



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 November 25, 2015 until May 25, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 218391

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** NOV 25 2015

Mr. Michael A. Palermo, Owner  
Vive Bene, Inc.  
801 Market Street  
Williamsport, Pennsylvania 17701

RE: Tilburg's Home for the Young at Heart  
License #: 218391

Dear Mr. Palermo:

As a result of the Department of Human Services' (Department) licensing inspections on May 14, 2015, July 30, 2015 and October 15, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #218390 dated October 7, 2015 to October 7, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 7, 2015 to October 7, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Michael A. Palermo

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

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 section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident # # 1 did not receive the prescribed oyster shell on 5/8/15. The home did not submit an incident report to the Department regarding the medication error.

**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.*

This regulation is to ensure that any incident or condition is reported to the Department within 24 hours.

The Home failed to notify the Department regarding a medication error.

The Home failed to notify the Department regarding a medication error.

The staff was retrained to ensure that any medication error will be reported. As well as any other reportable events

Staff will notify the Department of any medication errors.

The administrator and the manager will review the medication record weekly to ensure that the regulation is kept in compliance.

*The home will ensure there is a process in place to report on a timely basis to the Northeast Regional office. This will include overnights, weekends and holidays. QD, 10/29/15*

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) *M. A. PALERMO - Admin.* Date *JUNE 26, 2015*

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

The above plan of correction is approved as of 8-4-15 (Date)

Plan of correction implementation status as of 10-15-15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *AW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION  
 2 gallons of frozen milk, beef stew, chicken drumsticks were located in the kitchen sink thawing.

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.

This regulation is to ensure that food is thawed properly.  
 The above mentioned food items were left in the sink.  
 The above mentioned food items were left in the sink.  
 The above mention food items were put into the refrigerator.  
 All frozen items will be placed in the refrigerator to defrost.  
 The manager and the cook will ensure that any frozen food items are defrosted properly.

*Admin or designee will check at least monthly to ensure ongoing compliance.*  
*9/8.12/2015*

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) *M. A. PALERMO - Admin.*      Date *June 26, 2015*

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

The above plan of correction is approved as of 8-4-15  
 (Date)

Plan of correction implementation status as of 10-15-15  
 (Date)

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

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

*JH.*

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

The exit door labeled 2W is blocked with roman stone tiles, preventing immediate egress in the event of an emergency. The exit door located in the kitchen is partially blocked by the medication cart, preventing immediate egress in the event of an emergency.

**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.*

This regulation is to ensure unobstructed means of egress in the event of an emergency.

Items were left blocking the exit door (labeled 2W). The medication cart partially blocked the kitchen exit door.

Items were left blocking the exit door (labeled 2W). The medication cart partially blocked the kitchen exit door.

The items blocking the exit door (labeled 2W) were removed. The medication cart has been placed in a new location.

Staff will refrain from placing any item in front of exit doors.


The administrator will perform weekly checks to ensure that all exit doors are unobstructed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>M. A. Palermo</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>M. A. PALERMO - Admin.</i>	<i>JUNE 26, 2015</i>

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

The above plan of correction is approved as of <u>8-4-15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 08/14/2015 - Dumas, Gerald  
PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

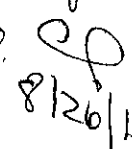
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 4/22/15 at 3:45pm was not recorded on the fire drill log as of 10:00am on 5/14/15. The fire drill log was posted in the kitchen on a cabinet. Staff person A reports that he/she ran the drill and noted it on the calendar but failed to write it on the fire drill log. Staff person A reported to licensing representatives that the time of 2 minutes recorded for the fire drill conducted on 4/22/15 is not an exact time. He/she estimated the time based on the typical time it takes for the residents to evacuate.

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.


This regulation is to ensure that an accurate record of fire drills is kept.  
An accurate record of fire drills was not kept.  
An accurate record of the April fire drill was not kept.  
Additional fire drills were conducted to ensure that residents were aware of proper egress procedures.  
Accurate records of fire drills must be kept monthly.  
The administrator or manager will conduct all fire drills.  
The administrator will review the fire drill log every month after each fire drill. - to ensure ongoing compliance.  8/26/15

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) Michael A. PALERMO - Admin Date 08-10-15

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

The above plan of correction is approved as of 8/26/15 (Date)  
The above plan of correction was approved by  (Initials)  
Plan of correction implementation status as of 8/26/15 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 2 self- administers Ativan 1mg when he/she is not going to be at the facility. The resident's DME dated 2/28/15 notes the resident can self-administer with assistance in remembering schedule.

**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.*

This regulation is to ensure that a resident is able to self-administer medications.

The resident did not have a determination of self-administration on his/her DME.

The resident did not have a determination of self-administration on his/her DME.

Medications will only be given to a responsible person when the resident leaves the Home.

Medications will only be given to a responsible person when the resident leaves the Home.

The administrator will ensure that any resident leaving the Home for any period of time shall have a responsible person taking charge of the resident's medication.

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>M.A. PALERMO - ADMIN.</i>	Date <i>JUNE 26, 2015</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-4-15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented <i>[Signature]</i>

Violation Report: 21839 - 06/14/2015 - Dumas, Gerald  
PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B completed the initial medication administration course on 4/28/14. The home did not complete an annual practicum for 2015.

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.

This regulation is to ensure that medication is administered by trained personnel.

Staff person B did not have an annual practicum completed.

Staff person B did not have an annual practicum completed.

An annual practicum was completed on May 18, 2015.

Annual practicums are scheduled to occur quarterly on the first Monday in March, June, September and December.

The administrator and the trainer will ensure that practicums are completed on time.

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 *08-10-15*

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

The above plan of correction is approved as of *8-25-15* (Date)

Plan of correction implementation status as of *10-15-15* (Date)

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

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

*[Signature]*

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:  
 (1) Identify the correct resident.  
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.  
 (3) Remove the medication from the original container.  
 (4) Crush or split the medication as ordered by the prescriber.  
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.  
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).  
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A reports that he/she will put each individual's medication on the table during breakfast all at one time. The residents will then take their medications during breakfast. Staff person A will then initial the MAR'S for all of the residents at one time.

**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.

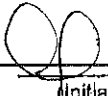
The regulation is to ensure that medication is administered properly.  
 Medications were administered improperly.  
 Medications were administered improperly.  
 Medications will be given individually, then the MAR will be initialed.  
 Staff were re-educated to give medications individually then initial the MAR.  
 The administrator will observe staff monthly to ensure medications are administered properly.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *M. A. PALERMOS* Date *JUNE 26, 2015*

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

The above plan of correction is approved as of <u>8-4-15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Staff person A reports that he/she will put each individual's medication on the table during breakfast all at one time. The residents will then take their medications during breakfast. Staff person A will then initial the MAR'S for all of the residents at one time.

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.

This regulation is to ensure that medication is recorded properly.  
 Medications were recorded improperly.  
 Medications were recorded improperly.  
 Medications will be given individually then the MAR will be initialed.  
 Staff were re-educated to give medications individually the initial the MAR.  
 The administrator will observe staff monthly to ensure medications are recorded properly.

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) *M.A. PALERMO - Admin* Date *June 26, 2015*

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

The above plan of correction is approved as of <u>8-4-15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gaf.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

1. REGULATION 65 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident # 1 did not receive the prescribed oyster shell on 5/8/16.

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.

This regulation is to ensure that the prescriber's directions are followed.  
Resident did not receive prescribed medication.  
Resident did not receive prescribed medication.  
Staff will ensure the staff administers medications properly by conducting weekly MAR reviews and will observe medications administered periodically outside of the annual practicum.

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 08-10-15

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

The above plan of correction is approved as of 8-25-15  
new violation cited  
10-15-15.  
(Date)

The above plan of correction was approved by  
(Initials)

Plan of correction implementation status as of 10-15-15  
(Date)

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

Violation Report: 21839 - 05/14/2015 - Dumas, Gerald  
 PCH Name: TILBURGS HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 did not receive the prescribed oyster shell on 5/8/15. The home did not notify the prescriber of the medication error.

**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.*

This regulation is to ensure that medication errors are reported to the prescriber.

The Home did not notify the prescriber of a medication error.

The Home did not notify the prescriber of a medication error.

Staff sent a fax to the prescriber regarding medication error.

Staff will send a fax to the prescriber regarding medication error.

The administrator will ensure that the prescriber is notified of any medication error.

*The Adm/Designee will review medication errors at least monthly to insure resident's needs are being met ~~and the home continues to meet~~, and to determine if any patterns or systemic problems exist - and ensure a plan to address them. Cp. 8-4-15*

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) *M. A. PALERMO - Admin.*

Date *JUNE 26, 2015*

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

The above plan of correction is approved as of 8-4-15  
 (Date)

Plan of correction implementation status as of 10-15-15  
 (Date)

The above plan of correction was approved by *CP*  
 (Initials)

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



Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

The home did not have a copy of the current licensing inspection summary, issued by the Department, in a conspicuous and public place in the personal care home.

**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.*

This regulation is to ensure that any licensing summary is available for public inspection.

The current licensing inspection summary was not in a conspicuous and public place in the personal care home.

The inspection summary was not in a conspicuous and public place in the personal care home.

The current summary will be placed in a binder and placed in the foyer, a conspicuous and public place, in the personal care home.

The current summary, and any additional summary will be placed in the binder and placed in the foyer.

The administrator will ensure that all summaries be placed in the binder upon receipt of any new summary. in order to ensure ongoing compliance. Q. 10/20/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/05/2014
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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) *M. A. PALERMO-Admin.* Date *08-20-15*

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

The above plan of correction is approved as of 10-02-15  
 (Date)

Plan of correction implementation status as of 10-02-15  
 (Date)

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

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The home's Quality Management Plan consists of a reiteration of the regulatory requirements and does not address how the home will apply and comply with regulatory requirements. The plan does not address how the home will review reportable incidents and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, and resident or family councils.

**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.

This regulation is to ensure that a quality management plan addresses the periodic review and evaluation of the reportable incidents and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction and resident or family councils.

The home's quality management plan is a reiteration of the regulatory requirements.

The quality management plan is a reiteration of the regulatory requirements. The Quality Management Plan will be rewritten to address how the home will review reportable incidents and condition reporting procedures, complaint procedures, staff training, licensing violations and plans of correction, and resident or family councils (sample included).

The administrator and manager will evaluate all aspects of the Quality Management Plan on the first business day in February and make any necessary adjustments to the Quality Management Plan.

Please submit the minutes of the 02-20 2016 QMP <sup>one done</sup>

Repeat Violation: No	Date(s) of Previous Violation(s):		10/02/15
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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) M. A. PALERMO - Admin. Date 08-20-15

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

The above plan of correction is approved as of <u>10-2-15</u> (Date)	Plan of correction implementation status as of <u>10-2-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**

Staff person A was hired on 4/30/14. Staff person A began working at the facility on 4/30/14 in which the staff person had ~~unsupervised access to residents as well as resident's bedrooms.~~ The facility did not complete a Pennsylvania State Police Criminal History Background Check until 5/16/14.

**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.*

This regulation is to ensure that any employee hired to work in a personal care home has the proper clearances.

Staff person A was working unsupervised and had access to residents and residents bedrooms.

Staff person A was working unsupervised and had access to residents and residents bedrooms.

Pennsylvania State Police Criminal History Background Check was requested on May 8, 2014 and received on May 16, 2014. (copy included)

Any future employee must complete a Pennsylvania State Police Criminal History Background Check before employment.

The administrator will request the Pennsylvania State Police Criminal History Background Check on the day a new employee is hired and that employee will not be permitted to work before the check comes back or unsupervised.

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) M. A. PALERMO - Admin. Date 08-20-15

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

The above plan of correction is approved as of <u>10-2-15</u> (Date)	Plan of correction implementation status as of <u>10-2-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
 Direct Care staff person B was hired on 3/28/05. Staff person B does not have a HS Diploma, GED Diploma, or active registry on the PA Nurse Aide Registry.

**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.

*This regulation is to ensure that direct care staff persons have the proper qualifications to work in a personal care home.*  
*Staff person B did not have a high school diploma, or GED diploma on file.*  
*Staff person B did not have a high school diploma or GED diploma on file.*  
*Staff person B was requested to give a copy of his/her high school diploma for his/her personnel file. (copy included)*  
*Any future employee will be required to have a copy of his/her high school diploma or GED diploma for their personnel file.*  
*The administrator will request from new employees a copy of their high school diploma or GED diploma before their first day of work.*  
*All required documentation for employees will be retained by the home and presented to BHSI reps upon request. C. 10-02-15.*

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) *M. A. PALERMO - Admin.* Date *08-20-15*

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/24/15 and 7/25/15 the facility had 14 residents residing at the facility. Based upon the number of residents, the facility is required to provide at a minimum 14 hours of direct care to the residents. On 7/24/15 the facility provided only 11 Hours of direct care. On 7/25/15 the facility provided only 12 Hours of direct care.

**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.


This regulation is to ensure that there is enough staff to provide personal care service.  
 There was not enough direct care hours provided to residents.  
 There was not enough direct care hours provided to residents.  
 Staffing hours have been rearranged to provide proper coverage of personal care service hours. Staffing was short due to a staff person was dismissed. (copy included).  
 Staffing hours will be rearranged to provide proper coverage of personal care service hours.  
 The administrator will ensure that there is enough staff to provide proper coverage of personal care service hours.  
 Adm will ensure there are trained staff to provide care in the event of call-offs, no shows, address emergencies, etc  
 Q. 10-02-15

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) *M.A. PALERMO - Admin*      Date *08-20-15*

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**

On 7/24/15 and 7/25/15 the facility had 14 residents residing at the facility. Based upon the number of residents, the facility is required to provide at a minimum 40.5 Hours of direct care during waking hours which was determined to be 5am and 10pm. On 7/24/15 the facility provided only 9 hours of direct care to the residents during waking 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.

This regulation is to ensure that there is enough staff to provide personal care service during waking hours.

There were not enough hours provided for personal care service.

There were not enough hours provided for personal care service.

Staffing hours have been rearranged to provide proper coverage of personal care service hours. Staffing was short due to a staff person was dismissed. (copy included)

Staffing hours will be rearranged to provide proper coverage of personal care service hours during waking hours.

The administrator will ensure that there is enough staff to provide proper coverage of personal care service hours during waking hours.

Adm will ensure there are trained staff to provide care in the event of call-offs, no shows, illness, emergencies, etc.

*OP* 10/02/15

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) *M. A. PALERMO - Admin.* Date *08-20-15*

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	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>OP</i>
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 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**

Staff person A was hired on [redacted] 14. Staff person A did not receive training in Emergency Preparedness until 7/2/14 and did not receive training in Fire Safety until 7/22/14.

**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.

This regulation is to ensure that all direct care staff persons are trained in general fire safety and emergency preparedness.  
 Staff person A did not receive training in Emergency Preparedness or Fire Safety within the required time frame.  
 Staff Person A did not receive training in Emergency Preparedness or Fire Safety within the required time frame.  
 Any new staff persons shall receive training that covers emergency preparedness and general fire safety on or before their first day of work. (copy included)  
 The administrator shall conduct orientation training before or on the first day of work that covers all of the information required in this regulation.

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) *M. A. PALERMO - ADMIN.* Date *08-20-15*

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Violation Report: 21839 - 07/30/2015 - 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**  
 Staff person A was hired on [redacted] 4. Staff person A did not receive training in the Emergency Medical Plan or Reporting of Reportable incidents. Staff person A did not receive training in Resident Rights until 8/6/14 and the Older Adult Protective Services Act until 9/3/14.

**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.

*This regulation is to ensure that direct care staff persons are trained in Resident Rights, emergency medical plan, the Older Adult Protective Services Act and reportable incidents and conditions.*

*Staff person A did not receive training in emergency medical plan, reporting of reportable incidents and conditions, resident rights and the Older Adult Protective Services Act within the required time frame.*

*Staff person A did not receive training in emergency medical plan, reporting of reportable incidents and conditions, resident rights and the Older Adult Protective Services Act within the required time frame.*

*Any new staff persons shall training that covers resident rights, emergency medical plan, reporting of reportable incidents and conditions, and the Older Adult Protective Services Act before or on the first day of work. (copy included)*

*The administrator shall conduct orientation training before or on the first day of work that covers all the information required in this regulation or within the first 40 hours (8/10/2015)*

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) *M.A. PALERMO - Admin.* Date *08-20-15*

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

Violation Report: 21839 - 07/30/2015 - 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, Resident # 2, and Resident # 3 do not have an operable lamp or another source of light that could be turned on at bedside.

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.

*This regulation is to ensure that residents have an operable lamp or other light source that could be activated at the bedside.*

*Residents 1, 2 and 3 do not have an operable lamp or another light source at the bedside.*

*Residents 1, 2 and 3 do not have an operable lamp or another source of light at the bedside.*

*Lamps were provided to each resident within 24 hours.*

*The house keeper will make weekly checks to ensure that each resident has a bedside source of light. The administrator will make monthly checks to ensure that each resident has a bedside source of light.*

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) *M.A. PALERMO - ADMIN.* Date *08-20-15*

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

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's dry food storage area. A 50 oz. can of Vegetarian Vegetable Soup was observed to be dented. The can was located on the facility's dry food storage rack along with other canned food items.

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.

This regulation is to ensure that outdated or spoiled food or dented cans are not used.

A dented can was in the dry food storage area.

A dented can was in the dry food storage area.

A call was made to Miller Distributing to pick up the dented can.

Any food delivery will be inspected by kitchen staff for dented cans. Any dented cans will be returned to the supplier.

Adm or designee will do a periodic walk-through of the kitchen & dry storage area to ensure ongoing compliance.  $\phi$  10/2/15

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) *M. A. PALERMO - Admin.*      Date *08-20-15*

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

The above plan of correction is approved as of 10/2/15 (Date)

Plan of correction implementation status as of 10-15-15 (Date)

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

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The facility currently has 14 residents residing at the facility. The facility is required to have at a minimum 42 gallons of emergency water on hand at the facility. The facility does not have any emergency water on hand at the facility.

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.

This regulation is to ensure that at least a 3 day supply of non-perishable food and drinking water for residents.

The facility did not have any emergency water on hand.

The facility did not have any emergency water on hand.

The purchase of 15 gallons of water was on August 19, 2015. Additional water will be purchased at a later date to stagger the expiration dates.

The emergency water will be maintained and rotated to prevent any stored water from expiring.

The administrator will maintain the water supply and monitor the expiration date on the bottles and replace them before the water supply expires.

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)

M.A. PALERMO - ADMIN.

Date 08-20-15

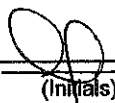
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-02-15  
 (Date)

Plan of correction implementation status as of 10-15-15  
 (Date)

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

The above plan of correction was approved by

  
 (Initials)



Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2a. DESCRIPTION OF VIOLATION**  
 The home has not submitted their written emergency procedures to the local emergency management agency.

**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.

This regulation is to ensure that the local emergency management agency is aware of the home's emergency procedures.  
 The written emergency procedures plan was not submitted to the local emergency management agency.  
 The written emergency procedures plan was not submitted to the local emergency management agency.  
 A copy of the home's emergency management plan was submitted to the local emergency management agency on August 19, 2015.  
 The home's emergency procedures plan will be submitted annually to the local emergency management agency the first Monday in August.  
 The manager will send the home's emergency procedures plan annually, and after any updates, to the emergency management agency.

