



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

Restrictions: \_\_\_\_\_

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

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 11, 2017 until January 11, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 218391

Robert E. Robinson  
ISSUING OFFICER

Jay Bank  
DEPUTY SECRETARY

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:**

**JUL 1 1 2017**

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 February 28, 2017 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 June 24, 2017 to June 24, 2018 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 June 24, 2017 to June 24, 2018 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:

Kevin Brumbach, Enforcement Manager  
Bureau of 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 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: 21839 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 The Licensing Representatives arrived at 9:00am and was unable to acquire resident and staff records until the administrator arrived at 10:00am. Staff do not have access to the records in the administrator's office.

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.

1. This regulation is to ensure immediate access to resident records by agents of the department
2. Agents of the Department were not given immediate access to residents records.
3. Agents of the department were not given immediate access to residents records
4. Copies of resident records are made and will be kept in a secure location
5. Copies of resident records will be kept in an accessible location to staff.
6. Administrator will update all resident records as information changes or is updated and copies will be placed in accessible and secure location

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) <i>M.A. PALERMO - Admin.</i>	Date <i>April 5, 2017</i>
--	---------------------------

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction Implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.S.</u> (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 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The home has a fossil fuel boiler and does not have a carbon monoxide alarm no less than 15' from the boiler that can be heard by the staff.

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.

1. This regulation is <sup>to</sup> ensure that the home complies with applicable federal, state and local laws, ordinances, and regulations.
2. The home's boiler does not have a carbon monoxide alarm no less than 15' from the boiler that can be heard by the staff.
3. When inspected by city codes in 2016, the administrator was informed that a carbon monoxide alarm was required on first and second floor only.
4. A carbon monoxide alarm was purchased and installed within 15' from the boiler.
5. The home will attempt to keep informed about any new laws, ordinances and regulation.
6. The administrator will monitor the carbon monoxide alarms to ensure compliance.

\* on-site verification on 5/11/17 determined that the CO alarm was installed just outside mechanical room door less than 15' from boiler due to room being too small to meet requirements of Act.

Repeat Violation: No      Date(s) of Previous Violation(s): 03/02/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) M. A. PALERMO - admin      Date April 5, 2017

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 Addendum H of Resident #1's contract dated 12/8/2016 that identifies refunds was not signed by the resident or the administrator/designee.  
 Addendum H of Resident #2's contract dated 12/16/2016 that identifies refunds was not signed by the resident or the administrator/designee.

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.

1. This regulation is to ensure that the resident home contract is signed by the administrator and the resident and the payer (if different from resident) and cosigned by the resident's designated person if any.
2. Section H of the resident home contract was not signed.
3. Addendum H of the resident home contract was not signed.
4. Residents were asked to sign contract.
5. A new office staff person was hired to ensure that all paper work is completed.
6. The administrator will review all paper work to ensure compliance.

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 *April 5, 2017*

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A and Staff Person B did not have the following mandated topics of the annual training for Direct Care Staff: Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan; Care for residents with dementia and cognitive impairments; and, Infection control and hygiene.

**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.*

1. The regulation is to ensure that direct care staff are trained properly.
2. Verification of training was not available.
3. Verification of training was not available
4. Re-education was given on missing training.
5. Staff will be trained in a timely manner and verification will be kept.
6. The administrator will verify and ensure certificates are given.

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) <i>M. A. PALERMO-admin.</i>	Date <i>April 5, 2017</i>
---	---------------------------

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used 1 west, 2 west and 1 north exits during monthly fire drills held on 4/19/2016, 5/24/2016, and 6/20/2016.

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.

1. This regulation ensures that alternate exits are used during fire drills.
2. The same exits were used three months in a row.
3. The same exits were used three months in a row.
4. The fire drill observer will block exits not to be used in the fire drill.
5. The fire drill observer will ensure use of alternate exits by checking fire drill record and blocking these exits.
6. The administrator will ensure the practice of alternate exit fire drills during fire drills by instructing the fire drill observer to use alternate exits.

