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

June 24, 2026

[redacted]
RC Palms, LLC
[redacted]

RE: The Palms at O'Neil
1 Glenshire Lane
McKeesport, PA, 15132
LICENSE/COC#: 45756

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2026, 05/08/2026 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 #**: *45756* **License Expiration**:

Address: *1 Glenshire Lane, McKeesport, PA 15132*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *RC Palms, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *10/02/2025* **Issued By**: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *62* **Waking Staff**: *47*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *Complaint, Change Legal Entity* **Exit Conference Date**: *05/08/2026*

Inspection Dates and Department Representative

05/07/2026 - On-Site: [redacted]

05/08/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *52*

Secured Dementia Care Unit

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

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *50*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *10* **Have Physical Disability**: *12*

Inspections / Reviews

05/07/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/06/2026*

06/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/12/2026*

Inspections / Reviews *(continued)*

06/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

86b - Bathroom

1. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On [redacted] at 10:57 a.m., there was no operable ventilation system in the bathroom in bedroom [redacted] The exhaust fan was not operable. There is no window in this bathroom.

Plan of Correction ***Accept[redacted] 06/09/2026)***

On 5/7/26 maintenance failed to monitor whether the ventilation system in the bathroom of room [redacted] was operable. On 05/11/26 the ventilation in room [redacted] was repaired with a new fan. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented [redacted] - 06/12/2026)

95 - Furniture and Equipment

2. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] at 10:29 a.m., the left side handle for the hot water was broken at the bathroom sink in bedroom [redacted] The handle spins, but hot water does not come out.

On [redacted] at 10:48 a.m., both cabinet doors for the bathroom sink in bedroom [redacted] were broken off and laying on the ground.

Plan of Correction ***Accept ([redacted] - 06/09/2026)***

On 05/07/26 maintenance failed to monitor whether the bathroom faucet was operable in room [redacted] On 05/08/26 the faucet was repaired. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.
On 05/07/26 maintenance failed to monitor whether the bathroom cabinet doors were operable in bedroom [redacted] On 05/11/26 the bathroom cabinet was replaced with a new vanity. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented[redacted] - 06/12/2026)

100a - Exterior - Free of Hazards

3. Requirements

2600.

100a Exterior Free of Hazards *(continued)*

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted] there was an approximately 3'X3' pothole in the home's parking lot directly out the front exit near the parking spaces which causes a tripping hazard.

On [redacted], there was a small pothole approximately 1'X1' near the entrance to the turnaround/drop off loop which also serves as the resident smoking area. The pothole causes a tripping hazard.

Plan of Correction ***Accept[redacted] - 06/09/2026)***

On 05/08/26 maintenance failed to monitor whether the homes parking lot and entrance drop off were free from tripping hazards, potholes. On 05/12/26 the potholes were filled with asphalt. On 05/12/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/12/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented[redacted] - 06/12/2026)

103g - Storing Food

4. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted] at 10:20 a.m., the Hobart walk in freezer contained unsealed frozen food items to include:
**A large box containing an approximately ½ full opened and unsealed blue plastic bag of frozen corn.*
**A box containing an opened and unsealed clear plastic bag of frozen breaded chicken breasts.*

Plan of Correction ***Accept[redacted] - 06/09/2026)***

On 05/07/26 Dietary failed to monitor whether all foods items in the walk in freezer were sealed. Immediately the box of frozen corn and breaded chicken patties were sealed. On 05/08/2026 the Administrator implemented a new tracking system for Maintenance to monitor and document daily. On 05/08/2026 and ongoing the Administrator will review the tracking system weekly. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented[redacted] - 06/12/2026)

185a - Implement Storage Procedures

5. 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 policy in regard to accounting for controlled medications indicates that "The Wellness Coordinator will ensure that a daily shift count will be completed for all controlled substances and that a log of the shift count will be completed for all controlled substances and that a log of the shift count will be maintained. Controlled substances are stored under double lock."

