



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 12, 2018**

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's Bureau of Human Services Licensing inspection on March 2, 2018, 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 that reads "Jason Williams".

Jason Williams  
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: 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		<b>RECEIVED</b>  <b>JUN 21 2018</b>  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 83	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2018: Bedford, Katie		
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: 82 Number of Residents Served: 63 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: 9 Number of Hospice Residents in past year: 46	<b>Number of Residents who:</b> Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 62 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 20 Have a Physical Disability: 1	

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43964 - 03/02/2018 - Bedford, Katie  
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On the morning of 2/15/18, while assisting resident #1 with dressing in the resident's bedroom, staff person A was abrupt and rough while providing the care. Staff person A pulled the resident's leg off of the bed in a rough manner causing resident #1 to be fearful of staff person A providing future care.

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 immediately reported incident to DHS and removed staff person A from schedule pending investigation. The home has since created a reporting form (see attached) for any resident to report an incident. Staff member A was dismissed from her employment. All staff are being re-trained on Act 70 and Act 13 for abuse reporting which will be sent once complete. The home will incorporate further training in the annual training plan to maintain understanding of the importance of reporting.

STAFF training was conducted on 6/22/18. P.M. 7/4/18

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

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

The above plan of correction is approved as of <u>7/11/18</u> (Date)	Plan of correction implementation status as of <u>7/11/18</u> (Date)
The above plan of correction was approved by <u>P.M.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>P.M.</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented