



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 25 2014

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

RE: Norbert Residential Care Facility
2413 Saint Norbert Drive
Pittsburgh, Pennsylvania 15234
License #: 430510

Dear Mr. Waldman:

As a result of the Department of Public Welfare's licensing inspection on December 19, 2013 and December 20, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period February 20, 2014 to February 20, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 12/19/13, at 9:15 a.m., two large stacks of records, including narcotic count sheets, physician orders and medication administration records for residents #2 and 3 were unlocked and accessible on top of a filing cabinet located next to the medication room on the 4th floor.

On 12/19/13, resident's names and their prescribed diets including the following, were posted on a white board in the dining room:

"Purees": Residents #4, #5

Thick-It: Residents #4, #6

On 12/19/13, a sign which indicates for the 11-7 shift to wake Resident #7 up at 6 a.m. every morning, was posted on the outside of bedroom #219's door.

On 12/19/13, a sign indicating Resident #8 "can walk with walker but must have someone with" him/her was posted on the outside of bedroom #220's door.

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.

SEE ATTACHED

Page 2A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kevin Walsh

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

KEVIN WALSH Administrator

Date

5-7-14

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

The above plan of correction is approved as of

5/15/14
(Date)

Plan of correction implementation status as of

5/15/14
(Date)

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

The above plan of correction was approved by

KW
(Initials)

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

All discharged resident records will be stored in Nurse's Station staging area
Administrator
Change was made immediately after inspection was performed
Removal of filing cabinet in common area relocated to secure area
All nursing staff were informed of the change to prevent further violation
All current residents records are to be kept in medication room on the 4th floor

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Special diets of residents are designated using symbols on white board in dining area
Nursing
Change was made immediately after inspection performed using "star" or "circle" to designate special diets
Change in the way diets are designated for residents requiring "Puree" or "Thick-It"
All nursing staff were informed of the change to prevent further violation
Information communicated to all nursing personnel of change

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Sign removed
Nursing
Change was made immediately after inspection was performed for resident # 7
Resident informed sign would remain in secure nurses station
All Affected future residents will be informed of HIPPA and RCG compliance regulations
Staff personnel will be educated on the requirement of the regulation related to this violation

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Sign removed
Nursing
Change was made immediately after inspection was performed for resident # 8
Resident no longer resides at facility...ctb 1-1-14
All Affected future residents will be informed of HIPPA and RCG compliance regulations
Staff personnel will be educated on the requirement of the regulation related to this violation

By 6/30/14 - The administrator will monitor the home at least monthly to ensure confidential material is not accessible to the public and stored securely.

JR 5/15/14

RECEIVED
MAY 09 2014
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #6, dated 7/11/13, was not signed by the resident.

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.

Resident suffers from Huntington's Disease. Previous administrator did NOT receive signature of resident AT TIME OF ADMISSION. NEW administrator will get signature of the resident in presence of spouse who is POA.

The spouse will be contacted to schedule appointment for signature witness.

By 6/13/14 - The administrator or designee will review all contracts of current residents to ensure required signatures are included.

The administrator will ensure that all contracts are complete and signed by the resident, or resident's POA if resident unable to sign.

[Signature] 6/13/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature: Kevin Walsh]

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

KEVIN WALSH Administrator

Date 5-7-14

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

The above plan of correction is approved as of

5/15/14
(Date)

Plan of correction implementation status as of

5/15/14
(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 - 12/19/2013 - Flinger-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

On 12/19/13, a tube of Balmex, with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center immediately", was unlocked and accessible to residents a shelf in common bathroom 4B.

On 12/20/13, a box of Equate Antibacterial Denture Cleanser, with a manufacturer's label indicating "In case of accidental ingestion, seek professional assistance or contact the poison control center", was unlocked and accessible to residents in room #231's bathroom.

Not all residents of the home, including resident #10, have not been assessed capable of recognizing and using poisons safely.

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.

