



**MAILING DATE: November 21, 2019**

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

RE: Wynwood House at Green Hills  
301 Farmstead Lane  
State College, Pennsylvania 16803  
License #: 243230

Dear Mr. Romanini:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 22, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: WYNWOOD HOUSE AT GREENHILLS

License Number: 24323

Address: 301 FARMSTEAD LANE., STATE COLLEGE, PA 16803

County: CENTRE

Region: NORTHEAST

## Administrator

Name: Tammy Kelce

Phone: 8148107000

Email: WYNWOODHOUSE@GMAIL.COM

## Legal Entity

Name: RURAL LIVING INC

Address: 220 REGENT COURT, SUITE E-1, STATE COLLEGE, PA, 16801

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/03/1997

Issued By: L & I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 42

Waking Staff: 32

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

10/22/2019 - On-Site: Amy Deluca, Ann O'Haire

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 50

Residents Served: 40

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 2

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 2

Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License inspection summary (LIS) dated 10/23/2018 was not posted conspicuously in the home. The LIS was posted in a plastic sleeve on a wall to the left of the entry way behind the home's current license.

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.)

2600.3.c

This regulation was violated when it was determined that the violation report from 10/23/2018, containing two violations, was posted in a plastic sleeve, along with the current license, in the entry area of the facility. Because the violation report was behind the license, it was not considered to be posted "conspicuously". The importance of this regulation is to make the most recent regulatory information regarding the facility easily available to residents, families, and visitors.

This occurred due to oversight on the part of the Administrator.

This violation was corrected before inspectors left the building by placing the license in a plastic sleeve of its own and posting in the entry area of the building (see enclosed picture).

Facility administrator will be responsible for monitoring compliance by glancing at bulletin board during the daily inspection.

Legal Entity Representative

Signature 

VINCENT J ROMANINI, PRESIDENT  
Printed Name and Title

11/14/19  
Date

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The above plan of correction is approved as of

11-20-19  
(Date)

Plan of correction implementation status as of

11-20-19  
(Date)

Fully Implemented

The above plan of correction was approved by

MM  
(Initials)

~~Partially Implemented - Adequate Progress~~

~~Partially Implemented - Inadequate Progress~~

Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

2600. 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The home's Energy Star freezer located in the laundry room did not have an internal thermometer. The side by side refrigerator/freezer that was named #1 located in the dining room area did not have an internal thermometer in the freezer compartment of the appliance.

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.)

2600.103.f

This regulation was violated when it was discovered that the staff freezer located in the laundry room, and the freezer compartment of the side-by-side refrigerator/freezer in the dining area did not have thermometers placed in them. Compliance is necessary to ensure food safety.

This occurred due to oversight on the part of the Administrator.

This violation was corrected within 24 hours by placing thermometers in both freezer compartments (see enclosed pictures).

Facility administrator will be responsible for monitoring compliance by checking refrigerator/freezer areas during the daily inspection to ensure thermometers are present.

Legal Entity Representative

Signature

VINCENT J ROMANINI, PRESIDENT  
Printed Name and Title

11/14/19  
Date

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The above plan of correction was approved by MM (Initials)  Fully Implemented  Partially Implemented  Not Implemented

121a - Unobstructed Egress

Regulations

2600. 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit doors located at each end of hallway 1 were stuck and required excessive force to be applied to the push bars in order to open the doors.

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.)

2600.121.a

This regulation was violated when it was determined by inspectors that it required "excessive" force to the push-bars on two doors in order for them to open. While the doors were neither locked nor obstructed, they should have been easily opened to allow for quick exit from the facility in case of emergency.

This occurred because the lower hinge on each door became misplaced from time and use.

This violation was corrected before the inspectors left. The maintenance staff was called immediately and the hinges were replaced allowing ease of opening doors (see enclosed pictures).

The facility administrator will be responsible for monitoring compliance during daily facility check.

Legal Entity Representative

Handwritten signature of the legal entity representative.

VINCENT J ROMANINI, PRESIDENT 11/14/19  
Printed Name and Title Date

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132e - Fire Drill Sleeping Hours

Regulations

2600.132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a drill during sleeping hours on 1/16/2019 at 11:30pm. The home did not conduct another sleeping hour drill after that date, therefore, a sleeping hour drill was not conducted every 6 months in 2019 as required

Plan of Correction (POC)

2600.132.e

This regulation was violated when it was determined that the home did not conduct a sleeping-hours drill in the past 6 months. The last recorded sleeping-hours drill had been 01/16/2019. Compliance with this regulation ensures that all residents are able to be evacuated safely in an emergency, even when the fewest amount of staff are present and the residents may not be functioning at peak levels of awareness.

This occurred due to a misunderstanding by the individual responsible for fire drills in the facility. That person did not receive the appropriate information from a predecessor regarding what hours constituted sleeping hours in the facility.

This violation was corrected immediately by providing the appropriate education to the individual responsible for fire drills. A successful sleeping-hours fire drill was conducted on 10/30/2019 at 12:01 am (see enclosed log).

The corporate administrator will be responsible for monitoring compliance with this regulation during monthly fire log inspections.

Legal Entity Representative

Signature [Handwritten Signature]

VINCENT J ROMANINI, PRESIDENT 11/14/19
Printed Name and Title Date

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132g - Fire Drills Days/Times

Regulations

2600.132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

According to the staff schedule, the home routinely has 2 direct care staff working from 11:30pm to 6:30am. The home also routinely schedules 3 direct care staff from 3pm to 11:30pm with 1 cook who works 3pm to 7pm. All but 1 of the home's fire drills in the past 12 months were conducted when 5 or more staff persons were present in the home. The home's last sleeping hour drill was conducted 1/16/19 at 11:30 pm with 4 staff present due to the shift change, when normally only 2 staff persons would be present for a sleeping hour drill. The home is routinely conducting fire drills when additional staff are present to participate in evacuation.

Plan of Correction (POC)

2600.132.g

Non-compliance with this regulation was determined when inspectors identified that the home's drills are "routinely" conducted when "additional" staff are present. It is important not to neglect to conduct drills when the fewest number of staff are present in order to ensure that staff on all shifts are able to perform safe and efficient fire evacuations.

The violation was the result of poor communication between the individual responsible for fire drills and the predecessor.

This violation was corrected immediately by providing the appropriate education to the individual responsible for fire drills. A non-"routine" fire drill was conducted on 10/30/2019 at 12:01 am (see enclosed log).

The corporate administrator will be responsible for monitoring compliance during monthly fire log inspections.

Signature

VINCENT J ROMANINI, PRESIDENT  
Printed Name and Title

11/14/19  
Date

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133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The home has doors located at the front TV lounge area that lead to an interior courtyard. The home did not have signage indicating that it was not an exit.

Plan of Correction (POC)

2600.133.a.1

This violation occurred when it was discovered that a door which leads to an interior courtyard did not have signage indicating that it is not an exit. Compliance with this regulation is important in order for residents, staff, and visitors to be able to exit efficiently at appropriate locations in the event of a fire or other emergency.

The violation was the result of residents removing the sign, which was on paper taped to the window, due to the way it obstructed the view.

The violation was corrected within one day. Adhesive letters were placed on the glass to indicate that the door is NOT AN EXIT (see enclosed picture). The letters are much more difficult to remove.

The administrator will be responsible for maintaining compliance by checking that the letters are in place during the daily building check.

Legal Entity Representative

  
Signature

VINCENT J ROMAININI, PRESIDENT  
Printed Name and Title

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