

Department of Human Services
Bureau of Human Service Licensing

January 6, 2021

CRAIG ANLAUF, PRESIDENT
THE PALMS AT O'NEIL INC
1 GLENSHIRE LANE
MCKEESPORT, PA 15132

RE: THE PALMS AT O'NEIL
1 GLENSHIRE LANE
MCKEESPORT, PA, 15132
LICENSE/COC#: 43964

Dear Mr. ANLAUF,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *THE PALMS AT O'NEIL* License #: *43964* License Expiration Date: *11/19/2021*
 Address: *1 GLENSHIRE LANE, MCKEESPORT, PA 15132*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Amy Shipley* Phone: *4126641000* Email: *ASHIPLEY@ONEILBLVD.COM*

Legal Entity

Name: *THE PALMS AT O'NEIL INC*
 Address: *1 GLENSHIRE LANE, MCKEESPORT, PA, 15132*
 Phone: *4126641000* Email: *CANLAUF@ONEILBLVD.COM*

Certificate(s) of Occupancy

Type: *I-1* Date: *10/22/2008* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *11/13/2020*

Inspection Dates and Department Representative

11/13/2020 - On-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *82* Residents Served: *61*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

11/13/2020 - Partial

Lead Inspector: *Amy Duncan* Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2020*

Inspections / Reviews *(continued)*

11/30/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *12/04/2020*

12/8/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2020*

1/6/2021 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/4/20 at approximately 12:00 am, staff person A, the home's administrator, received a text message from direct care staff person B which contained a photo of resident #1 with his backside exposed; however, the incident was not reported to the Department until 11/9/20 at 11:45 am.

Plan of Correction

Accept

Staff Member A, whom is responsible for Reporting Reportable Incidents, has reviewed & re-educated all Regulatory Requirements for 2600.16.c. All Incident Reports are scanned & emailed daily for review. Any Incidents that are deemed reportable & found under Appendix A: Reportable Incidents, page 237 in the RCG, will be reported to the Regional Office within 24 hours. Any Incident Reports that are in need of clarification for being reportable, Staff Member A will reach out to the Regional Office for advise.

Completion Date: 11/13/2020

Document Submission

Implemented

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23a - Activities of Daily Living Assistance

1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent support plan, dated 2/11/20, indicates, "Resident is incontinent of bowel. He wears pull ups. Staff to perform rounds every 2 hours and as needed. Staff to provide incontinence care as appropriate." However, on 11/4/20 at approximately 12:00 am, resident #1 was observed sleeping in his bed without a brief for incontinence care.

Plan of Correction

Accept

Upon Hire, All Direct Care Staff is oriented on Resident RASP's. ADL's & IADL's of Resident Care. All PCA staff members receive a Job Description & PCA Training Checklist upon hire that is used during orientation that covers ADL's. Each Resident, upon admission, is placed on every 2 hour round checks. All Staff is required & educated on following the RASP & trained to report any changes in the Resident be reported to their Supervisors & Chain of Commands. This will assist in the Residents being assessed for any changes of care required and updates of any RASPs in addition to regular scheduled reassessment requirements. All above noted guidelines have been re-reviewed with Direct Care Staff, 5 documents of review are attached. Initiated 11-13-20 completed 12-03-2020

Completion Date: 12/03/2020

Document Submission

Implemented

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42s - Privacy

1. Requirements

42s - Privacy (continued)

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 11/4/20 at approximately 12:00 am, staff person A, the home's administrator, received a text from direct care staff person B which contained a photo of resident #1 sleeping in his bed, wearing a hospital gown, with his backside exposed.

Plan of Correction

Accept

Upon Hire all DCS is educated on Resident Rights, Use of Personal Cell Phones & taking pictures is against Palms Rules & Regulations & is unaccepted. Staff person B had been removed from the schedule after occurrence of incident until further investigation could be completed. All Current Employees have been re-educated on Resident Rights, Cell Phone Usage Policy & Procedure, & Confidentiality Agreement. (6 pages attached). All Current Staff is aware as new hires will be trained, pictures should not be taken & will not be accepted to report anything to Administration for any purpose. Resident Rights & Confidentiality must be followed & adhered to or disciplinary actions up to & not limited to suspension, possible termination could result if failure to follow all polices & procedures accordingly.

