

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

November 25, 2025

[REDACTED]
THE PALMS AT O'NEIL INC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2025 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: 11/19/2025
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/17/2025

Inspection Dates and Department Representative

10/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 82 Residents Served: 65

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 10

Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 17 Have Physical Disability: 2

Inspections / Reviews

10/14/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/30/2025

10/31/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2025

Inspections / Reviews *(continued)*

11/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/21/2025

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

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 [redacted] at approximately 8:00pm, one of resident # [redacted] family members notified direct care staff person A of an allegation of verbal abuse against direct care staff person B towards resident [redacted]; however, this allegation of abuse was not reported to the local Area Agency on Aging until [redacted] at approximately 1:15pm.

Plan of Correction

Directed ([redacted] 11/07/2025)

It has been so long The administrator was reeducated regarding act 13 reporting immediately. (not within 24 hours). The administrator was not at the facility at 8:30 PM. The facility's Regional Director will educate the current administrator. (DIRECTED: The administrator education shall be completed by 11/17/25. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 11/7/25). The entire staff will attend abuse reporting class to review all of the reporting criteria. This will be taught by the DOW. A step by step information sheet will be posted at the wellness station for reference. All managers and med techs will be taught quarterly on how to report the incident immediately to AAA then the facility administrator and DOW. (DIRECTED: By 11/21/25: All managers and med techs shall be educated by the Regional Director on reporting procedures to ensure compliance with 2600.15a. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 11/7/25). Documentation of this will be kept in the QM book. Daily incident reports will be monitored by the DOW to maintain compliance with reporting requirements effective immediately. The ADOW will monitor these on the days the DOW is off and the remaining managers will also monitor on all other days. All future reports will be done within minutes of the incident being called in by the Med Tech(s) on duty. The call will immediately be recorded with information from AAA including date time and person whom was spoken to by AAA, including any action taken at that immediate time. A copy of this will be kept with the incident report and physical Act 13.

DIRECTED: By 11/21/25: The Regional Director shall re-educate all current staff persons on the home's abuse reporting procedures, which includes ensuring immediate notification to the Area Agency on Aging upon receipt of any new allegations of abuse in accordance with 2600.15a. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 11/7/25

Proposed Overall Completion Date: 11/17/2025

Directed Completion Date: 11/21/2025

Implemented ([redacted] - 11/25/2025)

15d - Resident Abuse-Notification

2. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

15d Resident Abuse Notification (*continued*)**Description of Violation**

On [REDACTED] at approximately 8:00pm, one of resident [REDACTED] family members notified direct care staff person A of an allegation of verbal abuse against direct care staff person B towards resident [REDACTED] however, this allegation of abuse was not reported to resident [REDACTED]'s designated person until [REDACTED]

Plan of Correction**Directed ([REDACTED] - 11/07/2025)**

It has been so long The administrator was reeducated regarding act 13 reporting immediately. (not within 24 hours). The administrator was not at the facility at 8:30 PM. The facility's Regional Director will educate the current administrator. (DIRECTED: The administrator education shall be completed by 11/17/25. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 11/7/25). The entire staff will attend abuse reporting class to review all of the reporting criteria. This will be taught by the DOW. A step by step information sheet will be posted at the wellness station for reference. All managers and med techs will be taught quarterly on how to report the incident immediately to the responsible party, then the facility administrator and DOW. (DIRECTED: By 11/21/25: All managers and med techs shall be educated by the Regional Director on reporting procedures, which includes immediate notification to the resident and their designated person in accordance with 2600.15d. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 11/7/25). Documentation of this will be kept in the QM book. Daily incident reports will be monitored by the DOW to maintain compliance with reporting requirements effective immediately. The ADOW will monitor these on the days the DOW is off and the remaining managers will also monitor on all other days. All future reports will be done within minutes of the incident being called in by the Med Tech(s) on duty. The call will immediately be recorded with information including date time and person whom was spoken. A copy of this will be kept with the incident report and physical Act 13.

DIRECTED: By 11/21/25: The Regional Director shall re educate all current staff persons on the home's abuse reporting procedures, which includes ensuring the resident and the resident's designated person are immediately notified of allegations of abuse in accordance with 2600.15d. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 11/7/25

Proposed Overall Completion Date: 11/17/2025

Directed Completion Date: 11/21/2025

Implemented ([REDACTED] - 11/25/2025)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at approximately 7:30pm, direct care staff person B entered resident [REDACTED]'s bedroom and called resident [REDACTED] a slob and told resident [REDACTED] [REDACTED] bedroom was a "fucking mess" and that direct care staff person B always has to clean up after resident [REDACTED]

Plan of Correction**Directed ([REDACTED] - 11/07/2025)**

Staff person B was terminated on [REDACTED] with ineligibility to be rehired. All staff is being re educated on 42C documentation of this education shall be kept with the annual training by 11/17/25 by the DOW. The Wellness director will perform random interviews with 5 different residents weekly(starting 11/7/25), for 6months then

42c - Treatment of Residents (continued)

quarterly at resident council to ensure they are being treated with dignity and respect. Documentation of this will be kept with the quality management binder. The next quality management meeting will be 11/17/25 to ensure compliance with all of the items in this POC. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 11/7/25).

Proposed Overall Completion Date: 11/17/2025

Directed Completion Date: 11/17/2025

Implemented [REDACTED] - 11/25/2025)