



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: November 16, 2018

Mr. Vincent J. Romanini  
President  
Rural Living, Inc.  
220 Regent Court, Suite, E-1  
State College, Pennsylvania 16801

RE: Wynwood House at Penns Valley  
122 Wynwood Drive  
Centre Hall, Pennsylvania 16828  
License #: 229970

Dear Mr. Romanini:

As a result of the Department's Bureau of Human Services Licensing inspection on August 29, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

|                                                                                                  |                                         |                       |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------|
| PCH Name: WYNWOOD HOUSE AT PENNS VALLEY                                                          |                                         | License Number: 22997 |
| Address: 122 WYNWOOD DRIVE, CENTRE HALL, PA 16828                                                |                                         | County: Centre        |
| Administrator: BRENDA ROMANINI                                                                   |                                         | Region: NORTHEAST     |
| Legal Entity Name: RURAL LIVING, INC                                                             |                                         |                       |
| Legal Entity Address: 220 REGENT COURT, STATE COLLEGE, PA 16801                                  |                                         |                       |
| Certificate(s) of Occupancy<br>C-2 LP<br>04/25/2005<br>LABOR & INDUSTRY                          |                                         |                       |
| <b>Staffing Hours</b>                                                                            |                                         |                       |
| Resident Support: 42                                                                             | Total Daily Staff: 84                   | Waking Staff: 63      |
| Type of Inspection: Partial                                                                      | BHA Docket Number:                      | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Incident                                                          |                                         |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>08/29/2018: Palermo, Michael |                                         |                       |
| Off-Site Inspection Dates and Inspectors, if Applicable                                          |                                         |                       |
| Other Details                                                                                    |                                         |                       |
| Partial or Full Triggers:                                                                        |                                         | Random Indicators:    |
| Resident Demographic Data as of Inspection Dates                                                 |                                         |                       |
| Licensed Capacity: 40                                                                            | Number of Residents who:                |                       |
| Number of Residents Served: 40                                                                   | Receive Supplemental Security Income: 0 |                       |
| Secured Dementia Care Unit in Home: No                                                           | Are 60 Years of Age or Older: 40        |                       |
| Area:                                                                                            | Have Mental Illness: 3                  |                       |
| Secured Dementia Unit Capacity, if Applicable:                                                   | Have an Intellectual Disability: 1      |                       |
| Number of Residents Served in Secured Dementia Care Unit, if applicable:                         | Have a Mobility Need: 2                 |                       |
| Number of Current Hospice Residents: 2                                                           | Have a Physical Disability: 0           |                       |
| Number of Hospice Residents in past year: 5                                                      |                                         |                       |

Violation Report: 22997 - 08/29/2018 - Palermo, Michael  
 PCH Name: WYNWOOD HOUSE AT PENNS VALLEY

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 On 7/17/18, resident #1 complained that on 7/16/18 custodial worker A had entered her private bedroom and "tickled his/her feet", causing emotional distress.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

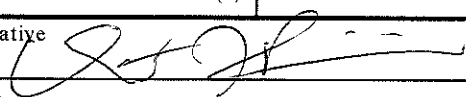
**REGULATION 2600.42(c): A resident shall be treated with dignity and respect.**

Compliance with this regulation ensures the physical, mental, emotional, and spiritual well-being of residents.

This regulation was violated when it was determined that a resident suffered emotional distress when an employee "tickled her feet".

The violation was corrected immediately by removing the employee in question to another site and forbidding further contact with resident. Emotional support provided to resident. Future violations will be prevented by providing education and re-education to the employee in question, as well as to all other employees within the organization. The education will consist of the function and importance of resident rights and how to demonstrate a working knowledge of them. In addition, education and re-education related to professional boundaries will be completed. The Administrator will assume primary responsibility for monitoring the effectiveness of education.

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

|                                                                                                                         |                      |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <b>PRESIDENT, VINCENT J. ROMANINI</b> | Date <b>10/18/18</b> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>11-8-18</u><br>(Date)<br><br>The above plan of correction was approved by <u>AG</u><br>(Initials) | Plan of correction implementation status as of <u>11-8-18</u><br>(Date)<br><br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|