



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 21, 2019

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 September 13, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

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DEC 03 2018

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 5

PCH Name: NORBERT RESIDENTIAL CARE FACILITY <i>Human Services Licensing</i>		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: 1325 FREEPORT ROAD SUITE 100, PITTSBURGH, PA 15238		
Certificate(s) of Occupancy I-2 02/09/2010 City of Pittsburgh		
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 09/13/2018: Flinner-Alman, Lisa; Klein, Scott		
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: 14 Number of Hospice Residents in past year: 43	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 88 Have Mental Illness: 9 Have an Intellectual Disability: 1 Have a Mobility Need: 34 Have a Physical Disability: 0	

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Violation Report: 43051 - 09/13/2018 - Flinner-Alman, Lisa
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 65 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 9/5/18, Allegheny County Protective Services presented at the home to investigate an allegation of abuse involving resident #1. On 8/30/18, resident #1 sustained a black eye. The home completed an investigation, however, did not submit an incident report 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 have been in serviced on incident reporting. (Attached training sheet).
2. Administrator or Designee will be responsible for completing Incident reports - Administrator will review before submitted within 240
3. Mandatory OASSA training will be completed before 12-31-18.

Immediately - The administrator will review all incidents at the home daily for at least 30 days and at least weekly thereafter to ensure all reportable incidents and conditions are reported to the Department within the required time frame and by the required reporting method.

Immediately and at least quarterly thereafter - The administrator will review all reportable incidents and conditions as part of a quality management review to ensure all reportable incidents and conditions as outlined under Chapter 2600.16c are reported to the Department within the required time frame and by the required reporting method. -JRW 2/19/19

Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/06/2018 et al	
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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 *12.3.18*

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

The above plan of correction is approved as of <u>2/19/19</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>2/19/19</u> (Date) <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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DEC 03 2018

Violation Report: 43051 - 09/13/2018 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The left vinyl armrest of resident #1's wheelchair had multiple cracks, exposing the fabric. The right vinyl armrest also had several cracks, which posing a skin tear hazard.

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. Audit has been conducted on all wheelchairs
Maintenance man has be provided with Audit.
3. All repairs will be completed by 12-12-18.
4. Audits will be conducted Quarterly x 3
(records shall be kept).
5. Administrator or Designee will review each audit with Maintenance Dept to ensure proper repair is completed.

Repeat Violation: No Date(s) of Previous Violation(s):

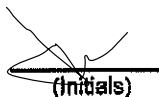
Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Deems*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Deems.* Date *12-3-18.*

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(Date)

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(Date)

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(Initials)

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DEC 09 2018

Violation Report: 43051 - 09/13/2018 - Fliinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

In room 317 there was a urinal filled with approximately 2" of urine on resident #2's bedside table.

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 # 2 is no longer in facility
2. Staff has been inserviced on regulation 2600.85(a).
3. Ongoing education will be conducted with new hires and current employees to ensure compliance
4. Administrator or Designee will make rounds throughout the facility daily to assure sanitary conditions are 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 *12-3-18*

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Violation Report: 43051 - 09/13/2018 - Flinner-Alman, Lisa
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

DEC 03 2018

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The assessment, dated 1/10/18, for resident #1, does not include the diagnoses of shortness of breath, psychosis and dry eyes, as indicated on the medical evaluation, dated 1/10/18.

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 in facility
2. Assessment was updated to reflect the changes (copy enclosed).
3. Audits of all Resident RASP completed on 11-21-18. Audit will be conducted bi-annually or as needed.
4. When residents med eval is updated Administrator or Designee will update RASP to reflect those changes or any other changes.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2018 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>12-3-18</i>

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