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) *M. A. PALERMO - ADMIN.*      Date *08-20-15*

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The last notification to the local fire department of the home's address, location of bedrooms and the rooms that have residents who require assistance to evacuate, was dated 2/1/14. There were two residents listed in the letter at that time. Since that letter was sent, one of the residents was discharged. The home did not update the letter to the fire department with the current regulatory information.

**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.*

This regulation is to ensure that the local fire department is aware of any residents who may need assistance to evacuate the home in an emergency.

An updated letter to the fire department was not sent alerting the fire department to a change in population of the home.

The fire department did not receive an updated letter regarding the home's population.

An updated letter relating to the fire department the location of bedrooms, the rooms that may have residents who may require assistance to evacuate and the home's address on August 19, 2015. (copy included)

Updated letters informing the fire department of any changes to the residents staying at the home will be sent as new residents arrive or when current residents move out.

The manager will draft letters to the fire department, informing them of changes to the home's census and will send them out within three days of said change.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/05/2014	
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Signature of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo*

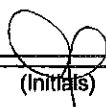
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo - Admin.* Date *08-20-15*

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

The above plan of correction is approved as of 10/02/15 (Date)

Plan of correction implementation status as of 10/02/15 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives determined through interviews that the person that has advanced knowledge of the fire drill and actually pulls the fire alarm then participates in the fire drill. Fire drills are required to be unannounced.

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.

This regulation is to ensure that fire drills are held at least once a month and are unannounced.

The person conducting the fire drill participates in the drill.  
 The person conducting the fire drill participates in the drill.  
 The person conducting the fire drill will set the alarm off in a different part of the home from the other staff and observe the drill.

The administrator or the manager will conduct the fire drill from a location away from other staff and residents to ensure the drill is unannounced.

The Adm or designee will review the fire drill log on a monthly basis to review all info & to ensure ongoing compliance. CP. 10/2/15

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) *M. A. PALERMO - Admin.*      Date *08-20-15*

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

The above plan of correction is approved as of <u>10/2/15</u> on-site 10-15-15 (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>OK</i></li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
The above plan of correction was approved by <i>(Signature)</i> (Initials)	(Blank)

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

At 9:00am Department Representatives requested the facility's fire safety documentation regarding their most recent fire safety inspection and supervised fire drill conducted by a fire safety expert. At 12:00 pm the information was again requested. The fire safety documentation was provided at 1:00 pm by staff person C. The letter from the local fire department indicated that the fire department was at the facility on 7/22/15 and completed fire safety training as well as a supervised drill. The letter indicated the staff present for the training including staff person A. An interview with staff person A determined that staff person A did not attend the training. Department Representatives determined through an interview with the local fire inspector that the letter provided was falsified and the last time the fire department provided training and supervised a drill was on 7/21/14. When interviewed about this information staff person C admitted that they altered the date and time of the previous letter, dated 7/21/14, to indicate the fire department was at the facility on 7/22/15 and then provided the falsified document to Department Representatives.

**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.

This regulation is to ensure that a fire safety inspection and fire drill are conducted annually by a fire safety expert.

The fire safety inspection and fire drill were not completed in a timely manner.

The fire safety inspection and fire drill were not completed in a timely manner.

A fire safety inspection was conducted on August 5, 2015 and a fire drill was conducted at 10pm that evening. (copies included)

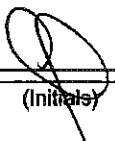
The administrator will schedule the annual fire safety inspection and fire drill with a fire safety expert and require that the fire safety expert email or drop off a letter confirming the completion of the fire safety inspection and fire drill.

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) *M.A. PALERMO - ADMIN.* Date *08-20-15*

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

The above plan of correction is approved as of <u>10-15-15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

At 9:00am Department Representatives requested the facility's fire safety documentation regarding their most recent fire safety letter indicating an extended evacuation time based on the recommendation by a fire safety expert. At 12:00 pm the information was again requested. The fire safety documentation was provided at 1:00pm by staff person C. The letter indicated that the fire department was at the facility on 7/22/15 and specified an evacuation time for the building of 7 minutes and 30 seconds. Department Representatives determined through an interview with the local chief determined that the letter provided was falsified and the last time the fire department was at the facility was on 7/21/14. When interviewed about this information staff person C admitted that they altered the date and time of the previous letter, dated 7/21/14, to indicate the fire department was at the facility on 7/22/15 and then provided the falsified document to Department Representatives.

