

Department of Human Services  
Bureau of Human Service Licensing

March 24, 2021

██████████ DIRECTOR  
MILTON DEVELOPMENTAL SERVICES INC  
60 WALNUT ST, PO BOX 416  
MILTON, PA 17847

RE: MILTON DEVELOPMENTAL  
SERVICES II  
60 WALNUT STREET, P.O. BOX 416  
MILTON, PA, 17847  
LICENSE/COCC#: 20215

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

**Name:** MILTON DEVELOPMENTAL SERVICES II      **Licence #:** 20215      **Licence Expiration Date:** 01/30/2021  
**Address:** 60 WALNUT STREET, P O BOX 416, MILTON, PA 17847  
**County:** NORTHUMBERLAND      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5707429849      **Email:** [REDACTED]

**Legal Entity**

**Name:** MILTON DEVELOPMENTAL SERVICES INC  
**Address:** 60 WALNUT ST, PO BOX 416, MILTON, PA, 17847  
**Phone:** 5707429849      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/28/1990      **Issued By:** L&I  
**Type:** I-1      **Date:** 05/08/2018      **Issued By:** Borough of Milton

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 20      **Waking Staff:** 15

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 11/17/2020

**Inspection Dates and Department Representative**

11/17/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 24      **Residents Served:** 19

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Resident:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 17      **Are 60 Years of Age or Older:** 12  
**Diagnosed with Mental Illness:** 11      **Diagnosed with Intellectual Disability:** 12  
**Have Mobility Need:** 1      **Have Physical Disability:** 0

## Inspections / Reviews

11/17/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/18/2020*

2/1/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/12/2021*

3/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Repeat Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. The homes carbon monoxide detector located on the main level of the building at the base of the stairs was dated 11/12/19. The Pennsylvania care facility carbon monoxide alarm standard act indicated that the carbon monoxide detector batteries are to be checked annually and dated when that occurs.

Plan of Correction

Accept

The new maintenance missed changing the battery in the CO2 monitor by 5 days. advised, thought it was due at the end of the month.

The old battery was replaced and dated 11/17/2020.

Maintenance stated, is planning on replacing all batteries in the CO2 monitors during daylight savings time, when the clocks get changed, as a reminder.

Completion Date: 11/17/2020

Update - 02/01/2021

Please send/Attach (picture) proof of compliance.

Document Submission

Implemented

Picture of Battery change and new date on CO2 monitor uploaded.

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Repeat Violation

The home did not conduct direct care staff training for the training year 2019 on the following topics:

1. Instructions on meeting the needs of the homes resident's by utilizing the Department's preadmission form, assessment tool, medical evaluation and support plan.
2. Caring for residents with Dementia and cognitive impairments.
3. Infection Control and general principals of cleanliness, immobility concerns.
4. Personal care service needs of the resident
5. Care for residents with MH or ID

65f - Training Topics (continued)

**Plan of Correction**

**Accept**

*I am unsure of the reason for this violation, as I am a new administrator as of 2020.*

*For the year 2020, we utilized the on-line training courses, which covers all the required 2600 regulation training topics needed, along with a 4 hour session on the facility specific training required.*

*Quarterly, 3 hour training sessions will be preplanned for the completion of the required 12 hours of training needed yearly by the employees of MDS, to include all 2600 regulation training topics.*

**Completion Date:** 12/29/2020

**Update - 02/01/2021**

*Please send/Attach proof for staff trained in training year 2019 on the following topics:*

- 1. Instructions on meeting the needs of the homes resident's by utilizing the Department's preadmission form, assessment tool, medical evaluation and support plan.*
- 2. Caring for residents with Dementia and cognitive impairments.*
- 3. Infection Control and general principals of cleanliness, immobility concerns.*
- 4. Personal care service needs of the resident*
- 5. Care for residents with MH or ID*

**Document Submission**

**Implemented**

*No record of 2019 training was left at the home by the prior Administrator. Therefore, it is impossible to verify that required 65f training was conducted in CY 2019. The home will fully implement the topical training requirements for 65f in CY 2020.*

92 - Windows

**1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

*In room #7, duct tape around a window air conditioner was peeling away from the perimeter allowing for the possible penetration of insects or rodents to enter the room.*

**Plan of Correction**

**Accept**

*It appeared, the duct tape lost it's adherence, due to the tension of the new accordion style, vinyl panel, to which the tape was fastened.*

*The vinyl panel was re-stretched and re-taped to the frame of the window, sealing the entrance space.*

*-The caregivers will be required to fill out a standard form for any needed repairs, which are observed and/or reported to them.*

*-These forms will be placed in the yellow file folder hanging in the sign-in/out area.*

**Completion Date** 11/17/2020

92 - Windows (continued)

Update - 02/01/2021

Please send/Attach (picture) proof of compliance.

Document Submission

Implemented

Picture of air conditioning unit uploaded.

121a - Unobstructed Egress

1. Requirements

2600.

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

Description of Repeat Violation

In room #10, a resident's bed was positioned in the center of an alcove. Clutter was observed on the floor to the right of the bed causing an obstruction to exit the room in the event of an emergency.

Plan of Correction

Accept

The resident, which lived in room #10, previously reported to have hoarding tendencies, is very independent and sensitive about private space. A personal rapport was needed to be established prior to becoming open to alternative living options.

-The resident has agreed to relocated to another bedroom down the hall from room #. now has more space for possessions.

-During the move, items were organized and placed into plastic totes, which had purchased for this purpose.

-The resident was asked to store any problematic possessions in the storage bin rents monthly, when it becomes safe to be completed.

-The items may be stored in the basement of home temporarily, until that time arrives.

-All caregivers will report any further hoarding problems on a behavior report and place it into the administrator's mailbox.

Completion Date: 12/10/2020

Update - 02/01/2021

Please send/Attach proof (picture) of compliance.

Document Submission

Implemented

Picture of Alcove uploaded.

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

An emergency evacuation diagram was not posted on the 1st floor of the home.

123c - Evacuation Diagrams (*continued*)**Plan of Correction****Accept**

*The emergency evacuation diagram of the first floor had fallen behind a couch, unable to be seen, due to adhesion failure.*

*The diagram was located and affixed to a wall.*

*The diagram is placed where it can easily be seen and located if it falls.*

*At which time, it can be immediately replaced by the caregiver of the home.*

**Completion Date:** 11/17/2020

**Update - 02/01/2021**

*Please send/Attach proof (picture) of compliance.*

**Document Submission****Implemented**

*Picture uploaded.*

## 185a - Implement Storage Procedures

**1. Requirements**

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 Repeat Violation**

*Resident #1 glucometer was not calibrated to the correct date and time. At Lunchtime on 11/16/20 Resident #1 glucometer reading was 149 but was incorrectly transcribed as 191.*

*Resident #2 has a PRN order for Acetaminophen 500mg, one tablet by mouth every 6 hours for pain. This medication was not available.*

**Plan of Correction****Accept**

*Resident #1's glucose monitor lost calibration and was not corrected prior to the next usage.*

*The glucometer calibration was corrected upon awareness.*

*-Staff will be trained on how to calibrate a glucometer.*

*-Staff will be required to check it's date and time prior to each use.*

*-The Medical Coordinator will be checking into other alternatives for checking Resident #1's blood sugar.*

*Resident #2's PRN had not ordered in the proper time period for availability.*

*Resident #2's prescription was ordered immediately, delivered by the pharmacy and placed into his secured storage box.*

*-Staff will be advised to order any and all prescriptions within a 5-9 day dose availability.*

*-Staff will place the prescription sticker on the pharmacy order form hand-write the prescription information on the form.*

*-Staff will then place the order form in a specified area for the Medical Coordinator to fax to the pharmacy.*

**Completion Date:** 11/18/2020

185a - Implement Storage Procedures (continued)

Update - 02/01/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

See attachment.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An initial assessment for resident #3 was not completed within 15 days of the resident's admission to the home on 10/19/20

Plan of Correction

Accept

After completing the assessment, I had not taken the time to sit down with Resident #3 to go over it, therefore, Resident #3 had not signed it within the required time. Also, a great deal of my time was being utilized in reference to another resident's aggressive behaviors.

The assessment and support plan have been completed and signed.

-I will utilize my time in completing each assessment in a timely fashion.

-I will request the assistance of my newly hired assistant, as of 11/30/2020.

Completion Date: 11/19/2020

Update - 02/01/2021

Please send/Attach resident #3's completed assessment (RASP).

Document Submission

Implemented

See attachment.