



JUN 25 2018

Ms. Sandra L. Tristan  
Director  
Milton Developmental Services Inc.  
PO Box 416  
Milton, Pennsylvania 17847

RE: Milton Developmental Services  
58 Walnut Street, P.O. Box 416  
Milton, Pennsylvania 17847  
License #: 213730

Dear Ms. Tristan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 17, 2018 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", is written over a printed name and title.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21373 - 04/17/2018 - O'Haire, Anne  
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged from the facility on 12-01-17. The home did complete an itemized accounting statement including notification of funds still owed to the home by the resident or a refund owed the resident by the home.

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.

Resident #1 was his own payee and managed his own money on a monthly basis. As he left at the beginning of the month, Room and Board fee was not collected. All future discharges, regardless of circumstance, will include a statement of refund status.  
The Administrator will complete the discharge information with a notation made in the resident record.

On May 1, a resident [redacted] was discharged. Notation was made of refund status on the Resident General Information Sheet  
SEE Attached

The administrator shall monitor and be responsible for ongoing compliance. *M* 6/5/18

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. Cathome, Admin Date 5-29-18

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

The above plan of correction is approved as of 6/5/18 (Date)

Plan of correction implementation status as of 6/5/18 (Date)

The above plan of correction was approved by *M* (Initials)

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

Violation Report: 21373 - 04/17/2018 - O'Haire, Anne  
PCH Name: MILTON DEVELOPMENTAL SERVICES

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

The bathroom located in the rear of the second floor had a safty grab bar that was loose and coming off the combination bath tub shower wall.

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.

During the inspection, the Grab bar in the Second floor Shower was found to be Loose with Lower end detached from the Shower wall. This was repaired on this day, and IS Now secure

Residents and Staff are encouraged to report broken equipment and furnishings to ensure safety. The Administrator currently completes A monthly building check in An effort to ensure the equip, furniture, AS well AS physical site remains, and maintained as hazard free.

At each shift ending, staff are encouraged to complete A total walk thru to Note anything needing repaired/replaced in our effort to maintain a safe environment

See Attached } • The administrator shall monitor and be responsible for ongoing compliance.

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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cynthia M. Cathernan, Admin Date 5-29-18

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Violation Report: 21373 - 04/17/2018 - O'Haire, Anne  
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The kitchen aid brand refrigerator located in the third floor resident kitchenette had a temperature reading of 45 degrees Fahrenheit in the refrigerator compartment and 15 degrees Fahrenheit in the freezer compartment.  
The home had a missing thermometer in the refrigerator in the back storage room located next to the door.

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.

During inspection the missing thermometer in the Kitchen Aid refrigerator on the 1st floor in the Storage Area was replaced.  
The refrigerator on the 3rd floor, was adjusted to a cooler temp to maintain 0° in the freezer and below 40° in the refrigerator section  
Staff and residents are asked to report if they realize there is an issue with the temp in the refrigerator

→ Periodic checks will be made by the Adm. to ensure this refrigerator, which is accessible to all, is maintaining/set at the proper temp to ensure Health & Safety

SEE ATTACHED

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  
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Date 5-29-18

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Violation Report: 21373 - 04/17/2018 - OHaire, Anne  
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2's glucometer shows that the home did complete a blood glucose test on 04-09-18 at 6:52AM, but did not document the blood glucose test result of a blood glucose level of 132.

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.

Glucometer test level results are to be documented immediately as completed with date, time, level and staff initials.

During inspection it was found that ON 4-9-18, the documentation of a performed test level was missed, while the level was actually recorded in the Glucometer.

To ensure documentation is accurately completed, at the next scheduled Glucometer reading the staff on duty performing will note/verify that the preceding documentation was actually made. In the event it was missed, the supervisor on call, or the medication TRAINER will be notified immediately.

In addition, at the end of every month the Medical Coordinator will check the Glucose level documentation sheets for completeness. The administrator shall monitor and be responsible for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 6/5/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia M. Calkins Adm* Date *5/29/18*

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