

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Embassy of Saxonburg		STREET ADDRESS, CITY, STATE, ZIP CODE 223 Pittsburgh St Saxonburg, PA 16056	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for two of five rooms (C Hall and Shower Room). Findings include: Review of the facility policy Resident Environmental Quality dated 2/19/25, indicated the policy of this facility is to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. On 8/12/25, at 10:01 a.m. observation of D hall floor included: - room [ROOM NUMBER] had two ceiling tiles that had brown stains on them.- During an interview on 8/12/25, at 10:22a.m. Anonymous Resident R1 stated, When I get a shower and move the towel under my feet, it is black. On 8/12/25, at 10:45 a.m. observation of Shower Room included: - Walls throughout the shower room had paint off in sections- Plaster repairs not painted- Shower 1 and Shower 2, on the left-hand side walking into shower room, had dark discoloration between the tiles on the floor and the lower walls. During an interview on 8/12/25, at 11:11 a.m. Director of Nursing (DON) confirmed the above findings, and that the facility failed to provide a clean, safe, comfortable, and homelike environment for two of five rooms (C Hall and Shower Room). 28 Pa. Code 201.18(b)(3)(e)(2) Management. 28 Pa code 211.12(d)(1) Nursing services.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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