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

June 18, 2026

[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 04/07/2026, 04/08/2026 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**: *06/14/2026*

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**: *MSHAW@WHITEHORSEVILLAGE.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/04/2002* **Issued By**: *Commonwealth of Pennsylvania, L&I*

Type: *C-1* **Date**: *07/16/1990* **Issued By**: *Commonwealth of Pennsylvania, DOH*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *83* **Waking Staff**: *62*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *04/07/2026*

Inspection Dates and Department Representative

04/07/2026 - On-Site: [redacted]

04/08/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Four Seasons* **Capacity**: *20* **Residents Served**: *18*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *21* **Have Physical Disability**: *0*

Inspections / Reviews

04/07/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/30/2026*

05/01/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/11/2026*

06/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/14/2026*

06/18/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

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], an incident occurred between staff member A and two residents during an activity. The home did not report this incident to the department until [redacted]

Plan of Correction ***Accept ([redacted] - 05/01/2026)***

Education on incident reports completed on 4/21/26 and 4/23/26 by PCHA and PC Clinical Director.

PCHA/PC Clinical Director will review all incident reports for accurate completion moving forward.

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] 06/04/2026)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] during a group activity, staff member A embarrassed resident [redacted] and had a verbal altercation with resident [redacted] This incident resulted in several residents leaving the activity.

Plan of Correction ***Directed [redacted] 05/01/2026)***

Respect and Dignity education provided on 4/21/26 and 4/23/26 to personal care staff by the PCHA and PC Clinical Director.

Respect and Dignity will be discussed at next resident council meeting on 05/21/2026

Directed Plan of Correction [redacted] 5/1/26):
In addition to the steps noted in the submitted plan of correction the administrator will implement the following additional steps:
1. The administrator will conduct at least 4 random interviews with residents, at least monthly, to determine how the residents are being treated, for the next three (3) months.
2. The administrator will discuss respect and dignity at monthly staff meetings for the next six (6) months, started immediately. The administrator will maintain a copy of the agenda for the Departments review.
3. The administrator will review the random resident interviews at the QA meeting, at least annually.

Proposed Overall Completion Date: 05/05/2026

Directed Completion Date: *05/05/2026*

Implemented [redacted] - 06/18/2026)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], did not indicate that the resident's needs could be met safely at the Personal Care Home.

Plan of Correction ***Accept [redacted] - 05/01/2026)***

Audit of all DME forms was completed on 04/10/2026. 28 identified DMEs on the old DME form after 7/1/2025. Letter will be inserted stating that residents' needs can be met safely at the Personal Care Home signed by PCP.

New 7/1/2025 DME form will be used for next annual or significant change depending on what comes first for residents identified in Audit on previous form.

All new DME's completed will be reviewed by PCHA and PC Clinical Director

DME's will be audited monthly by PCHA and PC Clinical Director

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] 06/04/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction ***Accept [redacted] - 05/01/2026)***

Audit of DME's completed on 04/10/2026. 10 identified outside of the annual requirement window. Letter inserted stating DME identified to be outside of annual requirement window and placed with DME.

Resident[redacted] DME completed on 4/17/2026

141b1 Annual Medical Evaluation (continued)

PCHA and PC Clinical Director will audit DME's monthly to assure they are up to date.

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] - 06/04/2026)