

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

August 28, 2024

[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 07/23/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE PALMS AT O'NEIL License #: 43964 License Expiration: 11/19/2024
 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: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Monitoring Exit Conference Date: 07/23/2024

Inspection Dates and Department Representative

07/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 82 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 13
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 18 Have Physical Disability: 4

Inspections / Reviews

07/23/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/10/2024

08/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/28/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2024

Inspections / Reviews (*continued*)

08/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/30/2024

08/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/30/2024

08/28/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

At 9:35am, there were no paper towels, mechanical hand dryer or other sanitary means of hand-drying present at the sink in the 1st floor common bathroom near the activity storage room.

REPEAT VIOLATION: 8/23/2022, et. al.

Plan of Correction

Directed [redacted] - 08/14/2024)

New towel dispensers were ordered for all public bathrooms and all shower rooms. Until they arrive, and are installed, a roll of towels and hand pump bottle of soap to be placed in all public restrooms and all shower rooms. Housekeeping to check daily to ensure all is properly filled and placed. (DIRECTED: Beginning on 8/21/24: Housekeeping/designee shall check all common bathrooms daily to ensure paper towels and a dispenser with soap are present at each bathroom sink. Documentation of the daily checks shall be kept for 2 months. [redacted] 8/14/24). New check sheet placed behind each public bathroom and shower rooms. (DIRECTED: Beginning on 8/21/24: Documentation of the checks shall be kept for 2 months. All housekeeping staff shall be educated on the new checklist by 8/21/24. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 8/14/24). Housekeeping to check daily if all is present. Housekeeping manager to check weekly to ensure that the sheet is being checked and all is being completed. (DIRECTED: The housekeeping manager weekly checks shall begin on 8/21/24 and shall include a check of at least 10 common bathrooms per week to ensure paper towels and a dispenser with soap are present at each bathroom sink. [redacted] 8/14/24). Completed check sheets to be placed in the plan of correction binder that is being kept. Copy of check sheet is attached.

DIRECTED: By 8/21/24: The administrator shall re-educate all staff persons that paper towels and a dispenser with soap shall be present at all common bathroom sinks. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 8/14/24

Proposed Overall Completion Date: 08/15/2024

Directed Completion Date: 08/30/2024

Implemented [redacted] - 08/28/2024)

102i - Soap Dispenser

2. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 9:35am, there was no soap or soap dispenser present at the sink in the 1st floor common bathroom near the activity storage room.

At 9:40am, there was no soap present in the soap dispenser at the sink in the 1st floor common shower room near

102i Soap Dispenser (continued)

bedroom #107.

Plan of Correction

Directed [REDACTED] - 08/14/2024)

New soap wall dispensers were ordered for all public bathrooms and all shower rooms. Until they arrive, and are installed, a roll of towels and hand pump bottle of soap to be placed in all public restrooms and all shower rooms. Housekeeping to check daily to ensure all is properly filled and placed. (DIRECTED: Beginning on 8/21/24: Housekeeping/designee shall check all common bathrooms daily to ensure paper towels and a dispenser with soap are present at each bathroom sink. Documentation of the daily checks shall be kept for 2 months. [REDACTED] 8/14/24). New check sheet placed behind each public bathroom and shower rooms. (DIRECTED: Beginning on 8/21/24: Documentation of the checks shall be kept for 2 months. All housekeeping staff shall be educated on the new checklist by 8/21/24. Documentation of the education shall be kept in accordance with 2600.65i [REDACTED] 8/14/24). Housekeeping to check daily if all is present. Housekeeping manager to check weekly to ensure that the sheet is being checked and all is being completed. (DIRECTED: The housekeeping manager weekly checks shall begin on 8/21/24 and shall include a check of at least 10 common bathrooms per week to ensure paper towels and a dispenser with soap are present at each bathroom sink. [REDACTED] 8/14/24). Completed check sheets to be placed in the plan of correction binder that is being kept. Copy of check sheet is attached.

DIRECTED: By 8/21/24: The administrator shall re educate all staff persons that paper towels and a dispenser with soap shall be present at all common bathroom sinks. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/14/24

Proposed Overall Completion Date: 08/15/2024

Directed Completion Date: 08/30/2024

Implemented [REDACTED] - 08/28/2024)

185a - Implement Storage Procedures**3. 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 #1 is prescribed [REDACTED] patch Apply transdermally behind ear every 72 hours as needed; however, this medication was not present in the home and available for administration at the time of inspection.

Plan of Correction

Directed [REDACTED] - 08/14/2024)

For resident #1 [REDACTED] has been re ordered and delivered from [REDACTED] Pharmacy and is currently locked in med cart with resident #1's medications. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure that resident #1's Scopolamine patch is present in the home and available for administration in accordance with prescriber's orders. [REDACTED] 8/14/24). A cart audit will be completed by [REDACTED] Pharmacy staff when delivering auto rolls every 14 days. (DIRECTED: The pharmacy cart audits shall begin on 8/21/24. [REDACTED] 8/14/24). Any missing medications or discrepancies will be

185a - Implement Storage Procedures (continued)

relayed to Wellness management. Documentation of this will be kept in a binder.

Wellness management will investigate as to why any medications were not available as prescribed. Ordering MD will be notified of any medications not available when discovered. Medications will be replaced/ re-ordered or discontinued as applicable to situation and MD orders.

Wellness management will conduct a cart check against the MAR to ensure all meds ordered are on site and available per MD orders for 8 random residents each time once a month and documentation will be kept in a binder. (DIRECTED: The monthly audits by Wellness Management shall begin on 8/21/24. ■ 8/14/24).

Currently, a daily report is reviewed for all scheduled medications availability. This does not include PRN medications. Therefore, a report will now be printed and reviewed for all PRN medications and availability every other week by Wellness Department. Each PRN medication will be accounted for and documentation will be kept in a binder. (Copy of what the report will look like attached).

A mandatory meeting with all med passers is scheduled for August 22nd at 2pm. (DIRECTED: Documentation of the staff education conducted on 8/22/24 shall be kept in accordance with 2600.65i. ■ 8/14/24). Verbal review and re education will be discussed re: re-ordering of medications when supply getting low and/or when supply no longer available, Review of how to use the "RE-Order" button on the electronic MAR to re-order medications in timely manner and procedure on accepting and mindfully putting away delivered medications in the proper designated locked storage areas for each individual resident. Copy of attendance to be submitted following the meeting.

Proposed Overall Completion Date: 08/13/2024

Directed Completion Date: 08/22/2024

Implemented (■ - 08/28/2024)