



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

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Toll Free: 1-888-322-3664
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www.dpw.state.pa.us

Mailing Date: **MAY 8 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 April 3, 2012, 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.

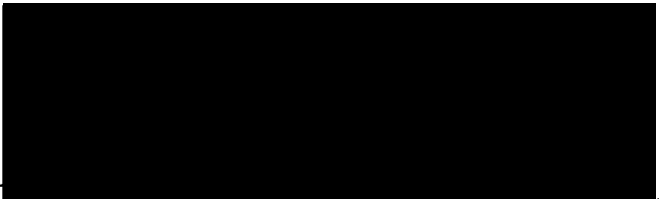
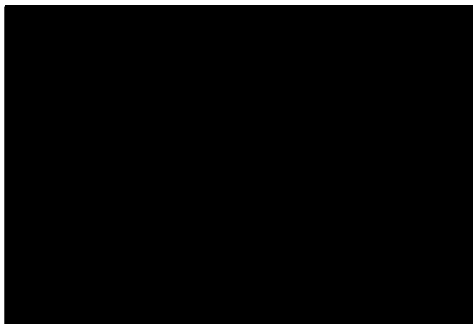
Sincerely,

A handwritten signature in cursive script, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: THE PALMS AT O NEIL		License Number: 439640
Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Craig Anlauf		Region: WEST
Legal Entity Name: THE PALMS AT O NEIL INC		
Legal Entity Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy I-1 10/22/2008 L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/03/2012: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 3 2012</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	Western Field Office Adult Residential Licensing
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 76 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 43964 - 04/03/2012 - Marini, Michael

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. DESCRIPTION OF VIOLATION

On 3/15/2012 resident 1 alleged that staff person A was verbally abusive. The home failed to report the incident to the Area Agency on Aging Protective Services. Staff person A voluntarily ended his/her employment at the home on 3/23/3012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Aging was in the facility on 3/15/12 interviewing residents. Resident 1 reported the incident to Aging on 3/15/12. Aging made administrator at The Palms aware of the incident on 3/15/12. Aging stated to administrator she was going to report this to her supervisor. The facility immediately started the investigation. The facility did not file a report to Aging due to the fact; Aging reported the incident to facility. The facility completed their investigation, the incident was unfounded. It was found that the employee was encouraging a resident with hygiene issues. The resident did not want to comply at this time and became irritated. The staff member continued to encourage the resident to comply with hygiene needs thus making the resident mad. Staff member A did resign from her position for relocation and personal reasons unrelated to the above incident. It is the facility policy to report abuse to Aging but did not do so since Aging filed the complaint. The facility will report all allegations of abuse to Aging regardless of their nature.

RECEIVED

MAY 3 2012

Repeat Violation: No	Date(s) of Previous Violation(s):	Western Field Office Adult Residential Licensing
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Stephanie Brenner		5/3/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-4-12
(Date)

Verification of Legal Entity Representative Signature 5-4-12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43964 - 04/03/2012 - Marini, Michael

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2. DESCRIPTION OF VIOLATION

On 3/15/2012 resident 1 alleged that staff person A was verbally abusive. The home failed to place staff person A under a plan of supervision. Staff person A voluntarily ended his/her employment at the home on 3/23/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff member A did not work unsupervised during her shift. After the incident staff member A worked 3/16, 3/17, and 3/18 with a minimum of two supervisors on each day (please see attached staffing documents) The facility conducted an investigation of the incident notifying Adult Residential Licensing on 3/16/12. ARL followed up on the incident on 4/3/12. Staff member A did resign from her position for relocation and personal reasons unrelated to the above incident. A provision has been added to the suspected abuse policy that any future employees suspected of abuse will be suspended until ARL completes and closes their investigation.

If any future allegations of abuse occur, the home will immediately take the following steps:

- Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff a suspend the staff person or persons involved.
- Report the alleged abuse to the Department.
- Report the alleged abuse to the local Area Agency on Aging.
- Report the alleged abuse to the resident's designated person, if any.

5-4-12 gfp

RECEIVED

MAY 3 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Stphanie Brenner

Date 5/3/12

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The above plan of correction is approved as of	5-4-12 (Date)	Verification of Legal Entity Representative Signature	5-4-12 (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	