



January 22, 2020

Ms. Amy Pawlowski
Director of Bridlewood/Four Seasons
White Horse Village, Inc.
535 Gradyville Road
Newtown Square, Pennsylvania 19073

RE: White Horse Village
License #: 179430

Dear Ms. Pawlowski:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 10, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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 (relating to Personal Care Homes) 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *WHITE HORSE VILLAGE*License Number: *17943*Address: *535 GRADYVILLE ROAD,, NEWTOWN SQUARE, PA 19073*County: *DELAWARE*Region: *SOUTHEAST*

Administrator

Name: *AMY PAWLOWSKI*Phone: *6105587044*Email: *APAWLOWSKI@WHITEHORSEVILLAGE.ORG*

Legal Entity

Name: *WHITE HORSE VILLAGE INC*Address: *535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA, 19073*

Certificate(s) of Occupancy

Type: *C-1*Date: *07/16/1990*Issued By: *DEPARTMENT OF HEALTH*Type: *C-2 LP*Date: *02/20/2001*Issued By: *LABOR & INDUSTRY*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *79*Waking Staff: *59*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

Inspection Dates and Department Representative

09/10/2019 - On-Site: Natasha Braswell, Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79*Residents Served: *62*

Secured Dementia Care Unit

In Home: *Yes*Area: *FOUR SEASONS*Capacity: *20*Residents Served: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *62*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *17*Have Physical Disability: *0*

WHITE HORSE VILLAGE

17943

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home failed to follow the Health Insurance Portability and Accountability Act by leaving medication labels for reorder on top of the medication cart for resident #1.

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.)

HIPAA education to be provided to team members by November 15 by the clinical manager. Medication reordering process to be reviewed with team members by November 15 by the director of personal care- medication refill labels will be kept on a dedicated pharmacy reorder form and kept inside of a binder locked inside of each medication cart.

Maintain documentation for Department review. 1/13/20 *MG*

Legal Entity Representative

[Handwritten Signature]
Signature

Amy Pawlawski
Printed Name and Title
Director of Personal Care
10-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/13/20
(Date)

Plan of correction implementation status as of 1/13/20
(Date)

The above plan of correction was approved by *MG*
(Initials)

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

WHITE HORSE VILLAGE

17943

41c - Rights Poster

Regulations

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home's memory care unit.

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.)

Completed on September 11 by the director of personal care.

The Department's resident rights poster has been posted in a conspicuous and public place.

Continued compliance will be ensured through monthly audits completed by the director of personal care. Audits initiated on October 1.

Team member education to be provided to the importance of not removing required postings for program announcements. Team member education to be completed by the life enrichment manager by November 15.

Maintain documentation for Department review. 1/13/20 *MG*

Legal Entity Representative

[Handwritten Signature]

Signature

Amy Pawlowski;

Printed Name and Title

10-24-19

Date

Director of Personal Care

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42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 9-10-19, at 3:10 pm, staff person A, provided medication in the common area to resident #2.

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.)

Education will be provided to all team members regarding medication administration in common areas. Team members will be educated as to not disclosing private information while administering medications and if a resident has a question regarding his/her medication/health, the resident will be invited to a private area for further discussion.

Team member education will be provided by the clinical manager by November 15.

Maintain documentation for Department review. 1/13/20 *MG*

Legal Entity Representative

[Signature]
Signature

Amy Pawlarske, 10-24-19
Printed Name and Title Date
Director of Personal Care

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51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B resides in the State of Delaware, the home failed to complete a federal criminal background check in accordance with the Older Adult Protective Services Act .

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.)

Team member B was taken off the schedule, pending the result of the criminal background check. The records of all team members who are required to have a federal criminal background check completed will be audited by the human resources department to ensure that the results are on file by November 15.

Effective immediately, the human resources department will track all new team members via the new hire checklist form to ensure that their federal criminal background check results are back within 90 days. The PCA will be notified by HR if the results are not received by day 60, and the PCA will follow up with the team member directly to ensure compliance.

Maintain documentation for Department review. 1/13/20 *MY*

Legal Entity Representative

[Signature]
Signature

Amy Paulauski 10-24-19
Printed Name and Title Date
Director of Personal Care

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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was no soap in the bathrooms of rooms 4S102 and 4S119 in memory care.

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.)

Soap dispensers were installed in each bathroom on October 18.

Immediately-Administrator or designated staff person will audit rooms to ensure soap is available. Maintain documentation for Department review. 1/13/20 *mg*

Legal Entity Representative

[Signature]
Signature

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Printed Name and Title Date
Director of Personal Care

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103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The home had two containers of sauce and pan of meat that was uncovered and unsealed in the refrigerator.

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 dining services team members will be re in-serviced by the nutrition manager/dining director to the requirement of all food needs to be stored in closed or sealed containers. To be completed by November 11.

The main kitchen's refrigerator and freezer will be checked after each meal and upon opening and closing the department by nutrition manager/ dining director to ensure food is covered and/or sealed.

Maintain documentation for Department review. 1/13/20 *MJ*

Legal Entity Representative

[Signature]
Signature

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Printed Name and Title
10/24/19
Date
Director of Personal Care

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