

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

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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 20, 2013 until February 20, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430510

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 29 2013

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 (Department) licensing inspection on November 15, 2012 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 Human Services 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
Director

Enclosures
License
Violation Report

Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

DEC 19 2012

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers. Field Office
Adult

2a. DESCRIPTION OF VIOLATION

There was an unlabeled, plastic, spray bottle, containing Lysol mixed with water, on the housekeeping cart in hallway 4b. There was another unlabeled, plastic, spray bottle, containing Lysol mixed with water, on the housekeeping cart in the mechanical room.


3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

LABEL'S HAVE BEEN PROVIDED BY CLEANING SUPPLY COMPANY. ALL HOUSEKEEPERS HAVE BEEN EDUCATED BY THE ADMINISTRATOR THAT THEY ARE ONLY TO USE CLEANING PRODUCTS THAT ARE IN THEIR ORIGINAL LABELED CONTAINERS. LABEL'S RECEIVED 11/22/12

SEE ATTACHMENTS 2600.82(A)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **STEVEN E. KARNS ADMINISTRATOR**

Date **12/18/12**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/26/12
(Date)

Plan of correction implementation status as of 12/26/12
(Date)

The above plan of correction was approved by MS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress **MS**
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F
 12/19/2012

2a. DESCRIPTION OF VIOLATION
 The hot water temperature in the sink of the 4th floor shared bathroom in building B was 145 degrees Fahrenheit
 Western Field Office
 Residential Licensing
 The hot water temperature in the sink of bedroom #325 in building B was 143.5 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DURING INSPECTION, MAINTENANCE MAN NOTICED THAT THE SWITCH TO THE MIXING VALVE WAS ACCIDENTALLY TURNED OFF. ON THE LAST DAY OF INSPECTION 11/16/12, ALL WATER TEMPS WERE BELOW 120°. THE ADMINISTRATOR HAS CHECKED WATER TEMPERATURE SINCE 11/16/12 AT VARIOUS LOCATIONS THROUGHOUT THE FACILITY AND NONE HAVE EXCEEDED 120°.

ON 12/16/12 MAINTENANCE INSTALLED PROTECTIVE COVER TO ENSURE THAT IT CAN NOT BE ACCIDENTALLY TURNED OFF, ADMINISTRATOR AND MAINTENANCE WILL CONDUCT WEEKLY, RANDOM CHECKS AT VARIOUS LOCATIONS THROUGHOUT THE FACILITY AND WILL MAKE ADJUSTMENTS IF NEEDED.

SEE ATTACHMENT 2600.89 (3)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *SEK*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) STEVEN E. KARNIS ADMINISTRATOR Date 12/18/12

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Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

DEC 19 2012

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency service phone numbers posted on or by the phones in bedrooms #213, #239 and #332.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

EMERGENCY SERVICE PHONE NUMBERS WERE IN ROOMS BUT NOT NEXT TO THE PHONE. ADMINISTRATOR TALKED WITH RESIDENTS ABOUT THE IMPORTANCE OF KEEPING NUMBERS NEXT TO THEIR PHONE. TALKED WITH RESIDENTS ON 12/13/12. ADMINISTRATOR WILL MONITOR WHILE MAKING DAILY ROUNDS AND WILL ENSURE REQUIRED NUMBERS ARE POSTED NEXT TO RESIDENT PHONES.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

STEVEN E. KARNS ADMINISTRATOR

Date

12/18/12

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(Initials)

Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

DEC 19 2012

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Western Field Office
Adult Care and Licensing

2a. DESCRIPTION OF VIOLATION

The home's first aid kit did not have antiseptic.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

INDIVIDUAL PACKETS OF TRIPLE ANTIBIOTIC OINTMENT WAS ADDED TO FIRST AID KIT ON 11/20/12. DIRECTOR OF NURSING WILL CHECK WEEKLY TO MAKE SURE FIRST AID KIT IS PROPERLY STOCKED. DIRECTOR OF NURSING EDUCATED MED-TECHS TO RE-STOCK AFTER EACH USE.

SEE ATTACHMENT 2600.96(A)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *SEK*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) STEVEN E. KARNIS ADMINISTRATOR Date 12/18/12

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DEC 19 2012

Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home does not have a supply of emergency drinking water on site. The current contractual agreement with Old Time Coffee does not indicate the water will be delivered immediately upon request, 24-hours-per-day.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ADMINISTRATOR OBTAINED NEW LETTER OF AGREEMENT THAT STATES SPECIFIC TIME OF DELIVERY IN CASE OF EMERGENCY. LETTER WAS RECEIVED ON 11/16/12.

SEE ATTACHMENT 2600.107(C)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) STEVEN E. KARNIS ADMINISTRATOR Date 12/18/12

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Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The latches are difficult to open on the the gates at each end of the fenced walking path, which are emergency egress exits leading to the parking lot.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

LATCHES WERE REMOVED ON 12/14/12.

SEE ATTACHMENT 2600.121(A)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

STEVEN E KARNs ADMINISTRATOR

Date 12/13/12

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Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

DEC 19 2012

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

Door #5 on the 4th floor of building A is not an exit door. However, it is labeled as an exit on the emergency evacuation diagram.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ARROW WAS REMOVED FROM EVACUATION DIAGRAM ON 12/17/12 THAT POINTED TO DOOR # 5. ADMINISTRATOR REVIEWED ALL OTHER DIAGRAMS AND ALL WERE O.K.

SEE ATTACHMENT 2600.123(C)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) STEVEN E. KARNS ADMINISTRATOR Date 12/18/12

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Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

DEC 19 2012

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

Western Field Office
on the Department's

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/12/12, does not include a diagnosis of narcolepsy as indicated on the resident's medical evaluation, dated 9/12/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DIRECTOR OF NURSING WILL REVIEW ALL DME'S TO ENSURE DIAGNOSIS ON THE DME IS ALSO ON THE RESIDENT'S SUPPORT PLAN. REVIEW OF ALL DME'S AND SUPPORT PLANS WILL BE COMPLETED BY 1/15/13.

Resident #1's physician has indicated the diagnosis of narcolepsy was made in the past and is not current at this time.
MS 12/26/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

STEVEN E. KARNS ADMINISTRATOR

Date

12/18/12

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DEC 19 2012

Violation Report: 43051 - 11/15/2012 - Garrigan, Laurie
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 9/12/12, includes a diagnosis of narcolepsy. However, the resident's support plan, dated 9/12/12, does not address services the home will provide regarding this diagnosis.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DIRECTOR OF NURSING AND OR ASSISTANT DIRECTOR OF NURSING
 WILL MAKE SURE ALL DIAGNOSIS ON THE DIME WILL BE INCLUDED
 ON THE SUPPORT PLAN.

THERE ARE NO SERVICES NECESSARY AT THIS TIME DUE
 TO INACTIVE STATUS. RESIDENT HAS SHOWN NO SIGNS
 OR SYMPTOMS OF NARCOLEPSY SINCE TIME OF ADMISSION.
 Resident #1's physician has indicated the diagnosis of narcolepsy is not current
 at this time. ms 12/26/12
 SEE ATTACHMENT 2600.227 (D)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/08/2012
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Signature of Legal Entity Representative *[Signature]*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *STEVEN E. KARNS ADMINISTRATOR*
 (Required on EVERY Page) Date *12/18/12*

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