

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

June 16, 2026

[REDACTED], ADMINISTRATOR/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 04/02/2026 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: 03/21/2027  
 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: DLI

**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: 04/03/2026

**Inspection Dates and Department Representative**

04/02/2026 - 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: 13 Are 60 Years of Age or Older: 7  
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

04/02/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2026

05/12/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/11/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2026

Inspections / Reviews (*continued*)

## 06/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 06/16/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

The home has 13 residents. Staff person [redacted] is scheduled from 5:30 p.m. on Friday 3/12/26 through 3/15/26 at 10:00 a.m., 40.5 hours straight. The staff person lives in an apartment on site and can be reached by the residents if they need assistance via a doorbell in the common hallway downstairs. Staff person [redacted] is unable to provide any indication how much time is spent with residents completing personal care, doing activities, passing medications, serving meals, etc. Staff person [redacted] indicates they come down prep meals, serve meals, clean up after meals, administers medication and does some laundry. When they are not doing this, they return to their apartment. During this time a staff person was not always present in the home when residents were present.

Plan of Correction

Accept ([redacted] - 05/28/2026)

1. The regulation that was violated is that a staff person must remain present in the home when residents are present in the home.
2. The staff person [redacted] was unable to verify that they are available to residents needs.
3. Staff person [redacted] should remain available for residents needs.
4. Any staff person will remain within the home's property during their scheduled shift.
5. The administrator will verbally instruct all staff to remain in accessible areas while on shift.
6. Instruction was completed on April 3, 2026.
7. Instruction was completed on April 3, 2026.
8. The administrator will ensure that at least one staff person is available at all times by making phone calls and showing up unannounced during shifts.

Licensee's Proposed Overall Completion Date: 05/21/2026

Implemented ([redacted] - 06/15/2026)

64c - Annual Training

2. 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, completed only 22 hours of Department-approved training in training year 1/1/25 to 12/31/25.

Repeat Violation: 4/23/25

Plan of Correction

Accept ([redacted] - 05/12/2026)

1. The regulation that was violated is that the administrator shall have at least 24 hours of annual training.
2. The administrator did not have records of completed training hours.
3. Records were verified and replacement certificates were printed.

**64c - Annual Training (continued)**

4. *Certificates will be printed as soon as training is completed.*
5. *The administrator will collect training certificates as soon as each training is completed.*
6. *Training certificates will be collected by the administrator at the time of training.*
7. *Training for 2025 was completed in April 2025.*
8. *The administrator's designee will audit his file annually to ensure compliance.*

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented (█) - 06/15/2026)

**103f - Refrigerator/Freezer Temps****3. Requirements**

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.

**Description of Violation**

*At 10:00 a.m., there was no thermometer in the freezer located in the basement.*

**Plan of Correction**

Accept (█) - 05/12/2026)

1. *The regulation requires that refrigerators and freezers are to have thermometers to verify temperatures.*
2. *The thermometer for the freezer in the basement was missing.*
3. *A thermometer was located and placed in the freezer.*
4. *A check of thermometers location will be made monthly.*
5. *The administrator/designee will check the refrigerators and freezers monthly.*
6. *The thermometer was placed in the basement freezer on April 3, 2026.*
7. *No training was necessary.*
8. *The administrator or his designee will verify that thermometers are in all refrigerators and freezers.*

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented (█) - 06/15/2026)

**107c - Food/Water 3 Day Supply****4. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

*At 10:15 a.m., the home served 13 residents, requiring 39 gallons of emergency drinking water. However, the home had only 10 gallons on site. The home does not have a contract with a local bottled water supplier that includes the water will be on hand at a specified time.*

**Plan of Correction**

Accept (█) - 05/12/2026)

1. *The regulation that was violated was to ensure that a three-day supply of nonperishable food and drinking water was available for residents.*

**107c - Food/Water 3 Day Supply (continued)**

2. *The home only had 10 gallons of water on site for a census of 13 residents.*
3. *Purchase of additional water was made on May 10, 2026.*
4. *The administrator/designee will ensure that water is on site at all times.*
5. *The administrator/designee will ensure that enough water is on site at all times.*
6. *The administrator/designee will verify monthly to ensure that water is on site.*
7. *No training was needed.*
8. *The administrator/designee will verify that the correct amount of water is available at all times and verify monthly.*

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented (█) - 06/15/2026)

**107d - Procedure Emergency Management Agency Submission****5. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not reviewed or submitted to the local emergency management agency since 7/20/2023.*

**Plan of Correction**

Accept (█) - 05/12/2026)

1. *The regulation that was violated is that the emergency procedures was not submitted to the local emergency management agency annually.*
2. *A copy of the home's emergency procedures were not submitted or reviewed by the local emergency management agency since 2023.*
3. *A copy of the home's emergency procedures was electronically submitted to the local emergency management agency on May 8, 2026.*
4. *The administrator will designate a date that will be used annually to send the emergency procedures to the local emergency management agency.*
5. *The administrator/designee will ensure that the emergency procedures are sent annually.*
6. *The emergency procedures manual will be sent annually to the local emergency management agency in April 2027.*
7. *There was no training needed.*
8. *The administrator/designee will verify compliance annually.*

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented (█) - 06/15/2026)

**132c - Fire Drill Records****6. Requirements**

2600.

