

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

March 22, 2023

[REDACTED]
NORBERT INC
[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 02/21/2023 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

Facility Information

Name: *NORBERT RESIDENTIAL CARE FACILITY* License #: *43051* License Expiration: *12/16/2023*
 Address: *2413 ST. NORBERT DRIVE, PITTSBURGH, PA 15234*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

██████████ Phone: ██████████ Email: ██████████

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/21/2023*

Inspection Dates and Department Representative

02/21/2023 - On-Site ██████████

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *102* Residents Served: *58*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *11*
 Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *28* Have Physical Disability: *2*

Inspections / Reviews

02/21/2023 - Partial
 Lead Inspector: ██████████ Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2023*

03/14/2023 - POC Submission
 Submitted By: ██████████ Date Submitted: *03/22/2023*
 Reviewer: ██████████ Follow-Up Type: *Document Submission* Follow-Up Date: *03/21/2023*

Inspections / Reviews *(continued)*

03/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

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

Description of Violation

Resident #1's assessment dated [REDACTED] indicates the resident requires moderate assistance with supervision, and the support plan, dated [REDACTED] to meet this need indicates-Staff will know the resident's whereabouts while in the community and on community outings. However, on 12/30/22, the resident was found wandering along the road outside the home.

Resident #2's assessment, dated [REDACTED] indicates the resident requires moderate assistance with supervision, and the support plan, dated [REDACTED], to meet this need indicates-Staff will provide supervision and assistance with direct care needs. However, the resident fell in the home on multiple dates, including on 2/9/23, 1/23/23, and 12/3/22.

Resident #3's assessment, dated [REDACTED], indicates the resident requires moderate assistance with supervision, and the support plan, dated [REDACTED] to meet this need indicates-Staff will provide supervision while in the community and on community outings. However, on [REDACTED], the resident wandered outside the home, and was found lying near [REDACTED] wheelchair on a nearby road. In addition, the resident fell in the home on multiple dates, including on 2/9/23 and 1/10/23.

Plan of Correction**Accept (JK - 03/14/2023)**

On 2/21/23 wander guard placement on residents #1 and #3 was checked for placement by Director of Nursing (DON)) and system was functioning properly. On 2/22/23 DON checked all residents that have a wander guard for proper placement and function, all were in working order. (See attachment A)

On 12/31/22, four exit door annunciation alarms were to be ordered per direction of the owner of Norbert Personal Care Facility. On 1/23/23 confirmation of shipment was received, and alarms were installed on the four exit doors on the unit. (See attachment B)

On 3/10, 2023 administrator developed elopement policy. (See attachment C)

All staff will be educated by administrator/designee on alarm response and elopement drill policy by March 24, 2023. Documentation shall be kept. (See attachment D)

The administrator /designee will conduct elopement/missing person drills monthly for 3 consecutive months, then quarterly ongoing.

Documentation of drills shall be kept, and the results presented and reviewed at the quarterly QI meetings. The QI committee will determine if additional drills are needed based on three consecutive months of compliance.

Resident #2, due to cognitive status, experiences frequent episodes of forgetfulness. Because of the recent decline in health, physician recommended hospice services. Resident is now being serviced by [REDACTED] hospice. Resident forgets to call for assistance, therefore care aides are instructed to continue to remind resident to use call pendant and not to try to get up alone. Resident care aides are to make scheduled rounds to check on all residents a minimum of every two hours. Care aides will also assist resident to the bathroom during rounding.

To ensure compliance with regulation 2600.23, the DON/designee will confirm that care aides are rounding via interviewing 10 residents weekly for one month (current month), then 5 residents bi-weekly for one month then 5 residents monthly for one month. Documentation will be kept. (See attachment E) The results of the interviews will be reviewed by the administrator, then presented and reviewed at the quarterly QI meetings. The QI committee will determine if further interviewing is needed based on three months of continued compliance.

Licensee's Proposed Overall Completion Date: 03/31/2023

23b - Instrumental Activities of Daily Living Assistance *(continued)*

Implemented (JK - 03/22/2023)

141b2 - Medical Evaluation Changes

2. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1's most recent medical examination, dated [REDACTED], does not indicate the resident's weight. This area of the form is blank.

Resident #2's most recent medical examination, dated [REDACTED] does not indicate the resident's weight. This area of the form is blank.

Plan of Correction

Accept (JK - 03/14/2023)

*On [REDACTED] the PCP for resident's #1 and # 2 was contacted and supplied the missing information and gave permission for the medical evaluation to be updated to reflect resident weight. (See attachment F)
 On March 7, 2023, the DON and Administrative staff, responsible for medical evaluations were re-educated by administrator on contents of medical evaluations and the importance of identifying the proper completion by physician. Documentation will be kept. (See attachment G)
 Administrator and DON are in the process of auditing all resident files to assure that medical evaluations are completed properly and correct. This audit will be completed by March 31, 2023. Results of this audit will be presented and reviewed at the quarterly QI meetings. The QI committee will determine if further auditing is needed based on three consecutive months of compliance. Documentation will be kept. (See attachment H)
 Ongoing the DON/designee will be responsible to ensure compliance with regulation 2600.141b by reviewing all admission paperwork for proper completion, prior to resident moving into community. Admission checklist will be followed. (See attachment I)*

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (JK - 03/22/2023)

227c - Support Plan Revision

3. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On [REDACTED], resident #1 was found outside the home, wandering along the nearby road, and the resident's February 2023 medication administration record (MAR) indicates-Check wander guard placement and function of wander guard each shift-to address these behaviors. However, the resident's most recent support plan, dated [REDACTED] indicates-Staff will know the resident's whereabouts while in the community and on community outings- for the plan to meet [REDACTED] supervision needs and does not address the use of a wander guard or other services the home will provide to assist the resident due to wandering behavior.

Resident #2 fell in the home on multiple dates, including on 2/9/23, 1/23/23, and 12/3/22, and the resident regularly

227c - Support Plan Revision (continued)

wears a wander guard; however, the resident's most recent support plan, dated [REDACTED], does not address the use of the wander guard or the services the home will provide to assist the resident due to the fall risk.

Resident #3 began receiving hospice services on 12/8/22; however, the resident's most recent support plan, dated [REDACTED], does not indicate the care, services, and frequency of services that are being provided by hospice. In addition, on 12/30/22, the resident wandered outside the home, and was found lying near [REDACTED] wheelchair on a nearby road; however, [REDACTED] support plan to meet [REDACTED] supervision needs indicates-Staff will provide supervision while in the community-and does not address the use of the resident's wander guard. Also, the resident fell in the home on multiple dates, including on 2/9/23 and 1/10/23; however, the resident's support plan does not indicate the services the home will provide to assist the resident due to the fall risk.

Plan of Correction**Accept (JK - 03/14/2023)**

On [REDACTED] Resident #1's support plan dated [REDACTED] was updated to reflect the use of wander guard to assist staff with helping to know the whereabouts of resident. See attachment J.

On [REDACTED] Resident # 2's support plan dated [REDACTED] was updated to reflect the use of wander guard to assist staff in helping to know the whereabouts of the resident. Support plan also updated on [REDACTED] to indicate that resident is a fall risk with instructions for staff to better manage care of resident. (See attachment K)

On 2/21/2023 Resident # 3's support plan dated [REDACTED] was updated to reflect the support of hospice services, [REDACTED] Hospice contact information was added. The use of wander guard to assist staff in helping to know the whereabouts of resident was also added. Support plan updated to indicate resident is a fall risk and with instructions for staff to better manage care of resident. (See attachment L)

On 3/7/2023 DON and administrative staff were re-educated by the administrator on regulation 2600.227c revision of support plans.

Documentation shall be kept. (See attachment M)

Administrator and DON are in the process of auditing all resident files to assure all support plans are updated with the most recent resident changes. This audit will be completed by 3/31/2023. (See attachment N)

Support plans will be audited by DON /designee monthly x 2 months, then every other month x 1. The results of the audits will be presented and reviewed at the quarterly QI meetings. The QI committee will determine if further auditing is needed based on three consecutive months of compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (JK - 03/22/2023)