



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 23, 2015**

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

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

Dear Mr. Waldman:

As a result of the Department of Human Services' licensing inspection on March 9, 2015 and March 10, 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,

A handwritten signature in black ink, appearing to read "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing 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		<b>RECEIVED</b>
Certificate(s) of Occupancy I-2 02/09/2010 City of Pittsburgh		SEP 01 2015 WEST REGION FIELD OFFICE Human Services Licensing
<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> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/09/2015: McConnell, Deb 03/10/2015: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 03/20/2015: McConnell, Deb		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 102 Number of Residents Served: 97 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: 16 Number of Hospice Residents in past year: 40		<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 96 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 2

Violation Report: 43051 - 03/09/2015 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #2 was admitted to the home on [redacted]/15 with diagnoses of Dementia, psychosis and severe neurological disorder with behavioral disturbance. The home completed a preadmission screening for resident #2 on [redacted]/15, which identified the resident required extensive supervision. The resident requires the use of a wanderguard and the resident's assessment, dated 2/24/15, identified the resident as having problems with irritability, judgment and agitation. On several occasions resident #2 has asked several staff persons directions to ~~the~~ personal home including staff persons A, B, C and D. On at least two different occasions including 2/25/15 and 2/28/15 the resident wandered outside of the home and was required to be redirected by staff back into the home.

On 3/2/15 at approximately 10:00 a.m., resident #2 exhibited signs of irritability and agitation. Staff person A, the activities director, informed staff person B that resident #2 needed to be monitored. At approximately 10:30 a.m. resident #2 jumped out of his/her bedroom window and landed approximately six feet below. The resident was observed by staff person D wandering outside of the home with leg pain. After professional medical evaluation the resident was diagnosed with a left leg fracture.

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 #2 is no longer in the home. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction – All direct care staff persons will be educated on identifying and immediately reporting exit seeking behaviors and behavioral problems. This includes providing the proper care and services to address behavioral problems and protect the resident at the time the need is identified. Documentation of education will be kept. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - All direct care staff persons will review all resident's assessment and support plans, for residents who have been identified as having behavioral problems or exit seeking behaviors, and the individual care and services the home and direct care staff will provide to meet the resident's behavioral needs at the time a problem occurs. 10-21-15 ✓

SEE PAGE 2A OF 6

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kevin Walsh</i>
--	--------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>KEVIN WALSH</i>	Date	<i>8-28-15</i>
---	--------------------	------	----------------

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

The above plan of correction is approved as of <u>10-21-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>K</i></u> (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

2600.42 (b) Violation

Page 2 of 6

## PLAN OF CORRECTION

This plan of correction is submitted with the upmost regret of the circumstances surrounding its occurrence. The contents of the Plan of Correction are submitted with a belief that the violation is INCORRECT. At no time was the resident exposed to the conduct that reflects a violation related to Regulation 2600 42 (b).

The Pre Admission screen identified the resident as being a resident that had most recently had been diagnosed with having dementia. The assessment provided a pleasant individual that was advised that he/she could not return to his/her home safely. <sup>Resident</sup> was observed during the assessment as quiet but confused and placement in a personal care home would offer a comfortable place where <sup>The resident</sup> could receive assistance with <sup>the resident's</sup> needs

- During <sup>the resident's</sup> 13 day stay the resident was provided additional clothing by the staff, and provided a more accommodating room of <sup>the resident's</sup> choosing by the administrator.
- In addition <sup>The resident</sup> POA was advised that his/her transition was challenging and we hoped <sup>the resident</sup> would settle into <sup>the resident's</sup> new surroundings.

On the morning of March 2 <sup>The resident</sup> arose from the group activity setting, (as residents who have dementia often times do), particularly newly admitted residents. He/she stated <sup>the resident</sup> was going to the bathroom. It should be noted that the resident walked toward a bathroom that was 15 feet away from <sup>the resident's</sup> own room. Within a 12 minute time frame <sup>the resident</sup> had exited the activity, preceded down the hallway to <sup>the resident's</sup> room and climbed out the window and walked back toward the activity door whereupon <sup>The resident</sup> was immediately brought back into the facility. (This was verified by the administrator who was on sight during the incident and specifically reviewed the timeline on the recorded camera in the facility).

The plan of correction immediately directed the maintenance staff to put safeguards in all resident rooms to limit their ability to open the windows high enough allowing someone to climb out. This was completed in March 2015.

Based on the circumstances of this unfortunate incident an immediate notification was made to the family with an explanation that for the safety of the resident he/she would best be served in a secured facility. At no time was there any conduct by any staff person that conducted themselves in any way that warranted a violation under Regulation 2600.42 (b).

