



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 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
License #: 430510

Dear Mr. Waldman:

As a result of the Department of Human Services' annual licensing inspections on August 16, 2016 and August 17, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 43051 - 08/18/2016 - Knee, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
The home's annual training year is 1/1-12/31. Staff person B, hired [redacted] 97, only had training records indicating he/she received 3 hours of annual training in 2015. Multiple 2015 annual training records for staff person B did not indicate the length of course.

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 is no longer employed by facility.
2. Audits to be completed within 30 days of submitting POC of all training records to assure compliance (documentation will be kept)
3. Starting January 2017 all trainings completed will be kept on a spread sheet & record of training will be kept in a binder for each individual employee.
4. Administrator or designee will prepare all training sheets to include length of training, topic, who presented where it was held and date completed.

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* Date *12-2-16*

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

The above plan of correction is approved as of <u>12/8/16</u> (Date)	Plan of correction implementation status as of <u>12/8/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 08/16/2016 - Kneo, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.65(f) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
Multiple 2015 annual training records for staff person B did not indicate the length of course.

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 complete training record in its entirety to include staff trained, date, source, content & length of each course including certificates if received.
2. Audits will be completed to assure staff trainings include person trained, date, source, content, length of each course & certificates if received
3. Audits to be completed within 30 days of POC, documentation will be kept.
4. In 2017 spread sheet to be made to track all trainings, training records to be kept in binder for each individual employee.
5. Admin or Designee will track trainings and prepare each training sheet in entirety

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 *12.2.16*

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

The above plan of correction is approved as of 12/8/16
(Date)

Plan of correction implementation status as of 12/8/16
(Date)

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

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

Violation Report: 43051 - 08/16/2016 - Kree, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 8/16/16 at 1:45 PM, a tube of antifungal 1% clotrimazole USP cream was unlocked, unattended, and accessible in room #134. The label of the cream indicates, "if swallowed contact a doctor or poison control." Not all of the residents in the home have been assessed as able to use or avoid poisons, including resident #1.

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. Poisonous materials have been removed from residents #1 room
2. Training will be completed with staff regarding regulation 2600.82(c), documentation will be kept. Staff training will occur by 1/8/17. BB 12/8/16
3. A list will be compiled and placed in an inconspicuous place for only staff to view.
4. List will be updated as new residents admit and residents discharge.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Deerns</i>	<i>12.8.16</i>

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

The above plan of correction is approved as of <u>12/8/16</u> (Date)	Plan of correction implementation status as of <u>12/8/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 08/16/2016 - Knea, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On 8/16/16 at 12:12 PM, the garbage can in the shower room located on the B wing 2nd floor was overflowing. The garbage can was smeared with the appearance of feces and a paper towel with the appearance of smeared feces was exposed on the top of the garbage pile.
On 8/16/16, there was a clear plastic bag containing garbage on the floor of the patio located outside of the activities area.

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 on regulation 2600.85(a) documentation will be kept. Staff training will occur by 1/8/17.
2. House keeping was notified at the time of incident was immediately addressed by staff.
3. Staff will be made aware that these issues need addressed immediately

BB
12/8/16

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 *12.8.16*

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

The above plan of correction is approved as of 12/8/16
(Date)

Plan of correction implementation status as of 12/8/16
(Date)

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

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

Violation Report: 43051 - 08/16/2016 - Knee, Donald
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 65 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 8/16/16 at 12:22 PM, the outside dumpster was uncovered and overflowing with garbage, including 2 blue mattresses and a wooden dresser on top of the overflowing dumpster.

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. Receptacle has been replaced with a receptacle with a side door to ensure its not left open. (see picture)
2. Staff was unable to close lids on previous dumpster
3. Audit to be done weekly x 8 weeks then monthly x 4 month to assure compliance (documentation will be kept)

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 *12.2.16*

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

The above plan of correction is approved as of <u>12/8/16</u> (Date)	Plan of correction implementation status as of <u>12/8/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 08/16/2016 - Kneec, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
On 8/16/16, the stairwell between the B wing 2nd and 3rd floors contained an unsecure railing with rust at the base of it and it was connected to areas of cracking and loose concrete.

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. Railing has been replaced and concrete repaired
(see photo)

2. Staff will be trained on reporting any areas
on ramps, interior stair way and outside
Steps must have a well secured handrail.
(documentation will be kept)

3. IF staff finds any areas that need repair
they are to immediately report to admin
and maintenance.

staff training will
occur by 1/8/17.
BB
12/8/16

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 12-2-16

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

The above plan of correction is approved as of 12/8/16
(Date)

Plan of correction implementation status as of 12/8/16
(Date)

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

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

Violation Report: 43051 - 08/16/2016 - Knee, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
On 8/17/16 at approximately 10:10 AM, staff person A, the administrator, provided the emergency preparedness plan for the municipality in which the home is located and the emergency preparedness plan for the home. The emergency preparedness plans were located in the Administrator's office and not posted in a conspicuous and public place in the home.

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. Copies of emergency preparedness plan (manual) placed in binder in lobby available to the public.
2. Copy in lobby outside Admin office
3. Administrator will audit weekly x 8 weeks to assure binder with emergency preparedness plan is in public place. Documentation will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	12/8/16 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	BB (Initials)	12/8/16 (Date)
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress BB <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented		

Violation Report: 43051 - 08/16/2016 - Knes, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 65 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
On 8/17/16 at 9:50 AM, an operator's manual was stored on top of boiler #2 in the mechanical room on the 4th floor and a cardboard box was stored 20 inches from the boiler.

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. All materials have been removed from mechanical/boiler room (See photo)
2. Audit to be done weekly x 4 weeks then monthly x 3 months to assure compliance (documentation shall be kept).
3. Signs will be posted nothing to be stored in mechanical & boiler room.

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 *12/8/16*

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

The above plan of correction is approved as of <u>12/8/16</u> (Date)	Plan of correction implementation status as of <u>12/8/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 08/16/2016 - Knee, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #2, dated 5/18/16, does not indicate the height or weight of the resident. These sections of the medical evaluation are blank.

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 review each DME to assure that form is completed in entirety
2. Resident # 2 DME has been corrected so height & weight are present.
3. Audit to be completed of current DME's within 30 days to assure compliance documentation will be kept.
4. Any new DME will be initiated on bottom to assure completion.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Deernis.* Date *12.2.16*

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

The above plan of correction is approved as of 12/8/16
(Date)

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

Plan of correction implementation status as of 12/8/16
(Date)

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

Violation Report: 43051 - 08/16/2016 - Knee, Donald
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #1, dated [redacted] 15, does not indicate if the home can meet the needs of the resident. This section of the preadmission screening form is blank.

The preadmission screening form for resident #2, dated [redacted] 16, does not indicate if the home can meet the needs of the resident. This section of the preadmission screening form is blank.

The preadmission screening form for resident #3, dated [redacted] 16, does not indicate if the home can meet the needs of the resident and does not indicate if the resident is able to use and avoid poisonous materials. These sections of the preadmission screening form are blank.

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. Resident #1, 2 and 3 preadmission screening form have been updated to document the residents needs can be met by the home.
2. Audits will be completed to assure residents pre-admission screening form are completed in entirety
3. It will be the responsibility of Administrator or designee to check form is completed in entirety.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Deems</i>	<i>12.2.16</i>

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

The above plan of correction is approved as of <u>12/8/16</u> (Date)	Plan of correction implementation status as of <u>12/8/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented