

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

May 7, 2025

[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 03/14/2025 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: 01/30/2026
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: L & I
Type: I-1 Date: 05/08/2008 Issued By: Borough of Milton

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: 03/14/2025

Inspection Dates and Department Representative

03/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 24	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: 5	Are 60 Years of Age or Older: 6		
Diagnosed with Mental Illness: 9	Diagnosed with Intellectual Disability: 7		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

03/14/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/14/2025

04/21/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/02/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2025

Inspections / Reviews *(continued)*

04/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/02/2025

05/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home does not have a policy regarding the use of voice controlled electronic devices.

Plan of Correction

Accept (█ - 04/30/2025)

Administrator put in place a policy regarding use of voice controlled electronic devises. 4/11/25. see attached copy of policy.

Each resident was given a 30 day notice of new policy and signed the policy for file. 4/11/25. Medical Director

The policy was read to residents and explained. 4/11/25 Medical Director

Each staff member was given the policy and signed policy on 4/15/25. This policy was discussed during staff meeting.

Long Term Solution:

All new contracts will have the device policy 4/11/25 Administrator Responsible

When new resident comes into the facility with a device, there will be a sign placed outside the residents door indicating there is a voice controlled device in the said room that is being used. Maintenance/Direct Service Staff Responsible

The policy is also part of the hiring packet. When new staff is hired they will be trained concerning use of voice controlled devices. 4/15/25 Administrator responsible.

To ensure compliance the Administrator will make this policy part of all new intakes and all new staff training. All files will be monitored and rechecked by Assistant Director. 4/21/25

Administrator and Asst. Administrator is responsible for this requirement.

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented (█ - 05/07/2025)

58a - Awake Staff 16 or More

2. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On 7-20-24 and 7-21-24 the home reported a census of 18 residents. Staff Member A was discovered sleeping on the overnight shift in the home by both residents and staff. A notice of disciplinary action was found while reviewing the staff member's record.

Plan of Correction

Accept (█ - 04/30/2025)

Staff member was warned and a written warning in file about the importance of staying awake during shift. Staff

58a - Awake Staff 16 or More (continued)

was informed that if it happens again they will be terminated.

Administrator was responsible for the written warning and reviewing with staff member on 7/21/24

Immediate solution;

Administrator did several night time checks to ensure staff was awake during the 7p-7a shift. 7/28/24, 7/30/24, 8/6/24 and 8/12/24

7/22/24 staff member was retrained of the importance of overnight awake coverage.

To ensure continued compliance long term:

Administrator put in place a floater staff that will be checking that all staff are awake during shift. This was put in place 4/8/24.

Administrator also put in place a 3rd shift supervisor to ensure that staff are awake during night shift. 1/1/25

Administrator will do spot checks monthly to ensure this regulation is being met. 4/1/25

Administrator and 3rd shift supervisor are responsible for this requirement. 4/1/25

Licensee's Proposed Overall Completion Date: 04/21/2025

Implemented (█ - 05/07/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 9:45 a. m., a clear squirt bottle labeled "sanitizer" was found on the cart of cleaning supplies in the kitchen without the original manufacturers label.

Plan of Correction

Accept (█ - 04/30/2025)

The cleaning products were found without label.

Immediate solution:

Administrator disposed of from the unmarked container on 3/14/25

4/15/25

Current staff were educated by Administrator to ensure that all cleaning materials and why they are stored in original labeled containers. 3/17/25

Long Term Solution for Compliance:

4/11/25 Part of the training packet for newly hired staff will be educated on the dangers of not having products in

82a - Poisonous Materials (continued)

original containers and poison control.

3/18/25 The maintenance checklist has been updated to review poisonous materials to ensure they are stored in original labelled containers daily.

Maintenance and Administrator is responsible for this regulation.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (█ - 05/07/2025)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately, 11:50 a.m. an outside garbage can without a secured lid, was located alongside the walkway railing, containing a tied garbage bag, with cigarette boxes, and paper coffee cups thrown on top.

Plan of Correction

Accept (█ - 04/30/2025)

On 3/14/25 the lids that were on ground were placed back on trash receptacles.

Immediate solution:

3/14/25 The Administrator placed the lids back on the trash receptacles on . Maintenance is responsible for this.

Long Term Solution for Compliance:

3/15/25 Maintenance person and employees on shift will check trash receptacles throughout the day to ensure all trash receptacles have lids. This was started and continues throughout the day.

Long Term Solution:

3/19/25 Checking trash receptables was added to maintenance checklist throughout the day.

Maintenance is responsible for this regulation and reporting any need for new trash containers to Administrator

Proposed Overall Completion Date: 04/11/2025

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (█ - 05/07/2025)

101j7 - Lighting/Operable Lamp

5. 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.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

At approximately, 9:30 a.m. Resident # 1, did not have accessible bedside lighting. The resident did not have a bedside lamp or an adhesive push button wall light, that had been provided to other residents in the facility.

At 9:25a.m. the bedside light located next to the bed closest to the closet in room 1 did not have a working light bulb. No other source of bedside light was available.

Repeated violation 3-25-24

Plan of Correction

Accept () - 04/30/2025

Resident 1 bedside lamp missing at bedside.

Immediate Solution:

The bedside lamp was replaced to original bedside area on 3/14/25 by Maintenance.

3/15/25 All residents were reminded that the bedside lights need to be near bed where they can reach them for safety by Administrator

Long Term Solution:

3/19/25 Maintenance will check each morning to ensure that the bedside lights are in working condition and placed at bedside for safety.

