



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Sandra L. Tristan,  
Director  
Milton Developmental Services Inc.  
60 Walnut Street, PO 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 October 18, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20215 - 10/18/2016 - Dumas, Gerald  
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted to the facility on [redacted] 15. The resident most recently had a medical evaluation completed on 6/29/16; the resident previously had a medical evaluation completed on 6/4/15, which was more than one year prior.

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.

In the future all residents will have their medical examination evaluation scheduled annually, not to exceed the 15 day grace period. Please see attached future physical examination appointment scheduled for resident #1 on 6/29/17 at 1:50pm with [redacted] PCP.

Resident #1's Late physical examination had been scheduled for Tuesday 6/7/16 at 9:50am, however the PCP had cancelled the appointment due to complications with her pregnancy. Physical Exam appointments require a longer amt. of time allotted and therefore more difficult to get. The next available appointment was taken/scheduled which exceeded grace period.

The medical coordinator is responsible for the oversight and scheduling of medical appointments. Every effort is made to maintain and comply with annual dates.

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

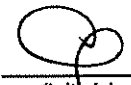
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia M. Callender*      Date *11/25/16*

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

The above plan of correction is approved as of 01-09-17 (Date)

Plan of correction implementation status as of 01-09-17 (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 - 10/18/2016 - Dumas, Gerald  
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

Clotrimazole Cream used topically for resident # 2 expired on 9/23/16.

**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 medication for Resident #2 was in [redacted] medication box, Empty and outdated. The new refill was in the medication box AS well. When found, the empty, expired tube of medication was immediately removed and destroyed in a safe manner on 10/18/16. In the future, when refills are received, the completed and/or outdated medication will be removed and destroyed per regulation 183f. A survey of inventory will be made on a weekly basis in coordination with the weekly docudose delivery to ensure compliance. The medical coordinator will perform this and is ultimately responsible. The Adm will perform occasional checks to ensure compliance.

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. Callahan*      Date *11/23/16*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>01-09-17</u><br>(Date)      | Plan of correction implementation status as of <u>01-09-17</u><br>(Date)  |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |