

Department of Human Services  
Bureau of Human Service Licensing

April 28, 2021

██████████ ADMINISTRATOR  
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 02/25/2021, 02/26/2021, 03/01/2021 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:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/28/1990      **Issued By:** PALI  
**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:** 03/01/2021

**Inspection Dates and Department Representative**

02/25/2021 - Off-Site: [REDACTED]  
02/26/2021 Off Site [REDACTED]  
03/01/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licence Capacity:** 24      **Resident Served:** 18

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

Resident Demographic Data as of Inspection Dates (*continued*)

## 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

## 02/25/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/08/2021

## 4/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/26/2021

## 4/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident 1's Documentation of Medical Evaluation was completed 1/13/2020. Residents are required to have a DME completed annually. Resident 1 was required to have their annual DME completed no later than 1/28/2021.

Plan of Correction

Accept

█ was actually a return admission as of █. Prior to admission, I had requested for the █ █, from where █ was coming to us, to do an examination for █ and send a completed MA51, along with a DME for our files, upon admission. An examination was completed by █ on 11/16/2020. When the request came from the state to send a copy of █ DME, I then realized, █ did not send a DME along with █ MA51. At that time, I sent a request to the █, including a blank DME form, for █ to completed. I had not received a response since. Also, during the time of █ annual exam renewal, we had experienced a couple outbreaks of COVID-19, beginning in December 7, 2020 (█ tested positive on █ which rendered us unable to make any non-emergency appointments. █ was then hospitalized after a fall on █, then going to rehab until █. Another exam was completed at █ by █ on █, prior to █ return to MDS. Again, no copy of a DME was sent. On 03/12/2021, Our medical coordinator took █ to █ new PCP to have an exam completed and a DME completed. So, it is true we did not have a completed DME, properly dated, available as requested.

In the future, the medical coordinator will review all incoming paperwork of our new admissions, to verify a DME was completed and received, as per our request of all new admissions.

Completion Date: 04/08/2021

Update - 04/15/2021

Within 10 days of receipt of the plan of correction:

The administrator or designee shall AUDIT all resident records and ensure annual medical evaluations are completed timely for all residents. A copy of the audit shall be sent to the department for review.

Document Submission

Implemented

See attachment.