

Department of Human Services
Bureau of Human Service Licensing

July 15, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: MILTON DEVELOPMENTAL SERVICES
58 WALNUT STREET, P.O. BOX 416
MILTON, PA, 17847
LICENSE/COC#: 21373

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2022 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* License #: *21373* License Expiration: *06/14/2023*
Address: *58 WALNUT STREET, P.O. BOX 416, MILTON, PA 17847*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MILTON DEVELOPMENTAL SERVICES INC*
[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/17/2017* Issued By: *Borough of Milton*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/30/2022*

Inspection Dates and Department Representative

03/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* 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: *11* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *14*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/30/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/16/2022*

Inspections / Reviews *(continued)*

06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/29/2022*

06/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/07/2022*

07/15/2022 - Document Submission

Reviewer: [REDACTED] [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

7. Telephone use and notification of emergency services.

Description of Violation

Staff Member B was hired on [redacted] and had their first scheduled day of work in the home on [redacted]. Staff Member B did not receive orientation on phone use and use of emergency numbers until [redacted].

Plan of Correction

Do Not Accept

All staff training will be completed in accordance with Reg. 2600 65a 1-7 prior to the first day of work, this training will include all direct care staff, ancillary staff, substitute personnel and volunteers. This training will be conducted and documented by staff completing the training. Specifically, all new staff will be trained in the use of landline and calling EMS in case of an emergency.

Completion Date: 05/02/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

All staff training will be completed in accordance with Reg. 2600 65a 1-7 prior to the first day of work, this training will include all direct care staff, ancillary staff, substitute personnel and volunteers. This training will be conducted and documented by staff completing the training. Specifically, all new staff will be trained in the use of landline and calling EMS in case of an emergency. Staff member B was trained in phone use on 1/10/22 and 5/2/2022 by administrator. All new staff members are trained prior to being put on the work schedule. The Administrator is responsible for this training and senior staff. This started June 1, 2022

Completion Date: 06/24/2022

Document Submission

Implemented

All staff training will be completed in accordance with Reg. 2600 65a 1-7 prior to the first day of work, this training will include all direct care staff, ancillary staff, substitute personnel and volunteers. This training will be conducted and documented by staff completing the training. Specifically, all new staff will be trained in the use of landline and calling EMS in case of an emergency. Staff member B was trained in phone use on 1/10/22 and 5/2/2022 by administrator. All new staff members are trained prior to being put on the work schedule. The Administrator is responsible for this training and senior staff. This started June 1, 2022

89a - Water Pressure

1. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

89a - Water Pressure (continued)

Description of Violation

Resident 1 stated that the shower on the 2nd floor does not get very warm. Water temperature taken from this bathroom had a high temperature of 83.1 degrees.

Plan of Correction

Accept

The water heaters were adjusted, and the water temp is now recording 117 degrees for hot water on the 2nd floor. The water temperature will be checked by maintenance weekly to ensure Reg. 2600 89 a is in compliance.

Completion Date: 05/11/2022

Update: 06/23/2022

Document Submission

Implemented

The water heaters were adjusted, and the water temp is now recording 117 degrees for hot water on the 2nd floor. The water temperature will be checked by maintenance weekly to ensure Reg. 2600 89 a is in compliance.

103g - Storing Food

1. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were multiple boxes of food found stored on the floor of the food storage room.

Plan of Correction

Accept

Food storage area has been cleaned, re-organized all food items have been stored off the floor. The food is kept in sealed containers and all products are in date in accordance with Reg. 2600 103g. The dietary staff will be responsible to ensure that this procedure is followed. The Administrator will check randomly.

Completion Date: 05/16/2022

Document Submission

Implemented

Food storage area has been cleaned, re-organized all food items have been stored off the floor. The food is kept in sealed containers and all products are in date in accordance with Reg. 2600 103g. The dietary staff will be responsible to ensure that this procedure is followed. The Administrator will check randomly.

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

The notification letter to the local fire department did not list the home's resident capacity.

Plan of Correction

Accept

In accordance with Reg. 2600 124, Milton Fire Department has been notified in writing the address of the home, locations of the bedrooms and any assistance needed to evacuate in case of an emergency. Updates will be provided by Administrator as needed by Administrator

Completion Date: 06/01/2022

124 - Notice to Fire Department (*continued*)**Document Submission****Implemented**

In accordance with Reg. 2600 124, Milton Fire Department has been notified in writing the address of the home, locations of the bedrooms and any assistance needed to evacuate in case of an emergency. Updates will be provided by Administrator as needed by Administrator

130a - Smoke Detector 15 ft Bedroom

1. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The closest smoke detector to bedroom #9 and Bedroom #10 was found to be approximately 19 feet from each bedroom door.