10-21-15

Violation Report: 43051 - 03/09/2015 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 2/24/15, at approximately 3:00 p.m., resident #1 was self-propelling in a wheelchair and went into the B stairwell. The resident fell down approximately 8 to 10 steps to the landing with the wheelchair resting on top of the resident. Staff person E, the administrator, and staff person F picked up resident #1 placed the resident in the wheelchair and the resident was taken back to his/her room. At 3:40 p.m. 911 received the emergency medical services request for resident #1. After professional medical evaluation the resident was diagnosed with bilateral C2 pedicle fractures, left first rib fracture, skin tear on right upper arm, scalp laceration and an extensive scalp and face hematoma.

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.

Within 30 days of receipt of the accepted plan of correction - The administrator will develop and implement a policy and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure will include seeking the proper medical care through the resident's physician or emergency medical care. This will include recognition and response to emergency situations, a decline in the resident's health status and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines. All staff persons will be educated on the policy and procedures. 10-21-15

Immediately - The administrator will conduct a weekly review of all reports of injury, illness or when a resident's health care status declines to determine if the proper medical care was provided to the resident and the proper notifications were made. 10-21-15

500 pages 3 POCs

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 *8-28-15*

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

The above plan of correction is approved as of 10-21-15 (Date)

The above plan of correction was approved by 8 (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

RECEIVED

SEP 01 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 3 of 6<sup>A</sup>

2600.142 (a) Violation

PLAN OF CORRECTION

At the date and time of this incident the resident was immediately evaluated by Director of Nursing and Assistant Director of Nursing. The on sight Hospice nurse also evaluated the resident who at the time did not complain of any pain and stated "get me up in my chair".

After further evaluation it was determined that medical services needed to be notified with transport to the hospital. In the future all residents and hospice residents that are involved in a serious trauma or a health change will immediately transported by emergency medical services for evaluation at a hospital. The administrator will have a facility wide staff meeting within 15 days to inform all staff of the policy related to "seeking medical care".

This will be part of the new hire orientation to promote the training related to this policy

10-21-15

Violation Report: 43051 - 03/09/2015 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 3/10/15, at 4:05 p.m., the fourth floor medication cart was unsupervised, unattended and unlocked.

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 – A designated staff person qualified to administer medications will check the home on each shift to ensure all medications and controlled substances are kept in an area or container that is locked. *10-21-15*

Immediately – The administrator or designee will monitor the storage of medications and controlled substances on a weekly basis to ensure medications and controlled substances are kept in an area or container that is locked.

*10-21-15*

*See PAGE 4 P. 026*

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 *8-28-15*

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

The above plan of correction is approved as of <u>10-21-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>g</u> (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

RECEIVED

SEP 01 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 4 of 6

2600.183 (b) Violation

PLAN OF CORRECTION

On the above date and time Med Technician momentarily stepped away from her medication cart to provide 5:00 pm scheduled medication to resident. Med Tech is very experienced and she admitted in her haste she did not lock the medication cart. Administrator was informed and immediately reminded employee about her responsibility to do so.

The plan of correction is to educate ALL med techs and nurses of the regulation and the procedures related to the passing of medications. In an effort to reinforce the importance of this regulation a review of the regulation and the violation will be discussed at the Nursing/Med Tech mandatory meeting scheduled for Thursday 8-27-2015. Administrator will provide progressive discipline to any future violation of this regulation.

Included in this plan of correction are the signatures of all of the current Med Tech staff members employed at Norbert Personal Care Facility.

10-21-15

Violation Report: 43051 - 03/09/2015 - McConnell, Deb  
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 #2 was admitted to the home on [redacted] 15 with diagnoses of Dementia, psychosis and severe neurological disorder with behavioral disturbance. The home completed a preadmission screening for resident #2 on [redacted] 15, which identified the resident required extensive supervision. The resident requires the use of a wanderguard and the resident's assessment, dated 2/24/15, identified the resident as having problems with irritability, judgment and agitation. On several occasions resident #2 has asked several staff persons directions to ~~the~~ personal home including staff persons A, B, C and D. However, the resident's assessment, completed on 2/24/15, does not address the resident's diagnosis of Dementia or exit seeking behaviors, the need for a wanderguard and indicates resident #2 only requires moderate supervision.

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 #2 is no longer in the home.

