



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. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18

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 July 16, 2019 until July 16, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449430**

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.



July 16, 2019

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 #: 449430

Dear Mr. Waldman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Hal Waldman

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

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison". The signature is fluid and cursive, with the first name being the most prominent.

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: *SAXONY HEALTH CENTER*

License Number: *449431*

Address: *223 PITTSBURGH STREET, SAXONBURG, PA 16056*

County: *BUTLER*

Region: *WESTERN*

Administrator

Name: *Delisa Longdon*

Phone: *724-352-9445*

Email: *dlongdon@The-Orchards.com*

Legal Entity

Name: *SAXONY2 LLC*

Address: ~~*1326 FREEPORT ROAD, PA, 15238*~~

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *10/17/2000*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *55*

Waking Staff: *41*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Provisional*

Inspection Dates and Department Representative

05/15/2019 - On-Site: Belinda Graziano, Joseph Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *77*

Residents Served: *30*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Elderberry Lane*

Capacity: *18*

Residents Served: *18*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *30*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler certificate from the Department of Labor and Industry expired on 5/3/19.

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.)

The homes boiler was inspected on 5/28/2019.

Inspection is good until 5/17/2021.

The maintenance supervisor or designee will ensure the certificate of inspection is up to date.

The maintenance supervisor or designee will create a check list to ensure our community stays in compliance with The boiler certificate.

v

and review it bi-annually

JW 7/2/19

Legal Entity Representative

Delisa Langdon
Signature

Delisa Langdon PCH 6-21-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/2/19
(Date)

Plan of correction implementation status as of 7/2/19
(Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 11:30 a.m., the cabinet below the sink in the kitchenette of Elderberry Lane (the home's secured dementia care unit) was unlocked, unattended and accessible. There was a 19 ounce aerosol can of Lysol Disinfectant Spray with a label that indicates, "Hazard to Humans" "First Aid: Call a Poison Control Center or doctor for treatment advice" and a 160 count container of PDI Sani-Cloth Plus Germicidal Disposable Cloth Wipes with a label that indicates, "Hazard to Humans" "First Aid: Call a Poison Control Center or doctor for treatment advice." Not all residents of the home, including resident #1, are assessed safely use or avoid poisonous materials.

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.)

The 19 ounce can of lysol and the sani-cloth wipes were removed from E wing kitchen area immediately.

Staff education was completed on 5/22/2019 for current staff. Education was provided for proper storage of poisonous materials. (see attachment B)

Administrator and or designee will do weekly rounds for 4 weeks of the kitchen on E wing to ensure there are no poisonous materials. (see attachment C)

Immediately and weekly thereafter: A designated staff person will check the home to ensure all poisonous materials are kept locked and inaccessible to residents.

JW 7/2/19

Legal Entity Representative

Delisa Langdon
Signature

Delisa Langdon RCHA 6-21-19
Printed Name and Title Date

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- Not Implemented

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

05/15/2019

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:10 a.m., there was a white bar of soap in the shared bathroom of resident room 114 and was not labeled with a resident's name.

At 11:46 a.m., there was an approximate 2 inch smear and multiple spots of feces on the pillowcase in resident #3's room 118.

At 11:51 a.m., there was multiple blood stains and blood smears on the bedsheets in resident #4's room 110.

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.)

Current staff educated on regulation 2600.85A Date of education 5/22/2019 (see attachment D)

The bar of soap was removed from shared bathroom the pillowcase for resident #3 was changed immediately the sheet for resident #4 was changed immediately

Administrator or designee will do weekly rounds for 4 weeks of all shared apartments to ensure there are no soaps that are not marked to indicate whom it belongs to.(see attachment e)
Administrator or designee will do daily rounds for 4 weeks to ensure bed linens are clean and without stains. (see attachment F)

Legal Entity Representative


Signature

Delisa Langdon RCHA
Printed Name and Title
6-18-19
Date

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(Date)

Plan of correction implementation status as of 7/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There was an approximate 2 inch hole with jagged edges in the closet door of resident room 110.

