



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

Ms. Tina Boukalis,
VP of Residential Services/PC Administrator
White Horse Village, Inc
535 Gradyville Road
Newtown Square, Pennsylvania 19073

RE: White Horse Village
License #: 179430

Dear Ms. Boukalis:

As a result of the Department of Human Services' annual licensing inspection on February 15, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600

PCH Name: WHITE HORSE VILLAGE		Licenses Number: 17943
Address: 635 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073		County: Delaware
Administrator: Tina Boukalis		Region: SOUTHEAST
Legal Entity Name: WHITE HORSE VILLAGE INC		
Legal Entity Address: 635 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073		
Certificate(s) of Occupancy		
C-1 07/16/1990 Department of Health	C-2 LP 02/20/2001 L & I	
Staffing Hours		
Resident Support: 81	Total Daily Staff: 139	Working Staff: 104
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/16/2017: Parker, Shawn; Weaver, Tina		
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: 78	Number of Residents who:	
Number of Residents Served: 61	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 61	
Area: Four Seasons, 1st Floor	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: 16	Have a Mobility Need: 17	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 6		

Violation Report: 17943 - 02/15/2017 - Parker, Shawn
 PCH Name: WHITE HORSE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 02-15-17 at approx 2:37 pm, blood was noticed running down the base of the toilet in the bedroom of resident # 1.

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.

See attached request for violation of 2600.85(a) to be withdrawn.

Plan of Correction:

Residents' bathrooms will be checked daily by nursing supervisor and/or charge nurse during each shift to ensure sanitary conditions are maintained.

Housekeeping supervisor/director will conduct rounds several times weekly.

Administrator will check cleanliness of residents' rooms/bathrooms several times a week during rounds.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)
Tina Boukalis, NHA, PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 TINA BOUKALIS Date 3/8/17

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The above plan of correction is approved as of 3/9/17
 (Date)

Plan of correction implementation status as of 3/9/17
 (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 - 02/15/2017 - Parker, Shawn	
PCH Name: WHITE HORSE VILLAGE	
1. REGULATION 58 Pa.Code §2600 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	
2a. DESCRIPTION OF VIOLATION On 02-15-17 a trash can in the main kitchen did not have a lid and was overflowing with trash.	
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.	
<p>Trash receptacle was emptied and covered when issue was identified on 2/15/17.</p> <p>All dining staff will be re-educated on proper sanitation and the need for all trash receptacles to be covered in the kitchen and for trash receptacles to be emptied throughout the day in order to prevent overflow.</p> <p>The dining services director and other dining managers will complete checks during their daily sanitation rounds to ensure that trash receptacles are covered and are routinely emptied.</p>	
Repeat Violation No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Tina Boukalis</i> , NHA, PCA	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
TINA BOUKALIS	3/8/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3/9/17</u> (Date)	Plan of correction implementation status as of <u>3/9/17</u> (Date)
The above plan of correction was approved by <u>QB</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