

Department of Human Services
Bureau of Human Service Licensing

March 31, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: WYNWOOD HOUSE AT GREENHILLS
301 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 24323

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/15/2021, 12/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 GREENHILLS License #: 24323 License Expiration: 12/13/2022
Address: 301 FARMSTEAD LANE, STATE COLLEGE, PA 16803
County: CENTRE Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

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: 40 Waking Staff: 30

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 12/16/2021

Inspection Dates and Department Representative

12/15/2021 - On-Site: [REDACTED]
12/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 Residents Served: 31

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 15 Residents Served: 0

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

12/15/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/03/2022*

02/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/07/2022*

03/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room #24 did not have a bedside lamp or other source of lighting accessible from the bed.

Plan of Correction

Accept

Maintenance purchased and installed an operable lamp accessible from the bed. Maintenance will conduct weekly checks to ensure all lamps are working and accessible from the bed. Administrator will monitor. Please see attachment titled GH-Lamp and GH-weekly lamp audits

This POC is completed

Completion Date: 12/15/2021

Update: 02/27/2022

The photo provided was of the fire extinguisher. Please update the photo in Step 2.

AG, 2-27-22

Document Submission

Implemented

Maintenance purchased and installed an operable lamp accessible from the bed. Maintenance will conduct weekly checks to ensure all lamps are working and accessible from the bed. Administrator will monitor. Please see attachment titled GH-Lamp and GH-weekly lamp audits

This POC is completed

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

10 bags of frozen smiley face potatoes, multiple bags of ravioli's, tater tots, and sweet potato fries were located in the freezer in laundry room #1 not labeled or dated.

Plan of Correction

Accept

All kitchen staff have been educated on labeling and dating all food items. Staff will label and date as they are putting items away from the weekly truck deliveries. Administrator will monitor. Please see attachment titled GH-kitchen staff memo.

This POC is complete.

Completion Date: 12/16/2021

Document Submission

Implemented

All kitchen staff have been educated on labeling and dating all food items. Staff will label and date as they are putting items away from the weekly truck deliveries. Administrator will monitor. Please see attachment titled GH-kitchen staff memo.

This POC is complete.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

The lint trap in the dryer of laundry room #1 contained a handful of lint. A pile of lint was located on the right side of the dryer near the dryer duct. The above noted items pose a possible fire hazard.

Plan of Correction

Accept

The lint trap in the dryer and the pile of lint located to the right side of the dryer was immediately removed by maintenance. Weekly audits will be done by maintenance and the administrator will continue to monitor.

This POC is complete.

Completion Date: 12/16/2021

Update: 02/27/2022

Please send in a copy of the logs that is IN USE in Step 2.

AG, 2-27-22

Document Submission

Implemented

The lint trap in the dryer and the pile of lint located to the right side of the dryer was immediately removed by maintenance. Weekly audits will be done by maintenance and the administrator will continue to monitor. Please see attachment titled GH-Weekly Maintenance Checks.

This POC is complete.

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Dryer sheets, a sock and tissues were located behind the dryer near the dryer duct in laundry room #2, these items pose a possible fire hazard.

Plan of Correction

Accept

The dryer sheets, a sock and tissues were immediately removed from behind the dryer by maintenance while inspector present. Weekly checks in place and are to be conducted by maintenance. Administrator will monitor and make sure weekly checks are being made.

This POC is complete.

Completion Date: 12/16/2021

Document Submission

Implemented

The dryer sheets, a sock and tissues were immediately removed from behind the dryer by maintenance while inspector present. Weekly checks in place and are to be conducted by maintenance. Administrator will monitor and make sure weekly checks are being made.

This POC is complete.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher located in the back porch area was last inspected in October 2020.

Plan of Correction**Accept**

██████ was scheduled to inspect the fire extinguisher located on back porch area. Please see attachment titled GH-Fire Extinguisher. Maintenance will conduct monthly checks on all fire extinguishers in the building. Administrator shall oversee.

POC completed.

Completion Date: 12/17/2021

Document Submission**Implemented**

Swartz was scheduled to inspect the fire extinguisher located on back porch area. Please see attachment titled GH-Fire Extinguisher. Maintenance will conduct monthly checks on all fire extinguishers in the building. Administrator shall oversee.

POC completed.

181d - Storing Medication**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

The resident in Room #35 self administers medications. The medication box was unlocked, accessible and unattended.

Plan of Correction**Accept**

Weekly audits will be conducted on the lock box to ensure it is locked in a secure location in resident's room.

This POC is complete.

Completion Date: 12/16/2021

Document Submission**Implemented**

Weekly audits will be conducted on the lock box to ensure it is locked in a secure location in resident's room.

This POC is complete.

184a - Labeling OTC/CAM**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Labeling OTC/CAM (continued)

Description of Violation

Resident #1's [REDACTED] vial did not have a pharmacy label attached.

Plan of Correction**Accept**

Resident #1's [REDACTED] was immediately labeled while inspector present. Monthly audits will be conducted on med cart to check that all containers are labeled appropriately.

This POC is complete.

Completion Date: 12/16/2021

Document Submission**Implemented**

Resident #1's [REDACTED] was immediately labeled while inspector present. Monthly audits will be conducted on med cart to check that all containers are labeled appropriately.

This POC is complete.

184b - Resident's Meds Labeled

1. 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

A bottle of Robitussin DM OTC medication did not have a residents name on it. The staff were unable to identify who it belonged to.

Plan of Correction**Accept**

The bottle of [REDACTED] was immediately removed and disposed of, due to being unable to identify who it belongs to while inspector still present. Monthly med cart audits will be conducted. Administrator will monitor.

