

Department of Human Services
Bureau of Human Service Licensing

September 28, 2022

[REDACTED]
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 08/23/2022, 08/24/2022, 08/25/2022 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

September 22, 2022

[REDACTED]

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 licensing inspections on 08/23/2022, 08/24/2022, 08/25/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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

Facility Information

Name: *THE PALMS AT O'NEIL* License #: *43964* License Expiration: *11/19/2022*
Address: *1 GLENSHIRE LANE, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE PALMS AT O'NEIL INC*
Address: *1 GLENSHIRE LANE, MCKEESPORT, PA, 15132*
Phone: [REDACTED] 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: *73* Waking Staff: *55*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *08/25/2022*

Inspection Dates and Department Representative

08/23/2022 - On-Site: [REDACTED]
08/24/2022 - On-Site: [REDACTED]
08/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *82* Residents Served: *53*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *20* Have Physical Disability: *1*

Inspections / Reviews

08/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2022*

Inspections / Reviews (*continued*)

09/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/23/2022*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/24/22, at approximately 11:35 a.m., there were no paper towels, mechanical air blower or other means of sanitary hand-drying in the shared bathroom of [REDACTED].

Repeat Violation 9/20/2021 et al

Plan of Correction

Accept

Reeducation will be done with all staff to recognize and report broken or missing equipment or items in resident rooms or throughout the building. Also will be addressed on maintenance log and in safety meetings Eyelets are being installed and a hand towel will be affixed to the eyelet and monitored by laundry two times per week. A sign off of this check will be maintained by laundry supervisor.

Completion Date: 09/28/2022

88a - Surfaces

1. Requirements

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 8/24/22 at approximately 4:05 p.m., the front door in [REDACTED] did not fully close and lock.

Plan of Correction

Accept

The day after the inspection, door was rehung to ensure that the door closed properly. Maintenance performed walk through to ensure proper operation of all doors. Staff will be educated on proper operation of doors reporting or recording of any issues on Maintenance log.

Completion Date: 09/28/2022

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's, [REDACTED] indicates a [REDACTED] m. However the medication administration record indicates [REDACTED].

Resident #2's [REDACTED] indicates a [REDACTED] However the medication administration record indicates [REDACTED].

Plan of Correction

Accept

Resident listed as # 2 on POC is not the same as the [REDACTED]. On [REDACTED] the Mar shows a reading of [REDACTED] Effective 9/20/2022 [REDACTED] will be checked against the MAR

185a - Implement Storage Procedures (continued)

daily for one month, if no discrepancies, will continue to check weekly and records will be maintained every three months. Staff will be reeducated on importance of complete documentation.

Resident #2 on POC does not receive [REDACTED].

Wellness Manager will ensure that this is completed as directed.

Completion Date: 09/28/2022

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED]. This medication was not administered on [REDACTED] as the medication was not available in the home.

Resident #3 is prescribed [REDACTED] This medication was not administered to resident #3, on [REDACTED] as the medication was not available in the home.

Repeat Violation: 9/20/2021 et al

Plan of Correction

Accept

Resident #3 on POC does not have [REDACTED] ordered. Resident #2 does.

Medication was available that date due it was given that am and given. Also on [REDACTED] Staff did not look in correct place in the medication cart and documented incorrectly. Staff member no longer is employed.

Completion Date: 09/21/2022