

Department of Human Services  
Bureau of Human Service Licensing

November 8, 2022

[REDACTED]  
NORBERT INC  
[REDACTED]  
[REDACTED]

RE: NORBERT RESIDENTIAL CARE  
FACILITY  
2413 ST. NORBERT DRIVE  
PITTSBURGH, PA, 15234  
LICENSE/COC#: 43051

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: NORBERT RESIDENTIAL CARE FACILITY License #: 43051 License Expiration: 12/16/2022  
Address: 2413 ST NORBERT DRIVE, PITTSBURGH, PA 15234  
County: ALLEGHENY Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: NORBERT INC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**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: 92 Waking Staff: 69

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 10/03/2022

**Inspection Dates and Department Representative**

09/24/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 102 Residents Served: 61

**Secured Dementia Care Unit**

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

Current Residents: 8

**Number of Residents Who:**

Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 61
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 31	Have Physical Disability: 1

**Inspections / Reviews**

**09/24/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2022

Inspections / Reviews (*continued*)

## 10/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/11/2022

## 10/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/05/2022

## 10/06/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/05/2022

## 11/08/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/9/22, an agent from the local Area Agency on Aging conducted an onsite investigation and notified the home of allegations of abuse and neglect; however, the allegations of abuse and neglect were not reported to the Department.

POC Submission

Directed ( [REDACTED] 10/05/2022)

Area on Aging came to the building on 9/9/22 for an investigation of abuse and neglect. Upon completion of their investigation the allegations were unfounded. In the exit interview the representative stated that the State had been notified.

I understand now, that a report should have been submitted on our behalf. Report was submitted to DHS on September 23, 2022.

Administrator has been educated by [REDACTED] that it is our responsibility to notify the State on our behalf.

Any future visits will be reported immediately to the DHS with any documentation from APS or any other reportable incidents by the Administrator or Designee within the designated time allowed.

All staff were educated that all reportable incidents must be reported to the Administrator or Designee immediately so that timely reporting can be completed. This was discussed at our State follow up meeting on 9/28/2022. It is also posted in the nurse's station. (DIRECTED: Documentation of the education shall be kept. LM 10/5/22)

Directed Completion Date: 10/05/2022

Implemented ( [REDACTED] - 11/08/2022)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

According to the home's call bell report, resident #1 had to wait an excessive amount of time for staff assistance on numerous occasions, to include the following dates and times:

- [REDACTED] /22 at [REDACTED] AM – 1 hour, 13 minute response time
- [REDACTED] /22 at [REDACTED] AM – 1 hour, 33 minute response time

According to resident #1's most recent assessment and support plan, dated [REDACTED] /22, resident #1 requires prompting/cueing from staff persons with [REDACTED] and requires some physical assistance from staff persons with [REDACTED].

**23a - Activities of Daily Living Assistance (continued)**

According to the home's call bell report, resident #2 had to wait an excessive amount of time for staff assistance on numerous occasions, to include the following dates and times:

- [REDACTED] /22 at [REDACTED] AM – 1 hour, 43 minute response time
- [REDACTED] /22 at [REDACTED] AM – 38 minute response time
- [REDACTED] /22 at [REDACTED] AM – 2 hour, 38 minute response time

According to resident #2's most recent assessment and support plan, dated [REDACTED] 22, resident #2 requires prompting/cueing from staff persons with [REDACTED] and requires some physical assistance from staff persons with [REDACTED].

According to the home's call bell report, resident #3 had to wait an excessive amount of time for staff assistance on numerous occasions, to include the following dates and times:

- [REDACTED] 22 at [REDACTED] PM – 1 hour, 1 minute response time
- [REDACTED] /22 at [REDACTED] AM – 2 hours, 40 minute response time
- [REDACTED] /22 at [REDACTED] AM – 38 minute response time
- [REDACTED] /22 at [REDACTED] AM – 1 hour, 32 minute response time
- [REDACTED] /22 at [REDACTED] PM – 40 minute response time
- [REDACTED] /22 at [REDACTED] AM – 47 minute response time
- [REDACTED] /22 at [REDACTED] AM – 51 minute response time
- [REDACTED] /22 at [REDACTED] PM – 3 hour, 44 minute response time
- [REDACTED] /22 at [REDACTED] AM – 44 minute response time

According to resident #3's most recent assessment and support plan, dated [REDACTED] /21, resident #3 requires total physical assistance from staff persons with [REDACTED], [REDACTED] and requires some physical assistance from staff persons with [REDACTED].

**POC Submission****Directed (LM - 10/05/2022)**

Investigation over the last month has indicated that call bells are not resetting correctly and remain in unanswered status. We have notified the company and requested new pendants for the residents that will reset without delays. These pendants are being received in groups of 20 and we have distributed 40 new pendants to replace malfunctioning pendants. Additional pendants are on hand to replace old pendants as needed.

Staff has been educated on resetting pagers and resetting pendants. Staff has also been reeducated on the importance of timely response to call bells.

Times are monitored on a shift by shift bases and pendants are replaced that are unable to reset. Call bell company has been notified of defective pendants and the difficulty we have resetting. We are currently looking into their new and updated system that provides magnetic shut off that is preformed in person and reflects response on pager system enabling staff to immediately recognize need.

Staff has been educated to promptly respond to all call bells, additionally we have been able to hire more care staff for Day and Evening shifts in order to meet any needs the residents may have.

Pendants are monitored per a screen in nursing station that is monitored by med techs each shift hourly, as well as by pagers issued to each staff member on each shift. Staff members have been educated to report malfunctioning pendants so that they can be replaced.

A 24 hour report is being reviewed daily by Administrator or designee in order to identify any issues in the previous 24 hours.

We are acquiring bids to replace current call system in the next 3 months.

**23a - Activities of Daily Living Assistance (continued)**

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall interview at least 5 residents monthly for 6 months to ensure timely responses to call bells. Documentation of the interviews shall be kept.*

**Directed Completion Date: 10/05/2022**

**Implemented ( [REDACTED] - 11/08/2022)**