



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: May 5, 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 April 18, 2016 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21839 - 04/18/2016 - Yellenic, Cindy
 PCH Name: TILBURG'S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's, date of admission [redacted]-93, most recent medical evaluation was completed on 12-8-2015. The Health Status and Cognitive Functioning sections of the medical evaluation were not incomplete.

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 medical evaluation is completed
 This medical evaluation was not completed.
 The medical evaluation was not completed.
 a call was made to the resident's physician and the form was sent to the physician to be completed.
 After each resident's physical, the administrator or the manager will read over each form and verify the information is complete.
 • The administrator and the manager will read over each DME to verify the form is complete

Repeat Violation: Yes Date(s) of Previous Violation(s) 03/02/2016

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, Administrator Date 5/2/2016

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The above plan of correction is approved as of 5/5/16
 (Date)

Plan of correction implementation status as of 5/5/16
 (Date)

The above plan of correction was approved by M
 (Initials)

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

Violation Report: 21839 - 04/18/2016 - Yellenic, Cindy
 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 #2 is prescribed, by their physician, Methylphenidate 10mg tablets to be administered 1 tab by mouth at 8:00am and 1:00pm daily. The resident's medication was depleted on 4-2-16 at 1:00pm and the home did not receive the refill prescription until 4-5-16 at 1:00pm.

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 ensures that the directions of the prescribers are followed.
 The resident's medication had not arrived before the medication had been depleted.
 The resident's medication had not arrived before the medication had been depleted.
 Refill requests will be made to the physician 7 days before medication is depleted.
 Refill requests will be made to the physician's office 7 days before the medication is depleted.
 The manager will make the refill requests to the physician's office. *The administrator shall monitor for ongoing compliance. M 5/5/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/14/2015 07/30/2015 03/02/2016

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, Administrator Date 5/2/2016

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The above plan of correction is approved as of <u>5/5/16</u> (Date)	Plan of correction implementation status as of <u>5/5/16</u> (Date)
The above plan of correction was approved by <u>M</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