



MAILING DATE: March 29, 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 October 29, 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.

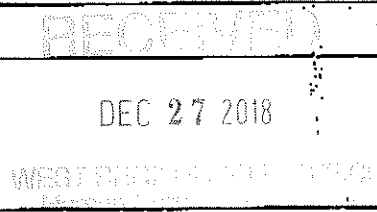
Sincerely,

A handwritten signature in black ink that reads "Suzy Quinn". The signature is written in a cursive style with a large initial "S" and a long horizontal flourish at the end.

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Violation Report

**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		
Certificate(s) of Occupancy I-2 03/09/2010 City of Pittsburgh		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 132	Working Staff: 89
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/29/2018: Evoges, Joseph		
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: 95 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: 12 Number of Hospice Residents in past year: 42	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 34 Have Mental Illness: 9 Have an Intellectual Disability: 1 Have a Mobility Need: 37 Have a Physical Disability: 1	

DEC 27 2018

Violation Report: 43061 - 10/29/2018 - Evages, Joseph
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
On 10/26/18 at approximately 8:09 a.m., resident #1 activated his/her call button for toileting assistance. The home's staff failed to respond until 9:36 a.m. Between call bell activation and staff response, the resident urinated in his/her adult brief, which overflowed and caused the resident to wait for assistance in wet clothing. Resident #1's Initial assessment and support plan, dated 10/15/18, reads "resident will be taken to the bathroom frequently and upon request."

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 facility
2. Staff have been trained & inserviced on regulation 2600.23.
3. Admin and medical staff are assigned walkie talkies daily. Walkie Talkies are numbered for accountability.
4. Admin reviews call bells at a minimum weekly. Call bells that are found to be unresponded to within reasonable times employee will be given verbal warning disciplinary process will be followed.

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 *12.24-18*

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

The above plan of correction is approved as of 3/19/19 (Date)

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

Plan of correction implementation status as of 3/19/19 (Date)

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

DEC 27 2018

Violation Report: 43051 - 10/29/2018 - Eveges, Joseph
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #2 requires assistance with medication administration. There were two white tablets in a clear plastic cup on the end table in resident #2's bedroom that the home's staff left for the resident to take later in the morning.

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. Med techs educated on no meds to be left at bedside.
2. Administrator or Designee will make rounds daily and check sporadic rooms to ensure compliance.
3. Disciplinary Action will be followed if any further occurrences are noted up to and including termination.

Within 30 days of receipt of the plan of correction, all staff qualified to administer medication shall be re-trained on proper medication administration procedures in accordance with §2600.182(c), to include placing the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in §2600.182(b)(4).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>12-24-18</i>

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

The above plan of correction is approved as of <u>3/19/19</u> (Date) The above plan of correction was approved by <u><i>SE</i></u> (Initials)	Plan of correction implementation status as of <u>3/19/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SE</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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