



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: tilburgspch@yahoo.com
MAILING DATE: February 11, 2020

Mr. Michael A. Palermo
Administrator
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 22, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *TILBURG'S HOME FOR THE YOUNG AT HEART*
Address: *801 MARKET STREET,, WILLIAMSPORT, PA 17701*
County: *LYCOMING*

License Number: *21839*

Region: *NORTHEAST*

Administrator

Name: *Michael Palermo*

Phone: *5703225951*

Email: *TILBURGSPCH@YAHOO.COM*

Legal Entity

Name: *VIVE BENE, INC.*

Address: *801 MARKET STREET, WILLIAMSPORT, PA, 17701*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *06/28/1971*

Issued By: *Williamsport*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *13*

Waking Staff: *10*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/22/2019 - On-Site: Gerald Dumas, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24*

Residents Served: *13*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7*

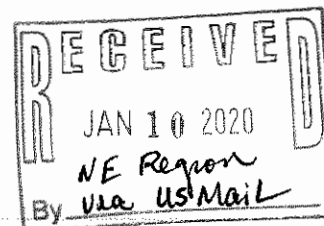
Are 60 Years of Age or Older: *6*

Diagnosed with Mental Illness: *12*

Diagnosed with Intellectual Disability: *6*

Have Mobility Need: *0*

Have Physical Disability: *0*



25b - Contract Signatures

Regulations

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.

Description of Violation

The contract for resident # 1 (Date of Admission 2/22/17) does not include the signature of the payer.

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 Resident/Home Contract was not signed by the resident's payer.

Resident #1's payer lives in Indiana. A copy of the Resident/Home contract was mailed to payer on January 7, 2020 for signature.

Resident/Home contracts are filled in and signed by the Administrator and the Resident (or their designee) at the first of the year or by a new resident on the day the resident moves in.

Each Contract will be reviewed by Administrator and/or his designee to ensure compliance within a week of admission or renewal.

A copy of the signature page will be sent when returned.

Legal Entity Representative

M. A. Palermo
Signature

Admin-MICHAEL A. PALERMO 01-07-20
Printed Name and Title Date

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The above plan of correction is approved as of	1-28-2020 (Date)	Plan of correction implementation status as of	1-28-2020 (Date)
	<i>ag</i>	<input checked="" type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	(Initials)	<input type="checkbox"/> Not Implemented	

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature in the common bathroom sink measured 124.5 degrees at 2:55 p.m.

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.)

Hot Water temperatures in common areas are not to exceed 120 F.

The Administrator adjusted the water temperature to approximately 115 F.

A twice weekly check of water temperatures will be conducted by staff and a record will be kept.

Legal Entity Representative

M. A. Palermo
Signature

Admin Michael A. PALERMO 01-07-20
Printed Name and Title Date

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The above plan of correction is approved as of 2-3-2020
(Date)

Plan of correction implementation status as of 2-3-2020
(Date)

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

Fully Implemented
 Not Implemented

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have an updated letter from a fire safety expert indicating the safe evacuation time from January 25th 2018 through July 9, 2019.

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.)

An updated letter from a fire safety expert indicating the safe evacuation time was not available.

An updated letter from Mark Killian, Assistant Fire Chief, was received on November 22, 2019.

Safe evacuation time will be updated every year during the yearly fire drill provided by the Williamsport Fire Department.

The administrator will review the safe evacuation time with a fire safety expert yearly during the annual fire drill conducted by the Williamsport Fire Department.

Copy of letter enclosed.

Legal Entity Representative

M. A. Palermo
Signature

Admin- Michael A. PALERMO 01-07-20
Printed Name and Title Date

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187c - Refusal of Medication

Regulations

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.

Description of Violation

Resident # 2 was prescribed TD Nicoderm on 9/20/18. Apply 1 patch topically to skin daily and remove at bedtime for X 4 weeks. The prescription remained on the resident's medication record (M.A.R.) since 9/20/18. There was no verbal or written communication to the resident's physician that the resident was not participating in the smoking program and refusing the patch.

Additionally, resident # 2 had been prescribed Nicotine POL 4 mg. (prescribed 6/20/19). Dissolve 1 lozenge slowly in the mouth every 1 -2 hours for 6 weeks. The prescription remained on the resident's MAR from 6/20/19 to the present. In discussing the smoking program with staff, it was concluded that neither the home nor the resident had informed the resident's physician of the lozenge refusals.

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.)

Medication refusal should be documented in the patient record and on the medication record (MAR).

Notification was made to the prescriber on November 23, 3019. A phone call was made to the doctor. As resident # 2 continues to refuse to participate in the smoking cessation program, a request was made to discontinue the patch and lozenge, which was approved.

Staff reviewed procedure regarding medication refusal and a form was developed to inform the physician of such refusal. This form will be faxed to the physician and the form will be kept with the medication records (MAR).

A copy of the form enclosed.

Legal Entity Representative

M.A. Palermo
Signature

Admin. MICHAEL A. PALERMO 01-07-20
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 2 was prescribed TD Nicoderm on 9/20/18. Apply 1 patch topically to skin daily and remove at bedtime for X 4 weeks. The prescription remained on the resident's medication record (M.A.R.) since 9/20/18. Resident # 2 was not taking the prescribed Nicoderm as ordered. There was no verbal or written communication to the resident's physician that the resident was not participating in the smoking program and refusing the patch.

Additionally, resident # 2 had been prescribed Nicotine POL 4 mg. (prescribed 6/20/19). Resident # 2 was not taking the Nicotine Lozenge as prescribed. Dissolve 1 lozenge slowly in the mouth every 1 -2 hours for 6 weeks. The prescription remained on the resident's MAR from 6/20/19 to the present. In discussing the smoking program with staff, it was concluded that neither the home nor the resident had informed the resident's physician of the lozenge refusals.

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.)

Medications should be distributed as the prescriber ordered.

Notification was made to the prescriber on November 23, 3019. A phone call was made to the doctor. As resident #2 continues to refuse to participate in the smoking cessation program, a requeest was made to discontinue the patch and lozenge, which was approved.

Staff reviewer procedure regarding medication refusal and a form was developed to inform the physician of such refusal. This form will be faxed to the physician and the form will be kept with the medication records (MAR).

Legal Entity Representative

M. a. Palermo
Signature

Admin. Michael A. PALERMO 01-07-20
Printed Name and Title Date

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