

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHITE HORSE VILLAGE, INC.  
LEGAL ENTITY

To operate WHITE HORSE VILLAGE  
NAME OF FACILITY OR AGENCY

Located at 535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 79  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 5, 2011 until March 5, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 179430

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 09 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Tina Boukalis, Director of Personal Care  
White Horse Village, Inc.  
White Horse Village  
535 Gradyville Road  
Newtown Square, Pennsylvania 19073

Dear Ms. Boukalis:

As a result of the Department of Public Welfare's licensing inspection on January 28, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WHITE HORSE VILLAGE, 535 GRADYVILLE ROAD NEWTOWN SQUARE, PA 19073		CURRENT LICENSE NUMBER 179430	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Ryan Novak, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">TINA BOUKALIS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY  <i>Tina Boukalis</i>	DATE  2/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>[Signature]</i>	DATE  2/22/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103g Food shall be stored in closed or sealed containers.	<ul style="list-style-type: none"> <li>• 2 containers of ice cream in the freezer of the secure dementia unit was opened and unsealed.</li> <li>• 2 containers of ice cream in the freezer of the AL dining room was opened and unsealed.</li> </ul> <p>Repeated Violations: 09/28/2009</p>	2/18/11 & ongoing	<p>The uncovered ice cream was discarded.</p> <p>All dietary staff responsible for frozen food storage in satellite kitchens (located on the personal care units) will be retrained for compliance with DPW regulations and the importance of covering all frozen foods.</p> <p>Managers will monitor for proper storage of frozen food items after each meal.</p> <p>Nursing supervisor/administration will also check during unit rounds several times a week.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">2/22/11 Date / Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Lina Boukalis</i>	DATE 2/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J...</i>	DATE 2/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
184a 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.	The SSD cream for Resident #1 did not have a pharmacy label on it.	3/15/11 & ongoing	A label was obtained for the resident's cream. All prescription medications stored in the facility will be checked for a pharmacy label.  Nursing staff will receive education on the need to keep prescription medications that are delivered in a bag with a label to keep the medication stored in the bag at all times to prevent the label from being discarded/separated from the medication. All prescription medications will be checked by the receiving nurse at the time of delivery to ensure the label is affixed on the medication.  The nurses will be in-serviced on the process for checking the prescription labels at time of delivery.  Audits will be completed at least monthly by the nursing supervisors/administrator to ensure ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable 2/22/11 Date / Initials (DPW)

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185a 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.	The home did not have the following PRN medications on hand: <ul style="list-style-type: none"> <li>• Resident #1's acetaminophen 325mg and preparation H cream.</li> <li>• Resident #2's malox, milk of magnesium, and duoalox supplement.</li> </ul>	3/30/11 & ongoing	<p>The PRN medications have been obtained for resident #1. Resident #2's Maaiox, Milk of Magnesia and Ducolax were discharged by her physician.</p> <p>All PRN medication orders have been reviewed to ensure all prescribed medications are on the medication cart.</p> <p>Audits of the PRN medication orders will be increased to twice monthly to ensure all PRN medications are available for each resident who has a physician's order for PRNs.</p> <p>Audits will be completed after every resident admission to ensure all PRN medications ordered are available and secured on the medication cart.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/23/11 Date                      Initials (DPW)</p>

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<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special</li> </ol>	<p>The MAR for Resident #2 reads ASA 81 mg chewable tablets and the label to the bottle reads ASA 81 mg whole enteric coated.</p>	<p>3/30/11 &amp; ongoing</p>	<p>The physician approved an order for the resident #2 to receive ASA 81 mg enteric coated.</p> <p>An audit will be completed of all current MARs and the corresponding medications to ensure all MARs match the medication labels.</p> <p>This audit will be completed weekly for all new physician orders by administration and the charge nurses.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/22/11</i> <i>[Signature]</i> (Missis (DFW))</p>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				