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 Supervisor or designee made aware of the closet door in room 110 on 5/21/2019 (14)

Maintenance placed a temporary patch on the closet door on 5/23/2019

Maintenance will have the door repaired by 6/28/2019.

Administrator or designee will do weekly rounds for 4 weeks to ensure there are no unsafe area furniture and equipment will be checked also check current residents closet doors to ensure there are no holes. SEE ATTACHMENT G

Legal Entity Representative

Delisa Longdon
Signature

Delisa Longdon PEHA
Printed Name and Title
6/21/2019
Date

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- Not Implemented

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The white gate in the courtyard of Elderberry Lane had a metal screw protruding out of the bottom approximately 1/2 inch. Also, the gate had 1 of the 9 vertical slates missing and the gate droops down approximately 1 to 2 inches and does not meet with the locking mechanism on the wall.

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.)

The white gate in the court yard of Elderberry lane The metal screw was removed on 5/23/219 .

The missing slates on the gate was replaced on 5/23/2019.

The gate will be fixed by June 28th 2019 To ensure the gate will Lock.

Adminstrator or designee will do rounds of the court yard outside of Elderberry lane to look for any unsafe concerns weekly for 4 weeks. SEE ATTACHMENT H

Legal Entity Representative

Delisa Langdon PCHA
Signature

DELISA Langdon PCHA 6-20-19
Printed Name and Title Date

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Plan of correction implementation status as of 7/2/19 (Date)

The above plan of correction was approved by JLL (initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101j.7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have a source of light that can be turned off/on from bedside. The lamp was located on the opposite side of the bedroom.

Repeat Violation - 10/2/2018

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.)

Lamp for resident # 3 was placed at bedside on 5/15/2019.
Staff education completed on 5/22/2019. (see attachment I)

Administrator or designee will do weekly checks for 4 weeks of current resident apartment to ensure there is a working lamp that can be turned on/off from the bed.
see attachment J

Staff were educated on 2600.101j-7.

JW 7/5/19

Immediately and weekly thereafter: A designated staff person shall check resident bedrooms to ensure each resident has lamp or other source of lighting that can be turned on at bedside.

JW 7/5/19

Legal Entity Representative

Delisa Langdon
Signature

DELISA Langdon
Printed Name and Title

7-2-19
Date

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Plan of correction implementation status as of 7/5/19 (Date)

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- Not Implemented

05/15/2019

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:40 am, there was an unsealed bag of 6 slices of yellow cheese on the shelf of the refrigerator in the dining room.

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.)

The unsealed cheese was thrown away on 5/17/2019

Current staff was provided education on 5/22/2019.
(see attachment k)

Administrator or designee will do weekly checks for 4 weeks to ensure all food in refrigerator is in a sealed container (sse attachment L)

Legal Entity Representative

Delisa Langdon
Signature

Delisa Langdon PCHA
Printed Name and Title

6/21/19
Date

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(Date)

Plan of correction implementation status as of *7/5/19*
(Date)

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

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- Not Implemented

05/15/2019

161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #1's physician order, dated 4/17/19, indicates the resident is to receive a mechanical soft diet; however, at 11:20 a.m., the resident was served 1 inch pieces of Salisbury steak and 2 inch pieces of cauliflower. Neither food could be cut with a fork by the resident.

Resident #2's annual assessment and support plan, dated 11/30/18, indicates the resident is to receive a mechanical soft diet; however, at 11:20 a.m., the resident was served 1 inch pieces of Salisbury steak and 2 inch pieces of cauliflower. Neither food could be cut with a fork by the resident.

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)

Current staff are to prep mechanical soft Diets prior to serving the meals .
Dietary will cut the mechanical soft diets only if the meals are not ground when preparing

Staff education provided on 5/22/2019 (see attachment O)
Support plans indicate diets and if resident needs assistance with cutting food.

Administrator or designee will monitor meals weekly for 4 weeks to ensure staff is cutting food for resident prior to serving the meal. SEE ATTACHMENT P

Delia Langdon
Signature

Delia Langdon RCHA 6/21/2019
Printed Name and Title Date

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Plan of correction implementation status as of 7/5/19 (Date)

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

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