

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395845</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>CRANBERRY PLACE</b>  STATE LICENSE NUMBER: <b>381602</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>5 ST. FRANCIS WAY CRANBERRY TOWNSHIP, PA 16066</b>
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F 0000	INITIAL COMMENT	F 0000		
F 0600 SS=D	Based on an Abbreviated Survey in response to a complaint, and two incidents completed on August 12, 2025, it was determined that Cranberry Place was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0600		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0600  SS=D	Continued from page 1  483.12(a)(1) Free from Abuse and Neglect  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;  This REQUIREMENT is not met as evidenced by:	F 0600	R3 was immediately assessed by CRNP for injury. Wound team to provide ongoing assessments and skin checks. Social services provided emotional support immediately following the incident. Continued emotional support will be provided. A new trauma assessment was completed and Careplan updated. The facility notified the resident's family, DOH, Area Agency on Aging, and Cranberry Township police.  All residents were interviewed regarding abuse and neglect. No other concerns were reported. All residents with a BIMS score of 13 or below had a full body skin check to investigate for any signs/symptoms of abuse or neglect. No concerns were identified.  The facility will review/revise the onboarding process, including background checks and licensure. The facility will review/revise the orientation process, specifically regarding abuse and neglect	Completion Date: <b>09/12/2025</b> Status: <b>APPROVED</b> Date: <b>09/03/2025</b>

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F 0600  SS=D	Continued from page 2	F 0600	<p>education in orientation. All nursing staff will be educated on abuse and neglect. All nursing staff will be educated on Cognitive Deficits and Behaviors.</p> <p>Social Services will interview 10 residents on abuse and neglect weekly x4 weeks, then 10 residents monthly or until substantial compliance has been reached. Results of interviews will be reviewed during QAPI. Any concerns will be reported to leadership for immediate investigation.</p> <p>The facility will review/revise the onboarding process, including background checks and licensure. The facility will review/revise the orientation process, specifically regarding abuse and neglect education in orientation. All nursing staff will be educated on abuse and neglect. All nursing staff will be educated on Cognitive Deficits and Behaviors.</p> <p>Social Services will interview 10</p>	

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F 0600  SS=D	Continued from page 3	F 0600	residents on abuse and neglect weekly x4 weeks, then 10 residents monthly or until substantial compliance has been reached. DON will interview 5 staff members weekly regarding abuse and neglect x4 weeks then monthly or until substantial compliance has been reached. Results of interviews will be reviewed during QAPI. Any concerns will be reported to leadership for immediate investigation.	

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F 0600  SS=D	Continued from page 4  Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to ensure that residents were free from abuse for one of three residents reviewed (Resident R3).  Findings include:  Review of the facility "Abuse and Neglect - Clinical Protocol" policy last reviewed 6/2025, indicated the nurse will assess the individual and document related findings; "Abuse," is defined at §483.5 as "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or	F 0600		

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F 0600  SS=D	Continued from page 5  enabled through the use of technology."  Review of the facility "Resident Rights: policy last reviewed 6/2025, indicated employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility, these rights include but not inclusive to being treated with respect, kindness and dignity, to be free from corporal punishment.  Review of the clinical record indicated Resident R3 was admitted to the facility on 8/15/19.  Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/16/25, indicated diagnoses of hypertension (high blood pressure), aphasia (affects ability to speak, understand, read, or write) and hemiplegia (one sided paralysis) right dominant side. Section C-cognitive patters coded resident is rarely/never understood).  During a review of documentation provided by the	F 0600		

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F 0600  SS=D	Continued from page 6  facility on 8/12/25, at 1:50 p.m. indicated on 8/5/25, a nurse alerted facility leadership that an aide hit Resident R3 during care multiple times. The nurse immediately stepped between the aide and resident and escorted the aide out of the resident's rooms.  During an interview completed on 8/12/25, at 1:50 p.m. the Director of nursing confirmed the allegation of physical abuse was substantiated and Nurse Aid perpetrator Employee E9 was terminated and that the facility failed to ensure that residents were free from abuse for one of three residents reviewed (Resident R3).  28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(d)(1)(3)(e)(1) Management.	F 0600		

Pennsylvania Department of Health

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P 1460	<p>Personnel policies and procedures.</p> <p>(3) Documentation of credentials, which shall include, at a minimum, current certification, registration or licensure, if applicable, for the position to which the employee is assigned.</p> <p>This REGULATION is not met as evidenced by:</p>	P 1460	<p>the human resource director was educated by the NHA related to timely pulling the staff professional license before the date of hire to ensure the license is valid. The new hire files were reviewed by HR.</p> <p>All new Hire files will be audited weekly the Friday before new hires start to ensure and maintain compliance by the NHA.</p> <p>An audit was completed on all new hire files for license checks before start date.</p>	<p>Completion Date: <b>09/12/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>09/03/2025</b></p>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 1460	Continued from page 1  Based on a review of new hire files and staff interview, it was determined that the facility failed to verify a professional license prior to employment for one out of two employees reviewed. (Nurse Aid Employee E9).  Findings include:  Review of facility policy "Hiring" last reviewed 6/2025 indicated the human resource director will conduct any applicable investigations and determine whether the applicant is legally eligible to work in the United States.  Review of Nurse Aid (NA) Employee E9 's personnel record indicated a hired date of 7/21/25.  Review of Nurse Aid (NA) Employee E9 'personnel record did not include a completed license verification check prior to her date of hire.  During an interview on 1/16/25, at 10:57 a.m. the Human Resource Director Employee E2 confirmed	P 1460		

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P 1460	Continued from page 2  the inquiry date was 8/6/25, after Employee E9's hire date and that the facility failed to verify a professional license prior to employment for one out of two employees reviewed. (Nurse Aid Employee E9).	P 1460			



# Certified End Page

**CRANBERRY PLACE**

**STATE LICENSE NUMBER: 381602**

**SURVEY EXIT DATE: 08/12/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY