

Department of Human Services  
Bureau of Human Service Licensing

July 21, 2021

[REDACTED]  
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021, 06/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *WHITE HORSE VILLAGE* License #: *17943* License Expiration Date: *06/14/2021*  
Address: *535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *WHITE HORSE VILLAGE INC*  
Address: *535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA, 19073*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/04/2002* Issued By: *Commonwealth of Pa Dept of L & I*  
Type: *R-4* Date: *06/07/2010* Issued By: *Township of Edgmont*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/03/2021*

**Inspection Dates and Department Representative**

*06/02/2021 - On-Site:* [REDACTED]  
*06/03/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *79* Residents Served: *44*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Four Seasons* Capacity: *20* Residents Served: *15*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

06/02/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/26/2021*

7/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/07/2021*

7/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/15/2021*

7/21/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 06/02/21, the home's copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The home's copy of 55 Pa. Code Chapter 2600 was posted immediately during inspection on 6/2/2021. Continued compliance will be ensured through monthly audits completed by Director of Personal Care. Start June 15, 2021- End December 15, 2021.

Completion Date: 06/24/2021

Document Submission

Implemented

Accepted

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

Three of the homes boiler certificates expired on 5/21/21.

Plan of Correction

Accept

Home will have valid certificate of boiler before expiration. The boiler will be inspected, and new certificate will be available for review.

Audit will be conducted yearly to ensure certificates are valid. Audits will be completed by Property and Facility manager John Kehough or designee. Start July 15,2021- July 15, 2022.

Completion Date: 07/06/2021

Document Submission

Implemented

Accepted

103i - Outdated Food

1. Requirements

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

**103i - Outdated Food (continued)****Description of Violation**

*On 06/03/21, there was 12 trays of unlabeled, undated pork meat inside the freezer.*

**Plan of Correction****Accept**

*6/3/21 -All freezers where checked following survey to ensure compliance of date and labeling. Effective immediately, all storage areas will be inspected 2 times a day, once upon opening and again at closing of the kitchen. Continued compliance will be ensured through weekly audits by assigned manager. Start June 28, 2021- End December 28, 2021.*

**Completion Date:** 06/24/2021

**Document Submission****Implemented**

*accepted*

**109a - Pets****1. Requirements**

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

**Description of Violation**

*The home rules do not specify what kind of animals are permitted in the home.*

**Plan of Correction****Accept**

*Updated policy 6/23/21 to reflect types of pets permitted in home. Facility rules will be updated by 8/2021 to include specific pets allowed and distributed to all residents.*

**Completion Date:** 06/24/2021

**Document Submission****Implemented**

*See attached*

**132f - Alternate Exit Routes****1. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*The North Hall Refuge Area for Personal Care (Bridlewood) was the only exit route used during the fire drills held from 11/27/19 to 2/26/20.*

*The East Exit for Dementia Unit (Four Seasons) was the only exit route used during the fire drills held from 12/12/19 to 02/26/20.*

132f - Alternate Exit Routes *(continued)***Plan of Correction****Accept**

*Administrator will educate Security Supervisor to ensure that alternative routes are used during each drill. Administrator will audit monthly to ensure compliance. Start 7/2021 End 1/2022.*

*Completion Date: 06/24/2021*

**Document Submission****Implemented**

*Accepted*

## 185a - Implement Storage Procedures

**1. Requirements**

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 [REDACTED]. On [REDACTED] this medication was not available in the home.*

**Plan of Correction****Accept**

*Full weekly audit of all current medication will be reviewed to ensure availability. Administer to review audits to ensure completion. Start date 6/28/2021 End date 9/23/2021.*

*Completion Date: 06/24/2021*

**Document Submission****Implemented**

*Accepted*

## 190c - Record of Training

**1. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

*The home's medication administration training record for staff person A does not include the signature and date from the trainer.*

**Plan of Correction****Accept**

*A record will be kept including the staff person trained, the date, source, name of trainer and documentation that the course was completed successfully. Audits will be conducted yearly/med tech training is complete by Director of Personal Care or designee.*

*Completion Date: 07/06/2021*

**Document Submission****Implemented**

*Accepted*

## 233c - Key-Locking Devices

### 1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

### Description of Violation

*On 6/03/21, the directions for operating the home's locking mechanism are not conspicuously posted on the outer door to the Secure Dementia Care Unit (SDCU).*

### Plan of Correction

**Accept**

*Home will post directions on all doors to the Secure Dementia Care Unit. Audits will be conducted monthly by Director of Personal Care. Start July 15, 2021-October 15, 2021.*

**Completion Date:** 07/06/2021

### Document Submission

**Implemented**

N/A