



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

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


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

Dear Mr. Waldman:

As a result of the Department of Human Services' annual licensing inspections on February 13, 2015, February 19, 2015 and February 20, 2015 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.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: NORBERT RESIDENTIAL CARE FACILITY		License Number: 43051
Address: 2413 ST NORBERT DRIVE, PITTSBURGH, PA 15234		County: Allegheny
Administrator: Kevin Walsh		Region: WEST
Legal Entity Name: NORBERT INC		
Legal Entity Address: 1326 FREEPORT ROAD SUITE 100, PITTSBURGH, PA 15238		RECEIVED
Certificate(s) of Occupancy I-2 03/09/2010 City of Pittsburgh		DEC 16 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 110	Waking Staff: 83
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/13/2015: Pfaff, Vicki; Marini, Michael 02/19/2015: Pfaff, Vicki; Marini, Michael 02/20/2015: Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 102	Number of Residents who:	
Number of Residents Served: 95	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 95	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 15	
Number of Current Hospice Residents: 15	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 40		

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/31/15, police responded to a call made to 9-1-1 by staff person A who made an allegation that direct care staff person B was threatening her. The home did not report the incident to the Department.

On 2/4/15, staff person C, Allegheny County Protective Services notified staff person C, the home's administrator, of an allegation of verbal abuse against resident #1 by staff person B. The home did not report the allegation of abuse to the Department until 2/16/15.

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.

ALL COMPLAINTS OF ABUSE WILL BE INVESTIGATED BY ADMINISTRATOR AND REPORTED TO THE COMPLAINT HOTLINE WITHIN 24 HRS. ALL RESIDENTS HAVE BEEN INFORMED AND ARE OFFERED AT ADMISSION BY ADMINISTRATOR THAT ANY COMPLAINT OF ABUSE IS TO BE IMMEDIATELY REPORTED TO THE ADMINISTRATOR. UPON INVESTIGATION THE ABOVE ALLEGATION WAS UNSUBSTANTIATED BY PROTECTIVE SERVICES. TO AVOID ANY FUTURE VIOLATION ALL STAFF WILL BE EDUCATED ON THE MERITS OF THE MANDATORY REPORTING OF ABUSE OF RESIDENTS.

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 *10-8-15*

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

The above plan of correction is approved as of 11-2-15 (Date)

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

Plan of correction implementation status as of 11-2-15 (Date)

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

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/31/15, police responded to a call made to 9-1-1 by staff person A who made an allegation that direct care staff person B was threatening her. The home did not report the incident to the Department.

On 2/4/15, staff person C, Allegheny County Protective Services notified staff person C, the home's administrator, of an allegation of verbal abuse against resident #1 by staff person B. The home did not report the allegation of abuse to the Department until 2/16/15.

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.

IN ADDITION ADMINISTRATOR WILL MONITOR WITH THE DIRECTOR OF NURSING AND ASSISTANT DIRECTOR OF NURSING ON A WEEKLY BASIS ALL REPORTABLE INCIDENTS AND CONDITIONS. ALL NEW HIRE PERSONNEL WILL BE ADVISED AND EDUCATED ON THE PROVISIONS OF ABUSE REPORTING COVERED BY LAW. ALL REPORTABLES RELATED TO ABUSE WILL BE REPORTED BY ADMINISTRATOR OR HIS DESIGNEE, INCLUDING THE FOLLOWING OF GUIDELINES IN (2600.15).

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 *10-26-15*

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

The above plan of correction is approved as of 11-2-15 (Date)

Plan of correction implementation status as of _____ (Date)

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

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

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

OCT 8 2015

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 2/13/15 at approximately 9:35 a.m., there were two bottles of Thick It setting out on tables in the home's 4th floor dining room. The cans of Thick It were individually labeled with the names of resident #2 and resident #3.

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.

At time of inspection; all resident names were removed from cans of Thick-It. Staff has been oriented on a color code that indicates thickened liquids for residents. This will ensure that residents privacy is maintained and staff will be able to provide the services that they require. DON/ Designer will check weekly to ensure that coding system is current.

