

Department of Human Services
Bureau of Human Service Licensing

February 22, 2021

[REDACTED], CEO
SAXONY2 LLC
1326 FREEPORT ROAD, SUITE 100
PITTSBURGH, PA 15238

RE: SAXONY HEALTH CENTER
223 PITTSBURGH STREET
SAXONBURG, PA, 16056
LICENSE/COC#: 44943

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: SAXONY HEALTH CENTER **Licen e #:** 44943 **Licen e Expiration Date:** 07/16/2021
Addr e : 223 PITTSBURGH STREET, SAXONBURG, PA 16056
County: BUTLER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7243529445 **Email:** [REDACTED]

Legal Entity

Name: SAXONY2 LLC
Address: 1326 FREEPORT ROAD, SUITE 100, PITTSBURGH, PA, 15238
Phone: 7243529445 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 11/05/2020

Inspection Dates and Department Representative

11/05/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 31

Secured Dementia Care Unit

In Home: Yes **Area:** The Seasons **Capacity:** 18 **Residents Served:** 17

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 56
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

11/05/2020 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/26/2020

Inspections / Reviews *(continued)*

12/16/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/21/2020*

12/22/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/31/2021*

2/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 resides in the home's secured dementia care unit (SDCU). ■■■ initial assessment and support plan, dated 1/24/2020, indicates ■■■ is fearful of showers and staff are to offer ■■■ sponge baths daily to promote cleanliness and avoid anxiety. On 11/2/2020 at approximately 4:30 PM, resident #1 became uncooperative with staff person A and staff person B when they attempted to shower ■■■. While resident #1 was standing in the shower, staff person A observed staff person B grab the resident's shoulders with both hands and forcefully push ■■■ down onto the shower seat. This caused the resident to cry and ■■■ sustained a 0.5cm x 0.3cm moon shaped skin tear to ■■■ right forearm during the shower.

Plan of Correction**Directed**

on 11/2/2020 Staff member B was Sent home and placed on suspension pending investigation of the incident.

On 11/5/2020 Human services licensing Representative was on site to investigate incident. It was found to be substantiated. Staff member B was terminated from ■■■ employment.

On 11/5/2020 Current staff educated on the right to refuse care. Staff signed an affirmation statement stating they understand The resident has the right to refuse care and how to manage that refusal. (see attachment A)

on 11/5/2020 Current Staff was provided a copy of The Community abuse policy and was asked to read and sign and affirmation that they understand. (see attachment B)

Administrator or Designee will continue to include residents rights and abuse prevention with a new employees upon hire and a yearly education on Abuse prevention.

(Directed)

By 1/31/21, all direct care staff shall receive training in assisting residents with cognitive impairments with bathing. Documentation of training shall be kept. **S.Q. 12/22/20**

(Directed)

Immediately upon receipt, the administrator shall implement procedures that ensure compliance with §2600.42(b). The procedures shall include administrator or designee interviews with at least 3 residents privately regarding care and treatment, weekly for 2 months and then at least monthly thereafter. Documentation of the interviews shall be kept and reviewed at quality management plan reviews. **S.Q. 12/22/20**

(Directed)

During the next quality management plan review and evaluation, the home shall place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and annually in accordance with §2600.65(g) 3). **S.Q. 12/22/20**

Completion Date: 12/21/2020

Document Submission**Implemented**

11/5/2021 current staff were given a copy of abuse policy, and policy on how to respond to resident refusal of care. We are not having meetings at this tiome due to covid. The abuse ploicy and the response for resident refusal of care s now implemented in new employe traing.

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the SDCU 1/24/2020. However, [REDACTED] initial medical evaluation, dated 1/24/2020, does not indicate the need for [REDACTED] to be served in a secured dementia care unit. [REDACTED] record contains a form "Saxony Health Center Medical Evaluation for Alzheimer/Dementia Secure Unit," indicating [REDACTED] needs to be placed in a secured environment for [REDACTED] safety, and contains a physician's signature. However, this is not documented on a form provided by the Department.

Plan of Correction**Accept**

Audit to be completed by The Administrator or designee before or on January 1st 2021 to ensure all DME Documents are completed correctly by PCP before admission to secured Demetia unit.

Prior to admission to secured Dementia unit Administrator or Designee will Enure DME is completed correctly to ndicate resident requires placement on secured Demntia unit.

PCP for named resident will be contacted and DME section four will be corrected by January 1st 20121.

Completion Date: 11/16/2020

Document Submission**Implemented**

An Audit was completed by Delisa Longdon PCHA on curent residents DME forms to ensure all forms are mared appropriatly to indiocate the need for a secured dementia unit. Administrator or designee will monitor all new residents DME prior to admission to ensure they are completed correctly.