

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 12/23/2024 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: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WHITE HORSE VILLAGE INC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 12/23/2024

Inspection Dates and Department Representative

12/23/2024 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 Residents Served: 60

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

12/23/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/17/2025

02/06/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/17/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/11/2025

Inspections / Reviews *(continued)*

02/11/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/21/2025

03/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home presented several training sign-in sheets, to include training on medication administration, storing medications, and a presentation entitled "training topics". The home's records of training do not include training dates or length of training.

Plan of Correction

Accept [redacted] - 02/11/2025)

- Date and length added to Inservice trainings
- PCHA in-serviced on 65i by Sr. Director of Health Care Services on 12/30/2024

Training sheets will be signed off on by trainer and one designee moving forward as of 2/6/2025 that they are filled out correctly.

Licensee's Proposed Overall Completion Date: 02/06/2025

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

Derma Cerin skin protectant moisturizing cream, with a manufacture's label indicating "incase if accidental ingestion contact a physician or poison control", was unlocked, unattended, and accessible to residents in room [redacted].

Ecolab lime-away, Ecolab High Performance Ultra Concentrated Neutral food cleaner, and Ecolab Dip it XP, all with a manufacture's label indicating "if swallowed contact poison control", were unlocked, unattended, and accessible to residents in the Secure Dementia Care Unit (SDCU) kitchen.

Not all the residents of the home, including residents of the SDCU, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 02/06/2025)

- Starting December 2024, the PCHA or designee began auditing 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.
 - o This has been adjusted to start the week of 12/30/.2024 to audit all rooms weekly x8, biweekly x4, and then ongoing monthly.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented [redacted] - 03/28/2025)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were 6 containers of undated and unsealed ice cream in the personal care unit freezer.

Repeat Violation: [redacted] et al

Plan of Correction

Accept [redacted] - 02/06/2025)

- All refrigerators and freezers were audited for uncovered/unsealed products.
- Beginning 11/25/24, the PCHA or designee began audit the refrigerators and freezers for uncovered/unsealed products weekly x 4 weeks, then biweekly x 4 weeks, then monthly x 1 to validate sustained compliance.
 - o This has been modified to complete weekly for 8 weeks, then biweekly x2, and ongoing monthly.
- Personal care staff and dietary staff will be in-serviced by PCHA or designee by December 6th, 2024, on 2600.103g
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented [redacted] - 03/28/2025)

162c Menus Posted

4. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] was posted. However, the menu for the following week was not posted.

Plan of Correction

Accept [redacted] - 02/11/2025)

- Starting 12/30/2024 PCHA will audit menu postings weekly x4, bi-weekly x2, and monthly x1.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team with guidance on requirements
- Dietary staff responsible for posting of menus were in-serviced on 2600.162c on 01/14/2025 by the Dining Manager of the Health Care

Licensee's Proposed Overall Completion Date: 02/06/2025

Implemented [redacted] - 03/28/2025)

183e Storing Medications

5. 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] for resident [redacted] that expired on [redacted]

183e Storing Medications (continued)

, were in the top drawer of the "brown" medication cart.

A blister pack for resident [REDACTED] was punctured at pill slots 3, 4, 5, 6, 9, 13, 14, and 18. Pills remained in all of these slots, and many were taped over with clear tape.

Loose broken white pills, and a whole round pill were observed in the SDCU medication cart.

Plan of Correction

Accept [REDACTED] - 02/06/2025)

- Compromised medication was destroyed on 12/23/24 by nurse on each respective unit
- Beginning December 2024, the PCHA or designee started an audit of 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.
 - o This has been adjusted for the week of 12/23/24 moving forward to weekly x8, biweekly x2, and ongoing monthly.
 - o As well as going from 5 residents to 5 residents per cart.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented [REDACTED] - 03/28/2025)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED], a package of [REDACTED] belonging to resident [REDACTED] was present in the "New" medication cart and was not labeled with the resident's name.

Plan of Correction

Accept [REDACTED] - 02/06/2025)

- Identified medication was labeled correctly on 12/23/24
- Starting 12/23/2024 the PCHA or designee will audit 5 resident's medications per cart to make sure they are labeled correctly weekly x8, bi weekly x2, and ongoing monthly
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented [REDACTED] - 03/28/2025)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a Implement Storage Procedures (continued)

Description of Violation

On [redacted] at 1:38 PM resident [redacted] was not calibrated to the correct time and read 2:37 PM.

