

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORBERT, INC.

LEGAL ENTITY

To operate NORBERT RESIDENTIAL CARE FACILITY

NAME OF FACILITY OR AGENCY

Located at 2413 ST. NORBERT DRIVE, PITTSBURGH, PA 15234

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 102  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 February 19, 2011 until February 19, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430510

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 28 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Hal K. Waldman, President  
Norbert, Inc.  
1326 Freeport Road, Suite 100  
Pittsburgh, Pennsylvania 15238

RE: Norbert Residential Care Facility  
2413 St. Norbert Drive  
Pittsburgh, Pennsylvania 15234

Dear Mr. Waldman:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

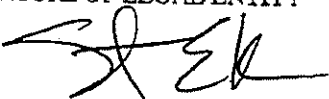
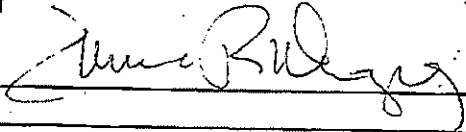
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**



NAME AND ADDRESS OF PERSONAL CARE HOME NORBERT RESIDENTIAL CARE FACILITY, 2413 ST NORBERT DRIVE PITTSBURGH, PA 15234		CURRENT LICENSE NUMBER 430510	
INSPECTION DATES (Include all dates of the inspection) 12/16/2010		REGIONAL REPRESENTATIVE Lisa V. Flimmer-Alman; Ian Cutter, Amanda Schumacher, Lisa V. Flimmer-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>STEVEN E. KARNS ADMINISTRATOR</b>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c1 Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	The contract for Resident #1, who receives SSI, dated 3/1/02, specifies that the resident will retain a personal needs allowance of \$60.00. The current personal needs allowance is \$85.00.	12/20/10	CONTRACT HAS BEEN UPDATED TO REFLECT THE CURRENT PERSONAL NEEDS ALLOWANCE OF 85.00 DOLLARS  CURRENT AND ONGOING SEE ATTACHMENT 25c1	

Western Region



Received Time Jan. 24. 4:01 PM


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	The contracts for all residents do not include a list of personal care services to be provided/ a copy of the residents' support plans.	12/20/10	A COPY OF SUPPORT PLANS FOR ALL RESIDENTS HAVE BEEN ATTACHED TO RESIDENT CONTRACTS.  CURRENT AND ONGOING	 2-14-11
Western Region				

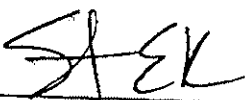

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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25c4 (4) The party responsible for payment.	The contract for Resident #2 does not specify the party responsible for payment.	12/20/10	ADMINISTRATOR WILL HAVE RESPONSIBLE PARTY FOR PAYMENT SIGNED UPON ADMISSION.  CURRENT AND ONGOING SEE ATTACHMENT 25c4	 2-14-11



Western Region

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Ancillary staff person A, who began work on 8/10/09, did not receive a general orientation to their job function in housekeeping.	2/1/11	<p><b>STAFF PERSON A WORKED ALONG SIDE OF FELLOW HOUSEKEEPERS FOR 40 HOURS BEFORE SHE WAS PUT ON THE FLOOR TO WORK BY HERSELF. EMPLOYEE DID RECEIVE GENERAL ORIENTATION TO HER SPECIFIC JOB FUNCTION, BUT WAS NOT DOCUMENTED. ADMINISTRATOR CREATED LIST OF JOB DUTIES AND A STATEMENT FOR EMPLOYEES TO SIGN THAT THEY HAVE BEEN PROPERLY ORIENTED TO THEIR JOB.</b></p> <p>CURRENT AND ONGOING SEE ATTACHMENT 65C</p>	 2-14-11
Western Region				
Adult Residential Licensing				

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The enabler on Resident #3's bed was mounted at the foot of the bed.  The vinyl on the left armrest of Resident #4's wheelchair was cracked and worn causing a potential hazard for skin break down and skin tears.	12/20/10          1/28/11	- THE ENABLER ON RESIDENT #3'S BED WAS MOUNTED AT THE FOOT OF THE BED BY THE RESIDENT OCCUPATIONAL THERAPIST. IT WAS MOUNTED AT THE FOOT OF THE BED BECAUSE THE RESIDENT SUFFERS FROM LEFT SIDE HEMI-PARESIS AND IS UNABLE TO USE LEFT UPPER EXTREMITY FOR FUNCTIONAL TASKS.  - THE ARMRESTS FOR RESIDENT #4'S OWN WHEELCHAIR ORDERED AND REPLACED ON 1/28/11.  MAINTENANCE DIRECTOR WILL INSPECT WHEELCHAIRS MONTHLY AND REPLACE PARTS AS NECESSARY  CURRENT AND ONGOING SEE ATTACHMENT B1b	<p><i>R. Staff will observe resident in current place. Residual's enabler is in a safe location for resident and that it is not an entrapment hazard. can be contained resident is PT for physical therapy for written doc. that enabler is in safe location for resident.</i></p>
Western Region   Adult Residential Licensing				

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SIGNATURE OF LEGAL ENTITY <i>SEK</i>		DATE 2/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JH</i>
			DATE 2-14-11


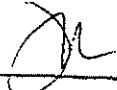
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>A spray bottle of 409 Glass &amp; Surface Cleaner, with a manufacture's label indicating "call a physician," was unlocked and accessible to residents.</p> <p>A tub of Balmex 11.3% Diaper Rash cream, with a manufacturer's label indicating "call poison control center immediately," was unlocked and accessible to residents in Room #417.</p> <p>Residents of the home, including Resident #2, have not been assessed capable of recognizing and using poisons safely.</p>	<p>12/16/10</p> <p>2/28/11</p>	<p>- 409 GLASS + SURFACE CLEANER WAS BROUGHT IN BY FAMILY MEMBER AND STORED IN CLOSET OFF OF CLEAN LINEN AREA. THE 409 WAS REMOVED AT TIME OF INSPECTION. FAMILY WAS REMINDED THAT BRINGING IN OUTSIDE CLEANING SUPPLIES AND LEAVING THEM IN THE FACILITY IS PROHIBITED.</p> <p>LOCKS HAVE BEEN INSTALLED TO ALL CLOSETS IN HALLWAYS. ALL POTENTIALLY POISONOUS MATERIALS HAVE BEEN REMOVED FROM RESIDENT ROOMS WITH THEIR PERMISSION AND STORED IN A LOCKED SECURE AREA.</p> <p>Staff will check for poisonous materials, daily and as part of their regular duties. Any poisonous materials will be immediately locked.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: 2-14-11 AM Initials: (DPW)</p>

Western Region



Adult Residential Licensing


*JH 2-14-11*

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in bathroom 2D was not covered.  Repeated Violations: 01/05/2010	12/16/10        2/28/11	TRASH CAN LID IN BATHROOM 2D HAD FALLEN INTO TRASHCAN. LID WAS PUT BACK ON AT TIME OF INSPECTION.  ADMINISTRATOR WILL MONITOR DURING ROUNDS THAT LIDS ARE ON.  Staff will be educated on this requirement.	2-14-11
Western Region        Adult Residential Licensing				



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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	The emergency lighting in stairwell C is not working.	12/30/10	EMERGENCY LIGHT IN STAIRWELL C WAS REPLACED ON 12/30/10. MAINTENANCE DIRECTOR WILL CHECK WEEKLY TO ENSURE THAT THEY ARE WORKING. WILL REPAIR OR REPLACE AS NECESSARY.  CURRENT AND ONGOING SEE ATTACHMENT 87	 2-14-11

Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


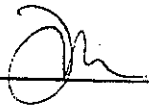
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The beds in Rooms # 210, #214, #224 and #417 do not have a source of light that can be turned on/off from bedside.  Repeated Violations: 01/05/2010	12/22/10    1/25/11	FOR ROOMS # 210, # 214, # 224 MINI TOUCH LIGHTS WERE PURCHASED AND ATTACHED TO HEADBOARD OF RESIDENT'S BED. ROOM #417 THE LAMP WAS UNPLUGGED AT TIME OF INSPECTION. WHEN BROUGHT TO OUR ATTENTION, LAMP WAS PLUGGED IN.  HOUSEKEEPING STAFF HAS BEEN EDUCATED TO CHECK IF LAMP IS NEXT TO BED AND THAT IT IS PLUGGED IN DURING DAILY CLEANING OF RESIDENT ROOMS. CURRENT AND ON GOING  SEE ATTACHMENTS 101j7	       Steps have been taken to correct violation; full compliance is not verifiable 2/14/11  Date Initials (DPW)
Western Region				
Adult Residential Licensing				

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

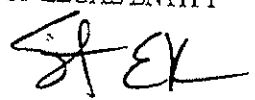
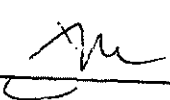
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141b1 A resident shall have a medical evaluation: (1) At least annually.	The annual medical evaluation, completed 6/24/10, for Resident #2 was not completed within the required time frame.	1/27/11	DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL MONITOR MEDICAL EVALUATION DUE DATES FOR ALL RESIDENTS AND WILL WORK WITH RESIDENT PHYSICIANS TO ENSURE THAT THEY WILL BE DONE WITHIN REQUIRED TIME FRAME.  CURRENT AND ONGOING	 2-14-11

