

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

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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 June 14, 2013 until June 14, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 213730

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 14 2013

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 (Department) licensing inspection on December 12, 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 Human Services 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: MILTON DEVELOPMENTAL SERVICES		License Number: 213730
Address: 58 WALNUT STREET P O BOX 416, MILTON, PA 17847		County: Northumberland
Administrator: Cynthia Catherman		Region: NORTH
Legal Entity Name: MILTON DEVELOPMENTAL SERVICES INC		
Legal Entity Address: P.O. BOX 416, MILTON, PA 17847		
Certificate(s) of Occupancy		
LP 01/18/1980 Department of L&I	I-1 05/08/2008 Borough of Milton	
Staffing Hours		
Resident Support:	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/12/2012: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18	Number of Residents who:	
Number of Residents Served: 17	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 7	
Area:	Have Mental Illness: 7	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 17	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2800

2800.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home's Certificate of Boiler or Pressure Vessel Operation for the home's Hartford Steam Boiler expired on 12/1/12. On 10/31/12 the Department of Labor & Industry inspected the boiler and determined the equipment does not comply with the laws and regulations of the Commonwealth of Pennsylvania. On 11/26/12 the home received a letter from The Department of Labor and Industry. The letter states the required repairs must be made to the boiler within thirty days from the date of the letter. A new Certificate of Operation will not be issued until the repairs are completed.

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.

Attempts for Re Certification on timely basis had been made with initial inspection completed 10/31/12. Upon receipt of the letter the required upgrades were completed timely with the acknowledgement returned. A representative from (L & I) the Boiler division must come to verify and approve and a certificate will then be issued. The certificate will be forwarded upon receipt.

Adm will fax a copy of the new boiler certificate to the NE Regional office when it is received. *QP*
3/29/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gytha Catbourn, Adm* Date *2-8-13*

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

The above plan of correction is approved as of 3/29/13 (Date) Plan of correction implementation status as of 3/29/13 (Date)

The above plan of correction was approved by *QP* (Initials)

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

Violation Report: 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2680
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION
The contract dated 6/20/12 for resident #1 is not signed by the payer.

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.

If the payee is different from the resident, and if the resident agrees, the contract will be signed by the payer. The contract dated 6/20/12 is now signed by the payer (and designated person) per regulation requirement.

The Administrator will ensure All future contracts will include required signatures as specified.

Adm or designee will audit all contracts to ensure compliance.

 3/29/13

Repeat Violation: No Date(s) of Previous Violation(s):


Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cynthia M. Catherman, Adm Date 2-8-13

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The above plan of correction is approved as of 3/29/13
(Date)

Plan of correction implementation status as of 3/29/13
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented
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Violation Report: 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 5/18/12. Staff person A has been providing unsupervised care to residents in the home since the staff person's hire date. The home did not complete a Pennsylvania State Police Criminal History Background Check until 10/31/12.

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.

All future newly hired staff will be required to pay the fees for required Criminal History and Background checks as deposit. Upon successful and permanent employment this fee will be returned to them.

The Criminal History requests will be completed and mailed during the Employee orientation period.

The Administrator is responsible for all required information to be completed and contained in the Employee Record

Admin or designee will audit all existing employee records in order to insure full compliance.

[Signature] 3/29/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 2-8-13

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Plan of correction implementation status as of 3/29/13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
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Violation Report: 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry,
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 5/18/12. The home does not have documentation of a High School Diploma, GED Diploma or verification of staff person A's active registry on the Pennsylvania Nurse Aide Registry.

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.

It is understood that valid verifications must be contained in the employee record. The high school was contacted on 12/12/12 and the transcript was sent directly to the facility for verification purposes. All future employees will present required verification of qualifications during the initial orientation to ensure proper qualifications are met to fulfill job responsibilities and position.

The Administrator is responsible to ensure all required information per regulation is contained in the employee record.

Adm or designee will audit all existing employee records to insure compliance. *[Signature]* 3/29/13

Repeat Violation: No (Date(s) of Previous Violation(s):)

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia M. Callahan, Adm.* Date *2-8-13*

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The above plan of correction is approved as of 3/29/13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 3/29/13 (Date)

- Fully Implemented
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Violation Report 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 12/12/2012 at 1:15pm Department Representatives observed the home's clothing dryer located on the third floor. Department Representatives observed a heavy accumulation of lint, approximately 1/2 inch thick, accumulated in the lint trap.

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.

The importance of regular lint removal from the lint trap of the dryer is certainly understood. Staff have been instructed, as well as those individual residents who use the dryer, of the necessity of routine lint removal AFTER each load of clothing is removed from the dryer. A notice has been posted to serve as directive for this process. House Keeping as well as maintenance staff are responsible for the regular safe upkeep. The Administrator will make periodic checks to verify occurrence.

A checklist will be developed and implemented. Lint traps will be checked daily. The staff person measuring compliance will initial and date the form. These forms will be retained by the home and provided to the Department upon request. *OP* 3/29/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/07/2012

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia M. Colthron, Administrator* Date *2-8-13*

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The above plan of correction is approved as of 3/29/13
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 3/29/13
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's most recent fire drill conducted during sleeping hours was held on 11/30/12 at 5:30am. The previous fire drill conducted during sleeping hours was conducted on 4/24/12 at 11:45pm, which is more than six months prior to the most recent sleeping hours drill. A fire drill is required during sleeping hours at least once every six months.

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.

To ensure this requirement is met timely, fire drills during sleeping hours will always occur the months of April and October on a regular basis. With this timeline established, calculation errors will not occur, and ensure timely sleep hour drills every 6 months.

The Administrator is responsible for conducting timely drills as mandated by this regulation.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine M. Cashman, Administrator* Date *3/29/13*

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The above plan of correction is approved as of 3/29/13
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 3/29/13
(Date)

- Fully Implemented
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Violation Report: 21373 - 12/12/2012 - Huramel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the facility on 4/5/12. The home has not completed a medical evaluation for resident #2.

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.

Medical Coordinator, Debra Cogan, did not realize the documentation of Medical Evaluation (CME) was not attached to the MAST that was performed on Resident #2 (RW) prior to his admittance to our facility on 4/5/12. This was corrected by Medical Coordinator on 12/12/12, date of inspection, via facility fax to the attending physician, who, in turn, faxed the requested information regarding Resident #2.

In the future, when a new resident is admitted to our facility, the Medical Coordinator will examine all the medical evaluations completed for the new resident to ensure the proper papers are completed, dated, and signed according to Regulation 141(a)(1). Adm or designee will review all current resident records to insure compliance. CP. 3/29/13

Repeat Violation: No / Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) / Date 2-8-13

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The above plan of correction was approved by (Initials)

Violation Report: 21373 - 12/12/2012 - Hummel, Jesse
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Codo §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Advair Diskus 500/50. One puff two times daily for wheezing. The package of medication was not dated with the date it was removed from the foil packaging. The manufacturer's instructions indicate discard any unused portion of medication 30 days after removing the medication from the foil packaging. Because the medication was not dated when opened it can not be determined if the medication has expired.

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.

Since the violation was noted on 12/12/12, medical coordinator is now aware of dating the Advair Diskus the day it is opened for dispensing and marking the date (30 days after opening) the diskus is to be discarded. A new request will be timely sent to pharmacist to ensure it will arrive when needed to dispense. See attachment and notice when pouch 1/13 opened and use by: 2/11/13

Adm or designee will conduct a full audit of home's medications to insure current compliance. Ongoing compliance should be attained by monthly reviews going forward. CF. 3/29/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Date 2-8-13

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