



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **JAN 24 2012**

Mr. Craig L. Anlauf, President
The Palms at O'Neil, Inc.
The Palms at O'Neil
1 Glenshire Lane
McKeesport, Pennsylvania 15132

Dear Mr. Anlauf:

As a result of the Department of Public Welfare's licensing inspection on December 5, 2011, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

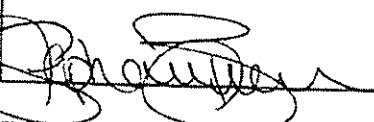
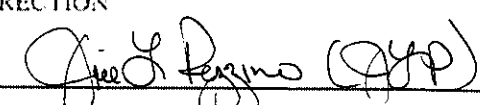
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,


Jill Pezzino
Regional Licensing Administrator

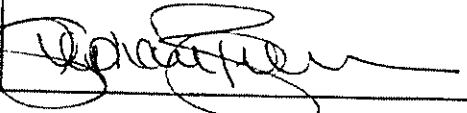
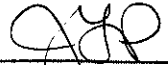
Enclosure(s)

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE PALMS AT O NEIL, 1 GLENSHIRE LANE MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 439640	
INSPECTION DATES (Include all dates of the inspection) 12/05/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 01-03-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-9-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>-Resident #1 was prescribed Lantus insulin, 100 units/ML, inject 10 units sub-Q at bedtime. There is no documentation in the MAR that this medicine was administered on September 2nd, 7th, 9th, 15th, 18th, or 22nd at 8:00pm.</p> <p>-Resident #1 was prescribed Carbidopa/Levo 25-100 tab, take by mouth 1 tablet 3 times a day. There is no documentation in the MAR that this medicine was administered on October 4th, 6th, 10th, 13th, 15th, 17th, 20th, 23rd, 25th or 29th at 8:00pm.</p> <p>-Resident #1 was prescribed Comtan 200mg, take by mouth 1 tablet three times daily. There is no documentation in the MAR that this medicine was administered on November 2nd or 14th at 2:00pm or on November 2nd or 5th at 8:00pm.</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 4 2012</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>	12/13/11	The facility had newly adopted an electronic medication system. The system allowed the staff member to select nothing as an option thereby leaving a blank in the MAR and/or TAR. This was immediately addressed at the programming level and no longer lets them select nothing. A review of all MARS and TARS was conducted to ensure their compliance. A report was created to allow the medication administration aide to see the completeness of their MARS and TARS at any given time during their shift. A second report was created to allow the managers to review a building wide master report showing the completeness of all MARS and TARS on a daily basis and as needed.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date: 1-9-12 Initial: (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE PALMS AT O'NEIL, 1 GLENSHIRE LANE MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 439640	
INSPECTION DATES (Include all dates of the inspection) 12/05/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 01-03-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-9-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #2 was discharged from the hospital back to the home on 6/24/11 with medication orders from the physician. According to staff person A, the Assistant Director of Nursing, the home never sent these orders to the pharmacy to be filled until 6/27/11. These medicines were not administered until the evening of 6/27/11 and included Tylenol pm, Aspirin 81mg, Coreg 12.5mg, Pletal 100mg, Plavix 75mg, Doxepin 75mg, Gabapentin 600mg, Keppra 1000mg, Ativan 0.5mg pm, Nitroglycerine patch 0.1mg, Potassium Chloride 10mEq, and Effexor 150mg.	12/7/11	Resident readmitted from the hospital late Friday evening and supervisor failed to fax discharge order to pharmacy, therefore causing a medication error. This was discovered Monday morning by a nursing manager an immediately corrected. A new procedure has been put into place that the manager on-call must be notified immediately upon any admission or readmission to the facility. Daily census reviews by the administrative staff will be conducted to ensure the admission and/or readmission paperwork is processed and completed timely.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: 1-9-12 Initials (DPW) </div>

RECEIVED

JAN 4 2012

Western Field Office
Adult Residential Licensing