

Department of Human Services
Bureau of Human Service Licensing

February 2, 2021

[REDACTED], CEO
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2020, 12/31/2020 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: [REDACTED] Phone: *4126641000* Email: [REDACTED]

Legal Entity

Name: *THE PALMS AT O'NEIL INC*
 Address: *1 GLENSHIRE LANE, MCKEESPORT, PA, 15132*
 Phone: *4126641000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/22/2008* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/04/2021*

Inspection Dates and Department Representative

12/30/2020 - On-Site: [REDACTED]
12/31/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *82* Residents Served: *57*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

12/30/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/14/2021*

1/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/27/2021*

1/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/29/2021*

2/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On the morning of 12/21/20, an allegation of physical abuse involving resident #1 was reported to numerous staff members at the home. However, this allegation of abuse was not reported to AAA.

Plan of Correction**Accept**

It is the Home's policy to comply with the OAPSA relating to abuse reporting. The home's administrator failed to comply with company policy. The administrator is no longer employed with the home. The home will comply with current and future administration In accordance with the OAPSA. This will be implemented immediately. All Management will be re-educated by 1-29-21 regarding the importance of reporting any abuse to administration immediately. A copy of completed Traing will be sent on 1-29-21. The Assistant Director of Wellness will monitor the Incident reports daily and immediately report to acting Administrator any reportable incidents so they may be reported timely.

Completion Date: 01/29/2021

Document Submission**Implemented**

Attached

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 the morning of 12/21/20, an allegation of physical abuse involving resident #1 was reported to numerous staff members at the home. However, this allegation of abuse was not reported to the Department.

Plan of Correction**Accept**

It is the Home's policy to comply with DHS relating to abuse reporting. The home's administrator failed to comply with company policy. The administrator is no longer employed with the home. The home will comply with current and future administration In accordance DHS 2600.16c This will be implemented immediately. All Management will be re-educated by 1-29-21 regarding the importance of reporting any abuse to administration immediately. A copy of completed Traing will be sent on 1-29-21. The Assistant Director of Wellness will monitor the Incident reports daily and immediately report to acting Administrator any reportable incidents so they may be reported timely.

Completion Date: 01/29/2021

Document Submission**Implemented**

Attached