

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

September 8, 2025

[REDACTED], OWNER
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 04/23/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *TILBURG'S HOME FOR THE YOUNG AT HEART* License #: *21839* License Expiration: *03/21/2026*
 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: *08/28/2001* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/23/2025*

Inspection Dates and Department Representative

04/23/2025 - 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: *10* Are 60 Years of Age or Older: *7*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *6*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/23/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2025*

05/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/15/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2025*

Inspections / Reviews (*continued*)

09/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

09/08/2025 - Bypass Document Submission

Submitted By: *Jason Harvey*

Date Submitted: 09/08/2025

Reviewer: *Jason Harvey*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

At 12:30 P.M., the carbon monoxide detector near the furnace in the basement had batteries that were documented as last changed on 9/14/23.

Plan of Correction

Accept ([redacted] - 05/30/2025)

1. This regulation is to ensure that all homes comply with applicable Federal, State and local laws, ordinances and regulations.
2. The cause of the violation was that the battery for the carbon monoxide detector near the furnace had expired.
3. The battery was replaced on May 14, 2025.
4. The carbon monoxide detector will be checked during the monthly fire drills and replaced yearly.
5. The administrator/designee will be responsible for monitoring compliance.
6. After each fire drill, the administrator/designee will check each carbon monoxide detector, smoke detector and emergency lighting and keep a record of the results with the fire drill record. This will begin in June 2025.
7. Instruction on using the form to record checks will be completed by May 25, 2025.
8. The administrator will make checks monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/24/2025

Implemented ([redacted] - 09/08/2025)

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

During calendar month March of 2025, [redacted] the home's administrator, was not present in the home for an average of 20 hours per week.

Plan of Correction

Directed ([redacted] - 06/05/2025)

1. This regulation is to ensure that the administrator would be present in the home an average of 20 hours or more per week.
2. The administrator [redacted] that required [redacted] was then on [redacted] leave. [redacted] is now back to work.
3. The administrator's designee was [redacted] completed administration duties as [redacted] was able. Those that [redacted] could not were taken to the administrator at home.
4. To ensure that this does not happen again, the administrator will take better care [redacted].
5. The administrator's [redacted] will ensure compliance.
6. This situation will be ongoing.
7. The only training required is [redacted].
8. The administrator's [redacted] will ensure compliance.

56 - Admin 20 Hours/Week (continued)

Proposed Overall Completion Date: 05/24/2025

(Directed Plan of Correction)

Administrator [REDACTED] will be present in the home as required by this regulation. Documentation of presence in the home in the form of schedules and payroll records will be kept. If the administrator is not able to complete 20 hours a week due to [REDACTED], the administrator will hire a qualified administrator to work 20 hours per week.

Directed Completion Date: 06/13/2025

Implemented ([REDACTED] - 09/08/2025)

64c - Annual Training

3. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

[REDACTED] the home's administrator, was unable to provide documentation of completed hours of Department-approved training in training year 1/1/24 to 12/31/24.

Plan of Correction

Accept ([REDACTED] - 05/30/2025)

- 1 This regulation is to ensure that the administrator completes at least 24 hours of continuing education.
- 2 The certificate for the administrator's training for 2024 were mislaid.
- 3 Certificates of training for 2024 were located and placed in the administrator's file.
- 4 Training certificates for the administrator will be collected as soon as they are available and placed in the administrator's file.
- 5 The administrator/designee will ensure that certificates are collected at the time of completion of training.
- 6 Training certificates will be collected by the administrator at the time of training.
- 7 Training for 2024 was completed in April 2024.
- 8 The administrator's designee will audit [REDACTED] file annually to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/24/2025

Implemented ([REDACTED] - 09/08/2025)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in Fire safety by a fire safety expert or staff trained by fire safety expert during training year 2024.

65g - Annual Training Content (continued)

Plan of Correction

Accept () - 05/30/2025

- 1 This regulation is to ensure that direct care staff, other staff and volunteers will participate in continuing education.
- 2 Staff person A did not receive fire safety training.
- 3 A fire safety training was held on May 15, 2025.
- 4 The administrator/designee will schedule fire safety training annually.
- 5 The administrator/designee will schedule fire safety training annually.
- 6 Current fire safety training was completed on May 15, 2025.
- 7 Current fire safety training was completed on May 15, 2025.
- 8 The administrator will schedule fire safety training annually.

Was unable to attach letter from Williamsport Fire Department

Licensee's Proposed Overall Completion Date: 05/24/2025

Implemented () - 09/08/2025

103i - Outdated Food

5. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 9:25 A.M., the kitchen refrigerator contained unlabeled, undated cut oranges that were brown and soft.

At 9:25 A.M., the resident refrigerator contained 5 prepared egg, cheese, and sausage sandwiches in their original packaging with a prepared date of 4/16/25.

Plan of Correction

Accept () - 05/30/2025

- 1 This regulation is to ensure that outdated or spoiled food or dented cans are not used.
- 2 The violation was caused by undated oranges in the kitchen refrigerator and outdated sandwiches in the resident refrigerator.
- 3 The oranges and sandwiches were disposed of immediately.
- 4 The administrator/designee will inspect the refrigerators weekly. The kitchen staff will inspect the refrigerators daily to ensure compliance.
- 5 The administrator/designee will ensure compliance.
- 6 This will be an ongoing situation.
- 7 Verbal instruction was given to all staff on May 15, 2025.
- 8 The administrator/designee will ensure compliance.

Licensee's Proposed Overall Completion Date: 05/24/2025

Implemented () - 09/08/2025

132d - Evacuation

6. Requirements

- 2600.

132d - Evacuation (continued)

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 does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- 11/28/24 at 2:00 P.M. the fire drill was completed in 3 minutes.
- 12/17/24 at 11:05 P.M. the fire drill was completed in 3 minutes.
- 1/20/25 at 1:30 P.M. the fire drill was completed in 3 minutes.

Plan of Correction

Accept () - 06/05/2025

1. This regulation is to ensure that residents are able to evacuate the home during a fire drill within a set period of time.
2. The residents were not able to evacuate within the 2 minutes 30 seconds allotted time.
3. The residents are encouraged to evacuate safely. Fire Inspector stated that neither NFPA or The Williamsport Bureau of Fire set a certain time length for evacuating during an emergency, rather both entities advocate for both calm and orderly evacuations
4. The staff will encourage the residents to evacuate safely.
5. The administrator/designee will encourage residents' compliance.
6. This situation will be ongoing.
7. The residents were encouraged to use the closest safest exit during a house meeting.
8. The administrator/designee shall verify the compliance of residents.

Was unable to attach letter from Williamsport Fire Department

Licensee's Proposed Overall Completion Date: 05/24/2025

Implemented () - 09/08/2025

132f - Alternate Exit Routes

7. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front exit was the only exit route used during the fire drills held in December of 2024 through to March of 2025.

Plan of Correction

Accept () - 05/30/2025

1. This regulation is to ensure that residents use different exits during fire drills.
2. Residents have been using one exit during fire drills.
3. Staff will direct residents to use different exits during fire drills.
4. The staff running the fire drill will instruct other staff and residents which exits are unavailable.
5. The administrator/designee will instruct all staff to ensure that different exits are used during fire drills.
6. This situation will be ongoing.
7. The staff was given verbal instructions on May 14, 2025.
8. The administrator/designee will verify different exits are used monthly.

Licensee's Proposed Overall Completion Date: 05/24/2025

132f - Alternate Exit Routes *(continued)*

Implemented (█ - 09/08/2025)