

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

January 27, 2023

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2023, 01/11/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MILTON DEVELOPMENTAL SERVICES II **License #:** 20215 **License Expiration:** 01/30/2024

Address: 60 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

Address: 60 WALNUT ST, PO BOX 416, MILTON, PA, 17847

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/28/1990 **Issued By:** PA L&I

Type: I-1 **Date:** 05/08/2008 **Issued By:** Borough of Milton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 16 **Waking Staff:** 12

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 01/11/2023

Inspection Dates and Department Representative

01/10/2023 - On-Site [REDACTED]

01/11/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24 **Residents Served:** 16

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 9

Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 14

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

01/10/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/26/2023

Inspections / Reviews *(continued)*

01/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/01/2023

01/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident-home contract for Resident #1, dated [REDACTED], does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction

Accept [REDACTED] - 01/26/2023)

2600.25.c At a minimum the contract will specify the following: 6. The conditions under which refunds will be made, including the refund of admission fees and the refunds upon residents' death.

The Administrator will ensure that the refund policy is stated clearly in all admission rental agreements. Resident #1 dated [REDACTED] rental agreement has been updated. Please see attached paperwork.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented [REDACTED] - 01/27/2023)

25b SOPb2 - Rent Rebate: Intended Use

2. Requirements

2600.

25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

Description of Violation

The home collects a portion of the rent rebate benefit for eligible residents. The resident-home contract for Resident #1, dated [REDACTED], does not include the home's intended use for rent rebate revenues collected.

Plan of Correction

Accept [REDACTED] - 01/26/2023)

2600.

25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

The Administrator will be responsible to ensure that the admission rental agreement has the portion of rent rebate that the PCH will take and how the revenue collected will be utilized from the rent rebate.

Please see attached documentation for Resident #1 with updated rent rebate form.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented [REDACTED] - 01/27/2023)

26b - Quality Management Plan Content

3. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home conducts quality management meetings annually. The home did not conduct a quality management meeting in 2022.

26b Quality Management Plan Content (continued)

Plan of Correction

Accept ([redacted] - 01/26/2023)

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following. The quality management plan shall address the periodic review and follow the quality management plan. The quality management plan will be conducted 01/26/2023.

The Administrator will be responsible for this.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented [redacted] - 01/27/2023)

93a - Handrails

4. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The home has an internal stairwell leading to the covered porch. There is no handrail located at this internal stairwell.

Plan of Correction

Accept [redacted] - 01/26/2023)

2600.

93.a. Each ramp, interior stairway and outside steps must have a well secured handrail.

The home's interior wall on the stairwell leading to the covered porch now has a handrail in place.

Maintenance is responsible for this

Please see attached picture

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented [redacted] - 01/27/2023)

101j2 - Bedroom Chairs

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #2 is occupied by 3 residents; however, there was only 1 chair located in this room.

Plan of Correction

Accept [redacted] - 01/26/2023)

2600.

101.j.

Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Bedroom #2 that is occupied by 3 residents now has a chair for each resident to use.

101j2 - Bedroom Chairs (continued)

Maintenance is responsible for this

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (█) - 01/27/2023)

121a - Unobstructed Egress

6. Requirements

2600.

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

Description of Violation

There was a blanket located at the base of the home's front door, intended to block a draft from entering the home. This prevents immediate egress from the home in the event of an emergency.

There is an emergency exit located in the home's basement in the boiler room. There was a wire rack in front of the door leading to this door, intended to keep the door closed. This prevents immediate egress from the home in the event of an emergency.

Plan of Correction

Accept (█) - 01/26/2023)

2600.

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

The blanket was removed from the base of the door by Administrator during walk through.

The emergency exit sign in the basement has been placed. on the door and the wire rack has been removed to provide immediate egress from the area. This was removed the day of the walk through.

Maintenance is responsible for this

See pictures attached

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (█) - 01/27/2023)

124 - Notice to Fire Department

7. 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 home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

Plan of Correction

Accept (█ - 01/26/2023)

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.

See attached

Administrator has sent a letter in writing to the Milton Fire Department which includes the location of the home., diagrams of the bedrooms and the assistance needed for evacuation in case of an emergency.

See attached letter and diagrams. The Administrator is responsible for this.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (█ - 01/27/2023)

132c - Fire Drill Records

8. 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 fire drill record for the drill conducted on 2/28/2022 does not include any of the information required by this regulation other than the date. The home's annual supervised fire drill was conducted on this date and no details of the drill were recorded.

Plan of Correction

Accept (█ - 01/26/2023)

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.

All fire drills will include date, time, evacuation time, exit route used, the number of residents in the home at the time of the drill, number of the of residents evacuated, number of staff participating, any problems encountered and whether the fire alarm or smoke detector was operative.

Administrator will ensure that all the correct information is recorded.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (█ - 01/27/2023)

132e - Fire Drill Sleeping Hours

9. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

The last fire drill conducted during sleeping hours was on 7/31/2022 at 4:50am. The previous sleeping hours fire drill was conducted on 12/31/21 at 9:21pm, exceeding the timeframe as required by this regulation.

Plan of Correction

Accept (█ - 01/26/2023)

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

The previous administrator did the 12/31/21. The current administrator took over in July 2022 as the Administrator. A nighttime fire drill was held on 7/31/2023 and the next on will be before January 31, 2023. The Administrator will ensure that all fire drills for nighttime will be within the sleeping hours and in the 6-month guideline.

Administrator is responsible.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (█ - 01/27/2023)

133.2 - Exit Signs Direction

10. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The emergency exit located in the home's basement boiler room does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits.

133.2 - Exit Signs Direction (continued)

Plan of Correction

Accept (█ - 01/26/2023)

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

The emergency exit located in the home's basement now has a sign marking the direction that is visual for immediate exit.

Maintenance is responsible for this.

See attached picture

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (█ - 01/27/2023)

141a 1-10 Medical Evaluation Information

11. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated █, did not include 2) Medical diagnosis including physical or mental disabilities of the resident.

Plan of Correction

Accept (█ - 01/26/2023)

2600.

141.a.

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

A general physical examination by a physician, physician's assistant or nurse practitioner.

Medical diagnosis including physical or mental disabilities of the resident, if any.

Medical information pertinent to diagnosis and treatment in case of an emergency.

Special health or dietary needs of the resident.

Allergies.

141a 1 10 Medical Evaluation Information (continued)

Immunization history.

Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.

Body positioning and movement stimulation for residents, if appropriate.

Health status.

Mobility assessment, updated annually or at the Department's request.

Resident #1's medical evaluation now includes the following information of intellectual disability as per doctor.

See attached

Medical Director is responsible

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented [redacted] - 01/27/2023)

144c1 - Smoking Area Guidelines

12. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's smoking area, located in the home's parking lot area utilizes 2 wooden benches, which are not fireproof.

Plan of Correction

Accept [redacted] - 01/26/2023)

2600.

144.c.

A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1.

Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

The home's smoking area in the parking lot will have 2 new benches and the wooden benches removed. The new benches are ordered and will be delivered Feb. 4, 2023

Maintenance is responsible.

Order Placed: January 24, 2023

Amazon.com order number: [redacted]

Order Total: \$169.58

Shipped on January 25, 2023

144c1 Smoking Area Guidelines (continued)

Items Ordered Price

2 of: Garden Bench Bench Park Outdoor Bench for Patio Metal Bench Park Bench with Plastic Backrest Armrests Sturdy Steel Frame Furniture for Yard Porch Work Entryway,Black

Sold by: Amazon.com Services LLC

Condition: New

\$79.99

Shipping Address:

58 WALNUT ST MILTON, PA 17847 1218 United States

Shipping Speed:

Standard Shipping

Payment information

Item(s) Subtotal: \$159.98

Shipping & Handling: \$0.00

Total before tax: \$159.98

Estimated tax to be collected: \$9.60

Grand Total: \$169.58

Payment Method:

Debit Card | Last digits: 9215

Billing address

60 Walnut Street MILTON, PA 17847 United States

Licensee's Proposed Overall Completion Date: 02/04/2023

Implemented - 01/27/2023

185a - Implement Storage Procedures

13. 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 Violation

Resident #2 is prescribed . This medication was not available in the home.

Resident #3 receives blood sugar readings 3 times daily before breakfast, lunch, and dinner. On the following dates and times, the readings located in the blood glucose monitor were transcribed incorrectly onto the treatment log:

before dinner reading transcribed as , reading in the monitor of ; before lunch reading transcribed as , reading in the monitor of

185a Implement Storage Procedures (continued)

████ before lunch reading transcribed as █████, reading in the monitor of █████; before breakfast reading transcribed as █████, reading in the monitor of █████
████ before breakfast reading transcribed as █████ reading in the monitor of █████

Plan of Correction

Accept (████ - 01/26/2023)

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 Violation

Resident #2 is prescribed PRN █████. This medication was not available in the home. This medication was discontinued.

The Medical Director will ensure that all changes in medication will be properly noted in the MAR paperwork.

Resident #3 receives blood sugar readings 3 times daily before breakfast, lunch, and dinner.

Medical Director will ensure that correct reading is documented by checking the monitor and the documentation matches weekly.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (████ - 01/27/2023)

187a - Medication Record

14. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2's PRN █████ is listed on the resident's medication record, but is not a current order.

Resident #4's PRN █████ is listed on the resident's medication record, but is not a current order.

Plan of Correction

Accept (████ - 01/26/2023)

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Resident #2's PRN █████ is listed on the resident's medication record, but is not a current order.

Resident #4's PRN █████ is listed on the resident's medication record, but is not a current order.

All medication MAR's will be kept including all information needed for current orders. When medication is discontinued the MAR's will be updated immediately upon doctor's order and the order will be placed in file with MAR's

Medical Director is responsible for this

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (████ - 01/27/2023)

187a Medication Record (continued)

227d - Support Plan Medical/Dental

15. 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 is diagnosed with an [REDACTED]. The assessment and support plan for Resident #1, dated [REDACTED], does not include this diagnosis and the home's plan to meet the resident's needs based on this diagnosis.

Plan of Correction

Accept [REDACTED] - 01/26/2023)

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.

Resident #1's DME was corrected to include intellectual disability. The assessment and support plan includes the diagnosis and plans to meet the residents need based on the diagnosis.

Administrator is responsible for this requirement. See attached

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented ([REDACTED] - 01/27/2023)