

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

March 28, 2025

[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 10/21/2024 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: 06/14/2025
Address: 535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073
County: DELAWARE Region: SOUTHEAST

Administrator

Name: Phone: Email:

Legal Entity

Name: WHITE HORSE VILLAGE INC
Address:
Phone: Email:

Certificate(s) of Occupancy

Type: C-1 Date: 07/16/1990 Issued By: L & I
Type: C-2 LP Date: 02/20/2021 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 92 Waking Staff: 69

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 10/21/2024

Inspection Dates and Department Representative

10/21/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 Residents Served: 66

Secured Dementia Care Unit

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

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

10/21/2024 Partial

Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 11/18/2024

11/15/2024 - POC Submission

Submitted By: Date Submitted: 12/06/2024
Reviewer: Follow-Up Type: POC Submission Follow-Up Date: 11/19/2024

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/06/2024

03/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A and B did not receive training in medication self-administration and instructions on meeting the needs of the residents as described in the pre-screening, DME, and RASP for the annual training.

Plan of Correction

Directed [redacted] - 11/19/2024)

- Staff will be educated and in-service by the PCHA or designee on 2600.65f, medication self-administration, and pre-screens/DMEs/RASPs by December 6th, 2024
- Will make sure medication self-administration and pre-screens/DMEs/RASPs educations are included in 2025 and future training plans.
- No education done on medication self-administration, and pre-screens/DMEs/RASPs in 2023 with staff.

Directed

In addition to the above plan: The PCHA or designee will audit all current staff records to ensure all required trainings have been completed. Any staff that have missing trainings will be trained within 5 calendar days. Documentation of audits will be keep for Department review. PCHA or designee will check staff records quarterly to ensure all require trainings have been completed. MJ

Proposed Overall Completion Date: 12/06/2024

Directed Completion Date: 12/06/2024

Implemented [redacted] - 03/28/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate with a manufacturer's label indicating "Keep out of reach of children; please contact poison control center" was unlocked, unattended, and accessible to the resident in bedroom [redacted] Not all the residents of the home, including the

82c Locking Poisonous Materials (continued)

resident in bedroom [REDACTED] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 11/15/2024)

- Staff will be in service on 2600.82.c by December 6th, 2024
- All rooms were audited on 11/2/24 and 11/3/24
- Beginning December 2024, the PCHA or designee will audit 5 rooms to ensure poisonous materials are locked up weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 to validate sustained compliance.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 03/12/2025)

182c - Medication Administration

3. Requirements

2600.

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

Description of Violation

On [REDACTED], at 10:21 a.m., there were several small cups with medications for various residents inside of the med cart to be administered at the noon med pass.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

- Staff member on 10/21/2024 will be educated and provided further training
- All staff who administer medications will be educated on appropriate medication administration and in service by PCHA or designee on 2600.182.c by December 6th, 2024
- Beginning December 2024, the PCHA or designee will audit the carts randomly weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 to validate sustained compliance.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 03/28/2025)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] at 10:21 a.m., there were several small cups with medications for various residents inside of the med

183e - Storing Medications (continued)

cart to be administered at the noon med pass. These medications were not organized under proper conditions of sanitation.

On [REDACTED] there was a blister pack of [REDACTED] for resident [REDACTED], that has an opening on the back, and it was taped.

Plan of Correction

Accept ([REDACTED] - 11/19/2024)

- Staff member on 10/21/2024 will be educated and provided further training
- All staff who administer medications will be educated on appropriate medication storage and in-service by PCHA or designee on 2600.182.c by December 6th, 2024
- Beginning December 2024, the PCHA or designee will audit 5 resident's medications to make sure they are stored appropriately weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 to validate sustained compliance.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ([REDACTED] - 03/28/2025)

186c - Change in Medications

5. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [REDACTED], staff person A discontinued resident [REDACTED] prescribed [REDACTED]. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

Plan of Correction

Accept ([REDACTED] 11/19/2024)

- Staff person A is an LPN and no longer here
- All staff who administer medications will be educated on who can take verbal orders, discontinuing medications, and in-service by the PCHA or designee on 2600.186.c by December 6th, 2024
- All LPNs will be educated on how to take a verbal order by the PCHA or designee by December 6th, 2024

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ([REDACTED] 03/28/2025)