



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 13, 2017**

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 January 19, 2016; January 20, 2016; January 21, 2016; January 22, 2016 and January 26, 2016, 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 "Jon Kimberland".

Jon Kimberland  
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 Welsh		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 03/09/2010 City of Pittsburgh		NOV 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 127	Waking Staff: 95
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
01/19/2016: McConnell, Deb; Bartlett, Patricia		
01/20/2016: McConnell, Deb; Bartlett, Patricia		
01/21/2016: McConnell, Deb; Bartlett, Patricia		
01/22/2016: McConnell, Deb; Bartlett, Patricia		
01/26/2016: McConnell, Deb; Bartlett, Patricia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<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: 95  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: 14  Number of Hospice Residents in past year: 30	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 1  Are 60 Years of Age or Older: 93  Have Mental Illness: 2  Have an Intellectual Disability: 0  Have a Mobility Need: 32  Have a Physical Disability: 0	

Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/27/16, at approximately 7:00 p.m., staff person B, the home's administrator was made aware that on 1/27/16, at approximately 6:00 p.m., staff person A went into resident #1's bedroom and witnessed resident #1 on top of resident #2 on the bed. Resident #1's pants were pulled down around the residents ankles and resident #2 was naked from the waist down. Staff person B did not report the allegation of abuse to the local Area Agency on Aging until 1/28/16 at 10:00 a.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.

1. Staff person B no longer employed by the home.
2. Resident #1 is no longer in the home.
3. Mandatory abuse training conducted upon hire & annually.
4. DAPSA training was conducted on 11-2-16 by [redacted] from Protective services (see training sheet) to staff including ancillary staff.
5. DAPSA training to be conducted upon hire, annually & as needed.
6. Administrator or designee will report abuse immediately upon being notified of suspected abuse by calling hotline and following by written report.

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 *11-18-16*

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

The above plan of correction is approved as of 12-2-16 (Date)

Plan of correction implementation status as of 12-2-16 (Date)

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

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

Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
 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 8/2/15, at 8:15 p.m. direct care staff person C took resident #3 in his/her wheelchair to the home's designated outside smoking area on the fourth floor. Resident #3 requires the use of a wheelchair for safe ambulation. Staff person C left the smoking area and told resident #3 he/she would return to help the resident back inside the home. Staff person C did not return, resident #3 rang his/her call pendant to alert staff of assistance needed. When no staff responded to the call pendant, resident #3 attempted to open the door leading from the smoking area into the home. Resident #3 fell from his/her wheelchair, causing an abrasion on the resident's left knee and a swollen right wrist. On 9/1/15 an investigator from Protective Services went to the home to investigate the allegation of caregiver neglect related to this incident. Staff person B, did not report the allegation to the Department until 1/28/16.

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 person C is no longer employed by home.
2. Administrator or designee will report verbally or by written report within 24 hours of incident. If verbally written report to follow.
3. Residents are no longer to be left unattended in smoke area without staff present.
4. Facility looking into alternative ways for residents to notify staff if they proceed to smoke area unattended (facility to notify DHS of alternative as soon as expedited plan in place).

Immediately: The administrator shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16(c). 12-2-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2015
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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) *Mary Deems.* Date *11-18-16*

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Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

NOV 29 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Direct care staff person D was hired on [redacted] 15. However, the home has not completed a criminal history background check for staff person D.

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 run criminal background check before hired & given orientation
2. A copy of criminal background check will be placed in employee file
3. Audit to be completed within 14 days and sent to DHS to assure compliance
4. Administrator or Designee will review each file for completion per facility check list to assure compliance.

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>11-18-16.</i>
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NOV 29 2016

Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted on the following dates did not include the specific time of day (A.M./P.M.) for fire drills as follows:

- \* On 8/31/15 at 2:14
- \* On 9/29/15 at 3:29
- \* On 10/30/15 at 3:10

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. Fire drills conducted per DHS regulations
2. Administrator or Designee fills in all appropriate information at time of drill and signs log for completion
3. If fire drill exceeds 6 minutes, drill will be repeated until evacuation done within allotted time.
4. Please see attached drill logs & letter from fire safety expert.

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 11-18-16

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The above plan of correction is approved as of 12-7-16  
(Date)

Plan of correction implementation status as of 12-2-16  
(Date)

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

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

NOV 29 2016

Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home has a fire safe evacuation time of 3 minutes and 49 seconds established the fire safety expert on 1/22/15. However, the home's fire drill record indicates the home exceeded the safe evacuation time of 3 minutes and 49 seconds as follows:

- \* On 5/27/15 at 5:52 a.m. - 5 minutes and 32 seconds
- \* On 11/29/15 at 5:58 a.m. - 5 minutes and 15 seconds
- \* On 12/30/15 at 8:01 a.m. - 4 minutes and 0 seconds

The home conducted a fire drill on 1/27/16, at 10:30 a.m., with 92 residents present in the home. However, only 85 residents were evacuated during the fire drill.

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. Fire drills conducted per DHS regulations
2. Administrator or Designee fills in all appropriate information at time of drill & signs log for completion.
3. If fire drill exceeds 6 minutes - drill will be repeated until evacuation done within allotted time.
4. Please see attached drill logs & letter from fire safety expert.
5. All residents will be evacuated to a fire safe area unless otherwise specified by MD with an order if resident actively dying unless a true emergency.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

NOV 29 2016

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

WEST REGION FIELD OFFICE  
HUMAS

2a. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation, dated [redacted] 15, does not include the resident's Height and Weight. These areas were blank. The resident's medical evaluation is missing the second page of the document which includes Special Diets choices, Special Health Needs description and Medication Addendum.

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 assure DME's Completed within 60 days prior or 30 days after admission
2. Audits to be completed and submitted to DHS within 14 days of POC being submitted.
3. All DME's tracked in Tabulapro.
4. Audits to be conducted Quarterly x 2 additional quarters to assure compliance.

Resident #1 is no longer in the home. 12-2-16.

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) *Mary Deems.* Date *11-18-16*

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NOV 29 2016

Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST 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's had an in-person medical evaluation completed on 8/4/14. However, the home has not had another in-person medical evaluation completed for resident #4.

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 assure DME's completed within 60 days prior or 30 days after admission
2. Audits to be completed and submitted to DHS within 14 days of POC being submitted.
3. All DME's tracked in tabulapro.
4. Audits to be conducted Quarterly x 2 additional quarters to assure compliance.

Resident #4 had a medical evaluation completed on 8/18/16. 12-2-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2015
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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) *Mary Deems.* Date *11-18-16.*

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Violation Report: 43051 - 01/19/2016 - McConnell, Deb  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person F has not successfully completed the Department-approved annual medications administration practicum course to continue to be qualified to administer medications. However, direct care staff person F administered medications to residents of the home including resident #15 on multiple days to include: 12/4/15, 12/5/15 and 12/7/15 at 8:00 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.

1. Employee F was given initial med tech training again on 2-8-16.
2. Dates will be kept on all med tech trainings to assure annual administration practicum is completed.
3. Practicums will be completed by designated person who was signed off to provide practicums.

Immediately - The administrator will review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. 12-2-16

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) ~~#187~~ Mary Deems Date 11-18-16

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The above plan of correction was approved by <u>SD</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