



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 20 2019

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

RE: Milton Developmental Services II
Certificate #: 202151

Dear Ms. Tristan:

As a result of the Department of Human Services' licensing inspection on March 7, 2019 and March 12, 2019 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 202150 dated January 19, 2019 to January 19, 2020, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated January 19, 2019 to January 19, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license or, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Tristan

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being significantly larger and more stylized.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MILTON DEVELOPMENTAL SERVICES INC

LEGAL ENTITY

To operate MILTON DEVELOPMENTAL SERVICES II

NAME OF FACILITY OR AGENCY

Located at 60 WALNUT STREET, P.O. BOX 416, MILTON, PA 17847

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 24
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

MAXIMUM CAPACITY

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 20, 2019 until December 20, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **202151**

Robert E. Robinson

ISSUING OFFICER

Carolyn K. Ellison

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse

Violation Report: 20215 - 03/07/2019 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa. Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
The home failed to report an incident of suspected abuse between resident #1 and resident #2 to the Area Agency on Aging. On 3/19/18, resident # 1 pushed resident # 2, who then fell, resulting in a hip fracture.

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.

Suspected cases of Abuse will immediately be made in accordance with the Older Adults Protective Services Act. The incident of 3/19/18 has been reported. Any future incidents of suspected Abuse or Abuse will be immediately reported to the AAA in accordance with this regulation.

The Administrator is responsible for reporting AND ANY report is compliant with the Older Adults Protective Services Act.

The Administrator is ultimately responsible to ensure compliance.

The Administrator will contact the Northumberland County Area Agency on Aging within 15 day of the receipt of this Plan of Correction. Arrangements will be made for the Protective Services Supervisor or designee to conduct a staff training for all staff in the home on the recognition/identification of all forms of abuse and subsequent reporting responsibilities. A copy of the training materials and staff sign-in sheets will be sent to the Northeast Regional Office when completed. 5-16-19

AG see attached

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. Peternard* Date *5-3-19*

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

The above plan of correction is approved as of <u>5-6-19</u> (Date) The above plan of correction was approved by <u><i>AG</i></u> (Initials)	Plan of correction implementation status as of <u>5-16-19</u> (Date): <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/>
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Violation Report: 20215 - 03/07/2019 - Dumas, Gerald
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

The home failed submit an incident report to the Department regarding an altercation between resident # 1 and resident #2. On 3/19/18, resident # 1 pushed resident # 2 who then fell, resulting in a hip fracture.

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.

Part 2 continued regarding this violation.
Please see attached page.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia M Callahan* Date *5-8-19*

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

The above plan of correction is approved as of 5-16-19
(Date)

Plan of correction implementation status as of 5-16-19
(Date)

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

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

Part 2 continued POC, Page 3 violation 16C

Reportable incidents include the following:

- 1) The death of a resident
- 2) A physical act by a resident to commit suicide
- 3) A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts
- 4) A violation of resident's rights in 2600.16(a)
- 5) An unexplained absence of a resident for 24 hours or more, or when the resident support plan indicates a period of less than 24 hours
- 6) Misuse of a residents funds by the home's staff persons or legal entity
- 7) An outbreak of a serious communicable disease as defined in 28Pa. Code 27.2 (relating to specific identified reportable diseases, infections and conditions as listed in Appendix C-communicable diseases
- 8) Food poisoning of residents
- 9) A physical or sexual assault by or against a resident
- 10) Fire or structural damage to the home
- 11) An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms
- 12) A complaint of resident abuse, suspected abuse or referral of a complaint of resident abuse to a local authority
- 13) A prescription medication error as defined in 2600.188 (relating to medication errors
- 14) An emergency in which the procedures under 2600.107 (relating to emergency preparedness) are implemented
- 15) An unscheduled closure of the home or relocation of the residents
- 16) Bankruptcy filed by the legal entity
- 17) A criminal conviction against the legal entity, administrator or staff that are subsequent to reporting on the criminal history checks under 2600.51 (relating to criminal history checks)
- 18) A violation of applicable health and safety laws listed in 2600.18 (relating to applicable health and safety laws.