185a - Implement Storage Procedures (continued)

The policy also indicates that "upon receipt of controlled substances from the pharmacy, a controlled substances counting sheet will be developed and maintained." On [redacted], 24 syringes of 0.5ml each of [redacted] were delivered for resident [redacted]. A count sheet was started during the 2:00 p.m. - 10:00 p.m. shift and the medication was counted at the 10:00 p.m. change of shift. The medication was also counted and logged on [redacted] during the 6:00 a.m. and 2:00 p.m. shift changes. The count remained 24. However, a new count sheet was started on [redacted] for this medication that indicated a count of 21 syringes during the 2:00 p.m. -10:00 p.m. shift. There is no documentation to account for three syringes of [redacted]. Medication technician staff did not follow the home's policy and did not count resident #[redacted]s [redacted] syringes at change of shift on [redacted] at 10:00 p.m., [redacted] at 6:00 a.m., 2:00 p.m. and 10:00 p.m., and on [redacted] at 6:00 a.m.

Plan of Correction ***Accept[redacted] - 06/09/2026)***

On 04/2/26 medications were delivered to resident [redacted]. Med Techs started a count sheet at 2PM-10PM shift through 04/03/26 6a-2p shift. On 04/04/26 Med techs failed to document narc counts on all shifts. On 04/05/26 the narcotic count indicated 3 less of the medication. On 04/04/26 the Care Coordinator failed to monitor the narcotic count sheets. On 05/11/2026 the Med Techs and Care Coordinator were re-educated on the policy of accounting for controlled medications /substances. On 05/11/26 the Care Coordinator implemented an inventory tracking for all controlled medications through the Quick Mar system requiring all Narcotics to be counted electronically with two Med Techs. This will require signing with a log in and log out with a username and password to be able to move forward with the proper counts in the Quick Mar. On 05/11/26 and ongoing the Care Coordinator will monitor the inventory reports from Quick Mar daily. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented ([redacted] - 06/12/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

The home's medication records indicate that medications for the following residents are to be administered at 8:00 a.m. However, the medications were administered beyond the one hour before and one hour after window as follows:
Resident[redacted]

- [redacted]

187d Follow Prescriber's Orders (continued)

[redacted]

Plan of Correction ***Accept [redacted] 06/09/2026)***

On 04/30/26 and 05/05/26 the first shift Med Tech failed to administer 8am medications for resident [redacted] with in the 1 hour before and 1 hour after window of the prescribers' directions. On 05/04/26 and 05/07/26 the first shift Med Tech failed to administer the 8am medications for resident [redacted] with in the 1 hour before and 1 hour after window of the prescribers' directions. On 04/30/26 the first shift Med Tech failed to administer the 8 am medications for resident [redacted] within the 1 hour before and 1 hour after the prescribers' directions. On 05/11/26 the care coordinator contacted the Quick Mar system to have an alert sent to the care coordinator for any missed medication that aren't recorded within the prescribed times for each shift. On 05/11/26 and ongoing the Administrator will review the report of notifications daily to ensure all medications are administered with the allotted times as prescribed. On 05/11/26 Med Techs were re educated in the Five Rights of medication administration. Documentation was kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented [redacted] - 06/12/2026)

224a - Preadmission Screen Form

7. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening completed [redacted] does not indicate if the resident can safely use and avoid poisonous materials.

Plan of Correction ***Accept [redacted] - 06/09/2026)***

On 12/11/25 the Care Coordinator failed to indicate on the preadmission screening whether Resident #6 can safely use and avoid poisonous materials. The Administrator implemented a new check list for all prescreening. Ongoing and after the Care Coordinator completes the prescreening, the Administrator will review the document to ensure all sections of the prescreening is complete. The Administrator will review to ensure all preadmission screening forms indicate that poisonous materials can or cannot be avoided. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/08/2026*

Implemented [redacted] - 06/12/2026)