

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

February 1, 2024

[REDACTED]
NORBERT INC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/15/2023 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: *12/16/2024*
 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: *77* Waking Staff: *58*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/15/2023*

Inspection Dates and Department Representative

12/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *102* Residents Served: *54*

Secured Dementia Care Unit
 In Home: *Yes* Area: *3rd floor* Capacity: *7* Residents Served: *4*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *23* Have Physical Disability: *4*

Inspections / Reviews

12/15/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2024*

01/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/31/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/05/2024*

Inspections / Reviews (*continued*)

02/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] initial assessment was completed on [REDACTED], indicating the resident is on a regular diet, uses a broda chair and Hoyer lift for all transfers, considered a fall risk; however, since that time the resident has had a significant decline in health, requiring an increase in care needs and services, as well as a significant change assessment to include the resident's needs related to these changes, as follows:

* The resident began receiving hospice services [REDACTED] Hospice is now providing services 7 days a week. On [REDACTED] home requested increase in hospice services. Currently, hospice serves being provided by nurse practitioner twice a week, LPN or RN three times a week for wound care and hospice aide is in daily from Vitas hospice.

* The residents progress notes dated [REDACTED], indicate arrived at facility in a broda chair and uses a Hoyer lift for all transfers. Skin assessment completed small [REDACTED], [REDACTED] to [REDACTED] and [REDACTED]

* On [REDACTED], the area on [REDACTED] appears to be changing.

* On [REDACTED], Home informs hospice having concerns of wound care and current treatment not working, suggested [REDACTED] put in place with no brief to eliminate any irritation to [REDACTED] and increase hospice visits.

* On [REDACTED], [REDACTED] put in place by hospice.

* On [REDACTED] new orders for [REDACTED] Per LPN appears [REDACTED]. Requires repositioning every 2 hours.

* On [REDACTED], the resident's skin assessment indicates the presence of 8 wounds with the largest being on the [REDACTED] area.

On [REDACTED], interview with the hospice LPN indicated resident [REDACTED] is bedbound, nonverbal, requires turning and positioning every 2 hours or more, taking in no fluids and not eating, mouth swabs being used, has 8 wounds, staff can no longer lift with Hoyer lift due to skin abrasions requiring a 2-person manual lift.

Plan of Correction

Accept [REDACTED] - 01/29/2024)

On [REDACTED], PCP provided a new DME (Documentation of Medical Evaluation) for resident [REDACTED] to indicate significant change in condition. {see attachment A}

Director of Nursing in conjunction with Lead Med Tech/Assistant to Administrator immediately updated resident [REDACTED] RASP (Resident Assessment-Support Plan) to reflect significant changes per recommendation of surveyor on site. {see attachment B}.

On [REDACTED] Director of Nursing and Lead Med Tech/Assistant to Administrator were re-educated on the importance of regulation 2600.225.C by Administrator. ({see attachment C}

On [REDACTED] and [REDACTED] an audit of all resident files was performed by Director of Nursing, Assistant to Administrator and Administrator to review DME's and RASP's for significant changes. {see attachment D}

Continued audits by Director of Nursing and Assistant to Administrator of 10 files per month X 2 months, then 5 files per month X 2 months, then 2 files per month X one month to ensure compliance of regulation # 2600.225.C

Director of Nursing will be responsible to maintain compliance.

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

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [REDACTED] 02/01/2024)