



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 22, 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 February 6, 2018 and March 13, 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 'Janine Wenzig', written over a white background.

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		RECEIVED
Certificate(s) of Occupancy 1-2 03/09/2010 City of Pittsburgh		MAY 08 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 122	Working Staff: 92
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/06/2018: Winters, Lynn 03/13/2018: Winters, Lynn; Hoover, Joah; Mulck, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable 03/16/2018: Winters, Lynn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 102 Number of Residents Served: 88 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: 14 Number of Hospice Residents in past year: 52		Number of Residents who: Receive Supplemental Security Income: 2 Are 80 Years of Age or Older: 86 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 34 Have a Physical Disability: 0

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Violation Report: 43051 - 02/06/2018 - Winters, Lynn
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/31/17, staff person A witnessed resident #1 exposing his/her genitalia to resident #2, and attempting to put resident #2's hands on his/her genitalia. Staff person A reported the incident to staff person B. The home did not report the abuse allegation to the local Area Agency on Aging.

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 no longer resides at PCH.
2. Staff will be trained on 5-17-18 on the Older Adult Protective Services Act by [redacted] Supervisor, Protective services @ 2pm.
3. Administrator attended the Temple university training on Sexuality, Consent and sexual abuse in later life on 4-7-18 (see certificate).
4. Records of training shall be kept.

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*

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

<p>The above plan of correction is approved as of <u>5/17/18</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5/17/18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 43051 - 02/08/2018 - Winters, Lynn
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 12/31/17, staff person A witnessed resident #1 exposing his/her genitalia to resident #2, and attempting to put resident #2's hands on his/her genitals. Staff person A reported the incident to staff person B. The home did not report the abuse allegation 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. Resident no longer resides @ PCH.
2. Staff will be inserviced within 10 days of this POC on recordable Incidents & conditions
3. Records will be kept.

Immediately - The administrator will ensure that all reportable incidents and conditions as indicated in Chapter 2600.16a are reported to the Department within the required time frame and by the required reporting method.

SM/18

Repeat Violation: Yes 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 *5-8-17*

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The above plan of correction is approved as of 5/17/18 (Date)

Plan of correction implementation status as of 5/17/18 (Date)

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

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

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Violation Report: 43051 - 02/06/2018 - Winters, Lynn
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 2/21/18, at approximately 8:00 p.m., resident #1 exposed his/her genitalia to resident #3, grabbed resident #3's hand and placed resident #3's hands on his/her genitals. At approximately 7:05 p.m., resident #1 repeated this action with resident #4.

Prior to those incidents, resident #1 had multiple instances of sexually abusive and aggressive behavior toward other residents and staff. From 9/29/17 until 10/4/17, resident #1 was being treated as an inpatient at a behavioral health facility for increased aggression. The discharge diagnosis indicated Major Neurocognitive Disorder with Behavioral Disturbance.

According to the home's daily notes:

- On 10/5/17, resident #1 was observed shaking the wheelchair of another resident "with a violent look" on his/her face. The resident in the wheelchair was screaming "Stop!!!" Additional incidents of aggression including punching a wall, were noted on 12/16/17, 12/17/17 and 12/22/17.

- On 12/31/17, resident #1 grabbed the wheelchair of another resident and shoved it. Later, a direct care staff person found resident #1 exposing his/her genitalia in front of another resident and attempting to get the other resident to touch his/her genitals.

- On 1/5/18, resident #1 was observed removing his/her clothes in the lunch room and "fought with staff."

Also, on 1/7/18, a family member of another resident reported to the home that resident #1 touched him/her on the buttocks. The police were notified and an involuntary mental health commitment petition filed. Ultimately the resident agreed to a voluntary commitment. The resident was transported to the hospital for evaluation. According to hospital records, the petition indicated the resident "exhibited predatory behavior toward compromised" residents, was combative with staff and exposed self to other residents. Hospital records also indicate the resident is a registered Megan's law offender for indecent assault. On 1/16/18, the resident returned to the home from the hospital.

The home failed to supervise resident #1 to prevent his/her abuse of other residents.

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 no longer resides at PCH.
2. Resident Rights training was conducted on 3-29-18. by [redacted] Ombudsman
3. See enclosed documentation - records shall be kept

Immediately - The home will ensure supervision needs of all residents are met and will contact the Department if the home finds a resident is a danger to himself or others and follow discharge regulations in accordance with 2600.228.

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) *5-8- Mary Deems*

Date *5-8-17*

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Plan of correction implementation status as of 5/17/18 (Date)

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

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

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RECEIVED

Violation Report: 43051 - 02/08/2018 - Winters, Lynn
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

MAY 08 2018

1. REGULATION 56 Pa.Code §2600

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

WEST REGION FIELD OFFICE
Human Services Licensing

- (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

The assessment for resident #1, dated 2/18/17, indicates the resident needs moderate supervision and has a minimal problem with judgment, agitation and aggression. However, the resident has a long history of aggressive and sexually abusive behavior toward other residents, visitors and staff. Also, the assessment indicates the resident has no psychological diagnoses; however, the resident was diagnosed with Major Neurocognitive Disorder with Behavioral Disturbance, according to hospital records dated 10/4/17.

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. Resident #1 no longer resides in the PCH.
- 2. RASP was updated to include diagnosis of:
Neurocognitive behavior & behavioral disturbances.
- 3. (see attached RASP).
- 4. RASP & Pre-Admission Screening Audits
Conducted in January 2018 & April 2018
(see documentation).
- 5. Audits will be conducted semi-annually
or as needed (records shall be maintained).

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 *5-8-18*

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

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Violation Report: 43051 - 02/06/2018 - Winters, Lynn
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, dated 2/18/17, does not address how the home will address the resident's need for extensive supervision for aggressive and sexually abusive behavior toward other residents, visitors and staff. Hospital records dated 1/7/18, indicate the resident is a registered sexual offender on the Megan's Law list for indecent assault conviction. The support plan does not address any special training for staff or other steps specific to the danger.

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 no longer resides in the PCH.
2. RASP was updated to include changes.
3. RASP: Pre Admission screening Audits
Conducted in January 2018 & April 2018
(See documentation).
4. Audits will be conducted semi-annually
or as needed (records shall be maintained).

The home has updated its admission and discharge criteria and will not accept residents on the Megan's Law registry.

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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><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented