



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 3, 2016

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

RE: The Palms at O'Neil
#439640

Dear Ms. Cheripka:

As a result of the Department of Human Services' licensing inspection on December 15, 2015 and December 16, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing 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 JAN 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy I-1 10/22/2008 City of McKeesport		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/15/2015: McConnell, Deb; Kimberland, Jon 12/16/2015: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable 12/17/2015: McConnell, Deb; McConnell, Deb		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115 Number of Residents Served: 73 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: 10 Number of Hospice Residents in past year: 21	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 71 Have Mental Illness: 1 Have an Intellectual Disability: 3 Have a Mobility Need: 25 Have a Physical Disability: 1	

Stephanie Cheripka

Violation Report: 43964 - 12/15/2015 - McConnell, Deb
 PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

On 10/27/15 at approximately 8:03 p.m., resident #1 was found in resident #2's room partially on resident #2's bed. Resident #1's pants were down and the resident was not wearing underwear or a brief. Resident #2's brief was open on the right side. Staff person A witnessed the incident and notified staff person B. The incident was not reported to the Area Agency on Aging until 12/15/15.

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 incident was reported to DHS on 10/28/15. The home completed their own internal investigation and did not feel it was necessary to report to any other agencies. The home did put supervision in place on both residents and monitored this situation and it was an isolated incident. The home contacted Protective Services and scheduled mandatory retraining on Elder Abuse for the entire staff. This training was scheduled for January 12, 2016. On January 12, 2016 AAA canceled this training.

The home has rescheduled this training for February 4, 2016. All staff will be retrained on Elder Abuse and Reporting. Record of this training will be kept on file.

In addition the home will continue to train all new staff on Elder Abuse Reporting and record of this will be kept in their employee file. All staff will be trained yearly on Resident Rights and Elder Abuse. This will continue to be part of the Annual Staff Training completed each year.

The home also reviewed its policies and procedures to ensure accuracy and reviewed the reporting time line to ensure compliance. The administrator will continue to review all reported in-house incidents and report any future incidents in the correct time line according to this regulation.

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 - Admin

Date 1/28/16

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

The above plan of correction is approved as of 2-2-16
 (Date)

Plan of correction implementation status as of 2-2-16
 (Date)

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

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

JAN 29 2016

Violation Report: 43964 - 12/15/2015 - McConnell, Deb
 PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 10/27/15 at approximately 8:03 p.m., resident #1 was found in resident #2's room partially on resident #2's bed. Resident #1's pants were down and the resident was not wearing underwear or a brief. Resident #2's brief was open on the right side. Staff person A witnessed the incident and notified staff person B. The home did not notify the resident's designated person until 12/15/15.

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 incident was reported to DHS on 10/28/15. The home completed their own internal investigation and did attempt to contact Resident's #2 POA regarding the incident on 10/28/15.


The home did put supervision in place on both residents and monitored this situation and it was an isolated incident. The home contacted Protective Services and scheduled mandatory retraining on Elder Abuse for the entire staff. This training was scheduled for January 12, 2016. On January 12, 2016 AAA canceled this training. The home has rescheduled this training for February 4, 2015. All staff will be retrained on Elder Abuse and Reporting. Record of this training will be kept on file. In addition the home will continue to train all new staff on Elder Abuse Reporting and record of this will be kept in their employee file. All staff will be trained yearly on Resident Rights and Elder Abuse. This will continue to be part of the Annual Staff Training completed each year.

The home also reviewed its policies and procedures to ensure accuracy and reviewed the reporting time line to ensure compliance. The administrator will continue to review all reported in-house incidents and report any future incidents in the correct time line according to this regulation.

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

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Date 1/28/16

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The above plan of correction was approved by <u>S</u> (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

Violation Report: 43964 - 12/15/2015 - McConnell, Deb
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person C was started working in the home on [redacted] 15. The home completed a criminal history background check for staff person C on 7/27/15. The criminal history background check indicated two prohibitive offenses of [redacted] Staff person C continued to work in the home until [redacted] 15.