**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.

This regulation is to ensure that the time of evacuation of the home in case of emergency is written by a fire safety expert annually.

A fire safety expert had not made a determination regarding evacuation times in a timely manner.

A fire safety expert had not made a determination regarding evacuation times in a timely manner.

A fire safety expert was here on August 5, 2015 and made the determination of an evacuation time of 7 1/2 minutes.

The administrator will schedule annual fire safety experts visit to make the determination of an evacuation time and require that a letter confirming the determination be mailed or hand delivered.

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) **M. A. PALERMO - Admin.** Date **08-20-15**

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

The above plan of correction is approved as of 10-15-15 (Date)

Plan of correction implementation status as of 10-15-15 (Date)

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

The above plan of correction was approved by *OP* (Initials)

*OP*

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**2a. DESCRIPTION OF VIOLATION**  
 On 7-30-15, the home served egg salad sandwiches for lunch. The menu stated lunch consisted of chili and buttered bread. The menu was not changes to reflect the change in the lunch menu and egg salad was not listed as a substitution.

**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.

This regulation is to ensure that changes to the menu will be made in advance of the meal.

A change in the menu was not posted for lunch  
 a change in the menu was not posted for lunch.

Any changes to the menu will be posted on the menu before any meal.

The cook or staffer on duty will ensure that any menu changes will be posted before the meal.

Adm or Designee will review the postings, as well as any, changes that may be needed from time to time to ensure ongoing compliance. CP. 10-02-15

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) *M.A. PALERMO - Admin.* Date *08-20-15*

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

The above plan of correction is approved as of <u>10/02/15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by <u><i>CP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 tests the resident's own blood glucose, dials the proper amount of insulin on the insulin pen based upon the resident's blood sugar reading, and then self-administers the resident's prescribed insulin. The residents' medical evaluation completed on 12/30/14 indicates the resident cannot self-administer medications.

**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.

This regulation is to ensure that residents who desire to self-administer their medications are evaluated by their physician to assess their ability to do so.

Resident # 4 is not permitted to self administer medications

Resident # 4 is not permitted to self administer medications

Trained staff will observe Resident # 4 test his/her blood glucose, then staff will record the result, dial the proper amount of insulin on the insulin Pen based on the blood sugar reading, then administer the insulin.

Trained staff will monitor and administer Resident #4's insulin as required by the physician.

Adm or designee will observe periodic med passes & assistance provided by med techs, in addition to reviewing residents' status to self admin Rx in order to ensure ongoing compliance. 10/2/15

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) **M. A. PALERMO - ADMIN**      Date **08-20-15**

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

The above plan of correction is approved as of 10/22/15 (Date)

Plan of correction implementation status as of 10-15-15 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**  
 Resident #4 is prescribed Lantus Solostar 100 units/ml - Inject 68 units subcutaneously at bedtime and Novolog Flex Pen - Per sliding scale up to 105 units daily. Department Representatives observed the resident's insulin. There were (2) Lantus Solostar pens and (2) Novolog Flex Pens observed. Neither pen was dated when it was opened. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the container.

**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.

This regulation is to ensure that <sup>only</sup> current medication for residents may be kept in the home.

Opened insulin pens were not dated.

Opened insulin pens were not dated.

Staff will date each insulin pen when it is opened.

The manager will make weekly inspections of insulin pens to ensure that all are dated when opened.

