



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

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' (Department) annual licensing inspection on October 5, 2017 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.

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 - 10/05/2017 - Novak, Ryan
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

Direct care staff person A hired 6/19/17 Pennsylvania State Police Criminal Background Check was completed on 10/3/17.

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.

This staff person had previously worked at MDS and did have a break in employment for several months. A new Criminal History Background Check was completed on 10/3/17, it was completed as it was realized one hadn't been. This was originally an oversight and completed upon file review.

Any/all future rehires will have all necessary and required information completed timely with documentation contained in the employee file in a timely manner.

The Administrator is responsible for this to occur

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) Date 12/11/17

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

The above plan of correction is approved as of 12-18-17 (Date)

Plan of correction implementation status as of 12-18-17 (Date)

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

The above plan of correction was approved by (Initials)

Violation Report: 20215 - 10/05/2017 - Novak, Ryan
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The window in the large bathroom on the first floor had a crack across the top of it with a sharp edge creating a hazard for residents.

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.

Upon finding, the window was repaired immediately. Building checks are currently performed on a monthly basis in an attempt to maintain a safe physical environment for residents.

All staff as well as residents have been asked to report any found or caused damages of items (or breakage) requiring repair.

Staff persons are now required to report any areas needing attention of maintenance directly to the administrator so that anything presenting a clear and immediate danger can be repaired quickly.

The adm is responsible for this to occur as well as scheduling and coordinating repair.

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Violation Report: 20215 - 10/05/2017 - Novak, Ryan
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident room #2, on the 2nd floor, had many electrical devices plugged into an extension cord plugged into a multi electrical outlet, posing a possible fire hazard.

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 multiple plugin situation has been addressed with the resident in Room #2. He is understanding the dangers of this. Multiple plugins have now been removed.

House Keeping AS well AS direct care staff have been made aware of this situation and will address any future issues immediately by either speaking to the resident and removing any additional cords he may have obtained OR notifying the supervisor on duty at that time.

Although Fire Safety is the responsibility of all, the Administrator is ultimately responsible and will complete periodic checks frequently to ensure safety and compliance.

Repeat Violation: No

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(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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Date 12/11/17

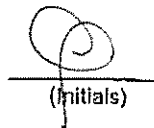
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Violation Report: 20215 - 10/05/2017 - Novak, Ryan

PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident room #2, on the 1st floor, did not have a source of light at bedside.

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.

A mounted light fixture has been installed above this residents bed so that he has an operable light source available to him for use

House keeping is responsible to ensure there is always a light available to each resident and to report any problems.

The adm will conduct periodic checks and inquiries to ensure this occurs and each resident always has a source of light available to them at bedside.

Repeat Violation: No

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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Cynthia M. Coleman, Adm

Date: *12/11/17*

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Violation Report: 20215 - 10/05/2017 - Novak, Ryan
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 home has not reviewed their emergency procedures since the last review on 1/26/16.

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.

Emergency Management Policies and Procedures have now been submitted for a review to the Milton Borough Enforcement office. In the future, on an annual basis, policies & procedures will be submitted on a timely basis to ensure any required updates and revisions are addressed to be included in our facility policy.

The Adm will ensure the submission and any identified revisions are made to those policies. This is solely the responsibility of the Adm

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. Cichman, Adm* Date *12-11-17*

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Violation Report: 20215 - 10/05/2017 - Novak, Ryan
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted on 9/15/16.

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.

A fire safety inspection and drill will be conducted by a fire safety expert on an annual basis with documentation kept on file.

A fire safety inspection and drill has now been scheduled for Dec 13, 2017 with a state code enforcement Agency.

As this has not yet been completed, verification will be sent to the dept upon completion.

The Adm is responsible to ensure timely completion occurs and will schedule future reviews annually.

As per home, inspection has been rescheduled for 12-19-17. The home will submit their documentation of compliance upon completion by the home's fire safety expert once letter is done. C 12-18-17

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Violation Report: 20215 - 10/05/2017 - Novak, Ryan
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The written fire drill record for the fire drill held in September 2017 does not include the day the drill was held.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

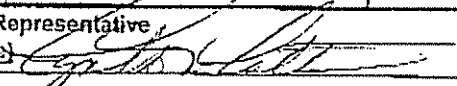
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator is responsible for the complete documentation of all Fire Drills. On 9/21/17, upon completion of our Annual Fire Alarm System inspection performed by Simplex Cornell a drill was also included. At that time documentation was not immediately made on facility documentation record sheet. All future drills will be recorded as performed by the Administrator to ensure all required components are recorded and up to date. This is the responsibility of the Adm

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Cynthia M. Callahan, Adm

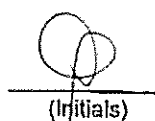
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Violation Report: 20215 - 10/05/2017 - Novak, Ryan
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

A bottle of Ketozazole (Nizoral) shampoo was located in the large 1st floor bathroom with Resident #1's prescription on the bottle. The medicated shampoo was not secured and was accessible to other residents.

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 medications with a prescription label and Residents name on it will be secured in the locked area or container. The staff assisting the resident when using any prescribed and labeled medication will survey the area to make sure it is locked and secured after its use.

The medical coordinator will make periodic checks to ensure compliance.

The Administrator will oversee to ensure ongoing compliance. *cf.*

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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Cynthia M. Callahan, RN

Date

12-11-17

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