



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 24, 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
Certificate #:430510

Dear Mr. Waldman:

As a result of the Department of Human Services' licensing inspection on May 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,

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: Mary Deams		Region: WEST
Legal Entity Name: NORBERT INC		RECEIVED
Legal Entity Address: 1326 FREEPORT ROAD SUITE 100, PITTSBURGH, PA 15238		
Certificate(s) of Occupancy I-2 03/09/2010 City of Pittsburgh		AUG 30 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 130	Working Staff: 98
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/01/2017: Park, Beth; Hoover, Josh		
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 who:	
Number of Residents Served: 95	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 93	
Area:	Have Mental Illness: 14	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 35	
Number of Current Hospice Residents: 10	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 27		

AUG 30 2017

Violation Report: 43051 - 05/01/2017 - Park, Beth
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 4/18/2017, resident #1 reported to staff person B that resident #3 had entered his/her room earlier that morning and physically assaulted him/her.

On 4/18/2017, resident #2 also reported to staff person B that resident #3 had entered his/her room earlier that morning and physically assaulted him/her.

On 4/18/17, police were called to the home to investigate this incident; however, this incident was not reported to the Department.

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 "A" is no longer employed by home.
 2. Staff has been trained in both reportable Incidents & Act 13 training
 3. Administrator, DON & ADON are to be made aware of any allegation of Abuse or reportable Incidents.
 4. Act 13 will immediately be orally called to protective services by Admin or Designee
 5. Act 13 paper report & Reportable incident to be completed immediately following or within 24 hours by Admin or Designee
- The administrator will review all reportable incidents and conditions weekly to ensure all reportable incidents and conditions are reported to the Department in accordance

Repeat Violation: No Date(s) of Previous Violation(s): With 2600.16c. No. 10/13/17

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 *8-30-17*

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

The above plan of correction is approved as of 10/13/17 (Date)

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

Plan of correction implementation status as of 10/12/17 (Date)

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