



EMAILING DATE: November 7, 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 inspection on September 25, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information			
Name: <i>THE PALMS AT O'NEIL</i>		License Number: <i>43964</i>	
Address: <i>1 GLENSHIRE LANE,, MCKEESPORT, PA 15132</i>			
County: <i>ALLEGHENY</i>		Region: <i>WESTERN</i>	
Administrator			
Name: <i>Jessica Venzin</i>		Phone: <i>4126641000</i>	Email: <i>CANLAUF@ONEILBLVD.COM</i>
Legal Entity			
Name: <i>THE PALMS AT O'NEIL INC</i>			
Address: <i>1 GLENSHIRE LANE, MCKEESPORT, PA, 15132</i>			
Certificate(s) of Occupancy			
Type: <i>I-1</i>	Date:	Issued By:	
Staffing Hours			
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>83</i>	Waking Staff: <i>62</i>	
Inspection			
Type: <i>Partial</i>	BHA Docket #:	Notice: <i>Unannounced</i>	
Reason: <i>Complaint</i>			
Inspection Dates and Department Representative			
<i>09/25/2019 - On-Site: Courtney Barry, Jan Cutter</i>			
Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>82</i>		Residents Served: <i>66</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>5</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>66</i>	
Diagnosed with Mental Illness: <i>8</i>		Diagnosed with Intellectual Disability: <i>2</i>	
Have Mobility Need: <i>17</i>		Have Physical Disability: <i>1</i>	

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times there were not 2 staff persons trained in first aid, certified in obstructed airway techniques and CPR, as required based on the number of residents in the home:

-On 9/8/19, 68 residents were present in the home. From 12:00 a.m. to 6:00 a.m., direct care staff persons A, B, C, and D, who are not trained in first aid, certified in obstructed airway techniques and CPR worked in the home. From 6:30 p.m. to 6:45 p.m., only one staff person, staff person E, was trained in first aid, certified in obstructed airway techniques and CPR. From 6:45 p.m. to 12:00 a.m., no staff present in the home were trained in first aid, certified in obstructed airway techniques and CPR.

-On 9/9/19, 68 residents were present in the home. From 12:00 a.m. to 6:00 a.m., direct care staff persons A, F, and G, who are not trained in first aid, certified in obstructed airway techniques and CPR worked in the home. Between 6:00 p.m. to 8:45 p.m. only one staff person, staff person H, was trained in first aid, certified in obstructed airway techniques and CPR. From 8:45 p.m. to 12:00 a.m., no staff present in the home were trained in first aid, certified in obstructed airway techniques and CPR.

-On 9/10/19, 68 residents were present in the home. From 12:00 a.m. to 6:00 a.m., direct care staff persons A, C, and D, who are not trained in first aid, certified in obstructed airway techniques and CPR worked in the home. From 6:00 a.m. to 7:15 a.m., only one staff person, staff person D was trained in first aid, certified in obstructed airway techniques and CPR.

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.)

See Page 3 of 3

Plan of Correction (POC) (continued)

The home immediately called to schedule CPR (NOV 6 + 7) for the home to maintain compliance. The home then contacted all employees listed during inspection to see if they have CPR the home was not aware of (see attached) that would put us in compliance. Moving forward the home will audit monthly (AM) to ensure compliance

By 11/15/19 - The administrator or designee will audit the schedule at least weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times. - JRW 10/30/19

Legal Entity Representative


Signature


Verain
Printed Name and Title

10/24/19
Date

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 
(Initials)

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