



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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

RE: Whitehorse Village  
License #: 179430


Dear Ms. Boukalis:

As a result of the Department of Human Services' licensing inspection on February 19, 2015 and February 20, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2015 to June 14, 2016 was issued on March 31, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director<sub>3H</sub>

Enclosure  
License Inspection Summary

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

PGH Name: White Horse Village		License Number: 17843
Address: 535 Gradyville Road, Newtown Square, PA 19073		County: Montgomery
Administrator: Tina Boukalis		Region: SOUTHEAST
Legal Entity Name: WHITE HORSE VILLAGE, INC.		
Legal Entity Address: 535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073		
<b>Certificate(s) of Occupancy</b>		
C-1 07/16/1990 PA Department of Health	C-2 LP 04/04/2002 PA L&I	I-1 04/07/2014 Township of Edgmont
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/19/2015: McHale, Christine; Kazimer, Lauren		
02/20/2015: McHale, Christine; Kazimer, Lauren		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 79	<b>Number of Residents who:</b>	
Number of Residents Served: 59	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 59	
Area: Four Seasons	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 20	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 13	Have a Mobility Need: 13	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 8		

Violation Report: 17943 - 02/19/2015 - McHale, Christine  
PCH Name: White Horse Village

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 2/20/15, there was no thermometer in the refrigerator where medications are stored in the secured dementia care unit.

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 thermometer was replaced on 2/20/15.

The administrator and nursing supervisor will check during weekly rounds to ensure the thermometer is in the refrigerator. Charge nurses will also check when storing medications in the refrigerator.

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, NHA, PCA

Date

3/19/15

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

The above plan of correction is approved as of

*3/23/15*  
(Date)

Plan of correction implementation status as of

*3/23/15*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 17943 - 02/19/2015 - McHale, Christine  
PCH Name: White Horse Village

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 2/20/15, Neosporin packets that had expired 03/2012 were in the first aid kit in the home's vehicle.

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 Neosporin packets were immediately removed and destroyed in accordance with facility policy. The first aid kits in all vehicles were checked by the transportation supervisor on 2/20/15.

The transportation supervisor will audit each vehicle's first aid kit at least quarterly to ensure that there are no expired items in the kit.

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, NHA, PCA*      Date *3/19/15*

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The above plan of correction is approved as of *3/23/15*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of *3/23/15*  
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