

Department of Human Services
Bureau of Human Service Licensing

November 2, 2022

[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 08/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

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: *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: *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: *55* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/24/2022*

Inspection Dates and Department Representative

08/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* Residents Served: *37*

Secured Dementia Care Unit

In Home: *Yes* Area: *Four Seasons* Capacity: *20* Residents Served: *17*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

08/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2022*

09/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/31/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2022*

10/04/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/31/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2022*

11/02/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/31/2022*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] resident #1 punched a resident in the face and grabbed their wrist. This incident was observed by the charge nurse. This incident was reported to the administrator on [REDACTED]. However, this allegation of physical abuse was not reported to the Department.

On [REDACTED] staff person A, witnessed resident #1, grab the walker of another resident banging the walker on the floor, while yelling at the resident for no apparent reason. However, this allegation of emotional abuse was not reported to the Department.

The home could not provide the names of the residents involved in either incident. The failed to properly document the incidents.

POC Submission

Accept (MJ - 10/04/2022)

Resident #1 has been transferred and is currently out on medical leave.

The incident on [REDACTED] was reported to Adult Protective Services immediately at the time of the incident.

Administrator re-educated on ensuring that reports are sent to all required agencies on 9/16/22 by Sr. Director of Healthcare.

Nursing team re-educated on ensuring that reports are sent to all required agencies on 9/19/22 and 9/20/22 by Administrator.

Nursing Team will be responsible to ensure all steps for reportable incidents are followed during the appropriate timeframe.

Director of PC, Clinical Manager or Designee will conduct weekly random reviews of the 24-hour report to ensure compliance. Start 9/26/22-10/31/22.

Licensee's Plan Completion Date: 10/31/2022

Implemented (MJ - 11/02/2022)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident #1 physical abused another resident by punching the resident in the face and

42b - Abuse (continued)

grabbing their wrist. This incident was observed by the charge nurse. This incident was reported to the administrator on [REDACTED]. However, this allegation of abuse was not reported to the Department.

On [REDACTED] staff person A, witnessed resident # 1, grab the walker of another resident banging the walker on the floor, while yelling at the resident for no apparent reason. However, this allegation of abuse was not reported to the Department.

The home failed to implement positive interventions to modify or eliminate the behaviors of resident #1 that endangers the other residents.

POC Submission**Accept (MJ - 10/04/2022)**

Resident #1 has been transferred and is currently out on medical leave.

Positive Behavior Support and Behavior Plans in services were provided on 7/27/22, 8/23/22, 8/26/22.

Continued in-services scheduled on managing behaviors, resident safety, and positive interventions through September.

Nursing team will be educated on updating support plan electronically with interventions to promote positive outcomes on 10/6/22 by Administrator.

Clinical Manager / Designee will conduct a weekly audit of progress notes to ensure team members are implementing the positive interventions.

Start 10/10/22- 11/10/22.

Licensee's Plan Completion Date: 11/11/2022

Implemented (MJ - 11/02/2022)**201 - Positive Interventions****3. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 8/10/22, staff person A, was in the common area when resident #1 became verbally and physical aggressive with staff person A while [REDACTED] was with resident #2, that required 1:1 assistance due to being a fall risk. The resident began hitting staff person A who fell to the floor, while jeopardizing the safety of resident #2. Resident #1 had to be assisted by staff person B, security and state police to deter [REDACTED] aggressive behavior.

The administrator failed to report numerous incidents of resident #1's behavior towards other residents to the Department. In addition, the administrator failed to direct staff in utilizing positive interventions and specific strategies to redirect the negative behavior of resident #1.

POC Submission**Accept (MJ - 10/04/2022)**

Resident #1 has been transferred and is currently out on medical leave.

Team members are scheduled for training throughout September to include managing behaviors, resident safety,

201 - Positive Interventions (continued)

and positive interventions, reinforcing appropriate behavior, de-escalation techniques, emergency and communication.

Nursing team will be responsible to update support plan electronically with interventions to promote positive outcomes.

Clinical Manager / Designee will conduct a weekly audit of progress notes times four weeks to ensure team members are implementing the positive interventions. Start 10/10/22 to 11/10/22.

Licensee's Plan Completion Date: 11/11/2022

Implemented (MJ - 11/02/2022)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]. The resident has had multiple incidents in which [REDACTED] has been abusive towards resident since [REDACTED] last assessment. The home failed to have the resident re-assessed.

POC Submission

Accept (MJ - 10/04/2022)

Resident #1 has been transferred and is currently out on medical leave.

Nursing team will be educated on changes in condition and when re-assessments are warranted prior to the annual assessments.

Nursing Team will review 24-hour report daily for those residents experiencing a change in condition to ensure new or modified interventions have been addressed and documented regarding the resident's care and report any changes to Clinical Manager.

The Clinical Manager or designee will review reported changes in condition for possible re-assessment.

PCH Admin will review a random sample of support plans on residents with change in condition weekly times four weeks to ensure support plans are updated and assessments completed if warranted. Start 10/10/22 to 11/10/22

Licensee's Plan Completion Date: 11/11/2022

Implemented (MJ - 11/02/2022)