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 L PALERMO admin.*

Date

*April 6, 2017*

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

The above plan of correction is approved as of

4/25/17  
 (Date)

Plan of correction implementation status as of

5/11/17  
 (Date)

The above plan of correction was approved by

G.B.  
 (Initials)

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

Violation Report: 21839 - 02/28/2017 - 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

The medical evaluation for Resident #1 dated 11/28/16 did not indicate body positioning or ability to self-administer 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.

1. This regulation is to ensure that the medical evaluation is complete, D.M.E.
2. The medical evaluation was not completely filled out.
3. The medical evaluation was not completely filled out.
4. A call will be placed to Resident #1 physician to verify missing information.
5. A new office staff person was hired to ensure that all paperwork is completed.
6. The administrator will review all paperwork to ensure compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/02/2016

04/18/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*M.A. Palermo*

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

MICHAEL PALERMO - adm.

Date *April 6, 2017*

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

The above plan of correction is approved as of

4/25/17  
 (Date)

Plan of correction implementation status as of

5/16/17  
 (Date)

The above plan of correction was approved by

B.B.  
 (Initials)

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

Violation Report: 21039 - 02/28/2017 - Yellenic, Cindy  
PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa. Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

On 2/28/17, Department representatives conducted a license renewal inspection at Tilburg's Home for the Young at Heart. The annual Documentation of Medical Evaluations (DMEs) for residents #2, #3 and #6 included signatures of medical professionals that did not match the signature from previous year's medical evaluations. Department representatives contacted the medical professionals for residents #2, #3 and #6 to confirm the dates the residents were evaluated and to confirm that the DMEs were signed by the medical professionals. The Physician for resident #2 provided a written statement to the Department that the resident was not seen on 12/18/16 as indicated on the DME presented to the Dept. at the time of inspection and that the Physician's signature on the DME was not theirs. The CRNP for resident #3 provided a written statement that the resident was not seen on 12/14/16 as indicated on the DME and that the signature on the DME was not theirs. The Physician for resident #6 provided a written statement that the resident was not seen on 7/12/16 as indicated on one of the DMEs presented to the Department at the time of inspection. The Physician for resident #6 also stated the signature on the DME, dated 7/18/15, which is when the resident was last seen by them, was not theirs. On 3/17/17, Department representatives conducted a follow-up visit to the PCH and interviewed staff person B, who is responsible for obtaining medical evaluations, why the signatures for the medical professionals do not match the signatures of previous medical evaluations for the listed residents. Staff person B stated that she did not know why the signatures did not match the previous medical evaluations completed by the same medical professionals. Staff person B stated that the normal procedure for obtaining medical evaluations is to give the resident a blank DME to take with them to their medical appointment to have it filled out by a medical professional. Staff person B could not explain why the DMEs listed dates for evaluation when the residents were not seen by their medical professional and included signatures of medical professionals which were determined to have been forged.

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.

- ① Staff B will be let go at the end of [redacted] 2017
- ② Resident #2 was seen [redacted]-16 at Dr. [redacted] M-51
- ③ Resident #3 physical pending
- ④ Resident #6 physical [redacted] 2017 - Dr. [redacted]
- ⑤ Physical & D.M.E will be overseen by admin.
- ⑥ all three residents will get physicals on their anniversary dates.
- ⑦ I Michael Palermo audit all medical evals.

\* See pg. 86 for additional steps for POC

Repeat Violation: No

Date(s) of Previous Violation(s):

Bob B.

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 MD-ADM.

Date April 13, 2017

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

The above plan of correction is approved as of 4/25/17 (Date)

Plan of correction implementation status as of 5/22/17 (Date)

The above plan of correction was approved by B.B. (Initials)

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

Violation Report: 21839 - 02/28/2017 - Yellenic, Cindy  
PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

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

2a. DESCRIPTION OF VIOLATION

On 2/28/17, Department representatives conducted a license renewal inspection at Tilburg's Home for the Young at Heart. The annual Documentation of Medical Evaluations (DMEs) for resident's #2, #3 and #6 included signatures of medical professionals that did not match the signature from previous year's medical evaluations. Department representatives contacted the medical professionals for residents #2, #3 and #6 to confirm the dates the residents were evaluated and to confirm that the DMEs were signed by the medical professionals. The Physician for resident #2 provided a written statement to the Department that the resident was not seen on 12/18/16 as indicated on the DME presented to the Dept. at the time of inspection and that the Physician's signature on the DME was not theirs. The CRNP for resident #3 provided a written statement that the resident was not seen on 12/14/16 as indicated on the DME and that the signature on the DME was not theirs. The Physician for resident #6 provided a written statement that the resident was not seen on 7/12/16 as indicated on one of the DMEs presented to the Department at the time of inspection. The Physician for resident #6 also stated the signature on the DME, dated 7/18/15, which is when the resident was last seen by them, was not theirs. On 3/17/17, Department representatives conducted a follow-up visit to the PCH and interviewed staff person B, who is responsible for obtaining medical evaluations, why the signatures for the medical professionals do not match the signatures of previous medical evaluations for the listed residents. Staff person B stated that she did not know why the signatures did not match the previous medical evaluations completed by the same medical professionals. Staff person B stated that the normal procedure for obtaining medical evaluations is to give the resident a blank DME to take with them to their medical appointment to have it filled out by a medical professional. Staff person B could not explain why the DMEs listed dates for evaluation when the residents were not seen by their medical professional and included signatures of medical professionals which were determined to have been forged.

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.

- Immediately: The home is prohibited from completing the Medical Professional Information section of the DME, unless the home employs a physician.
- Immediately: the home is prohibited from changing the content of a DME without the consent of the person who performed the evaluation, or changing the content of a DME by someone who is not a registered RN or LPN. If the RN or LPN contacts the person who performed the evaluation and receives permission from the person to correct the DME, the date, time, and person spoken to must be documented on the DME next to the correction. This includes corrections of dates.
- Immediately: All resident records will be maintained such that a record is kept of any deletion, change or manipulation of a document and shows the original and altered version, dates of creation and the creator.
- Immediately: The home will not make, present or use any record or document knowing it to be false with the intent to mislead the Department.
- All staff will be educated on the requirements listed above. Documentation of the training will be kept.

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

06/26/17

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

The above plan of correction is approved as of

6/26/17  
(Date)

Plan of correction implementation status as of

6/26/17  
(Date)

The above plan of correction was approved by

B.S.  
(Initials)

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

Violation Report: 21839 - 02/28/2017 - Yellenic, Cindy  
 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  
 The First Aid kit contained a tube of Triple Antibiotic Ointment that expired 10/2016.

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.

1. This regulation is to ensure that current medication, OTC, sample and CAM
2. a tube of triple antibiotic Ointment was expired in the first aid kit.
3. a tube of triple antibiotic ointment was expired in the first aid kit.
4. a replacement tube was purchased and the expired ointment was disposed of properly.
5. Monthly checks of the first aid kit will be completed to ensure no expired medication.
6. The administrator will perform monthly inspections to ensure compliance.

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 PALERMO Admin      Date April 6, 2017

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/16/17</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
 Staff Person C, who is the Practicum Observer for the Medication Administration Trainer Staff Person B, has not been recertified as a Practicum Observer since 2013.

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.

1. This regulation is to ensure that staff complete department-approved medication administration course
2. Recertification was not completed in a timely manner
3. Recertification was not completed in a timely manner
4. Staff person C will complete on-line training for Practicum observer.
5. Recertification will be posted on the calendar to ensure that it will be completed in a timely manner.
6. The administrator will remind staff of recertification in a timely manner.

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 PALERMO - Admin.*      Date *April 6, 2017*

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The preadmission screening dated [redacted] 2016 for Resident #1 did not indicate ADL's, IADL's, sensory needs, the ability to handle poisonous materials, and if the needs of the resident can be met by the services of the home.

The preadmission screening in the record of Resident #2 (dated [redacted] 15) did not indicate if the needs of the resident can be met by the services of the home.

