



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 13, 2017**

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

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

Dear Mr. Anlauf:

As a result of the Department of Human Services' licensing inspection on November 29, 2016, 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 "Larry Mazza".

Larry Mazza  
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: Craig Anlauf		Region: WEST
Legal Entity Name: THE PALMS AT O'NEIL INC		<b>RECEIVED</b>
Legal Entity Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy I-1 10/22/2008 City of McKeesport		JUN 27 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 90	Working Staff: 68
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/29/2016: Marini, Michael; Garvey, Jody; Park, Beth		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 115 Number of Residents Served: 64 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: 14 Number of Hospice Residents in past year: 45		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 62 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 26 Have a Physical Disability: 2

Violation Report: 43984 - 11/29/2016 - Marini, Michael

PCH Name: THE PALMS AT O NEIL

JUN 27 2017

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, Gabapentin 300 mg-1 tablet by mouth 3 times daily. This medication was last administered at 8:00 PM on 11-24-16 because the medication has not been available in the home for administration.

Resident #2 is prescribed, Nystatin 100,000U/gm-Apply topically to scrotum and groin area 3 times a day. This medication was not administered to resident #2 on 11-27-16 because the medication was not available in the home for administration.

Resident #2 is prescribed, Ampyra 10 mg-1 tablet by mouth at bedtime. This medication was not administered to resident #2 from 11-3-16 to 11-7-16 because the medication was not available in the home for administration.

Resident #2 is prescribed, Memantine 10 mg-1 tablet by mouth 2 times a day. This medication was only administered to the resident once on 11-19-16 and 11-20-16 because the medication was not available in the home for administration.

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 home has added an addendum to the contract that allows the home to order meds when family supplies to insure that all medication is in facility to administer per Md orders. Resident #1's Gabapentin was discontinued on 11/26/16. Resident #2 was discharged from the home on [redacted] 17.

Immediately then monthly thereafter: A designated staff person shall review all resident medications to ensure all medications prescribed by the prescriber are present in the home.

R 7/7/17

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)      Date 6/26/17

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

The above plan of correction is approved as of 7/7/17 (Date)

Plan of correction implementation status as of 7/7/17 (Date)

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

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