



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 November 19, 2018 until November 19, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **439640**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 19 2018

Mr. Craig Anlauf
President/Chief Executive Officer
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 annual inspection on July 20, 2018; July 25, 2018 and September 14, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License
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: Jessica Burkert		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 McKeesport.		RECEIVED AUG 29 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 95	Working Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Provisional		
On-Site Inspection Dates and Department Representatives On-Site 07/20/2018; Hoover, Josh; Garrigan, Laurie 07/25/2018; Hoover, Josh; Garrigan, Laurie		
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 who:	Receive Supplemental Security Income: 6
Number of Residents Served: 60		Are 60 Years of Age or Older: 5
Secured Dementia Care Unit In Home: No		Have Mental Illness: 5
Area:		Have an Intellectual Disability: 2
Secured Dementia Unit Capacity, if Applicable:		Have a Mobility Need: 27
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Physical Disability: 2
Number of Current Hospice Residents: 9		
Number of Hospice Residents in past year: 14		

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AUG 28 2018

Page 2 of 14

Violation Report: 43584 - 07/20/2018 - Hoover, Josh PCH Name: THE PALMS AT O NEIL		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2600 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.</p>			
<p>2a. DESCRIPTION OF VIOLATION On 7/20/2018 at approximately 9:32 a.m., the Resident Care Director's office was unlocked, open, and unattended. The following items were observed in the locations indicated:</p> <ul style="list-style-type: none"> - The July 2018 Medication Administration Record (MAR) for resident #1 on the computer monitor, which was open to the electronic MAR system that is used to track medication administration and orders for all residents in the home. - A hospice chart for resident #2, including medical diagnoses and services performed by hospice - A list of residents diagnosed with diabetes, to include residents #3, #4, #5, #6, and #7 			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p style="text-align: center;">All staff with access to this door have been re-educated on locking door when the office is not occupied. The door will be checked periodically to ensure compliance.</p> <p style="text-align: center;">Immediately - A designated staff person, daily and on each shift will monitor the home to ensure all confidential resident records are kept locked. -- JRW 11/6/18</p>			
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>11/5/18</u> (Date)		Plan of correction implementation status as of <u>11/5/18</u> (Date)	
The above plan of correction was approved by  (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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WEST PENNFIELD OFFICE
Human Services Licensing

Violation Report: 43964--07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 65 Pa.Code §2900

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 4/18/2018, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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.

Employee is actively enrolled in High School and is 18 years old. See attached students bio

Direct care staff person moved to housekeeping duties. Staff person A will not perform direct care staff duties until they obtain a high school diploma. --JRW 11/5/18

Immediately - The administrator will ensure all direct care staff persons meet all of the qualifications under 2600.54a prior to performing direct care duties. --JRW 11/5/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

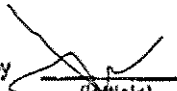
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(Date)

Plan of correction implementation status as of 11/5/18
(Date)

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

The above plan of correction was approved by 
(Initials)

AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43964 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 12/1/2017, did not receive any of the training required under 2600.65(a) until 2/12/2018.

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.

While auditing employee files this was noticed missing, and done immediately. Employer verified this was done upon hire but was re-done again due to it not being in the file. All employer packets will be audited by administration before being filed to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 43865-- 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 12/1/2017, completed his/her first 40 hours of work in December 2017, did not receive any of the training required under 2600.65(b) until 2/12/2018.

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.

While auditing employee files this was noticed missing and immediately employee verified this was to be done upon hire but was re-done again due to it not being in the file. All employee files will be audited by administration before being filed to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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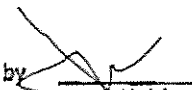
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WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 43904 - 07/28/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION: 55 Pa.Coda §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 7/20/2018, at approximately 0:50a.m., there were 2 bottles of Spic N Span cleaner and a can of air freshener with manufacturers' labels indicating "if ingested, contact poison control or a physician immediately," on a rack in the unlocked, unattended activities office. Not all residents of the home, including resident #5, have been assessed capable of safely using or avoiding poisons.

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 staff who have access to this office were re-educated on the importance of locking doors. These doors will be checked by administration periodically to ensure compliance.

