



Sent via e-mail: canlauf@oneilblvd.com

Mailing Date: June 17, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 29, 2019 and October 30, 2019 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On April 28, 2020 we sent a letter via email requesting an acceptable plan of correction; to date, we have not received an acceptable plan to correct the violations. Therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 412-880-0355.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE PALMS AT O'NEIL*

License Number: 43964

Address: *1 GLENSHIRE LANE,, MCKEESPORT, PA 15132*

County: *ALLEGHENY*

Region: *WESTERN*

Administrator

Name: *JESSICA VENZIN*

Phone: *4126641000*

Email: *CANLAUF@ONEILBLVD.COM*

Legal Entity

Name: *THE PALMS AT O'NEIL INC*

Address: *1 GLENSHIRE LANE, MCKEESPORT, PA, 15132*

Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *81*

Waking Staff: *61*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

10/29/2019 - On-Site: Lisa Flinner-Alman

10/30/2019 - On-Site: Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *82*

Residents Served: *64*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *5*

Are 60 Years of Age or Older: *61*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *17*

Have Physical Disability: *2*

17 - Record Confidentiality

Regulations

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.

Description of Violation

On 10/29/19 from approximately 3:55 p.m. until 4:02 p.m., resident #1's record was unlocked, unattended and accessible on the e-mar laptop on top of the medication cart located on the 3rd floor.

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.)

EMAR closed while representatives on-site.

By 7/31/20 - All staff will be reeducated on resident information confidentiality , including keeping the MAR closed when it is unattended.

By 7/31/20 - A designated staff person will monitor the home at least twice weekly to ensure resident information is kept confidential.

Legal Entity Representative

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 6/15/20
(Date)

Plan of correction implementation status as of _____
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by 
(Initials)

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

On 10/29/19, the window would not stay closed when shut and automatically reopened approximately 1/4", in the small sitting area directly across the hall from room #332. The open window allowed cold air into the home.

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.)

By 7/31/20 - The window in the sitting area will be repaired to close and open properly.

By 7/31/20 - The administrator or designee will monitor the home at least weekly to ensure all physical site items are in good repair, including windows.

Legal Entity Representative

Signature


Printed Name and Title

Date

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The above plan of correction is approved as of 6/15/20
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is ordered Morphine Sulfate 20mg/ml, 10mg (0.5ml) subcutaneously every 8 hours (12a – 8a - 4p). The resident did not receive the Morphine Sulfate on 10/3/19 at 12:28 a.m. or at 8:53 a.m.
Resident #2 is ordered Lorazepam 2mg, 0.25mg/ml subcutaneously every 4 hours as needed. Lorazepam doses were administered to the resident less than 4 hours apart on 9/30/19, at 1:54 p.m. and 4:50 p.m.

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.)

By 7/15/20 - All staff who administer medications will be reeducated on following prescribers' orders. Documentation will be kept.

By 7/15/20 - A designated staff person will review resident medication administration records at least weekly to ensure prescribers' orders are being followed.

Legal Entity Representative

Signature _____ Printed Name and Title _____ Date _____

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

The above plan of correction is approved as of 6/15/20 Plan of correction implementation status as of _____
(Date) (Date)

- Implemented
- Not Implemented

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