



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to THE PALMS AT O'NEIL INC
LEGAL ENTITY

To operate THE PALMS AT O'NEIL
NAME OF FACILITY OR AGENCY

Located at 1 GLENSHIRE LANE, MCKEESPORT, PA 15132
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 82
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 8, 2018 until September 8, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **439641**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 08 2018

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

RE: The Palms at O'Neil
License #: 439641

Dear Mr. Anlauf:

As a result of the Department of Human Services' licensing inspection on July 5, 2017; July 6, 2017; November 8, 2017 and November 9, 2017, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #439640 dated November 2, 2017 to March 1, 2018, is REVOKED. Additionally, your license dated March 1, 2018 to March 1, 2019, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 1, 2018 to March 1, 2019 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

| 55 Pa.Code Chapter 2600 Section no. | Class of Violation | Census at Inspection | Fine Per resident Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|-------------------------------------|--------------------|----------------------|---------------------------|---------------------------|--|
| 85(a) | II | 67 | \$5 | \$335 | 5 calendar days from mailing date of this letter |

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Director
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

RECEIVED

OCT 30 2017

Page 3 of 20

Violation Report: 43984 - 07/05/2017 - Flinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800
2800.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 7/6/17, at 12:20 p.m., an Agent of The Department observed resident #3 unable to grasp and hold a spoon or fork. The resident attempted to hold a beverage and bring it to his/her mouth, however was unable to, and spilled the contents on the dining room floor. After approximately 20 minutes, a staff person assisted the resident with eating.

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.

At time of inspection Resident 3 was assessed to be independent with feeding. After serving meals to the remainder of the residents a staff member noticed and assisted resident 3 with eating meal. Resident 3 was on hospice services. Per the homes daily observation and hospice daily documentation and observation no significant changes with feeding had been observed or documented. Resident 3 did have a quick decline and was reassessed that the home could meet resident 3's needs. Per the regulation the home does have 5 days to document a significant change. All residents will be re-assessed in periods of notable decline and additional services will be rendered to meet the residents needs.

immediately 10/23/17

Immediately - All staff will be reeducated on reporting changes in residents' needs and all staff will be updated on service needs when a resident's needs change.

10/23/17

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) *J. Venon* Date: *10/30/17*

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

The above plan of correction is approved as of *1/23/18* (Date)

Plan of correction implementation status as of *1/23/18* (Date)

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

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

JAN 12 2018

Violation Report: 43984 - 11/08/2017 - Filmer-Aiman, Lisa
PCH Name: THE PALMS AT O NEIL
WEST REGION - HUMAN SERVICES
Human Services Department

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #2's glucometer was used to measure the blood glucose reading for resident #3 on 10/2/17 at 3:11 p.m.
Resident #2's glucometer was used to measure the blood glucose reading for resident #4 on 10/9/17 at 8:14 p.m.
Resident #5's glucometer was used to measure the blood glucose reading for resident #6 on 10/10/17 at 6:47 a.m.
Resident #5's glucometer was used to measure the blood glucose reading for resident #2 on 10/31/17 at 11:55 a.m.

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 glucometers have been replaced . Documentation has been sent . All Glucometers are labeled. Administrator held supervisor meeting to reeducate the procedures of using supplies intended for each residents. See attached training documents.

PRN orders where obtained so that the supervisors where able to check CBC due to any observed symptoms, and being able to document those readings under PRN order. Weekly reviews of the glucometers and MARS will be conducted by the director of residnet care to ensure the glucometers are being used appropriatlay.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2016 et al

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *[Name]* Date *1/12/18*

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

The above plan of correction is approved as of 1/23/18
(Date)

Plan of correction implementation status as of 1/23/18
(Date)

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

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

RECEIVED

JAN 12 2018

WEST REGION FIELD OFFICE

Page 3 of 8

Human Services Licensing

Violation Report: 43884 - 11/08/2017 - Finner-Alman, Lisa
POH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #2's glucometer was used to measure the blood glucose reading for resident #3 on 10/2/17 at 3:11 p.m.
Resident #2's glucometer was used to measure the blood glucose reading for resident #4 on 10/9/17 at 8:14 p.m.
Resident #5's glucometer was used to measure the blood glucose reading for resident #6 on 10/10/17 at 6:47 a.m.
Resident #5's glucometer was used to measure the blood glucose reading for resident #2 on 10/31/17 at 11:55 a.m.

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.

Immediately - The physician for each resident who receives blood sugar testing will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

Immediately - The administrator or designee who is trained in medication administration, including insulin injections, shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 2 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review.