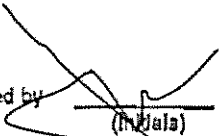
Immediately - A designated staff person, daily and on each shift will check the home, including the activities office, to ensure all poisons are kept locked. --JRW 11/5/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/08/2017 et al
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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 43984 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 88 Pa.Code §2500
2500.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 7/20/2018, there was a sunken area measuring approximately 8 inches long by 3 inches wide by 1 inch deep, in the floor where the carpeted hallway floor meets the tile bathroom floor outside of the bathroom near bedroom #335, posing a trip/fall hazard.

- On 7/20/2018, the following doors to fire-safe areas were in disrepair, posing a hazard in the event of a fire:
- The fire doors between bedrooms #217 and #219 overlap by approximately 1/4 inch, preventing the doors from closing fully.
- The stairwell door outside of bedroom #225 does not have a latching mechanism.
- The fire doors near bedroom #109 have a gap measuring approximately 1/4 inch between them when the doors are closed.

These areas designated fire-safe areas used for evacuations.

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.

Expansion Joints will be installed on any areas prone to movement causing variances in height by 8/31/2018. This area as well as other areas that could be affected will be monitored periodically to ensure compliance.

All fire safe doors will be repaired by 8-31-2018 and monitored periodically to ensure compliance.

Checks on all fire doors will be made at least weekly. JRW 11/5/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/05/2017 et al
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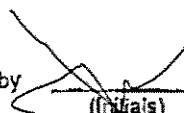
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43964 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 85 Pa. Code §2600

2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION

The home does not have a system that allows staff in different parts of the home to communicate with one another in an emergency. On 7/20/2018, the home served 68 residents.

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 a call bell system in every room and bathroom. A telephone in every room that dials to a central phone that is portable a to communicate with the rest of the building in the event of an emergency. There is also a "page all" on the house phones to a speaker system that can be heard throughout the entire facility.

Immediately - All staff will be retrained on the use of the communication system to ensure staff are able to access in an emergency. --JRW 11/5/18

Repeat Violation: No

Date(s) of Previous Violation(s):

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43984 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600

2600.56(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 in the nurses' station did not include eye coverings.

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 did have a first aid kit available with eye coverings (eye patches) & was made aware that was not suitable. The home immediately provided inspector with goggles and inspector stated she would note that in POC. The Kits will continue to be monitored to ensure compliance.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/05/2017 et al		
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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43964 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O'NEIL

1. REGULATION 65 Pa. Code §2600

2600.101(i)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 7/20/2018, at approximately 12:00p.m., there was no source of lighting that could be turned on/off at bedside for residents #3 and #9. The lamps were unplugged.

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

Includes 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.

There was a source of lighting beside bed however it was unplugged. Rooms will be checked periodically to ensure compliance.

Immediately - All staff will be directed to check residents' bedside lighting as part of their regular daily duties and to report any inoperable lighting so it can be repaired. -- JRW 11/5/18

Immediately - The administrator or designee will monitor the home at least monthly to ensure each resident has an operable source of lighting reachable from bedside. -- JRW 11/5/18

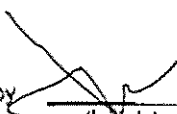
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AUG 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Page 11 of 14

Violation Report: 43964 - 07/25/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail, or assist bar for the toilet in the shared bathroom near bedroom #335, or for the toilet in the bathroom in bedroom #322.

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.

Grab bar in room 322 will be done by 8-31-2018 All other rooms have been checked and remain in compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 43964 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 68 Pa.Code §2600
2600.132(a) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The most recent fire drill conducted during sleeping hours was on 10/11/2017.

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 date by which the steps will be completed.

The homes last sleeping drill was done on 10/11/2017, additionally a sleeping drill was done on 5/4/2018 at 1:42am. Please see attached. The fire drill log will continue to be audited by the administrator to ensure compliance.