SEE ATTACHED Page 4A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kevin Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14 (Date)

Plan of correction implementation status as of 5/15/14 (Date)

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

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

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Balmex was removed and placed in locked cabinet
Nursing
Change was made immediately after inspection was performed
Removal of Balmex in bathroom was performed and relocated to locked cabinet
All nursing staff were informed to prevent further violation
All new staff and current staff will be advised of regulation

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Denture cleanser was removed
Nursing
Change was made immediately after inspection was performed
Removal of Denture cleanser in resident's bathroom was performed.
All nursing staff were informed to prevent further violation
All new staff and current staff, resident and family member (daughter) will be advised of regulation

By 6/30/14 - A designated staff person, daily and on each shift, will monitor the home for poisons, to ensure they remain locked.

By 6/30/14 - The administrator or designee will monitor the home at least monthly, to ensure poisons are locked.

D
5/15/14

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinger-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 12/19/13, at 9:45 a.m., the water temperature at the sink in common bathroom 4B measured 140.5 degrees Fahrenheit.

On 12/19/13, at 9:54 a.m., the water temperature at the sink in common bathroom 4C measured 137.1 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.

SEE ATTACHED, Page 5A of 19

Repeat Violation: Yes | Date(s) of Previous Violation(s): 11/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Kevin Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin WALSH Administrator* | Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14
(Date)

Plan of correction implementation status as of 5/15/14
(Date)

The above plan of correction was approved by *KW*
(Initials)

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

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Water temperature was turned down and adjusted to below 120 degree Fahrenheit
Maintenance personnel
Change was made immediately during time when inspection was performed
Water temperature was turned down on hot water tank
All maintenance staff will perform random checks on water temperatures
All new staff and current staff will be advised of regulation

at least weekly. Documentation will be kept.

J 5/15/14

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinnar-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 12/19/13, the telephone in the room next to the administrator's office did not have any emergency service numbers posted on or nearby the telephone.

On 12/20/13, the telephone in room #233 did not have any emergency service numbers posted on or nearby the telephone.

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.

SEE ATTACHED Page 6A of 19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2012		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of <u>5/15/14</u> (Date)	Plan of correction implementation status as of <u>5/15/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not implemented

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Emergency phone number (s) were reposted
Administrator
Change was made immediately during time when inspection was performed
Reposted
Review of area to maintain posting of emergency number(s) **AT LEAST WEEKLY**
Review of regulation with all maintenance personnel

Emergency phone number(s) posting was relocated above phone in residents room
Administrator
Change was completed consistent with violation notification for room # 233 resident
Phone number was affixed on wall above phone in residents room
All rooms will be periodically checked to comply with regulation for residents who have phones **AT LEAST MONTHLY.**
Review of regulation with all maintenance personnel and housekeeping will be completed

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing
J. St. 15/14

J. St. 15/14

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 12/19/13, the light fixture across from room #236 did not have a cover.

On 12/19/13, the folding door for the closet in bathroom 3-D was off its track and difficult to open.

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.

SEE ATTACHED Page 1A of 19

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

Signature of Legal Entity Representative *Kevin Walsh*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin WALSH</i>	Date <i>5-7-14</i>
---	--------------------

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

The above plan of correction is approved as of 5/15/14
(Date)

Plan of correction implementation status as of 5/15/14
(Date)

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

The above plan of correction was approved by *o*
(Initials)

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

New cover purchased for installation
Maintenance personnel
Will be completed by 5-9-14.
Repair to light
Inspection of covers of lights to remain free of hazards
Maintenance personnel advised of regulation and expected compliance

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Adjusted made to repair door
Maintenance personnel
Completed at time of inspection.....new doors installed on 3rd floor.....2nd floor to be installed by 5-9-14
Readjusted of door to be put on track
New doors purchased for bathrooms on 2nd floor and 3rd floor of B Bldg.
Maintenance personnel advised of regulation and expected compliance

By 6/30/14 - The administrator or designee will monitor the home at least monthly to ensure furniture and equipment is in good repair.

*J
5/15/14*

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 12/20/13, the bed in room #231 did not have a source of light that can be turned on/off from bedside.

On 12/20/13, the bed in room #237 did not have a source of light that can be turned on/off from bedside.

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.

SEE
ATTACHED Page 8A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kevin Walsh

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

KEVIN WALSH Administrator

Date

5-7-14


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

The above plan of correction is approved as of


5/15/14
(Date)

Plan of correction implementation status as of

5/15/14
(Date)

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

The above plan of correction was approved by


(Initials)

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Nightstand with light was moved next to bedside
Administrator
Immediately
Relocation of lamp in bedroom area next to bedside will be made by maintenance
Education of maintenance and nursing personnel to maintain compliance of regulation
Continue to advise staff and residents about the required regulation

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Nightstand with light was moved next to bedside
Administrator
Immediately
Relocation of lamp in bedroom area next to bedside will be made by maintenance
Education of maintenance and nursing personnel to maintain compliance of regulation
Continue to advise staff and residents about the required regulation, and to
monitor bedside lighting daily as part of their
regular duties.

Try 6/30/14 - The administrator or a designee will monitor bedside lighting at least monthly to ensure lighting is operable and reachable from bedside. If a resident relocates lamps, an alternate source of lighting, such as a flashlight or push light will be made available.

5/15/14

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 12/19/13, there was an undated, unsealed bag of fully cooked chicken in the 4th floor kitchen's main refrigerator.

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.

The undated and unsealed bag of chicken was immediately discarded at the time of inspection and the kitchen staff was informed of the expectation of compliance with this regulation to maintain future compliance. Administration will monitor kitchen staff for continued compliance, by checking food storage areas at least weekly.

5/15/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kevin Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEVIN WALSH* Date *5-7-14*

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

The above plan of correction is approved as of *5/15/14* (Date)

Plan of correction implementation status as of *5/15/14* (Date)

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

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

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 12/19/13, at 10:47 a.m., there was no thermometer in the small refrigerator in the 3A entrance.

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.

Thermometer has been purchased and placed in refrigerator in common area of 3A. Staff (activities) advised to make sure thermometer is not removed by resident(s) by monitoring at least weekly.

5/15/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kevin Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEVIN WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14 (Date)

Plan of correction implementation status as of 5/15/14 (Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *Q* (Initials)

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

On 12/19/13, at 9:56 a.m., a chair blocked egress on the outside of the first set of doors leading from the dining room to the outside of the home.

There is an exit sign above the door leading to the smoking area located on a porch off of the 4th floor. However, there is a padlock on the gate from the porch, preventing egress to the hillside.

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.

SEE ATTACHED Page 11A of 19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/15/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Kevin Walsh

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

Kevin WALSH

Date

5-7-14

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

The above plan of correction is approved as of

5/15/14
(Date)

Plan of correction implementation status as of

5/15/14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Chairs were removed from the egress area outside of 4th floor dining room
Administrator with assistance from maintenance
Completed at day of inspection
Removal of all furniture from egress area completed
No furniture will be stored outside of 4th floor dining room patio
All staff informed of the change

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Padlock removed
Administrator
May 7th 2014
Removal of the padlock to comply with most recent inspection
Door/gate to remain unlocked

Ongoing interpretation of smoking porch to determine exit or not? -
Administrator will consult with local building code officials to determine exits, and prior to closing any exits.

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

J
5/15/14

My 6/30/14 - The administrator or designee will monitor the home at least weekly to ensure egress routes are not blocked.

J
5/15/14

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 12/19/13, at 9:56 a.m., there were two full propane tanks on the patio located off of the dining 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.

PROpane tanks removed AND ALL MAINTENANCE PERSONNEL ADVISED NO STORAGE OF ANY ITEMS ARE PERMITTED ON THE PATIO OFF THE DINING ROOM. TANKS WERE REMOVED ON DATE OF INSPECTIONS, BY MAINTENANCE AT DIRECTION OF ADMINISTRATOR. By 6/30/14 - The administrator or designee will monitor the home at least weekly to ensure combustible materials are not accessible to residents & staff

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEVIN WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14 (Date)

Plan of correction implementation status as of 5/15/14 (Date)

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

- Fully Implemented *[Handwritten mark]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Nine of the eleven fire drills in 2013 were conducted on the last or next to last day of the month:

- 2/28/13 at 9:34 p.m.
- 3/30/13 at 5:51 a.m.
- 5/30/13 at 9:33 a.m.
- 6/30/13 at 11:58 p.m.
- 7/31/13 at 7:51 p.m.
- 8/30/13 at 2:11 p.m.
- 9/30/13 at 7:52 p.m.
- 10/31/13 at 5:03 a.m.
- 11/29/13 at 2:37 p.m.