Repeat Violation: Yes Date(s) of Previous Violation(s): 8/10/2016 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 1/12/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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Plan of correction implementation status as of 1/23/18 (Date)

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

The above plan of correction was approved by (Initials)

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Violation Report: 43954 - 07/05/2017 - Flinner-Alman, Lisa
POH Name: THE PALMS AT O NEIL

OCT 30 2017

1. REGULATION 55 Pa. Code §2800
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4's glucometer was used to measure the blood glucose readings for resident #5 on 6/27/17 at 3:00 p.m. and on 7/2/17 at 8:00 a.m., 12:00 p.m., 5:00 p.m.

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.

It is the homes policy to have each residents glucometer labeled. The home will insure that all supplies are clearly labeled forward. All med-passers are being reeducated on the proper protocol and procedure regarding resident equipment and supplies. The DRC will perform periodic checks to ensure all staff follow proper protocol and procedure. Documentation will be kept of these quarterly checks in the QM manual.

All glucometers replaced - Jan 11/23/18

See Page 4A of 20

Repeat Violation: Yes Data(s) of Previous Violation(s): 8/10/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page)

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

J. Venon

Date 10/30/17

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

The above plan of correction is approved as of 1/23/18 (Date)

Plan of correction implementation status as of 1/23/18 (Date)

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

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

JAN 12 2018

WEST PALM BEACH HEALTH DEPARTMENT
Human Services Division

Violation Report: 43884 - 07/08/2017 - Flinner-Alman, Lisa
POH Name: THE PALMS AT O NEIL

1. REGULATION #/ Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Resident #4's glucometer was used to measure the blood glucose readings for resident #5 on 8/27/17 at 3:00 p.m. and on 7/2/17 at 8:00 a.m., 12:00 p.m., 5:00 p.m.

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.

Immediately - The physician for each resident who receives blood sugar testing will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

Immediately - The administrator or designee who is trained in medication administration, including insulin injections, shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 2 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review.

Handwritten signature/initials

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2016 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 1/12/18

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

The above plan of correction is approved as of 1/23/18
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

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10/29/2017 10:40

OCT 30 2017

Page 6 of 20

Violation Report: 43964 - 07/05/2017 - Filmer-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 05 Pa. Code §2800
2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The carpeting across from the activity room was torn in two areas. One area was torn approximately 4" by 3" and a second area was torn approximately 4" by 1", posing a tripping hazard.

The carpeting in front of room #211 was torn approximately 2 1/2" by 3 1/2", exposing the subfloor and posing a tripping hazard.

The carpeting next to room #233 was torn approximately 2 1/2" by 6", exposing the subfloor and posing a tripping hazard.

Loose wires connected to the light fixture were hanging approximately 6" from the ceiling in the storage room next to the vending machine in the activity room.

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 noted violations were addressed and repaired. A safety committee has been formed comprised of several department heads. They will meet monthly to discuss building conditions and possible hazards. A copy of these meetings will be kept in the safety committee manual.

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)

J. Filmer

Date

10/30/17

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

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of

1/23/18
(Date)

The above plan of correction was approved by

(Initials)

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

RECEIVED

OCT 30 2017

Page 6 of 20

Violation Report: 43954 - 07/05/2017 - Finner, Aiman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 69 Pa. Code §2800

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the room across from the elevator in the basement did not have any emergency service numbers posted nearby.

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 posted the proper numbers next to this phone. The homes safety committee will inspect to make sure they are posted on a monthly basis.

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: 10/30/17

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

| | |
|---|---|
| The above plan of correction is approved as of <u>1/23/18</u> (Date) | Plan of correction implementation status as of <u>1/23/18</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</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 |

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OCT 30 2017

Page 8 of 20

Violation Report: 43864 - 07/05/2017 - Finner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL
WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2800
2800.98(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit for the home did not include a thermometer.

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.

A thermometer was added to this first aid kit. The Director of Resident care will audit the first aid kits quarterly to ensure compliance.

Immediately - All staff members will be reeducated on the contents of the first aid kit and replacing any used items immediately.

Chellis

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: 10/30/17

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

The above plan of correction is approved as of 1/23/18 (Date)
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 1/23/18 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

RECEIVED

OCT 30 2017

Page 8 of 20

Violation Report: 43984 - 07/05/2017 - Flinner-Alman, Lisa
POH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa. Code §2800
2800.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION

On 7/5/17, there was dried grease and food particles on the front and sides of the deep fryer. According to kitchen staff, the deep fryer was last used 2 -3 days before.

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 grease was removed from the front and sides of the deep fryer. The kitchen staff has been reeducated in regards to policies and procedures of the kitchen. The Kitchen Supervisor will inspect to ensure the kitchen is in compliance daily.

