



December 2, 2019

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 annual inspection on August 5, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: THE PALMS AT O'NEIL

Address: 1 GLENSHIRE LANE,, MCKEESPORT, PA 15132

County: ALLEGHENY

Region: WESTERN

License Number: 43964

Administrator

Name: Jessica Venzin

Phone: 4125641000

Email: CANLAUF@ONEILBLVD.COM

Legal Entity

Name: THE PALMS AT O'NEIL INC

Address: 1 GLENSHIRE LANE, MCKEESPORT, PA, 15132

RECEIVED

10/23/2019

Western Region Field Office
Bureau of Human Services Licensing

Certificate(s) of Occupancy

Type: I-7

Date: 10/22/2008

Issued By: City of McKeesport

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 89

Waking Staff: 67

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

08/05/2019 - On-Site: Ashley Roser, Desmond Grace, Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 82

Residents Served: 70

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 19

Have Physical Disability: 2

08/05/2019



18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Staff person C and staff person D are the only staff members of the home that have Food Establishment Personnel Food Safety Certification. During the time of inspection, Staff person C was on an extended absence and staff person D only works in the home on Mondays. There were no staff persons in the home during the inspection that have a Food Establishment Personnel Food Safety Certification as required by the Allegheny County Health Department.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

STAFF MEMBERS WILL BE ATTENDING NEXT AVAILABLE CLASS SO THE HOME WILL BE IN COMPLIANCE.
STAFF PERSON C IS BACK TO REGULAR SCHEDULE.
THE HOME WILL AUDIT ANNUALLY ONE MONTH PRIOR TO ENSURE ALL EMPLOYEES ARE CERTIFIED IN COMPLIANCE.

Immediately: The home shall review the schedule daily to ensure a staff person with a valid Food Establishment Personnel Food Safety Certification from the Allegheny County Health Department is present in the home while food is being prepared and served. 10/30/19

PM

Legal Entity Representative

Signature *JV*

Printed Name and Title *J Menzies*

Date *10/23/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

10/30/19
(Date)

Plan of correction implementation status as of

10/30/19
(Date)

The above plan of correction was approved by

PM
(Initials)

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:
6. Safe management techniques.

Description of Violation

Direct Care staff person A, hired on 4/11/16, did not complete annual training on safe management techniques during the 2018 training year.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

STAFF PERSON A HAS NOW COMPLETED SMT. on 9/29/19. *LM* 10/24/19
THE HOME WILL AUDIT MONTHLY TEST AND KEEP RECORD COMPLIANCE

Immediately: All annual staff training documents shall be reviewed during the home's quality management review to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each training year. 10/24/19

SEE ATTACHED *LM*

Legal Entity Representative

Signature

Printed Name and Title

J Veneri

Date

10/23/19

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The above plan of correction is approved as of	10/30/19 (Date)	Plan of correction implementation status as of	10/30/19 (Date)
The above plan of correction was approved by	<i>LM</i> (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	

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The homes 2018 staff training records do not include the date and/or course content for multiple staff in the home, to include direct care staff person A, hired on 4/11/16, and direct care staff person B, hired on 8/2/14.

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 TRAINING RECORDS ARE NOW COMPLETE. THE HOME WILL AUDIT TESTS MONTHLY TO ENSURE ACCURACY & COMPLIANCE AND RECORD WILL BE KEPT.

The audit shall include a review of all record of training documents to ensure all items specified in 2600.65i are present. JM 10/24/19

SEE ATTACHED...

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Name: J. Winbin]

Printed Name and Title

[Handwritten Date: 10/23/19]

Date

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66b - Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2019 training plan does not indicate the date, time and location of trainings.

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 UPDATED THE PLAN. (SEE ATTACHED)

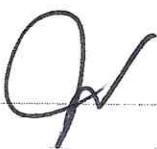
THE HOME WILL WORK DIRECTLY WITH ANY OUTSIDE AGENCY WHO PROVIDES TRAINING TO ENSURE THEY ARE ABLE TO MEET OUR NEEDS TO REMAIN IN COMPLIANCE

By 12/1/19: The home shall develop a staff training plan for the 2020 training year, which includes all items specified in 2600.66b, and also includes all trainings specified in 2600.65f and 2600.65g.

10/24/19

PM

Legal Entity Representative

Signature 


Printed Name and Title


Date

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85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was an accumulation of grease/grime that covered the floor and walls near the ice machine and dish machine in the home's main kitchen. Also, there were numerous amounts of food particles and debris on the floor of the walk-in refrigerator.

A urinal, which was 1/2 full of urine, was present on resident #2's walker.

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.)

