

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MILTON DEVELOPMENTAL SERVICES, INC.

LEGAL ENTITY

To operate MILTON DEVELOPMENTAL SERVICES

NAME OF FACILITY OR AGENCY

Located at 58 WALNUT STREET, P.O. BOX 416, MILTON, PA 17847

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 18
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 27, 2010 until March 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **213730**

Robert E. Robinson

ISSUING OFFICER

Kurt V. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 05 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Sandra L. Tristan, Director
Milton Developmental Services, Inc.
Milton Developmental Services
58 Walnut Street, P.O. Box 416
Milton, Pennsylvania 17847

Dear Ms. Tristan:

As a result of the Department of Public Welfare's licensing inspection on January 12, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

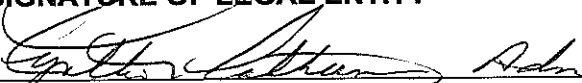
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Milton Developmental Service, 58 Walnut Street, P.O. Box 416, Milton, Pennsylvania 17847		CURRENT LICENSE NUMBER 213730	
INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	The rent rebate portion of the home's contract does not indicate whether home intends to collect a portion of the revenue collected. <i>Original</i>	1-28-10	The rent rebate portion has now been added to all contracts. Future contracts will always be completed to include the rent rebate statement <i>See Attached</i>	<i>As of</i> 3/1/10
RECEIVED				
	FEB 05 2010			

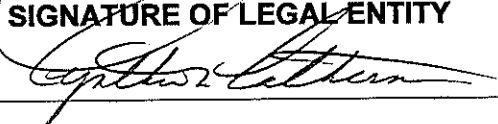
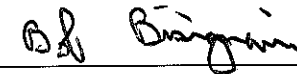
SCRANTON FIELD OFFICE
Adult Residential Licensing


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SIGNATURE OF LEGAL ENTITY 	DATE 2-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION B&B Bisognini	DATE 3/1/10

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64c An administrator shall have at least 24 hours of annual training relating to the job duties.	Administrator C completed 23.5 hours of the required 24 hours of annual training, for the 2009 training year.	2/12/10 12/31/10 12-31-09	Administrator C will complete 0.5 hours of annual approved administrator training for 2009 and provide verification by 2/12/10. The certificate(s) will indicate "For 2009 Training". In addition, administrator will complete 24 hours of approved administrative training for the 2010 training year and provide documentation by 12/31/10. <i>See attached- requirement of 24 training had been met as of 12-31-09. Included with this response are all verifications, and times of trainings which were completed.</i>	AOK 3/1/10

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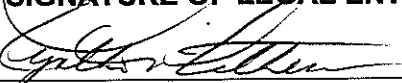
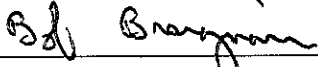
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85a Sanitary conditions shall be maintained.	The oven in the main kitchen had a thick crusty burnt surface on the bottom of the oven that was approximately ¼ inch thick of burnt substances.	1-25-10	The oven has been cleaned. Kitchen personnel will ensure oven's cleanliness and sanitary condition by performing cleaning on a regular basis, Monthly OR MORE as necessary see attached	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/11/10  Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Cynthia L. Lethbrun, Admin</i>	DATE 2-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brangrinn</i>	DATE 3/11/10


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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The facility 's two rear exit routes, one used as a fire exit/egress route from the second story to the public alley and one that is a fire exit at the rear of the building through the storage area, did not have hand rails. Both exists have a high step down leading from the exit into the alley away from the building.	1-27-10	Rear exit routes now have well secured Hand Bars in place Each exit will have a well secured Handrail to ensure safety. see attached	3/11/10 ATO H

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The two bedroom suits located on the 3 rd floor front of the building one on the left of the building containing 2 beds and one on the right of the building 2 beds did not have lighting accessible from the bed.	1-27-10	Light sources that can be turned on/off at Bed-side are now in place Left side lighting has been added Right side - additional lighting has been installed Housekeeping staff will make frequent checks to ensure each resident has a light source available at bedside See attached items	AOK 3/1/10

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	Sleeping hour fire drills are being routinely conducted by the home at the same time. The fire drill record lists sleeping hour drills as being conducted as follows: <table border="0"> <tr> <td><u>Date</u></td> <td><u>Time</u></td> </tr> <tr> <td>3/27/09</td> <td>11:30pm</td> </tr> <tr> <td>9/09/09</td> <td>11:30pm</td> </tr> </table>	<u>Date</u>	<u>Time</u>	3/27/09	11:30pm	9/09/09	11:30pm	1-25-10	An additional sleep time fire drill was conducted on 1-25-10. All Future Drills will be held at various times by the Administrator see attached	AOK 3/1/10
<u>Date</u>	<u>Time</u>									
3/27/09	11:30pm									
9/09/09	11:30pm									

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141b-1 A resident shall have a medical evaluation at least annually.	Resident # 1, admitted 11/28/08, did not have an annual medical; the last medical evaluation was completed on 12/1/08.	2-2-10	The medical evaluation is now completed for this resident. The medical coordinator has completed a listing of individual Annual due dates to ensure dates are met timely on an Annual basis See attached	3/1/10 Bob B.

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144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	On the second and third floor porches used as designated smoking areas were found large food cans used for smoking receptacles. The cans were filled and overflowing with discarded cigarette butts. The second floor roof membrane had numerous cigarette burns that were evidence that the residents are tossing burning cigarettes onto the roof and not discarding smoking material correctly. No fire extinguishers were located out on the second and third floor porches.	1-14-10	The smoking on the porches of this building has been discontinued. The smoking policy has been revised to allow smoking only in the designated front outside area only. All staff AND residents are informed of this updated revision. see attached	AOL 3/1/10

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144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home was storing upholstered furniture that it was planning to discard on the second floor porch near to an area that is a designated smoking area. The furniture did not have tags indicating that it is fire resistant. Resident #2 was observed smoking next to the door for egress from the second floor.	1-14-10	The Smoking policy has been revised with smoking permitted only in Front outside designated Area only. All staff and residents have been notified of this change See attached.	3/1/10 AOK

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	The medication administration training documentation for direct care staff member B is incomplete. The staff person was initially trained on 3/26/07 and should have completed their initial annual practicum by 3/26/08 and their first annual practicum by 3/26/09. The staff persons training record included three Initial Annual Practicum forms for 2007, 2008 and 2009. The initial annual practicum form for 2007 did not include the student pass date and was not signed by the trainer. The initial annual practicum forms for 2008 and 2009 were incomplete as they did not include all of the required medication administration observations. Staff person B is no longer qualified to pass medications and must take initial training over again.	1-22-10	Staff member B has been retrained. The full term ANNUAL dates will always be observed with all required information completed and included. The medication adm. TRAINER will coordinate this training and remain within the specified guidelines to ensure each trained staff person maintains compliance with current med adm requirements and standards.	AOH 3/1/10

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FEB 05 2010

SCRANTON FIELD OFFICE
 Adult Residential Licensing