



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 1, 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 February 1, 2017, 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 "Janine Wenzig".

Janine Wenzig
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: Mary Deems		Region: WEST
Legal Entity Name: NORBERT INC		
Legal Entity Address: 1326 FREEPORT ROAD SUITE 100, PITTSBURGH, PA 15238		
Certificate(s) of Occupancy I-2 02/09/2010 City of Pittsburgh		RECEIVED MAY 13 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 125	Waking Staff: 94
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/01/2017: Barry, Courtney; Mulick, Cindy		
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: 7 Number of Hospice Residents in past year: 55	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 88 Have Mental Illness: 16 Have an Intellectual Disability: 2 Have a Mobility Need: 34 Have a Physical Disability: 0	

Violation Report: 43051 - 02/01/2017 - Barry, Courtney
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 12/15/16, there were 91 residents in the home, 34 with mobility needs. The home was required to provide a minimum total of 93.75 hours of direct care during waking hours; however, only 85.25 hours of direct care were 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. Administrator or Designee will print out direct care staffing hours daily to assure compliance - documentation will be kept. The daily print outs include the census, number of residents with mobility needs, staffing hours during waking hours. ms 5/16/17
2. Schedule for Direct Care Schedule will be reviewed before posting by Administrator or designee - Schedules will be maintained. A policy and procedure is in place to ensure adequate staffing due to call offs.
3. If hours are not covered Administrator will designate staff with direct care certification or licensed staff to cover all hours required to maintain compliance. Calculations are completed indicating number of personal care service hours needed and actual hours scheduled. ms 5/16/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/19/2016 et al.
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Deems</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Deems.</i>	<i>5-8-17</i>

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

The above plan of correction is approved as of 5/16/17
(Date)

Plan of correction implementation status as of 5/16/17
(Date)

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

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

Violation Report: 43051 - 02/01/2017 - Barry, Courtney
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 #1 has had several falls as indicated by the following nursing notes; however, the resident's assessment, dated 12/1/16, does not include the resident's risk for falls. Also, a daily nursing note, dated 11/19/16, indicates staff was able to learn that resident #1 is a fall risk.

- * 12/8/16 at 12:15 a.m. - "Resident found on floor in sitting position beside bed". Resident stated he/she fell to his/her knees and hit his/her head on the floor.
- * 12/13/16 - Resident observed on his/her knees on the floor. "No apparent injuries noted".
- * 1/29/17 at 1:45 a.m. - "Resident was found in sitting position on the floor". Stated he/she fell. "No complaints of pain or injury noted".

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 #1's assessment was revised to include the resident's risk for falls. ms 5/16/17

1. Administrator or Designee will be responsible for updating RASP when a resident becomes identified as a fall Risk.
2. New internal policy if a residents falls twice within a 30 day period, resident will be noted as a fall risk and RASP updated accordingly
3. Internal incident reports will be reviewed every 30 days to assure compliance. Falls have been review for past 30 days - RASP updated (see residents who have been reviewed and updated).

Immediate - The administrator or designated staff person will develop and implement a policy and procedures to ensure changes in care needs as identified in resident assessments and support plans (RASPs) are communicated to all staff providing care to the residents. ms 5/16/17

Immediate - All staff persons providing care to residents and assessing their level of care will be educated on the above mentioned policy and procedures. Documentation of training shall be kept. ms 5/16/17

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 *5.8.17*

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The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 02/01/2017 - Barry, Courtney
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2 has had several falls as indicated in the following nursing notes; however, the resident's assessment, dated 1/11/17, does not address the resident's risk for falls:

- * 9/5/16 - "No apparent injury from earlier fall".
- * 10/15/16 - Resident said he/she slid from his/her chair to the floor.
- * 11/27/16 - "Pt found lying on floor in dining room by sink. Laceration present above R eye. Sent to ER for eval."
- * 11/28/16 - Resident slid while getting up out of bed slid to his/her bottom.
- * 12/17/16 - Resident fell from his/her wheelchair to the floor in his/her room.
- * 12/22/16 - Resident stated he/she fell from his/her wheelchair to the bathroom floor. Resident hit his/her head off the floor. Resident complained of pain to the the right side of the head and was sent to the hospital.

