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

August 13, 2026

[redacted], MANAGING MEMBER & OWNER
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 07/01/2026 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**: *07/16/2027*

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**: *61* **Waking Staff**: *46*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/01/2026*

Inspection Dates and Department Representative

07/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* **Residents Served**: *39*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *18* **Residents Served**: *17*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *39*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *22*

Have Physical Disability: *0*

Inspections / Reviews

07/01/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/18/2026*

07/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/11/2026*

Inspections / Reviews *(continued)*

08/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

82a - Poisonous Materials

1. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:12 a.m., there was a white spray bottle with dark marker writing on it indicating bleach water 1 to 5 ratio located on the cleaning cart outside of resident room E114.

At approximately 10:15 a.m., there were two clear plastic spray bottles with green nozzles containing blue liquid. Both clear plastic spray bottles had only black marker written on them indicating Fabulous.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

1. Maintanence Director disposed of all liquid chemicals in bottles and called Capco that supplies our bulk cleaning supplies and requested labels on 7/1/2026 as immediate corrective measure.
2.Administrator performed a whole house audit to ensure no unlabeld bottles are in facility to ensure compliance on 7/2/2026.
3. Maintance applied labels recieved from Capco cleaning supplier to all bottles prior to refilling bottles on 7/2/2026.
4. Administrator educated all staff on regulation 2600.82.(a). on 7/2/2026. Documentation will be kept on file.
5. Administrator and/or designee will audit all cleaning supplies starting 7/6/2026 every week for six weeks to measure ongoing compliance. Documentation will be kept and reviewed at the monthly quality assurance meeting begining August 2026.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented ([redacted] - 08/13/2026)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There was an unlabeled green and purple toothbrush approximately one inch from each other on the left side of the bathroom sink located in the semi-private bathroom shared by residents #1and #2

There was a unlabeled used bar of yellow dial hand soap on the middle of the bathroom sink located in the semi-private bathroom used by residents #1 and #2

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

1. Administrator immediatly disposed of toothbrushes and hand soap with residents permission and new ones provided along with labeled soap holders and labeled toothbrush holders by the Administartor on 7/1/2026 as immediate corrective action.
2. Administrator performed an audit on all shared rooms on 7/2/2026 to ensure all personal items are separated and labeled to ensure compliance.
3. Administartor educated all staff on regulation 2600.85.(a). on 7/2/2026. Documentation will be kept on file.
4. Administartor and/or designee will audit all shared rooms starting 7/6/2026 every week for six weeks to measure ongoing compliance. Documentation will be kept and reviewed at the monthly quality assusrance meeting

85a Sanitary Conditions (continued)

begining August 2026.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented ([redacted] - 08/13/2026)

185a - Implement Storage Procedures

3. 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 #3's glucometer is not calibrated to current date/time.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

1. Administrator immediatly calibrated glucometer to correct date/time on 7/1/2026 as immediate corrective measure.
2. Administrator performed an audit on all glucometers on 7/2/2026 for calibration of correct date/time to ensure overall compliance.
3. Administarator educated all staff on regulation 2600.185(a) Documentation will be kept on file.
4. Administrator and/or designee will audit all glucometers to ensure calibration starting on 7/6/2026 weekly for six weeks, to measure ongoing compliance. Documentation will be kept and reviewed at the monthly quality assurance meeting begining August 2026.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented ([redacted] - 08/13/2026)

224a - Preadmission Screen Form

4. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4's pre admission screening, dated [redacted], is incomplete. Part III: Determination is blank.

Plan of Correction ***Accept ([redacted] - 07/15/2026)***

1. Administrator immediatly completed the pre admission screening by checking the box that was missed on 7/1/2026 as immediated corrective measure.
2. Administrator educated the nurse and all staff on regulation 2600.224(a). on 7/2/2026. Documentation will be kept on file.
3. Administrator performed whole house audit on all pre screens on 7/2/2026 to ensure all prescreens are completed accuretly to ensure compliance.
4. Administrator and/or designee will audit all prescreens to ensure compliance starting 7/6/2026 weekly for six weeks to measure ongoing compliance. Documentation will be kept and reviewed at the monthly quality assurance meeting begining August 2026.

Licensee's Proposed Overall Completion Date: *07/20/2026*

224a Preadmission Screen Form *(continued)*

Implemented ([redacted] - 08/13/2026)