



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Ms. Theresa 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 Human Services' licensing inspection on March 25, 2015 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, 2015 to June 14, 2016 was issued on June 10, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

MSH

Enclosure
License Inspection Summary

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

PCH Name: MILTON DEVELOPMENTAL SERVICES		License Number: 21373
Address: 58 WALNUT STREET, MILTON, PA 17847		County: Northumberland
Administrator: CYNTHIA CATHERMAN		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 BOROUGH OF MILTON	C-2 LP 11/08/2015 LABOR AND INDUSTRY	Other 05/06/1980 LABOR AND INDUSTRY
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	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		
03/25/2015: Dumas, Gerald		
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: 14 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: 9 Are 60 Years of Age or Older: 7 Have Mental Illness: 5 Have an Intellectual Disability: 14 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21373 - 03/26/2015 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2800
2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION
4 tan Melmac Coffee cups, used by the residents, are worn with cracks in the seams and blackened with smudge marks on the cups exteriors.

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.

New dishes were purchased to replace worn dishes, and cups. Dishes, glassware, cups, bowls and utensils used by the residents will be checked on a weekly basis and replaced as identified when needed. This will be done by the kitchen personnel every Friday. Items will be replaced if noted, noticed upon immediate need. Adm will monitor to ensure completion.
See attached verification

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. Catheeman* Date *5-14-15*

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

The above plan of correction is approved as of *6-8-15*
(Date)

Plan of correction implementation status as of *6-8-15*
(Date)

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

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

Violation Report: 21373 - 05/25/2015 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600
2600.186(c) - Changes in medication may only be made in writing by the proscriber, or in the case of an emergency, an alternate proscriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
On 3/2/15, staff person G discontinued Eucerin cream (take as directed), for resident # 1 without a physician's order/consent.

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.

Staff person G discontinued the Eucerin cream for resident #1 after conferring with the proscriber via the telephone and staff G was verbally instructed to continue to use the Urea 40% cream which is essentially the same medication only slightly stronger. Thus the reason for staff G making the change and documented it on resident #1's MAR. Staff G did not realize the oral orders may only be accepted by a nurse and staff G was not a nurse.

In the future, any medication changes for an individual be written by the proscriber, and will immediately be placed behind the medical Administration Record of the individual. The change is for. As soon as the proscriber's documentation is received, the individual's MAR will be documented accordingly, as per proscriber's instructions and a copy of the proscriber's order will also be placed in the individual's medical file.

Administrator or Designee will monitor periodically to insure ongoing compliance. ep.
6-8-15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia M. [Signature]* Date *5-14-15*

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The above plan of correction is approved as of 6-8-15 (Date)

Plan of correction implementation status as of 6-8-15 (Date)

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

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Violation Report: 21373 - 03/25/2015 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 56 Pa.Code §2800
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
A medication trainer must be an employee of a personal care home. As per the home's administrator, L, as of 12/2014, the following medication technician staff were trained by a medication trainer who was not employed by a personal care home: Staff person A, staff person B, staff person C, staff person D, staff person E, staff person F, staff person G, staff person H, staff person J and K.

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.

ARRANGEMENTS HAVE BEEN MADE FOR MEDICATION ADM. TRAINING TO BE COMPLETED BY JUNE 1, 2015 FOR ALL STAFF ADMINISTERING MEDICATION. THIS TRAINING WILL BE COMPLETED BY A CERTIFIED TRAINER WHO IS EMPLOYED IN ANOTHER LOCAL PERSONAL CARE HOME. VERIFICATION OF THIS TRAINING WILL BE FORWARDED UPON COMPLETION (to the Dept.)
Currently medication is being administered by employee [redacted] who maintains certification (as she is employed by another local agency and maintains her certification through that agency) and an LPN and RN.
See attached verification

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia D. Catherine* Date *5-14-15*

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