



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

Sent via email to: [REDACTED]  
MAILING DATE: May 21, 2012

Mr. Michael A. Palermo, President  
Vive Bene, Inc.  
Tilburg's Home for the Young at Heart  
801 Market Street  
Williamsport, Pennsylvania 17701

Dear Mr. Palermo:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

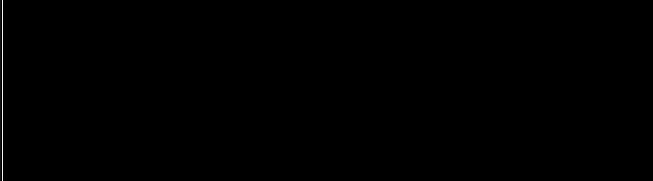
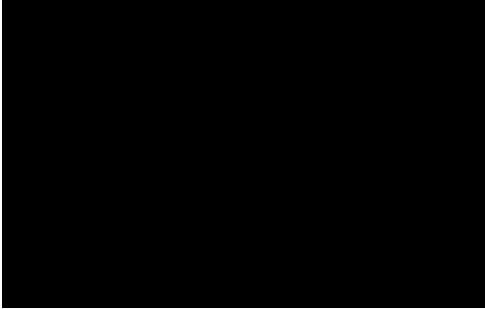
Sincerely,

*Anne Graziano*

Regional Licensing Administrator

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART		License Number: 218390
Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701		County: Lycoming
Administrator: Michael Palermo		Region: NORTH
Legal Entity Name: VIVE BENE INC		
Legal Entity Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/28/2001 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number: n/a	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/30/2012: Babiarz, Florence		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: n/a		Random Indicators: n/a
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 24 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 21839 - 04/30/2012 - Babiarz, Florence

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2. DESCRIPTION OF VIOLATION**

The Medication Administration Record for resident # 1 did not indicate a diagnosis or purpose for Amlodipine Besylate 5mg; Sertraline HCL 100mg, and Cyclobenzaprine 5mg .

The Medication Administration Record for resident # 2 did not indicate a diagnosis or purpose for Folic Acid 1mg, Novolog 70/30 at 8am and Novolog 70/30 at 5pm .

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*The manager immediately checked the MMRs for missing information and inserted the correct information. The manager will check each MMR for each resident every month to ensure that a diagnosis or purpose of medication are attached to each medication. The Home will inform the pharmacy of any changes/additions that need to be made in identification of a medication's purpose. This will be done by the first of the month before use of new MMRs. Any new medication will include the medication's purpose or diagnosis.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-18-12  
(Date)

Verification of Legal Entity Representative Signature SHR  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented