

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

September 20, 2023

[REDACTED], ADMINISTRATOR
MILTON DEVELOPMENTAL SERVICES INC
[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 06/29/2023 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 **License #:** 21373 **License Expiration:** 06/14/2024

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 [REDACTED]
 [REDACTED] P.O. BOX 416, MILTON, PA, 17847

Phone: [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/17/2017 **Issued By:** L&I

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:** 06/29/2023

Inspection Dates and Department Representative

06/29/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **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: 11 **Are 60 Years of Age or Older:** 3

Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 11

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

Inspections / Reviews

06/29/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/31/2023

08/14/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/19/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/21/2023

Inspections / Reviews *(continued)*

08/29/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2023

09/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all fossil fuel burning devices have a CO2 detector installed at least 15 feet from the fossil fuel burning device. The CO2 detector near the home's gas hot water heater and boilers was not operational due to lack of batteries.

Plan of Correction

Accept [redacted] - 08/14/2023)

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all fossil fuel burning devices have a CO2 detector installed at least 15 feet from the fossil fuel burning device. The CO2 detector near the home's gas hot water heater and boilers was not operational due to lack of batteries.

Plan of Correction:

The batteries were replaced in the CO2 detector on 6/29/2023. All the detectors were checked on 6/30/2023, and batteries replaced. On the outside of each unit was dated with the posted on the detector. Maintenance has a newly developed sign off sheet to record the date and time units are checked and batteries replaced.

Maintenance is responsible for this regulation 2600.18.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [redacted] - 09/20/2023)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides financial assistance for Resident #1 but has not provided them with an itemized account of their transactions in the last 6 months.

Plan of Correction

Accept [redacted] - 08/29/2023)

2600.

20.b.

If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8.

The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

20b8 - Quarterly Account (continued)

Description of Violation

The home provides financial assistance for Resident #1 but has not provided them with an itemized account of their transactions in the last 6 months.

Plan of Correction:

Financial assistance is provided for Resident #1. The Administrator has given Resident #1 an itemized account of their transactions for the last 6 months. January 1, 2023-June 30th, 2023. Please see attached letter to Resident #1 and family that was sent.

Administrator will ensure that all residents and their appointed family members will receive a financial statement quarterly. These will be sent the first week of April, July, October and January of the year. Please see attached letter. Letter was written on June 30, 2023, and mailed and letter and information sent on July 3, 2023. All residents and that are provided financial assistance has been sent a letter and the financial records as of July 30, 2023.

Administrator is responsible for this regulation 2600.20b. 8.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented () - 09/20/2023)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct Care staff member A hired () Pennsylvania State Police Criminal Background Check dated () notes request under review for control. The staff member works unsupervised in the home.

Plan of Correction

Accept () - 08/29/2023)

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct Care staff member A hired () Pennsylvania State Police Criminal Background Check dated () notes request under review for control. The staff member works unsupervised in the home.

Plan of Correction:

Direct care staff member A hired () had a PA State Criminal background Check completed before he was on the schedule however the form was not in the file. The background check was put in the file 6/29/2023. See copy attached

The Administrator is responsible for this regulation 2600.51. and will ensure in the future that all employees files have a criminal background check prior to being put on the schedule for work. Criminal history checks and hiring policies will be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (continued)

Please see attached

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [redacted] - 09/20/2023)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There was no verification that a staff member trained in First Aid was in the building from 9pm-7am on 6/11/2023. The home currently serves 16 residents and is required to have one staff member working certified in First Aid at all times.

Plan of Correction

Accept [redacted] - 08/29/2023)

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There was no verification that a staff member trained in First Aid was in the building from 9pm-7am on 6/11/2023. The home currently serves 16 residents and is required to have one staff member working certified in First Aid at all times.

Staff Member A was trained in First Aid and CPR prior to starting his position.

Plan of Correction:

He failed to sign in on the training sheet and did not receive his card for First Aid. He was taken off the schedule until he completed a first Aid course. Course was completed on 7/14/2023. All staff will have CPR and First Aid training prior to starting to work independently.

Administrator is responsible for this area of compliance. A completed training record of each staff will be placed in files to ensure that the training is completed on time. Please find attached documentation

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 09/20/2023)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff member B hired [redacted] did not complete 12 hours of annual training in 2022.

Plan of Correction

Accept [redacted] - 08/29/2023)

2600.