Immediately - The administrator or designee will update the resident's assessment and support plan, when a resident's needs change, to include the personal care need of the resident, description of service need, plan to meet the need, frequency of service and the responsible party to meet the need. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - All direct care staff persons will be educated on identifying and immediately reporting exit seeking behaviors and behavioral problems. This includes providing the proper care and services to address behavioral problems and protect the resident at the time the need is identified. Documentation of education will be kept. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including, the use of a wanderguard, how the home will address exit seeking behaviors, the proper level of supervision the home will provide to protect the resident and the specific care and services the home and direct care staff will provide to meet the resident's behavioral problems at the time the problem occurs. Documentation of education will be kept. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will review all current and newly completed resident assessments and support plans for accuracy and completion including, the use of a wanderguard, how the home will address exit seeking behaviors, the proper level of supervision the home will provide to protect the resident and the specific care and services the home and direct care staff will provide to meet the resident's behavioral problems at the time the problem occurs. 10-21-15 ✓

See Page 5A of 6

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 *8-28-15*

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

The above plan of correction is approved as of 10-21-15  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

SEP 01 2015

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Page 5 of 6

2600.225 (a) Violation

#### PLAN OF CORRECTION

A review of the Pre Admission Screen and the RASP will be carefully reviewed for each resident with a psychosis NOS diagnosis and/or a dementia diagnosis. The facility has most recently adopted the utilization of the DPW (Department of Public Welfare) approved Tabula Pro RASP record keeping and its' application to the initial support plan and assessment.

In Part IV of The Summary and Determination on page 11 and 12 of the RASP it does state the resident does have a diagnosis of Dementia and an ability to make her needs known, however the specific plan of correction will identify those residents who are admitted that require a wander guard and it will be recorded on the residents support plan.

All future initial assessments within the 15 day of admission will be evaluated with the preadmission screen to determine if there is a significant change since admission.

Upon identification all future residents requiring a wander guard will have it documented on their assessment form within 15 days of admission.

In addition any change in a residents' condition that would warrant the wearing of a wander guard will be documented on the residents support plan.

10-2-15

Violation Report: 43051 - 03/09/2015 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

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 #2 was admitted to the home on [redacted] 15 with diagnoses of Dementia, psychosis and severe neurological disorder with behavioral disturbance. The home completed a preadmission screening for resident #2 on [redacted] 15, which identified the resident required extensive supervision. The resident requires the use of a wanderguard and the resident's assessment, dated 2/24/15, identified the resident as having problems with irritability, judgment and agitation. On several occasions resident #2 has asked several staff persons directions to personal home including staff persons A, B, C and D. On at least two different occasions including 2/25/15 and 2/28/15 the resident wandered outside of the home and was required to be redirected by staff back into the home. However, the resident's support plan, completed on 2/24/15, does not include the care and services the home will provide related to the resident's diagnosis of Dementia, exit seeking behaviors and required use of a wanderguard. Resident #2's support plan does not include the care and services the home will provide related to the resident's diagnoses of psychosis and severe neurological disorder with behavioral disturbance. The support plan indicates "medication per MD" for both diagnoses.

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 #2 is no longer in the home.

Immediately - The administrator or designee will update the resident's assessment and support plan, when a resident's needs change, to include the personal care need of the resident, description of service need, plan to meet the need, frequency of service and the responsible party to meet the need. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - All direct care staff persons will be educated on identifying and immediately reporting exit seeking behaviors and behavioral problems. This includes providing the proper care and services to address behavioral problems and protect the resident at the time the need is identified. Documentation of education will be kept. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including, the use of a wanderguard, how the home will address exit seeking behaviors, the proper level of supervision the home will provide to protect the resident and the specific care and services the home and direct care staff will provide to meet the resident's behavioral problems at the time the problem occurs. Documentation of education will be kept. 10-21-15 ✓

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will review all current and newly completed resident assessments and support plans for accuracy and completion including, the use of a wanderguard, how the home will address exit seeking behaviors, the proper level of supervision the home will provide to protect the resident and the specific care and services the home and direct care staff will provide to meet the resident's behavioral problems at the time the problem occurs. 10-21-15 ✓

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 *8-28-15*

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

The above plan of correction is approved as of 10-21-15 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

sa pag 6 of 6

RECEIVED

SEP 01 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 6 of 6

2600.227 (d) Violation

PLAN OF CORRECTION

The plan of correction will ensure that all residents requiring a wander guard at admission will have it documented on their support plan. In addition if there is a change in their medical status that requires the use of a wander guard it will be documented in their support plan. All assessments and support plans will be checked by ADON/Designee to ensure that updates are done within 15 days.

All future support plans with a diagnosis of psychosis and/or severe neurological disorder with behavior disturbance will document "provide medication as ordered per physician" and in addition will document and report to physician any change in psychotic behavior, or behavior disturbances related to the residents' diagnosis.

10-21-15 ✓