



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to RC PALMS, LLC

LEGAL ENTITY

To operate THE PALMS AT O'NEIL

NAME OF FACILITY OR AGENCY

Located at 1 GLENSHIRE LANE, MCKEESPORT, PA 15132

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 82
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 23, 2026 until June 23, 2027,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **457560**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Pennsylvania Department of Human Services

Emailing Date: June 23, 2026

[REDACTED]
RC Palms, LLC
1 Glenshire Lane
McKeesport, Pennsylvania 15132

RE: The Palms at O'Neil
License #: 457560

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 7, 2026, and May 8, 2026, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures

License

Licensing Inspection Summary

Facility Information

Name: *The Palms at O'Neil*

License #: 45756

License Expiration:

Address: *1 Glenshire Lane, McKeesport, PA 15132*County: *ALLEGHENY*Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *RC Palms, LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1*Date: *10/02/2025*Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *62*Waking Staff: *47*

Inspection Information

Type: *Partial*Notice: *Announced*

BHA Docket #:

Reason: *Complaint, Change Legal Entity*Exit Conference Date: *05/08/2026*

Inspection Dates and Department Representative

05/07/2026 - On-Site: [REDACTED]

05/08/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity:

Residents Served: *52*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *3*Are 60 Years of Age or Older: *50*Diagnosed with Mental Illness: *6*Diagnosed with Intellectual Disability: *2*Have Mobility Need: *10*Have Physical Disability: *12*

Inspections / Reviews

05/07/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/06/2026*

06/09/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *06/12/2026*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/12/2026*

Inspections / Reviews *(continued)*

06/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

86b - Bathroom**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 5/7/26 at 10:57 a.m., there was no operable ventilation system in the bathroom in bedroom [REDACTED]. The exhaust fan was not operable. There is no window in this bathroom.

Plan of Correction**Accepted** [REDACTED] - 06/09/2026)

On 5/7/26 maintenance failed to monitor whether the ventilation system in the bathroom of room [REDACTED] was operable. On 05/11/26 the ventilation in room [REDACTED] was repaired with a new fan. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented [REDACTED] - 06/12/2026)**95 - Furniture and Equipment****2. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/7/26 at 10:29 a.m., the left side handle for the hot water was broken at the bathroom sink in bedroom #106. The handle spins, but hot water does not come out.

On 5/7/26 at 10:48 a.m., both cabinet doors for the bathroom sink in bedroom #215 were broken off and laying on the ground.

Plan of Correction**Accepted** [REDACTED] - 06/09/2026)

On 05/07/26 maintenance failed to monitor whether the bathroom faucet was operable in room #106. On 05/08/26 the faucet was repaired. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

On 05/07/26 maintenance failed to monitor whether the bathroom cabinet doors were operable in bedroom 215. On 05/11/26 the bathroom cabinet was replaced with a new vanity. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented [REDACTED] - 06/12/2026)**100a - Exterior - Free of Hazards****3. Requirements**

2600.

100a Exterior Free of Hazards (continued)

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 5/8/26, there was an approximately 3'X3' pothole in the home's parking lot directly out the front exit near the parking spaces which causes a tripping hazard.

On 5/8/26, there was a small pothole approximately 1'X1' near the entrance to the turnaround/drop off loop which also serves as the resident smoking area. The pothole causes a tripping hazard.

Plan of Correction

Accept [REDACTED] - 06/09/2026)

On 05/08/26 maintenance failed to monitor whether the homes parking lot and entrance drop off were free from tripping hazards, potholes. On 05/12/26 the potholes were filled with asphalt. On 05/12/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/12/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented [REDACTED] - 06/12/2026)

103g - Storing Food**4. Requirements**

2600.

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

Description of Violation

On 5/7/26 at 10:20 a.m., the Hobart walk in freezer contained unsealed frozen food items to include:

**A large box containing an approximately ½ full opened and unsealed blue plastic bag of frozen corn.*

**A box containing an opened and unsealed clear plastic bag of frozen breaded chicken breasts.*

Plan of Correction

Accept [REDACTED] - 06/09/2026)

On 05/07/26 Dietary failed to monitor whether all foods items in the walk in freezer were sealed. Immediately the box of frozen corn and breaded chicken patties were sealed. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented [REDACTED] - 06/12/2026)

185a - Implement Storage Procedures**5. 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

The home's policy in regard to accounting for controlled medications indicates that "The Wellness Coordinator will ensure that a daily shift count will be completed for all controlled substances and that a log of the shift count will be completed for all controlled substances and that a log of the shift count will be maintained. Controlled substances are stored under double lock."

