



MAILING DATE: April 9, 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 February 11, 2019, 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 "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

APR 03 2019

Violation Report: 43051 - 02/11/2019 - Grace, Desmond
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

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 1/24/19 at approximately 6:05 p.m., resident #1 made direct care staff person A aware of an allegation that staff person B touched the resident in the chest and vaginal area while providing car to the resident. However, the allegation was not reported to the Area Agency on Aging until 1/25/19 at approximately 5:00 p.m.

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.

Immediately: The administrator shall audit all allegations of abuse to ensure reporting is completed in accordance with the older adult protective services act.

1. Incident was reported as soon as management was made aware.
2. Employee A (med tech) was specifically spoken to regarding reporting any & every allegation of suspected Abuse.
3. Staff training was conducted on Mandatory Abuse training & timely reporting of any Allegation (See attached)
4. Older Adult Protective Services Act training to be conducted on 4/12/19 with emphasis on reporting to APS & DHS. (Spoke to Donna from APS on items that need to be emphasized. Records shall be maintained.

4/3/19

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 4-3-19

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

The above plan of correction is approved as of 4/3/19 (Date)

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

Plan of correction implementation status as of 4/3/19 (Date)

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

Violation Report: 43051 - 02/11/2019 - Grace, Desmond
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY APR 03 2019

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 1/24/19 at approximately 6:05 p.m., resident #1 made direct care staff person A aware of an allegation that staff person B touched the resident in the chest and vaginal area while providing car to the resident. However, the allegation was not reported to the Department until 1/26/19 at 8:00 a.m.

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. Incident was reported within 24^o of management being made aware of incident.
2. Staff training was conducted on Mandatory Abuse training & timely reporting of any allegation.
3. Older Adult Protective Services Act training to be conducted on 4/12/19 with emphasis on reporting procedures to APS & DHS (records shall be maintained)

Immediately: The administrator shall monitor all reportable incidents and conditions, including allegations or abuse, weekly to ensure all reportable incidents and conditions, including allegations of abuse, are reported to the Department in accordance with regulation 2600.16(c). 4/3/19 *EJ*

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) <i>Mary Deems.</i>	Date <i>4-3-19</i>
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The above plan of correction is approved as of <u>4/3/19</u> (Date)	Plan of correction implementation status as of <u>4/3/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>EJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented