COMMONWEALTH OF 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** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **December 16, 2020** until **December 16, 2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **430510**

Robert E. Robinson
ISSUING OFFICER

Jamie L. Buchenauer
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 – 6/20

Emailing Date: December 16, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 5, 2020 and October 6, 2020, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *NORBERT RESIDENTIAL CARE FACILITY* **License #**: *43051* **License Expiration Date**: *06/12/2020*
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*
Phone: *4128855202* **Email**: *HWALDMAN@WALDMANINC.COM*

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/09/2010* **Issued By**: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *93* **Waking Staff**: *70*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Provisional* **Exit Conference Date**: *10/06/2020*

Inspection Dates and Department Representative

10/05/2020 - On-Site: Barbara Barone, Scott Klein

10/06/2020 - On-Site: Barbara Barone, Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *102* **Residents Served**: *68*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *67*
Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *25* **Have Physical Disability**: *0*

Inspections / Reviews

10/05/2020 - Full

Lead Inspector: *Barbara Barone* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/26/2020*

11/2/2020 - POC Submission

Lead Reviewer: *Suzy Quinn* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/09/2020*

12/4/2020 - POC Submission

Lead Reviewer: *Suzy Quinn* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/09/2020*

42e - Telephone Access

1. **Requirements**

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

Residents do not have access to a telephone in the home to make calls in privacy.

Plan of Correction **Directed**

10-23-2020 Two cellphone were purchased for resident use only and are scheduled to arrive on 10-27-2020. (See attached).
11-4-2020 Because the cell phones have different numbers than the building we will take a message and phone number and then go to the resident with a cell phone and assist them to make the returned call.
11-4-2020 If a resident needs to use the phone they can ask the staff for the phone and the phone will be provided for their use and assistance will be provided as necessary.
11-4-2020 By 12-1-2020 a letter will go out to all residents, families, and responsible parties explaining new process, documentation will be kept.
11-4-2020 By 12-1-2020 All staff will be educated as to the new process for the cell phones, who is responsible for them, where they are kept, how to use them, how to charge, where to charge them, who is responsible to ensure they are working properly and how often they are to be checked for proper working condition. Documentation will be kept.
10-23-2020 Adm. Asst/designee. will inspect phones daily to ensure the phones are charged and in working condition.
10-23-2020 Equipment will be replaced/fixed immediately when necessary to ensure proper functioning.

11/24/20 - SQ

By 12/4/20, the home shall develop and implement policies and procedures to ensure all residents have access to a telephone in the home to make calls in privacy. This includes not requiring residents to ask for the telephone or ask permission to use the telephone. In addition, the home may not screen incoming calls to residents. Documentation shall be sent to the Department, to the attention of Ms. Suzy Quinn.

By 12/4/20, all staff and residents shall be trained on these policies and procedures. Documentation shall be sent to the Department, to the attention of Ms. Suzy Quinn.

12/8/20 - SQ
The home provided documentation they are no longer using the above-mentioned cell phones. The home has created a private call room on the 2nd floor of building B, which contains a landline phone, chair, table and door that closes for privacy. Residents and families were notified, and staff have been trained.

Completion Date: *12/04/2020*

Implemented

65i - Training Record

1. **Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

65i - Training Record *(continued)*

Description of Violation

The home's record of direct care staff training, for training year 1/1/19 to 12/31/19, does not indicate the date the following trainings were completed:
65f.1 Medication self-administration
65f.2 Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Plan of Correction **Accept**

10-7-2020 RCC was educated to results of exit interview.
10-7-2020 RCC reviewed 2020 training records for proper completion
10-7-2020 RCC will be responsible to ensure training records are completed correctly in its entirety to ensure compliance with regulation.
10-7-2020 ADM?DON will perform audit monthly starting Nov.30 and the 30th of each month to ensure compliance. (See Attached)
10-7-2020 Results will be reported at QM mtg. quarterly.

Completion Date: *10/07/2020*

Implemented

85d - Trash Receptacles

1. **Requirements**

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Repeat Violation

On 10/5/20 at approximately 11:40 am, no trash can was present in the 2nd floor common bathroom adjacent to the Covid-19 quarantine area.

Repeat Violation: 10/22/2019 et al

Plan of Correction **Accept**

10-5-2020 Immediately upon identification a trash can was placed in the BR for use.
10-5-2020 HSKP DIR. re-educated to regulation.
10-5-2020 HSKP DIR. updated daily work sheet to include proper trash can placement. (See Attached)
10-5-2020 HSKP DIR/designee will audit trash can placement weekly on an on-going basis. Documentation of the audit will be kept by HSKP DIR.
10-5-2020 Results will be reported to ED bi-weekly and reviewed at QM mtg. quarterly.
11-4-2020 All HSKP staff will be reeducated by 12-01-2020 regarding the requirement that all trash receptacles in in kitchens and bathrooms must be kept covered to prevent penetration of insects and rodents. Documentation will be kept by HSKP Director.

Completion Date: *12/01/2020*

Implemented

141a - Medical Evaluation

1. **Requirements**

141a - Medical Evaluation *(continued)*

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1's date of admission was 6/4/20; however, her initial medical evaluation was completed on 3/5/20.

Plan of Correction **Accept**

10-14-2020 Resident switched doctors and was seen for in-person visit on 10-14-10/14/2020 Resident was seen by PCP on 10-14-2020 and a new DME was completed. (See attached)
10-14-2020 DME/RASP calendar updated to reflect residents new date of 10-14-2020.
10-14-2020 DON/RCC will review DME at time of admission for proper completion to ensure compliance.
10-14-2020 Results will be reviewed at QM mtg. quarterly.
11-4-2020 All resident records will be audited by 12/01/2020 to ensure an initial medical evaluation is present, completed within 60 days prior or 30 days after admission, and all required information on the medical evaluation is accurate and complete. Documentation of audit will be kept.

Completion Date: *12/01/2020*

Implemented

141b1 - Annual Medical Evaluation

1. **Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.141(b)(1) has a limited suspension. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. The limited suspension states "If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declarations is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review."
Resident #2's most recent medical evaluation was conducted on 6/10/19 and the home has no documentation from his primary care physician indicating the medical evaluation can be conducted at a later date.

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction **Accept**

10-5-2020 DON reached out to residents physician immediately upon notification for letter and to see if virtual visits are being scheduled. Resident was seen on 10-5-2020 by PCP and new DME completed. (see attached) This was communicated to inspectors on 10-6-2020.
10-5-2020 During this limited suspension to ensure compliance of regulation if no telehealth/virtual visits are available DON/RCC will reach out to physician for letter to include in the resident record.
10-5-2020 DME calendar updated with new DME date to ensure compliance ongoing.
10-5-2020 An audit of DME will occur monthly beginning Nov and completed by the 30th of each month by DON/designee to ensure compliance and results will be reported at QM mtg. quarterly.

Completion Date: *10/05/2020*

Implemented

221c - Post Activity Calendar

1. **Requirements**

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 10/5/20, the home did not have a current weekly activity calendar posted in a public and conspicuous place. The activity calendar that was posted was dated August 2020.

Plan of Correction **Accept**

10-5-2020 Immediately upon notification of violation a new calendar was hung in the activity room .(see attached)
10-5-2020 Activity Director responsible for completion and posting of calendar.
10-5-2020 Adm/designee will monitor monthly (see attached) on the 2nd of each month to ensure compliance of regulation and results will be reviewed at QM mtg. quarterly.

Completion Date: *10/05/2020*

Implemented

224a - Preadmission Screen Form

1. **Requirements**

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Repeat Violation

Resident #1 was admitted to the home on 6/4/20; however, her preadmission screening form was completed on 3/27/20.

Repeat Violation: 7/17/2019 et al

224a - Preadmission Screen Form *(continued)*

Plan of Correction **Accept**

10-26-2020 All prescreens will be completed within 30 days of admission and checked by ADM/DON/RCC when setting up resident in electronic record system to ensure compliance.

10-26-2020 A checklist of completion of required documents will be done upon admission to ensure compliance of regulation.
10-26-2020 All new admission charts will be reviewed by ADM/designee day of admission to ensure compliance with regulation.
11-4-2020 All resident records will be audited by 12-01-2020 to ensure that a preadmission screening form is present in each resident file. Documentation of audit will be kept.

Completion Date: *12/01/2020*

Implemented

227i - Support Plan Accessible

1. **Requirements**

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Resident support plans are completed electronically and paper copies are stored in the 4th floor nurse's office, which is accessed from the medication room. However, the medication room is locked with a keypad and not all direct care staff have access to the keypad code or access to the electronic version of resident support plans.

Plan of Correction **Directed**

10-7-2020 Copies of all resident RASPS were moved from locked nurses office to the outer office to ensure compliance with regulation.
10-7-2020 DON/RCC are responsible to ensure RASP book is updated and current at all times.
10-7-2020 DON/designee to audit placement of book monthly to ensure compliance of regulation documentation of audit will be kept and results will be reported at QM mtg. quarterly.
11/4/2020 All staff will be educated by 12-01-2020 regarding the new location of the resident RASPS. Documentation of education will be kept.

11/24/20 - SQ
By 12/4/20, the home shall develop and implement policies and procedures to ensure all direct care staff have access all resident RASPS at all times, to include either access to their storage location in the outer office, or access to the electronic version. Documentation shall be sent to the Department, to the attention of Ms. Suzy Quinn.

By 12/4/20, all direct care staff shall be trained on these policies and procedures. Documentation shall be sent to the Department, to the attention of Ms. Suzy Quinn.

Completion Date: *12/04/2020*

Implemented