



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: November 30, 2011**

Mr. John Bulman, VP, COO  
Milestones, Inc  
614 North Easton Road  
Glenside, Pennsylvania 19038

RE: Milestones, Inc./626 Easton Road  
626 Easton Road  
Glenside, Pennsylvania 19038

Dear Mr. Bulman:

As a result of the Department of Public Welfare's licensing inspection on June 10, 2011 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.

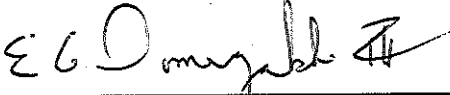
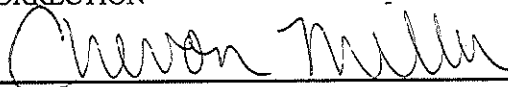
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Chevon Miller  
Regional Licensing Administrator

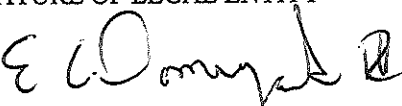
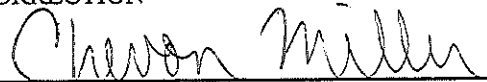
Enclosure(s)  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MILESTONE INC 626 EASTON ROAD, 626 EASTON ROAD GLENSIDE, PA 19038		CURRENT LICENSE NUMBER 128320	
INSPECTION DATES (Include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 9-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/12/11

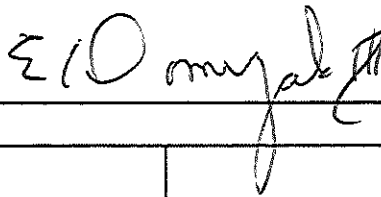

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 8/10/11 Department Representatives interviewed staff person A in regards to the incident that occurred on 7/28/11 when the home's laundry room filled with smoke. Staff person A stated that the lint trap of the dryer was filled with lint at the time the dryer began to smoke.		Staff will immediately check the lint trap after a resident does their laundry. Each staff on shift will be responsible for checking the lint trap. The change was made on 7/28/11. Staff will be notified and a sign off sheet will be posted above the dryer. The Assistant Program Director will check the sign off sheet weekly to make sure staff are following the guidelines and will check the trap once or twice a week. A review of the new procedures will be provided on September 6 <sup>th</sup> + 8 <sup>th</sup> , 2011 with all staff members.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable                      11/12/11                      Date <span style="float: right;">Initials (DPW)</span> </div>


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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	<p>On 8/10/11 Department Representatives observed an accumulation of lint behind the home's dryer. A layer of lint approximately a 1/4 inch thick was observed along the back of the dryer, on the vents and hoses of the dryer and along the top of the radiator located behind the dryer.</p> <p>Outside of the home, Department Representatives observed where the dryer vent leads. The vent leads to a grated area outside of the home. Department Representatives observed a ball of lint approximately the size of a softball, small pieces of paper and tissue pieces as well as dried leaves and yard debris accumulated in the grated area.</p>		<p>The lint from the internal and external duct work and vent duct will be cleaned quarterly. The facilities maintenance person will be responsible. Operations Director was notified immediately following the incident and had maintenance clean out the duct work at that time. Also, on 8/16/11 an outside vendor was brought in to do a professional cleaning of vent systems. The change will be made by the new dryer maintenance schedule. Facilities Director implemented instructions for new dryer maintenance and a quarterly sign off sheet. Facilities Director met with maintenance staff on 8/15/11 to review new dryer maintenance schedule.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11/13/11 Date Initials (DPW)</p>

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107a The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.	On 7/28/11 at 3:30pm resident #1 reported to staff person A that the home's dryer was smoking. Staff person A observed the laundry area filled with smoke. Staff person A did not call 911 or evacuate the residents to the designated meeting place outside of the home. The home's emergency preparedness plan states in the event of fire, "At the first warning sign, either alarm, smoke etc. of fire, evacuate all residents immediately to the designated meeting place. If not a warning from alarm, call 911 immediately." Staff person A did not follow the home's emergency preparedness plan.		All staff will follow the emergency preparedness plan for municipality. The Program Director will be responsible for all staff old and new that they are trained properly and follow the emergency preparedness plan. The change was made immediately on 8/10/11. Program Director will review the emergency preparedness plan on a periodic basis. Staff will be required to attend emergency preparedness and disaster training annually. On September 6 <sup>th</sup> and 8 <sup>th</sup> , 2011 in the monthly staff meeting the Assistant Program Director will review all fire safety procedures.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">11/12/11 Date</p> <p style="text-align: center;"> Initials (DPW)</p>