



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to NORBERT INC

LEGAL ENTITY

To operate NORBERT RESIDENTIAL CARE FACILITY

NAME OF FACILITY OR AGENCY

Located at 2413 ST. NORBERT DRIVE, PITTSBURGH, PA 15234

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 102  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 1, 2019 until January 1, 2020,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430511

*Robert E. Robinson*

ISSUING OFFICER

*Carolyn K. Ellison*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

JUL 01 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 #: 430511

Dear Mr. Waldman:

As a result of the Department's Bureau of Human Services Licensing inspections on January 8, 2019 and April 26, 2019, of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 430510 dated February 20, 2019 to February 20, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated February 20, 2019 to February 20, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Hal K. Waldman

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison". The signature is written in a cursive style with a large initial 'C' and a long, sweeping underline.

Carolyn K. Ellison  
Deputy Secretary, Office of Administration  
Shared Services for Health and Human Services

Enclosures  
License  
Violation Report



Violation Report: 43051 - 01/08/2019 - Garvey, Jody  
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION  
 On the following dates staff person B accepted, endorsed and deposited checks written by resident #2 into her personal bank account for the following amounts:  
 \*7/31/18, for the amount of \$1,000  
 \*9/7/18, for the amount of \$5,000

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 & management staff were unaware of employee accepting checks.
2. Employee was disciplined
3. Staff was trained on Norberts policy and regulation 2600.20(b)(4) Documentation of training attached.
4. Staff are trained upon hire by HR regarding No acceptance of gifts & gratuities
5. Policy clearly posted by time clock to consistently communicate policy & regulation

Resident # 2 is deceased. *SE* 5/16/19  
 A referral was made to local law enforcement regarding these events. *SE* 5/16/19  
 Effective immediately: Staff person B will not provide unsupervised care to residents. Direct supervision will be provided by a qualified direct care staff person at all times staff person B provides care to residents. *SE* 5/16/19  
 Within 30 days of receipt of the plan of correction: All staff shall receive training in the prevention of Elder financial exploitation and abuse, conducted by an outside agency. Documentation of training shall be kept for Department review. *SE* 5/16/19

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 *3-26-19*

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

The above plan of correction is approved as of <u>5/16/19</u> (Date)  The above plan of correction was approved by <u><i>SE</i></u> (Initials)	Plan of correction implementation status as of <u>5/16/19</u> (Date)  <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43051 - 01/08/2019 - Garvey, Jody  
 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 12/28/18 staff person A was transporting resident #1 in her broda chair to her room from the common dining area after lunch. The resident was leaning to the left in the chair and when staff person A wheeled the resident around the corner between hallways, the resident's head forcefully struck a metal latch protruding from the fire door. Her head began to bleed immediately after impact. The resident was taken to the emergency room and sustained a closed head injury with a 5-centimeter crescent-shaped laceration to her forehead.

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 is no longer employed by PCH.
2. Resident discharged per family to SNF.
3. Employees inserviced on regulation 2600.42(b) (documentation attached)
4. Employee did attempt to reposition resident in Broda chair when she leaned back to the left & struck head.
5. Employees inserviced on resident behaviors IF unable to redirect walk away and have another employee approach resident.

Within 30 days of receipt of the plan of correction: The home shall have all direct care staff trained by an outside agency regarding proper use of Broda chairs, to include proper positioning of both resident and chair to avoid injury during transport, regularly observing resident position in chair during transport, re-positioning as necessary to avoid injury, and safe transfer techniques. Documentation of training shall be kept for Department review. *SE* 5/16/19

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 *3.26.19*

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Violation Report: 43051 - 01/08/2019 - Garvey, Jody  
 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 1/1/19 while providing morning care before breakfast, staff person C forcefully pulled resident #3's leg after the resident asked the staff person to be careful with his leg. The resident swung his fist at the staff person to get her off of him. In response, the staff person grabbed his arm with a rough grasp and asked the resident "Who's boss around here?" The resident sustained a 1 cm x 2 cm skin tear on his right wrist and a 2" x 2" bruise.

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 at PCH.
2. Employee disciplined regarding incident
3. Employees inserviced on reg 2600.42(b) and resident behaviors. If unable to redirect walk away and have another employee approach resident.

Immediately, then at least twice per week for 1 month, and monthly thereafter: The administrator shall privately interview at least two residents, to ensure they are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation of the interviews shall be kept and reviewed at Quality Management Meetings.

 5/16/19

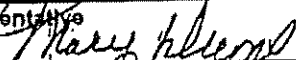
Within 30 days of receipt of the plan of correction; All staff members shall receive Resident Rights training, conducted by an outside agency. Documentation of the training shall be kept for Department review.

 5/16/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)


Mary Deems

Date 3.26.19

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The above plan of correction is approved as of 5/16/19  
 (Date)

Plan of correction implementation status as of 5/16/19  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

RECEIVED

5/28/19

Western Region Field Office  
Bureau of Human Services Licensing

## Violation Report

### Facility Information

Name: *NORBERT RESIDENTIAL CARE FACILITY*

License Number: *430510*

Address: *2413 ST NORBERT DRIVE, PITTSBURGH, PA 15234*

County: *ALLEGHENY*

Region: *WESTERN*

### Administrator

Name: *Mary Deems*

Phone: *4128855202*

Email: *HWALDMAN@WALDMANINC.COM*

### Legal Entity

Name: *NORBERT INC*

Address: *1326 FREEPORT ROAD, SUITE 100,  
PITTSBURGH, PA 15238*

### Certificate(s) of Occupancy

Type: *I-2*

Date: *2/9/2010*

Issued By: *City of Pittsburgh*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *115*

Waking Staff: *86*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

### Inspection Dates and Department Representative

*04/26/2019 - On-Site: Joe Eveses, Lauren Spagna*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *102*

Residents Served: *85*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *9*

#### Number of Residents Who:

Receive Supplemental Security Income: *2*

Are 60 Years of Age or Older: *81*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *30*

Have Physical Disability: *1*

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The white fence post next to the covered entranceway in front of building A was unsecure and loose, moving back and forth approximately 7 inches and allowing a gap of approximately 11 inches between the end of the fence and the post on the covered walkway. On 4/6/19, resident #1 moved between this gap in the fence, slipped on the wet grass, and fell down the steep slope, resulting in 4 fractured vertebrae and multiple bruises.

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. Fence has been repaired (see invoice attached).
2. Two metal poles have been installed by gaps in the fence and covered with pvc fencing.

Immediately, then at least weekly, the administrator or designated staff person shall inspect the exterior of the building, building grounds and yard, including fences, to ensure all areas are in good repair and free of hazards. Any deficiencies discovered shall immediately be repaired or replaced.

SE 6/5/19

Within 30 days of receipt of the plan of correction: All staff shall be educated regarding the importance of maintaining a building exterior and building grounds that are in good repair and free of hazards. Any deficiencies discovered shall immediately be reported to the administrator and immediately repaired or replaced.

SE 6/5/19

Legal Entity Representative

*Mary Deems*

Signature

Mary Deems.

Printed Name and Title

5-23-19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

6/5/19

(Date)

Plan of correction implementation status as of

6/5/19

(Date)

The above plan of correction was approved by

SE

(Initials)

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

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed 4 liters per minute of continuous oxygen via nasal cannula. According to multiple interviews, on or about 4/13/19, direct care staff A filled the oxygen canister for resident #2. However, the direct care staff failed to turn on the oxygen flow after placing the nasal cannula on the resident.

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 is no longer @ facility
- 2. O2 training has been scheduled for 6/5/19  
Records shall be kept.
- 3. Staff will be inserviced re: 2600.187d  
records shall be kept.

On 5/28/19, staff were re-educated to follow the physician's orders when signing off on the MAR, to include checking oxygen tanks to ensure they are filled and turned on if a resident is prescribed oxygen.

*SE* 6/5/19

Within 30 days of receipt of the plan of correction: All staff shall receive safety training for portable oxygen cylinders, to include proper administration and the ramifications of oxygen deprivation. Documentation of training shall be kept for department review.

Legal Entity Representative *SE* 6/5/19

*Mary Deems*  
Signature

Mary Deems  
Printed Name and Title

5.23.19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/5/19  
(Date)

Plan of correction implementation status as of 6/5/19  
(Date)

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

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