

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

June 16, 2023

[REDACTED]  
SAXONY2 LLC  
[REDACTED]

RE: SEASONS OF SAXONBURG  
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 04/18/2023, 04/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: SEASONS OF SAXONBURG License #: 44943 License Expiration: 07/16/2023  
 Address: 223 PITTSBURGH STREET, SAXONBURG, PA 16056  
 County: BUTLER Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: SAXONY2 LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**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: 57 Waking Staff: 43

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/19/2023

**Inspection Dates and Department Representative**

04/18/2023 - On-Site: [REDACTED]  
 04/19/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 56 Resident Served: 34

**Secured Dementia Care Unit**  
 In Home: Yes Area: "E" Wing Capacity: 18 Resident Served: 14

**Hospice**  
 Current Resident : 9

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 23 Have Physical Disability: 0

**Inspections / Reviews**

04/18/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2023

Inspections / Reviews (*continued*)

## 05/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/13/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2023

## 05/26/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/13/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/09/2023

## 06/16/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/13/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/19/23, a copy of the 55 Pa. code Chapter 2600 regulations book was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████ - 05/17/2023)

Immediately on 4/19/23 a printed copy of the Chapter 2600 Regulations was printed and posted in a public and conspicuous place in the home. Administrator/Designee will check monthly starting on 5/1/23 for posting. Documentation will be kept. Copy of the Chapter 2600 enclosed.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (████ - 06/16/2023)

18 - Compliance With Laws

2. Requirements

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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There is no carbon monoxide alarm near the gas hot water heater in the mechanical room across from resident room █████

Plan of Correction

Accept (████ - 05/17/2023)

On 4/25/23 Designee purchased a Carbon Monoxide Detector and installed it per regulations. Copy of receipt enclosed. Designee will continue to check alarms for compliance monthly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (████ - 06/16/2023)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated █████/██/22, for resident #1, was not signed by the resident.

Repeat Violation: 4/5/22

Plan of Correction

Accept (████ - 05/26/2023)

The Resident Home Contract was by mistake filed in Residents record prior to Residents signature. Resident has signed the contract and Administrator/Designee will check all Resident files for compliance by 5/30/23. Documentation will be kept. On 5/15/23 Administrator checked all Resident contracts for signature verification.

25b - Contract Signatures (continued)

Documentation is logged in Administrator file and will be kept. Administrator /Designee will ensure that all Resident Contracts have all of the required documentation done before placed in Resident file.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)

65f Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A and B did not receive training in the following topics during training year January 2022 to December 2022:

1. Medication self-administration training.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction

Accept ( ) - 05/17/2023)

Staff member A was trained on Using Good Body Mechanics , Care for Residents with Cognitive Loss , and Medication self administering on 5/10/23. Documentation enclosed. Training was provided by Administrator. Going forward Administrator /Designee will monitor monthly mandated trainings to ensure that all staff meets the requirements. Staff member B is no longer employed at facility.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented ( ) - 06/16/2023)

82c Locking Poisonous Materials

5. Requirements

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

A 1-quart spray bottle of Bathroom Cleaner, with a manufacturer's label indicating "If swallowed, drink 1-2 glasses of water and call a doctor or Poison Control Center," was unlocked, unattended, and accessible to residents under the sink in the "B" Wing kitchenette.

In addition, an aerosol can of Disinfectant Spray, with a manufacturer's label indicating "If swallowed, call a

82c - Locking Poisonous Materials (continued)

poison control center or doctor for further treatment advice," was unlocked, unattended, and accessible to residents on the sink in the common bathroom near the "B" Wing kitchenette.

Not all the residents of the home, including resident #2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ( [redacted] - 05/26/2023)

Regulation 82c is for the safety of the residents. Administrator/Designee is responsible for assessing Residents for recognizing and using poisons safely. Resident #2 was reassessed on 4/18/23 . Documentation is enclosed. Administrator/Designee checked all Resident files on 5/17/23 to assess for recognizing and safe use of poisons. Administrator will check Resident files quarterly to reassess for safety of using and recognizing poisons. The next assessment will be in 3 months from 5/17/23 and continue quarterly, Documentation will be kept in Administrator file.

Directed Plan:

f the assessment of any new or current resident determines that the resident is unable to safely use or avoid poisonous materials, the Administrator or designee shall immediately ensure that all poisonous materials in the home are kept locked and inaccessible to residents.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( [redacted] - 06/16/2023)

103f - Refrigerator/Freezer Temps

6. Requirements

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.

Description of Violation

On 4/18/23, at 11:04 a.m., the temperature in the refrigerator in the Secured Dementia Care Unit (SDCU) kitchenette was 50 degrees Fahrenheit and on 4/19/23, at 11:23 a.m. it was 50 degrees Fahrenheit.

On 4/18/23, at 11:42 a.m., the temperature in the refrigerator in A Wing, upstairs kitchenette was 42 degrees Fahrenheit.