The following errors were observed on resident [redacted] medication administration record (MAR):

- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 02/06/2025)

- Beginning the week of December 2nd, 2024, the PCHA or designee started to audit current resident glucometers weekly x 4 weeks, the bi weekly x 4 weeks, then monthly x 1 to validate sustained compliance.
 - o Audit extended to weekly x8, biweekly x2, and ongoing monthly
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing during the January QAPI meeting.
 - o Findings will be reported by the PCHA at the meeting

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented [redacted] - 03/28/2025)

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed artificial tears as needed. On [redacted] this medication was not available in the home.

Plan of Correction

Accept [redacted] - 02/11/2025)

Medication was reordered 12/23/2204

- Beginning December 2024, the PCHA or designee started an audit of 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.
 - o This has been adjusted for the week of 12/23/24 moving forward to weekly x8, biweekly x2, and ongoing monthly.
 - o As well as going from 5 residents to 5 residents per cart.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team with guidance on requirements

Licensee's Proposed Overall Completion Date: 02/06/2025

185a - Implement Storage Procedures (*continued*)

Implemented [REDACTED] - 03/28/2025)

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 1/2 tablet by mouth every 6 hours as needed for pain. Resident [REDACTED] medication administration record is indicates that this medication was administered on [REDACTED] at 8:29am by staff person A. However, this staff did not sign the corresponding narcotic control record for this administration.

Plan of Correction

Directed [REDACTED] - 02/11/2025)

- Initial audit of all narcotic sheets completed on 12/30/2024 by PCHA or designee
- On-going audit of narcotic sheets will start week of 12/30/2024 by PCHA or designee for weekly x4, bi-weekly x2, monthly x1 to validate sustained compliance.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team with guidance on requirements

Directed Completion Date: 02/06/2025

Implemented [REDACTED] - 03/28/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] on a sliding scale: less than 70, call MD, 201 - 250 = 2 units, 251 to 300 = 4 units, 301 - 350 = 6 units, 451 - 400 = 8 units, 401 - 450 = 10 units, 451 to 500 = 12 units, greater than 501 call MD.

- On [REDACTED] at 11:30 AM resident [REDACTED] shows a reading of [REDACTED] requiring [REDACTED] of [REDACTED]. However, resident [REDACTED] MAR documented this reading as [REDACTED], and [REDACTED] was administered.

Resident [REDACTED] is prescribed blood glucose readings to be taken 3 times a day. On [REDACTED] at 7:30 AM resident's [REDACTED] MAR had a reading of [REDACTED] documented, however this reading was not found in the resident's glucometer.

Plan of Correction

Accept [REDACTED] - 02/06/2025)

- Audit will start on 12/30/2024 by the PCHA or designee to audit 5 residents per carts eMAR weekly x4, bi-weekly x2, and monthly x1 to validate the sustained compliance.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented (████) 03/28/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident █████ preadmission screening form, dated █████ does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident █████ preadmission screening form, dated █████, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept █████ - 02/11/2025)

- Full audit of all current pre screens was completed on 12/24/2024 by the PCHA
 - o 11 incorrect pre screens noted, and documentation provided of audit and correcting information missing.
- Ongoing audit for all new pre screens will be completed by PCHA or designee at time of admission of new residents and tracked on monthly audit tool.
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team with guidance on requirements

Licensee's Proposed Overall Completion Date: 02/06/2025

Implemented █████ - 03/28/2025)

251b - Record Entries Legible

12. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The first line of the narcotic log for resident █████ tablets is completely scribbled over without proper notation.

Plan of Correction

Accept █████ - 02/06/2025)

- Initial audit of all narcotic sheets completed on 12/30/2024 by PCHA or designee
- On going audit of narcotic sheets will start week of 12/30/2024 by PCHA or designee for weekly x4, bi weekly x2, monthly x1 to validate sustained compliance.
 - o This audit will be used for 185.a correction as well
- Audit findings will be reviewed by the quality assurance team to evaluate the need for additional auditing.
 - o PCHA or designee will report audit findings to the team

Licensee's Proposed Overall Completion Date: 01/17/2025

251b Record Entries Legible (*continued*)

Implemented [REDACTED] - 03/28/2025)