



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Ms. Stephanie Cheripka, Administrator
The Palms at O'Neil, Inc.
1 Glenshire Lane
McKeesport, Pennsylvania 15132

RE: The Palms at O'Neil
License #: 439640

Dear Ms. Cheripka:

As a result of the Department of Human Services' licensing inspection on February 2, 2015 and February 3, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 1, 2015 to March 1, 2016 was issued on November 19, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director /s/

Enclosure
License Inspection Summary

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

PCH Name: THE PALMS AT O NEIL		License Number: 43964
Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Stephanie Cheripka		Region: WEST
Legal Entity Name: THE PALMS AT O'NEIL INC		
Legal Entity Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		RECEIVED
Certificate(s) of Occupancy I-1 10/22/2008 City of McKeesport		MAY 07 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 92	Waking Staff: 69
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/02/2015: Georgoulis, Karen; Park, Beth 02/03/2015: Georgoulis, Karen; Park, Beth		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115 Number of Residents Served: 69 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 46		Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 67 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 23 Have a Physical Disability: 1

MAY 26 2015

Violation Report: 43984 - 02/02/2015 - Georgoula, Karen
PCH Name: THE PALMS AT O NEIL

1. REGULATION 66 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 2/2/15 at approximately 11:00am, two black garbage bags, which appeared to be full, were observed on the ground behind the dumpster outside the home.

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.

The garbage bags located behind the dumpster were overthrown by staff that morning and they had missed the dumpster. This was immediately corrected upon discovery during the inspection. The maintenance department will conduct daily walkthroughs of the exterior part of the building to maintain compliance. Monthly checks will also be will be part of the Quality Assurance Program to ensure compliance and will be checked and documented by the facility administrator. All staff will complete retraining by 5-31-15 and documentation will be kept on file.

This concludes the homes statement, anything else added is not a part of TRAO Plan of Correction.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Stephanie Cheripka*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Cheripka - Administrator Date 05/26/2015

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

The above plan of correction is approved as of 6-8-15
(Date)

Plan of correction implementation status as of 6-8-15
(Date)

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

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

RECEIVED

MAY 07 2015

Violation Report: 43964 - 02/02/2015 - Georgoulis, Karen
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/2/15, there was a 13" x 12" hole in the carpet in the hallway outside bedroom #211.
On 2/2/15, there were approximately 14 missing floor tiles and one cracked floor tile outside of the second floor common restroom.
On 2/2/15, the rubber strip between the floor and carpet were worn and missing sections, exposing the unbound edge of the carpet causing a tripping hazard between the threshold at the threshold of the common restroom and the hallway on the third floor.
On 2/2/15, the basement floor is lifting causing three 12"x12" floor tiles to lift at the edges causing a tripping hazard by the elevator in the basement which residents have access.

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.

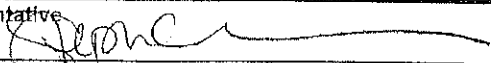
The facility is in the process of replacing all of the carpet in the hallways. The carpets in the hallways are maintained daily by maintenance to ensure they are trimmed and/or not a tripping hazard. The holes in the carpet the inspector is referring are maintained and not a tripping hazard. The tiles were replaced the day of inspection and the inspector noted this in her files. This also was not a safety and/or tripping hazard.

The basement floor is not a tripping or safety hazard. The basement floor has always been raised due to building settlement. There are not any abrupt edges as the tile and grout are intact and in good repair.

The administrator will oversee and review the maintenance log on a weekly basis to ensure items are being completed in an appropriate time frame. Quarterly walkthroughs will also be will be part of the Quality Assurance Program to ensure all items are in good repair and free of hazard. This will be checked and documented by the facility administrator.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Cheripka - Administrator Date 05/06/2015

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(Date)

The above plan of correction was approved by SC
(Initials)

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(Date)

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

Violation Report: 43964 - 02/02/2015 - Georgoulis, Karen	WEST REGION FIELD OFFICE
PCH Name: THE PALMS AT O NEIL	Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.103(j) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 2/2/15 at approximately 11:30am, the following undated items were present in a two door stainless steel freezer in the kitchen:
 * Two bags of onion rings
 * Seven packs of waffles
 * Three bags of ciabata rolls
 * Five bags of dinner rolls
 * 12 loaves of bread
 * Four Angel food cakes

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.