The administrator will ensure a sleeping hours fire drill is conducted every 6 months and is properly documented on the fire drill record. --JRW 11/5/18

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

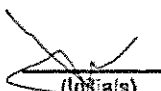
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43964 - 07/20/2018 - Hoover, Josh
FCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa. Code §2500

2500.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 7/20/2018, at approximately 9:32a.m., there was a package from a pharmacy addressed to resident #8 that contained a bottle of medication, on the desk in the unlocked, and unattended Resident Care Director's office.

On 7/20/2018, at approximately 9:50a.m., there was a bottle of ibuprofen and a bottle of Acetaminophen on the desk in the unlocked, and unattended activities office.

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 employees who have access to this office have been re-educated on leaving w/o locking it. They have also been re-educated on leaving any meds unattended in that office.

Immediately - A designated staff person, daily and on each shift, will monitor the home to ensure there are no unlocked medications.

Immediately - The administrator or a designee will monitor the home weekly to ensure there are no unlocked medications. - JRW 11/5/18

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)	Date
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The above plan of correction is approved as of 11/5/18
(Date)

Plan of correction implementation status as of 11/5/18
(Date)

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

The above plan of correction was approved by 
(Initials)

RECEIVED (FAX)

AUG 28 2018

WEST REGION FIELD OFFICE Page 14 of 14
Human Services Licensing

Violation Report: 43964 - 07/20/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2800
2800.167(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Sensipar 30mg, take 1 on dialysis days. This medication was not administered on the following days on which resident #3 received dialysis treatment:
7/3/2018, 7/5/2018, 7/7/2018, 7/10/2018, 7/12/2018, 7/14/2018, and 7/17/2018.

Resident #3 is ordered Calcitrol 0.5mg, take 1 daily. This medication was not administered on 7/8/2018 or 7/15/2018.

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 number 3's insurance did not cover Sensipar and the homes pharmacy would not send due to the high out of pocket cost. The dialysis clinic that the resident attends stated that they would cover the medication and send for him, which they did but took over a week due to it being on back order from their pharmacy. The MD was made aware (see attached).

The Calcitrol was here, although the resident refused to take this medication and the Med Pass Supervisor documented the wrong exception. All Med Passers will be reeducated by 9-7-2018 on the proper documentation with the correct exception and a copy will be sent to DHS.

Immediately - A designated staff person will monitor the MAR and the administration of resident medication daily to ensure prescriber's orders are followed. Documentation will be kept.

Immediately - The administrator or designee will monitor the MAR and the administration of resident medication at least twice monthly to ensure the orders of the prescriber are being followed. Documentation will be kept. --JRW 11/5/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/05/2017 et al	03/22/2018
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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)	Date
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(Date)

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

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

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

PCH Name: THE PALMS AT O NEIL		License Number: 43984
Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Jessica Butker		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: 90 Working Staff: 68		
Type of Inspection: Interim - POC		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2018: Hoover, Josh; Duncan, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED OCTOBER 27 2018 WEST REGION FIELD OFFICE Human Services Licensing		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 82 Number of Residents Served: 65 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: 5 Number of Hospice Residents in past year: 43	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 63 Have Mental Illness: 5 Have an Intellectual Disability: 2 Have a Mobility Need: 25 Have a Physical Disability: 2	

Violation Report: 43964 - 09/14/2018 - Hoover, Josh
 PCH Name: THE PALMS AT O NEIL

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

2a. DESCRIPTION OF VIOLATION

There were multiple unsanitary conditions in resident #1's and resident #2's bedroom #218, including the following conditions on the following dates:
 -A soiled incontinence brief under resident #1's bed on 4/30/2018
 -A washcloth with feces on it, on resident #2's nightstand on 5/1/2018

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 number one (1) and two (2) a married couple both have a diagnosis of memory loss. Resident number two (2) has a history of urinating in garbage can and corners of his room. Both resident one (1) and two (2) had special rounding in place to help maintain sanitary conditions relating to incontinence. (See attached). These soiled items were not present in the home at the time of onsite inspection for them to be observed by the inspector. Photos were sent by residents son to inspector. When the home was made aware of the soiled washcloth and brief being in the room by the residents son the Administrator and Director of Resident care went to the room and found a washcloth with Oatmeal Pie on it and removed both the wash cloth and brief immediately. The residents son was disgruntled on many occasions and had unreasonable expectations of house keeping given the residents diagnosis and behavior. Resident one (1) and two (2) no longer reside in the home. The home has verbally reeducated all Direct Care Staff to ensure they are being observant of the residents rooms and maintaining sanitary conditions.

