

Department of Human Services  
Bureau of Human Service Licensing

November 16, 2021

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2021, 09/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *412-664-1000* Email: [REDACTED]

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: *City of McKeesport*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *09/21/2021*

**Inspection Dates and Department Representative**

09/20/2021 - On-Site: [REDACTED]  
09/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *82* Residents Served: *44*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *40*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *19* Have Physical Disability: *1*

## Inspections / Reviews

09/20/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/09/2021*

10/13/2021 - POC Submission

Lead Reviewer: [REDACTED]za Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2021*

11/3/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/15/2021*

11/16/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

*On 9/20/21 at 11:04 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in the private bathroom of bedroom #211.*

## Plan of Correction

Accept

*Immediately on 9/20/2021 housekeeping replaced the towels in the room, housekeeping to check for towels in all rooms as needed. They will be checked daily and housekeeping sheet for daily jobs is attached.*

*Completion Date: 09/20/2021*

## Document Submission

Implemented

ATTACHED

## 87 - Lighting

## 1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

## Description of Violation

*On 9/20/21, the light in the entryway of bedroom #207 is inoperable, because the light switch is broken.*

## Plan of Correction

Directed

*Immediately on 9/20/2021 Owner repaired the switch. When items in residents room need repaired, a maintenance sheet is to be filled out immediately and maintenance to sign off when completed. Rooms are/will be checked for proper lighting by housekeeping during weekly housekeeping services. Training of this procedure will be completed. (DIRECTED: The training shall be completed within 10 days of receipt of the plan of correction. Documentation of the training shall be kept in accordance with 2600.65i. [REDACTED] 11/3/21). Copy of Maintenance sheet is attached.*

*Completion Date: 11/05/2021*

## Document Submission

Implemented

ATTACHED

## 89b - Hot Water Temperature

## 1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature (continued)

**Description of Violation**

On 9/20/21 at 11:33 a.m., the hot water temperature at the bathroom sink in bedroom #114 was 131.3 degrees Fahrenheit.

On 9/20/21 at 11:35 a.m., the hot water temperature at the bathroom sink in bedroom #107 was 126.6 degrees Fahrenheit.

On 9/20/21 at 11:38 a.m., the hot water temperature at the 1st floor common bathroom sink was 125 degrees Fahrenheit.

**Plan of Correction**

**Directed**

Immediately on 9/20/2021, owner replaced regulator on hot water system for the first floor while inspector was here. Receipt for Temperature regulator was provided and scanned by inspector. The following day the temperatures of the above rooms was taken by inspector and verified to be in compliance. Temperatures will be taken daily in rooms of the first floor for one month to ensure that it is corrected in the long term. The home has 1 domestic hot water source. Temperatures will be taken in random locations weekly by maintenance. Copy of temperature sheet is attached. (DIRECTED: Documentation of the daily and weekly water temperatures shall be kept. [REDACTED] 11/3/21)

Completion Date: 11/03/2021

**Document Submission**

**Implemented**

ATTACHED

101j7 - Lighting/Operable Lamp

**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

On 9/20/21, resident #1's bedside lamp was inoperable. The resident had no other source of lighting present that could be turned on/off from bedside.

**Plan of Correction**

**Directed**

Immediately on 9/20/2021 owner checked and there was no light bulb in the lamp. New light bulb replaced while inspector was here. Rooms are/will be checked for proper lighting by housekeeping during weekly housekeeping services. Training of this procedure will be completed. (DIRECTED: The training shall be completed within 10 days of receipt of the plan of correction. Documentation of the training shall be kept in accordance with 2600.65i. [REDACTED] 11/3/21). This will be corrected as needed per maintenance sheet that is attached

Completion Date: 11/05/2021

**Document Submission**

**Implemented**

ATTACHED

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed Ventolin [REDACTED] -Inhale 2 puffs by mouth four times daily as needed; however, this medication was not available in the home for administration.

Plan of Correction

Accept

On 9/21/2021 all carts were searched for inhaler. Found in wrong cart. Staff to check Med Carts two times per week to make sure all meds are under correct Resident slot. Procedure of such is attached. Pharmacy provider to do cart audit monthly on auto fill. Staff was re educated on procedure.

Completion Date: 09/21/2021

Document Submission

Implemented

ATTACHED

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Repeat Violation

Resident #2 is prescribed [REDACTED] to affected area twice daily; however, the powder was not applied to the resident on 9/16/21 at 8:00 p.m., through 9/20/21 at 8:00 p.m., because the medication was not available in the home for administration.

Resident #3 is prescribed [REDACTED] -Take by mouth 1/2 tablet daily; however, this medication was not administered from 9/7/21 through 9/19/21, because the medication was not available in the home for administration.

Resident #3 is prescribed a [REDACTED] once daily; however, the [REDACTED] was not completed for resident #3 on 9/19/21 and 9/20/21, because the test strips were not available in the home.

REPEAT VIOLATION 10/29/2019, et.al.

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction****Directed**

Resident #2 Had order for [REDACTED], but did not have any refills left. MD was faxed asking for refill order for [REDACTED] on 9/20/2021. Order was received on 9/23/2021 from MD to refill. Medication received that evening. Resident #3 has order for [REDACTED], Resident receives medication from VA, Facility was awaiting on delivery of medication. On 9/7/2021 VA was called to order medication. Spoke to [REDACTED], who stated that the medication was not scheduled to go out on the 30th of September. Explained none left. [REDACTED] stated he will send message over to [REDACTED] to release early, On 9/10/2021 faxed sent to MD stating that resident had missed three consecutive doses due to it not being delivered. Also faxed on 9/13. unable to obtain from house pharmacy due to no current script to release the medication. Documentation attached. (Per the administrator, resident #3's Atorvastatin was delivered to the home on 9/21/21. LM 11/3/21)

Per the administrator, resident #3's blood glucose testing strips were secured in the Director of Nursing's office on 9/19/21 and 9/20/21 and inaccessible to staff person. Resident #3's [REDACTED] were placed in the home's medication cart on 9/20/21. On 9/21/21, [REDACTED] were relocated to an area accessible to all staff qualified to administer medications. [REDACTED] 11/3/21

By 11/15/21: A designated staff person shall check the home weekly to ensure all medical supplies, including blood glucose testing strips are present and accessible to qualified staff persons in the home. [REDACTED] 11/3/21

The home serves a number of VA residents. This is the homes primary reason for this violation.

By 11/15/21: The home is going to issue 30 day notices to all VA and "family providing" medications. This 30 day notice will advise the responsible party that the home will order the medication from the homes pharmacy provider at the residents expense. This 30 day notice will also allow the home to have a visiting physician to sign off on all current resident orders to prevent overlap in refilling medication. (DIRECTED: Documentation of notification to the residents shall be kept in each resident's record. [REDACTED] 11/3/21)

Beginning on 11/8/21: The home will conduct weekly cart audits in rotation with the homes pharmacy provider to ensure medications are available.

On 10/1/21: The home implemented daily checks of the "missed medications" report to ensure medications are administered as prescribed. [REDACTED] 11/3/21

Completion Date: 12/06/2021

**Document Submission****Implemented**

ATTACHED