

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

January 13, 2023

[REDACTED], ADMINISTRATOR
VIVE BENE, INC.
801 MARKET STREET
WILLIAMSPORT, PA, 17701

RE: TILBURG'S HOME FOR THE YOUNG
AT HEART
801 MARKET STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 21839

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: TILBURG'S HOME FOR THE YOUNG AT HEART License #: 21839 License Expiration: 03/21/2023
 Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701
 County: LYCOMING Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: VIVE BENE, INC.
 Address: 801 MARKET STREET, WILLIAMSPORT, PA, 17701
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/01/2001 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 11/14/2022

Inspection Dates and Department Representative

11/14/2022 - On-Site: [REDACTED]

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: 4 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/14/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2022

12/12/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/11/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2022

Inspections / Reviews *(continued)*

12/19/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/27/2022

01/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all CO2 detectors operating with a battery be changed annually and dated with battery installation date. The batteries in the CO2 detector in the 1st floor hallway were installed 10/2021.

Plan of Correction

Accept ([redacted] - 12/19/2022)

The administrator dated and changed the CO2 batteries on 11/14/2022. The administrator or his designee will date and replace CO2 batteries annually. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([redacted] - 01/13/2023)

83a - Indoor Temperature

2. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

The home's boiler was being fixed and was not operational. The temperature in resident room 1 was 55.3 degrees and 64.7 degrees in room 4.

Plan of Correction

Accept ([redacted] - 12/19/2022)

The parts for the boiler were ordered and received on 11/19/2022.

Repairs were completed by [redacted] on 11/19/2022.

Room temperature returned to normal, 70 degrees, on 11/20/2022. An annual inspection will be completed by Roland Hurlock. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([redacted] - 01/13/2023)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was an uncovered garbage can observed in the kitchen that was not being actively used.

Plan of Correction

Accept ([redacted] - 12/19/2022)

The administrator removed the garbage can in question was removed on 11/14/2022. It will not be replaced. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

85d Trash Receptacles (continued)

Implemented () - 01/13/2023)

89b Hot Water Temperature

4. Requirements

2600.

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

Description of Violation

The water temperature from the sink in the 1st floor bathroom was 134.2 degrees. This is a repeat violation from 2/1/2022.

Plan of Correction

Accept () - 12/19/2022)

The administrator adjusted the thermostat on 11/14/2022. After two hours, the water was tested at 125 degrees. Another adjustment was made on 11/15/2022. The waster tested at 115 degrees. The staff will test the water monthly The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented () - 01/13/2023)

93a Handrails

5. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well secured handrail.

Description of Violation

The exit leading from the 2nd floor hallway to the fire escape has an approximate step up of 12 inches. There was no handrail or grip installed to assist with the step.

Plan of Correction

Accept () - 12/19/2022)

The administrator installed a hand grip on the wall on 12/9/2022. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented () - 01/13/2023)

132e Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

There was no fire drill completed during the sleeping hours from 1/2022 through 10/2022.

Plan of Correction

Accept () - 12/19/2022)

A sleep hours fire drill was held on 12/10/2022 by the staff. The administrator directed the drill. A sleep hours fire drill will be held at least every 6 months. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented () - 01/13/2023)

141b1 Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most current DME for Resident 1 is dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/19/2022)

Resident 1 schedules [REDACTED] own appointments. An updated DME for Resident 1 was completed on [REDACTED]. The administrator or [REDACTED] designee will remind him or schedule [REDACTED] annual appointment. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([REDACTED] - 01/13/2023)

187a Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 2 received their PRN medication of [REDACTED] on [REDACTED] through [REDACTED] but the reason for administering and the effectiveness of this medication was not documented on the MAR.

Plan of Correction

Accept ([REDACTED] - 12/19/2022)

The administration of [REDACTED] for Resident 2 was incomplete. The staff was re-educated in regards to reporting medications on 11/14/2022. The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([REDACTED] - 01/13/2023)

224c Preadmission Screening

9. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

There was no preadmission screening form completed for Resident 3 who was admitted to the home on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/19/2022)

Preadmission screening for Resident 3 was completed on [REDACTED] by the administrator. The administrator or his designee will complete a preadmission screening whenever a new resident moves in. the administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([REDACTED] - 01/13/2023)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

The most current RASP for Resident 1 was dated [REDACTED] which is more than 1 year from the previous RASP dated [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/19/2022)

A RASP was completed for Resident 1 on [REDACTED] by staff. A RASP will be completed annually on or after a residents anniversary date by staff or administrator. The Administrator will ensure compliance..

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([REDACTED] - 01/13/2023)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The RASP dated [REDACTED] for Resident 1 was not signed by the resident and it did not indicate if the resident refused or was unable to sign.

Plan of Correction

Accept ([REDACTED] - 12/19/2022)

The RASP for Resident 1 was signed on [REDACTED] as directed by the administrator. A RASP will be completed annually by staff or the administrator. The administrator will ensure compliance..

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([REDACTED] - 01/13/2023)