On 4/18/23, at 11:43 a.m., the temperature in the freezer in the A Wing, upstairs kitchenette was 10 degrees Fahrenheit and on 4/19/23, at 11:14 a.m. it was 10 degrees Fahrenheit.

Plan of Correction

Accept (JW - 05/26/2023)

Refrigerators and freezers need to be maintained at the proper temperatures to ensure that food is kept safe. All thermometers were replaced on 4/25/23 by our Maintenance Director. . Med Tech is now required to check

103f - Refrigerator/Freezer Temps (continued)

freezer and refrigerator temps every shift. Maintenance Director will check temps on [redacted] weekly rounds ; at end of month will put temperature log in Maintenance Binder. Administrator /Designee will check Temperature log monthly for compliance effective 6/1/23 . Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ([redacted] - 06/16/2023)

103g - Storing Food

7. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items in the SDCU kitchenette cupboards were opened and unsealed:

- 3-pound bag of Crisp Rice Cereal, 1/2 full
- Bag of Tortilla Chips, 1/3 full
- Clear bag with 6 slices of white bread
- 2 - 20-ounce bags of Ripple Potato Chips, 3/4 full & 1/2 full

In addition, there was a 20-ounce bag of Ripple Potato Chips, 1/2 full, in the B Wing kitchenette that was open and unsealed.

Plan of Correction

Accept ([redacted] - 05/17/2023)

All food must be labeled and sealed at all times for the safety of the residents.All unsealed food was immediately thrown away . Administrator /Designee will provide label's and sealer clips to ensure compliance of regulation 103g by 5/18/23. Administrator/Designee will monitor weekly to ensure compliance .

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented ([redacted] - 06/16/2023)

121a - Unobstructed Egress

8. Requirements

2600.  
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4/18/23 at 11:25 a.m., there was a mesh banner, with a stop sign in the middle, spanning across the emergency exit near B Wing dining room and kitchenette which was blocking egress from the home.

Repeat Violation: 4/5/22

Plan of Correction

Accept ([redacted] - 05/17/2023)

Mesh Banner was removed on 4/18/23 by Designee. Administrator/Designee will weekly do rounds to ensure that facility does not have an obstructed egress. These rounds will start on 5/16/23. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/16/2023

121a - Unobstructed Egress (continued)

Implemented (JW - 06/16/2023)

123b - Emergency Procedures Posted

9. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's and local municipality's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 05/17/2023)

On 4/20/23 Administrator posted the Facility and Municipality Emergency Preparedness Plan in a public and conspicuous place. Administrator/Designee will be checking monthly for compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (JW - 06/16/2023)

183d - Prescription Current

10. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/19/23, █ prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued on 3/31/23.

Plan of Correction

Accept (█ - 05/17/2023)

Medication was wasted on 4/19/23. Administrator/Designee will continue with weekly med cart audits to ensure compliance. All Med Techs met with Train the Trainer/Administrator on 5/5/23 to reeducate them on disposing of medications that are discontinued. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (█ - 06/16/2023)

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed █, take 1 tablet every 6 hours as needed; however, this medication was not available in the home.

Resident #2 is ordered blood glucose readings three times daily before meals and at bedtime at 7:00 a.m., 11:00 a.m., 4:30 p.m. and 7:00 p.m. The following readings were indicated on the resident's April 2023 medication administration

185a - Implement Storage Procedures (continued)

record (MAR); however, they were not on the resident's glucometer:

- On 4/16/23 at 7:00 a.m., reading [REDACTED]
- On 4/15/23 at 11:00 a.m., reading [REDACTED]
- On 4/14/23 at 4:30 p.m., reading [REDACTED]
- On 4/13/23 at 7:00 a.m., reading [REDACTED]
- On 4/12/23 at 7:00 p.m., reading [REDACTED] at 4:30 p.m., reading [REDACTED] at 7:00 a.m., reading [REDACTED]
- On 4/10/23 at 7:00 a.m., reading [REDACTED]
- On 4/8/23 at 4:30 p.m., reading [REDACTED]
- On 4/6/23 at 7:00 a.m., reading [REDACTED]
- On 4/5/23 at 11:00 a.m., reading [REDACTED]
- On 4/2/23 at 4:30 p.m., reading [REDACTED] at 7:00 a.m., reading [REDACTED]

Repeat Violation: 2/14/23

**Plan of Correction**

Accept ( [REDACTED] - 05/26/2023)

Resident #2 [REDACTED] was reordered on 4/19/23 by Administrator. All Med Techs met with Train the Trainer/Administrator to reeducate on reordering medications in a timely manor so that Resident does not go without her medications. Due to inaccuracies of Resident #2 glucometer; Administrator ordered a new glucometer to ensure more accurate readings. Documentation is enclosed. Administrator will continue with weekly med cart audits which will include glucometer checks to ensure compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( [REDACTED] - 06/16/2023)