LPN Employee E8 failed to clean the bedside stand. Upon inquiring about enhanced precaution Employee E8 confirmed there was no sign on the door or orders to indicate the use of enhanced precautions for Resident R54 and she was not aware of the need to utilize enhanced precautions for Resident R54's wound care. During an interview completed on 1/22/25 at 10:54 a.m. LPN Employee E8 confirmed not cleansing the bedside stand after completion of the dressing change and not utilizing enhanced barrier precautions during the dressing change and that the facility failed to prevent cross contamination during a dressing change for one of three residents and failed to follow enhanced barrier precautions for one of five residents (Resident R54). During an interview completed on 1/22/25 at 11:28 Registered Nurse Infection Preventionist Employee E11 stated that enhanced precautions were not ordered for Resident R54, and that the facility failed to follow enhanced barrier precautions for one of five residents (Resident R54). 28 Pa. code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b) (1) (e) (1) Management. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d) (1) (2) (5) Nursing services.