

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 June 14, 2013 until June 14, 2014,  
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.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 15 2013

Ms. Tina Boukalis, Senior Director, Resident Services/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 (Department) licensing inspection on February 26, 2013, 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: WHITE HORSE VILLAGE		License Number: 179430
Address: 535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073		County: Delaware
Administrator: Tina Boukalis		Region: SOUTHEAST
Legal Entity Name: WHITE HORSE VILLAGE INC		
Legal Entity Address: 535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073		
Certificate(s) of Occupancy		
I-2 06/07/2010 Twp. Edgmont	C-1 07/16/1990 PA DOH	C-2 LP 04/04/2002 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/26/2013: Scharpf, Amy; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: <del>78</del> 79. <i>MAPPed + App list 79</i> Number of Residents Served: 57 <i>Letter does not indicate a decrease</i> Secured Dementia Care Unit in Home: Yes Area: Four Seasons Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0

Violation Report: 17943 - 02/26/2013 - Scharpf, Amy

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2. DESCRIPTION OF VIOLATION

On 02/23/2013 there was a medication error involving resident 1 in which their 5pm dose of aspirin 325mg was not administered. The home did not report the incident to the department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An incident report was completed for resident 1 on 4/11/13 and submitted to DPW with the facility's plan of correction.

Staff is being in-serviced on the reportable incident policy, including the types of incidents that need to be reported. This will be completed by 4/20/13. As part of the in-service staff have been instructed that nursing supervisor/administrator must be notified when a medication error occurs so that a reportable incident is completed within 24 hours.

Nursing supervisor and administrator will notified (see plan of correction for 188b) of any identified medication errors and a reportable incident will be completed by the nursing supervisor, administrator or designee.

The administrator reviews all reportable incidents monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Tina Boukalis</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Tina Boukalis, Admin	Date	4/11/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>4/16/13</u> (Date)	Verification of Legal Entity Representative Signature	<u>4/16/13</u> (Date)
The above plan of correction was approved by	<u>OBM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 17943 - 02/26/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2. DESCRIPTION OF VIOLATION**

Ancillary staff persons A and B did not receive training in fire safety by a fire safety expert during training year January 2012 to December 2012.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff persons A and B will received training in fire safety by a fire safety expert by 5/15/13.

Annual fire safety training for staff will be completed by a fire safety expert. The administrator will schedule trainings by a fire safety expert as part of the facility's annual training plan. The administrator audits staff attendance records quarterly to ensure all staff has received the required training annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Tina Boukalis</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Tina Boukalis, Admin			4/11/13
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Verification of Legal Entity Representative Signature	
4/16/13 (Date)		4/16/13 (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
<i>DEM</i> (Initials)			

Violation Report: 17943 - 02/26/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2. DESCRIPTION OF VIOLATION**  
 The emergency evacuation diagrams throughout the home do not include the line of travel to exit doors.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

All emergency evacuation diagrams have been updated by the administrator to include the line of travel to exit doors. The closet exit path is marked by a solid red line. Alternative exit routes are marked with a broken red line.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tina Boukalis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tina Boukalis, Admin* Date *4/11/13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/16/13</u> (Date)	Verification of Legal Entity Representative Signature <u>4/16/13</u> (Date)
The above plan of correction was approved by <u>AWM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17943 - 02/26/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**

2600.168(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2. DESCRIPTION OF VIOLATION**

On 02/23/2013, an error in resident 1's medication administration occurred involving not administering the resident's 5pm dose of aspirin 325mg. The error was not reported to the resident's prescriber.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The nursing supervisor notified the physician of the medication omission on 2/27/13 and documented the notification.

The medication error policy was reviewed and updated by the administrator.

All licensed nurses/medication technicians will be in-serviced on the medication error policy including the need to notify the prescriber when a medication error occurs by 4/20/13.

Effective immediately, the nursing staff responsible for medication administration will check the medication administration records (MARs) at the end of each shift ensure all medications were administered as prescribed. Additionally, the 11-7 charge nurses will audit the MARs for the previous 24 hour period. Any identified errors will be reported to the nursing supervisor for appropriate follow up.

If a medication error occurs, the administrator or designee will be notified and will audit the clinical record to ensure the prescriber was notified immediately and the notification was documented.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tina Boukalis*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Tina Boukalis, Admin*

Date *4/11/13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

*4/16/13*  
(Date)

Verification of Legal Entity Representative Signature

*4/16/13*  
(Date)

The above plan of correction was approved by

*CWEM*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented