



**MAILING DATE: September 10, 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 inspection on June 14, 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 "Suzy Quinn". The signature is written in a cursive style with a large initial "S" and a long horizontal stroke at the end.

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**Violation Report**

**Facility Information**

Name: *NORBERT RESIDENTIAL CARE FACILITY* License Number: *43051*  
 Address: *2413 ST. NORBERT DRIVE,, PITTSBURGH, PA 15234*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Janet Torregrosso* Phone: *4128855202* Email: *jtorregrosso@norbertpersonalcare.com*

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *1-2* Date: Issued By:

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *133* Waking Staff: *100*

**Inspection**

Type: *Partial* BHA Docket #: Notice:  
 Reason: *Complaint,Incident*

**Inspection Dates and Department Representative**

*06/14/2019 - On-Site: Suzy Quinn, Joe Eveges*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *102* Residents Served: *81*

**Special Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *12*

**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: *52* Have Physical Disability:

187d Follow prescriber's orders

Requirements

2800.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 6/13/19 at approximately 3:00 AM, 2 masked intruders entered the home via the smoking area door. An interior sign is posted above the door, indicating the door is to be locked after 8:00 PM; however, the door was not properly closed. The intruders held staff at gunpoint, demanded narcotics and made off with narcotics belonging to 11 residents. As a result, 11 residents missed their regular scheduled AM dose of narcotics, to include the following:

Resident #:	Medication:
1	Lorazepam 0.5mg
2	Tramadol 50mg
3	Hydrocodone/acetaminophen 7.5-325mg

Repeat Violation: 4/26/19

See page 2a of 2

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.)

- All residents doctors were phoned and prescriptions obtained.
- Pharmacy was alerted to bill all residents replacement meds to Norbert personal care (see attach #1) (non 7)

Legal Entity Representative

James Torregrosso  
Signature

James Torregrosso 8/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 8/26/19  
(Date)

Plan of correction implementation status as of 8/26/19  
(Date)

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

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

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- security services were obtained through 8/2/19 while necessary security upgrades were made. (see attached invoices)

- A replacement door was installed. (see attach C)

(cont)

Legal Entity Representative

Signature *[Signature]*

Printed Name and Title James Torregrosso Date 8/19/19

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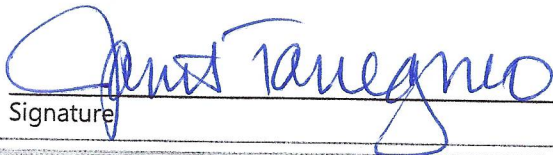
See page 2c of 2

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- An exterior extension wall was built to prevent further break-ins from occurring (see attach D)
- Maintenance Director performs monthly audit to address all things in working order. (see attach E)


Legal Entity Representative

  
Signature

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Printed Name and Title Date

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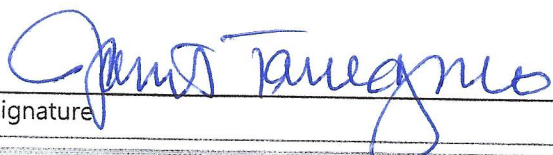
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- Upon audit issues will be addressed immediately to ensure proper working order.

- Administrator to review audit monthly.

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