



**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 Public Welfare 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 January 30, 2020 until January 30, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202150

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



Mailing Date: January 30, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 12, 2019 we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: MILTON DEVELOPMENTAL SERVICES II  
 Address: 60 WALNUT STREET, P.O. BOX 416,, MILTON, PA 17847  
 County: NORTHUMBERLAND      Region: NORTHEAST

License Number: 20215

### Administrator

Name: Cynthia Catherman      Phone: 5707429849      Email: CMC MDSINC@YAHOO.COM

### Legal Entity

Name: MILTON DEVELOPMENTAL SERVICES INC  
 Address: 60 WALNUT ST, PO BOX 416, MILTON, PA, 17847

### Certificate(s) of Occupancy

|              |                  |                             |
|--------------|------------------|-----------------------------|
| Type: C-2 LP | Date: 04/28/1990 | Issued By: PA L&I           |
| Type: I-1    | Date: 05/08/2008 | Issued By: Brough of Milton |

### Staffing Hours

|                           |                       |                  |
|---------------------------|-----------------------|------------------|
| Resident Support Staff: 0 | Total Daily Staff: 18 | Waking Staff: 14 |
|---------------------------|-----------------------|------------------|

### Inspection

|                     |               |                     |
|---------------------|---------------|---------------------|
| Type: Full          | BHA Docket #: | Notice: Unannounced |
| Reason: Provisional |               |                     |

### Inspection Dates and Department Representative

09/12/2019 - On-Site: Ann O'Haire, Amy DeLuca

### Resident Demographic Data as of Inspection Dates

#### General Information

|                      |                      |
|----------------------|----------------------|
| License Capacity: 24 | Residents Served: 18 |
|----------------------|----------------------|

#### Secured Dementia Care Unit

|             |       |           |                   |
|-------------|-------|-----------|-------------------|
| In Home: No | Area: | Capacity: | Residents Served: |
|-------------|-------|-----------|-------------------|

#### Hospice

Current Residents: 0

#### Number of Residents Who:

|  |  |
|--|--|
| Receive Supplemental Security Income: 14 | Are 60 Years of Age or Older: 12           |
| Diagnosed with Mental Illness: 1         | Diagnosed with Intellectual Disability: 17 |
| Have Mobility Need: 0                    | Have Physical Disability: 0                |

MILTON DEVELOPMENTAL SERVICES II

20215

3c - Post Current License

Regulations

2600.

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

Description of Violation

The home did not have License inspection summary (LIS) reports issued 9/20/18 and 5/8/19 posted in the home as required.

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 LIS is posted on the bulletin board in the kitchen. Copies of the most recent LIS will always be posted for public access and review as required. During repairs in the kitchen the bulletin board and several items missing. The Administrator is responsible to ensure the current LIS is always posted. Frequent checks will be made by the Admin to ensure compliance.

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Cynthia M. Catherine, Adm* 1/10/20

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1-16-2020  
(Date)

Plan of correction implementation status as of 1-16-2020  
(Date)

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

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

MILTON DEVELOPMENTAL SERVICES II

20215

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The (LIS) dated 3/7/2019 posted in the home's common area had the resident privacy coding sheet attached to it.

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 LIS will Always Be posted to protect Confidentiality. Prior to posting, the privacy coding sheet will Be removed and excluded from the public posting. It is presently understood that this sheet must Be excluded in the public posting to ensure Hippa Compliance. The Admin is Solely responsible to meet this requirement for compliance.

Legal Entity Representative



Signature

Cynthia M. Catherman, Adm 1/16/20

Printed Name and Title

Date

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Fully Implemented PIC

Partially Implemented XXXXXXXXXXXXXXX

Partially Implemented XXXXXXXXXXXXXXX

Not Implemented

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

MILTON DEVELOPMENTAL SERVICES II

20215

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries in home's CO2 monitors on an annual basis. The home's carbon monoxide detector located on the main level of the building at the base of the staircase was dated 02/20/18 and reported that all the carbon monoxide detectors would all have the same date. The Pennsylvania care facility carbon monoxide alarm standards act indicated that the carbon monoxide detector batteries be checked annually and dated when checked.

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.)

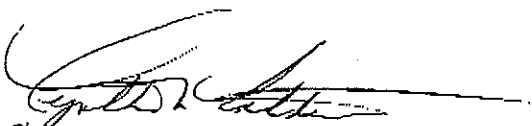
The CO2 Detector located At the base of the stairs is now with the batteries changed. Batteries are changed on an annual basis and labeled as such with the date of occurrence.

The building maintenance is responsible for this to occur on an annual basis.

In our effort to ensure all CO2 detectors are changed with new batteries a list indicating the location of each has been established.

The Adm will monitor to ensure compliance

Legal Entity Representative

  
Signature

Cynthia M. Catherino, Adm 1-16-20  
Printed Name and Title Date

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MILTON DEVELOPMENTAL SERVICES II

20215

65f - Training Topics

Regulations

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.
- 6. Safe management techniques.

Description of Violation

The home did not conduct direct care annual training for the training year 2018 on the following training topics:

- 1. Medication training for self-administration.
- 2. Instruction on meeting the needs of the home's residents by utilizing the Department's preadmission form, assessment tool, medical evolution and support plan.
- 3. Safe management techniques.


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 training topics required will be addressed with Annual training plan with the training offered to the staff on an annual basis. The above training have been completed for the 2018 training year to correct this non-compliance. All future training plans will include all topics as required by 2600.65f. The Admin is responsible to compile training topics and schedule annually. All selected training will be checked against 65f to ensure all requirements are met. This will be completed by the Admin.

Legal Entity Representative

  
Signature

  
Printed Name and Title

Date

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

MILTON DEVELOPMENTAL SERVICES II

20215

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - 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.

Description of Violation

The phone located in the home's kitchen area did not have the department's complaint hotline number posted near the phone.


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 Complaint hotline Number is now posted next to the telephone in the Kitchen. Due to the repairs having been made items originally posted had been removed and neglected to be reposted. A list of All required telephone numbers will Always be posted next to the telephone. The Staff are Encouraged to report if the required numbers are missing and need reposted, however the Administrator is ultimately responsible to maintain compliance, and more frequent checks will be made to ensure compliance

Immediately and Ongoing: The administrator shall monitor all phones for the emergency telephone numbers, weekly X's 4 months to ensure ongoing compliance. 1-16-202--MM

Legal Entity Representative

  
Signature

Cynthia M. Catherman, Adm 1-10-20  
Printed Name and Title Date

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MILTON DEVELOPMENTAL SERVICES II

20215

101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed located in bedroom #5 belonging to resident # 1 did not have sheets on it.

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.)

Bedroom #5, Resident #1 had been napping prior to the licensing tour. When this resident exited his room he left leaving his sheets on the floor. While residents are encouraged to take some responsibility in keeping their area tidy, staff are responsible for the overall maintenance of residents' area. Staff are aware of this noncompliance and encouraged to make room checks more frequently to make sure any bed is remade, and with clean sheets if necessary. Housekeeping and direct care staff are responsible for routine checks throughout their shift and the administrator will follow up with periodic monitoring

Immediately and Ongoing: The administrator or designee shall monitor all residents room for compliance with this regulation. Monitoring shall take place on each shift for the next 4 months to ensure ongoing compliance. 1-16-2020 - MM

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Cynthia M. Callahan, RN* 1/10/20

Printed Name and Title

Date

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- Fully Implemented PIC
- Partially Implemented XXXXXXXXXXXXXXXX
- Partially Implemented XXXXXXXXXXXXXXXX
- Not Implemented

MILTON DEVELOPMENTAL SERVICES II

20215

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The lamp located on the bedside table in room #4 next to resident # 2's bed was observed unplugged with the cord wrapped around the lamp, therefore the resident did not have an operable source of light at bedside at the time of inspection.

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 #2 had unplugged the lamp that was provided to her from the facility. She had received a lamp from a family member of which she intended to put in place upon return to her room later that day. We had not realized she had the alternate lamp, nor that she unplugged the lamp provided. Although she had 2 lamps available for bedside use, neither were plugged in for operable use. The housekeeping staff is responsible to ensure that bedside lamps are available AND operable. Direct care staff are also responsible to ensure lamps provided remain operable. This non-compliance has been reviewed with them. The Admin will make periodic checks to monitor and maintain compliance

Immediately and Ongoing: The administrator or designee shall monitor all residents room for compliance with this regulation. Monitoring shall take place on each shift for the next 4 months to ensure ongoing compliance.