Immediately - A designated staff person will check the home on each shift to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 11-2-15

Within 30 days of receipt of the accepted plan of correction - The administrator will check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 11-2-15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/19/2013
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 10-8-15

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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 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

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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.

at time of inspection, all resident names were removed from cans of thick-It. Staff has been oriented on a color code that indicates thickened liquids for residents. This will ensure that residents privacy is maintained and staff will be able to provide the services that they require. DOW/ Designer will check weekly to ensure that coding system is current. VISUAL monitoring, STAFF education AND A DAILY check of dining room tables will be completed by Nurse /med Tech on Duty.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/19/2013

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 *10-8-15*

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Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

10/8/2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B hired [redacted] 04 did not receive training in medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/14 through 12/31/14 staff training year.

Direct care staff person D hired [redacted] 13 did not receive training in medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool and medical evaluation and support plan during the 1/1/14 through 12/31/14 staff training year.

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.

DIRECT CARE STAFF PERSON B AND D RECEIVED ALL REQUIRED TRAINING TO COMPLY WITH REGULATION 2600.65F IN 2015. EACH NURSING STAFF MEMBER WILL BE PROVIDED A COPY OF THE TRAINING TOPICS AS PROVIDED IN THE PERSONAL CARE HOME DIRECT CARE STAFF PERSON TRAINING MODULES. IN ADDITION ALL NEW HIRE EMPLOYEES WILL BE PROVIDED THE ABOVE REQUIRED TRAINING ON AN ANNUAL BASIS. THE ADMINISTRATOR WILL MONITOR AND MAINTAIN A MONTHLY REVIEW TO FULLY COMPLY WITH THIS REGULATION.

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 *10-8-15*

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

Plan of correction implementation status as of 11-2-15 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

001-30-2015

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B hired [redacted] 04 did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert; emergency preparedness procedures; resident rights; or falls and accident prevention during the 1/1/14 through 12/31/14 staff training year.

Staff person D hired [redacted] 13 did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert; emergency preparedness procedures; resident rights; or falls and accident prevention during the 1/1/14 through 12/31/14 staff training year.

Staff person E hired on [redacted] 13 did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert; emergency preparedness procedures; and fall and accident prevention during the staff training year 1/1/14 through 12/31/14 staff training year.

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.

STAFF PERSON B did receive FIRE SAFETY TRAINING IN JANUARY 2015 AND STAFF PERSON D WILL RECEIVE FIRE SAFETY TRAINING BY A FIRE SAFETY EXPERT IN NOVEMBER 2015. ALL OTHER STAFF HAVE BEEN TRAINED IN JANUARY AND NOVEMBER OF 2015 BY A FIRE SAFETY EXPERT. ALL TRAINING RECORDS RELATED TO 2600.65(g) WILL BE KEPT AND MONITORED ANNUALLY + MONTHLY TO MAINTAIN COMPLIANCE WITH THIS REGULATION. STAFF PERSON E WILL BE TRAINED WITH ALL OTHER ANCEILLIARY SUPPORT STAFF IN NOVEMBER 2015.

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 *10-8-15*

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The above plan of correction is approved as of 11-2-15
(Date)

Plan of correction implementation status as of 11-2-15
(Date)

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

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

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
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 2/13/15, there were no emergency telephone numbers posted near the wall mounted telephone in the 4th floor hall near the nurse's station.

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 telephone numbers were posted on the wall next to the 4th Floor telephone on 2-13-15. To prevent this from occurring in the future, an audit of all proper emergency posting of phone numbers will be completed monthly consistent with the review and recording and inspection of all fire extinguishers which are located next to each phone throughout the building.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/19/2013

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 *10-8-15*

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

The above plan of correction is approved as of 11-2-15 (Date)

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

Plan of correction implementation status as of 11-2-15 (Date)

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

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
On 2/19/15, there was no grab bar for the toilet in the common bathroom in the 4th floor hallway near the nurse's station.

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.

MAINTENANCE INSTALLED NEW GRAB
BAR ON WALL IN THE COMMON
BATHROOM IN THE 4TH FLOOR
COMMON AREA ACROSS FROM THE
NURSES STATION. THIS WAS
COMPLETED ON 2-20-15.
VERIFICATION WAS ALSO COMPLETED
THIS DATE THAT ALL COMMON
BATHROOMS HAD PROPER GRAB
BARS INSTALLED FOR RESIDENT
USE.

