



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 17, 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 May 19, 2016 and May 20, 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 cursive script, reading "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 43051 - 05/19/2016 - Marini, Michael  
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 5-19-16 at 7:30 AM, resident #1 called staff person A on the telephone to report that staff person B was yelling at him/her, and at 9:00 AM, resident #1 reported the incident to staff person C. When staff person D, the home's administrator, interviewed resident #1 at 11:30 AM, resident #1 said staff person B came in to the room yelling at him/her and called him/her a "saggy-assed fuckin' bitch". The home failed to develop a plan of supervision or suspend staff person B until 12:00 PM on 5-19-16.

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. Mandatory abuse training was conducted on 11-2-16 by [redacted] of Protective Services
2. Employee A or B no longer employed by home.
3. Resident #1 discharged to private residence on [redacted] 16 per [redacted] decision
4. If any allegation of abuse reported employee will be suspended immediately pending investigation and determination of DHS.
5. IF allegation found to be unsubstantiated by DHS, facility will make decision whether employee will continue employment on case by case basis.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/26/2015

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, Admin.

Date

12-29-16

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

The above plan of correction is approved as of

11/6/17  
(Date)

Plan of correction implementation status as of

11/6/17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 43051 - 05/19/2016 - Marini, Michael  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 4-15-16, there were 89 residents in the home, including 31 residents with mobility needs, requiring a total minimum of 120 hours of direct care. However, on 4-15-16, only 119.5 hours of direct care staffing was provided.

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. On this date of 4-15-16 we were unable to keep real time hours other than what was scheduled due to time system in use.
2. Since May 2016 facility has gone to electronic time system where hours can be monitored and printed daily to assure compliance
3. Hours will be printed from time system daily and kept in binder to assure care hours are met or exceeded.

Immediately: A designated staff person shall review the home's schedule, on a daily basis, to ensure direct care staff persons are available to provide at least 2 hours per day of personal care services to each resident who has a mobility need.

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 Administrator

Date

12-29-16

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The above plan of correction is approved as of

1/6/17  
(Date)

Plan of correction implementation status as of

1/6/17  
(Date)

The above plan of correction was approved by

*FM*  
(Initials)

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

Violation Report: 43051 - 05/19/2016 - Marini, Michael  
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 3-26-16, there were 90 residents in the home, including 31 resident with mobility needs, requiring a total minimum of 90.75 of direct care during waking hours. However, only 89.5 hours of direct care were provided during waking hours.

On 4-15-16, there were 90 residents in the home, including 31 resident with mobility needs, requiring a total minimum of 90 of direct care during waking hours. However, only 80.5 hours of direct care were provided during waking hours.

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. On dates of 3-26-16 and 4-15-16 we were unable to keep real time hours other than what was scheduled due to time system use.
2. Since May 2016 facility has gone to electronic time system where hours can be monitored and printed daily to assure compliance
3. Hours will be printed from time system daily and kept in binder to assure care hours are not met or exceeded

Immediately: The administrator or designated staff person will review the staffing schedule daily to ensure 75% of the personal care service hours specified in 2600.57b and 2600.57c are available during waking hours.

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 Administrator* Date *12-29-16*

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

The above plan of correction is approved as of <u>1/6/17</u> (Date)	Plan of correction implementation status as of <u>1/6/17</u> (Date)
The above plan of correction was approved by <u><i>MD</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 05/19/2016 - Marini, Michael  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a wound on his/her left hand as a result of a xenograft done in April 2016. The resident's physician has ordered the wound be soaked for approximately 10-15 minutes in 5% Acetic acid, then dry the area, apply Bactrobar ointment and a Telfa pad, and wrap the hand with an Ace bandage. Resident #2 self-administers these treatments and medications; however, resident #2 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner to be able to self-administer these medications.

