

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

January 30, 2024

[REDACTED]  
WHITE HORSE VILLAGE INC  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2023, 12/21/2023 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

**Facility Information**

Name: *WHITE HORSE VILLAGE* License #: *17943* License Expiration: *06/14/2024*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *12/21/2023*

**Inspection Dates and Department Representative**

12/21/2023 - On-Site: [REDACTED]  
 12/21/2023 - Off-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: *Four Seasons* Capacity: *20* Residents Served: *17*

**Hospice**  
 Current Residents: *1*

**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**

12/21/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/07/2024*

Inspections / Reviews (*continued*)

## 01/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/18/2024

## 01/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/16/2024

## 01/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at [redacted] staff person A forcefully pushed resident [redacted] feet into the pedals of a wheelchair multiple times. This incident was observed by staff persons B, C, and D. This incident was reported to staff person E on [redacted] immediately following the incident. However, this allegation of abuse was was not reported to the local area agency on aging.

Plan of Correction

Accepted [redacted] - 01/19/2024)

Administrator called COSA on [redacted] at approximately [redacted] and left message. Return called received from COSA on [redacted] @ [redacted] message left by [redacted] uncertain due to difficulty hearing pronunciation of name- PCH administrator returned call and left message also on [redacted] Final call received from COSA on [redacted] at [redacted] message left that was somewhat difficult to understand the name of the message provider but sounded like [redacted] who stated that [redacted] was passing the call to [redacted] supervisor as [redacted] had 72 messages to manage, and [redacted] supervisor [redacted] would return call, awaiting return call.

Act 70 form completed and submitted to COSA, on [redacted]

Social Services staff will be educated on the necessity to complete the Act 70 form and submit to COSA with any future alleged/suspected abuse cases.

Administrator/designee will monitor future incidents for compliance as circumstances dictate.

Resubmitted 1/18/24- [redacted]

Social Services staff training was conducted on 1/8/24

Administrator/designee will review DHS reportable incidents weekly X 4 weeks beginning [redacted] and completed by [redacted] and will conduct interview with [redacted] residents and 2 staff members weekly X4 weeks to identify any concerns and potential abuse situations – beginning [redacted] to be completed [redacted] Results of Audits and interviews will be shared at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 01/30/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at [redacted], staff person A forcefully pushed resident [redacted] feet into the pedals of a wheelchair multiple times. This incident was witnessed by staff persons B, C, and D. This incident was reported to staff person E immediately

15b - Supervisor Plan (continued)

following the incident. The home did not develop and implement a plan of supervision or suspend staff person A until 12/6/23.

Plan of Correction

Accept [redacted] - 01/12/2024)

At time of incident reporting to PCH administrator the staff person "A" had left the facility as it was the completion of workday.

Administrator had reviewed the schedule for the following day [redacted] and Staff person "A" was not scheduled to work, nor did staff person A enter the facility on date of [redacted] while investigation was conducted. PCH administrator met with HR representative and together phoned staff person A on [redacted] at approximately 1700. Staff person "A" did not answer call, HR representative left message to advise we needed to talk with this individual about an incident and requested Staff person "A" not appear to work until HR and/or PCH administrator met with this individual. Staff person A provided statement on date of [redacted], determination was made to remove from schedule as a care provider to residents. Staff person A is no longer employed with the facility.

Administrator was educated on date of survey 12/21/23 during survey.

In future identified staff person suspected of abuse will be placed on immediate suspension regardless of their not being on schedule during the investigative phase of the event.

Administrator will monitor future incidents for compliance as circumstances dictate.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/30/2024)

42b - Abuse

3. 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], at [redacted], staff person A forcefully pushed resident [redacted] feet into the pedals of a wheelchair multiple times, after the resident's foot kept coming off the rests, and the resident tried to get up multiple times. This incident was observed by staff persons B, C, and D. Staff persons A and D witnessed the resident visibly upset during and following the incident. Staff person C witnessed the resident make facial expressions that indicated discomfort and say "ow" during the incident.

Repeat Violation: 8/24/22.

Plan of Correction

Accept [redacted] - 01/19/2024)

Life enrichment staff and social services team members intervened immediately on resident behalf and reported to PCH administrator, resident was assessed and found to have no injury, investigation was initiated. Resident representative and Physician were made aware of incident.

Administrator/designee will re-educate staff on abuse.

42b - Abuse (continued)

Abuse policy will be reviewed during monthly staff meetings X 3months.

Resubmitted 1/18/24- [REDACTED]

Staff training was conducted on 1/4/24

Administrator/designee will review DHS reportable incidents weekly X 4 weeks beginning [REDACTED] and completed by [REDACTED] and will conduct interview with [REDACTED] residents and 2 staff members weekly X4 weeks to identify any concerns and potential abuse situations – [REDACTED] [REDACTED] to be completed [REDACTED]. Results of Audit will be shared at Quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] 01/30/2024)

60a - Staff/Support Plan

4. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] staff person A was the only direct care staff person supervising [REDACTED] Secured Dementia Care Unit (SDCU) residents during a concert in the Clubhouse which is located outside the SDCU. Staff person A was the only direct care staff person responsible for escorting the [REDACTED] residents back to the unit after the concert was over.

Plan of Correction

Accept [REDACTED] - 01/19/2024)

Life enrichment and social services staff assisted in escorting residents to and from the concert on the date of [REDACTED] 3. On this date there was 1 direct care provider and 3 life enrichment providers providing oversight and monitoring of residents during the concert. At time of specific event there were 2 life enrichment providers on periphery and within eyesight of the resident [REDACTED]. These 2 life enrichment providers were assisting with the other six SDCU residents while Staff person "A" was assisting resident [REDACTED] with wheelchair positioning.

Future life enrichment activities/engagements outside of the SDCU involving [REDACTED] or more residents will be provided escort of 1 direct care provider and 1 life enrichment team member.

Staff Will be educated to new process

Administrator/designee will monitor for compliance as circumstance dictates.

Resubmitted 1/18/24- [REDACTED]

Initial Staff training was conducted on 1/5/24

Amended staff training was conducted on 1/17/24 and will be completed on 1/25/24

Future Life enrichment activities or engagements outside of the skilled dementia unit involving [REDACTED] or more residents will be provided escort of 2 staff persons that meet the required qualifications of direct care staff person.

60a - Staff/Support Plan (*continued*)

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/30/2024)

## 225c - Additional Assessment

## 5. 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 [REDACTED] assessment, dated [REDACTED], does not include assessments for Behavioral/Cognitive Needs.

Resident [REDACTED] began using a wheelchair on or before [REDACTED]. The resident's need for ambulation has not been re-assessed.

Repeat Violation: 8/24/22.

## Plan of Correction

Accept [REDACTED] - 01/19/2024)

Resident [REDACTED] assessment has been corrected.

Nursing staff will be re-educated on the completion of and updating to the RASP.

Administrator/designee will Audit 5 SDCU resident assessments for completion and accuracy weekly X 4 weeks then randomly X 3 months

Resubmitted 1/18/24- [REDACTED]

Staff training was conducted on 1/5/2024

Audits initiated on 1/5/2024

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented [REDACTED] - 01/30/2024)