



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 Human Services 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 March 21, 2018 until March 21, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **218390**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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

MAR 21 2018

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

RE: Tilburg's Home for the Young at Heart
License #: 218390

Dear Mr. Palermo:

As a result of the Department of Human Services' (Department) annual licensing inspection on November 7, 2017, January 19, 2018 and February 21, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT.
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART		License Number: 21839
Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701		County: Lycoming.
Administrator: Michael Palermo		Region: NORTHEAST
Legal Entity Name: VIVE BENE INC		
Legal Entity Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701		
Certificate(s) of Occupancy		
C-2 LP 01/28/2001 PA L&I	Other 10/19/2017 City of Williamsport	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
11/07/2017: O'Haire, Anne; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 15 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 10 Have Mental Illness: 14 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 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 the current provisional license posted in a public conspicuous area of the home. The home did not have the licensing inspection summary dated 2/28/17 posted in a public conspicuous area 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. This regulation is to ensure that the current license, a copy of the current licensing inspection summary and a copy of this chapter are posted in a public place.
2. The current license and current inspection summary were not posted.
3. The current license and current inspection summary were not posted.
4. A copy of the current license and inspection summary were printed from the State's website and posted.
5. The current license will be posted as soon as it arrives in the mail. The most current inspection summary will be posted as soon as it is received.
6. The administrator will post all items in a public place when received from the Department.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICHAEL A. PALERMO (ADM.)	Date 12-03-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12.13.17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summary dated 4/18/17 posted in the homes vestibule had the resident privacy coding document attached. The privacy coding document exposes the resident's confidential 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.

1. This regulation is to ensure the privacy of the resident's personal information.
2. The privacy coding document was left in public.
3. The privacy coding document was left in public.
4. The privacy coding document was removed immediately.
5. The administrator will check that future inspection summary forms ensure the privacy of the resident's information.
6. The administrator will verify that any identifying information is removed before displaying licensing inspection summaries.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MICHAEL A. PALERMO (ADM.)</i>	Date <i>12-03-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The common bathroom located in the sitting area of the home does not have a lock on the door.

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 ensure that residents have a right to privacy.
 2. The sitting room bathroom does not have a lock on the door.
 3. The sitting room bathwoon does not have a lock on the door.
 4. The purchase of a new door knob with a lock was made and installed on November 15, 2017.
 5. The bathwoon has to ensure the privacy of the residents.
 6. The administrator will ensure that the locks are kept in good working order.
- The administrator shall monitor and be responsible for ongoing compliance. *M* 12-13-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MICHAEL A. PALERMO (Admin.)* Date *12-03-17*

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

The above plan of correction is approved as of <u>12/13/17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
The above plan of correction was approved by <i>M</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

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

The blue hand soap located in the common bathroom in the sitting area of the home is not the original labeled container. The homes administrator reported the home fills the container with dawn dish soap.

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 poisonous materials are kept in their original containers.
2. The hand soap is watered down dish soap.
3. The hand soap is watered down soap.
4. The purchase of original labeled hand soap was made on Nov. 7, 2017
5. House keeping staff will replace hand soap containers as they empty with new hand soap containers.
6. The administrator will purchase new hand soap containers as needed.

The administrator shall monitor and be responsible for ongoing compliance - 12/13/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael PALermo (Admin.)* Date *12-03-17*

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

The above plan of correction is approved as of 12/13/17
 (Date)

Plan of correction implementation status as of 3/6/18
 (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 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The home's shared bathrooms located on the first and second floors were found to have bar soap that was not in labeled containers.

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 shared bathroom does not use bar soap.
2. There was a bar of soap in a shared bathroom.
3. There was a bar of soap in a shared bathroom.
4. The bar of soap was thrown in the garbage.
5. Residents are reminded that individual bars of soap should not be left in the bathrooms.
 (Documentation attached) "will be posted"
6. Housekeeping staff are instructed to dispose of any bar soap remaining in bathrooms.

• The administrator shall monitor and be responsible for ongoing compliance. m-12/13/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICHAEL PALERMO (Admin.)	Date 12-03-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/13/17
 (Date)

Plan of correction implementation status as of 1/19/18
 (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 - 11/07/2017 - OHaire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 A one gallon glass container that stored milk was found in the main kitchen refrigerator with no label indicating a date the milk 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.

The administrator shall monitor all food served in the home and will ensure that all food items, including leftover and opened food shall be labeled and dated.

The administrator shall monitor weekly and be responsible for ongoing compliance.

M
 12-13-17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Palermo - Admin* Date *12-3-17*

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

The above plan of correction is approved as of 12/13/17
 (Date)

Plan of correction implementation status as of 1/19/18
 (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 - 11/07/2017 - OHaire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The Frigidaire brand freezer located in the main kitchen did not have a thermometer.
 The short freezer located in the main kitchen had a thermometer with a temperature reading of 20 degrees Fahrenheit at the time of inspection.

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 food is kept at safe temperatures.

② a thermometer was missing from a freezer. The short freezer was 20°F.

③ a thermometer was missing from a freezer. The short freezer was 20°F.

④ a thermometer was found and replaced. The temperature was decreased in the short freezer. Temperature of 0°F was confirmed after one hour.

⑤ all freezers will be checked monthly to verify the location of thermometers.

⑥ the administrator will verify the location of thermometers in the freezers. • The administrator shall be responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 12/13/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MICHAEL PALERMO (Admin)** Date **12-04-17**

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

The above plan of correction is approved as of 12/13/17 (Date)

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

Plan of correction implementation status as of 1/19/18 (Date)

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

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 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

One 106 ounce can of Del Monte brand fruit cocktail stored in the dry goods pantry was found to be dented.

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 out dated or spoiled foods or dented cans are not used.
2. A dented can was found.
3. A dented can was found.
4. The dented can was returned to the supplier.
5. Staff will check all cans entering the home to verify the state of each can.
6. The kitchen staff will verify all cans to be undented and have all damaged cans returned to the supplier.

The administrator shall monitor and be responsible for ongoing compliance.

M
12/13/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Palermo (Admin.)</i>	Date <i>12-03-17</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>12-13-17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 11/07/2017 - OHaire, Anne
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

The home did not conduct an annual fire drill that was under the supervision of a fire safety expert for this year. The most recent fire drill conducted under the supervision of a fire safety expert was conducted on 08-31-16.

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.

① This regulation is to ensure that an annual fire safety inspection and fire drill are conducted by a fire safety expert.

② The annual fire drill was not completed

③ The annual fire drill was not completed.

④ a fire drill conducted by a fire safety expert was conducted on Nov 16, 2017. Documentation provided.

⑤ a reminder will be placed on the calendar in August 2018 to have a fire safety expert conduct the annual fire drill.

⑥ The administrator will schedule an annual fire drill for 2018 in a timely manner. The administrator shall monitor and be

Repeat Violation: No

Date(s) of Previous Violation(s):

responsible for ongoing

Signature of Legal Entity Representative
(Required on EVERY Page)

Michael Palermo

Compliance

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

Michael PALERMO (Admin.)

Date 12-04-17 (12/13/17)

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

The above plan of correction is approved as of

12/13/17
(Date)

Plan of correction implementation status as of

1/19/18
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S 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 5/26/17 at 11:00 does not indicate if the drill was conducted in the am or pm.

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 time, date, the time it took to evacuate, the escape routes used, number of residents, here at the time, The number of staff involved, are all included in the written fire drill.
2. The time of the fire drill was not labeled correctly.
3. The time of the fire drill was not labeled correctly.
4. The person who conducted the fire was asked to correct the form.
5. The person who conducts the fire drill will record the information completely.
6. The administrator will review the fire drill record to ensure the accuracy.
- The administrator shall monitor and be responsible for ongoing compliance. *M* 12/13/17

Repeat Violation: No	Date(s) of Previous Violation(s):	12/13/17
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Signature of Legal Entity Representative
 (Required on EVERY Page) *M. A. Palermo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael Palermo (Admin.)</i>	Date <i>12-04-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>12/13/17</i> (Date)	Plan of correction implementation status as of <i>1/19/18</i> (Date)
The above plan of correction was approved by <i>M</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

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home has not completed a sleeping hour's fire drill in 2017.

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 verify that a sleeping hours fire drill is held every 6 months.
2. a fire drill was not held during sleeping hours
3. a sleeping hours fire drill was not held
4. a sleeping hours fire drill was held on Dec. 5th, 2017
5. a sleeping hours fire drill will be held every three months
6. The administrator will verify that a sleeping hours fire drill is held at least twice a year.

The administrator shall monitor and be responsible for ongoing compliance.
 M 12/13/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael PALERMO Admin</i>	Date <i>12-4-17</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>12/13/17</u> (Date)	Plan of correction implementation status as of <u>2-21-18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 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

Resident # 1's PRN bisac-evac suppository and lactulose was not available at the time of the inspection.