185a - Implement Storage Procedures (continued)

The policy also indicates that "upon receipt of controlled substances from the pharmacy, a controlled substances counting sheet will be developed and maintained." On 4/2/26, 24 syringes of 0.5ml each of morphine 100mg/5mL were delivered for resident #1. A count sheet was started during the 2:00 p.m. - 10:00 p.m. shift and the medication was counted at the 10:00 p.m. change of shift. The medication was also counted and logged on 4/3/26 during the 6:00 a.m. and 2:00 p.m. shift changes. The count remained 24. However, a new count sheet was started on 4/5/26 for this medication that indicated a count of 21 syringes during the 2:00 p.m. - 10:00 p.m. shift. There is no documentation to account for three syringes of morphine. Medication technician staff did not follow the home's policy and did not count resident #1's morphine syringes at change of shift on 4/3/25 at 10:00 p.m., 4/4/25 at 6:00 a.m., 2:00 p.m. and 10:00 p.m., and on 4/5/25 at 6:00 a.m.

Plan of Correction**Accept** [REDACTED] - 06/09/2026)

On 04/2/26 medications were delivered to resident #1. Med Techs started a count sheet at 2PM-10PM shift through 04/03/26 6a-2p shift. On 04/04/26 Med techs failed to document narc counts on all shifts. On 04/05/26 the narcotic count indicated 3 less of the medication. On 04/04/26 the Care Coordinator failed to monitor the narcotic count sheets. On 05/11/2026 the Med Techs and Care Coordinator were re-educated on the policy of accounting for controlled medications /substances. On 05/11/26 the Care Coordinator implemented an inventory tracking for all controlled medications through the Quick Mar system requiring all Narcotics to be counted electronically with two Med Techs. This will require signing with a log in and log out with a username and password to be able to move forward with the proper counts in the Quick Mar. On 05/11/26 and ongoing the Care Coordinator will monitor the inventory reports from Quick Mar daily. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/08/2026**Implemented** [REDACTED] - 06/12/2026)**187d - Follow Prescriber's Orders****6. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

The home's medication records indicate that medications for the following residents are to be administered at 8:00 a.m. However, the medications were administered beyond the one hour before and one hour after window as follows:

Resident #2:

- Hydrocodone APAP 5/325 – take by mouth 1 tablet twice daily.
 - 5/5/26 the 8:00 a.m. dose was administered at 9:23 a.m.
 - 4/30/26 the 8:00 a.m. dose was administered at 9:43 a.m.
- Aripiprazole 5mg tablet – take ½ tablet by mouth daily.
 - 4/30/26 the 8:00 a.m. dose was administered at 9:32 a.m.
- Donepezil HCL 10mg tablet – take one tablet by mouth every day.
 - 4/30/26 the 8:00 a.m. dose was administered at 9:32 a.m.
- Lorazepam 0.5mg tablet – take by mouth 1 tablet twice daily.
 - 5/5/26 the 8:00 a.m. dose was administered at 9:23 a.m.
 - 4/30/26, the 8:00 a.m. dose was administered at 9:43 a.m.

Resident #3:

- Oxycodone 5mg tab – Take one tablet by mouth 3 times a day for pain.
 - 5/7/26 the 8:00 a.m. dose was administered at 9:29 a.m.

187d - Follow Prescriber's Orders (continued)

-5/4/26 the 8:00 a.m. dose was administered at 9:23 a.m.

Resident #4:

- Clonazepam 0.5mg tablet – take 1 tablet by mouth once daily in the morning.

-4/30/26 the 8:00 a.m. dose was administered at 9:47 a.m.

Resident # 5:

- Hydrocodone APAP 5/325 – take one tablet by mouth every day for pain.

-5/4/26 the 8:00 a.m. dose was administered at 9:31 a.m.

Plan of Correction**Accept** [REDACTED] - 06/09/2026)

On 04/30/26 and 05/05/26 the first shift Med Tech failed to administer 8am medications for resident 2 with in the 1 hour before and 1 hour after window of the prescribers' directions. On 05/04/26 and 05/07/26 the first shift Med Tech failed to administer the 8am medications for resident #3 with in the 1 hour before and 1 hour after window of the prescribers' directions. On 04/30/26 the first shift Med Tech failed to administer the 8 am medications for resident #5 within the 1 hour before and 1 hour after the prescribers' directions. On 05/11/26 the care coordinator contacted the Quick Mar system to have an alert sent to the care coordinator for any missed medication that aren't recorded within the prescribed times for each shift. On 05/11/26 and ongoing the Administrator will review the report of notifications daily to ensure all medications are administered with the allotted times as prescribed. On 05/11/26 Med Techs were re-educated in the Five Rights of medication administration. Documentation was kept.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented [REDACTED] - 06/12/2026)**224a - Preadmission Screen Form****7. 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 #6's preadmission screening completed [REDACTED]/25 does not indicate if the resident can safely use and avoid poisonous materials.

Plan of Correction**Accept** [REDACTED] - 06/09/2026)

On 12/11/25 the Care Coordinator failed to indicate on the preadmission screening whether Resident #6 can safely use and avoid poisonous materials. The Administrator implemented a new check list for all prescreening. Ongoing and after the Care Coordinator completes the prescreening, the Administrator will review the document to ensure all sections of the prescreening is complete. The Administrator will review to ensure all preadmission screening forms indicate that poisonous materials can or cannot be avoided. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented [REDACTED] - 06/12/2026)