



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to RC PALMS LLC

LEGAL ENTITY

To operate THE PALMS AT O'NEIL

NAME OF FACILITY OR AGENCY

Located at 1 GLENSHIRE LANE, MCKEESPORT, PA 15132

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 82
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 20, 2026 until April 20, 2027,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **457561**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCTOBER 20, 2026

[REDACTED]
RC Palms LLC
1 Glenshire Lane
McKeesport, Pennsylvania 15132

RE: The Palms At O'Neil
License/COC #: 457561

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 31, 2026, and August 5, 2026, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 457560) dated June 23, 2026 – June 23, 2027, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from OCTOBER 20, 2026 to APRIL 20, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 30 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: 717-265-8942

This decision is final 31 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in brown ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

Facility Information

Name: THE PALMS AT O'NEIL

License #: 45756

License Expiration: 06/23/2027

Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132

County: ALLEGHENY

Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: RC PALMS LLC

Address: 1 GLENSHIRE LANE, MCKEESPORT, PA, 15132

Phone: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 10/02/2025

Issued By: City of McKeesport

Staffing Hours

Resident Support Staff: 7

Total Daily Staff: 62

Waking Staff: 47

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/05/2026

Inspection Dates and Department Representative

07/31/2026 - On-Site: [REDACTED]

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 82

Residents Served: 48

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 45

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 7

Have Physical Disability: 1

Inspections / Reviews

07/31/2026 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2026

09/15/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/18/2026

Inspections / Reviews (*continued*)

09/21/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/18/2026

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/25/2026

10/09/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/25/2026

Reviewer: [REDACTED] Follow-Up Type:

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

Resident #1 gave permission to staff member B to use [REDACTED] debit bank card and go to the store to purchase items for [REDACTED]. Staff member B kept the resident's debit bank card and made at least 28 withdrawals from the automatic teller machine between 2/12/26 through 5/14/26 totaling \$38,100.00 dollars and depleted resident #1's checking and savings accounts. Staff member B was arrested by local law enforcement. On 6/9/26 staff person A, the home's administrator was notified of the theft, however, the incident was not reported to the Department.

On 4/09/26 at approximately 12:00 p.m., resident #2 had an unwitnessed fall in [REDACTED] room hitting [REDACTED] head against the heating and air conditioning unit and sustaining a laceration to [REDACTED] head, arm and leg causing significant bleeding. Resident #2 was on a blood thinner, was not given care for [REDACTED] bleeding injuries and was not sent to the hospital immediately. The resident was subsequently sent to the hospital at approximately 8:41 p.m. after family members who showed up at the home demanded that the resident be sent to the hospital and terminated the service of the hospice provider. Resident #2 ultimately [REDACTED] away from [REDACTED] injuries on the resident's date of death. This incident was not reported to the Department.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

The previous Administrator failed to notify the homes BHS regional office on 6/9/26 after being notified of theft for Resident #1. The previous Administrator failed to notify the homes BHS regional office on Resident #2 whom passed away at the hospital on [REDACTED]/26. On 9/10/26 (correction) the current Administrator educated all staff on the home's process for reporting reportable incidents and the types of incidents that are required to be reported, as outlined in regulation 2600.16/2600.15. Ongoing the Administrator/Designee will immediately take the appropriate steps on reportable incidents. A review of all incidents on a quarterly basis by the Administrator/Designee will begin October 1, 2026. The results of the reviews will be included by the Administrator/Designee in the homes periodic quality management reviews to identify any patterns or issues that may need to be addressed by the home, to begin January 1, 2027. Both incident reports were emailed to the Department on 9/16/26 by the current Administrator. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Not Implemented [REDACTED] -10/6/26)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 8/03/26 at approximately 3:56 p.m., the Facebook page/website for the personal care home, The Palms at O'Neil, advertised the home will provide assisted living services. Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences).

18 - Compliance With Laws (continued)

Plan of Correction

Accept [REDACTED] - 09/21/2026)

The current Facebook/Website is the property of the previous ownership. New ownership is The Residents Choice (RC Palms) and does not have access to delete or have any use of online accounts, due to private passwords. On 9/18/26 the Administrator notified Meta/Facebook via online to request the page be deleted due to false advertising. The submission shall be sent to the relevant team for review (attached). The previous owners website was taken down on 3/11/26 and is not connected to a site. On 9/17/26 the Administrator audited and updated all marketing materials owned by the home, including brochures, flyers, business cards, and admission contract. Ongoing the Administrator implemented a standard Marketing Compliance checklist to be utilized before releasing any new public text, requiring the Administrators sign off verifying that the facility is strictly represented as a licensed Personal Care Home. The Administrator will conduct monthly audits of all marketing materials and public advertisements for the next six months to ensure the term "Assisted Living" is not utilized starting October 1, 2026 through April 1, 2026 and then bi-annually thereafter. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 09/18/2026

Not Implemented [REDACTED] 10/6/26)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 gave permission to staff member B to use [REDACTED] debit bank card and go to the store to purchase items for [REDACTED]. Staff member B kept the resident's debit bank card and made at least 28 withdrawals from the automatic teller machine between 2/12/26 through 5/14/26 totaling \$38,100.00 dollars and depleted resident #1's checking and savings accounts. Staff member B was arrested by local law enforcement. On 6/9/26 staff person A, the home's administrator, was notified of the theft, however, the incident was not reported to the Department.

On 4/09/26 at approximately 12:00 p.m., resident #2 had an unwitnessed fall in [REDACTED] room hitting [REDACTED] head against the heating and air conditioning unit and sustaining a laceration to [REDACTED] head, arm and leg causing significant bleeding. Resident #2 was on a blood thinner, was not given care for [REDACTED] bleeding injuries and was not sent to the hospital immediately. The resident was subsequently sent to the hospital at approximately 8:41 p.m. after family members who showed up at the home demanded that the resident be sent to the hospital and terminated the service of the hospice provider. Resident #2 ultimately [REDACTED] away from [REDACTED] injuries on the resident's date of death. This incident was not reported to the Department.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

The previous Administrator failed to notify the homes BHS regional office on 6/9/26 after being notified of the theft for Resident #1. On 8/19/26 the current Administrator reviewed all residents accounts to ensure personal funds were not manipulated, and implemented a financial protection policy. On 9/10/26 All staff were educated that they are prohibited from handling any Resident funds. Residents are now offered a secured locked box in the Business office for their petty cash, requiring dual-authorization signatures for deposits/withdrawals with the Resident/Administrator and/or Designee. On 9/10/26 local AAA Long-Term Care Aging Care Manager, [REDACTED] educated all staff on Resident Rights, Abuse Prevention and reporting. Documentation shall be kept in accordance with regulation 2600.65(i). On 9/16/26 the Administrator implemented and conducted private interview questions for three residents. Three Resident interviews will be conducted each week for three months, and then three Residents a month thereafter to ensure compliance with regulation 2600.42(b). Ongoing the Administrator/Designee will

42b - Abuse (continued)

immediately take the appropriate steps on reportable incidents. The current Administrator notified BHS with the incident report on 9/16/26.

On 4/9/26 at 9:20am Resident #2 had an unwitnessed fall the Hospice Service was contacted and arrived at 10am to assess Resident #2 injuries. The Hospice nurse noted that neuro checks were baseline and ordered skin tear treatment and d/c blood thinners. The homes Care Coordinator failed to have Resident #2 transferred to ER immediately for further evaluation. On 9/10/26 the current Administrator educated all staff of the homes Fall/Assessment/Response policy/procedure, and the skin tear policy/procedure. To ensure an immediate emergency transfer occurs in the future, the policy explicitly defines emergent clinical requirements without waiting for outside agencies/Physicians. On 9/16/26, and ongoing the Administrator/Designee/Care Coordinator shall review all incidents daily. A quarterly review of fall incidents shall begin September 21, 2026 and ongoing by Administrator/Care Coordinator. The results of the reviews shall be included by the Administrator/Designee in the homes periodic quality management reviews to identify any patterns or issues that may need to be addressed by the home on January 1, 2027. The previous Administrator failed to report to the homes BHS regional office of the passing of Resident #2 after being notified by the hospital on 4/23/26. The current Administrator notified BHS with the incident report on 9/16/26. On going the Administrator/Designee will immediately take the appropriate steps on reportable incidents. Staff education and all documentation shall be kept in accordance with regulation 2600.65(i)

Licensee's Proposed Overall Completion Date: 09/17/2026

Not Implemented  -10/6/26)