



July 26, 2019

Ms. Cynthia M. Catherman
Administrator
Milton Developmental Services Inc.
58 Walnut Street, PO Box 416
Milton, Pennsylvania 17847

RE: Milton Developmental Services
License #: 213730

Dear Ms. Catherman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 17, 2019 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,

A handwritten signature in black ink that reads "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison
Deputy Secretary, Office Administration
Shared Services for Health and
Human Services

Enclosure
Violation Report

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home did not have the License Inspection Summary dated 4/17/2018 posted in a public and conspicuous place in 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.

The Current Licensing Survey is now posted in both the Main dining Room As well as the Adm. office. A copy of the most recent survey will Always be posted in a conspicuous AND public place As required.

The Adm is responsible for this posting AND will check periodically to insure A copy remains posted.

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) Lyndia M. Catherman Date 6-8-19

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

The above plan of correction is approved as of 7-2-19 (Date)

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

Plan of correction implementation status as of 7-2-19 (Date)

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Staff person A's first aid and CPR training expired March 23, 2019. On the following dates Staff person A worked alone in the home and therefore the home did not have at least 1 staff person with current first aid and CPR certified training:
 4/8/2019 from 4pm to 11pm; 4/11/19 from 4pm to 11pm; 4/12/19 from 4pm to 11pm; 4/13/19 from 8am to 10pm; 4/14/19 from 8am to 10pm.

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 lapse in CPR and first aid TRAINING occurred for Staff person A. As this training is scheduled regularly (every 2 yrs) to maintain Certification for all staff, Staff person A had received this training earlier, at a different time than the remaining staff, making the recertification due date earlier. The Administrator is responsible for developing and ARRANGING the staff training, AND ANNUAL TRAINING plan. When developing the 2019 TRAINING plan the due dates for each individual staff person was neglected to be verified. We are AWARE of the importance AND necessity to maintain current certification for each staff. On an Annual basis with the development of the Annual plan, all due dates will be verified in the future so that current certification is always maintained. The Adm. is ultimately responsible for this to occur. Staff person A received training on 5/10/19 - 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) <i>Cynthia Cochran</i>	Date <i>6-8-19</i>
--	--------------------

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

The above plan of correction is approved as of <u>7-2-19</u> (Date)	Plan of correction implementation status as of <u>7-2-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person B, who is the home's administrator, completed only 12 of the required 24 hours of annual administrator training for 2018.

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.

It is understood that the Administrator is required to complete 24 hours of Annual training. In 2018, with two 6hr classes missed due to extenuating circumstances, the 12 hours of outstanding training was completed on line by April of 2019 AND indicated as such in the training record AND counted toward this 12 hr deficit

In the future the Adm will Always complete 24 Hours of Annual training for the year, within that year (Jan 1 - Dec 31 ANNUALLY)

The Adm is responsible for scheduling AND completing the 24 Hours of ANNUAL TRAINING.

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 Cathomas

Date

6-8-19

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

The above plan of correction is approved as of

7-2-19
(Date)

Plan of correction implementation status as of

7-2-19
(Date)

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

The above plan of correction was approved by

MM
(Initials)

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff persons C and D did not have training in the following required annual training topics for 2018: medication self-administration, meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments.

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.

TRAINING for the missed required Annual training topics of medication self administration, meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and supports plan, and care for residents with dementia and cognitive impairments have been scheduled throughout the month of July. Copies of the completed training will be submitted to the department for verification.

The Annual TRAINING plan will Always include training in All required topics

The Adm is responsible for the content and scheduling of All components of the Annual Staff TRAINING. On an Annual basis, All required topics will be included and conducted to provide mandated training as specified in 2600 65(f)

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 7-2-19
(Date)

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

Plan of correction implementation status as of 7-2-19
(Date)

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature for the shared bathroom located on the 3rd floor measured 129° Fahrenheit at the time of inspection.

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.

When the water was found to be at an excessive temp. the plumber was called. To maintain even temps tempering valves had been installed in the past. It was checked by the plumber and found to be the tempering valve and this required replacement.

Residents and staff are encouraged to report problems such as water temp. to insure everyone's safety.

Periodic checks are made in addition to this effort.

The Adm will conduct a periodic check to ensure compliance is maintained

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 Cutherman

Date

6-8-19

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

The above plan of correction is approved as of 7-2-19
(Date)

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

Plan of correction implementation status as of 7-2-19
(Date)

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

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 emergency numbers posted on or near the phone located in the 3rd floor sitting room.

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 numbers have been replaced and are currently posted next to the yellow/green 911 label that already exists next to the phone.

Posting checks are now conducted monthly to ensure all posting requirements are in place.

Residents as well as staff are asked to not remove this when obtaining numbers.

The Adm is responsible to maintain and monitor

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 7-2-19
(Date)

Plan of correction implementation status as of 7-2-19
(Date)

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

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
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 thermometer in the freezer in the back corner of the home's food pantry measured 10° Fahrenheit at time of inspection.

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 our effort to correct this, it was noted that ice had buildup around the latch AND the freezer door was not fully closing.

The freezer was defrosted and is currently holding a 0° temp.

The dietary staff is responsible to check the kitchen equipment and report all problems, and to maintain this equipment so that it is kept in proper working order.

The Adm. will perform periodic checks to insure frozen food is kept at 0° and refrigerated foods at or below 40°

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 Neherman

Date

6-8-19

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

The above plan of correction is approved as of 7-2-19
(Date)

Plan of correction implementation status as of 7-2-19
(Date)

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

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

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 did not document that their Emergency Procedures were reviewed or whether any changes were made In 2018.

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 letter was written and a copy of our Emergency Procedures was submitted to our Borough office for review, update, or approval.

We will submit this annually to be reviewed and keep a record to verify in the Adm. office.

The Adm is responsible for the submission and maintenance of 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 C. Williams

Date

6-8-19

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

The above plan of correction is approved as of 7-2-19
(Date)

Plan of correction implementation status as of 7-2-19
(Date)

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

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
 PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most current letter to the fire department dated 11/23/2015 does not state the home's total capacity and does not describe the layout of the home and the mobility needs of the residents. The letter describes the use of 1st floor bedrooms for residents with walkers or canes but does not specify which licensed facility has 1st floor bedrooms.

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 letter, updating the Milton Fire Department to the layout AND level of needs in our facility has been sent. Floor plans were included for their reference and use. All future letters sent will always include the licensed capacity and the level of assistance necessary for safe evacuation in the event of an emergency. The Adm is responsible for the completion of 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)

Date

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

The above plan of correction is approved as of 7-2-19
 (Date)

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

Plan of correction implementation status as of 7-2-19
 (Date)

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy

PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

A sock was found behind the first dryer located in the home's 3rd floor laundry room.

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.

All staff and residents have been notified and aware of this NON compliance and attention will be directed to make sure combustible AND flammable items are cleared. A posting is in place to remind all those doing laundry, and the housekeeping staff will check this throughout the day as well.

The maintenance dept. pulls the dryers out monthly to clean the hoses/vent and will also check to ensure safety conditions are maintained with any combustibles being removed if found.

The adm will check periodically in addition so that this safety standard and regulation is maintained in compliance

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. Castagna

Date 6-8-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 7-2-19
(Date)The above plan of correction was approved by MM
(Initials)Plan of correction implementation status as of 7-2-19
(Date)

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

Violation Report: 21373 - 04/17/2019 - Deluca, Amy
PCH Name: MILTON DEVELOPMENTAL SERVICES

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's Preadmission Screening Form does not include the resident's ability to self-administer medications or the determination as to whether the resident's needs can be met in 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.

AT the time the screening was conducted, little was known about this resident. He was a new emergency consumer to the County and required an emergency placement. In gathering the limited information available and conducting an interview with the resident as no family member was available to supply information, a thorough screening was inadvertently not documented.

To avoid incomplete documentation of the pre admission screening in the future, this will not be placed immediately in the resident record until a review has been made that all is complete.

The Administrator is responsible to complete the Pre-Admission Screening and in addition responsible for the thoroughness of the information it contains.

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

Date 6-8-19

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

The above plan of correction is approved as of 7-2-19
(Date)

Plan of correction implementation status as of 7-2-19
(Date)

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

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