



**MAILING DATE: December 5, 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 August 8, 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 in a cursive style.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 43051 - 08/08/2018 - Hoover, Josh  
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

**1. REGULATION 55 Pa.Code §2600**

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 7/30/2018 at approximately 4:15p.m., staff person A was attempting to assist resident #1 out of the elevator in his/her Broda chair when the resident grabbed the elevator handrail and refused to allow staff person A to remove him/her from the elevator. Staff person A screamed profanities at resident #1, yelling "What the fuck, [resident #1] Let go!" and called the resident a "Fucking bitch." Staff person A then smacked resident #1 in the back of the head with his/her hand.

Witness interviews indicate that resident #1 yelled out as if in pain and became agitated after being struck.

Staff person A continued to use profanities in front of other staff and residents of the home as he/she pushed resident #1 into the dining room, including telling resident #2 to "Get the fuck out of the way."

**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. Employee # 1 was immediately removed from facility following the incident.
2. Employee #1 Criminal background was completed before hire. Criminal background showed no record.
3. Employee was trained on mandatory abuse reporting and OAPSA on first day of orientation.
4. Employee was suspended on 7/30 and terminated on 8-3-18
5. OAPSA training completed yearly and as needed.

SEE PAGE 2A OF 2

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2018		
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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 *9/27/18*

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

The above plan of correction is approved as of <u>11/27/18</u> (Date)	Plan of correction implementation status as of <u>11/27/18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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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*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.*

The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 9 residents regarding care and treatment, including with care related to assistive devices. The administrator or designee will increase supervision of staff during care with assistive devices to ensure that staff are adequately assisting residents with mobility needs in a manner that's compliant with §2600.42(b).

By 12/31/18 – All staff persons will be trained on §2600.42(b) by an outside source.

During the next quality management plan review and evaluation and ongoing – The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2018	
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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 *11-27-18*

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