



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to SAXONY2 LLC  
LEGAL ENTITY

To operate SAXONY HEALTH CENTER  
NAME OF FACILITY OR AGENCY

Located at 223 PITTSBURGH STREET, SAXONBURG, PA 16056  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 77  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller  
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 1, 2019 until July 1, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449431**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 21 2018

Mr. Hal Waldman  
Managing Member & Owner  
Saxony 2, LLC  
1326 Freeport Road  
Pittsburgh, Pennsylvania 16056

RE: Saxony Health Center  
223 Pittsburgh Street  
Saxonburg, Pennsylvania 16056  
License #: 449431

Dear Mr. Waldman:

As a result of the Department's Bureau of Human Services Licensing inspection on October 2, 2018, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

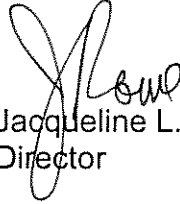
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential.

Mr. Hal Waldman

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SAXONY HEALTH CENTER		License Number: 44943						
Address: 223 PITTSBURGH STREET, SAXONBURG, PA 16056		County: Butler						
Administrator: Delisa Longdon		Region: WEST						
Legal Entity Name: Saxony2 LLC								
Legal Entity Address: 1326 Freeport Rd, Pittsburgh, PA 15238								
<b>Certificate(s) of Occupancy</b> <table border="0"> <tr> <td>C-2 LP</td> <td>Nursing Home</td> </tr> <tr> <td>10/17/2000</td> <td>02/14/1996</td> </tr> <tr> <td>L &amp; I</td> <td>Borough of Saxonburg</td> </tr> </table>			C-2 LP	Nursing Home	10/17/2000	02/14/1996	L & I	Borough of Saxonburg
C-2 LP	Nursing Home							
10/17/2000	02/14/1996							
L & I	Borough of Saxonburg							
<b>Staffing Hours</b> <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 46</td> <td>Waking Staff: 35</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35			
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35						
<table border="0"> <tr> <td>Type of Inspection: Partial</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced			
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced						
<b>Reason(s) for Inspection(s)</b> Complaint, Change Legal Entity								
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/02/2018: Georgoulis, Karen; Garvey, Jody; Cutter, Jan								
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>     								
<b>Other Details</b> <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:				
Partial or Full Triggers:	Random Indicators:							
<b>Resident Demographic Data as of Inspection Dates</b>								
Licensed Capacity: 77 Number of Residents Served: 25 Secured Dementia Care Unit in Home: Yes Area: East Wing Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 10	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0							

Violation Report: 44943 - 10/02/2018 - Georgoulis, Karen  
 PCH Name: SAXONY HEALTH CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 There were no paper towels, mechanical air blower, or other means of hand drying in the private bathroom in bedroom #118 in the E wing.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Hand towels were replaced in room 118 immediately on 10/2/18

Administratler or designee will do rounds five days a week for 4 weeks to ensure there are adequate supplies in Residents bathrooms to perform proper hand washing and drying. (Attachment A)

Current staff made aware of violation and educated on regulation 2600.85 a

D Lang Jan 11-17-18  
 PCHA.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11/27/18</u> (Date)	Plan of correction implementation status as of <u>11/27/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44943 - 10/02/2018 - Georgoulis, Karen

PCH Name: SAXONY HEALTH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

None of the required telephone numbers were posted on or by the telephone in the bedroom #8A.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Emergency phone numbers were placed by room 8a telephone immediatley on 10/2/2018

Administator or designee to do rounds weekly for 4 weeks to ensure current residents phones in thier apartments have emergency numbers posted by the phones. (Attachment b)

Current staff aware of violation and educated on regulation 2600.91. Please see attached minutes from quality meeting from October 2018

*Debi Langdon RHA*  
*10-17-18*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *g*  
 (Initials)

Violation Report: 44943 - 10/02/2018 - Georgoulis, Karen  
 PCH Name: SAXONY HEALTH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**2a. DESCRIPTION OF VIOLATION**

There was a large hole in bedroom window screen of room #111, measuring approximately 12" by 6", in the

The left side of the bedroom window screen of room #118. screen had a large tear measuring 15" high, approximately 2' of the screen along the bottom was detached and a 4" high tear on the right side of the screen.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Maintenance replaced screens in rooms 111 and 118 immediately on 10/2/2018

Maintenance to do weekly rounds for 4 weeks to ensure there are no holes in the residents screens in their apartments. (attachment c)

*Delia Langdon 11-17-18  
 PCNA*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 44943 - 10/02/2018 - Georgoulis, Karen

PCH Name: SAXONY HEALTH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not have a source of light that could be turned on/off at the resident's bedside. Resident #1's bedside lamp was not plugged in and the overhead lamp could not be reached from the bedside.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Resident # 1 lamp plugged in immediatley on 10/2/2018.

Administrator or designee to check current residents apartments weekly for 4 weeks to ensure current residents have a bed side lamp and it is in good working condition. *SEE ATTACHMENT D*

Current staff made aware of violation and educated on regulation 2600.101 (i 7 ) please see minutes from quality meeting from October 2018.

*Debra Langdon ACHA 11-17-18*

Repeat Violation: No

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(Initials)

Violation Report: 44943 - 10/02/2018 - Georgoulis, Karen  
 PCH Name: SAXONY HEALTH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**

At 10:17 a.m., the temperature of the refrigerator section of the Roper refrigerator/freezer, in the B wing dining area, measured 42 degrees Fahrenheit.

At 10:28 a.m., the temperature of the U.S. Cooler walk-in freezer measured 5 degrees Fahrenheit.

At 11:11 a.m., there was no thermometer in the refrigerator section of the Amana refrigerator/freezer and the temperature of the freezer section measured 2 degrees Fahrenheit in the kitchen SDCU (E wing).

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

B-wing refrigerator checked daily by Direct care staff to ensure temperature is 40 degrees or less. (attachment E)

E-wing Freezer to be monitored daily by Direct care staff to ensure freezer temperature is 0 degrees or below. (see attachment F)

Current staff educated on regulation 2600.103 F (See minutes for quality meeting in October.)

Walk in freezer in main kitchen area being monitored daily by Dietary staff. (see attachment G). Administrator of PC Met with the Dietary manager to discuss the violation. The dietary manager will give a copy of the temperature logs to the Administrator at the end of every month.

Thermometer was placed in E- wing refrigerator immediately on 10/2/2018.

*Debi Layton 11-17-18  
RHA*

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Violation Report: 44943 - 10/02/2018 - Georgoulis, Karen  
 PCH Name: SAXONY HEALTH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**

The emergency exit diagram on the wall next to the resident lounge in the B wing across from the medication office did not depict the correct oriented to the emergency exits.

The emergency exit diagram in the secured dementia unit (E wing) did not depict the correct oriented to the emergency exits.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Maintenace Director made the corrections to depict the correct orientation for the emergency exit diagram on both B-wing and E-wing on 10/2/2018.

Administrator or designee will do weekly walk throughs for 4 weeks to esure the diagrams are depicting the correct orientation on both B-wing and E-wing

*Delisa Raydon PCHA 11-17-18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Initials)

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 (Date)

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- Not Implemented