

Department of Human Services  
Bureau of Human Service Licensing

March 2, 2021

[REDACTED] ADMINISTRATOR  
RURAL LIVING INC  
220 REGENT COURT, SUITE E-1  
STATE COLLEGE, PA 16801

RE: WYNWOOD HOUSE AT PENNS  
VALLEY  
122 WYNWOOD DRIVE  
CENTRE HALL, PA, 16828  
LICENSE/COC#: 22997

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

**Name:** WYNWOOD HOUSE AT PENNS VALLEY      **Licen e #:** 22997      **Licen e Expiration Date:** 06/14/2021  
**Adde :** 122 WYNWOOD DRIVE, CENTRE HALL, PA 16828  
**County:** CENTRE      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 8143649770      **Email:** [REDACTED]

**Legal Entity**

**Name:** RURAL LIVING INC  
**Address:** 220 REGENT COURT, SUITE E-1, STATE COLLEGE, PA, 16801  
**Phone:** 8143649770      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/25/2005      **Issued By:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 44      **Waking Staff:** 33

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Complaint      **Exit Conference Date:** 01/28/2021

**Inspection Dates and Department Representative**

01/28/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 40      **Residents Served:** 39

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 3

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 39
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 5	<b>Have Physical Disability:</b> 0

## Inspections / Reviews

01/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/02/2021*

2/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/09/2021*

3/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 83a - Indoor Temperature

## 1. Requirements

2600.

- 83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

## Description of Violation

*At approximately 11:00 a.m. the bedroom temperature of room [REDACTED] indicated a temperature of 66.5 degrees. It was discovered that the room did not have a P-Tac system like those of other bedrooms. Forced air heat was drawn previously only from the hallway into the resident's room.*

## Plan of Correction

Accept

*Thermometer obtained and placed in resident room while inspector still present.*

*Heat strip installed in resident room on 02/01/2021.*

*Building Administrator replaced on 01/29/2021.*

*See photo upload titled PV Resident Room with Heat Strip and Thermometer.*

*This POC is complete. On-going compliance will be monitored by the new Administrator.*

**Completion Date:** 02/25/2021

## Update - 02/25/2021

*The Home's Plan of Correction will have to be resubmitted via the Portal in Sans Write.*

*AG, 2-25-21*

## Document Submission

Implemented

*Thermometer obtained and placed in resident room while inspector still present.*

*Heat strip installed in resident room on 02/01/2021.*

*Building Administrator replaced on 01/29/2021.*

*See photo upload titled PV Resident Room with Heat Strip and Thermometer.*

*This POC is complete. On-going compliance will be monitored by the new Administrator.*

## 88a - Surfaces

## 1. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

## Description of Violation

*Crumbs, tiny pieces of paper and grime were observed on the stainless-steel shelves in the home's kitchen. The floor also appeared to be dirty with a soiled blackened mouse trap observed under the shelf. There were also plastic bottle caps under the shelving as well. The stove's surface was also heavily blackened with food particles and a layer of grease and grime on the stove's surface. In the adjacent dry goods room, pieces of plastic wrap and tiny pieces of papers were observed on the floor.*

## 88a - Surfaces (continued)

**Plan of Correction****Accept**

Administrator was replaced on 1/29/21. The kitchen was deep cleaned immediately following inspection. The kitchen was painted on 2/4/21. The kitchen staff was given a cleaning task list and educational memo on 1/29/21.

See photo upload titled PV signed educational memo and PV kitchen cleaning checklist and remainder of photos for the kitchen.

This POC is completed.

On-going compliance will be monitored by new administrator.

Completion Date: 02/25/2021

**Update - 02/25/2021**

The Home's Plan of Correction will have to be resubmitted via the Portal in Sans Write.

AG, 2-25-21

**Document Submission****Implemented**

Administrator was replaced on 1/29/21. The kitchen was deep cleaned immediately following inspection. The kitchen was painted on 2/4/21. The kitchen staff was given a cleaning task list and educational memo on 1/29/21.

See photo upload titled PV signed educational memo and PV kitchen cleaning checklist and remainder of photos for the kitchen.

This POC is completed.

On-going compliance will be monitored by new administrator.

## 182b - Prescription Medication

**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

**Description of Violation**

Resident # 1 informed Department Representative that a direct care aide "A" came into the room to warn the residents that "The state is here" and proceeded to put the resident # 1's over the counter medications away. The following over the counter medications were accessible to the resident without a script: Equate Stool Softer 100 mg, and 1 bottle of Chloraseptic Throat Spray. The resident's Medical evaluation did not include the resident's ability to safely self-administer any over the counter medications at bedside.

**Plan of Correction****Accept**

Administrator replaced on 1/29/2021. Medications were removed from residents room immediately while inspector was still present. Education was provided to resident and family regarding PCH requirements related to OTC medications.

This plan of correction is complete. On-going compliance will be monitored by new administrator.

Completion Date: 02/25/2021

**182b - Prescription Medication (continued)**

**Update - 02/25/2021**

*Please use a periodic checklist or tracker to check resident rooms for over the counter or prescription medication medications that should be stored by the home. This checklist or tracker should be submitted upon resubmission.*

*The Home's Plan of Correction will have to be resubmitted via the Portal in Sans Write.*

*AG, 2-25-21*

**Document Submission****Implemented**

*Administrator replaced on 1/29/2021. Medications were removed from resident's room immediately while inspector was still present. Education was provided to resident and family regarding PCH requirements related to OTC medications.*

*An auditing form was created to periodically check for over the counter or prescription medications that should be stored by the home. Room checks will begin on 2/26/21 and occur monthly.*

*See attached form titled PV feb monthly room audits for OTC and prescription medications.*

*The POC is completed. On-going compliance will be monitored by new administrator.*