1. Administrator or designee will update assessments as per new policy (see policy) to indicate fall risk
2. Yearly or as significant changes occur assessments will be updated as needed
3. Administrator or designee complete per occurrence. (See res #2 previous & updated) assessment.

POC

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's assessment has been revised to include the resident's risk for falls.
Resident assessments have been revised for those at risk for falls. ms 5/16/17

Immediately - The administrator or designated staff person will develop and implement a policy and procedures to ensure changes in care needs as identified in resident assessments and support plans (RASPs) are communicated to all staff providing care to the residents. ms 5/16/17

Immediately - All staff persons providing care to residents and assessing their level of care will be educated on the aforementioned policy and procedures. Documentation*

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 *5-8-17*

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- Fully Implemented
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The above plan of correction was approved by MS (Initials)

* of training shall be kept. ms 5/16/17

Violation Report: 43051 - 02/01/2017 - Barry, Courtney
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 #1 has had several falls as indicated by the following nursing notes; however, the resident's support plan, dated 12/1/16, does not include fall risk precautions. Also, a daily nursing note, dated 11/19/16, indicates staff was able to learn that resident #1 is at risk for falls. The summary and determination section of the resident's assessment and support plan indicates the resident's gait is very steady.

* 12/8/16 at 12:15 a.m. - "Resident found on floor in sitting position beside bed". Resident stated he/she fell to his/her knees and hit his/her head on the floor.

* 12/13/16 - Resident observed on his/her knees on the floor. "No apparent injuries noted".

* 1/29/17 at 1:45 a.m., "Resident was found in sitting position on the floor". Stated he/she fell. "No complaints of pain or injury noted".

The daily nursing note, dated 11/19/16, also indicates resident #1 wears a brace on the right foot and uses a walker, neither of which are addressed in the support plan.

Nursing notes, dated 11/25/16, indicate resident #1 was found outside in the parking lot looking for his/her family and a wanderguard was applied. The use of a wanderguard is not indicated in the resident's support plan.

Resident #2 is prescribed ted hose; however, this is not addressed in the resident's support plan, dated 1/11/17. Also, resident #2 received treatment for a right foot ulcer; however, the support plan indicates treatment was provided to the left foot.

Resident #2 has had several falls as indicated in the following nursing notes; however, the support plan does not include fall risk precautions:

* 9/5/16 - "No apparent injury from earlier fall".

* 10/15/16 - Resident said he/she slid from his/her chair to the floor.

* 11/27/16 - "Pt found lying on floor in dining room by sink. Laceration present above R eye. Sent to ER for eval."

* 11/28/16 - Resident slid while getting up out of bed slid to his/her bottom.

* 12/17/16 - Resident fell from his/her wheelchair to the floor in his/her room.

* 12/22/16 - Resident stated he/she fell from his/her wheelchair to the bathroom floor. Resident hit his/her head off the floor. Resident complained of pain the the right side of the head and was sent to the hospital.

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 - the administrator or designated staff person will develop and implement a policy and procedures to ensure changes in care needs as identified in resident assessments and support plans (RAs & Ps) are communicated to all staff providing care to the residents, MS 5/16/17
Immediately - All staff persons providing care to residents and assessing their level of care will be educated on the above mentioned policy and procedures. Documentation of training shall be kept. MS 5/16/17

1. Audits will be conducted by Designee to assure all residents support plans address regulation 2600.227 (see current Audit), within 30 days. Documentation will be kept.

2. Audits will be Quarterly x 2 Quarters to assure

compliance - Documentation will be kept. Audits shall include fall risk precautions, MS 5/16/17

The support plans of residents #1 and #2 have been revised to include fall risk precautions. MS 5/16/17

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 5-8-17

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Partially Implemented - Inadequate Progress

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for the following residents was not completed on the Department-approved form:

- Resident #1, completed 12/14/16
- Resident #2, completed 1/11/17
- Resident #3, completed 1/11/17

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. Waiver for Tabulapro applied for and received on 2-8-17 (see enclosed copy). the waiver is for the medical evaluation form. ms 5/16/17
2. Waiver will remain on file in Survey Binder for DHS to view.

Immediately - Forms that are not Department approved shall not be used unless approved by the Department. ms 5/16/17

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 *5-8-17*

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