

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

[REDACTED], PRESIDENT
NORBERT INC
1326 FREEPORT ROAD, SUITE 100
PITTSBURGH, PA 15238

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 01/13/2021, 01/14/2021, 01/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: NORBERT RESIDENTIAL CARE FACILITY **Licen e #:** 43051 **Licen e Expiration Date:** 12/16/2021
Addr e : 2413 ST NORBERT DRIVE, PITTSBURGH, PA 15234
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 412-885-5202 **Email:** [REDACTED]

Legal Entity

Name: NORBERT INC
Address: 1326 FREEPORT ROAD, SUITE 100, PITTSBURGH, PA, 15238
Phone: 4128855202 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 72 **Waking Staff:** 54

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/15/2021

Inspection Dates and Department Representative

01/13/2021 - On-Site: [REDACTED]
 01/14/2021 - Off-Site: [REDACTED]
 01/15/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 53
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 18 **Have Physical Disability:** 0

Inspections / Reviews

01/13/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/06/2021*

2/16/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/18/2021*

2/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/19/2021*

2/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Pennsylvania Department of Health 2020 PAHAN 520 08-07-UPDATE, page 7-8 of 13: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare setting dated 8/7/2020 indicates: Personal Protection Equipment: Healthcare professionals who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Healthcare professionals should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. However, staff persons were observed entering resident bedrooms as follows:

** On 01/13/2021 at approximately 11:00 a.m., staff person A was observed entering and exiting resident bedrooms [REDACTED], and [REDACTED] without the use of gloves or use of hand sanitizing between rooms and removing trash from meals and/or personal trash while the residents were in their bedrooms.*

** On 1/13/2021 at approximately 12:57 p.m., staff person B was observed entering and exiting resident bedrooms [REDACTED], [REDACTED], and [REDACTED] without the use of gloves or use of hand sanitizing between rooms and removing trash from meals and/or personal trash while residents were in their bedrooms.*

Plan of Correction

Do Not Accept

All staff were trained on proper hygiene and Personal Protective Equipment (PPE) use. See attachment.

Completion Date: 01/14/2021

Plan of Correction

Accept

All staff were trained on proper hygiene and Personal Protective Equipment (PPE) use. All staff, all departments aides, med-techs, nursing, administration, dining, housekeeping, and maintenance) were in serviced on 1/14/2021 by RN [REDACTED] on proper use of PPE (gloves, gowns, and masks). See the attachment (includes training materials and sign in sheet). All new hires will be trained on above material during their first day of orientation. A quarterly in-service will be completed by the Director of Nursing or designee to ensure infection control competency for all staff.

Completion Date: 01/14/2021

Document Submission

Implemented

Please see attached

23a - Activities of Daily Living Assistance

1. Requirements

2600.

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

23a - Activities of Daily Living Assistance (continued)

Description of Violation

Resident #1's significant change assessment and support plan, dated 10/14/2020 indicated that the resident needs total assistance with showers and needs total assistance for urostomy changes every five days and as needed. However, the resident did not receive care and services as indicated:

* Resident #1 was not provided assistance to shower from approximately 12/4/2020 to approximately 12/25/2020. The resident indicated that the resident's own body odor was horrible as a result of not showering.

* Resident #1 activated the call bell system on Saturday 1/9/2021 at approximately 10:30 a.m. to request staff assistance with a medical device. Staff did not respond to the call bell until approximately 2:00 p.m. The resident indicated the medical device had leaked and needed attention.

Resident #2's initial assessment and support plan dated 10/18/2020 indicated the resident had multiple falls and was unsteady on his/her feet. The resident was considered a fall risk and direct care staff are to be with the resident when walking to ensure safety. However, at approximately 2:00 a.m., in the beginning of December 2020, the resident fell in the private restroom and pulled the emergency cord for assistance approximately fifty times but was not assisted. The resident crawled on the floor from the bathroom to bedside to call a family member using the resident's personal cell phone to request assistance from the fall.

Plan of Correction

Do Not Accept

All staff were trained on DME, RASP, and resident rights. See attachment.

Completion Date: 01/14/2021

Plan of Correction

Accept

All staff were trained on DME, RASP, and resident rights. Aides, med-techs, nursing and dining staff were in serviced on 1/14/2021 by RN [REDACTED] on DME, RASP and daily care documentation. See attachment (includes training materials and sign in sheet). Bathing schedules monitored by Director of Nursing and Resident Care Coordinator to ensure completeness. Resident #1 is to have a shower on Sunday's and Wednesday's and this will be monitored closely by Director of Nursing and/or Resident Care Coordinator.

Completion Date: 01/14/2021

Document Submission

Implemented

Please see attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/13/2020, at approximately 1:00 p.m. there was a buildup of approximately ¼ inch of dust and grey matter across the entire PTAC heating unit's screen in resident #3's bedroom # [REDACTED]. The metal slats were speckled with black spots measuring approximately the size of pin heads across the unit's louvres. The resident indicated that the PTAC unit does not heat the bedroom to the dialed temperature, and staff person C indicated the unit needed to be cleaned but did not clean the unit.

85a - Sanitary Conditions *(continued)***Plan of Correction****Do Not Accept**

Room [REDACTED] PTAC was cleaned 1/14/2021 (see attached image). Remaining PTAC's cleaned 1/21/2021. Preventative maintenance schedule created (see attached).

Completion Date: 01/14/2021

Plan of Correction**Accept**

Room [REDACTED] PTAC was cleaned 1/14/2021 (see attached image). Remaining PTAC's cleaned 1/21/2021. Preventative maintenance schedule created (see attached). PTAC's will be cleaned quarterly and documented on the attached schedule by Maintenance Director [REDACTED]

Completion Date: 01/14/2021

Document Submission**Implemented**

Please see attached