3/19/25 This was added to maintenance checklist as a daily check.

3/18/25 All staff on duty throughout the day will check to ensure lights are working and at bedside. This was implemented on 3/18/25

Maintenance and staff are responsible for this regulation and reporting any issues to the Administrator.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented () - 05/07/2025

103e - Left Overs

6. 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

At 9:50 a.m. a Cup ¼ full of a brown beverage was observed in the refrigerator in the home's kitchen. Additionally, a partially consumed bag of Doritos was observed. The leftovers were not dated.

Repeated Violation 3-25-24

Plan of Correction

Accept () - 04/30/2025

Immediate Solution: Administrator disposed of all food items not marked or sealed on 3/14/25

103e - Left Overs (continued)

Employees and residents were educated on the need for proper labeling and storage of food items on 4/15/25 by Administrator.

Long Term Solution:

All on duty staff will remind residents that all drinks and food stored in containers must be labeled when stored in the refrigerator. All labels will have name and date. 4/15/25

Labels were ordered by Administrator 4/15/25

Employees on schedule and Administrator are responsible for this regulation

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented (█) - 05/07/2025)

103g - Storing Food

7. Requirements

2600.

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

Description of Violation

At 9:50 a.m. an unsealed bag of Doritos was found in the bottom drawer of the refrigerator located in the home's kitchen.

Repeated violation 3-25-24

Plan of Correction

Accept (█) - 04/30/2025)

Immediate Solution:

3/14/25 The Administrator disposed of the food that was not sealed.

3/19/25 The staff was retrained on food storage and labeling foods.

Long Term Solution:

3/19/25 Employees on duty reminded residents that all drinks and food stored in containers must be labeled when stored in the refrigerator.

Staff will continue to remind residents when they have food to store it correctly. Staff will assist residents as needed daily.

4/1/25 Labels were ordered by Administrator to be utilized by staff and residents.

Employees on schedule and Administrator are responsible for this regulation

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented (█) - 05/07/2025)

125a - Combustible Storage

8. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a - Combustible Storage (continued)

Description of Violation

At 9:22 a.m., 3 dryer sheets were observed on the floor within 6 inches of the hose coming out of the back of the dryer.

Plan of Correction

Accept () - 04/30/2025

Immediate solution:

3/14/25 The area around the dryer was cleaned by maintenance on .

3/18/25 Staff was retrained on the reasons why the Dryers and the area around the laundry area need to be free of debris. will be checked after every use by staff on duty.

Long Term Solution:

3/18/25 Lint traps will be emptied and lint and dryer sheets disposed of in a trash receptable by staff doing laundry after each load of laundry.

3/19/25 Staff was trained on the importance of having lint emptied and area cleaned.

3/19/25 Checking laundry area was added to maintenance checklist to be completed daily.

Maintenance and employees on duty are responsible for this regulation.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented () - 05/07/2025

144c1 - Smoking Area Guidelines

9. 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

At approximately, 11:50 a.m. ten (10) cigarette butts were on the ground in the grassy area surrounding the walkway that leads to the flower bed and designated smoking area.

Plan of Correction

Accept () - 04/30/2025

Immediate Solution:

3/14/25 The smoking area was cleaned of cigarette butts

3/18/25 Staff and residents were retrained about the smoking policy that is in place. The policy that cigarette butts are to be discarded into the cigarette container provided in the smoking area.

Long Term Solution:

3/18/25

Staff will ensure that all the butts are placed in the cigarette container. Staff that smokes will empty the container

144c1 - Smoking Area Guidelines (continued)

when it is full.

3/18/25 Residents were educated about the smoking area and where to put cigarette butts by Administrator.

3/18/25 Maintenance will check then smoking area daily for debris and inform staff that smokes to clean area.

3/18/25 Checking smoke area daily will be added to the maintenance list.

Maintenance is responsible with the assistance of the workers that smoke for this regulation

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented (█) - 05/07/2025)

185a - Implement Storage Procedures

10. 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

On 3-14-25 at 10:47 a.m. the glucometer belonging to Resident #1 was not calibrated to the correct date and time. The glucometer displayed the date and time as 3-13-25 at 4:20 p.m.

Plan of Correction

Accept (█) - 04/30/2025)

Immediate Response:

3/14/25 The Medical Director calibrated the glucometer with correct date and time.

Long Term Solutions:

4/15/25 All medication trained staff were trained on calibration of the the glucometer and recording of the information.

4/15/25 The Medical Director will check the glucometer weekly to ensure that the calibration is correct for all residents using the machine. This will be done on Fridays.

The Medical Director is responsible for this regulation

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented (█) - 05/07/2025)

190a - Completion Medication Course

11. Requirements

2600.

190a - Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member B's initial medication training occurred on 4-21-21. The staff member completed the Modified Medication Training Course and did not take the Standard Medication Course which was required to be completed by 7-31-23.

Plan of Correction

Accept ([REDACTED] - 04/30/2025)

Immediate Solution:

3/14/25 The staff person that had the modified medication training was taken off schedule to do medications on until standard training is completed.

3/27/25 Medical Director and Administrator reviewed all employee files to ensure that all staff have completed the standardized medication training.

Long Term Solution:

4/15/25 Medical Director that is a trainer will ensure that all newly hired staff complete the standardized medication training and pass course before dispensing medication.

4/15/25 Medical Director will assist the employee to take the standardized course and complete her section of the training.

Medical Director is responsible for this regulation

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ([REDACTED] - 05/07/2025)