**132c Fire Drill Records (continued)**

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.

**Description of Violation**

*The fire drills on 2/27/26 at 12:45 and 3/31/26 at 1:30 do not indicate if they were held in the a.m. or the p.m.*

**Plan of Correction**

Accept (█) - 05/28/2026

1. *The regulation that was violated is to ensure that accurate records are kept of fire drills.*
2. *Twice times were registered without an indicator of when they were held, e.g. a.m./p.m.*
3. *Staff were verbally instructed to record accurate time for fire drills.*
4. *Staff are reminded to record accurate time for fire drills.*
5. *The person who runs the fire drill will be required to record accurate time.*
6. *The next fire drill will have accurate time listed.*
7. *No training was required.*
8. *The administrator/designee will verify that time is recorded accurately as of April 3, 2026. The administrator/designee will review the fire drill record after each drill.*

Licensee's Proposed Overall Completion Date: 05/21/2026

Implemented (█) - 06/15/2026

**132d - Evacuation****7. Requirements**

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**

*During the fire drill on 9/14/25 at 3:00 p.m. the evacuation time was 3 minutes. On 12/29/25 at 11:00 p.m. the evacuation time was 2 minutes and 50 seconds. On 3/31/26 at 1:30 the evacuation time was 2 minutes and 45 seconds. The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert.*

*Repeat Violation: 4/23/25*

**Plan of Correction**

Directed (█) - 05/28/2026

1. *The regulation that was violated indicates that residents should be able to evacuate the home within the period of time specified by a fire safety expert.*
2. *The home does not have a maximum safe evacuation time specified in writing.*
3. *A fire safety expert was contacted about getting a written maximum safe evacuation time.*
4. *The administrator will schedule a fire safety inspection and request a fire safety evacuation evaluation annually. The administrator will ask for a determination of the maximum safe evacuation time.*
5. *The administrator will ensure that a letter is written annually.*
6. *The home is currently waiting on letter from fire safety expert.*

132d - Evacuation (continued)

- 7. No training needed.
- 8. The administrator will request a maximum safe evacuation time from the fire safety expert annually and will monitor ongoing compliance.

Proposed Overall Completion Date: 05/21/2026

**(Directed)**

**Effective immediately all 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. If the home does not have a letter designating an extended evacuation time all residents will be evacuated in 2 minutes and 30 seconds. If the evacuation time of 2 minutes and 30 seconds is exceeded the home will conduct additional fire drills during the month until the evacuation time is within the timeframe. The administrator will review and initial the fire drill logs to ensure compliance for 6 months.**

Directed Completion Date: 05/28/2026

Implemented (█) - 06/15/2026

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4. Special health or dietary needs of the resident.
  - 5. Allergies.
  - 6. Immunization history.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8. Body positioning and movement stimulation for residents, if appropriate.
  - 9. Health status.
  - 10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident #1's most recent medical evaluation completed █ and does not include a determination for the resident's ability to self-administer medications.

**Plan of Correction**

Accept (█) - 05/12/2026

- 1. The regulation that was violated is that a resident's medical evaluation form be complete.
- 2. The resident's medical evaluation does not include a determination for the resident's ability to self-administer medications.
- 3. A verification letter from the resident's physician was requested and received on April 3, 2026.
- 4. The administrator/designee will review each medical evaluation returned before placing the forms in the resident's file.
- 5. The determination of self-administration of medications is the sole responsibility of the physician. The administrator/designee will ensure that the form is complete.

**141a 1-10 Medical Evaluation Information (continued)**

6. *The medical evaluation of each resident will be reviewed after each resident/physician returns the form.*
7. *No training was required.*
8. *The administrator/designee will review each resident's medical evaluation upon receipt of the forms.*

**Licensee's Proposed Overall Completion Date:** 05/10/2026

**Implemented (** [REDACTED] **- 06/15/2026)**

**141b1 - Annual Medical Evaluation****9. Requirements**

2600.

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

**Description of Violation**

*Resident #1's most recent medical evaluation was completed [REDACTED]*

**Plan of Correction**

**Accept (** [REDACTED] **- 05/28/2026)**

1. *The regulation that was violated is a resident's medical evaluation annually.*
2. *Resident #1's medical evaluation was last completed in [REDACTED]*
3. *An appointment with Resident #1's physician was completed on April 8, 2026.*
4. *The administrator/designee will audit all medical evaluations to ensure that the forms are completed annually. Physicals will be scheduled within 30 days of annual anniversary of residents move in date to the home.*
5. *The administrator/designee will review all medical evaluations to ensure that the forms as they are returned.*
6. *Each medical evaluation form will be reviewed by the administrator or his designee.*
7. *No training was necessary.*
8. *Each medical evaluation form will be reviewed by the administrator/designee and returned to the physician for correction or placed in the resident's file. The administrator/designee will audit all resident files to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** 05/21/2026

**Implemented (** [REDACTED] **- 06/15/2026)**

**144c1 - Smoking Area Guidelines****10. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. *Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.*

