



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 1, 2018**

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's Bureau of Human Services Licensing inspection on January 19, 2018, 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 'Larry Mazza', with a long, sweeping flourish extending to the right.

Larry Mazza  
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		<b>RECEIVED</b>
Legal Entity Address: 1326 FREEPORT ROAD SUITE 100, PITTSBURGH, PA 15238		
Certificate(s) of Occupancy I-2 03/09/2010 City of Pittsburgh		APR 13 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 134	Waking Staff: 101
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/19/2018: Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, If Applicable		
<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: 98 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: 16 Number of Hospice Residents in past year: 45		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96 Have Mental Illness: 11 Have an Intellectual Disability: 2 Have a Mobility Need: 36 Have a Physical Disability: 0

APR 13 2018

Violation Report: 43051 - 01/19/2018 - Rahuba, Matt  
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 1/8/18, there were 98 residents residing in the home, including 37 residents with mobility needs, requiring a total minimum of 101.25 direct care staffing hours during waking hours. However, only 98.75 hours of direct care staffing were provided during waking hours on this day.

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 monitor scheduling and hours based on census daily to ensure at least 75% of the personal care service hours specified in 2600.57b + 2600.57c all available during waking hours.
2. Hours for nursing will be printed and kept in <sup>in</sup> a binder to ensure compliance of regulation 2600.57(d).
3. Census sheets with hours broke down per waking hours and non waking hours.  
(see enclosed form).
4. Hours will be monitored daily by Administrator or designee.
5. records will be maintained

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/01/2017		
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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
Mary Deems.	4-13-18

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

The above plan of correction is approved as of 5/9/18  
(Date)

Plan of correction implementation status as of 5/9/18  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

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

APR 13 2018

Violation Report: 43051 - 01/19/2018 - Rahuba, Matt  
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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 for resident #1, admitted [redacted] 17, is undated, so it is unable to be determined when it was completed.

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 is no longer at facility.
2. Audits were conducted after inspection on 1-19-2018 and most recently in April (see enclosed Audit sheets)
3. Audits will be conducted semi-annually and as needed moving forward.
4. records will be kept.

Immediately: A designated staff person shall develop and implement a system to ensure all newly admitted residents have a preadmission screening completed in its entirety, including the date of completion, within 30 days prior to admission.

5/19/18

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 *4-13-18*

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The above plan of correction is approved as of 5/19/18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 5/19/18 (Date)

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

Violation Report: 43051 - 01/19/2018 - Rahuba, Matt  
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 began receiving home health services on 10/18/17; however, the resident's support plan, dated 9/11/17, has not been updated to include this service and does not indicate what services are being providing.

The medical evaluation for resident #2, dated 10/29/17, indicates the resident is ordered a wanderguard for wandering and requires checks every shift; however, the checks are not indicated on the resident's support plan, dated 10/29/17.

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

Immediately: A designated staff person shall develop and implement a system to ensure all resident support plans are immediately updated as care needs change. All staff persons responsible for the completion of support plans shall be educated on the new system. 5/19/18

1. Resident #1 is no longer at facility
2. Resident #2 RASP has been updated on pg 5 to reflect wanderguard.
3. Wanderguard checks being completed q shift. (see TAR).
4. Resident was OOF to hospital 4-6-18 and returned on 4-8-18.
5. RASP have been audited x2 since inspection (see previous violation attachments).
6. Audits will be conducted semi-annually
7. records will be kept.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/01/2017

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 4-13-18.

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The above plan of correction is approved as of 5/19/18 (Date)

Plan of correction implementation status as of 5/19/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

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