Completion Date: 11/20/2020

Document Submission

Implemented

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51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A Pennsylvania criminal background check was not completed for direct care staff person B, who was hired on 8/7/19.

Plan of Correction

Directed

Criminal Background forms are included in all new hire packets. All Criminal background checks are to be completed during staff training. Employees are not permitted to work unsupervised until their Criminal Background checks are obtained & on file, or an affidavit form is obtained & on file. Staff Person B's form was unable to be located on day of inspection, however was found during file audits (criminal background attached). All Current Employee Files are under review & being audited to ensure there is a Criminal Background Check on File for every Current Direct Care & Ancillary Employee. Full Audit of Background Check's & Employee files were initiated on 11/09/20 and is on going anticipated to have all on file & completed by 12/31/2020.

Within 24 hours after receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist, which includes the requirement that a Pennsylvania criminal background check shall be completed within 30 days of hire. Copies of the criminal background checks shall be kept in each employee's file. LM 12/7/20

Completion Date: 12/31/2020

Document Submission

Implemented

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54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

There is no documentation of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for direct care staff person B, hired 8/7/19, and direct care staff person C, hired 10/9/20. Both staff members have been providing unsupervised ADL services to numerous residents.

Plan of Correction

Directed

A copy of Diploma, GED, Active Nurse Aide Registry is asked to be brought in in day of Interview, Day of Hire, or first day worked. If employee is unable to obtain a copy prior to one of these days, an affidavit letter is written and put in file until transcripts or physical document is obtained. (DIRECTED: With regard to an affidavit letter, only a signed, written and notarized affidavit from the individual attesting to the receipt of a high school diploma will be accepted. LM 12/7/20). This affidavit will state employees full name, name of school where degree was obtained, & date degree was completed. Employees will not be permitted to work unsupervised until these forms or affidavit are obtained. (DIRECTED: A direct care staff person may not provide supervised or unsupervised ADL or IADL assistance to residents unless the education requirements specified in 2600.54a are met. Documentation of qualifications shall be kept in each staff person's record. LM 12/7/20). Employee files are under review to ensure documentation of High School Diploma, GED, or Active Registry Status on PA CNA Registry, or Affidavit Letter are on file. Process was Initiated 11/09/2020, in progress & anticipated completion date is set for 12/31/2020.

As of 12/7/20, staff persons B and staff person C are no longer employed at the home. LM 12/7/20

Within 24 hours of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure all direct care staff persons are qualified in accordance with 2600.54a prior to providing ADL and IADL assistance to residents. Documentation of the new-hire checklist, along with documentation of direct care staff qualifications, shall be kept in each staff person's record. LM 12/7/20

Completion Date: 12/31/2020

Document Submission

Implemented

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225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #1's most recent assessment, dated 2/11/20, indicates that he is independent with bowel management; however, the resident's most recent support plan, dated 2/11/20, indicates, "Resident is incontinent of bowel. He wears pull ups. Staff to perform rounds every 2 hours and as needed. Staff to provide incontinence care as appropriate."

Plan of Correction**Directed**

Resident 1's most recent RASP has been reviewed by DOW & Administrator. Upon review, no further Documentation Errors were found. The error on pg 3 of the RASP has been errored out & the correction is attached. However, A full Assessment & new RASP will be completed within 5 days of this submission, & will be completed by Director of Wellness, Reviewed by Administrator & submitted to POC when completed. This will ensure all areas are up to date and all of the proper care is being provided as needed by Resident 1. The Administrator will review all RASPs to ensure the Assessment & Support Plans match. Anticipated completion date will be slated by 01/31/2021 for sufficient time for completion of review. (RASP correction attached)

Within 24 hours of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident assessments and support plans are updated as resident care needs change. Documentation of the system shall be kept. LM 12/7/20

Completion Date: 01/31/2021

Document Submission**Implemented**

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