

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

October 27, 2026

[REDACTED] CO-ADMINISTRATOR
MILTON DEVELOPMENTAL SERVICES INC
PO BOX 416
MILTON, PA, 17847

RE: MILTON DEVELOPMENTAL SERVICES
58 WALNUT STREET, PO 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 09/09/2026 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:** 06/14/2027
Address: 58 WALNUT STREET, PO BOX 416, MILTON, PA 17847
County: NORTHUMBERLAND **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: MILTON DEVELOPMENTAL SERVICES INC
Address: PO BOX 416, MILTON, PA, 17847
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 15 **Waking Staff:** 11

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/09/2026

Inspection Dates and Department Representative

09/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **Residents Served:** 15

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:** 7
Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 7
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/10/2026

10/16/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/21/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/20/2026

Inspections / Reviews *(continued)*

10/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.

Description of Violation

Staff person A, hired [REDACTED] did not receive training in Medication Self-Administration in training year 2025.

Plan of Correction

Accept [REDACTED] - 10/16/2026)

2600.

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

1. Medication self-administration training.

Immediate Plan of Correction:

Staff member A has completed her Medication Self Administration Training on 6/15/26.

Ongoing Compliance:

All staff will complete the annual training for direct care staff on Medication Self-Administration yearly. To keep in compliance, the Medical Director and the Administrator will review files monthly to ensure that the training is completed and timely. Each staff file will have a training record of all completed with a checkoff area for administrator to initial.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented [REDACTED] - 10/27/2026)

87 - Lighting

2. Requirements

2600.

87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

At approximately 9:45 a.m. the bottom of the stairwell to the exit door in the front of the building was poorly lit because the lightbulb had blown out.

Plan of Correction

Accept [REDACTED] - 10/16/2026)

2600.

87.

Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Immediate Compliance: 9/14/26-The lightbulb was replaced as soon as it was found blown out.

Ongoing Compliance: Maintenance person will do a walk through the building at the beginning of each shift to ensure that the all lights are working. This is added to his daily maintenance schedule.

87 - Lighting (continued)

Maintenance and Administrator is responsible for this compliance

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/27/2026

107d - Procedure Emergency Management Agency Submission**3. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home has not submitted the Emergency Procedures to the local Emergency Management Agency since 12/20/22.

Plan of Correction

Accept () - 10/16/2026

Immediate Plan of Correction: 9/14/26 - Administrator sent a copy of procedures to the local emergency management agency.

Ongoing compliance: On June 1st, each year the Emergency Procedures will be sent to the Emergency Management Agency via email and postal mail.

The Administrator will be responsible for this compliance.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/27/2026

190a - Completion Medication Course**4. Requirements**

2600.

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 person B completed the Medication Administration course on 7/6/2021. Staff person B did not have any annual practicum observations completed between 3/21/23 and 7/2025.

Plan of Correction

Accept () - 10/16/2026

2600.

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.

Immediate Compliance: 9/14/26 - Staff B was taken off medication administration until she completes the full training. We did try to get in touch with formal employer and they said they could not find the paperwork.

Ongoing compliance: Medical Director and Administrator will ensure that any staff coming from another facility all records are in order for administering medication. If we do not receive the proper paperwork. New training will be aquired before passing medication. A checklist upon hiring will be utilized.

190a - Completion Medication Course (continued)

The Medical Director and Administrator will be responsible for compliance.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented ([REDACTED] **- 10/27/2026)**

227g -Support Plan Signatures**5. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 did not sign their support plan dated [REDACTED]

Plan of Correction

Accept ([REDACTED] **- 10/16/2026)**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Immediate compliance: 9/14/26 - Resident #1 - signed the RASP plan

Ongoing Compliance: Each individual RASP will be signed at the meeting by all present. Before filing in resident file, medical director and administrator will ensure the RASP is dated and signed by all attending the meeting.

Responsible for compliance: Medical Director and Administrator

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented ([REDACTED] **- 10/27/2026)**

251b - Record Entries Legible**6. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #2's assessment and support plan dated [REDACTED] *had correction tape over the initial date.*

Plan of Correction

Accept ([REDACTED] **- 10/16/2026)**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Immediate Compliance: 9/14/26 - Administrator crossed out the correction tape, put in new date and initials by [REDACTED]

Ongoing compliance: Memo was sent to all staff to dispose of any white-out and correction tape. When error is made to cross-out date and initial. Training will be done by 10/31/26

251b - Record Entries Legible (*continued*)

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented ([REDACTED] - 10/27/2026)