

Department of Human Services
Bureau of Human Service Licensing

June 22, 2021

██████████ ADMINISTRATOR
WHITE HORSE VILLAGE INC
535 GRADYVILLE ROAD
NEWTOWN SQUARE, PA 19073

RE: WHITE HORSE VILLAGE
535 GRADYVILLE ROAD
NEWTOWN SQUARE, PA, 19073
LICENSE/COC#: 17943

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2021, 05/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

05/19/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *06/18/2021*

6/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/25/2021*

6/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16d - Final Incident Report

1. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

Two incidents occurred at the home on 5/8/21 alleging resident mistreatment. The final report for each incident was sent on 5/11/21. The final report was not sent on a form that was approved by the Department.

Plan of Correction**Accept**

*5/21/21-Effective immediately all reportable incidents will be completed on the Department approved form.
Education provided regarding Department of Human Services forms and the discontinuation of WHV EMR forms.
Education provided on by Director of Personal Care.
See attached 1a-1c*

A request for a waiver to replicate the form on providers EMR system.

Completion Date: 05/28/2021

Document Submission**Implemented**

Documents attached

16e - Resident Notice

1. Requirements

2600.

16.e. If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

Description of Violation

On 5/11/21, the home submitted a final incident report validating the occurrence of abuse, affecting resident #1. The home does not have documentation that resident #1 and their designated person have been notified.

On 5/11/21, the home submitted a final incident report validating the occurrence of abuse, affecting resident #2. The home does not have documentation that resident #2 and their designated person have been notified.

Plan of Correction**Accept**

*Designated person(s) for Resident 1 and 2 were notified by phone on 5/13/21 at 5:18pm and 4:34pm.
Notification of the designated person(s) was documented by the Administrator in another location.
All incident report notifications to designated person(s) will be documented on the appropriate section of the Reportable Incident.
Administrator to review all reportable incidents to ensure proper completion.*

Completion Date: 05/28/2021

Document Submission**Implemented**

Documents attached

42c - Treatment of Residents

1. Requirements

2600.

42c - Treatment of Residents (continued)

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 stated that on multiple occasions staff member A was "bossy" and "ordered" them around. The resident states they were frequently reprimanded by staff person A and it made them "feel like a child".

Resident #2 states that staff member B reprimanded them for not being able to swallow medication due to a health problem. The resident states her nose was squeezed by the staff member to ensure she swallowed her medication.

Plan of Correction**Accept**

Per facility investigation, staff members A and B no longer are employed by WHV.

All team members received Customer Service and Abuse prevention education on 5/12/21 provided by Clinical Manager. Resident Right's education provided on 5/27/21 and 5/28/21 by Director of PC.

See attached 2a-2m

See attached A1-A5

Completion Date: 05/28/2021

Document Submission**Implemented**

Documents attached

51 - Criminal Background Check**1. Requirements**

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 member A was hired on [REDACTED]. There is no record of an e-patch criminal background check for this staff member.

Staff member B was hired on [REDACTED]. There is no record of an e-patch criminal background check for this staff member.

Plan of Correction**Accept**

Criminal background checks were completed and were available in HR.

Personal Care Home request violation be removed.

See attached 3a-3b

Completion Date: 05/19/2021

Update - 06/21/2021

SP- 06-21-21 - Criminal background checks with PA state e-patch to be completed within specified timeframes and made available to Department upon request.

Document Submission**Implemented**

Documents attached

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Staff person "A" had an active CNA certification on file at the time of survey.

Staff person "B" had an active nursing license on file at the time of the survey.

Personal Care Home requests that violation be removed.

See attached 4a-4b

Completion Date: 05/19/2021

Update - 06/21/2021

SP 06 21 21 Home will ensure all direct care staff have the qualifications specified in regulation 2600.54a.

Qualifications will be made available upon Department request.

Document Submission**Implemented**

Documents attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 1 A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4 Special health or dietary needs of the resident.
- 5 Allergies.
- 6 Immunization history.
- 7 Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8 Body positioning and movement stimulation for residents, if appropriate.
- 9 Health status.
- 10 Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #1's medical evaluations dated 3/9/20 and 3/1/21 were not on a form approved by the Department.

Resident #2's medical evaluation dated 6/29/20 was not on a form approved by the Department.

Plan of Correction

Accept

5/21/21-Effective immediately all DME's will be completed on the Department approved form. Education provided regarding Department of Human Services forms and the discontinuation of WHV EMR forms. Education provided on 5/28/21 by Director of Personal Care.