Western Region  
Adult Residential Licensing

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161b When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.	There are no alternates posted on the home's menu for breakfast.	1/25/11	<p>SCRAMBLED EGGS WERE ADDED TO LIST OF ALTERNATES. ALTERNATE MENU IS POSTED ON BULLETIN BOARD UPON ENTRANCE TO DINING ROOM. ADMINISTRATOR WILL MONITOR DURING DAILY ROUNDS THAT ITEMS ON ALTERNATE MENU ARE AVAILABLE AND THAT MENU IS POSTED.</p> <p>CURRENT AND ONGOING</p> <p>SEE ATTACHMENT 161b</p>	<p> 2-14-11</p>
<p><b>Western Region</b></p> <p style="text-align: right;">2-14-11</p> <p>Adult Residential Licensing</p>				



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
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The medical evaluation for resident #2, completed 6/24/10, indicates a diagnosis of A-fib, hypertension, lower extremity edema and contracture of the left hand which is not addressed on the assessment, completed on 6/24/10.	1/25/11	- ALL DIAGNOSIS ADDED TO SUPPORT PLAN WITH PLAN FOR FOLLOW UP. DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL ADDRESS ALL DIAGNOSIS IN THE FUTURE.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-14-11 Initials: (DPW)
	Resident #6 requires the use of a hearing aid; however, this is not addressed on the assessment, completed 4/27/10.	1/25/11	- ADDED TO SUPPORT PLAN. DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL REVIEW ALL SUPPORT PLANS TO ENSURE THAT ALL IS ADDRESSED. WAS ADDRESSED ON 30 DAY SUPPORT PLAN.	
	The medical evaluation for resident #7, completed 4/27/10, indicates a diagnosis of glaucoma, depression, A-fib and urinary retention which is not addressed on the assessment, completed on 4/27/10.	1/25/11	- ALL DIAGNOSIS ADDED TO SUPPORT PLAN WITH PLAN FOR FOLLOW UP. DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL REVIEW TO ENSURE ALL DIAGNOSIS ARE INCLUDED ON SUPPORT PLANS CURRENT AND ONGOING	

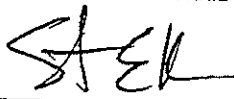
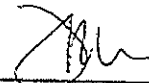
Western Region

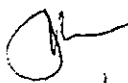
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NORBERT RESIDENTIAL CARE FACILITY, 2413 ST NORBERT DRIVE PITTSBURGH, PA 15234		CURRENT LICENSE NUMBER 430510	
INSPECTION DATES (Include all dates of the inspection) 12/16/2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jan Cutter, Amanda Schumacher, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>STEVEN E. KARNS ADMINISTRATOR</b>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The support plan for resident #2, completed 6/24/10, does not address the resident's care needs or services for the resident's diagnosis of a left hand contracture.</p> <p>The support plan for resident #7, completed 6/22/10, does not address the resident's care needs or services for the resident's diagnosis of glaucoma, A-fib, and urinary retention.</p> <p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>	1/25/11	<p>ADDED TO SUPPORT PLANS DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL REVIEW ALL SUPPORT PLANS.</p> <p>ALL DIAGNOSIS ADDED TO SUPPORT PLAN WITH PLAN FOR EVALUATION. DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL REVIEW TO ENSURE ALL DIAGNOSIS ARE ADDRESSED WITH FOLLOW UP WHEN NECESSARY</p> <p>CURRENT AND ONGOING</p> <p>SEE ATTACHMENT 227d</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">2-4-11 </p> <p>Date Initials (DPW)</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NORBERT RESIDENTIAL CARE FACILITY, 2413 ST NORBERT DRIVE PITTSBURGH, PA 15234		CURRENT LICENSE NUMBER 430510	
INSPECTION DATES (Include all dates of the inspection) 12/16/2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jan Cutter, Amanda Schumacher, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>STEVEN E. KARNS ADMINISTRATOR</b>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Staff person B participated in the development of Resident #8's support plan on 11/17/10; however, staff person B did not sign the support plan.	12/16/10	STAFF PERSON B SIGNED SUPPORT PLAN ON 12/16/10. DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING WILL REVIEW ALL SUPPORT PLANS TO ENSURE THAT WHO EVER PARTICIPATES IN THE DEVELOPMENT OF SUPPORT PLAN SIGNS IT.  CURRENT AND ONGOING  SEE ATTACHMENT 227G	 2/14/11

Western Region