



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 20, 2016

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' licensing inspection on October 15, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

*Anne Graziano*

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21839 - 10/15/2015 - Harvey, Jason  
 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 #2 is prescribed Lantus insulin, the manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin bottle was opened.

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 medication kept in the home belongs only to individuals living in the home.

A Lantus insulin pen was opened and did not have a date opened on the pen.

A Lantus insulin pen was opened and did not have the date opened on the insulin pen.

All insulin products will be dated as the insulin is opened.

The manager will perform daily checks on all insulin products to ensure that insulin products are dated properly.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/30/2015

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

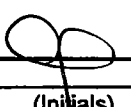
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICHAEL A. PALERMO      Date 11-06-15

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

The above plan of correction is approved as of 12-30-15 (Date)  
 10-15-15

Plan of correction implementation status as of 3-2-16 (Date)  
~~10-30~~

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

The above plan of correction was approved by  (Initials)

Violation Report: 21839 - 10/15/2015 - Harvey, Jason  
 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 does not have procedures for the safe use of medications and medical equipment.

**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 medications and medical equipment are secured and used properly.*

*Procedures need to be developed for safe use and storage of medications and medical equipment.*

*Staff will inspect all medical devices (i.e. glucometers, lancet pens, etc) to ensure the items are clean and ready for use.*

*Staff will inspect all medical devices each time the items are used to ensure they are ready for use.*

*Manager will inspect all medical devices weekly to ensure all devices are clean and ready for use*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michael A. Palermo*

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

*MICHAEL A. PALERMO*

Date

*11-06-15*

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

The above plan of correction is approved as of

*on site*

*12-30-15*  
 (Date)

Plan of correction implementation status as of

*3-2-16*  
 (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 - 10/15/2015 - Harvey, Jason  
 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 #1 is ordered to have blood glucose testing conducted four times daily. The home did not have blood glucose testing strips on hand to conduct blood glucose testing on 10/10/15 and 10/11/15.

Resident #1 is on a double sliding scale for insulin coverage. Breakfast and dinner is one sliding scale and lunch is the other sliding scale. 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:

Date	Time	Insulin Units needed	Insulin Units Taken
10/11/15	Bedtime	0	50
10/12/15	Dinner	14	74

Resident #1 is on a double sliding scale for insulin coverage. Breakfast and dinner is one sliding scale and lunch is the other sliding scale. The following dates indicate that resident #1 did not receive a blood glucose reading based upon the resident #1's treatment sheet provided by the home.

Date	Time
10/10/15	Breakfast
10/10/15	Lunch
10/10/15	Dinner
10/10/15	Bedtime
10/11/15	Breakfast
10/11/15	Lunch
10/11/15	Dinner
10/12/15	Lunch
10/12/15	Bedtime
10/13/15	Breakfast
10/13/15	Bedtime
10/15/15	Breakfast

**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 home follows directions of the Prescriber.

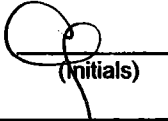
The home did not have testing strips available for blood glucose testing.

Although the blood glucose testing strips were ordered before they were needed, the pharmacy did not have the testing strips in stock and had them on order.

Staff will continue to order glucose blood testing strips in a timely manner.

The manager is considering if the purchase of an extra glucometer or testing strips is warranted for emergencies.


See next page

Violation Report: 21839 - 10/15/2015 - Harvey, Jason			
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.			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/14/2015	07/30/2015
Signature of Legal Entity Representative (Required on EVERY Page)		Michael A. Palermo	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
MICHAEL A. PALERMO		11-06-15	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>11-30-15</u> (Date)		Plan of correction implementation status as of <u>3-2-16</u> (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented	

The Adm) Designee will do daily reviews of blood glucose testing for residents - documentation of these reviews will be maintained by the home.

Once compliance has been achieved for 10 consecutive days, the home may then go to weekly reviews, which shall also be documented.

Continue weekly reviews until directed otherwise by the Northern Regional Office.

 4-19-16