

Department of Human Services
Bureau of Human Service Licensing

July 7, 2022

[REDACTED], ADMINISTRATOR

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 04/28/2022, 05/02/2022 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

Facility Information

Name: *WHITE HORSE VILLAGE* License #: *17943* License Expiration: *06/14/2023*
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: *R-4* Date: *06/07/2010* Issued By: *Township of Edgemont*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/02/2022*

Inspection Dates and Department Representative

04/28/2022 - On-Site: [REDACTED]
05/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *4 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: *54*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

04/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2022*

06/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/08/2022*

07/07/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/2/22 at 10:00am resident #4's medication information was open, unattended, and accessible on the medication cart laptop.

Plan of Correction

Accept

5/2/22 Team members immediately educated on confidentiality and privacy of residents records.

Administrator or designee will conduct weekly audits times four weeks.

Start date 5/2/22 End date 7/2/22.

Completion Date: 06/18/2022

Document Submission

Implemented

5/2/22 Team members immediately educated on confidentiality and privacy of residents records.

Administrator or designee will conduct weekly audits times four weeks.

Start date 5/2/22 End date 7/2/22.

42s - Privacy

1. Requirements

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 5/2/22 at 9:27am, resident #5 was administered their medication in the common area outside of the nurses office. 4 other residents were sitting nearby.

Plan of Correction

Directed

Team member received verbal consent from resident to administer medication in common area prior to administration.

Home will have written consent from Resident or POA to administer medication in common areas.

Start date 5/4/22 End date 7/24/22

Respectfully request this violation be removed.

DPOC - SP - 06-28-2022

Administrator will ensure residents are provided privacy of self and possessions at all times. Written consent will be acquired from resident and designated persons before medication administration is performed in common areas.

Staff will be educated on policy within 10 calendar days receipt of this POC. Education and resident consent to be made to Department within 10 calendar days receipt of POC.

Completion Date:

42s - Privacy (continued)

Document Submission

Implemented

Team member received verbal consent from resident to administer medication in common area prior to administration.

Home will have written consent from Resident or POA to administer medication in common areas.

Start date 5/4/22 End date 7/24/22

Respectfully request this violation be removed.

DPOC - SP - 06-28-2022

Administrator will ensure residents are provided privacy of self and possessions at all times. Written consent will be acquired from resident and designated persons before medication administration is performed in common areas. Staff will be educated on policy within 10 calendar days receipt of this POC. Education and resident consent to be made to Department within 10 calendar days receipt of POC.

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 4/28/22 at 2:36pm, The bathroom in room 217, did not have an operable window or ventilation fan. The fan was inoperable and there is no window in the bathroom.

Plan of Correction

Accept

Home's ventilation room 217 was immediately repaired on 4/28/22. All other rooms ventilation was operable.

Maintenance Department will conduct semi annual audits to ensure all vents are operable. Start date 4/28/22 End date 6/28/22.

Surveyor stated violation would be removed if room 217 vent was operable upon [redacted] return on 5/2/22. Surveyor verified vent were operable.

Request violation be removed from record.

Completion Date: 06/18/2022

Document Submission

Implemented

Home's ventilation room 217 was immediately repaired on 4/28/22. All other rooms ventilation was operable.

Maintenance Department will conduct semi annual audits to ensure all vents are operable. Start date 4/28/22 End date 6/28/22.

Surveyor stated violation would be removed if room 217 vent was operable upon his return on 5/2/22. Surveyor verified vent were operable.

Request violation be removed from record.

87 - Lighting

1. Requirements

2600.

87 - Lighting (continued)

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 4/28/22 at 2:36PM, the bathroom light in room 217 did not work and was flickering on and off.

Plan of Correction

Accept

Home's bathroom light room 217 was immediately repaired on 4/28/22.

Weekly room check audits will be conducted by team members to ensure lights are working properly.

Administrator or designee will review audits weekly time four weeks. Start date 4/28/22 End date 5/28/22.

Surveyor stated violation would be removed if 217 bathroom lights were working properly upon his return on 5/2/22. Surveyor verified lights were operable.

Request violation be removed from record.

Completion Date: 06/18/2022

Document Submission

Implemented

Home's bathroom light room 217 was immediately repaired on 4/28/22.

Weekly room check audits will be conducted by team members to ensure lights are working properly.

Administrator or designee will review audits weekly time four weeks. Start date 4/28/22 End date 5/28/22.

Surveyor stated violation would be removed if 217 bathroom lights were working properly upon his return on 5/2/22. Surveyor verified lights were operable.

Request violation be removed from record.

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

Resident #3 is prescribed [redacted] by mouth every 8 hours. Resident #3's controlled substance log does not include the initials of the staff person who administered this medication on 5/1/22 at 6am.

Plan of Correction

Accept

5/2/22 Team member education provided on initialing controlled substance log after administration of medication.

Team members will ensure signatures or initials are recorded on log before accepting keys.

Administrator or designee will conduct random weekly audits times four weeks. Start date 5/2/22 End date 7/2/22.

Completion Date: 06/18/2022

Document Submission

Implemented

5/2/22 Team member education provided on initialing controlled substance log after administration of medication.

Team members will ensure signatures or initials are recorded on log before accepting keys.

Administrator or designee will conduct random weekly audits times four weeks. Start date 5/2/22 End date 7/2/22.

231b - Medical Evaluation

1. Requirements

2600.

231b - Medical Evaluation (continued)

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

Re-education provided on DME completion 5/3/22.

Nurses will ensure that DME is completed 60 days prior to scheduled admission.

Administrator or designee will conduct random chart audits weekly times four weeks. Start date 5/2/22 End date 6/2/22.

Completion Date: 06/18/2022

Document Submission**Implemented**

Re-education provided on DME completion 5/3/22.

Nurses will ensure that DME is completed 60 days prior to scheduled admission.

Administrator or designee will conduct random chart audits weekly times four weeks. Start date 5/2/22 End date 6/2/22.

254c - Records Storing**1. Requirements**

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

Resident records are stored the nurse's office. On 5/2/22 at 10:40AM, the nurse's office door was open and the office was unattended with resident records in it.

Plan of Correction**Accept**

Team members re-educated immediately on 5/2/22 about securing medical records.

Team members will ensure nursing office door is always closed when unattended.

Administrator or designee will conduct audits weekly time four weeks. Start date 5/2/22 End date 6/2/22.

Completion Date: 06/18/2022

Document Submission**Implemented**

Team members re-educated immediately on 5/2/22 about securing medical records.

Team members will ensure nursing office door is always closed when unattended.

Administrator or designee will conduct audits weekly time four weeks. Start date 5/2/22 End date 6/2/22.

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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident #2 is prescribed [REDACTED] once a day as needed to outer aspect of left eye. On 5/2/22 this medication was not available in the home.

Repeat: 6/3/21

Plan of Correction**Accept**

Full weekly audit of all PRN medication will be reviewed to ensure availability.

Administrator or designee to review audits to ensure completion. Start date 5/2/22 End date 8/2/22.

Completion Date: 06/18/2022

Document Submission**Implemented**

Full weekly audit of all PRN medication will be reviewed to ensure availability.

Administrator or designee to review audits to ensure completion. Start date 5/2/22 End date 8/2/22.

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 4/28/22 at 3:07PM, The posted directions for operating the home's locking mechanism at the exit from memory care to the courtyard were incorrect. The code posted was 1379, however the code to open was 2468.

Repeat: 6/3/21

Plan of Correction**Accept**

Home posted corrected code immediately on 4/28/22.

Team member education provided on posting accurate codes on all exits.

Administrator or designee will monitor code postings weekly time four weeks.

Surveyor stated violation would be removed if corrected by 5/2/22.

Request this violation be removed from file.

Completion Date: 06/18/2022

Document Submission**Implemented**

Home posted corrected code immediately on 4/28/22.

Team member education provided on posting accurate codes on all exits.

Administrator or designee will monitor code postings weekly time four weeks.

Surveyor stated violation would be removed if corrected by 5/2/22.

Request this violation be removed from file.