The home in addition will report any incident and conditions, within 24 hours, to the Regional Office or to the complaint hotline involving:

- Unexpected death of a resident
- Unexplained absence of a resident for more than 24 hours
- Fire or structural damage to the home making it uninhabitable overnight
- An emergency in which the Emergency Preparedness Plan is implemented (This included fires, floods, bomb threats, hostage events, terror events)
- An unscheduled closure of the home or relocation for any reason
- Termination of water, electricity, heat or other utility resulting in temperatures in any area of the home falling below 70 degrees for more than 2 hours.

The Administrator will also ensure that there is a process in place to submit IRs to the Northeastern Regional Office within 24 hours-including overnights, weekends and holidays. 5-16-19

AG

Violation Report: 20215 - 03/07/2019 - Dumas, Gerald
 PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

It was reported to the Department that on [redacted] resident # 3 was overheard telling the 2nd shift staff person "A" that they did not feel well and "needed to go to the hospital." Staff person "A" reportedly told the consumer to go back and lie down. It was reported that the resident appeared very pale and grey and that he resident was shaking so badly that when the staff person gave the resident a cup of water to take with their medication, they spilled the water out of the cup. The reporter advised the staff person to call an ambulance and the staff person responded that staff are not allowed to call an ambulance unless "it is really called for." Later, during the third shift, staff person "B" asked resident # 3 how they were, and the resident stated they were not feeling fine. Staff person "B" indicated the resident told them three times that they were not feeling well. Staff person B called the home's medical coordinator (staff person "C") for direction. Staff person "C" thought that the resident was exhibiting flu symptoms of throwing up water twice and sweating. The resident had moved from couch to couch and living room area several times and had attempted sleeping but was unsuccessful. At one point, resident # 3 fell off the couch. The resident was checked for bruises and laid back down on the couch. According to staff person "B", the resident stated that they were "ok" at that time. A short time later, staff person "B" was in the other room and heard a thud and found the resident face down on the floor. Resident # 3 was unresponsive and not breathing at which time the staff person realized that their cell phone was in the other room and yelled for the residents to call 911. The resident was turned on their side and staff person "B" proceeded to administer C.P.R. The police were first to arrive followed by multiple rescue units. The resident was transported to the hospital, where they were pronounced dead. Resident # 3 was neglected due to the failure by the home to send the resident out to the hospital for an evaluation when she made requests to go to both staff person "A" and staff person "B".

On 3/19/18, Resident # 2 was pushed by resident # 1 during an altercation. Resident # 2 fell into a love seat. Initially after the fall, resident # 2 was walking slowly and said they were o.k. Staff person "D" examined the resident and they did not complain of pain. Resident # 2 wanted to sleep on the living room sofa for the night. The next morning, on 3/20/18, staff person "E" arrived for their shift and the resident appeared to need help standing up. The staff person called for an ambulance. Resident # 2 was transported to the Hospital and diagnosed with a right hip fracture. Resident # 2 is a victim of abuse due to injuries he sustained from being pushed by resident # 1.

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 Northumberland Co Area Agency on Aging will provide a training to All Staff AND Residents regarding Resident Rights. Any Future incidents involving a staff person with knowledge AND NOW reporting any incidents or suspected incidents of resident neglect, intimidation, physical or verbal abuse, mistreatment, subjection to corporal punishment or disciplined in anyway, will be subject to dismissal or written warning by the Administrator. Upon completion of this training verification will be sent to the department. Upon completion of AAA training, copy of handouts and sign in sheets will be faxed to the NE Regional Office.

Repeat Violation: No	Date(s) of Previous Violation(s):	6-19-19	AG
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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) *Cynthia M. Catherman, Adm* Date *5-3-19*

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

The above plan of correction is approved as of 5-9-19 (Date)
 In addition, the home will also have all staff trained on recognizing and responding to crises and emergency situations to be completed no later than 30 days from receipt of this Plan of Correction. 6-19-19
 The above plan of correction was approved by AG (Initials)

Plan of correction implementation status as of 5-16-19 (Date)

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

Violation Report: 20215 - 03/07/2019 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Staff person "B" stated in an interview that during the 3rd shift on [redacted] resident # 3 was not feeling well and stated they wanted to go to the hospital. Staff person "B" contacted the home's medical coordinator (staff person "C") for direction. Staff person "C" told staff person "B" that the resident was having flu like symptoms and did not direct that the resident be sent out to the E.R. The home failed to consider resident # 3's request to go to the hospital when initially requested and the resident later became unresponsive. Staff person "B" initiated C.P.R. and 911 was called. The resident was then transported to the hospital, where they were pronounced dead

