

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

September 3, 2026

[REDACTED]
VIVE BENE, INC.
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2026 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]
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: 03/21/2027

Address: 801 MARKET STREET, WILLIAMSPORT, PA 17701

County: LYCOMING

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: VIVE BENE, INC.

Address:

Phone:

Email:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 13

Waking Staff: 10

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Interim

Exit Conference Date: 06/10/2026

Inspection Dates and Department Representative

06/10/2026 - On-Site:

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: 6

Diagnosed with Mental Illness: 11

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

06/10/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 07/16/2026

09/03/2026 - POC Submission

Submitted By:

Date Submitted: 07/07/2026

Reviewer:

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews (*continued*)

09/03/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at 1:20 p.m. the fire department responded to the home due to an error with the Fire Panel. This was reported to the department on [REDACTED]

Repeated Violation: [REDACTED]

Plan of Correction**Accept [REDACTED] - 07/28/2026)**

1. This regulation is to ensure that any incident or condition is reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department.
2. There was an error with the fire panel on May 26, 2026. It was reported to the department on June 10, 2026.
3. The fire department report was faxed to the department on June 10, 2026.
4. Any incident or condition will be reported within 24 hours of the incident.
5. The administrator or [REDACTED] designee will report any incident within 24 hours.
6. A report of this incident was reported on June 10, 2026.
7. No training was necessary.
8. Any incident will be reported within 24 hours of the incident occurring and the administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 07/07/2026

Implemented [REDACTED] - 09/03/2026)**144c1 - Smoking Area Guidelines****2. 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 9:52 am, there was an ashtray with a cigarette butt in it on the steps out the kitchen door. The home does not allow smoking on the property.

Plan of Correction**Accept [REDACTED] 07/28/2026)**

1. The regulation is to ensure that proper safeguards to prevent fire hazards involving smoking are followed.
2. An ashtray was discovered on the steps outside the kitchen door. The home does not permit smoking on the property.
3. The ashtray was thrown in the garbage by staff at the time of inspection.

144c1 Smoking Area Guidelines (continued)

4. Staff was again informed that smoking was not permitted on the property. Staff who smoke must do so in the alley.
5. The administrator or [REDACTED] designee will explain to current staff and new hires that smoking is not permitted on the property.
6. Current staff were informed about smoking off property on June 10, 2026. New hires will be informed on their first day of work.
7. No training was necessary.
8. The administrator or [REDACTED] designee will check daily that there is no one smoking on the property.

Licensee's Proposed Overall Completion Date: 07/07/2026

Implemented ([REDACTED] 09/03/2026)

251b - Record Entries Legible**3. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [REDACTED] Medical Evaluation dated [REDACTED] has correction tape over the "annual" box.

Plan of Correction

Accept ([REDACTED] - 07/28/2026)

1. The regulation is to ensure that entries in a resident's record is permanent, legible, dated and signed by the staff person making the entry.
2. The medical evaluation had correction tape on it.
3. The medical evaluation will be redone.
4. Persons filling out medical evaluations will be reminded that the use of correction tape or other materials are forbidden.
5. The administrator or [REDACTED] designee will review each record to ensure complete and correctly filled in forms.
6. Any new records will be reviewed upon receipt as of June 11, 2026.
7. No training was necessary.
8. The administrator or [REDACTED] designee will review each record to ensure complete and correctly filled out forms.

Licensee's Proposed Overall Completion Date: 07/07/2026

Implemented ([REDACTED] - 09/03/2026)

251c - Standardized Forms**4. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] Medical Evaluation dated [REDACTED] was not completed on the most current standardized form.

Plan of Correction

Accept ([REDACTED] - 07/28/2026)

1. This regulation requires the home to use standardized forms to record resident's information.
2. The form used was not the current version.
3. The current form was printed after discovering the latest version had been released.

251c - Standardized Forms (continued)

4. A check of the website will be conducted annually.
5. The administrator or [REDACTED] designee will check the website annually on July 1.
6. The state website will be checked every year on July 1.
7. No training was necessary.
8. The administrator or [REDACTED] designee will check the website annually on July 1 or if notified by the department of an update.

Licensee's Proposed Overall Completion Date: 07/07/2026

Implemented [REDACTED] - 09/03/2026)