



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 13, 2016

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

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

Dear Mr. Waldman:

As a result of the Department of Human Services' licensing inspection on October 26, 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 that reads "Jason Williams" with a stylized flourish at the end.

Jason Williams
Human Services Licensing Supervisor

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		RECEIVED
Certificate(s) of Occupancy I-2 02/09/2010 City of Pittsburgh		APR 05 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 116	Waking Staff: 87
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/26/2015: Garrigan, Laurie; Whitney, Diane		
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 Served: 91 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: 12 Number of Hospice Residents in past year: 30	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 91 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 0	

APR 05 2016

Violation Report: 43051 - 10/26/2015 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 10/21/15 at approximately 10:00 p.m., resident #1 made an allegation to the home's staff that staff person A asked him/her to have sex with him/her before that staff person put the resident to bed. However, staff person A continued to work unsupervised and provide direct care to residents in the home, including resident #1, until approximately 6:30 a.m. on 10/22/15.

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.

1. Staff member no longer employed by home.

2. Within 15 days, staff will be trained that if any allegation of abuse, employee will be suspended immediately pending investigation of Area agency on Aging and DHS. Pending determination of allegation.

Training was completed 3/30/16. *pn* 4/7/16

3. Administrator will determine employment pending final outcome of investigation.

Immediately - If any future allegations of abuse occur, the home will immediately take the following steps:

- Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person(s) involved.
- Report the alleged abuse to the Department
- Report the alleged abuse to the local Area Agency on Aging
- Report the alleged abuse to the residents designated person, if any *pn* 4/7/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Deems*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems* Date *3-29-16*

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

The above plan of correction is approved as of 4/7/16 (Date)

Plan of correction implementation status as of 4/7/16 (Date)

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

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

Violation Report: 43051 - 10/26/2015 - Garrigan, Laurie
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

APR 05 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 15, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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

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

1. Administrator or Designee will implement new Personnel file content document (copy enclosed) to ensure all necessary documents & trainings completed before employee may start employment.
2. Administrator will sign off on all new hire paperwork to ensure file is entirely completed before starting.
3. Audits of employee files completed, any missing documents obtained.
4. Employee no longer employed at Norberts.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Deems.</i>	Date <i>3-29-16.</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>4/7/16</u> (Date)</p> <p>The above plan of correction was approved by <u>J.M.</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>4/7/16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.M.</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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