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)

J. Venzin

Date:

10/30/17

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

The above plan of correction is approved as of 10/31/17
(Date)

Plan of correction implementation status as of 10/31/17
(Date)

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

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

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OCT 30 2017

Page 10 of 20

Violation Report: 43964 - 07/05/2017 - Finner-Ajman, Lisa

PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2900
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 7/5/17, there were three unsealed bags of cereal in the dry food pantry.

On 7/5/17, there was an unsealed five pound bag of flour on the 3rd shelf in the dry food pantry.

On 7/5/17, there was an unsealed bag of pasta on the shelf next to the large cans located in the kitchen.

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 of the above were sealed and placed in their proper storage containers. The staff was reeducated on the proper protocol and procedure of the kitchen. The Kitchen Supervisor will inspect to ensure the kitchen is in compliance daily.

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)

J. Venzin

Date

10/30/17

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The above plan of correction is approved as of:

1/23/18
(Date)

Plan of correction implementation status as of:

1/23/18
(Date)

The above plan of correction was approved by:

(Initials)

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

RECEIVED

OCT 30 2017

Page 11 of 20

Violation Report: 43964 - 07/05/2017 - Filmer-Alman, Lisa
POH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.C.S. § 2800
2800.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
The home does not have the emergency preparedness plan for the local municipality.

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 does have an EOP. It was being revised/updated at the time of inspection by the city of McKeesport. The Administrator will ensure a copy of the EOP is posted at all times.

11/1/18 - Emergency preparedness plan for the City of McKeesport obtained by the home and posted in accordance with 2600.1236.

J
11/23/18

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: 10/30/17

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(Date)

Plan of correction implementation status as of 1/23/18
(Date)

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

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

RECEIVED

OCT 30 2017

Page 12 of 20

Violation Report: 43964 - 07/05/2017 - Flinger-Alman, Lisa

PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home does not have written emergency procedures.

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 does have an EOP. At the time of inspection it was being revised/reviewed by the city of McKeesport and is currently hung in a conspicuous place. The Administrator will check to ensure a copy of the EOP is posted on a weekly basis. See Attached.

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)

L Flinger-Alman

Date:

10/30/17

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

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of

1/23/18
(Date)

The above plan of correction was approved by

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

OCT 30 2017

Violation Report: 43984 - 07/05/2017 - Flinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION 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 #1 is ordered Norco 5-325, one tablet in the morning and one tablet twice a day as needed. However, the label indicates one tablet twice a day, and one tablet twice a day as needed.

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.

Label for identified medication has change rider see note applied

It is the homes policy to check medication prior to placing in the medication cart. All med passers have been re-educated on the proper procedure to check in medication before placing it in the cart. Director of Resident Care will audit med carts quarterly to ensure compliance.

11/1/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

MENZIE

Date

10/30/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of

1/23/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

OCT 30 2017

Violation Report: 43934 - 07/05/2017 - Fillmer-Aiman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2500

2500.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Blood glucose levels were indicated on resident #1's June 2017 medication administration record; however, the readings did not match any of the readings on the resident's glucometer for 6/23/17 at 8:00 p.m., and from 6/24/17 to 6/30/17 at 8:00 a.m. and 8:00 p.m.

Resident #1 is ordered Glucose 15 Grape Gel 3x37.5gm, give two squirts inside of cheek area for blood sugar below 80. However, this medication was not available in the home.

The blood glucose levels indicated on the June 2017 medication administration record dated 6/24/17 and 6/28/17 at 8:00 a.m. for resident #7 did not appear on the resident's glucometer.

Resident #8's glucometer was not calibrated to the correct date and time.

Resident #9 is ordered ABHR Gel 0.5/12, 5/0.5/10, apply topically every 6 hours as needed for ESS/increased itching not relieved by Ativan. However, this medication was not available in 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.

All Med Pass PCA's have been retrained on blood glucose monitoring according to the homes nursing training manual. The PCAs have also been retrained on the maintenance of the glucometer and the proper cleaning and calibration procedures. The home's DORC will perform quaterley checks to ensure the PCA are following the homes policy.

Immediately - All staff who administer medications shall be trained on the homes policy for reordering medications. The Director of Resident Care will complete a medication audit at least quarterly to ensure all medications are available in the home. on 10/18

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)

[Handwritten Signature]
J. Venzin

Date: *10/30/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of *1/23/18*
(Date)

The above plan of correction was approved by

[Handwritten Signature]
(Initials)

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

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OCT 30 2017

Page 16 of 20

Violation Report: 43684 - 07/05/2017 - Finner-Alman, Lisa
POH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa. Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 7/5/17, the home's activity calendar for July 2017 was not posted in the home. The June 2017 calendar was posted.

