

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

September 8, 2026

[REDACTED]
WHITE HORSE VILLAGE INC
[REDACTED]
[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 08/04/2026 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: 06/14/2027
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

Type: C-1 Date: 07/16/1990 Issued By: COPA DOH
Type: C-2 LP Date: 04/04/2002 Issued By: COPA L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 08/04/2026

Inspection Dates and Department Representative

08/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 Residents Served: 59

Secured Dementia Care Unit

In Home: Yes Area: Four 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: 59
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

08/04/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/29/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/07/2026
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/08/2026

Inspections / Reviews *(continued)*

09/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On [REDACTED] Staff Person A, whose date of hire is [REDACTED], did not have a criminal background check available in their staff record.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Audit of employee files for CBC was completed on 8/7/2026. Including Staff Person A two other individuals were identified to be missing CBC In their files. All three employees had background checks completed and placed in their files.

On going prior to new hires start date People and Culture Generalist will submit a completed file to People and Culture Manager for review. Manager will audit the file to confirm all paperwork is there.

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented [REDACTED] - 09/08/2026)

65g - Annual Training Content

2. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year [REDACTED] through [REDACTED].

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 09/03/2026)

Staff person B was removed from the personal care setting until they complete their fire safety training. Employee is signed up for Sept. fire safety training.

Audit completed of current employees to confirm fire safety was done on 8/10/2026 by PCHA

65g Annual Training Content (continued)

Fire safety is done in house as of 2026 and is offered monthly for all team members. Will continue to monitor completion of fire safety training for 2026.

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented [REDACTED] 09/08/2026)

95 - Furniture and Equipment**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], the keypad on the door leading from the secured dementia care unit (SDCU) to the fire tower stairway was in disrepair.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Keypad was already in process of being replaced. RF Technologies was on site 8/13/26 with new keypad and installed.

starting 8/24/26 on going PCHA/Dir. of Personal Care will audit keypads bi weekly

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented [REDACTED] - 09/08/2026)

121a - Unobstructed Egress**4. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 10:34 AM, a rusted wheel on the bottom of the gate blocked egress from the home's secured dementia care unit (SDCU) courtyard.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Wheel was addressed and fixed on 8/4/2026 by Facilities.

Facilities will audit gate once a month starting 8/24/26 for proper gate functioning.

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented [REDACTED] - 09/08/2026)

190a - Completion Medication Course**5. Requirements**

2600.

190a - Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On [REDACTED] and [REDACTED] at 9:00 AM, [REDACTED] and [REDACTED]
- On [REDACTED] and [REDACTED] at 9:00 AM, [REDACTED] and [REDACTED]
- On [REDACTED] and [REDACTED] at 9:00 PM, [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/03/2026)

Staff person c redid the medication administration course and completed it on 8/7/2026.

All Med-Tech paperwork was audited to confirm accuracy on 8/10/26 by PCHA.

On going Med-Tech paperwork will be audited monthly by PCHA or Personal Care Clinical Director confirm accuracy.

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented [REDACTED] - 09/08/2026)