1-16-2020 - MM

Legal Entity Representative

*Cynthia M. Catherman*  
Signature

Cynthia M. Catherman, Adm. 1-16-20  
Printed Name and Title Date

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(Date)

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(Initials)

- Fully Implemented PIC
- Partially Implemented ~~XXXXXXXXXXXX~~
- Partially Implemented ~~XXXXXXXXXXXX~~
- Not Implemented

MILTON DEVELOPMENTAL SERVICES II

20215

103d - Storing Food Off Floor

Regulations

2600.

103.d. Food shall be stored off the floor.

Description of Violation

The storage closet located across from the medication room contained bags of chips in plastic grocery bags stored directly on the floor.

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.)

Food will never be stored directly on the floor surface. All Food items will always be stored on the shelving that is provided and available for use in the storage areas. All staff are aware and required to monitor and comply with meeting this mandate for safe food storage of all food stored within the facility. The Admin will monitor to ensure compliance

Immediately and Ongoing: The administrator or designee shall monitor food storage areas weekly X's 4 months to ensure ongoing compliance. 1-16-2020 - MM

Legal Entity Representative

*Cynthia M. Catherine*  
Signature

Cynthia M. Catherine, Admin 1-10-20  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 1-16-2020  
(Date)

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

- X  Fully Implemented PIC
- Partially Implemented
- Not Implemented

MILTON DEVELOPMENTAL SERVICES II

20215

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The home's refrigerator contained sliced cheese wrapped in plastic wrap with no label identifying the date the cheese was placed in the refrigerator. Also, there was a plastic Ziploc bag of tomatoes and a bag of celery, each with no dates on the plastic bags.

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 snack food placed in the refrigerator will be labeled with the contents and dated. This must be done at time of placement in the refrigerator. All Foods regardless of who it belongs to or who it is for will have a label AND Date when it is stored in the facility refrigerator. The adm will make routine checks to maintain compliance

Immediately and Ongoing: The administrator or designee shall monitor food for labels and dates, daily X's 4 months to ensure ongoing compliance. 1-16-202--MM

Legal Entity Representative



Signature

Cynthia M. Catheman, Adm 1-10-20

Printed Name and Title

Date

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- Fully Implemented PIC
- Partially Implemented ~~XXXXXX~~
- Not Implemented ~~XXXXXX~~
- Not Implemented

MILTON DEVELOPMENTAL SERVICES II

20215

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Resident # 3's bed, which is located in the far rear of the bedroom next to the window was blocked off with a chair and two shelves approximately the same height as the bed. The chair had clothing piled on it. The shelves contained an aquarium and other clothing items. In the event of an emergency the resident would have to climb over or push the shelves out of the way to evacuate. Resident #3 suffers from hoarding tendencies and has created a fire safety hazard by blocking the egress route from her bed.

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 this resident has been diagnosed with hoarding tendencies, the consequences of it has and continues to be addressed on a daily basis. She had been blocking her personal Area and space when she left her area, rather than while she is in her area. In our efforts to help her and maintain safety within our facility this has been addressed to stress the importance of safety and the need to eliminate this behavior. The Admin and staff will continue to monitor to ensure her personal Area AND egress remains unobstructed.

Please see Attached Immediately and Ongoing: The administrator or designee shall monitor all stairways, hallways, doorways, passageways and egress routes from the home and from the building and ensure they are unlocked and unobstructed.

Legal Entity Representative

Monitoring shall take place on each shift for the next 4 months to ensure ongoing compliance. 1-16-2020 - MM

*Cynthia M. Catherine*  
Signature

*Cynthia M. Catherine, Admin 1/16/20*  
Printed Name and Title Date

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The above plan of correction is approved as of 1-16-2020 Plan of correction implementation status as of 1-16-2020  
(Date) (Date)

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

- Fully Implemented PIC - DOC
- Partially Implemented Adequate Progress
- Not Implemented

MILTON DEVELOPMENTAL SERVICES II

20215

141b1 - Annual Medical Evaluation

Regulations

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 4 did not have a documentation of medical evaluation (DME) form completed in 2018. The most current DME form was dated 7/1/2017.

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.)

Each resident shall have a medical evaluation at least annually. This resident is independent with his medical affairs and the date for completion of the Annual DME had been missed. To monitor more efficiently the medical coordinator will track the due date and remind those residents who are independent of the deadlines for completion by that annual date when due.

An appt. was made and a DME completed on 9/12/19. The medical coordinator is responsible for completion of all DME's to be completed on a timely basis as required.

Within 10 days of receipt of the plan of correction: The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.

Legal Entity Representative

1-16-2020

MM

Signature

Cynthia M. Cothran, Adm 1-10-20 Date

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The above plan of correction is approved as of 1-16-2020 (Date) Plan of correction implementation status as of 1-60-2020 (Date)

X [ ] Fully Implemented DOC

[ ] Partially Implemented

[ ] Not Implemented

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

MILTON DEVELOPMENTAL SERVICES II

20215

181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

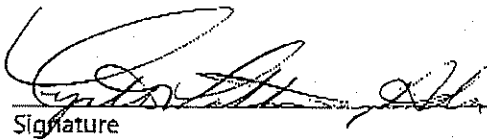
Resident # 4 currently stores his medications in his room and is self-administering all of his medications. The home did not have current documentation from the resident's physician certifying that the resident is capable of self-administering his own medications.

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.)

[REDACTED] has current documentation certifying that he is capable of self-administering his own medication. This is noted on his current DME, <sup>RASP</sup> and MASI. On 11-05-19 [REDACTED] was also assessed using the medication self-administration assessment checklist indicating he is capable of self-administration. Future documentation will occur timely and be included in the annual DME, <sup>RASP</sup> and MASI with physician certification as well as the completed annual self-administration assessment checklist. The medical coordinator is responsible to ensure all required documentation is completed and in place on an annual basis. The administrator will monitor periodically to ensure compliance.

Legal Entity Representative

  
Signature

Cynthia M. Callahan, Administrator  
Printed Name and Title

Date

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|  |                  |   |                  |
|--|------------------|---|------------------|
| The above plan of correction is approved as of | <u>1-16-2020</u> | Plan of correction implementation status as of  | <u>1-16-2020</u> |
|  | (Date)           |   | (Date)           |
| The above plan of correction was approved by   | <u>MM</u>        | <input checked="" type="checkbox"/> Fully Implemented DOC<br><input checked="" type="checkbox"/> <del>Partially Implemented</del> <del>XX Adequate Progress</del><br><input checked="" type="checkbox"/> <del>Partially Implemented</del> <del>XX Adequate Progress</del><br><input type="checkbox"/> Not Implemented |                  |
|  | (Initials)       |   |                  |

MILTON DEVELOPMENTAL SERVICES II

20215

181f - Record of Medication

Regulations

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

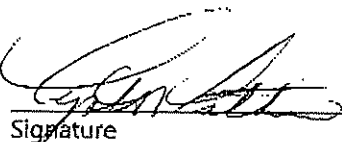
Resident # 4 currently stores his medications in his room and is self-administering all of his medications. The home did not have documentation of the resident's current medications that he is self-administering.

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 current list of medications will Always be Available and contained in the resident records for each resident who self administers medication  
The Monthly MAR Always reflects current medications prescribed, OTC and CAM  
A Current up to date MAR will Always be Available and kept in the resident Record  
The medical Coordinator is responsible for this to occur on a continual basis.  
Adm will conduct periodic checks to Assure compliance

Legal Entity Representative

  
Signature

*Cynthia M. Catherman, Adm*  
Printed Name and Title Date

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(Date) (Date)

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(Initials)  
 Fully Implemented DOC  
 Partially Implemented Adequate Progress  
 Partially Implemented Inadequate Progress  
 Not Implemented

MILTON DEVELOPMENTAL SERVICES II

20215

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident # 5's glucometer was not calibrated to the correct date and time. Staff did change the batteries, but did not know how to calibrate the glucometer correctly.

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 #5's glucometer was calibrated correctly by Custom Care Pharmacy in Milton after the medical coordinator changed the battery. The pharmacist explained that it is necessary to recalibrate when the battery becomes faulty. AFTER replacing the old battery with a new one, we were also informed instruction for calibration can be obtained on line. The med coordinator is responsible for changing the battery AND recalibrating as needed.

Immediately and Ongoing: The administrator or designee shall monitor all glucometers for correct use, calibration and operation of ALL glucometers. Monitors shall continue monthly X's 4 months to establish ongoing compliance. 1-16-2020 - MM

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Cynthia M. Catteron, Adm* 1-10-2020  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1-16-2020 Plan of correction implementation status as of 1-16-2020  
(Date) (Date)

The above plan of correction was approved by MM  Fully Implemented PIC  
(Initials)  ~~Partially Implemented Adequate Progress~~  
 ~~Partially Implemented Adequate Progress~~  
 Not Implemented