



JUN 05 2014

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

RE: Milton Developmental Services
License #: 213730

Dear Ms. Tristan:

As a result of the Department of Public Welfare's licensing inspection on April 2, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2014 to June 14, 2015 was issued on May 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is stylized and includes a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

**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: Cindi Cefherman		Region: NORTHEAST
Legal Entity Name: MILTON DEVELOPMENTAL SERVICES INC		
Legal Entity Address: P.O. BOX 416, MILTON, PA 17847		
Certificate(s) of Occupancy		
I-1 12/29/2009 Bor of Milton	LP 11/08/1980 L&I	other 05/06/1980 L&I
Staffing Hours		
Resident Support: NA	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/02/2014: Patton, Leslie		
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 Served: 15 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 10 Are 80 Years of Age or Older: 7 Have Mental Illness: 6 Have an Intellectual Disability: 15 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21373 - 04/02/2014 - Patton, Leslie
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
A resident-home contract was not developed for resident #1 who was admitted to the home on 7/10/13.

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.

A resident Home Contract is now in place for resident #1. Prior to Admission OR within 24 hrs After Admission a resident home contract will always be completed and in place in the resident record. The Administrator is responsible to ensure this occurs within the specified time period. This will also be reviewed by the program Director to ensure compliance.

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. Cathers, Administrator Date 5-9-14

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

The above plan of correction is approved as of 5/16/14
(Date)

Plan of correction Implementation status as of 5/16/14
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 21373 - 04/02/2014 - Patton, Leslie
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2800
2800.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A, who is the administrator, completed 14.5 hours of the required 24 hours of training during the 2013 training year.

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.

TRAININGS have been scheduled and will be completed by June 13, 2014. All certificates will be forwarded to the department on this date to verify the completion of the required 24 hr training for the 2013 training year. The Administrator is solely responsible to ensure the mandates of 2800.64(c) is met on an annual basis.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cynthia M. Catherine*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia M. Catherine, Admin* Date: *5-9-14*

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 21973 - 04/02/2014 - Patton, Leslie
 PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION
 The temperature of the water from the sink in the bathroom located next to room #2 had a temperature reading of 90.5 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.

On the date of inspection the water temp was found to be at an unacceptably low temp. It was later discovered that emergency shutoff switch (required by Labor & Industry and located in the General Hallway outside of the boiler room) was in the OFF position. This switch effects the boiler as well as the hot water supply. A cover was purchased and installed to resolve the problem of future accidental shutOFF. The building maintenance staff are required to maintain compliance with this regulation. Water temp continues to be monitored by both maintenance as well as the adm on a regular basis.

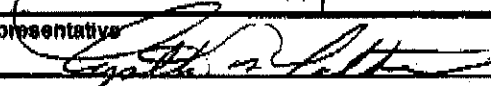

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia M. Catherman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia M. Catherman Adm* Date *5-9-14*

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The above plan of correction is approved as of <u>5/16/14</u> (Date)	Plan of correction implementation status as of <u>5/16/14</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21373 - 04/02/2014 - Patton, Leslie PCN Name: MILTON DEVELOPMENTAL SERVICES	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.	
2a. DESCRIPTION OF VIOLATION Two of the three residents in room #1 did not have a bedside table. Three of the four residents in room #2 did not have a bedside table. Two of the three residents in room #4 did not have a bedside table. Both of the residents in room #5 did not have a bedside table.	
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.	
<p style="font-size: 1.2em;"> Bedside tables have been purchased and in place beside each bed for use. As some of the rooms have limited space due to other excessive furniture the residents are desiring, such as desks, TV stands, Footlockers etc., wooden folding tables were purchased so that they can easily be accessed Directly from each bed as desired And required by this regulation Housekeeping is responsible to ensure each resident maintains a table beside their bed for use. Periodic monitoring by the Adm will occur to ensure compliance is maintained. </p>	
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) <i>Cynthia M. Catron, Adm</i>	Date <i>5-9-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by <u></u> (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: 21373 - 04/02/2014 - Patton, Leslie
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following items located in the middle freezer in the food storage room were not dated when frozen:
(9) 5 pound packages of ground beef
(3) boxes of 24 individual servings of ham and potato pie

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 items will be dated by the date they are placed in the freezer and not kept or used after a 6 month period regardless of packaging expiration date contained on the food.

This was corrected at the time of inspection. The dietary staff are responsible to comply with this regulation. Periodic checks by the Administrator will be made to ensure compliance is maintained

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. Calhoun, Admin* Date *5-9-14*

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Plan of correction implementation status as of 5/16/14
(Date)

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(Initials)

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Violation Report: 21373 - 04/02/2014 - Patton, Leslie
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code 52600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 7/19/13. The Preadmission Screening (dated 5/10/13) was completed more than 30 days prior to admission to the home and was therefore not completed in a timely manner.

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.

Resident #1 Admission was unexpectedly delayed several times by the agency providing services at that time, and the date eventually extended to 7/19/13. A new screening, as required, had NOT been completed as the time frame had been overlooked. A FUTURE Admissions, At the time just prior to Admission will be checked to ensure that the pre Admission Screening date falls within the required 30 day period. This paperwork review will be completed by the Adm as well as the program director to ensure compliance. NO New Admissions have been accepted to date to verify this compliance.

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)

Cynthia M. [unclear] Adm

Date

5-9-14

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