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 will be trained that residents may not self administer medications without an assessment by MD, PA, RN or CRNP. (documentation will be kept)
2. If assessment finds that resident can self administer meds orders will be obtained and placed in residents chart.
3. Resident will be instructed medications are to be stored in a locked drawer or container.
4. Resident # 2 no longer a resident at facility

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deerns, Administrator*      Date *12.29.16*

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The above plan of correction is approved as of 1/6/17 (Date)

Plan of correction implementation status as of 1/6/17 (Date)

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

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

Violation Report: 43051 - 05/19/2016 - Marini, Michael  
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 5-20-16 at 3:00 PM, a tube of Mupiricin-2% and a bottle of Acetic Acid-5% were unlocked, unattended and accessible on resident #2's night stand.

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 will instruct resident if deemed able to self-administer medications, that medications are to be locked in a drawer or container and not accessible to other residents

2. Facility will provide resident with a lock box or night stand that has the capability of locking. Facility Admin will maintain extra key.

Immediately: A designated staff person shall inspect the home on a daily basis to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area that is locked, to include residents who self administer medications. Documentation of the checks shall be kept. 1/6/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/09/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deurns, Administrator*      Date *12-29-16*

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Violation Report: 43051 - 05/19/2016 - Marini, Michael  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Staff person E reported that on 5-4-16, he/she disposed of 11 doses of Tramadol-50mg tablets by flushing the Tramadol down the drain into the public sewer system.

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. Training was completed on 5/26/16 on revised policy regarding proper disposal of medications
2. Medications are placed in coffee grounds or kitty litter for disposal.
3. Disposal must be witnessed by 2 staff persons preferably nurses.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Deerns</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Deerns, Administrator</i>	<i>12-29-16</i>

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Violation Report: 43051 - 05/19/2016 - Marini, Michael  
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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DEC 29 2016

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's May 2016 medication administration record (MAR) indicates, "Roxinol-0.25ml/5mg 5ml." The resident's May 2016 MAR does not include the prescribed dosage, route of administration, frequency of administration, or administration times.

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. Paper medication administration records are no longer utilized Facility switched to electronic mar's.
2. All orders faxed and input by pharmacy no facility staff to discontinue or input any information
3. Pharmacy assures all medications are on MAR and all necessary information in 2600.187(a)

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 Administrator* Date *12.29.16.*

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

Violation Report: 43051 - 05/19/2016 - Marini, Michael  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
On 4-12-16, resident #3 was prescribed, "Calmoseptine Ointment-Apply to the buttocks every shift and as needed for a rash."  
According to the resident's April 2016 MAR, the medication was not initiated by staff persons who administered the medication on the 11 PM-7 AM shift from 4-14-16 through 4-30-16.  
  
Resident #3 is prescribed, "Cleanse coccyx wound with wound cleanser. Apply wound gel and cover with border gauze twice daily until healed." According to the resident's May 2016 MAR, the treatment was not initiated by staff persons who administered the treatment on the following occasions:  
\* 5-12-16 and 5-13-16 on the 7 AM-3 PM shift  
\* 5-7-16, 5-8-16, 5-9-16, and 5-11-16 on the 3 PM-11 PM shift

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. Facility utilizes electronic med. Administration records.  
2. Exceptions and variances checked daily by DON, Adon. to assure no meds were missed or administered early or late.  
3. Exception & Variance reports will be kept on file for review by DHS.

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 *12-29-16*

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

The above plan of correction is approved as of 1/6/17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 1/6/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *[Signature]*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 43051 - 05/19/2016 - Marini, Michael  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

According to staff person D, the home does not serve residents who have a stage III or stage IV wound. However, this is not indicated in the home's description of services.

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 D no longer communicates information other than whats listed in description of services.
2. Facility currently accepts or cares for residents w Stage III or Stage IV wounds.
3. Facility did have a physicians order that states facility unable to care for wound.

Immediately: The administrator shall review the home's description of services for accuracy. All staff persons shall be educated on the home's description of services. Documentation of the education shall be kept. 1/16/17

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 Administrator

Date 12.29.16

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

The above plan of correction is approved as of

1/16/17  
(Date)

Plan of correction implementation status as of

1/16/17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented