

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

March 10, 2026

[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 01/30/2026 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: 12/16/2026
 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 89 Waking Staff: 67

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/30/2026

Inspection Dates and Department Representative

01/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 102 Residents Served: 58

Secured Dementia Care Unit
 In Home: Yes Area: 2A and 3A Capacity: 26 Residents Served: 17

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 57
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 31 Have Physical Disability: 1

Inspections / Reviews

01/30/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/19/2026

02/17/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/10/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2026

Inspections / Reviews (*continued*)

02/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2026

03/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 1:45am, resident [REDACTED] reported an allegation of physical abuse against several direct care staff persons to direct care staff person A; however, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Directed [REDACTED] - 02/23/2026)

Administration was made aware of abuse allegation for Resident [REDACTED] on 2/7/26 by Adult Protective Services when they came to investigate allegation. Area Agency on Aging was notified of the allegation by another entity, which had prompted the visit. DHS notification via email by PCHA occurred at 10:45AM on 2/7/26. As per LIS dated 2/10/26, staff member A reported to DHS representative that resident [REDACTED] did report allegation at 1:45am on 1/6/26 to [REDACTED] but did not report to Supervisor.

Allegation was unsubstantiated by both APS and DHS. Staff member A re-educated on Resident Abuse Policy and received disciplinary action for failure to report allegation of abuse; both on 2/11/26 by Assistant to the Administrator.

All Staff will be re-educated on resident abuse policy, with emphasis on reporting responsibilities by Administrator or Designee by 2/18/2026. (DIRECTED: Documentation of the staff education shall be kept. [REDACTED] 2/23/26).

Administrator or designee will audit allegations of abuse weekly for 4 weeks, starting 2/23/26 to ensure timely compliance with regulation 2600.15(a). Results of this audit will be reviewed with monthly QAPI on 3/10/26.

(DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 2/23/26). Audits will continue monthly for 6 months ending 9/30/26 to ensure ongoing compliance.

Proposed Overall Completion Date: 03/09/2026

Directed Completion Date: 03/10/2026

Implemented [REDACTED] - 03/10/2026)

16c Written Incident Report

2. 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 [REDACTED] at approximately 1:45am, resident [REDACTED] reported an allegation of physical abuse against several direct care staff persons to direct care staff person A; however, this allegation of abuse was not reported to the Department until [REDACTED] at approximately 10:45am.

16c - Written Incident Report (continued)

Plan of Correction

Directed (████ - 02/23/2026)

Administration was made aware of abuse allegation for Resident █████ on 2/7/26 by Adult Protective Services when they came to investigate allegation. Area Agency on Aging was notified of the allegation by another entity, which had prompted the visit. DHS notification via email by PCHA occurred at 10:45AM on 2/7/26. As per LIS dated 2/10/26, staff member A reported to DHS representative that resident █████ did report allegation at 1:45am on 1/6/26 to █████ but did not report to Supervisor.

Allegation was unsubstantiated by both APS and DHS. Staff member A re-educated on Resident Abuse Policy and received disciplinary action for failure to report allegation of abuse; both on 2/11/26 by Assistant to the Administrator.

All Staff will be re-educated on resident abuse policy, with emphasis on reporting responsibilities by Administrator or Designee by 2/18/2026. (DIRECTED: Documentation of the staff education shall be kept. █████ 2/23/26).

Administrator or designee will audit all internal incidents weekly for 4 weeks, starting 2/23/26 to ensure timely compliance with regulation 2600.16(c). Results of this audit will be reviewed with monthly QAPI on 3/10/26.

(DIRECTED: Documentation of the quality management review shall be kept. █████ 2/23/26). Audits will continue monthly for 6 months ending 9/30/26 to ensure ongoing compliance

Proposed Overall Completion Date: 03/09/2026

Directed Completion Date: 03/10/2026

Implemented █████ - 03/10/2026

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home is currently video recording in numerous common areas of the home to include hallways that contain the entrances to numerous resident bedrooms in personal care and the secured dementia care unit (SDCU). Additionally, the home is currently recording the exterior entrances and exits; however, signage posted at the entrance of the home indicates "for our residents and staff safety, this facility uses 24-hour video monitoring".

Plan of Correction

Accept (████ - 02/23/2026)

The recording option on all of the facilities security cameras have been disabled as of 2/11/2026 by the owner of the facility. This now accurately reflects the current signage and complies with regulation 2600.42. PCHA will request monthly times 6 months verification from owner that recording feature remains disabled ending 9/30/26 to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented █████ - 03/10/2026

100b - Removal Snow/Obstructions

4. Requirements

2600.

100b - Removal Snow/Obstructions (continued)

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:30am, there was approximately 6 inches of snow on the sidewalk leading to the gazebo outside the 5 emergency exit doors in the personal care dining room.

At 9:36am, there was approximately 4 inches of snow on the steps and landing leading to the front of the building outside of emergency exit door #2.

Plan of Correction

Directed [redacted] - 02/23/2026)

Maintenance Director had been in process of clearing snow from exit pathways prior to DHS arrival. On 1/30/2026, the sidewalk outside of the dining room exit doors and the steps outside of emergency exit #2 were cleared by the maintenance director and verified by DHS representative at the exit conference.

Snow, ice, and other obstruction removal will be assessed with each weather event by maintenance director or designee and removed as necessary. . Designee will be assigned via phone by maintenance director when not in facility.

Maintenance Director or designee will randomly audit 4 emergency exits 3 times per week for 8 weeks for compliance with 2600.100(b). (DIRECTED: The audits shall begin on 2/25/26. [redacted] 2/23/26). These audits will be reviewed at monthly QAPI on 3/10/26 to ensure ongoing compliance. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 2/23/26).

Proposed Overall Completion Date: 03/09/2026

Directed Completion Date: 03/10/2026

Implemented [redacted] - 03/10/2026)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted]’s support plan, dated [redacted] does not include the plan to meet the medical needs for resident [redacted] diagnoses of multiple [redacted] and encounter for other orthopedic aftercare. These sections of resident [redacted] support plan indicate "N/A" for the plan to meet these medical needs. Additionally, resident [redacted] currently utilizes a walker and wheelchair for mobility; however, the use of these devices are not indicated on resident [redacted] support plan.

Plan of Correction

Directed [redacted] - 02/23/2026)

Resident [redacted] support plan updated 1/30/2026 by Assistant to the Administrator. Support plan now reflects the plan

227d - Support Plan Medical/Dental (continued)

to meet medical needs for diagnosis of multiple fractures of ribs and encounter for other orthopedic aftercare. Update also includes use of walker and wheelchair for mobility needs. All active residents support plans will be audited for plan to meet medical needs based on all diagnosis and correct mobility devices by Director of Nursing or designee by 2/18/2026. Those out of compliance will be updated accordingly. Director of Nursing or designee will audit 5 support plans per week times 4 weeks for ongoing compliance with regulation 2600.227d. Audits start 2/23/2026. Results of this audit will be reviewed with monthly QAPI on 3/10/26. Audits will continue monthly for 6 months ending 9/30/26 to ensure ongoing compliance. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 2/23/26).

Proposed Overall Completion Date: 03/09/2026
Directed Completion Date: 03/10/2026

Implemented [redacted] - 03/10/2026)

227g -Support Plan Signatures

6. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] support plan, dated [redacted], is not signed by resident [redacted] and does not indicate if resident [redacted] was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Directed [redacted] - 02/23/2026)

Resident #1 support plan updated and signature obtained on 1/30/2026 by Assistant to the Administrator. All active residents support plans will be audited for resident signature, refused to sign or unable to sign by Director of Nursing or designee by 2/16/2026. Those out of compliance will be addressed, signed or documented accordingly. Director of Nursing or designee will audit 5 support plans per week times 4 weeks for ongoing compliance with regulation 2600.227g. Audits start 2/23/2026. Results of this audit will be reviewed with monthly QAPI on 3/10/26. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 2/23/26). Audits will continue monthly for 6 months ending 9/30/26 to ensure ongoing compliance

Proposed Overall Completion Date: 03/09/2026
Directed Completion Date: 03/10/2026

Implemented [redacted] - 03/10/2026)