



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2015

Mr. John F. Bulman, Vice President/COO
Milestones Community Healthcare, Inc.
300 Welsh Road/ Building 4, Suite 100
Horsham, Pennsylvania 19044

RE: Milestone, Inc./626 Easton Road
626 Easton Road
Glenside, Pennsylvania 19038
License #: 128320

Dear Mr. Bulman:

As a result of the Department of Human Services' licensing inspection on December 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 March 25, 2015 to March 25, 2016 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director _{SH}

Enclosure
License Inspection Summary

Violation Report: 12832 - 12/02/2014 - McHale, Christine
PCH Name: MILESTONES INC.

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident # 1 does not include diagnosis or purpose for Omeprazole 20mg, Warfarin 2mg, Prozac 10mg, Hydroxyzine pamoate 25mg, Fluoxetine 20mg, Warfarin 4mg, and Catapres 0.2mg.

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 medication administration records will include the diagnosis or purpose. The change was made immediately by the program director. The program director obtained the medication purposes from Salisbury Behavioral Health's nurse. The program director will review the medication administration records at the end of each month for the upcoming month to ensure the purposes are written for each medication. All staff were reminded that they must write in a missing diagnosis or purpose after obtaining it from the prescribing doctor or Salisbury Behavioral Health's nurse. Effective immediately, a medication checklist will also be completed daily by all residential advisors. The purpose of medications is listed on the checklist.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *12/30/14*

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

The above plan of correction is approved as of 1/16/15 (Date) Plan of correction implementation status as of 1/16/15 (Date)

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

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