Admin will check at least monthly to ensure ongoing compliance to ensure all items that require dates do have them, and that expired items are removed from the home and properly disposed of. act. 10/2/15

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) *M.A. Palermo - Admin.* Date *08-20-15*

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

The above plan of correction is approved as of 10/02/15 (Date)  
 new violation cited  
 10-15-15

The above plan of correction was approved by *Op* (Initials)

Plan of correction implementation status as of 10-15-15 (Date)

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

*DN*

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home's medication policy regarding narcotics indicates staff is required to count each narcotic at the change of each shift and verify the count with the staff person coming on for the next shift. The home is not counting the narcotics at the change of each shift and therefore the facility is unable to verify the proper administration of narcotic medication.

**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.

This regulation is to ensure safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Staff was not following medication policy regarding a double count on narcotic medication.

Staff was not following medication policy regarding a double count on narcotic medications.

The manager will provide a controlled substance count sheet and attach it to each controlled medication sheet. The manager will update each sheet monthly and perform checks upon the sheets weekly.

The Adm designee will audit narcotic count sheets monthly to ensure ongoing compliance. CP 10/2/15

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) *M. A. PALERMO - Admin* Date *08-20-15*

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

The above plan of correction is approved as of 10/02/15 (Date)

Plan of correction implementation status as of 10-15-15 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**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.

**2a. DESCRIPTION OF VIOLATION**

Resident #5 is prescribed Hydrocod-APAP 5-300mg tab, Take 1 tablet by mouth every 12 hours as needed for pain. According to the controlled substance record, the resident received the medication on 7/28/15 at 7:30am and on 7/29/15 at 11:00am. These administration times were not recorded in the medication administration record.

Resident #5 is prescribed Tramadol 50 mg. Take 1 tablet by mouth twice daily as needed for pain. According to the controlled substance record, the resident received the medication on, 7/27/15 at 8:00pm and 7/28/15 at 8:00pm. These administration times were not recorded in the medication administration record.

**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.

*This regulation is to ensure that accurate records are kept for each resident. Medication was not marked as given on the medication administration record. Medication was not marked as given on the medication administration record. Staff was retrained as to recording medications on the medication administration record. The manager will perform weekly checks to ensure that medication is recorded on the medication administration record correctly. Adm or designee to monitor MAs monthly to ensure*

Repeat Violation: No      Date(s) of Previous Violation(s): *ongoing compliance CP, 10/2/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. A. PALERMO - Admin.*      Date *08-20-15*

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

The above plan of correction is approved as of *10/02/15* (Date)

Plan of correction implementation status as of *10-15-15* (Date)

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

The above plan of correction was approved by *CP* (Initials)

Violation Report: 21839 - 07/30/2015 - Hummel, Jesse  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Phenazopyridine 200mg, 1 tablet by mouth every 8 hours as needed. The facility does not have this medication available for the resident.

Resident # 5's most recent DME dated 12/30/14 states the resident cannot administer their own medication. The resident is on a double sliding scale for their insulin coverage. Breakfast and Dinner is one sliding scale and Lunch is the other sliding scale. Resident #5 is only following the Breakfast/Dinner sliding scale and consequently is taking significantly more insulin at Lunch time. The following dates indicate how much insulin the resident should have taken based upon the resident's blood glucose reading and how much insulin was taken:

	Needed	Taken
7/22/15	18	36
7/23/15	12	22
7/24/15	20	38
7/25/15	20	38
7/26/15	18	36
7/27/15	20	38
7/28/15	20	38
7/29/15	20	38

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.

*This regulation is to ensure that the prescriber's instructions are followed. Medication on the medication administration record was not available. Resident #5 was incorrectly giving himself/herself the wrong dosage of insulin. Medication on the medication administration record was not available. Resident #5 was incorrectly giving himself/herself the wrong dosage of insulin. Resident #5 was not permitted to self-administer insulin. Staff will perform this action. Staff will administer Resident #5's insulin. Staff will request any discontinued medication be made in writing. The administrator will make weekly checks to verify correct procedure.*

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) *M.A. PALERMO - Admin.*      Date *08-20-2015*

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

The above plan of correction is approved as of *10/04/15* (Date)  
*New violation cited*  
*10-15-15*

Plan of correction implementation status as of *10-15-15* (Date)

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

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