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.

SEE ATTACHED Page 13A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEVIN WALSH* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14 (Date)

Plan of correction implementation status as of 5/15/14 (Date)

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

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

What specific change will be made

Fire Drills were completed during 2014 at the following dates and times with administrator present:

Tues 12-31-14 at 7:22 am (observed by Pgh Fire Inspector Lisa Epps)

Fri 1-24-14 at 10:31 am

Thur 2-20 -14 at 7:11 pm

Fri 3-14-14 at 9:39 am

Thur 4-24-14 at 4:07 pm

Who will make the change

Administrator

When will the change be made

Immediately effective January 2014

How will the change be made

Monitoring by administrator when scheduling of fire drills will occur

System to prevent repeat violation

Documentation to conduct fire drills at different days and times

Related training required

Continued implementation of fire drills with all staff from all departments

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Liaison

2/21/14

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa

PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 12/19/13, the designated smoking area had 2 plastic garbage cans used as ashtrays, and were full of cigarette butts. A plastic lid next to the cans was full of trash, including cigarette boxes and paper towels.

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.

SEE ATTACHED Page 14A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kevin Walsh

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

Kevin WALSH

Date 5-7-14

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

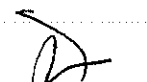
The above plan of correction is approved as of


5/15/14
(Date)

Plan of correction implementation status as of

5/15/14
(Date)

The above plan of correction was approved by


(Initials)

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

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Removal of plastic garbage can
Administrator
Immediately
Garbage can to be removed from smoking porch
Monitoring of smoke area/porch by administrator to maintain compliance with regulation
Inform all residents/staff of rules of smoking area

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately - A designated staff person, daily and on each shift, will monitor the smoking area to ensure fireproof ashtrays are present and that no trash and/or flammable materials are present.

3/15/14

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa

PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The door leading to the exterior designated smoking area on the 4th floor does not close completely, leaving a gap of approximately 1/4 inch, allowing smoke to enter the home. On 12/20/13, the odor of smoke from the exterior designated smoking was noticeable in the TV 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.

SEE ATTACHED Page 15A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kevin Walsh

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

Kevin WALSH Administrator

Date 5-7-14

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

The above plan of correction is approved as of 5/15/14
(Date)

Plan of correction implementation status as of 5/15/14
(Date)

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

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

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Door adjusted and repaired
Maintenance personnel
Completed
Door will be adjusted to close gap
Monitoring of smoke area/porch by administrator to maintain compliance with regulation
Inform all residents/staff of rules of smoking area door to remain closed at all times

AT LEAST WEEKLY

5/15/14

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

5/15/14

RECEIVED

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed an Exelon 3.5 mg patch, apply one patch daily as directed. The resident was sent to the emergency department on 9/8/13. The medical records indicate that "Patient has several Exelon patches" on his/her chest. The resident was diagnosed with hematuria, blood in the urine, and released the same day.

The medication administration record (MAR) for September 2013 indicates that resident #1 was administered the Exelon patch at 8 a.m. daily from 9/1/13 - 9/8/13.

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.

SEE ATTACHED Page 16A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14
(Date)

Plan of correction implementation status as of 5/15/14
(Date)

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

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

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Nursing staff advised administrator this occurred prior to [redacted] arrival in November of 2013
Nursing
Ongoing monitoring of compliance with regulation and details of this violation were completed by DON
Nursing advised staff of occurrence and to monitor residents wearing Exelon patches more closely
Pay closer attention to detail in the application of Exelon patches and the direction of the prescriber
Nursing staff Director of Nursing advised all nursing personnel of importance of regulation

NOT ACCEPTABLE!
RESIDENT ADMITTED
TO HOME ON
JULY 19, 2012

Handwritten initials: "Handwritten initials"

By 6/30/14 - All staff who administer medications will be educated on medications administered in Patch form by a pharmacist or registered nurse to ensure all proper protocols are followed, including removing old patch when new patch is applied, proper disposal, verification of placement of medication patches on days between patch application will be kept.

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

5/25/14 By 6/30/14 - The administrator will observe a medication pass for each staff person who administers medication, to ensure proper procedures are followed.