DIETARY STAFF WILL PERFORM A WEEKLY CLEANING SCHEDULE TO ENSURE CLEANLINESS & SUPERVISOR WILL INSPECT & SIGN OFF. WELLNESS SUPERVISORS WILL ROUND DAILY TO ENSURE SANITARY CONDITIONS AND REPORT TO DIRECTOR OF WELLNESS WITH ANY CONCERNS. MONTHLY ROOM CHECKS WILL BE COMPLETED BY WELLNESS & HOUSEKEEPING DIRECTOR & DOCUMENTED AND KEPT IN QM FOR ANNUAL REVIEW

The area near the ice and dish machines has been cleaned and resident #2's urinal was emptied. 10/30/19

Immediately: A designated staff person shall inspect all resident bedrooms daily, including resident #2's bedroom, to ensure sanitary conditions are maintained and that all urinals are emptied at least daily. 10/30/19

Legal Entity Representative

[Handwritten Signature]

[Handwritten Name and Title]

[Handwritten Date]

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Multiple cracks are present in the floor tiles near the drain of the home's dishwasher.

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 placed a "please use caution" sign in kitchen to ensure staff is safe & aware. The home is awaiting multiple quotes to repair & will send to DHS when done. The home formed a Quality Mgt team to meet monthly to ensure 2600. 88A is always in compliance & record will be kept.

Legal Entity Representative The cracks have been patched. 10/30/19

[Handwritten Signature]

Signature

PM

J Venzin

Printed Name and Title

10/23/19

Date

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

An accumulation of ice build up is present in the kitchen's reach-in freezer, which is not allowing the freezer to store food at the proper temperature.

There is a water leak in the bathroom shower of bedroom #316, creating a slipping hazard.

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.)

MAINTENANCE DEPARTMENT REMOVED BUILD UP IMMEDIATELY. WILL CHECK FREEZER MONTHLY TO ENSURE THERE IS NOT A BUILD UP OF ICE. A QM LOG OF THIS WILL BE KEPT BY THE HOME.

Immediately: The water leak in the bathroom shower of bedroom #316 shall be repaired. *JM* 10/30/19

Immediately: A designated staff person shall inspect the home daily to ensure all furniture and equipment is in good repair, clean and free of hazards. *JM* 10/30/19

Legal Entity Representative

JV

Signature

J. Vernon

Printed Name and Title

10/23/19

Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:02 a.m. the temperature in the kitchen's reach-in freezer was 6 degrees Fahrenheit.

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.)

DIETARY STAFF WILL CHECK TEMPS DAILY & KEEP A LOG TO ENSURE COMPLIANCE. AT TIME INSPECTION THE STAFF WAS PUTTING AWAY THE HOMES WEEKLY ORDER AND WAS OPENING & CLOSING THE FREEZER DOORS MAKING THE TEMP GO ABOVE 0°F AND INSPECTOR DID NOT RE-CHECK TEMP.

Legal Entity Representative

Signature 

Printed Name and Title J. Vermani

Date 10/23/19

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(Date)

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(Date)

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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.

Description of Violation

The home's "Controlled Substances" policy states, "At the Palms, we check Schedule II, III and IV narcotics at the beginning of every shift. The amount of narcotic on hand is counted, and each used narcotic must be accounted for on the medication administration record". However, the home is currently only counting schedule II controlled substances at the start of each shift.

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 IS CHANGING POLICY & WILL SEND COPY TO DHS WHEN COMPLETE

The home has implemented a new narcotic policy. *JM* 10/30/19

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on the home's new narcotic policy. Documentation of the education shall be kept. *JM* 10/30/19

Legal Entity Representative

Signature *JW*

Printed Name and Title *J Venarini*

Date *10/23/19*

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 Not Implemented

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents have not been educated on the resident's right to question or refuse a medication if the resident believes that there may be a medication error:

- *Resident #1, admitted 4/8/11
- *Resident #2, admitted 2/14/19
- *Resident #3, admitted 9/29/10
- *Resident #4, admitted 5/30/19
- *Resident #5, admitted 5/30/19
- *Resident #6, admitted 8/14/18

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 IS IN THE HOMES CONTRACT HOWEVER A "OLD" VERSION WAS USED FOR THESE RESIDENTS. THE HOME IS IN PROEGS OF HAVING ALL CONTRACTS REPLACED WITH NEW

Residents #1 through #6 have been educated on their right to refuse or question medications if they believe there is an error. 10/30/19

SEE ATTACHED... JM

Within 7 days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure documentation that the resident has been educated on their right to refuse or question medications if they believe there is an error is present. 10/30/19

Immediately: A designated staff person shall ensure documentation that the resident has been educated on their right to refuse or question medications if they believe there is an error is present for each newly-admitted resident. 10/30/19

Legal Entity Representative

JM

[Handwritten Signature]

Signature

[Handwritten Name: Wenzel]

Printed Name and Title

[Handwritten Date: 10/22/19]

Date

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(Date)

Plan of correction implementation status as of 10/30/19
(Date)

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(Initials)

- Fully Implemented
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