

Department of Human Services
Bureau of Human Service Licensing

March 9, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *20215* License Expiration: *01/30/2022*
Address: *60 WALNUT STREET, P.O. BOX 416, MILTON, PA 17847*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[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: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/13/2022*

Inspection Dates and Department Representative

01/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *8*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/11/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/10/2022*

02/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/22/2022*

02/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/08/2022*

03/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The ceiling in the room of resident 1 and Resident 2 was discolored and cracking. Resident 1 and Resident 2 state that it leaks water when it is raining outside.

Plan of Correction

Do Not Accept

The ceiling in resident #1 and #2's room was discolored and cracking. The residents and their direct care staff were asked to inform the maintenance worker of any needed repairs to be made by filling out a repair form located in the medication room of their home. The form shall then be completed and placed into the maintenance worker's mailbox, marked [REDACTED], located in the conference room at the Carriage House.

I, the administrator, am making arrangements for the residents of the room needing repair to move to another room during its repair process.

We are also in the process of some placements to other facilities, due to closure of the building from lack of/overworked staffing and requesting an increase of capacity of MDS' other building to help with placements. See attached.

Update: 02/15/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-15-2022 MM

Plan of Correction

Accept

Direct Care Staff are responsible for the delivery of the repair slips. Maintenance will be responsible for any repairs. The administrator was responsible for making the arrangements for the female residents to move from the room needing repair, which was completed on 02/19/2022. The administrator is responsible for monitoring compliance. See attached for copy of Repair Slips.

Update: 02/28/2022

The administrator shall monitor weekly for 3 months to ensure ongoing compliance. 2-28-2022 MM

Document Submission

Implemented

See attached

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a food container found in the freezer of the home that was not labeled or dated to determine what was in the container or the date that it was stored.

Plan of Correction

Do Not Accept

There was a container of food placed in the freezer without being labeled or dated. A new marker and a roll of tape was made available for the use of marking items being stored in the refrigerator and/or freezer. A training form was created from state regs. 2600.103, which is also found in MDS' Policies and Procedures Manual, to be signed by all kitchen and direct care staff, after reading with the understanding.

See attached.

103i - Outdated Food (continued)**Update:** 02/15/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-15-2022 MM

Plan of Correction**Accept**

Kitchen and direct care staff are responsible for fixing the problem and the administrator is responsible for monitoring compliance.

See attached for training record.

Update: 02/28/2022

The administrator shall monitor weekly for 3 months to ensure ongoing compliance. 2-28-2022 MM

Document Submission**Implemented**

See attached

124 - Notice to Fire Department**1. Requirements**

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.

Description of Violation

Home was unable to provide verification that the local fire department was notified in writing of their address, bedroom locations, or assistance needed for evacuation.

Plan of Correction**Accept**

I, the administrator, was unable to locate a previous email sent to the local fire department notifying them of MDS' address, bedroom locations, or assistance needed for evacuation. A new notification was sent to the local fire department. A copy of the email will be retained by the administrator for future reference.

See attachment.

Document Submission**Implemented**

See attached

132c - Fire Drill Records**1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home completed a fire drill on 12/31/2021 but did not document the exit used during the drill or the staff that participated in the fire drill.

Plan of Correction**Accept**

A fire drill was completed on 12/31/2021, but I, the administrator, could only locate the check list for calling out the resident's names for "The Manor" and not the template form provided by the state in which I use. Since then, we have had another fire drill. The information gathered was immediately recorded and transferred onto the "Fire Drill

132c - Fire Drill Records (continued)

Record" form and will continue to do so in the future, by me, the administrator.

See attached.

Update: 02/15/2022

Please send/Attach copy of the homes fire drill log. 2-15-2021 MM

Document Submission

Implemented

See attached

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 2 self-administers their own medications. The medications were stored in the resident's shared bedroom in a lock box that was not locked at the time of inspection.

Plan of Correction

Do Not Accept

Resident #2's medication lock box was left unsecured and unattended in a shared bedroom. Direct care staff will remind daily and make periodic checks of self-medicating resident's, making sure their medications are secure, by not only seeing them kept inside a lock box, but to actually see that it's locked when not in use.

Update: 02/15/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-15-2022 MM

Plan of Correction

Accept

Resident #2 is responsible for bringing [redacted] lock box to staff to ensure her medication is locked and secure. Direct care staff are responsible for checking Resident #2's lock box after each of [redacted] self-administering times. Self-administering times are 8am, 4pm, and 9pm. The administrator is responsible for monitoring compliance.

Update: 02/28/2022

The administrator shall monitor weekly for 3 months to ensure ongoing compliance. 2-28-2022 MM

Document Submission

Implemented

See attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 3's record did not include a section detailing their identifying marks.

Plan of Correction

Do Not Accept

MDS's record book did not contain Resident #3's identifying marks. Since then, I, the administrator, have added an "Identifying Marks" section to the information cover sheets of our residents, which are being updated for each of

252 - Record Content (continued)

them. The updates will be completed by the Medical Director. These new information cover sheets will be utilized and completed in the future for any new admissions.

See attached.

Update: 02/15/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-15-2022 MM

Plan of Correction**Accept**

The Medical Director is responsible for adding required information to the new resident information sheet for each resident, and the administrator will be responsible for monitoring compliance. Resident #3'a is complete and others are in process.

Update: 02/28/2022

The administrator shall monitor and audit resident records weekly for 3 months to ensure compliance. 2-28-2022 MM

Document Submission**Implemented**

See attached