

Department of Human Services
Bureau of Human Service Licensing

July 24, 2022

[REDACTED], ADMINISTRATOR

RE: WYNWOOD HOUSE AT NITTANY
VALLEY
294 DISCOVERY DRIVE
BOALSBURG, PA, 16827
LICENSE/COC#: 23262

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2022, 01/05/2022 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 NITTANY VALLEY License #: 23262 License Expiration: 02/03/2022
Address: 294 DISCOVERY DRIVE, BOALSBURG, PA 16827
County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 12/15/2016 Issued By: Centre County Code

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 01/05/2022

Inspection Dates and Department Representative

01/04/2022 - On-Site: [REDACTED]
01/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 29

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

01/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2022*

05/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2022*

06/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/27/2022*

07/24/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED] and was over the age of [REDACTED] years old. Resident #1's estate was refunded the total amount of charges on [REDACTED], when the resident's room was cleared. The resident's estate was not refunded, at minimum, the elder care charges for the days between their passing and when their room was cleared, as in accordance with the Elder Care Payment Restitution Act.

Plan of Correction

Do Not Accept

Please see attachment titled [REDACTED] refund. Billing will ensure that all elder care charges will be refunded for the days between their passing and when the rooms are cleared.

Completion Date: 04/27/2022

Update: 05/13/2022

The POC has to note who will be responsible going forward.

Please note in Step 2 that documentation was presented in Step 1 and approved.

[REDACTED], 5-13-22

Plan of Correction

Accept

Please see attachment titled [REDACTED] refund. Billing will ensure that all elder care charges will be refunded for the days between their passing and when the rooms are cleared. The Corporate Administrator will be responsible for monitoring all refunds after discharges.

This POC is complete

Completion Date: 04/27/2022

Document Submission

Implemented

Please see attachment titled [REDACTED] r refund. Billing will ensure that all elder care charges will be refunded for the days between their passing and when the rooms are cleared. The Corporate Administrator will be responsible for monitoring all refunds after discharges.

This POC is complete

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 uses a bedrail. At time of inspection, the bedrail was covered by only a small wash towel which cannot protect the resident from possible limb entrapments.

Plan of Correction

Accept

A cover was placed on the bedrail while inspector still on site. Checks will be conducted periodically to ensure that

81b - Resident Personal Equipment (continued)

all bedrails have the appropriate covers on them. Administrator will monitor. Please see attachment titled NV bed rail cover.

This POC is complete.

Completion Date: 01/04/2022

Update: 05/13/2022

Please note in Step 2 that documentation was presented in Step 1 and approved.

█ 5-13-22

Document Submission

Implemented

A cover was placed on the bedrail while inspector still on site. Checks will be conducted periodically to ensure that all bedrails have the appropriate covers on them. Administrator will monitor. Please see attachment titled NV bed rail cover.

This POC is complete.

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

Cleaners █ Carpet Detergent were removed from their original containers and put into spray bottles located in the home's laundry area. The spray bottles were not labeled with the original manufacturer's label. Both original containers state that if ingested, contact a poison control center immediately.

Plan of Correction

Accept

The spray bottles were immediately removed and disposed of while inspector was on site. Administrator will oversee and make sure that no cleaners are removed from original bottles to ensure that all are labeled with the original manufacturer's label.

Completion Date: 01/04/2022

Update: 05/13/2022

Documentation will e required in Step 2.

█, 5-13-22

Document Submission

Implemented

The spray bottles were immediately removed and disposed of while inspector was on site. Administrator will oversee and make sure that no cleaners are removed from original bottles to ensure that all are labeled with the original manufacturer's label.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

Shower 2 is a common shower shared by all residents. At time of inspection, there was a large shower towel and a washcloth that appeared to have been used on the shower floor.

Plan of Correction

Accept

A resident that showers independently was just in the shower room prior to the larger shower towel and washcloth being found. They were immediately removed while inspector was still on site and shower was sanitized per protocol. Administrator ordered trash cans for all the showers for dirty towels. Administrator will oversee.

Completion Date: 01/04/2022

Update: 05/13/2022

Evidence of compliance will be needed for this regulation.

