

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

May 13, 2024

[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 03/25/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: MILTON DEVELOPMENTAL SERVICES II License #: 20215 License Expiration: 01/30/2025  
 Address: 60 WALNUT STREET, P.O. BOX 416, MILTON, PA 17847  
 County: NORTHUMBERLAND Region: NORTHEAST

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: MILTON DEVELOPMENTAL SERVICES INC  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/28/1990 Issued By: DLI  
 Type: I-1 Date: 05/08/2008 Issued By: Borough of Milton

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 03/25/2024

**Inspection Dates and Department Representative**

03/25/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 24 Residents Served: 19  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 9  
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 13  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

03/25/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/25/2024

05/02/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/13/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2024

Inspections / Reviews *(continued)*

05/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/09/2024

05/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

25a Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 admitted [REDACTED], did not have a contract in place until [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/07/2024)

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 admitted [REDACTED] did not have a contract in place until [REDACTED]

Plan of Correction:

Resident #1's contract was corrected on site. A new contract was written and signed by resident and administrator. This correction was completed by the Administrator on 3/25/2024 and copy given to inspector.

Administrator or designee will ensure that each resident will have a written resident-home contract in place within 24 hours of admission. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

The next step will be for the Medical Director to review the contract for compliance before it is filed into the resident's chart. If there is any missing information the contract will be given back to the Administrator to complete any missing parts.

Responsible for monitoring this compliance: The administrator or designee and will complete the rental agreement with incoming residents and the medical director will responsible for checking the contact for completeness

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented [REDACTED] - 05/13/2024)

88a Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Bedroom #3 has a bathroom in it. The rugs in the bathroom do not have anti-slip backing on them, posing a fall hazard in the bathroom.

Plan of Correction

Accept [REDACTED] - 05/07/2024)

88a Surfaces (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Bedroom #3 has a bathroom in it. The rugs in the bathroom do not have anti slip backing on them, posing a fall hazard in the bathroom.

Plan of Correction: The rugs in bedroom #3 have been replaced as of 3/26/2024 by Administrator.

Responsible: To ensure compliance the Maintenance person will do weekly checks to ensure that all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. A form to check off areas made on 3/30/24 for Maintenance personnel to initial when weekly checks are completed. The form will be handed in monthly, on the 1st. with any need for materials to repair issues found and a list of what repairs have been completed to the Administrator. The Administrator will make sure that the materials are purchased for repairs and do spot checks weekly to ensure that the areas are clean and in good repair. The Administrator will seek outside contractors when the project or repairs are too large for maintenance personnel to complete.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented (█) - 05/13/2024)

101j7 - Lighting/Operable Lamp

3. 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

Bedroom #4, the bed immediately inside the door has no light source that could be accessed from the bed.

Plan of Correction

Accept (█) - 05/07/2024)

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

Bedroom #4, the bed immediately inside the door has no light source that could be accessed from the bed.

Plan of Correction: Bedroom #4 the bedroom a bedroom lamp has been placed by the bed that can be turned on at bedside on 3/25/24 by the Administrator.

Responsible: Direct service staff will be responsible to ensure that an operable lamp or other source of lighting that can be turned on at bedside in all the resident bedrooms. Direct service staff will check bedroom bedside lamps to ensure that they were not moved and have working light bulbs daily upon waking residents starting 3/30/24. Any issues with the lamp not working or if light bulbs need replaced. Administrator will check weekly beginning 4/1/2024 to ensure that the bedside lamps have not moved and are in working order.

101j7 Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ( ) - 05/13/2024)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator in the kitchen had an unlabeled, undated cup of what appeared to be milk in it.

Plan of Correction

Accept ( ) - 05/07/2024)

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator in the kitchen had an unlabeled, undated cup of what appeared to be milk in it.

Plan of Correction: Corrected on site. Container of milk was taken out of refrigerator and disposed of by Administrator 3/25/24.

Date: 4/1/24 All food served and returned from an individual's plate will not be served again or used in the preparation of other dishes, the plates will be scrapped and place in sink to be washed by dietary staff. Leftover food will be placed in airtight container and labeled with what food is in the containers with date by Dietary staff and or direct service workers. The food will be only kept for 3 days to be used then will be disposed of. All resident foods will be handled in the same manner.

Responsible: The Dietary and direct service staff to ensure that the refrigerators are checked several times a day to ensure compliance. Administrator will check refrigerators weekly for compliance starting 4/1/2024

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ( ) - 05/13/2024)

103g - Storing Food

5. Requirements

2600.

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

Description of Violation

The refrigerator in the kitchen had an uncovered cup of what appeared to be milk in it.

Plan of Correction

Accept ( ) - 05/07/2024)

2600.

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

Description of Violation

103g - Storing Food (continued)

The refrigerator in the kitchen had an uncovered cup of what appeared to be milk in it.

Plan of Correction: Corrected on site. Container of milk was taken out of refrigerator and disposed of by Administrator 3/25/24.

Date: 4/1/24 All food served and returned from an individual's plate will not be served again or used in the preparation of other dishes, the plates will be scrapped and place in sink to be washed by dietary staff. Leftover food will be placed in airtight container and labeled with what food is in the containers with date by Dietary staff and or direct service workers. The food will be only kept for 3 days to be used then will be disposed of. All resident foods will be handled in the same manner.

Responsible: The Dietary and direct service staff to ensure that the refrigerators are checked several times a day to ensure compliance. Administrator will check refrigerators weekly for compliance starting 4/1/2024 Responsible: The Dietary and direct service staff to ensure that the refrigerators are checked several times a day to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented (█) - 05/13/2024)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The outside dryer vent, nearest the dumpster, was caked with dryer lint, posing a fire hazard.

Plan of Correction

Accept (█) - 05/07/2024)

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The outside dryer vent, nearest the dumpster, was caked with dryer lint, posing a fire hazard.

Plan of Correction: Corrected on site 3/25/2024 by Maintenance personnel. The dryer vent outside by the dumpster was cleaned. All lint removed.

105g - Lint Removal and Duct Cleaning (continued)

Responsible:

Maintenance personnel will do monthly checks starting 4/30/2024 to reduce the risks of fire hazards, lint shall be removed from the lint trap daily by Direct service staff while drying the clothing and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions. A monthly checklist has been established that the Maintenance personnel will hand in on the 30th of each month for review by the Administrator. If any issues arise that requires immediate attention the maintenance personnel will immediately come to the Administrator and the issue at hand will be handled.

Responsible: Maintenance and direct service staff is responsible for this and Administrator.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ( ) - 05/13/2024

182b - Prescription Medication

7. 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

Staff A worked alone on [redacted] from [redacted]. Staff A is not a trained Med. Tech. The initial Med. Tech certification for Staff A, dated [redacted], is not complete because it does not have the required observations documented on the initial exam. The administrator stated Staff A passed medications that day because Staff A was the only person on shift during that time.

Plan of Correction

Accept ( ) - 05/07/2024

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:

Staff A worked alone on Saturday [redacted] from [redacted] Staff A is not a trained Med. Tech. The initial Med. Tech certification for Staff A, dated [redacted] is not complete because it does not have the required observations documented on the initial exam. The administrator stated Staff A passed medications that day because Staff A was the only person on shift during that time.

Plan of Correction: Staff person A was retrained for Medication Administrator [redacted] was retrained by Medical Director that has passed the train-the-trainer to train medication administration. Staff person

182b - Prescription Medication (continued)

A was not scheduled to work until training was completed.

On 3/28/2024 - Medical Director established a list of staff and when they need to be recertified for medication administration. Training will be completed yearly as each staff date is approaching due date to eliminate any staff not having their completed training to be on the schedule. The topics will include the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. The Medical Director will also observe 4 different times for all staff of medication dispensing. Medical Director will sign off on medication verification sheet when monitoring.

4/25/24 Administrator will be checking files and list of the upcoming needs for training completion prior to completing monthly schedule for work.

Responsible: Medical Director is responsible for this regulation supervised by Administrator

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ( [redacted] - 05/13/2024)

187a - Medication Record

8. Requirements

2600.

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

- 3. Name of medication.
- 6. Dose.
- 8. Frequency of administration.

Description of Violation

Resident # 2 's Medication Administration Record (MAR) indicated [redacted], take by mouth each month on the 15th. The actual order is [redacted] take one tablet by mouth in the morning. The MAR listed the incorrect medication.

Repeat Violation 1-10-23

Plan of Correction

Accept ( [redacted] - 05/07/2024)

2600.

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

- 3. Name of medication.
- 6. Dose
- 8. Frequency of administration.

Description of Violation:

Resident # 2 's Medication Administration Record (MAR) indicated [redacted] unit, take by mouth each month on the 15th. The actual order is [redacted] take one tablet by mouth in the morning. The MAR listed the incorrect medication.

Repeat Violation 1-10-23

Plan of Correction: Correction was completed on site on 3/25/24 by Administrator changing the MARs to indicate

**187a Medication Record (continued)**

*the correct medication.*

*4/1/24 All labeling of medications will be checked for accuracy when received from pharmacy by Medical Director this will include checking the MARs and checking the label on the boxes for each resident as they are delivered by 2 week supply. Any and all changes from previous MARs per doctor orders will be corrected and checked by Medical Director and a copy of change will be kept with the MARs for clarification. The following will be on all medication given any discrepancies will be addressed immediately with doctor and pharmacy that prepacks the medication. Direct Service staff will be responsible to check the MARs and the pre packaged pill packet for the correct information before dispensing any medications to the resident. This will be used as a guide:*

*(a) The original container for prescription medications shall be labeled with a pharmacy label that includes the following:*

- (1) The resident's name.*
- (2) The name of the medication.*
- (3) The date the prescription was issued.*
- (4) The prescribed dosage and instructions for administration.*
- (5) The name and title of the prescriber*

*Responsible: Medical Director, direct service staff trained in medication administration supervised by Administrator*

**Licensee's Proposed Overall Completion Date: 05/06/2024**

**Implemented (█ - 05/13/2024)**