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

10-9-15

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

The above plan of correction is approved as of

11-2-15
(Date)

Plan of correction implementation status as of 11-2-15
(Date)

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

The above plan of correction was approved by

K (Initials)

OCT 9 2015

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #4 had a medical evaluation completed on 4/23/13. However, the resident's next medical evaluation was not completed until 5/22/14.

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.

Effectively immediately, a "tickler file" has been instituted to ensure compliance. Tickler file will be checked at beginning of each month to verify when medical evaluations are due. This will ensure that MD has time to sign & complete the medical evaluation. DON/ Designee will be responsible for compliance.

Immediately - The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and documentation is present in each resident's record. 11-2-15 ✓

Within 30 days of receipt of the accepted plan of correction - All staff persons involved with the medical evaluation process will be educated that a medical evaluation shall be completed at least annually. Documentation of education shall be kept. 11-2-15 ✓

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 10-9-15

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(Date)

Plan of correction implementation status as of 11-2-15
(Date)

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

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

11-15-2015

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
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 #1's assessment dated 2/3/15 indicates that the resident has no dietary needs, however, the resident's documentation of medical evaluation (DME) dated 1/23/15 indicates that the resident is prescribed a mechanical soft diet.

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.

SON/ Designee will work and consult with MD signing the DME that special diets will be noted on the support plan and who is responsible for ensuring compliance. Effectively immediately a "Diet Request" form will be part of admission paperwork, copy will be sent to dietary dept, DCS will be informed of any changes in diets via daily communication. Copy of diet request form for Resident #1 is enclosed. SON/ designee will be responsible for ensuring compliance. Support plan update is enclosed.

Within 30 days of receipt of the approved plan of correction - The administrator or designee will review all resident assessments and support plans for accuracy and completion including special dietary needs.

11-2-15

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/19/2013

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 Administration* Date *10-9-15*

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

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

Plan of correction implementation status as of 11-2-15 (Date)

- Fully Implemented
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- Not Implemented

OCT 15 2015

Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

- (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

Resident #5's assessment, dated 8/28/14, does not include the diagnoses of abnormality of gait, rehab procedures, aftercare involving internal fixation device, aftercare healing traumatic fracture lower arm, generalized muscle weakness which were indicated on the resident's medical evaluation completed on 8/14/14.

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.

Effective immediately all support plans/assessments will reflect all diagnoses, medications and services the facility will provide for each diagnosis. In the event of a significant change with a resident a new DME & support plan will be completed. A Ticker file has been instituted and all new diagnoses will be checked for updating the support plans. DON/Designee will be responsible for ensuring compliance. Please see current DME and support plan for Resident #5.

Within 30 days of receipt of the approved plan of correction - The administrator or designee will review all resident assessments and support plans for accuracy and completion including diagnoses. 11-2-15

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 10-9-15

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(Date)

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(Date)

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(Initials)

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Violation Report: 43051 - 02/13/2015 - Pfaff, Vicki
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

OCT 9 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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 Support plan, dated 2/3/15, does not include the care and services the home will provide based on the resident's diagnoses of anxiety disorder or depression.

Resident #5's support plan, dated 8/28/14, does not include the care and services the home will provide based on the resident's diagnoses of anxiety disorder, dementia or depression.

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.

Effective immediately all support plans / assessments will reflect all diagnosis along with medications for each diagnoses. Support plans will be updated accordingly for the services facility will provide. DON / Designee will keep a tickler file to ensure that updates are completed in a timely manner. New diagnosis will be checked weekly by DON / designee. Please see updates for Resident #1 and current Support plan and SME for Resident #5.

Within 30 days of receipt of the approved plan of correction - The administrator or designee will review all resident assessments and support plans for accuracy and completion including the behavioral care and services the home will provide.

11-2-15/

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

10-9-15

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

The above plan of correction is approved as of

11-2-15
(Date)

Plan of correction implementation status as of

11-2-15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)