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 procedures are developed and implemented for safe storage, access, security, distribution and use of medications and medical equipment by trained staff
2. P.R.N medication was not available.
3. P.R.N medication was not available
4. Contacted pharmacy the order for suppository were D/C 10/6/17 - mar book incorrect, Will check meds more closely for mistakes.
- 5. Staff will check that medications and P. R. N. meds listed on the mar is available.
- 6. The administrator will verify that medications and P. R. N. medications are available and if not...
- The administrator shall monitor and be responsible for ongoing compliance - (M) 12/13/17

Repeat Violation: No Date(s) of Previous Violation(s): 12/13/17

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 12-05-17

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

The above plan of correction is approved as of <u>12/13/17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
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 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S 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
 Resident #2's nicotine patch give one patch topically daily was initialed as administered on the MAR from 11/1-11/7/17. The medication was not administered the resident refused the medication.
 Resident #1's magnesium oxide 40 mg daily was initialed as administered on the MAR from 11/1-11/7/17. The medication was not administered.
 Interviews with the above noted residents and staff confirmed that the medication was not given as prescribed.

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 medication is recorded at the time the medication is administered.
2. Medication was not administered.
3. Medication was not administered.
4. Staff was instructed to ensure medications are available
5. Medications orders/re-orders will be inspected at delivery to ensure medication is delivered.
6. The administrator will verify medication delivery to ensure all medication is current.

The administrator shall monitor and be responsible for ongoing compliance

Repeat Violation: No Date(s) of Previous Violation(s): 12/13/17

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 12-06-17

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

The above plan of correction is approved as of <u>12/13/17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 2 refused the prescribed nicotine patch from 11/1-11/7/17. The prescriber was not notified regarding the medication refusals.

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 refusal of medication is to be reported to the physician.
2. The refusal of medication was not reported to the prescriber
3. The refusal to medication was not reported to the prescriber
4. A call was made to the doctor to D/c medication.
5. Any refusal of medication will be reported to the prescriber within 24 hours.
6. The administrator will review MAR records to ensure refusal of medication is reported.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MICHAEL PALERMO (Admin.)** Date **12-06-17**

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

The above plan of correction is approved as of <u>12/13/17</u> (Date) The above plan of correction was approved by <u><i>M</i></u> (Initials)	Plan of correction implementation status as of <u>1/19/18</u> (Date) <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
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Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 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 has an order for magnesium oxide 40mg daily. The resident did not receive the medication from 11/1-11/7/17, the medication was not available from the pharmacy.

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.

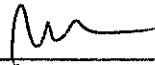
1. This regulation is to ensure that the directions of the prescriber are followed.
2. The pharmacy was not able to provide the medication
3. The pharmacy was not able to provide the medication
4. A call was placed to the physician to inform of the lack of medication; medication reordered
5. Staff will notify administrator when medication is not delivered.
6. The administrator will make calls to providers if/when medications are not available from the pharmacy. The administrator shall monitor and be responsible for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/29/2017

Signature of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo* 12/13/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MICHAEL PALERMO (Admin.)** Date **12-06-17**

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

The above plan of correction is approved as of <u>12/13/17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</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 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION

The home maintains a daily activities calendar listing scheduled activities at 2:00PM and 7:00PM daily however through interviews with the residents no structured activities were being conducted by the home's 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 to ensure that a program of activities designed to promote each resident's active involvement with other residents, the residents' family and the community.
2. The residents do not participate in activities.
3. The residents do not participate in activities.
4. Staff will ask the residents to participate in activities or ask residents to provide alternative ideas.
5. Staff will attempt to provide interesting and thought provoking activities to the residents.
6. The administrator will ask residents to provide alternative activities and change the schedule accordingly.

The administrator shall monitor and be responsible for ongoing compliance. M 12/13/17

Repeat Violation: No Date(s) of Previous Violation(s): 12/13/17

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 12-06-17

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

The above plan of correction is approved as of 12/13/17 (Date) Plan of correction implementation status as of 1/19/18 (Date)

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

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

Violation Report: 21839 - 11/07/2017 - O'Haire, Anne
 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

Resident 3's DOA [redacted] 17 Preadmission form was blank except for section I. All information required in order to make a determination if a home can meet a resident's needs was not available.

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 home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

The administrator shall monitor and be responsible for ongoing compliance.