By 6/30/14 - The administrator or designee will review the medication record, audit medications, including patches, and check each resident who is prescribed a medication patch to locate patch and ensure old patches are removed. This will be done weekly for at least one month, then monthly thereafter.

Handwritten signature/initials: "Handwritten signature/initials"

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form, dated 10/13/13, for resident #4, does not include a determination that the home can meet the service needs of the resident.

The preadmission screening form, dated 7/9/13, for resident #6, does not include a determination that the home can meet the service needs of the resident.

The preadmission screening form, dated 7/19/13, for resident #11, does not include a determination that the home can meet the service needs of the resident.

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.

SEE ATTACHED Page 17A of 19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ken Walsh

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

KEVIN WALSH ADMINISTRATOR

Date

5-7-14

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

The above plan of correction is approved as of

5/15/14
(Date)

Plan of correction implementation status as of

5/15/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

A review of the preadmission screen was determined for resident # 4
Administrator
Reviewed 5-7-14.....resident ctb 12-25-14
Review of Pre Admission Screening Form
New administrator aware of regulation
None required for new administrator Kevin Walsh

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

A review of the preadmission screen was determined for resident # 6
Administrator
Completed 5-7-14
Review of Pre Admission Screening Form
New administrator aware of regulation
None required for new administrator Kevin Walsh

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

A review of the preadmission screen was determined for resident # 11
Administrator
Reviewed 5-7-14.....resident ctb 4-28-14
Review of Pre Admission Screening Form
New administrator aware of regulation
None required for new administrator Kevin Walsh

Immediately - The administrator will review all pre-admission screening forms for new residents to ensure they are complete, including a determination that the home can meet the service needs of the residents.

2/5/14

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #11 was admitted to the home on 7/26/13, however, the assessment was not completed until 8/16/13.

The medical evaluation, dated 11/13/13, indicates resident #13 is ordered an enhanced diet (Proteins), regular texture, regular diet which is not indicated on the assessment, dated 12/5/13.

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.

SEE ATTACHED Page 18A of 19

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14 (Date)

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

Plan of correction implementation status as of 5/15/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Nurse was informed documentation was completed later than regulation requirement
Assistant Director of Nursing
Reviewed and discussed with Nursing personnel....for resident # 11
Discussion with nursing staff and reminder about the compliance and timeliness of this regulation
Assistant Director of Nursing performs all written initial assessments
None at this time....Assistant DON performs all written initial assessments

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

Nurse was informed documentation was completed later than regulation requirement
Assistant Director of Nursing
Reviewed and discussed with Nursing personnel....resident # 12 ctb 1-11-14
Discussion with nursing staff and reminder about the compliance and timeliness of this regulation
A general review as too how additions are made to support plans
None at this time....Assistant DON performs all written initial assessments

By 6/15/14 - The administrator will develop a tracking system to ensure assessments are completed timely.

By 6/30/14 - All assessments of current residents will be reviewed by the administrator to ensure they are complete and include all resident needs, including special diet, and are completed timely.

J 5/15/14

MAY 09 2014

Violation Report: 43051 - 12/19/2013 - Flinner-Alman, Lisa

PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #12, admitted 3/28/13, was ordered hospice services on 1/15/13. The support plan, dated 4/10/13, does not address what services hospice is providing nor the frequency.

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.

SEE ATTACHED Page 19A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Walsh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEVIN WALSH Administrator* Date *5-7-14*

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

The above plan of correction is approved as of 5/15/14 (Date)

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

Plan of correction implementation status as of 5/15/14 (Date)

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

What specific change will be made
Who will make the change
When will the change be made
How will the change be made
System to prevent repeat violation
Related training required

A review to address what services hospice is providing and the frequency of those services
Assistant Director of Nursing
Reviewed and discussed with Nursing personnel....for resident # 12
Reviewed and discussed with Nursing personnel....resident ctb 1-1-14
Assistant Director of Nursing performs all written support plans
All future hospice residents will have information recorded on support plan

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

By 6/15/14 - The administrator will develop and implement system to ensure all support plan updates are made promptly, including hospice, home health and any other needs that changed for residents.

By 6/30/14 - The administrator will review all current residents' support plans to ensure

2/5/14