Immediately - The administrator or designee will monitor residents' rooms at least weekly to ensure sanitary conditions are maintained. -- JRW 11/5/18

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) *Jessica Venanzi* Date *10/26/18*

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

The above plan of correction is approved as of <u>11/5/18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>11/5/18</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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Violation Report: 43964 - 09/14/2018 - Hoover, Josh
 PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The following residents do not have a source of light that can be turned on/off from bedside:
 -Resident #3's bedside lamp was unplugged.
 -Resident #4's bedside lamp was unplugged
 -Residents #5 and #6's bedside lamps were plugged in but were not operational.

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.

After review of these rooms it was found that resident three (3) and four (4) unplugged to them to turn them off. Resident five (5) and six (6) needed new light bulbs. The home will have maintenance and housekeeping department do weely checks to ensure compliance. The home will verbally reeducate direct care staff to communicate through the maintenance log any physical site issues.

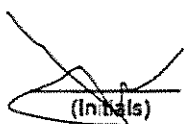
Immediately - The administrator or designee will monitor the home at least monthly to ensure each resident has an operable source of lighting reachable from bedside. -- JRW 11/5/18

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)	Date
 Jessica Venzin	10/26/18

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Violation Report: 43964 - 09/14/2018 - Hoover, Josh
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Repaglinide prescribed to resident #3 was not available in the home between 9/5/18 and 9/10/2018; however, staff initialed the Medication Administration Record (MAR) as having administered the medication on 9/9/2018 and 9/10/2018.

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 three (3) Repaglinide order had changed on 9-5-2018 for the noon and bedtime dose only. The order did not change for the AM dose allowing the Med Passers to give that dose on 9-9-2018 and 9-10-2018. All Medication Passers will be reeducated by 11-02-2018 on the appropriate way to document in the MAR. A copy of the reeducation will be sent to DHS when complete. The homes Director of Resident care will do monthly MAR audits to ensure the home is in compliance.

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)	Date
<i>Jessica Vercin</i>	10/26/18

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The above plan of correction was approved by <u><i>[Signature]</i></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: 43984 - 09/14/2018 - Hoover, Josh
 PCH Name: THE PALMS AT O NEIL

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Sensipar 30mg tablet, take 1 tablet by mouth daily on dialysis days. This medication was not administered on 9/1,9/4,9/6,9/8 and 9/11/2018, days on which the resident had dialysis.

Resident #3 is ordered Repaglinide 1mg tablet, take 1 tablet by mouth twice daily before meals. This medication was not administered from 9/5/18 through 9/10/2018.

Resident #7 is ordered Brimonidine Tartrate 0.15% ophthalmic solution, instill one drop in each eye every 8 hours. This medication was not administered on 9/5/2018 at 8:00a.m. or 4:00p.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.

Resident #3 sensipar was being provided by the Dialysis clinic. During this time they failed to send to the home. The Doctor was made aware of the missed doses (see attached), and after discussion with the Dialysis clinic it was decided The Home would take care of ordering this medication to ensure compliance .

Resident #3 Prandin order had been changed during a hospital stay. When resident #3 returned to the home with new orders they were sent to the pharmacy. The pharmacy needed prior authorization for this medication and it was sent to the home when this was recieved.

Resident #7 Brimonidine was re-ordered by the home on 9-4-2018 at 9pm on 9-5-2018 it was documented in the MAR awaiting delivery from Pharmacy for the 8:00am and 4pm does and was recieved in the home at 5pm on 9-5-2018 and the 12am dose was given.

Immediately - A designated staff person will monitor the MAR and the administration of resident medication daily to ensure prescriber's orders are followed. Documentation will be kept.

Immediately - The administrator or designee will monitor the MAR and the administration of resident medication at least twice monthly to ensure the orders of the prescriber are being followed. Documentation will be kept. --JRW 11/5/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	C3/22/2018
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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) *Jessica Venanzi* Date *10/26/18*

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 (Initials)