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 July calendar was posted and distributed to all residents. The activities director will check monthly to ensure the correct calendar is posted and distributed.

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:

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

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of

1/23/18
(Date)

The above plan of correction was approved by


(Initials)

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

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OCT 30 2017

Page 17 of 20

Violation Report: 43684 - 07/06/2017 - Filmer-Alman, Lisa
PCH Name: THE PALMS AT O'NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The preadmission screening, dated [redacted] 17, for resident #10 does not indicate the level of supervision needed and whether the resident can safely use and avoid poisonous materials.

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.

This error was corrected (see attached). The Admissions Director will audit all preadmission screenings [quarterly] to ensure they are done completely.

↓ immediately after each one is completed for new residents.
J
Hulis

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: 10/30/17

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The above plan of correction is approved as of: 1/23/18
(Date)

Plan of correction implementation status as of: 1/23/18
(Date)

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

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

OCT 30 2017

Violation Report: 43984 - 07/05/2017 - Finner, Almar, Lisa
FCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.226(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

The assessment, dated 5/31/17, for resident #3, indicates the resident only needs prompting/cueing with eating and drinking. However, on 7/6/17, at 12:20 p.m., an Agent of The Department observed resident #3 unable to grasp and hold a spoon or fork. The resident attempted to hold a beverage and bring it to his/her mouth, however was unable to, and spilled the contents on the dining room floor. After approximately 20 minutes, a staff person assisted the resident with eating.

The resident's assessment was not updated to indicate the resident needs physical assistance with eating and drinking.

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 3 had a quick decline over the period of several days. Resident 3 was on hospice services and no observation was made by the home or the hospice company indicating a change in eating or additional need with eating. After inspection resident 3 was reevaluated, and per the regulation the home had 5 days to document a significant change.

The regulation states The Home has five days to document significant changes and The Home at the time of inspection was still in compliance with this regulation. All residents will be re-assessed in periods of notable decline and additional services will be rendered to meet the residents needs.

Immediately - All staff will be educated on observing residents needs and how to report changes to supervisors in order for all staff to be informed and assessment and support plans as needed.

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

HIS LINE!

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of

1/23/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

OCT 30 2017

Violation Report: 43964 - 07/09/2017 - Pinner-Alman, Lisa
POH Name: THE PALMS AT O'NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #11 had an in-person medical evaluation completed on 11/20/16. However, documentation of the medical evaluation was not completed on the Department's required form. The documentation was completed on a computer-based system.

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 page. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home contacted [redacted] at the Personal Care home provider hotline. He instructed the home to contact [redacted]. The home has left messages for her to return our call.

Immediately - all new medical evaluations will be completed on the form required by the Department.

If the home would like to use any other form, The home may apply for a waiver.

[Signature]
11/23/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/10/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page)

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

[Signature]
Menzin

Date: 10/30/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/23/18 (Date)

Plan of correction implementation status as of 11/23/18 (Date)

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

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

JAN 12 2018

WEST PENNSYLVANIA DIVISION
Human Services Licensing

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

Page 1 of 9

| | | |
|--|--|--|
| PCH Name: THE PALMS AT O NEIL | | License Number: 43964 |
| Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132 | | County: Allegheny |
| Administrator: JESSICA VENZIN | | 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 City of McKeesport | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 86 Waking Staff: 68 | | |
| Type of Inspection: Interim - POC BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Monitoring | | |
| On-Site Inspections Dates and Department Representatives On-Site 11/08/2017: Filmer-Alman, Lisa; Bedford, Kalle 11/09/2017: Filmer-Alman, Lisa; Bedford, Kalle | | |
| 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: 82 Number of Residents Served: 67 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: 7 Number of Hospice Residents in past year: 46 | | Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 65 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 21 Have a Physical Disability: 1 |

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JAN 12 2018

Page 2 of 9

Violation Report: 43984 - 11/08/2017 - Filmer-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 11/9/17, a bottle of Spic and Span Disinfecting Cleaner, with a manufacturer's label indicating: "If In Eyes; Call a poison control center or doctor for treatment advice," was unlocked, unattended and accessible to residents on a utility cart next to the medication cart at the nurse's station on the 3rd floor. There was also a bottle of Spic and Span Disinfecting Cleaner unlocked, unattended and accessible to residents on a cleaning cart by the 3rd floor elevators. Not all residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

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 does keep ALL poisonous materials locked. ALL staff has been verbally reeducated on the proper procedure with poisons and how to store them correctly. The homes Director of Environmental Services will do daily sweeps of the building to ensure that the proper procedure is being followed.

