

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to VIVE BENE, INC.

LEGAL ENTITY

To operate TILBURG'S HOME FOR THE YOUNG AT HEART

NAME OF FACILITY OR AGENCY

Located at 801 MARKET STREET, WILLIAMSPORT, PA 17701

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 24
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 7, 2012 until October 7, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **218390**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



SEP 18 2012

Mr. Michael A. Palermo, Administrator/Owner
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 (Department) licensing inspection on August 7, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "RM", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600.
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The home manages funds for 10 residents, however the home is not utilizing an itemized quarterly account report that reflects the residents' actual funds for their Personal Needs Allowance accounts. The home has completed the financial transaction forms for the remainder of the year reflecting a zero balance on a monthly basis from September through December of 2012 for all residents receiving assistance in handling their personal finances.

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.

*In order to protect resident's funds, a record must be kept of the residents money.
 The forms Tilburg's were using were pre-filled to save time.
 The forms were re-vamped to accurately portray any monies left over at the end of the month.
 The residents will now receive monies from the administrator. The forms will be filled out at the time any resident receives any money.
 This will begin as of August 16, 2012. The forms will be monitored weekly for compliance by the administrator.*

*M
8/29/12*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A Palermo-Admin* Date *08-21-12*

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

The above plan of correction is approved as of <u>8/29/12</u> (Date)	Plan of correction implementation status as of <u>8/30/12</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 65 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A was hired and began working on 6/26/12. Ancillary staff person A did not receive training in fire safety and emergency preparedness until 7/11/12. These training topics are required to be completed on the first working day.

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.

To ensure that all staff persons are aware of general fire safety and emergency preparedness, all new hires are to be orientated on or before the first day of work.

Documentation was not present to confirm ancillary staff person A was trained as required.

Staff person A was given supplementary orientation and documentation was received on August 8, 2012

To prevent a recurrence of this issue, any new hire will receive orientation during the first day of work.

The administration will ensure that orientation will be completed. Any new hires will receive orientation on the first day of work. The administration will complete orientation training and the manager will confirm that training.

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

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The above plan of correction was approved by <u>RN</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>RN</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A was hired and began working on 6/26/12. Staff person A did not receive training in the Emergency Medical Plan, Reporting of Reportable Incidents and Conditions, or the Older Adult Protective Services Act. Ancillary staff person A also did not receive training in Resident Rights until 8/1/12, which was not completed within staff person A's first 40 working hours.

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.

To ensure that all staff persons are aware of residents rights, emergency medical plan, mandatory reporting of abuse and neglect under OAPSA, and reportable incidents and conditions, all new hires are to be orientated on or before the first day of work. Documentation was not present to confirm staff person A was trained as required.

Staff Person A was given supplementary orientation and documentation was received.

To prevent a reoccurrence of this issue, any new hire will receive orientation during the first day of work.

The administration will ensure that orientation will be completed.

Staff Person A received supplementary orientation on August 8, 2012, and any new hires will receive orientation on the first day of work.

The administrator will complete orientation training and the manager will confirm that training.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A. Palermo Admin* Date *08-21-12*

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The above plan of correction was approved by <u>RN</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, who began working on 6/26/12 did not receive a general orientation to specific job functions as it relates to the staff person's position.

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.

To ensure that all staff persons are aware of their job functions, all new hires are to be orientated on or before the first day of work.

Documentation was not present to confirm staff person A was trained as required.

Staff person A was given supplementary orientation and documentation was received.

To prevent a recurrence of this issue, any new hire will receive orientation during first day of work.

The administrator will ensure that orientation will be completed.

On August 8, 2012, staff person A received supplementary orientation and any new hires will receive orientation on the first day of work.

The administrator will complete orientation training and the manager will confirm that training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICHAEL A. PALERMO	Date 08-21-12
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Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident #1, #2, #3, and #4 do not have an operable source of bedside lighting.

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.

To prevent nighttime falls, residents shall have a lamp or other source of lighting at the bedside.

Residents have removed bulbs or moved lamps to other locations without alerting staff.

Lamps were replaced, and bulbs were inserted. Residents were informed that the lamps need to remain in place for their safety.

Daily checks by the housekeeper will ensure that lamps remain in place.

The lamps were in place on August 13, 2012.

Housekeeping staff will check daily to ensure the lamps are in place and in working order.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

M. A. Palermo

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

MICHAEL A. PALERMO

Date

08-21-12

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The above plan of correction is approved as of

8/30/12
 (Date)

Plan of correction implementation status as of

8/30/12
 (Date)

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

The above plan of correction was approved by

RN
 (Initials)

Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted on 6/1/11. The documentation of the annual medical evaluation for resident #5 was completed on 5/2/12. This medical evaluation was not signed by the physician.

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.

An annual medical evaluation provides insight to a resident's health. The physician did not sign the medical evaluation form. The form was returned to the physician for signature. Whenever a resident receives the annual medical evaluation and returns the form to Tilburg's, the administrator or the manager will go over the form to ensure that all the information is present and the form is signed. The form was returned to Tilburg on August 18, 2012. The administrator or the manager will review the medical evaluation forms to ensure all the information is present and the forms are signed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	M. A. Palermo
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MICHAEL A. PALERMO	08-21-12

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Violation Report: 21839 - 08/07/2012 - Hummel, Jesse
 PCH Name: TILBURG 5 HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted on 6/1/11. The home has not completed an annual assessment of resident #5's care needs. The most recent assessment was completed upon admission to the home on 6/1/11.

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.

An assessment is needed to assess the residents' needs.
 An assessment was not completed in a timely manner.
 The assessment was completed.
 Assessments will be completed annually or before the
 resident's anniversary date.
 The manager will complete all paperwork in a timely
 fashion.
 The assessment for resident #5 was completed on August 10,
 2012.
 The administrator will review all resident files to ensure
 assessments are completed in a timely fashion.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *M. A. Palermo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MICHAEL A. PALERMO</i>	Date <i>08-21-12</i>
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