

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

September 29, 2026

[REDACTED]
SAXONY2 LLC
[REDACTED]
[REDACTED]

RE: SEASONS OF SAXONBURG
223 PITTSBURGH STREET
SAXONBURG, PA, 16056
LICENSE/COC#: 44943

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2026 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: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 08/19/2026

Inspection Dates and Department Representative

08/17/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 37

Secured Dementia Care Unit

In Home: Yes Area: SDCU Capacity: 18 Residents Served: 17

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

08/19/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/18/2026

09/23/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/25/2026
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/28/2026

Inspections / Reviews *(continued)*

09/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED], did not address the diagnoses of [REDACTED], and [REDACTED] as indicated in the medical evaluation, dated [REDACTED], and cognitive needs of multiple areas, to include [REDACTED], and [REDACTED]

Plan of Correction

Accepted [REDACTED] - 09/23/2026)

1. Administrator and Director of Nursing corrected the support plan and added the missing care needs addressing the diagnosis as indicated in the medical evaluation on 8/17/2026 as immediate corrective measure.
2. Administrator and Director of Nursing completed a whole house audit of all resident's support plans to confirm care plans address care needs for each diagnosis. on 8/24/2026 to measure compliance.
3. The Administrator educated the resident services director and staff on 8/26/2026 on regulation 2600.234.b.
4. The Administrator and or/designee will audit all support plans beginning 9/1/2026 monthly for three months to measure ongoing compliance. Documentation will be kept on file and reviewed at the monthly QA meetings beginning September 2026

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented [REDACTED] - 09/29/2026)