

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

December 5, 2025

[REDACTED]  
THE PALMS AT O'NEIL INC  
[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 11/03/2025, 11/04/2025 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: 11/19/2026  
 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: 78 Waking Staff: 59

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 11/04/2025

**Inspection Dates and Department Representative**

11/03/2025 - On-Site: [REDACTED]  
 11/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 82 Residents Served: 60  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 8  
 Number of Residents Who:  
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 57  
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 18 Have Physical Disability: 2

**Inspections / Reviews**

11/03/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2025

11/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/21/2025

Inspections / Reviews (*continued*)

## 11/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2025

## 12/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 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 or around [REDACTED] resident [REDACTED] reported to staff persons that a large amount of cash was missing from [REDACTED] bedroom; however, the home did not report this incident to the Department.

## Plan of Correction

Directed [REDACTED] 11/25/2025)

This was reported to the department on 11/06/25. The cause of this not being reported is the staff was not trained properly on the reporting procedures and what is reportable. The home conducted training on 11/7/25 on "what is a reportable incident". The home is conducting training for the entire staff on 11/15/25 regarding reportable incidents and abuse reporting. Documentation of this training will be kept in accordance with 2600.65. Managers will be trained to use the proper form and time line in accordance with 2600.15 Documentation of this shall be kept in accordance with 2600.65 (DIRECTED: By 12/5/25: The administrator shall re-educate all managers/designees on the home's reporting procedures to the Department, as well as reeducation on all reportable incidents specified in 2600.16a. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 11/25/25). A step by step instruction sheet will be posted at the wellness station for reference on 11/7 in all departments. The DOW will review daily incident reports to ensure compliance starting 11/4/25. The DOW will conduct quarterly trainings with all staff to ensure awareness with reportable incident and abuse reporting. This will be recorded in the quality assurance binder at the next meeting directed 11/17/25.

Proposed Overall Completion Date: 11/28/2025

Directed Completion Date: 12/05/2025

Implemented [REDACTED] - 12/05/2025)

## 185a - Implement Storage Procedures

## 2. 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

The home's narcotic policy indicates a narcotic count shall be conducted at the beginning and end of each shift. The home's policy also states, "when counting the narcotics, and the actual count is different than the previous shift, the on-coming staff member must audit the MAR to identify the rationale for the count being different." However, according to numerous staff persons, staff persons are not referring to resident medication administration records (MAR's) during narcotic counts.

Between [REDACTED] and [REDACTED] 5 tablets of [REDACTED] were unaccounted for the following residents on the following dates/times:

- According to resident [REDACTED]'s narcotic count record, 86 tablets of resident [REDACTED] [REDACTED] tablets were present in the home at the 2:00pm shift change on [REDACTED]. At the 10:00pm shift change on [REDACTED], resident [REDACTED] narcotic count record indicated 84 tablets of resident [REDACTED] [REDACTED] were present in the home; however, resident [REDACTED] was only administered 1 tablet of [REDACTED] between 2:00pm and 10:00pm on [REDACTED]

## 185a - Implement Storage Procedures (continued)

- According to resident [REDACTED] narcotic count record, 52 tablets of resident [REDACTED] tablets were present in the home at the 2:00pm shift change on [REDACTED]. At the 10:00pm shift change on [REDACTED], resident [REDACTED] narcotic count record indicated 50 tablets of resident # [REDACTED] were present in the home; however, resident [REDACTED] was only administered 1 tablet of [REDACTED] between 2:00pm and 10:00pm on [REDACTED]
- According to resident [REDACTED] narcotic count record, 78 tablets of resident [REDACTED] tablets were present in the home at the 2:00pm shift change on [REDACTED]. At the 10:00pm shift change on [REDACTED] resident [REDACTED] narcotic count record indicated 77 tablets of resident [REDACTED] s [REDACTED] were present in the home; however, resident [REDACTED] was not administered any [REDACTED] between 2:00pm and 10:00pm on [REDACTED]
- According to resident [REDACTED] s narcotic count record, 77 tablets of resident [REDACTED] 's [REDACTED] tablets were present in the home at the 10:00pm shift change on [REDACTED]. At the 6:00am shift change on [REDACTED] resident [REDACTED] narcotic count record indicated 75 tablets of resident [REDACTED] [REDACTED] were present in the home; however, resident [REDACTED] was only administered 1 tablet of [REDACTED] between 10:00pm on [REDACTED] and 6:00am on [REDACTED]
- According to resident [REDACTED] s narcotic count record, 25 tablets of resident [REDACTED] [REDACTED] tablets were present in the home at the 2:00pm shift change on [REDACTED]. At the 10:00pm shift change on [REDACTED], resident [REDACTED] narcotic count record indicated 24 tablets of resident [REDACTED] s [REDACTED] were present in the home; however, resident [REDACTED] was not administered any [REDACTED] between 2:00pm and 10:00pm on [REDACTED]

## Plan of Correction

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

The cause of these violations are due to the med techs not following the home policy on accountability of narcotics. The home conducted training for the Med Tech staff on 11/7/25 regarding the accountability of Narcotics 2600.185. Documentation of this training will be kept in accordance with 2600.65. Med Techs will be re-trained to follow the procedures of accountability against the MAR when there is any discrepancy with the Narcotic count. (DIRECTED: The administrator shall provide the reeducation to all med techs by 12/5/25. [REDACTED] 11/25/25). Documentation of this will be kept in the wellness station in the Narcotics count binder. The proper use of the Narcotics accountability form will be trained by the DOW. Documentation of this training will be kept in the POC binder in the DOW office. The ADOW will review the Narcotics binder 5 days a week starting 11/7/25 to ensure compliance with the homes Narcotics policy regarding 2600.185. (DIRECTED: The reviews shall include a review of all documentation for all residents prescribed controlled substances, which includes a review of resident MAR's, narcotic count records and a physical count of all controlled substances to ensure accuracy and completeness. Documentation of the audits shall be kept for 1 month. [REDACTED] 11/25/25). Should the ADOW find a discrepancy they will alert the DOW for compliance training with the Med Tech not complying with the homes policy and procedure. After cross-reference and shift change count, history of given narcotics will be printed out and given to the DOW to be kept in a binder in the DOW office.

Proposed Overall Completion Date: 11/28/2025

Directed Completion Date: 12/05/2025

Implemented [REDACTED] - 12/05/2025)

## 251c - Standardized Forms

## 3. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms (continued)

**Description of Violation**

On [REDACTED], the home reported an incident involving staff persons A, B and C to the Department; however, the incident was not submitted on the Department's standardized incident reporting form.

**Plan of Correction**

**Accept [REDACTED] - 11/25/2025)**

The home conducted training for the entire the on 11/14 regarding reportable incidents and abuse reporting. Documentation of this training will be kept in accordance with 2600.65. Managers were trained on 11/7/25 to use the proper form and time line in accordance with 2600.15 and 2600.16. Documentation of this shall be kept in accordance with 2600.65 A step by step instruction sheet was posted at the wellness station on 11/7/25 for reference. The DOW will review daily incident reports starting 11/4/25 to ensure compliance with reporting. The DOW will conduct quarterly trainings with all staff to ensure awareness with reportable incident and abuse reporting. This will be recorded in the quality assurance binder at the next directed meeting held on 11/17/25. The correct form was reported to DHS on 11/18/25

Proposed Overall Completion Date: 11/25/2025

Licensee's Proposed Overall Completion Date: 11/28/2025

**Implemented [REDACTED] - 12/05/2025)**