[Handwritten Signature]
 12/13/17

Repeat Violation: Yes	Date(s) of Previous Violation(s)	02/28/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *M. A. Palermo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Palermo (Admin)* Date *12-06-17*

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

The above plan of correction is approved as of <u>12/13/17</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
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 - 11/07/2017 - O'Haire, Anne
 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 # 3's initial RASP dated [redacted] 17 did not indicate if he/she had formal and informal supports. Through the review of the resident's information it was determined that he/she had a guardian overseeing their care and had placed the resident at the facility. This information was not listed on his/her RASP under formal and informal supports.

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 support plan is written and in place within 30 days of admission.
2. The RASP did not include any formal and informal supports.
3. The RASP did not include any formal and informal supports
4. The information missing was inserted into the RASP.
5. All information available will be placed on the RASP.
6. The person preparing the RASP will ensure that all information available will be placed on the RASP. Any missing information will be sought out by questioning the resident or guardian. The administrator shall monitor and be responsible.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/28/2017 for ongoing compliance.

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 12-06-17

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

The above plan of correction is approved as of 12/13/17 (Date)

Plan of correction implementation status as of 1/19/18 (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 - 11/07/2017 - O'Haire, Anne
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident # 3's initial RASP dated [redacted] 17 was not signed by the preparer, resident or guardian.

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 all parties involved in preparing the support plan.
2. The support plan was not signed.
3. The support plan (RASP) was not signed.
4. The resident and the administrator signed the support plan (RASP) on Nov. 8, 2017.
5. The RASP will be developed and signed by the person preparing the form and the resident the day it is completed.
6. The person preparing the RASP will ensure that the form is signed and dated by the preparer and the resident or guardian. The administrator shall monitor and be responsible

Repeat Violation: No Date(s) of Previous Violation(s): *for ongoing compliance.*

Signature of Legal Entity Representative (Required on EVERY Page) *M.A. Palermo* *M*
12/13/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MICHAEL PALERMO (Admin)* Date *12-06-17*

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

The above plan of correction is approved as of 12/13/17
 (Date)

Plan of correction implementation status as of 2-21-18
 (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 - 11/07/2017 - O'Haire, Anne
 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
 Resident # 3's resident record did not state if this resident had any identifiable marks or not.

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 provide complete identifying information on each resident.
2. The record did not include information regarding identifiable marks.
3. The record did not include information regarding identifiable marks
4. The record was completed to include identifying marks.
5. Staff will verify all information is current on the record
6. The administrator will record any and all identifying information at the time of residents entrance to Home. → and update as needed. The administrator shall

Repeat Violation: No Date(s) of Previous Violation(s): *Monitor and assure*

Signature of Legal Entity Representative (Required on EVERY Page) *M. G. Palermo* *ongoing compliance*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MICHAEL PALERMO (Admin)* Date *12-06-17* *in 12/13/17*

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

The above plan of correction is approved as of 12/13/17 (Date) Plan of correction implementation status as of 1/19/18 (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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART		License Number: 21839
Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701		County: Lycoming
Administrator: Michael Palermo		Region: NORTHEAST
Legal Entity Name: VIVE BENE INC		
Legal Entity Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701		
Certificate(s) of Occupancy		
C-2 LP 01/28/2001 PA Dept of L&I	Other 10/19/2017 City of Williamsport	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Monitoring		
On-Site Inspections Dates and Department Representatives On-Site		
01/19/2018: Yellenic, Cindy; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 15 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 10 Have Mental Illness: 14 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21839 - 01/19/2018 - Yellenic, Cindy
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A container of blue dish soap labeled "Dawn" was located in the sink next to the dishwasher, in the commercial sink in the kitchen and in the shared bathrooms located on the 1st and 2nd floor. The soap did not have the original manufacturer's label attached.

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 poisonous materials are stored in their original labeled containers.
2. Soap containers were not their original containers.
3. Soap containers were not their original containers.
4. Store bought hand soap dispensers were placed at all sink locations.
5. The purchase of commercial soap dispensers was arranged. These dispensers will be installed near all sinks.
6. The administrator will ensure that commercial soap dispensers are used in place of other soap containers and filled with appropriate soap.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/07/2017

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 02-04-18

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

The above plan of correction is approved as of

2/8/18
 (Date)

Plan of correction implementation status as of

3/6/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 21839 - 01/19/2018 - Yellenic, Cindy
 PCH Name: TILBURG S 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
 4 gallons of frozen milk were located in the industrial sink defrosting in the kitchen.