All dietary staff has been re-educated on the procedures of labeling and storage of food. This was completed the day of inspection and the inspector did check to ensure all items were correctly dated. Monthly checks of labeling and storing food will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

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) Stephanie Cheripka - Administrator	Date 05/06/2015
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The above plan of correction is approved as of <u>6-8-15</u> (Date) The above plan of correction was approved by <u>SC</u> (Initials)	Plan of correction implementation status as of <u>6-8-15</u> (Date) <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
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MAY 26 2015

Violation Report: 43984 - 02/02/2015 - Georgoulis, Karen
PCH Name: THE PALMS AT ONEIL

1. REGULATION 86 Pa.Code §2600
2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION
Resident #1 had a medical evaluation completed on 4/24/13; however, the next medical evaluation was not completed until 8/10/14.
Resident #2 had a medical evaluation completed on 5/26/13; however, the next medical evaluation was not completed until 7/27/14.

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.
These two residents were seen within the annual time-line. Please see attached physician's dictation. The home was not reflecting this date on the form, and was documenting using the most recent physician dictation on the Medical Evaluation when completing the section "Date resident evaluated."
The home has evaluated its procedures in regards to the DME forms and retrained the DON on regulation 2600.141(b)(2). After evaluation it was discovered this was a documentation error. All residents have been seen within the past year by a physician and all residents have a current medical evaluation. The dates reflected on the DME will be used for the date resident evaluated moving forward to comply with this regulation.
The administrator will oversee and review to ensure DMEs are being completed in an appropriate time frame.
This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Stephanie Cheripka*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Cheripka - Administrator Date 05/26/2015

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(Initials)

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Violation Report: 43964 - 02/02/2015 - Georgoulis, Karen
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.181(e) - To be considered capable to self-administer medications, a resident shall:

- (1) Be able to recognize and distinguish his/her medication.
- (2) Know how much medication is to be taken.
- (3) Know when medication is to be taken.

2a. DESCRIPTION OF VIOLATION

Resident #4 is assessed to be able to self-administer medications. Resident #4 was prescribed Furosemide 40mg, take one tablet two times a day. There was physician's change order for the resident to take 80mg, take one tablet two times a day. Resident #4 was not able to identify the new dosage and the number of tablets to be taken.

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.

Resident #4 was re-assessed by the Director of Nursing and it was determined she is unable to self-administer her medications. Resident #4 medications are currently being administered by the staff at the facility. All future residents who self-administer will be assessed by the Director of Nursing on a monthly basis to ensure they are capable to self-administer medications safety. A new tracking system has been put into place to ensure compliance with any future resident who self-administers their medications. The administrator will review and monitor the Director of Nursing to ensure compliance. Documentation of this will be kept and become part of the home's Quality Management Plan.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

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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) Stephanie Cheripka - Administrator

Date 05/06/2015

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PCH Name: THE PALMS AT O NEIL

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Lantus Subcutaneous solution 100 unit/ml. The February Medication Administration Record indicates: Inject 12 units sub q - 2 times a day at 8:00 a.m. and 8:00 p.m.; however, the pharmacy label for this medication indicates: administer 10 units sub q daily, in the morning.

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.

The medication had a "directions change, please refer to chart." sticker on the insulin bottle. The sticker was not on the bottle at the time of inspection. It is believed the sticker fell off the bottle. This was corrected immediately and a new bottle was presented to the inspector with the correct medication instructions. All current medications were audited by the Resident Care Coordinator to ensure the directions match the medication administration record. The Director of Resident Care will complete weekly cart reviews for the next three months and then will randomly checked monthly thereafter. This will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Cheripka - Administrator	Date 05/06/2015
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