**Description of Violation**

*At 1:25 p.m. Staff person B was observed on the back porch, outside the door that exits the kitchen area smoking. The home does not permit smoking and does not have a designated smoking area.*

144c1 Smoking Area Guidelines (continued)

Plan of Correction

Accept (█) - 05/28/2026

1. The regulation that was violated is that the home is to provide a safe smoking area inside or outside of the home.
2. Staff person B was observed smoking outside the kitchen door. The home does not permit smoking and does not have a designated smoking area.
3. The staff was reminded that there is no smoking on the property.
4. The staff were advised that they needed to smoke in the alley.
5. The administrator/designee has reminded staff that there is no smoking on the property.
6. This is effective immediately.
7. No training was necessary.
8. The administrator/designee will inform new staff on hire not to smoke on the property. Staff found to be smoking on the property will receive three warnings before considering dismissal.

Licensee's Proposed Overall Completion Date: 05/21/2026

Implemented (█) - 06/15/2026

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 has an order for Ozempic 2mg dose 8 g/3 ml, inject 2mg subcutaneously in the morning every 7 days. Staff person A indicated this is given on Wednesdays. The medication administration record is incorrectly initialed as given every day in March 2026.

Plan of Correction

Accept (█) - 05/12/2026

1. The regulation that was violated was that medication is to be recorded at the time the medication is administered.
2. Staff person A recorded that medication which is weekly was administered daily.
3. Staff person A has been informed they will be required to be retrained in medication administration.
4. All staff persons will be retrained in medication administration.
5. All staff persons will complete retraining in medication administration.
6. All staff persons are to be retrained in medication administration by May 15, 2026.
7. A medication administration review was held on April 5, 2026 for all staff persons.
8. The administrator/designee will conduct unannounced observations on staff person A for 2 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented (█) - 06/15/2026

187d - Follow Prescriber's Orders

12. Requirements

187d - Follow Prescriber's Orders (*continued*)

2600.

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

**Description of Violation**

*Resident #1 has an order for Lisinopril 40 mg tablet, take daily at 8:00 a.m., HOLD for Systolic Blood Pressure less than 110. The facility is not taking the resident's blood pressure prior to administering the medication.*

**Plan of Correction**

Accept (█) - 05/12/2026)

1. *The regulation that was violated was the home shall follow prescriber's directions.*
2. *The blood pressure of Resident #1 was not taken prior to receiving prescribed medication.*
3. *A blood pressure device was purchased on April 6, 2026 and is in use.*
4. *The blood pressure of Resident #1 will be taken before any medication is administered.*
5. *The staff on duty will take the residents blood pressure every morning.*
6. *The blood pressure device was purchased on April 6, 2026 and is in use.*
7. *Instruction on how to use the blood pressure device was explained on April 7, 2026.*
8. *The administrator/designee will check daily to make sure of compliance.*

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented (█) - 06/15/2026)

## 190a - Completion Medication Course

**13. Requirements**

2600.

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

**Description of Violation**

*Staff person A and B passed the Medication Administration course on 3/14/24. Only one of the required two medication record reviews and medication observations were completed on 9/2024 for the 2025 annual practicum. An annual practicum was then completed 3/2026.*

**Plan of Correction**

Directed (█) - 05/28/2026)

1. *The regulation that was violated is that staff persons are required to successfully complete department-approved medication administration course.*
2. *Staff persons A and B received one of two medication record reviews.*
3. *Retraining for both staff persons will commence and be completed as soon as possible.*
4. *The administrator/designee will review each practicum to ensure compliance.*
5. *The administrator/designee will ensure that a practicum observer has completed the forms.*
6. *Each new staff person will receive the recommended observations and reviews as scheduled. The practicum observer will set the schedule.*
7. *The medication record reviews and medication observations were completed on May 8, 2026.*
8. *The administrator/designee will review all forms and certificates involved in medication administration training to ensure compliance. A scheduled visit from the practicum observer will be made at the observer's discretion.*

190a - Completion Medication Course (continued)

Proposed Overall Completion Date: 05/21/2026

**(Directed)**

**Effective immediately staff person A and B will not administer medications until they have successfully completed the initial medication administration program. All staff administering medications will be in compliance with this regulation. The Administrator will review all medication trained staff training to ensure compliance.**

Directed Completion Date: 05/28/2026

Implemented (█) - 06/15/2026

225c - Additional Assessment

15. Requirements

2600.

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

- 1. Annually.

**Description of Violation**

Resident #1's most recent assessment was completed on █

**Plan of Correction**

Accept (█) - 05/28/2026

- 1. The regulation that was violated was that residents should have assessments completed annually.
- 2. Resident #1 had not received an assessment since █.
- 3. An assessment was completed on April 8, 2026.
- 4. Assessments will be completed within 30 days of the anniversary of their move in date.
- 5. The administrator/designee shall complete an assessment of each resident within 30 days of their anniversary date.
- 6. The assessment of each resident shall be completed 30 days before their anniversary date.
- 7. No training was necessary.
- 8. The administrator/designee will both review each resident's assessment before their anniversary date to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/28/2026

Implemented (█) - 06/15/2026