



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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


RE: Milton Developmental Services II
License #: 202150

Dear Ms. Tristan:

As a result of the Department of Human Services' annual licensing inspection on December 2, 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.

Sincerely,


Matthew J. Jones
Director _{SH}

Enclosure
License Inspection Summary

Violation Report: 20215 - 12/02/2015 - Hummel, Jesse
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was found unresponsive on 10/31/15 at approximately 12:30pm. The police department and local EMS responded to the home. The home did not submit an incident report to the Department until 11/2/15.

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 unusual incidents will be reported within the specified 24 hr. report mandate. The Choking and Hospitalization of 10/31/15 was reported on 11/2/15, 48 hrs beyond the mandated time frame. Resident #2 was pronounced dead on 11-4-15. At that time an immediate notification was made to the department (DHS), meeting the specified time.

All future incidents occurring as outlined & specified by regulation 2600.16c and Appendix A will be reported timely. The Administrator is ultimately responsible to ensure compliance of timely reporting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia M. Catherman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia M. Catherman, Adm.</i>	Date <i>2/11/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/23/16</u> (Date)	Plan of correction implementation status as of <u>2/23/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 20215 - 12/02/2015 - Hummel, Jesse
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

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

Ancillary staff person A was hired and began performing job duties which included having unsupervised access to resident rooms on 1/15/16. The facility did not complete a Pennsylvania Criminal History Background Check to determine that the staff person was not convicted of a prohibitive offense under the Older Adult Protective Services Act until 3/19/15. A conviction of a prohibited offense would prohibit the staff person from working within a Personal Care Home.

It was also determined that staff person A has not resided in Pennsylvania for two years prior to the staff person's date of hire. The facility failed to also complete an FBI Federal Criminal History Background Check.

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.

An FBI Criminal history background check is now completed for staff person [redacted]. All future newly hired staff persons who have not resided in Pennsylvania for at least two years prior to date of hire will obtain all required background checks PA/Fed/FBI, prior to working unsupervised on facility property.

The Administrator will determine the necessary required background checks, obtain and retain documentation to ensure completion and compliance for the safety of our residents.

Once the results for Employee A have been received from the fingerprint review, the home will send a copy of the results to the Northern Regional Office. CP. 2/23/16.

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


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia M. Catheman, Adm.* Date *2-12-16*

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The above plan of correction is approved as of 2/23/16 (Date)

Plan of correction implementation status as of 2/23/16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20215 - 12/02/2015 - Hummel, Jesse
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

During the inspection on 12/2/15 Department Representatives measured the temperature throughout the facility. The common sitting area located next to Room #1 & #2 measured 63.6 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.

The building temp. is preset to 72°. When it was realized that the building temp was dropping and much lower than this regularly maintained temp, the boiler repair service was immediately called, and within hrs had been repaired and the temp. rose to 72°. The indoor temp is always maintained at 2° above the mandated minimal of 70°. Residents, as well as, staff persons are encouraged to report immediately if they feel there is a temp. fluctuation. On duty staff are required to report any problem or suspected problem immediately so that repair/correction can be made.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia M. Callerman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia M. Callerman, Admin</i>	Date <i>2-11-16</i>
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The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/23/16
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Violation Report: 20215 - 12/02/2015 - Hummel, Jesse
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The facility has not submitted their Emergency Procedures to the local Emergency Management Agency as required.

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 emergency Management Policy has been submitted for Annual review. On an Annual basis, the facilities Emergency Management policy will be submitted to the Borough Office for Local officials to review and approve. A copy of this verification will be maintained by the Administrator to ensure timely compliance and maintain efficient procedures in the event of need.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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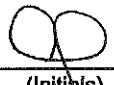
Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina M. Callan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina M. Callan, Adm</i>	Date <i>2-12-16</i>
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Violation Report: 20215 - 12/02/2015 - Hummel, Jesse
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's designated smoking area. Approximately 15 extinguished cigarette butts were located on the ground in the homes designated smoking area:

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 Smoking Safety Policy has been updated and revised to include procedures for daily disposal of extinguished cigarettes in the water cans. The cans are now being encouraged to be kept ~~off~~ on the table tops rather than the ground to prevent being kicked over or knocked over allowing those extinguished cigarettes to litter the ground. This policy change was reviewed with all residents (smoking & non smoking) and all staff persons. Daily monitoring will be completed by the direct care staff and oversight by the Administrator to ensure safety and sanitary conditions.

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. Catherman, Adm.* Date *2-12-16*

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 (Date)

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 (Date)

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 (Initials)

Violation Report: 20215 - 12/02/2015 - Hummel, Jesse
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic;
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that on 11/27/2015 from 11:00pm to 8:00am and on 11/28/15 from 10:00pm to 8:00am the facility did not have any staff person working that was trained in the Department approved Medication Administration Program, therefore the facility did not have any staff qualified to administer medications.

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.

Currently several key staff persons maintain certification in Medication Adm. Those/Any shift that does not include a staff person on property are currently covered by the scheduled and assigned on call person. Staff persons included with this are [redacted] and medical coord. [redacted] for the purpose of Med Adm at the designated time. On Mar 8 staff person [redacted] is scheduled to attend the Medication Adm. training in Centre County. At that time upon completion, additional staff will be trained in this course to cover entire shifts with a staff person present on property at all times in the event a PRN is ordered & necessary & requested by a resident. The current & only PRN user is self administering at this time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cyristina M. Cisternon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cyristina M. Cisternon</i>	Date <i>2-12-16</i>
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The above plan of correction is approved as of _____ (Date) <i>please see p 7 Ag 7</i> The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 20215 - 12/02/2015 - Hummel, Jesse
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1. REGULATION 55 Pa. Code §2600

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- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic;
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

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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.

Supplement:

As staff person [redacted] is currently scheduled for the upcoming TRAIN the TRAINER course on MAR 15, 2016 in Wilkes Barre, PA, she will then train all necessary additional staff so that each Building will have at least one MED tech on duty on every shift.

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 *3-8-16*

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

The above plan of correction is approved as of 3-8-16
(Date)

Plan of correction implementation status as of 3-8-16
(Date)

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

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