

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

July 22, 2024

[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 07/02/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MILTON DEVELOPMENTAL SERVICES License #: 21373 License Expiration: 06/14/2025
 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
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 17 Waking Staff: 13

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/02/2024

Inspection Dates and Department Representative

07/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 18 Residents Served: 17

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 15
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

07/02/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/19/2024

07/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/18/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/21/2024

Inspections / Reviews (*continued*)

07/18/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/22/2024

07/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/2/24 the home's copy of the Regulatory Compliance Guide, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 07/16/2024)

2600.

3.c.

The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/2/24 the home's copy of the Regulatory Compliance Guide, was not posted in a conspicuous and public place in the home.

POC: The copy of the Regulatory Compliance guide was copied and put with other postings in the Carriage House.

Responsible: The Administrator made copies of the RCG and placed it with other postings in the main dining room on 07/08/2024.

to ensure future compliance the Administrator and the Assistant Administrator will do weekly checks to ensure that all posting is current and posted in a conspicuous public place in the home.

Licensee's Proposed Overall Completion Date: 07/09/2024

Implemented (█ - 07/18/2024)

65g - Annual Training Content

2. 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:

Description of Violation

Staff person A did not receive the annual training Falls and Accident Prevention during the training year 2023.

Plan of Correction

Accept (█ - 07/16/2024)

2600.

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

Description of Violation

Staff person A did not receive the annual training Falls and Accident Prevention during the training year 2023.

POC: Fall and Accident Prevention Training will be completed by 7/15/2024 for all staff including Staff person A. Administrator will do the training in the Carriage House Basement.

To ensure this will not happen again the Assistant Administrator will be responsible to check all training for each

65g - Annual Training Content (continued)

staff to be in compliance with all training regulations. The Assistant administrator will check personal files and training records monthly following the proposed yearly training record.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented (█) - 07/18/2024)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/2/24 at 10:15am during the initial walkthrough an uncovered, unattended trash can was located in the bathroom number 1 on the second floor of the home.

Plan of Correction

Accept (█) - 07/16/2024)

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/2/24 at 10:15am during the initial walkthrough an uncovered, unattended trash can was located in the bathroom number 1 on the second floor of the home.

POC: New trash cans were ordered for all bathrooms in the CH. They will be replaced by July 15, 2024. The lid for the bathroom A trash can was found and put back on 07/02/2024.

Administrator ordered new trash cans with lids. The maintenance staff found the top to the trash can and replaced it.

To ensure this will be in compliance the maintenance staff is responsible to do weekly walk throughs with the Administrator to ensure that all conditions of the home are in working order and that trash cans have lids. This has been added to the maintenance checklist.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented (█) - 07/22/2024)

88a - Surfaces

4. 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

On 7/2/24 during the initial walkthrough it was discovered the emergency exit door going through room number 10 did not close properly. The door remained ajar without a forceful grab of the handle.

Plan of Correction

Accept (█) - 07/16/2024)

2600.

88a - Surfaces (continued)

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

Description of Violation

On 7/2/24 during the initial walkthrough it was discovered the emergency exit door going through room number 10 did not close properly. The door remained ajar without a forceful grab of the handle.

POC: During the inspection this was fixed on 07/02/2024. The maintenance person cleaned the floor area under the door. It now closes properly.

To ensure future compliance the maintenance person is responsible for checking exits and doors to ensure that they are in proper working order, this will be added to [redacted] monthly checklist. The Assistant Administrator will be doing a walk through monthly to ensure that all doorways and exit door are in working condition.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented ([redacted] - 07/18/2024)

141a 1-10 Medical Evaluation Information

5. 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 [redacted] did not include the resident's blood pressure reading or the determination of the resident's assessment to self-administer medication.

Plan of Correction

Accept ([redacted] - 07/16/2024)

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.

Description of Violation

Resident #1's medical evaluation dated [REDACTED] did not include the resident's blood pressure reading or the determination of the resident's assessment to self-administer medication.

POC: Resident #1 medical evaluation was taken back to the PCP for completion of the resident's BP and the assessment of the self-administering of medication.

To ensure compliance the Medical Director will prefill the paperwork and upon return of the DME the Medical Director will review forms for accuracy. The forms will be turned into the Assistant Administrator to review for accuracy before filing.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented ([REDACTED] - 07/18/2024)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 7/2/24, an over-the-counter bottle of Docusate Sodium 100mg belonging to resident #2 was in the medication cabinet and was not labeled with the resident's name.

Plan of Correction

Accept ([REDACTED] - 07/16/2024)

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 7/2/24, an over-the-counter bottle of Docusate Sodium 100mg belonging to resident #2 was in the medication cabinet and was not labeled with the resident's name.

POC: The medication was labeled with date opened and resident #2 name on 07/02/2024.

TO ensure continued compliance the Medical Director is responsible for checking the medication cabinets daily to make sure that the OTC medication is labeled correctly and correct on the MAR's. The Administrator will do weekly spot checks.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented ([REDACTED] - 07/18/2024)