



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 1 1 2014

Mr. John Bulman, VP/COO
Milestones, Inc.
300 Welsh Road, Building 4, Suite 100
Horsham, Pennsylvania 19044

RE: Milestones, Inc./2538 Gypsy Lane
2538 Gypsy Lane
Cheltenham Township, Pennsylvania 19038
License #: 128340

Dear Mr. Bulman:

As a result of the Department of Public Welfare's licensing inspection on April 28 and June 11, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period July 22, 2014 to July 22, 2015 was issued on April 21, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

Violation Report: 12834 - 04/28/2014 - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Bu/APAP/Caf Tab 50-325-40 mg and Tramadol 50 mg, both medications as needed. On 4/28/14, these medications were not present 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.

ALL MEDICATIONS WILL BE ON SITE AND AVAILABLE TO RESIDENTS
 THE CHANGE WAS MADE IMMEDIATELY ON 4/28/14 BY THE PROGRAM
 DIRECTOR. ALL STAFF MEMBERS ARE REQUIRED TO COMPLETE A
 MEDICATION CHECKLIST AT LEAST TWO TIME WEEKLY ON THEIR
 SHIFT. THE PROGRAM DIRECTOR WILL ENSURE STAFF ARE COMPLETING
 MEDICATION CHECKS TWICE A WEEK BY REVIEWING THE MEDICATION
 CHECKLIST AND COMPLETING HER OWN MEDICATION CHECK
 MONTHLY. ALL STAFF MEMBERS WERE REQUIRED TO REVIEW THE
 REGULATION VIOLATION ON 4/28/14 AND REVIEWED IT AGAIN
 ON THE DAY THEY RECEIVED A DISCIPLINARY ACTION FOR
 NOT COMPLETION THEIR MEDICATION CHECKS.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Ed Domozalski III OPERATIONS DIRECTOR Date 5/27/14

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

The above plan of correction is approved as of *6/11/14*
 (Date)

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

Plan of correction implementation status as of *6/11/14*
 (Date)

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