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 1/12/18

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

The above plan of correction is approved as of 1/23/18
(Date)

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

Plan of correction implementation status as of 1/23/18
(Date)

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

JAN 12 2018

Violation Report: 43954 - 11/08/2017 - Plinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

WESTVALE HEALTH CARE CENTER
Board of Directors Meeting

1. REGULATION 85 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 11/9/17, there was a box containing three 1 liter bottles of kiwi strawberry flavored enhanced water and a box containing three 1 liter bottles of concentrated orange flavored juice blend stored on the floor in the pantry to the left of the kitchen freezer.

On 11/9/17, there was a 35lb container of clear liquid fry shortening stored on the floor near the baker racks with containers in the kitchen.

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 reeducated all dietary staff as to the proper procedure of storing food. The home has added extra shelving and signs to ensure this is being followed correctly, (see attached). The homes Dietary Director will also do weekly checks to ensure this policy is being followed.

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 1/12/18

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

The above plan of correction is approved as of 1/23/18
(Date)

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

Plan of correction implementation status as of 1/23/18
(Date)

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

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JAN 12 2018

Violation Report: 43984 - 11/08/2017 - Flinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

1. REGULATION 65 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures do not include the following:

- Contact information for each resident's designated person.
- The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- Contact telephone number of State emergency management agencies.

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 does have a copy of the EOP contact list available for all employees to be able to obtain in the event of an emergency. The home educates all employees within 30 days of employment as to where to find this information (see attached). This information is kept in a separate place to maintain compliance with 2600.17. The home has added contact information for PEMA (see attached). The home will continue to educate any further employees to maintain compliance. Yearly updates to the EOP will ensure compliance

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)

J. Venizis

Date

1/12/18

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

The above plan of correction is approved as of

1/23/18
(Date)

Plan of correction implementation status as of

1/23/18
(Date)

The above plan of correction was approved by

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

Violation Report: 43684 - 11/08/2017 - Flinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2809

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

A copy of the emergency procedures for the local municipality is not posted in a conspicuous and public place in 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 home does have a copy of the Cities EOP. However, has been told by the city it is not to be publicly posted. The front cover states the EOP is not part of The Right to Know Act, DO NOT Distribute. See Attached. the home has had conversation with the State Inspector responsible for this inspection. The inspector has advised that the home post the EOP for the city of McKeesport regardless of city ordinance and cited to regulation 2600.123b stating that state law required it to be posted and suggested placing the EOP in a binder as to make it not so obvious for public consumption. The home will post the EOP in a binder along side its own and in a conspicuous place to maintain regulation compliance with 2600.123b Quarterly checks of all required postings will be done by administration to ensure compliance.

On 2/15/18, the McKeesport fire chief stated that the home was only instructed to redact personal information of officials from the emergency operations plan (EOP) by the emergency management coordinator and that there was no ordinance prohibiting the posting of the EOP.

BB
2/16/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J Flinner* Date *1/12/18*

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The above plan of correction is approved as of 1/23/18 (Date)

Plan of correction implementation status as of 1/23/18 (Date)

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

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

JAN 12 2018

Violation Report: 43984 - 11/08/2017 - Flinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2800
2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #4's glucometer was not calibrated to the correct date and time.

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 calibration will be checked weekly by the DORC at the same time the units are being checked against the MAR. The Administrator will receive weekly reports to ensure the facility maintains compliance and the glucometers are calibrated

Immediately - All staff who check residents' glucose levels will be educated on ensuring correct date and time are on each glucometer.

Handwritten initials and date: 1/23/18

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: *J. Venzin* Date: *1/12/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/23/18 (Date)
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 1/23/18 (Date)

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

JAN 12 2018

Violation Report: 43984 - 11/08/2017 - Flinner-Alman, Lisa
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Lisinopril 6mg, half of a tablet daily. The medication is not included on the November 2017 medication administration record.

Resident #7 is prescribed Haloperidol 1mg, one tablet daily. The medication is not included on the November 2017 medication administration record.

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 5 receives medication from the VA. Resident 5 brought the medication to the facility without a current order. The home stored medication in the cart and an order was obtained on 11-9-2017. (see attached) the order was entered by pharmacy on 1-10-2017 and approved. The home will continue to urge the VA to better comply with the homes regulation to maintain compliance with 2600.

Please see attached page for remainder of answer for resident number 7.

Immediately - The administrator will develop and implement a system to ensure all new physician orders for medications are verified and added to the MAE.

JL 1/23/18

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 1/12/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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Plan of correction implementation status as of 1/23/18 (Date)

The above plan of correction was approved by (Initials)

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