



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 24 2019

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's Bureau of Human Services Licensing annual inspection on September 20, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,


Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 20215 - 09/20/2018 - Foulkes, Kimberli
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
The shared second floor bathroom had a strong urine odor and heavy black staining along the front of the commode.

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 floor around the toilet has been scrubbed and maintained to ensure clean sanitary conditions. The importance of maintaining clean sanitary conditions for the health and safety of our residents, staff and visitors is understood. All bathrooms in this building are currently being cleaned two times per day. Checks are being made by the Administrator 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) *Dorothy M. Coleman, Admin* Date *12-21-18*

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

The above plan of correction is approved as of 1-8-19
(Date)

The above plan of correction was approved by AG
(Initials)

- Plan of correction implementation status as of 1-8-19
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 20215 - 09/20/2018 - Foulkes, Kimberl
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The home did not have the required emergency phone numbers posted near or on the resident phone located in the home's kitchen. Local police, fire department, hospital, poison control, local emergency management, and personal care home complaint hot line phone numbers were not readily available.

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 copy of emergency phone numbers has been placed next to the handline telephone. Periodic checks will be made to ensure a list is available at all times. In addition a copy of emergency numbers has been placed in the covered bulletin notice board located approx 5 feet within the phone in the event the emergency listing attached at the phone becomes missing. All staff will be attentive, as well as routine periodic checks made by the administrator to ensure the necessary numbers are always available.

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. Catherman, Adm

Date 11-1-18

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(Date)

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(Initials)

Plan of correction implementation status as of 1-8-19
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 20215 - 09/20/2018 - Foulkes, Kimberli
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
The exterior step leading from the front door to the porch, do not have a handrail.

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 Assist bar handle has been installed at the exterior of the main door. All interior stairways and outside steps currently have a handrail to ensure safety. The building maintenance is responsible to maintain the areas. The administrator is ultimately responsible.

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

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

Violation Report: 20215 - 09/20/2018 - Foulkes, Kimberli
 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
 Second floor room # 4, the bed nearest to the window did not have a working bed side lamp.
 Second floor room # 6, bed across from the door at the right, did not have a bedside lamp.

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 lamp in Room #4 is working AND the Lamp in room #6 has been placed at bedside. Each Resident will have a lamp at bedside to use as desired, that can be turned on AND OFF AT A REACHABLE distance from bedside.
 The building maintenance is responsible for this to occur. Both residents AND staff have been encouraged to report bulbs needing replacement (OR lamps needing replacement). The Adm will make periodic checks to ensure availability of lighting

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/05/2017

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynthia M. Cushman, Adm* Date *11/1/18*

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Violation Report: 20215 - 09/20/2018 - Foulkes, Kimberli
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home's vehicle first aid kit did not contain a thermometer, breathing shield or protective eye coverings.

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 complete first aid kit containing all required contents has been placed in the home's vehicle. All vehicles that provide transportation for the residents will always have a first aid kit containing all required contents stated in 2600.96.

The medical coordinator is responsible to maintain the contents in the first aid kits to ensure they are available and complete. Periodic checks will be made.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 11-1-18

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

Violation Report: 20215 - 09/20/2018 - Foulkes, Kimbarli
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 56 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
 Resident #1 had a prescription mouth rinse that was not locked and secured out on his/her bedside table. One bottle of Chlorhexidine Gluconate mouth rinse 12% to be used 4 times a day was found in room #4 on the second floor.

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.

While resident #1 is self administering her own medications it was explained to her that the mandated regulation is to protect all residents and especially those who are not self administering. She understands the importance of compliance and agrees she must always keep her scripts, OTC meds and any supplies locked and unaccessible to others for their safety. All staff will be attentive, and the medical coordinator will perform periodic checks to ensure compliance is always maintained.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/05/2017

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Violation Report: 20215 - 09/20/2018 - Foulkes, Kimberli
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1, through (26)

2a. DESCRIPTION OF VIOLATION
Resident # 2 passed away in the home on 06-24-18 and the home did not obtain a death certificate.

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 death certificate for Resident #2 has been located AS it had been misfiled AND NOT AVAILABLE AT the time of inspection. It should be noted that this resident did pass away at the hospital after a lengthy hospital admission stay. The resident did not pass away at the home, NOR from his hospital admission. He was admitted on 5/30 and while in the hospital on 6/4 he had a severe aspiration. He passed away at the hospital on 6/14/18.

In the event of a resident death, certificates are always obtained and kept on file in the home. The Adm. is responsible for this.

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. Catherine Adm* Date *11-1-18*

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