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 food is thawed correctly.
2. Frozen milk was left in the sink.
3. Frozen milk was left in the sink.
4. The milk was moved into the refrigerator.
5. Frozen items will be placed in the refrigerator to defrost, if not being used immediately.
6. The administrator will ensure that frozen items are defrosted 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) <i>M. A. PALERMO - Admin</i>	Date <i>02-04-18</i>
--	----------------------

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

The above plan of correction is approved as of <u>2/8/18</u> (Date)	Plan of correction implementation status as of <u>3/6/18</u> (Date)
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 - 01/19/2018 - Yellenic, Cindy
PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 The home's medication cart, located in the kitchen, was unlocked with no staff supervision upon arrival at the home on 1-19-18 at 1:45pm.

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 medications are kept in a locked container.
2. The medication cart was left unlocked.
3. The medication cart was left unlocked.
4. The medication cart was locked.
5. Staff were re-educated to lock the medication cart as soon as they are finished with the cart.
6. The administrator will ensure that the medication cart is secured by making random checks throughout the day.

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</i>	Date <i>02-04-18</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>2/8/18</u> (Date)	Plan of correction implementation status as of <u>2-21-18</u> (Date)
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 - 01/19/2018 - Yellenic, Cindy
 PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The Resident Assessment Support Plan for Resident #1, dated 10-5-17, was not signed by the Assessor or the Resident.

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 residents participate in the development of their support plan and then sign and date the support plan.
2. The resident failed to sign the support plan and it was overlooked.
3. The resident failed to sign the support plan and it was overlooked.
4. The resident signed the support plan within 24 hours of informing the resident.
5. The support plan needs to be signed at the time of completion of the support plan.
6. The administrator will ensure that the support plan is signed at the time it is completed.

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>02-04-18</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>2/8/18</u> (Date) The above plan of correction was approved by <u><i>M</i></u> (Initials)	Plan of correction implementation status as of <u>2-21-18</u> (Date) <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
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Violation Report: 21839 - 02/21/2018 - Novak, Ryan
PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
A container of blue dish soap labeled "Dawn" was located on the sink in the common restroom next to the sitting area. The soap did not have the original manufacturers label attached.

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 potentially poisonous materials are stored in their original labeled containers.
- ② Soap contained was not in its original container.
- ③ Soap dispenser was not in its original container.
- ④ Replacement soap dispenser was placed near sink.
- ⑤ Commercial soap dispensers have been back ordered. These dispensers will be installed as soon as they arrive.
- ⑥ The administrator will ensure that the commercial soap dispensers arrive and are installed that a store bought soap dispenser will be placed next to the sink.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/07/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael A. Palermo* Date *MARCH 30 2018*

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

The above plan of correction is approved as of <u>3/6/18</u> (Date)	Plan of correction implementation status as of <u>3/6/18</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21839 - 02/21/2018 - Novak, Ryan
PCH Name: TILBURG S HOME FOR THE YOUNG AT HEART

1. REGULATION 55 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
The common restrooms located on the 1st and 2nd floor did not have soap available at the sink.

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 soap is available to all residents.
- ② Soap dispensers were not available.
- ③ Soap dispensers were not available.
- ④ Store bought soap dispensers were placed at all sink locations.
- ⑤ Commercial soap dispensers have been back ordered, these dispensers will be installed as soon as they arrive.
- ⑥ The administrator will instruct residents to let staff know when soap dispensers are empty and not to dispose of them without letting staff know. Staff will then replace soap dispensers with store bought dispensers.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MICHAEL A. PALERMO** Date **03-03-18**

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

The above plan of correction is approved as of 3/6/18
(Date)

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

Plan of correction implementation status as of 3/6/18
(Date)

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

Violation Report: 21839 - 02/21/2018 - Novak, Ryan
PCH Name: TILBURG S 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
4 gallons of frozen milk were located in the industrial sink defrosting in the kitchen.

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 food is thawed correctly.
- ② Frozen milk was left in the sink.
- ③ Frozen milk was left in the sink.
- ④ The milk was moved to the back of the refrigerator.
- ⑤ Frozen items will be placed immediately into the refrigerator.
- ⑥ Kitchen staff will place frozen items in the refrigerator as soon as the items are removed from the freezer. The administrator will verify these actions.

The administrator shall be responsible for monitoring and ongoing compliance.

M. A. Palermo
3/6/18

Repeat Violation: Yes 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 B. PALERMO* Date *03-05-18*

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

The above plan of correction is approved as of 3/6/18 (Date)

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

Plan of correction implementation status as of 3/6/18 (Date)

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