Completion Date: 02/03/2022

Document Submission**Implemented**

The bottle of [REDACTED] was immediately removed and disposed of, due to being unable to identify who it belongs to while inspector still present. Monthly med cart audits will be conducted. Administrator will monitor.

This POC is complete.

184c - Sample Prescription Meds.

1. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Resident #2's [REDACTED] sample medication did not include the written directions from the prescriber.

Plan of Correction**Accept**

Resident #2 was immediately labeled with the written directions from the prescriber. Monthly med cart audits will be conducted. Administrator will monitor. Please see attachment titled GH-Xarelto

This POC is complete.

Completion Date: 12/16/2021

184c - Sample Prescription Meds. (continued)

Document Submission**Implemented**

Resident #2 was immediately labeled with the written directions from the prescriber. Monthly med cart audits will be conducted. Administrator will monitor. Please see attachment titled [REDACTED]. This POC is complete.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for [REDACTED], the bottle in use for administration is [REDACTED]. The wrong dose was administered from 12/1-12/16/21.

Resident #3 has an order for fish oil plus [REDACTED] 3 times daily, the bottle in use for administration is [REDACTED] mcg. The wrong dose and medication was administered from 12/1-12/16/21 at 8am.

Plan of Correction**Accept**

An incident report was sent to DHS on Resident #1 and Resident # 3. The PCP and family were notified, and the correct dosages were brought in and labeled properly. Monthly med cart audits will be conducted.

This POC is complete.

Completion Date: 02/16/2022

Update: 02/27/2022

Please show an example of a cart audit in Step 2.

AG, 2-27-22

Document Submission**Implemented**

An incident report was sent to DHS on Resident #1 and Resident # 3. The PCP and family were notified, and the correct dosages were brought in and labeled properly. Monthly med cart audits will be conducted. Please see attachment titled GH-Monthly Med Cart Audits.

This POC is complete.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 had multiple unwitnessed falls since the residents admission on [REDACTED]. The residents RASP dated [REDACTED] was not updated to reflect the falls or how the home was going to meet the residents needs.

Plan of Correction**Accept**

Resident no longer lives in the facility. All falls will be reported to building administrator/nurse. They will then notify the MD to report fall and how needs can be met by physical therapy, increased supervision, etc. All RASPS will be

227d - Support Plan Medical/Dental (continued)

updated to coincide.

This POC is complete.

Completion Date: 12/16/2021

Update: 02/27/2022

Please select a sample resident who falls and show an addendum or an update to verify an example of compliance in Step 2.

AG, 2-27-22

Document Submission

Implemented

Resident no longer lives in the facility. All falls will be reported to building administrator/nurse. They will then notify the MD to report fall and how needs can be met by physical therapy, increased supervision, etc. All RASPS will be updated to coincide. Please see attachment titled GH-Fall Sample on another resident.

This POC is complete.

3c - Post Current License

1. Requirements

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 licensing inspection summary dated [redacted] was not posted in a public conspicuous area of the home.

Repeat Violation: 10/22/19

Plan of Correction

Accept

The licensing inspection summary dated [redacted] was immediately posted in a public conspicuous area while inspector present. Administrator will make sure that all inspection summaries are posted in a public conspicuous area moving forward.

This POC is complete.

Completion Date: 12/15/2021

Update: 02/27/2022

Please include a photo of the posted summary in Step 2.

AG, 2-27-22

Document Submission

Implemented

The licensing inspection summary dated [redacted] was immediately posted in a public conspicuous area while inspector present. Administrator will make sure that all inspection summaries are posted in a public conspicuous area moving forward. Please see attachment titled GH-Inspection Summary 12-2.

This POC is complete.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

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

A thermometer was not located in the freezer in laundry room #1.

Repeat violation: 10/22/19

Plan of Correction

Accept

A thermometer was immediately placed in the freezer while inspector present in the freezer in laundry room #1. Temperatures will be documented daily. Please see attachment titled GH-Freezer Temps

POC complete

Completion Date: 12/15/2021

Document Submission

Implemented

A thermometer was immediately placed in the freezer while inspector present in the freezer in laundry room #1. Temperatures will be documented daily. Please see attachment titled GH-Freezer Temps
POC complete

121a - Unobstructed Egress

1. 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

The exit doors D-7 and the door that exits to the courtyard are locked with a magnetic lock, preventing immediate egress in the event of an emergency.

The exit door located next to the salon is blocked with a huge pile of leaves, preventing immediate egress in the event of an emergency.

Repeat violation: 10/22/19

Plan of Correction

Accept

Vigilent notified and exits to the courtyard were unlocked and will remain unlocked. Inspector was present and able to check doors. The leaves were immediately removed from the exit door next to the salon. Weekly checks on exits will be performed by maintenance. Administrator will monitor.

This POC is complete.

Completion Date: 12/15/2021

Update: 02/27/2022

Please send in photo of unblocked exit.
AG, 2-27-22

Document Submission

Implemented

Vigilent notified and exits to the courtyard were unlocked and will remain unlocked. Inspector was present and

121a - Unobstructed Egress (continued)

able to check doors. The leaves were immediately removed from the exit door next to the salon. Weekly checks on exits will be performed by maintenance. Administrator will monitor.
This POC is complete.

133.1 - Exit Signs

1. Requirements

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 exit door that exits to the outside courtyard does not have an exit sign posted.

Repeat violation: 10/22/19

Plan of Correction

Accept

Exit sign was immediately put in place outside courtyard during the inspection and was in plain legible letters. Please see attachment titled GH-Exit Sign.

POC completed 10/22/19.

Completion Date: 12/15/2021

Document Submission

Implemented

Exit sign was immediately put in place outside courtyard during the inspection and was in plain legible letters. Please see attachment titled GH-Exit Sign.

POC completed 10/22/19.