

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate MILTON DEVELOPMENTAL SERVICES II

Located at 60 WALNUT STREET, P.O. BOX 416, MILTON, PA 17847

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 24  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from January 19, 2012 until January 19, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202150

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

FEB 03 2012

Ms. Sandra L. Tristan, Director  
Milton Developmental Services, Inc.  
Milton Developmental Services  
60 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 November 30, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

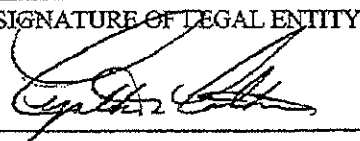
Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME MILTON DEVELOPMENTAL SERVICES II, 60 WALNUT STREET P O BOX 416 MILTON, PA 17847		CURRENT LICENSE NUMBER 202150	
INSPECTION DATES (Include all dates of the inspection) 11/30/2011		REGIONAL REPRESENTATIVE Anne Graziano	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cynthia Catherman, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 1-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskulych</i>	DATE 1-13-12

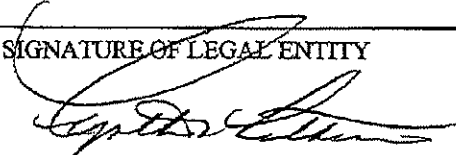
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	<p>On the morning of Wednesday, September 8, 2011 the home was notified that the West Branch of the Susquehanna River was expected to crest several feet above flood stage in the coming few hours. The home evacuated to Camp Laurel in Mifflinburg. The home's policy states they will file a reportable incident to the NE Regional Office in the event of the occurrence of a reportable incident. The home also contacted the Personal Care Home Hot line for technical assistance regarding this event and was advised to submit a reportable incident.</p> <p>The home failed to submit a reportable incident for the emergency relocation of residents and staff based on a natural disaster.</p> <p>Repeated Violations: 08/30/2010</p>	1-2-12	<p>The Facility has A written plan on the Prevention, Reporting, Notification, Investigation and management of reportable incidents and conditions. It is understood that at the onset of Any situation causing the implementation of the Facility Emergency Preparedness plan constitutes A reportable incident. Failure was due to cancellation of the need to Relocate. The Administrator is and will Be responsible for timely reporting</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 1-13-12 Initials (DPW): AA</p>

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		DATE 1-13-12


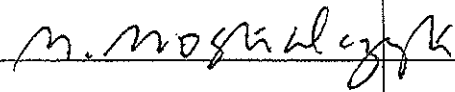
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16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	The home failed to submit a reportable incident for the emergency relocation of residents and staff based on a natural disaster. On the morning of Wednesday, September 7, 2011 the home relocated to Camp Laurel in Mifflinburg due to flooding along the West Branch of the Susquehanna River. The home failed to submit an incident report, despite contacting the PCH Operator Hotline and being advised to do so.	1-2-12	An Unusual Incident Report is now filed for the reportable incident of Wed. Sept. 7, 2011 regarding implementation of the Emergency Preparedness Plan and Relocation of Residents and Staff. Incident Reports will be filed timely and in accordance with the facility policy. The Administrator is responsible to ensure compliance.	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p> </div>

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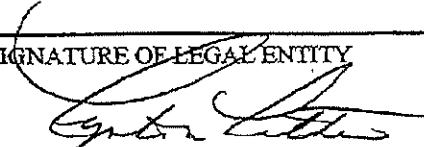

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25c1 Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	<p>The contract for resident# 1, has a contract dated 08/25/2006. The PNA amount listed on the contract is for \$60 and has not been updated since January 2009 when the PNA amount increased to \$85 per month.</p> <p>This resident actually receives a different amount of money from the state of New Jersey which is \$40 per month and that amount is not correctly reflected in the resident contract or any subsequent amendment.</p>	12-1-11	<p>An Addendum reflecting the correct correct amt. of PNA is now part of the resident contract.</p> <p>Anytime the amt. of PNA received is inconsistent with the stated amount on the contract, an addendum will be completed.</p> <p>The Financial Coordinator will be responsible to notify the Administrator who is ultimately responsible for the resident contract and content of.</p>	MM 1-12-13

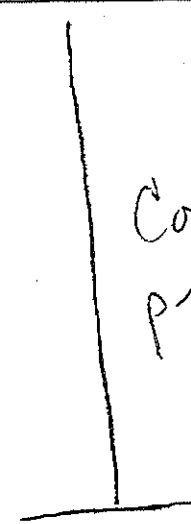
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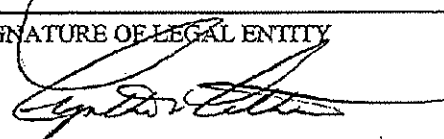
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	All direct care and ancillary staff did not receive training in Fire Safety or Emergency Preparedness for the Training Year of 2010.	8-11-10	The Record of TRAINING Verification HAS been located, All staff persons have received Fire Safety and Emergency Preparedness TRAINING for the year 2010. The Administrator is responsible for staff training, content and the coordination of	Steps have been taken to correct violation, full compliance is not verifiable Date: 1-12-13 Initials (DPW): MGD

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		Cont. 8-11-10	 Cont. from previous page	

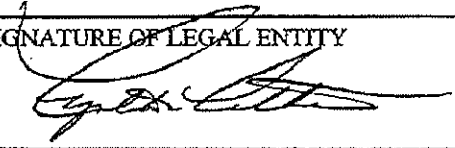
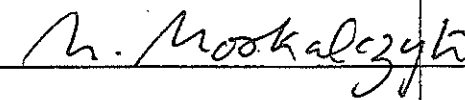
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Annual medical evaluations for the following residents all have attachments that are not signed and dated by the physician on the same date as the medical evaluation:  Resident # 1 med eval dated 09/30/11 medication section left blank, MARs not signed or dated by pcp  Resident # 2 med eval dated 08/29/11 medication section left blank, MARs not signed or dated by pcp  Resident # 3 med eval dated 11/16/11 medication section left blank, MARs not signed or dated by pcp	12-2-11  12-2-11  12-2-11	For Future Annual Medical Evaluations the medical Coordinator will ensure all attachments to the physical are signed by the attending physician, physician's Assistant, or nurse practitioner before leaving the physicians office. Upon return to the facility, the Medical Coordinator will recheck the completed forms for accuracy and all areas have been signed and dated. This will include all attachments that	Steps have been taken to correct violation; full compliance is not verifiable Date Initials (DPW)

P. 8  
 E. J. Reynolds, Accountant 570-742-6158  
 Jan 12 2012 5:52PM

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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.		12.2.11	(Cont. From previous page) have been included. The medical coordinator will be responsible for accurate completion, and file in the resident record.	