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 Medical procedures policy has been reviewed with all staff persons. It is our position to not assume illness or diagnosis of illness. If a resident is found to be having difficulty or stating they have a need for medical care after hours, the on call person will be notified immediately to proceed to Urgent Care Clinic or Hospital Emergency Room. If at any time a residents condition warrants an ambulance, 911 will be called immediately

Every staff person is responsible for the health, safety and well being of our residents

The Administrator is ultimately responsible.

The Administrator will ensure that all staff are trained to recognize and respond to crises and emergency situations. This training is to be completed no later than 30 days from the receipt of the Plan of Correction. Upon completion, a copy of the training materials and the staff sign in sheet(s) will be faxed to the Northeastern Regional Office. 6-19-19

AG

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

Signature of Legal Entity Representative (Required on EVERY Page) *Emilia M. Catherwood*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Emilia M. Catherwood, Admin* Date *5-3-19*

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

The above plan of correction is approved as of 5-6-19 (Date)

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

Plan of correction implementation status as of 5-16-19 (Date)

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

Violation Report: 20215 - 03/07/2019 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The day prior to resident # 3's death, on [redacted], the resident informed staff person "F" that they had a headache. The resident had a P.R.N. order for Acetaminophen. Staff person "F" stated that the medical coordinator (staff person "C") was informed of the headache. In a telephone interview with staff person "C" regarding the request, they acknowledged they did not follow up with resident # 3's complaint of a headache. PRN Acetaminophen was not administered.

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, MAPAP was not given as prescribed and listed on the resident MAR from the pharmacy. The standing order for MAPAP - 1 Tab every 12 hours continued on the MAR and in addition a newly prescribed order for MAPAP was received to be given PRN every 8 hours (recid 12/19). Upon receiving the medical coordinator assumed the PRN addition was in error as the dose for every 12 hrs remained in place and the reason for the additional PRN was unknown, AND NOW Both were on the MAR with the 12 hour dose contained in the dispill system. With that, the PRN script was not placed with the resident medications. The medical coordinator neglected to follow up with the clinic and pharmacy to question or verify the orders. AS this resident had MAPAP AS prescribed and maintained in the dispill system the PRN WAS NOT given. All future conflicts or questions regarding medication will be promptly followed up with verifications from the PCP and pharmacy to ensure accuracy. Documentation will be kept in the resident record. The MAR will reflect accurate orders. The medical coordinator will be responsible for this.

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. Catherine Adm

Date 5-3-19

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

The above plan of correction is approved as of 5-6-19
(Date)

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

Plan of correction implementation status as of 5-16-19
(Date)

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

Violation Report: 20215 - 03/07/2019 - Dumas, Gerald
PCH Name: MILTON DEVELOPMENTAL SERVICES II

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

During a review of resident #3's behaviors with staff, it was determined that the resident had a long history of telling staff daily that he/she didn't feel well. Although resident # 3 repeatedly complained to all staff on all shifts, this behavior was not documented in the resident's RASP.
The support plan of resident # 1 was not updated to include the resident pushing resident # 2 on 3/19/18, resulting in a fracture. There is no notation as to how the home planned to intervene to prevent another incident of aggression.

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 Program Specialist will also document all future changes along with interventions needed to address the physical health, dental, dietary, cognitive and sensory (vision, hearing, communication, olfactory, tactile) needs of the resident. The RASP will be updated within 5 days of the reported change.
Please refer to attachments.

Resident # 1's RASP was updated on 5-1-19. The home will conduct an audit of all current residents of the home to include all aspects of 227d. Each RASP must address the complete and accurate needs of the residents. This audit is to be completed within 15 days from the receipt of the Plan of Correction, the audit is to be retained by the home, and must include the date the record was reviewed, by whom, and any changes made, if necessary. 6-19-19

AG

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

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

The above plan of correction is approved as of 5-16-19
(Date)

Plan of correction implementation status as of 5-16-19
(Date)

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

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