Plan of Correction**Accept**

Smoke detectors were placed in rooms #9 and #10 above the door. In accordance to Reg. 2600 130 a. The maintenance staff is responsible to check batteries to ensure they are working correctly.

Completion Date: 06/01/2022

Document Submission**Implemented**

Smoke detectors were placed in rooms #9 and #10 above the door. In accordance to Reg. 2600 130 a. The maintenance staff is responsible to check batteries to ensure they are working correctly.

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

On 1/28/2022, the home completed a fire drill but did not document the number of residents in the home, residents evacuated from the home, or the staff that participated in the drill.

Plan of Correction**Do Not Accept**

In accordance with Reg. 2600 132 a, MDS will be utilizing the state form for all fire drills. The forms will include date, time, amt. of time to evacuate, exit routes, # of residents in the home at time of drill, # evacuated, # of staff participating, problems encountered, and whether the smoke detector or fire alarm was operative. All staff will be trained in procedure of documentation by Administrator.

Completion Date: 06/09/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

132c - Fire Drill Records (continued)

Who will monitor ongoing compliance?

Plan of Correction

Accept

In accordance with Reg. 2600 132 a, MDS will be utilizing the state form for all fire drills. The forms will include date, time, amt. of time to evacuate, exit routes, # of residents in the home at time of drill, # evacuated, # of staff participating, problems encountered, and whether the smoke detector or fire alarm was operative. All staff will be trained in procedure of documentation by Administrator. The Administrator will monitor and take responsibility to provide the new paperwork for drills. June 9, 2022 new fire procedures and paperwork will take place.

Completion Date: 06/24/2022

Update: 06/30/2022

Please send proof of staff training.

Document Submission

Implemented

In accordance with Reg. 2600 132 a, MDS will be utilizing the state form for all fire drills. The forms will include date, time, amt. of time to evacuate, exit routes, # of residents in the home at time of drill, # evacuated, # of staff participating, problems encountered, and whether the smoke detector or fire alarm was operative. All staff will be trained in procedure of documentation by Administrator. The Administrator will monitor and take responsibility to provide the new paperwork for drills. June 9, 2022 new fire procedures and paperwork will take place.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's food menu was not posted for a week in advance. On 3/30/2022, the menu was only posted until 4/2/2022.

Plan of Correction

Do Not Accept

All menus will be posted for the current week and one week in advance in conspicuous and public places in the home stating specific foods being served by the dietary staff in accordance with Reg. 2600 162 c.

Completion Date: 05/18/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

All menus will be posted for the current week and one week in advance in conspicuous and public places in the home stating specific foods being served by the dietary staff in accordance with Reg. 2600 162 c. The persons

162c - Menus Posted (continued)

responsible for fixing this compliance is the dietary staff. The Dietary staff since 5/18/2022 has been posting the menus for current week and one week in advance. This is monitored by the Administrator.

Completion Date: 06/24/2022

Update: 06/30/2022

Please send proof of compliance (picture).

Document Submission

Implemented

All menus will be posted for the current week and one week in advance in conspicuous and public places in the home stating specific foods being served by the dietary staff in accordance with Reg. 2600 162 c. The persons responsible for fixing this compliance is the dietary staff. The Dietary staff since 5/18/2022 has been posting the menus for current week and one week in advance. This is monitored by the Administrator.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The case record for Resident 2 does not have verification that the resident was educated regarding their right to refuse or question medication.

Plan of Correction

Do Not Accept

All new and current residents has/shall be informed and educated of the right to question or refuse medication if believed that there may be an error. This is now in the added to residents' rights paperwork and reviewed in according to Reg. 2600 191. The Medical Director is responsible for this area of compliance.

Completion Date: 05/18/2022

Update: 06/23/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

All new and current residents has/shall be informed and educated of the right to question or refuse medication if believed that there may be an error. This is now in the added to residents' rights paperwork and reviewed in according to Reg. 2600 191. The Medical Director is responsible for this area of compliance. Resident #2 on 5/18/2022 was informed of his right to question or refuse medication if he believes there is an error by the Medical Director. The Administrator will monitor ongoing compliance with Medical Director. All current residents have been educated on right to question and refuse medication that they believe may be an error.

Completion Date: 06/24/2022

Update: 06/30/2022

191 - Resident Right to Refuse (*continued*)**Document Submission*****Implemented***

All new and current residents has/shall be informed and educated of the right to question or refuse medication if believed that there may be an error. This is now in the added to residents' rights paperwork and reviewed in according to Reg. 2600 191. The Medical Director is responsible for this area of compliance. Resident #2 on 5/18/2022 was informed of his right to question or refuse medication if he believes there is an error by the Medical Director. The Administrator will monitor ongoing compliance with Medical Director. All current residents have been educated on right to question and refuse medication that they believe may be an error.