A request for a waiver to replicate the form on provider's EMR system will be submitted.

See attached 5a-5d

Completion Date: 05/28/2021

Document Submission

Implemented

Documents attached

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 5/7/21 at 10:00 pm, and on 5/8/21 at 6:00 am, the home did not make sure resident #2, who has difficulty swallowing, ingested the Carbidopa-Levodopa tablets that were given to them. Neither of these doses had been ingested by the resident.

Plan of Correction

Accept

Education provided to nurses/med techs regarding medication administration. Nurses/med techs will confirm that resident has ingested all medication before leaving resident. Education provided by Director of PC on 5/28/21.

See attached 6a-6d

Completion Date: 05/28/2021

Document Submission

Implemented

documents attached

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures (continued)

2600.

185.a. 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.

Description of Violation

Resident #1 is prescribed Aspercreme as needed. On 5/20/21 this medication was not available in the home.

Plan of Correction**Accept**

Full weekly audit of PRN orders to ensure medication is available.

Administrator to review audits to ensure completion. Start date 6/14/21 End date 9/14/21.

Completion Date: 06/14/2021

Document Submission**Implemented**

Documents attached

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special 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.

Description of Violation

Resident #1 is prescribed Periguard Ointment. However, resident #1's medication administration record does not have this medication listed.

Plan of Correction**Accept**

Resident #1 order dated 3/10/21 for barrier cream. Periguard is the in-house brand of barrier cream.

Full weekly audit of PRN's to ensure label matches order.

Administrator will review audits to ensure completion.

Start date 6/14/21 End date 9/14/21.

Completion Date: 06/14/2021

Document Submission**Implemented**

Documents attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 5/7/21 at 10:00 pm, and 5/8/21 at 6:00 am, resident #2 was administered Carbidopa-Levodopa tablets. Staff person D did not confirm that medication was ingested and initialed medication administration record as administered.

On 5/8/21 at 6:00 am, resident #2 was administered Carbidopa-Levodopa tablets. Staff person B did not confirm that medication was ingested and initialed medication administration record as administered.

Plan of Correction

Accept

Education provided to nurses/med techs regarding medication administration and documentation. Nurses/med techs will confirm that resident has ingested all medication. Education provided by Director of PC on 5/27/21 and 5/28/21.

See attached 7a-7c

Completion Date: 05/28/2021

Document Submission

Implemented

documents attached

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

As of 7/3/20, resident #2 has physician's orders to document medication refusal on refusal form for physician to review and sign during next facility visit. Resident #2 refused medications on 5/7/21 and 5/8/21. There are no refusal forms completed for these days.

Plan of Correction

Accept

Education provided to nurses regarding refusal of medication. Nurses will document refusals on forms and progress notes. Refusal forms will be placed in physician's book for review weekly per order. Education provided by Director of PC on 5/28/2021

See attached B1-B3

Completion Date: 05/28/2021

Document Submission

Implemented

Documents attached

224a - Preadmission Screen Form

1. Requirements

224a - Preadmission Screen Form (*continued*)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not completed.

Resident #2 was admitted to the home on [REDACTED]. The resident's preadmission screening was completed on [REDACTED] however, it was not completed on a form approved by the Department.

Plan of Correction**Accept**

Resident #1 was admitted on [REDACTED], preadmission screening form was completed on [REDACTED] See attached 8a-8e. Request to have this violation removed from report.

Resident #2 was admitted on [REDACTED]. See attached 9a

5/21/21-Effective immediately all Preadmission Screening will be completed on the Department approved form. Education provided to Nurses and Social Services/Admission regarding Department of Human Services forms and the discontinuation of WHV EMR forms. Education provided by Director of PC. A request for a waiver to replicate the form on providers EMR system.

See attached 9b-9f

Completion Date: 05/28/2021

Update - 06/21/2021

SP - 06-21-21 - Home will ensure it's making a determination the resident's needs can be met in the home on the Department's approved pre admission screening form within specified timeframes. Form to be made available at Department's request.

Document Submission**Implemented**

Documents attached

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident #2's written cognitive preadmission screening was not completed.

Plan of Correction**Accept**

Resident #2 Cognitive preadmission screening was completed on [REDACTED]

See attached 10a-10c

Completion Date: 05/19/2021

231c - Preadmission Screening (continued)**Update - 06/21/2021**

SP 06 21 21 Home will ensure cognitive prescreening form is completed within specified timeframes before admitting a resident to the SDCU. Form to be made available upon Department request

Document Submission**Implemented**

documents attached