

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MILESTONES, INC.

LEGAL ENTITY

To operate MILESTONES, INC./2538 GYPSY LANE

NAME OF FACILITY OR AGENCY

Located at 2538 GYPSY LANE, CHELTENHAM TOWNSHIP, PA 19038

(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 4
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 July 22, 2012 until July 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128340**

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

JUN 18 2012

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

RE: Milestones, Inc./2538 Gypsy Lane
2538 Gypsy Lane
Cheltenham, Pennsylvania 19038

Dear Mr. Bulman:

As a result of the Department of Public Welfare's licensing inspection on May 25, 2012 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 "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12834 - 05/25/2012 - McHale, Christine
 PCH Name: MILESTONES INC 2538 GYPSY LANE

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2. DESCRIPTION OF VIOLATION

On 5/9/12, a medication error involving resident #1 occurred. The home did not submit an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.16c. The home will report medication errors to the Department's Personal Care Home regional office within 24 hours in a manner designated by the Department. The change will be made effective immediately. The Residential Advisor or the Program Director will complete and fax the incident report to the Personal Care Home regional office. The Program Director will review regulation 2600.16c at the staff meeting on June 12th and 14th. The Program Director will complete periodic reviews of MARS to ensure incident reports were completed and sent to the regional office.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/18/2011

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ed Domralski

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ed Domralski, Operations Director

Date

6/6/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/11/12
 (Date)

Verification of Legal Entity Representative Signature

6/11/12
 (Date)

The above plan of correction was approved by

EDM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12834 - 05/25/2012 - McHale, Christine
 PCH Name: MILESTONES INC 2538 GYPSY LANE

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2. DESCRIPTION OF VIOLATION

On 5/25/12, at 1:00 pm, the water temperature at the sink in the first floor bathroom measured 122.3 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

89 b. The water temperature will not exceed 120° F. The change was made effective on 5/25/12, the day of the inspection by the maintenance department. An assigned Residential Advisor will check the water temperature two times a month and the Program Director will check the temperature monthly. If the water temperature exceeds 120° F, the Residential Advisor will notify the Program Director immediately. The Program Director will contact the maintenance department immediately to adjust the water temperature. The Program Director will review the regulation 2600.89b at the staff meeting on June 12th and 14th.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

E. Domrzałski

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ed Domrzałski, Operations Director

Date 6/6/12

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 (Date)

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6/11/12
 (Date)

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- Not Implemented

The above plan of correction was approved by

EDM
 (Initials)

Violation Report: 12834 - 05/25/2012 - McHale, Christine
 PCH Name: MILESTONES INC 2538 GYPSY LANE

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. DESCRIPTION OF VIOLATION
 The exterior step at the front door to the home, do not have a handrail.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 93a. Each ramp, interior stairway and outside steps will have a well secured handrail. A maintenance request was submitted on 5/29/12. The handrail will be installed at the front on 6/7/12. by the maintenance department. The head Residential Advisor and Program Director will periodically make certain all ramps, interior stairways and outside steps have a well-secured handrail. All staff will be trained on June 12th and 14th to check for handrails each month.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ed Domralski*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ed Domralski, operations Director</i>	Date <i>6/6/12</i>
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The above plan of correction is approved as of <i>6/11/12</i> (Date)	Verification of Legal Entity Representative Signature <i>6/11/12</i> (Date)
The above plan of correction was approved by <i>EDM</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12834 - 05/25/2012 - McHale, Christine
 PCH Name: MILESTONES INC 2538 GYPSY LANE

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been submitted to the municipal emergency management agency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

107d. The written emergency procedures will be reviewed, updated and submitted annually to the local emergency management agency. The homes written emergency procedures were submitted to Chellenham Township Emergency Management on 6/4/12. The Program Director will review, update and submit the homes written emergency procedures in January of each year. The Program Director will review with staff the importance of the home's written emergency procedures on June 12th and 14th.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ed Domrealster, Operations Director

Date 6/6/12

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6/11/12
 (Date)

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6/11/12
 (Date)

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EDM
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12834 - 05/25/2012 - McHale, Christine
 PCH Name: MILESTONES INC 2538 GYPSY LANE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

Resident #1 has an order for tylenol 325 mg as needed. This medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

185a. The home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. The change was made immediately on 5/25/12. The Residential Advisors were trained on the importance of completing medication checks on each shift on 5/25/12. The Residential Advisor on each shift will complete a medication check to ensure all prescribed medications are present, the pharmacy or doctor will be contacted immediately if medications need to be refilled or a new script is needed. The Program Director will periodically complete medication checks to ensure all ordered medications are present.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *E. Domrzdalski*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ed Domrzdalski, Operations Director* Date *6/6/12*

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 (Date)

Verification of Legal Entity Representative Signature 6/11/12
 (Date)

The above plan of correction was approved by EDM
 (Initials)

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- Not Implemented

Violation Report: 12834 - 05/25/2012 - McHale, Christine
 PCH Name: MILESTONES INC 2538 GYPSY LANE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed OysterCal D and Gabapentin. On 5/9/12 at 8:00 am these medications were not administered to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 187.d. The home will follow the directions of the prescriber. The change will be made immediately. All prescribed medications will be administered at the prescribed times. All staff will receive a review and will be trained on the 15 steps of medication administration on June 12th and 14th at the staff meeting, provided by the Program Director. The Program Director will review regulation 2600.187d at the staff meeting on June 12th and 14th.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/10/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *E. Domrzdowski*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ed Domrzdowski, Operations Director* Date *6/6/12*

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