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 C was immediately terminated upon the home's knowledge of this violation. The administrator immediately audited all current staff files to ensure staff was in compliance the same day. All staff were in compliance. All current employees who do have a criminal record were audited and initialed by the administrator to ensure compliance of this regulation. Moving forward all criminal records will be reviewed and signed off by the administrator. These records will be kept in the administration office.

In addition all personnel involved with interviewing and hiring staff will complete the four section AAA self-study course. This will be completed by February 5, 2016. Documentation will 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):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Cheripka - Admin

Date

1/28/16

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *8*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *8*
(Initials)

Violation Report: 43964 - 12/15/2015 - McConnell, Deb
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C was started working in the home on [redacted] 15. The home completed a criminal history background check for staff person C on 7/27/15. The criminal history background check indicated two prohibitive offenses of [redacted]. Staff person C continued to work in the home until [redacted] 15.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Cheripka - Admin	Date 1/28/16
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(Initials)

Violation Report: 43964 - 12/15/2015 - McConnell, Deb
 PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 15. The home has not had a medical evaluation completed for resident #1.

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 #1 no longer resides in the home. The Director of Resident Care will undergo onsite training to ensure compliance of all medical evaluations. The Director of Nursing will conduct these classes and re-educate the Director of Resident Care on how to correctly complete documentation required by the Department of Human Services. All medical evaluations will be audited by administration and completed by February 10, 2016. The Director of Nursing will continue to monitor the Director of Resident Care until they can correctly and accurately complete the information required by DHS. The Director of Nursing will assist the administrator for a period of six months of reviews. Quarterly checks of all medical evaluations will be 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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Violation Report: 43964 - 12/15/2015 - McConnell, Deb

PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 15. The home has not completed an assessment for resident #1.

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 #1 no longer resides in the home. The Director of Resident Care will undergo onsite training to ensure compliance of all assessments. The Director of Nursing will conduct these classes and re-educate the Director of Resident Care on how to correctly complete documentation required by the Department of Human Services. All assessments will be audited by administration and completed by February 10, 2016. The Director of Nursing will continue to monitor the Director of Resident Care until they can correctly and accurately complete the information required by DHS. The Director of Nursing will assist the administrator for a period of six months of reviews. Quarterly checks of all assessments will be 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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(Initials)

JAN 29 2016

Violation Report: 43964 - 12/15/2015 - McConnell, Deb

PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The home has documented aggressive behaviors with resident #3. However Resident #3's annual assessment indicates the resident has no problems with aggression.

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 documented of aggressive behaviors was noted by a home health agency not from the staff at The Palms PCH. In addition the home health agency wrote an addendum/late entry on 12/29/15 explaining they had no concerns with [redacted] behavior. Please see attached documentation. This was sent to DHS on 12/29/15 to clarify the original documentation per DHS's request.

The home re-assessed Resident #3. The home also reviewed the current assessment for Resident #3 for accuracy and completion. The resident does not have a history nor has any incidents related to aggressive behaviors. The home will complete quarterly monitoring to ensure there is no aggressive behavior. The home also spoke to Resident #3 POA on 1/27/16. The POA stated Resident #3 does not have a history of aggressive behavior and has not seen or has any concern with Resident #3 having any type of behavioral issues. The home does have a procedure to review all documents related to resident care from outside agencies. This is monitored by the Directors of Resident Care. All outside agencies will be reminded to follow this procedure to ensure the home is reviewing all notes prior being filed in a resident's chart.

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

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(Initials)

Violation Report: 43964 - 12/15/2015 - McConnell, Deb
 PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on [redacted] 15. The home has not completed a support plan for resident #1.

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 #1 no longer resides in the home. The Director of Resident Care will undergo onsite training to ensure compliance of all support plans. The Director of Nursing will conduct these classes and re-educate the Director of Resident Care on how to correctly complete documentation required by the Department of Human Services. All support plans will be audited by administration and completed by February 10, 2016... The Director of Nursing will continue to monitor the Director of Resident Care until they can correctly and accurately complete the information required by DHS. The Director of Nursing will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans will be 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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Cheripka - Admin	Date 1/28/16
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