The preadmission screening in the record of Resident #3 (dated [redacted] 15) did not indicate if the needs of the resident can be met by the services of the 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.

1. The regulation is to ensure that preadmission screening is completed.
2. Pre-admission screening was not fully completed.
3. Pre-admission screening was not fully completed.
4. A review of all preadmission screening was completed.
5. A new office staff person was hired to ensure that all paperwork is completed.
6. The administrator will review all paperwork to ensure compliance.

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 PALERMO - Admin.*      Date *April 6, 2017*

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

The above plan of correction is approved as of 4/25/17  
(Date)

The above plan of correction was approved by B.S.  
(Initials)

Plan of correction implementation status as of 5/11/17  
(Date)

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

Violation Report: 21839 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial assessment in the resident assessment support plan dated [redacted] 2016 did not indicate personal care need, a description of service, a plan to meet the service need, frequency and responsible party for personal hygiene, managing health care, securing health care and shopping.

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.

1. This regulation is to ensure that a written assessment is completed for each resident.
2. The initial assessment was not fully completed.
3. The initial assessment was not fully completed.
4. All assessments were reviewed and any missing information will be verified and completed.
5. A new office staff person was hired to ensure that all paperwork is completed.
6. The administrator will review all paperwork to ensure compliance.

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 PALERMO - ADMIN.*      Date *April 6, 2017*

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

The above plan of correction is approved as of 4/25/17  
 (Date)

The above plan of correction was approved by B.S.  
 (Initials)

Plan of correction implementation status as of 5/11/17  
 (Date)

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

Violation Report: 21839 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's (DOA [redacted] 2016) initial resident assessment support plan dated [redacted] 2017 was not completed within 30 days of admission.

Resident #3's (DOA [redacted] 2015) initial resident assessment support plan dated [redacted] 2016 was not completed within 30 days of admission.

**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.*

1. The regulation is to ensure that a written assessment is completed for each resident
2. The initial assessment was not fully completed.
3. The initial assessment was not fully completed.
4. All assessments were reviewed and any missing information will be verified and completed
5. A new office staff person was hired to ensure that all paperwork is completed
6. The administrator will review all paperwork to ensure compliance.

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) <i>MICHAEL PALERMO - ADMIN</i>	Date <i>April 6, 2017</i>
--	------------------------------

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

The above plan of correction is approved as of 4/25/17  
 (Date)

The above plan of correction was approved by B.B.  
 (Initials)

Plan of correction implementation status as of 5/11/17  
 (Date)

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

Violation Report: 21839 - 02/28/2017 - Yellenic, Cindy  
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #4's face sheet contained correction tape on the resident's social security number.

Resident #5's contract contains correction tape on the contract signature page.

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.

1. This regulation is to ensure that any entry in a resident's record is permanent, legible, dated and signed by the staff person making the entry.
2. correction tape was used to make corrections.
3. correction tape was used to make corrections.
4. Forms were written on fresh pages. (new)
5. a new office staff person was hired to ensure that all paperwork is complete.
6. The administrator will review all paperwork to ensure compliance.

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 PALERMO - Admin*      Date *April 6, 2017*

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.S.</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 - 02/28/2017 - Yellenic, Cindy  
**PCH Name:** TILBURG S HOME FOR THE YOUNG AT HEART

**1. REGULATION 55 Pa.Code §2600**  
 2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**  
 The record of Resident #3 did not indicate the resident's identifying marks, if any.

**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.

1. This regulation is to ensure that complete information is kept regarding residents.
2. a physical record of a resident was not complete.
3. a physical record of a resident was not complete.
4. a review of all physical description records was conducted and missing information was added.
5. a new office staff person was hired to ensure that all paperwork is complete.
6. the administrator will review all paperwork to ensure compliance.

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

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

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>MICHAEL PALERMO - Admin.</i>	<b>Date</b> <i>April 6, 2017</i>
--	-------------------------------------

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

The above plan of correction is approved as of <u>4/25/17</u> (Date)	Plan of correction implementation status as of <u>5/11/17</u> (Date)
The above plan of correction was approved by <u>B.B.</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