65e 12 Hours Annual Training (continued)

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.

Plan of Correction:

2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff member B hired 7/22/20 did not complete 12 hours of annual training in 2022.

Plan of Correction:

Training records were not found for the previous administrator for Staff person B in 2022.

Staff person B will have 12 hours of training that is required by 9/30/2023. The Administrator and Medical Director will provide the trainings required and documentation of trainings.

All staff will have documented 12 hours of mandatory training completed in fiscal year 2023.

All Direct care staff persons will have at least 12 hours of annual training relating to their job duties.

The administrator is responsible to ensure this regulation is maintained. See attached schedule for 2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 09/20/2023)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff member B hired [redacted] did not complete training in the required topics in 2022.

Plan of Correction

Accept [redacted] - 08/29/2023)

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

65f - Training Topics (continued)

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff member B hired [REDACTED] did not complete training in the required topics in 2022.

Plan of Correction:

Description of Violation

Direct care staff member B hired [REDACTED] did not complete 12 hours of annual training in 2022.

Plan of Correction:

Training records were not found for the previous administrator for Staff person B in 2022.

Staff person B will have the 12 hours of annual training completed by 9/30/2023.

The Administrator and the Medical Director will provide these trainings. Documentation will be forwarded upon completion.

All staff will have documented 12 hours of mandatory training completed in fiscal year 2023.

The administrator is responsible to ensure this regulation is maintained. See attached schedule for 2023 and for 2022 training for staff person B

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ([REDACTED] - 09/20/2023)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Direct care staff member B hired [REDACTED] did not complete training on resident rights, The Older Adult Protective Services Act, emergency preparedness and fire safety in 2022.

Plan of Correction

Accept ([REDACTED] - 08/29/2023)

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall

65g - Annual Training Content (continued)

be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Direct care staff member B hired [REDACTED] did not complete training on resident rights, The Older Adult Protective Services Act, emergency preparedness and fire safety in 2022.

Plan of Correction:

Training records were not found for the previous administrator for Staff person B in 2022.

Staff person B will have the mandatory training completed by 9/30/23. Administrator and Medical Director will be responsible for the training and documentation will be sent upon completion.

All staff will have documented 12 hours of mandatory training completed in fiscal year 2023. Training will include Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

The administrator is responsible to ensure this regulation is maintained.

See attached 2023 training record. A record will be maintained in each staff member file utilizing PCH state documentation

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ([REDACTED] - 09/20/2023)

65i - Training Record

8. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care staff member B's training record for 2022 didn't include the name of the staff member conducting the training and the number of training hours completed.

Plan of Correction

Accept ([REDACTED] - 08/29/2023)

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

65i Training Record (continued)

Description of Violation

Direct care staff member B's training record for 2022 didn't include the name of the staff member conducting the training and the number of training hours completed.

Plan of Correction:

Training records were not found for the previous administrator for Staff person B in 2022.

Staff person B will have a completed training record using the PCH state form to track trainings.

All staff will have documented 12 hours of mandatory training completed in fiscal year 2023. The use of the state training form for sign in will be used.

The administrator is responsible to ensure this regulation is maintained. See 2023 training record

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█) - 09/20/2023

100a - Exterior - Free of Hazards

9. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The porch on the back of the building's 2nd floor had loose floorboards that sank when walked upon causing a fall hazard.

Plan of Correction

Accept (█) - 08/29/2023

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The porch on the back of the building's 2nd floor had loose floorboards that sank when walked upon causing a fall hazard. The exterior of the building and the building grounds and yard will be kept in good repair and free of hazards.

Plan of Correction:

The 2nd floor back porch was repaired by a contractor and roof is being replaced.

See attached pictures. Completed 6/31/2023

The Maintenance staff will do weekly rounds to ensure that the buildings and grounds are in good repair. There is also a Maintenance repair sheet that will be utilized by all staff to complete when they find an area that needs attention/repared.

Maintenance is responsible for this requirement. Please see attached documentation

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented (█) - 09/20/2023

101j2 - Bedroom Chairs

10. Requirements

101j2 - Bedroom Chairs (continued)

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

The bedroom shared by Resident #2 and Resident #3 has only 1 chair available in the room.

Plan of Correction

Accept (█) - 08/14/2023)

2600.

101.j.

Each resident shall have the following in the bedroom:

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

Description of Violation

The bedroom shared by Resident #2 and Resident #3 has only 1 chair available in the room.

Plan of Correction:

Resident #2 and #3 have a chair for each in their bedroom. There was 2 in the bedroom but Resident #2 removed it and put in clothing closet outside of bedroom. Weekly checks of all rooms will be conducted to ensure that each resident has a chair in bedroom.

This was corrected the 6/29/23.

The Administrator is responsible for this requirement.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented (█) - 09/20/2023)

101j7 - Lighting/Operable Lamp

11. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no light available from the bedside for Resident #4.

Plan of Correction

Accept (█) - 08/14/2023)

2600.

101.j.

Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no light available from the bedside for Resident #4.

Plan of Correction:

The lamp was placed back into the room on 6/29/23. Resident had the lamp in another room. Weekly checks will be made to ensure at all residents have a lamp bedside.

Administrator is responsible for this requirement.

Licensee's Proposed Overall Completion Date: 07/26/2023

101j7 - Lighting/Operable Lamp (continued)

Implemented (█) - 09/20/2023

103i - Outdated Food

12. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/29/23, in the home's refrigerator there was a container of Pillsbury cornbread with best by date of 4/20/2023 and breadsticks with a best by date of 4/19/23. There was an unlabeled and undated sandwich found in the refrigerator on the 3rd floor.

Plan of Correction

Accept (█) - 08/14/2023

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/29/23, in the home's refrigerator there was a container of Pillsbury cornbread with best by date of 4/20/2023 and breadsticks with a best by date of 4/19/23. There was an unlabeled and undated sandwich found in the refrigerator on the 3rd floor.

Plan of Correction:

The expired food items were removed on 6/29/23. A resident had food in the refrigerator which █ didn't label. Weekly the food will be checked for outdated or expired dates. Residents were reminded to make their food items in the upstairs refrigerator.

Dietary staff is responsible for this regulation.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented (█) - 09/20/2023

132b - Safety Inspection/Fire Drill

13. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent supervised fire drill and fire safety inspection was conducted on 4/13/23. The previous supervised fire drill and fire safety inspection was conducted on 2/25/22.

Plan of Correction

Accept (█) - 08/14/2023

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent supervised fire drill and fire safety inspection was conducted on 4/13/23. The previous supervised

132b - Safety Inspection/Fire Drill (continued)

fire drill and fire safety inspection was conducted on 2/25/22.

Plan of Correction:

The fire drill and fire safety inspection with the fire company was delayed as we were out of the building until repairs were made after our fire. The original schedule was for February 8th, 2023. We rescheduled with the fire company as soon as we settled back into the building.

In the future the Fire Drill and Fire Safety Training will be conducted within a year from the previous training.

Administrator is responsible for this requirement.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [redacted] - 09/20/2023)

132c - Fire Drill Records

14. 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 drills conducted on 7/31 and 8/2 do not include the year conducted.

A supervised fire drill was conducted on 2/28/22. The fire drill log does not include the time held, routes used, number of residents in the home, number of residents evacuated, number of staff participating, problems encountered, and whether the fire alarm or smoke detector was operative.

Repeat Violation: 3/30/2022

Plan of Correction

Accept [redacted] - 08/29/2023)

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.

Description of Violation

The fire drills conducted on 7/31 and 8/2 do not include the year conducted.

A supervised fire drill was conducted on 2/28/22. The fire drill log does not include the time held, routes used, number of residents in the home, number of residents evacuated, number of staff participating, problems encountered, and whether the fire alarm or smoke detector was operative.

Repeat Violation: 3/30/2022

Plan of Correction:

The previous Administrator failed to put information required for the Fire Training/Safety Training on 2/28/22. This was corrected on our annual training 4/13/23. All fire drill record will 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

132c - Fire Drill Records (continued)

or smoke detector was operative.

Administrator is responsible for this requirement. This will be checked each time there is a fire drill by the Administrator. Please see the attached corrected fire drill records with corrected date of year.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented (█) - 09/20/2023)

132d - Evacuation

15. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a letter from the fire safety expert indicating additional evacuation time based on the physical construction of the home. The home must evacuate within 2 minutes and 30 seconds. The evacuation time exceeded 2 minutes and 30 seconds for the fire drills conducted on the following dates: 3/24/22, 4/27/22, 5/25/22, 1/31/23, 3/21/23 and 4/11/23.

