



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: OCT 2 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 July 25, 2013, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: NORBERT RESIDENTIAL CARE FACILITY		<b>RECEIVED</b>	License Number: 43051
Address: 2413 ST NORBERT DRIVE, PITTSBURGH, PA 15234			SEP 16 2013
Administrator: Lori Weaver		<b>WEST REGION FIELD OFFICE Human Services Licensing</b>	Region: WEST
Legal Entity Name: NORBERT INC			
Legal Entity Address: 1326 FREEPORT ROAD SUITE 100, PITTSBURGH, PA 15238			
<b>Certificate(s) of Occupancy</b>			
1-2 03/09/2010 City of Pittsburgh			
<b>Staffing Hours</b>			
Resident Support: 0		Total Daily Staff: 111	Waking Staff: 83
Type of Inspection: Partial		BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>			
Complaint			
<b>On-Site Inspections Dates and Department Representatives On-Site</b>			
07/25/2013: McConnell, Deb; Garrigan, Laurie			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
07/26/2013: McConnell, Deb			
<b>Other Details</b>			
Partial or Full Triggers:		Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 100 Number of Residents Served: 92 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 15 Number of Hospice Residents in past year: 25		<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 92 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 2	

RECEIVED

Violation Report: 43051 - 07/25/2013 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

SEP 18 2013

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's <sup>WEST VIRGINIA HOME REGIONAL OFFICE</sup> personal care home complaint hotline within 24 hours in a manner designated by the <sup>HUMAN SERVICES LICENSING</sup> Department. Reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/23/13, resident #1, who is diagnosed with dementia, exited the home unsupervised and was found in the parking lot on the ground. The resident was bleeding and face was swollen. Resident was transferred to the hospital by ambulance. The home did not report the incident to the Department until 7/25/13.

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.

New administrator aware of and will adhere to sending in incidental report from here on out within 24 hours of any reportable incident.

By 9/13/13 - The administrator will review the home's internal incident reporting procedures, and make adjustments if required.

By 10/13/13 - All staff persons will be reeducated on the policy and procedures for reportable incidents and conditions. Documentation will be kept.

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) *Loi A. Weaver*

Date *9/18/13*

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

The above plan of correction is approved as of 9/17/13  
(Date)

Plan of correction implementation status as of 9/17/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
(Initials)

Violation Report: 43051 - 07/25/2013 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home has a wander guard system for residents with dementia who are an elopement risk. The system alerts staff by sounding an alarm when an exterior exit door is opened by a resident who wears a wander guard bracelet.

On 7/23/13, at 6:19 PM, resident #1, who is 88 years old, diagnosed with dementia and utilizes the wander guard system, walked out of the home unsupervised during a severe rain storm. The alarm went off; however, resident #2, who does not have dementia, knew the number code to shut off the alarm and did so. The home was aware that resident #2 knew the security code to the wander guard alarm and has turned off the alarm in the past to take walks outside. At 6:26 PM, received a call from a nearby convent telling them that a resident was lying in the parking lot. Resident #1 was assisted back into the home by staff. The resident was soaking wet, bleeding and was treated at a hospital for large hematoma to right side of face.

In addition, the home was aware that resident #1 has previously taken off the wander guard bracelet. On 6/5/13, resident #1 eloped from the home after removing the bracelet and was found 3 blocks away. The home was unaware the resident was gone and was told by a family member of another resident who recognized the resident and informed the staff.

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.

- 1) Alarm codes were changed; only staff aware of the code.
- 2) Alarm codes will be changed every 3 months to ensure confidentiality.
- 3) Discussed with family need for higher level of care. Family agreeable and resident was transferred from hospital to a locked facility.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lon A. Weaver* Date *9/13/13*

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

The above plan of correction is approved as of <u>9/26/13</u> (Date)	Plan of correction implementation status as of <u>9/26/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 07/25/2013 - McConnell, Deb  
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

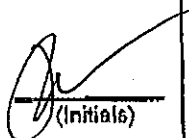
1. REGULATION 55 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 The home has a wander guard system for residents with dementia who are an elopement risk. The system alerts staff by sounding an alarm when an exterior exit door is opened by a resident who wears a wander guard bracelet.  
 On 7/23/13, at 6:19 PM, resident #1, who is 88 years old, diagnosed with dementia and utilizes the wander guard system, walked out of the home unsupervised during a severe rain storm. The alarm went off; however, resident #2, who does not have dementia, knew the number code to shut off the alarm and did so. The home was aware that resident #2 knew the security code to the wander guard alarm and has turned off the alarm in the past to take walks outside. At 6:26 PM, received a call from a nearby convent telling them that a resident was lying in the parking lot. Resident #1 was assisted back into the home by staff. The resident was soaking wet, bleeding and was treated at a hospital for large hematoma to right side of face.  
 In addition, the home was aware that resident #1 has previously taken off the wander guard bracelet. On 6/5/13, resident #1 eloped from the home after removing the bracelet and was found 3 blocks away. The home was unaware the resident was gone and was told by a family member of another resident who recognized the resident and informed the staff.

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.  
 Immediately - All resident records will be reviewed to ensure the home is meeting residents' needs and providing assistance with activities of daily living, including supervision needs and as indicated in the residents' assessments and support plans.  
 Immediately - The administrator will review internal procedures for responding to the wanderguard alarm system.  
 By 09/30/13 - All staff will be reeducated on the proper procedures for responding to the wanderguard alarm. Documentation will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Valerie Kirik RN D.O.N.</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Valerie Kirik RN DON</i>		<i>9/17/13</i>	

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The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 07/25/2013 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

SEP 16 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 7/25/13, at 2:47PM, a staff person was observed assisting a resident with incontinence care with the bedroom door wide open. The resident was undressed and visible to others passing the doorway.

The home video records corridors, entrances and exits, and the parking lot. Signs indicating that images are being recorded are not posted in areas that are being recorded.

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.

1) Staff was educated to close doors when assisting residents with undressing and/or changing their briefs, etc.

2) Signs are posted throughout building stating that there is 24 hour video surveillance

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

Signature of Legal Entity Representative (Required on EVERY Page) *J. Weaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lon A. Weaver*      Date *9/13/13*

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The above plan of correction is approved as of 9/12/13 (Date)

Plan of correction implementation status as of 9/12/13 (Date)

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

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 43051 - 07/25/2013 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

SEP 16 2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

WEST REGION FIELD OFFICE  
Human Services Licensing

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 9/2/12, does not address the resident's need of supervision due to wandering, multiple elopements and the resident ability to remove the wander guard bracelet.

The assessment for resident #2, dated 4/10/13, does not address the resident's use of the wander guard system or the resident's ability to disengage system's alarm.

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.

1) Reviewed with nursing staff the need to address the "Wanderguard" protocol on every resident utilizing the "Wanderguard" system.

2) Residents no longer have access to the code.

Resident #1 no longer resides at facility.

By 10/31/13 - The administrator will review all residents assessments and support plans to ensure they are accurate and complete in all areas.

*9/12/13*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lon A. Weaver</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lon A. Weaver</i>	<i>9/13/13</i>

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