

Department of Human Services
Bureau of Human Service Licensing

March 24, 2021

██████████ PRESIDENT
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/COC#: 20215

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/29/2020 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:** 01/30/2022
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:** MDS60CKS@OUTLOOK.COM

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 18 **Waking Staff:** 14

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/12/2021

Inspection Dates and Department Representative

12/29/2020 - Off-Site: [REDACTED]

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 Resident: 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

Inspections / Reviews

12/29/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *01/23/2021*

2/1/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/02/2021*

3/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse**1. Requirements**

2600.

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

Description of Violation

On 12/11/20, Resident #1 pushed Resident #2 down the stairs. The fall resulted in resident #2 acquiring an open right distal radius fracture (broken right wrist), which required a surgical repair. Resident #1 has a history of causing falls, hitting and punching other residents.

42b - Abuse (continued)

Plan of Correction

Directed

42b-Abuse

Resident #1 was physically abused by Resident #2, by pushing ■■■ down a flight of stairs, resulting in serious bodily injury.

Caregiver, ■■■ was present with Resident #1 and #2 in the second-floor hallway of their home on 12/11/2020. ■■■ was called upon on 1st floor, which is where ■■■ was located when the incident occurred, just minutes after ■■■ left from 2nd floor. Several times, MDS had called EMS, since Resident #1 refused to go to doctor appointments. Prior to the incident, there seemed to be a medical issue regarding Resident #1. Resident #1 was returned home from hospital with prescriptions for constipation, with no blockages, and medically cleared. During numerous occasions of such events, Resident #1 began having behaviors. These behaviors become physical. They would subside for a time, then begin again, worsening each time, to the point of no apparent rhyme or reason for ■■■ actions. MDS reached out to Northumberland County Mental Health/Intellectual Disabilities (NC MH/ID) numerous times. Resident #1 would be assessed and returned, soon after, by ambulance, in the early morning hours. A 302 (Involuntary Commitment) would not be upheld. It had been expressed to me, Resident #1 could not be 302'ed because ■■■ could not participate in their program, due to ■■■ inability to communicate effectively. Also, I had mentioned to the hospital about not being able to meet ■■■ needs or keep the other residents from harm or injury, due to lack of staffing for a 1:1 supervision of Resident #1. They called back, advising the Area Agency on Aging advised them, it would be considered, "Abandonment", if we did not accept ■■■ back. Being a new administrator, I attempted to contact our regional office for advice. I did not receive a reply prior to Resident #1's return. After many attempts of reaching out to hospitals, mental health, and other facilities for placement, and finally, a serious injury, I decided MDS could not accept the return of Resident #1. Resident #1's behaviors became so unpredictable without any apparent cause for aggression toward any of ■■■ peers, causing a serious safety concern for ■■■ and others. An application had been completed for placement at Beacon Light Behavioral Center, after being referred by Selinsgrove Center's director, ■■■, who advised, Resident #1 would not be considered for admission into ■■■ facility. These placement attempts were made prior to Resident #2's injury. Beacon Light initially could not accept Resident #2, due to insurance coverage. At that point, ■■■ sister, Resident #2's N.J. guardian and MDS, tried to ascertain additional insurance coverage. Additional insurance coverage was later obtained. Even now, after several conference calls and sharing required information to Beacon Light and NC MH/ID for determination of eligibility for ICF/MR level of care, Resident #2 is unable to be accepted at Beacon Light or a nursing home. Proper placement is still an issue for Resident #2, but attempts are continuing to be accomplished by all supports.

Future prevention of such unfortunate events will be:

- To be proactive
- To have residents registered, without present supports, with NC MH/ID and any other available assistance needed, in our area, as not to delay professional help and/or proper placement, if/when needed
- Continue to update our resident's insurance, with the best insurance availability
- Have IQ tests completed on those who have never had one, since that was a requirement requested by Beacon Light, when it is safe to be done.

Within 30 days of receipt of this plan of correction:

All staff, including the administrator, will receive training in resident rights from an outside source.

Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Resident #1 shall be monitored closely to ensure safety of resident #1 and other residents in the home. The administrator is responsible.

Completion Date: 12/31/2021

42b - Abuse (continued)

Document Submission

Implemented

All staff, including myself, have been required to complete the online course, Direct Care Staff Training for Personal Care Homes and Assisted Living Residences, which includes the Residents' Rights. Correction of typo errors: resident #1 was the one for which MDS was attempting to place and is still in the process of being placed into a small group home. On [REDACTED] Resident #1 was taken to the hospital for an evaluation. At that time, MDS was no longer able to meet Resident #1's needs. [REDACTED] did not return to MDS after [REDACTED]. Resident #2 returned there after, with no other issues in the household.

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 displayed abusive behaviors towards other residents 7 times from September 24, 2020 to December 11, 2020. The home did not implement positive interventions to ensure the safety of resident or others.

Plan of Correction

Directed

201-Positive Intervention

Facility could not meet the needs of Resident #1 or Resident #2, by providing a 1:1 supervision for the random, extreme, aggressive, physical behavior of Resident #2.

Future prevention of such unfortunate events will be:

- To be proactive
- To have residents registered, without present supports, with NC MH/ID and any other available assistance needed, in our area, as not to delay professional help and/or placement, if/when needed

Immediately and Ongoing:

The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.

Resident #1 shall be monitored closely to ensure safety of resident #1 and other residents in the home. The administrator is responsible.

Completion Date: 03/01/2021

Document Submission

Implemented

After the initial plan was implemented on Resident #2's RASP Addendum, it was working for a time, then behaviors changed to the point in which we were unable to meet [REDACTED] needs, despite of the contacts we made with outside supports, which we will continue to utilize in the future. On [REDACTED] Resident #1 was taken to the hospital for an evaluation. At that time, MDS was no longer able to meet Resident #1's needs. [REDACTED] did not return to MDS after [REDACTED]. Resident #2 returned there after, with no other issues in the household. All staff, including myself, have been required to complete the online course, Direct Care Staff Training for Personal Care Homes and Assisted Living Residences, which includes Behavior Management.

227d - Support Plan Medical/Dental

1. Requirements

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 Assessment and support plan, dated 10/12/20, did not address the resident's at risk behaviors and a plan to provide adequate protection for [REDACTED] and others.

Plan of Correction**Accept**

227d-Support Plan Medical/Dental

Facility did not have an updated support plan/addendum completed and attached to Resident #1's RASP.

Resident #1's behaviors were continuously changing, uncertain if they were caused by a medical issue or a mental condition.

Documentation of a resident's aggressive behaviors and ways to deescalate/prevent them shall be added to their RASP, along with contact information of outside services available.

In the future, an updated addendum will be completed and attached to the resident's RASP, explaining the steps to take for prevention, de-escalation, and/or how and when to contact outside resources.

Completion Date: 01/22/2021

Update - 02/01/2021

Please send/Attach proof of resident #1's updated RASP.

Document Submission**Implemented**

Attached is [REDACTED] most recent RASP, along with an addendum, which was in place during [REDACTED] residency.

There are no other updates, since [REDACTED] was discharged in [REDACTED] due to MDS's inability to provide 1:1 supervision.