Plan of Correction

Accept (█) - 08/29/2023)

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a letter from the fire safety expert indicating additional evacuation time based on the physical construction of the home. The home must evacuate within 2 minutes and 30 seconds. The evacuation time exceeded 2 minutes and 30 seconds for the fire drills conducted on the following dates: 3/24/22, 4/27/22, 5/25/22, 1/31/23, 3/21/23 and 4/11/23.

Plan of Correction:

Fire drills times was addressed by the local fire company for evacuation of our buildings. The fire safety expert indicated additional evacuation time based on the physical construction of the home. Our evacuation time is 3 minutes. The Fire Department will complete the evacuation time for Milton Developmental Services on the state form. This will be done yearly during the annual fire drill and safety training. The administrator will have the fire department complete forms.

Administrator is responsible for this regulation. Please see the attached letter.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█) - 09/20/2023)

132d - Evacuation (continued)

132e - Fire Drill Sleeping Hours

16. Requirements

2600.

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

Description of Violation

A sleeping hours fire drill was conducted on 7/31/22 at 4:50am. A sleeping hour fire drill was not conducted in the 6-month period prior to this date and should have been conducted in January of 2022

Plan of Correction

Accept [redacted] - 08/29/2023)

2600.

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

Description of Violation

A sleeping hours fire drill was conducted on 7/31/22 at 4:50am. A sleeping hour fire drill was not conducted in the 6-month period prior to this date and should have been conducted in January of 2022

Plan of Correction:

The previous administrator was responsible for the January 2022 fire drill during sleeping hours.

As seen after taking over this Administrator conducted one 7/31/22.

Sleeping fire drills will be conducted as regulation requires every 6 months during sleeping hours.

Fire Drills will on a monthly schedule with every 6 months. January and July an overnight drill will be performed by Administrator

Administrator is responsible for this regulation. Please see attached documentation

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented [redacted] - 09/20/2023)

182b - Prescription Medication

17. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member B and C's most recent annual practicum was completed on [redacted], the previous one was completed on [redacted].

Plan of Correction

Accept [redacted] - 08/29/2023)

2600.

182b Prescription Medication (continued)

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

4.

A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member B and C's most recent annual practicum was completed on [REDACTED], the previous one was completed on [REDACTED].

Plan of Correction:

Annual training will be completed for annual practicum for all staff that is medication administer trained. This training will be conducted prior to previous training expiration.

This training was late due to scheduling after returning to the Carriage House after the fire March 10th. 2023 Medical Director passed the Medication Train the Trainer Course, she will provide training quarterly to staff regarding medication documentation and any updates and has developed a list of training that staff requires for annual practicum training and Diabetic Training

Medical Director is responsible for this regulation. Please see attached documentation.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented ([REDACTED] - 09/20/2023)

183d - Prescription Current

18. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A bottle of calcium antacid that did not belong to the residents living in the home was located with the residents medications.

Plan of Correction

Accept ([REDACTED] - 08/29/2023)

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A bottle of calcium antacid that did not belong to the residents living in the home was located with the residents medications.

Plan of Correction:

The staff has been informed that all personal medications are to be kept on their person or in their personal effects. The medication was removed immediately on 6/29/2023. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (continued)

Medical Director met with all staff 7//23 about personal medication. Please see attached training. See attached. The Medical Director will monitor and check all areas that medication is stored to ensure that only residents current medications are in locked storage area weekly.

Medical Director will be responsible for this requirement.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented () - 09/20/2023)

224a - Preadmission Screen Form

19. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The pre-admission screening form dated () for Resident #2 did not indicate if the home could meet the resident's needs.

Repeat violation: 11/14/22

Plan of Correction

Accept () - 08/29/2023)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The pre-admission screening form dated 6/14/22 for Resident #2 did not indicate if the home could meet the resident's needs.

Repeat violation: 11/14/22

Plan of Correction:

Resident #2 Preadmission Screening was fixed to state that Resident #2 is appropriate for Personal Care Home Admission on 6/29/2023. In the future determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home and the documents will be completed fully.

A checklist of areas to be completed will be followed and rechecked by the Medical Director.

Administrator and Medical Director will be responsible for this requirement.

Licensee's Proposed Overall Completion Date: 08/15/2023

Implemented () - 09/20/2023)