





# Pennsylvania Department of Human Services

Emailing Date: August 27, 2025

[REDACTED]  
Norbert Inc.  
[REDACTED]

RE: Norbert Residential Care Facility  
2413 St. Norbert Drive  
Pittsburgh, Pennsylvania 15234  
License/COC #: 43051

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on July 30, 2025 and July 31, 2025 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.

Also, as the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request for the Secured Dementia Care Unit is an increase from 17 to 26. The overall capacity of the home remains 102. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in blue ink that reads "Juliet Marsala".

Juliet Marsala  
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: *12/16/2025*  
Address: *2413 ST. NORBERT DRIVE, PITTSBURGH, PA 15234*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *NORBERT INC*  
Address: [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: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, New* Exit Conference Date: *07/31/2025*

**Inspection Dates and Department Representative**

07/30/2025 - On-Site: [REDACTED]  
07/31/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *102* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2A and 3A* Capacity: *17* Residents Served: *15*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *59*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *32* Have Physical Disability: *0*

**Inspections / Reviews**

**07/30/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2025*

08/13/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/25/2025

08/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/30/25, at 12:07 p.m., there was a dining room table in close proximity to the emergency exit door, obstructing the pathway to the outside courtyard on the third floor of the home's secured dementia care unit.

Plan of Correction

Accept ( [redacted] - 08/13/2025)

The third floor SDCU dining tables were reconfigured on 7/30/25 by the PCHA to allow for unhindered access to the emergency exit door. Verified by inspection team on 7/31/25.

Clinical Staff educated by PCHA/Designee on the positioning of SDCU 3rd floor dining table positioning and need to keep emergency exit egress unobstructed by 8/12/25.

PHCA/Designee will audit 3rd floor SDCU table positioning does not obstruct emergency egress 3 days per week for 4 weeks. Results will be reviewed at September QAPI to determine ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 08/22/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident #1's insulin Lispro Kwik pen did not have the original pharmacy label and does not include the date the prescription was issued, the prescribed dosage and instructions for administration or the name and title of the prescriber.

Plan of Correction

Accept [redacted] - 08/13/2025)

Resident #1's insulin Lispo Kwik pen was placed in baggie with copy of original pharmacy label that includes the date the prescription was issued, the prescribed dosage, the instructions for the administration and the name and title of the prescriber on 7/31/25 by the DON.

All current residents ordered insulin have been audited for insulin medications ensuring all insulins are labeled with the date the prescription was issued, the prescribed dosage, the instructions for the administration and the name and title of the prescriber; by DON on 8/1/25

DON/Designee will educate all medication technicians on 2600.184a by 8/12/25.

DON/Designee will audit weekly times 4 weeks all current residents with insulin ordered- insulin medications to ensure insulins are labeled with the date the prescription was issued, the prescribed dosage, the instructions for the administration and the name and title of the prescriber. Results will be reviewed at September QAPI to determine ongoing compliance.

184a - Resident's Meds Labeled (continued)

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 08/22/2025)

191 - Resident Right to Refuse

3. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [redacted]/21, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted [redacted]/21, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [redacted] - 08/13/2025)

Residents #1 and #2 were educated PCHA on their right to question or refuse medication if the resident believes there may be a medication error on 8/1/25. Our contract and resident right page had been updated after 2021 to include the right to question or refuse medication if the resident believes there may be a medication error. All resident files audited by owner on 7/31/25, all other files verified that current residents have been educated on their right to question or refuse medication if the resident believes there may be a medication error.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented ([redacted] - 08/22/2025)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment for resident #3, dated [redacted]/24, does not include the diagnoses of wounds, coagulation disorder, vitamin deficiency, insomnia, GERD, depression, skin irritation, seizure control/pain, behavioral disorders and asthma, as indicated on the medical evaluation, dated [redacted]/24.

Plan of Correction

Accept [redacted] 08/13/2025)

Resident #3 assessment updated by Assistant to the Administrator on 7/31/25 to include the diagnosis of wounds, coagulation disorder, vitamin deficiency, insomnia, GERD, depression, skin irritation, seizure control/pain, behavioral disorders and asthma. All current resident medical evaluations and assessments were audited 8/1/25 by Assistant to Administrator. No other residents identified with a missing diagnosis.

225a - Assessment 15 Days (continued)

DON educated by Assistant to the Administrator on 2600.225a by 8/8/25  
Newly completed medical evaluations and corresponding assessments will be audited by DON/Designee for inclusion of all diagnosis weekly for 4 weeks. Results will be reviewed at September QAPI to determine ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 08/22/2025)

233c - Key-Locking Devices

5. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 7/30/25, at 12:03 p.m., the directions for operating the home's locking mechanism were not conspicuously posted near the emergency exit door leading to the outside courtyard in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept [redacted] - 08/13/2025)

The directions for operating the home's locking mechanism was conspicuously posted by Maintenance Director near the emergency exit door leading to the outside courtyard in the SDCU on 7/30/25 and verified by inspection team on 7/31/25.

All locking devices that prevent immediate egress were audited Maintenance Director on 7/30/25 that the directions of operating the locking mechanism were conspicuously posted. All were compliant.

Maintenance Director/Designee will audit all doors that contain locking devices that prevent immediate egress weekly for 4 weeks to ensure directions for operation are conspicuously posted. Results will be reviewed at September QAPI to determine ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 08/22/2025)