█ 5-13-22

Document Submission

Implemented

A resident that showers independently was just in the shower room prior to the larger shower towel and washcloth being found. They were immediately removed while inspector was still on site and shower was sanitized per protocol. Administrator ordered trash cans for all the showers for dirty towels. Administrator will oversee.

Please see attachment titled NV-Dirty Linen Bin

This POC is complete

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducted a fire drill on 12/16/21 at 11:00am. The fire drill log indicates the evacuation time for this drill was 6 minutes and 42 seconds. However, per staff interviews, it was determined that this fire drill took 4 minutes and 42 seconds, and that 2 minutes were added to account for 2 residents who were not evacuated.

Plan of Correction

Accept

After talking to administrator, I'm not sure why she told inspector that 2 residents were not evacuated due to their mobility needs. Administrator does not conduct the fire drills, as there are designated people who do them for all buildings. Administrator told me she was anxious and not sure what to say. She was educated on proper procedure. All residents are always evacuated in all drills.

Completion Date: 01/05/2022

Update: 05/13/2022

Please submit the Home's fire drill log back to the date of the inspection as evidence of compliance for Step 2.

█, 5-13-22

Document Submission

Implemented

After talking to administrator, I'm not sure why █ told inspector that 2 residents were not evacuated due to their mobility needs. Administrator does not conduct the fire drills, as there are designated people who do them for all

132c - Fire Drill Records (continued)

buildings. Administrator told me [redacted] was anxious and not sure what to say. [redacted] was educated on proper procedure. All residents are always evacuated in all drills. Please see attachment titled NV-Fire drills

This POC is complete.

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home conducted a fire drill on 12/16/21 at 11:00am. Per staff interviews, Resident #3 and Resident #4 were not evacuated due to their mobility status.

Plan of Correction

Accept

All residents are always evacuated in all fire drills. Administrator does not even conduct the fire drills. There are designated people who conduct them in all the buildings. Administrator reported [redacted] was nervous with first inspection and wasn't sure what to say. [redacted] has been educated on proper procedure.

This POC complete.

Completion Date: 01/05/2022

Update: 05/13/2022

Please submit the Home's fire drill log back to the date of the inspection as evidence of compliance for Step 2. AG, 5-13-22

Document Submission

Implemented

All residents are always evacuated in all fire drills. Administrator does not even conduct the fire drills. There are designated people who conduct them in all the buildings. Administrator reported [redacted] was nervous with first inspection and wasn't sure what to say. [redacted] has been educated on proper procedure. Please see attachment titled NV-Fire drills

This POC is complete

This POC complete.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #5 is on a [redacted]. Resident #5's most recent medical evaluation, dated [redacted], does not include the resident's special diet.

Plan of Correction

Do Not Accept

An order was obtained on [redacted] for resident's special diet. Please see attachment titled NV diet order.

141b1 - Annual Medical Evaluation (continued)

This POC is complete

Completion Date: 01/06/2022

Update: 05/13/2022

Documentation for the issue is acceptable. The POC itself needs enhancement. The POC does not address who will be responsible for ongoing compliance and how issues will be identified and corrected. Avoiding choking incidents is paramount.

█ 5-13-22

Plan of Correction

Accept

An order was obtained on █ for resident's special diet. Please see attachment titled NV diet order. The special diet is also hung in the kitchen, so staff is aware of the special diet. Administrator will oversee and monitor to ensure that the diet is being followed to avoid any choking incidents.

This POC is complete.

Completion Date: 01/06/2022

Document Submission

Implemented

An order was obtained on █ for resident's special diet. Please see attachment titled NV diet order. The special diet is also hung in the kitchen, so staff is aware of the special diet. Administrator will oversee and monitor to ensure that the diet is being followed to avoid any choking incidents.

This POC is complete.

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #6 self-administers medications, to include █. Resident #6 is not assessed to self-administer medications.

Resident #7 self-administers medications, to include █. Resident #7 is not assessed to self-administer medications.

Plan of Correction

Do Not Accept

Medication was removed from rooms immediately while inspector was still present on site. Room checks for medications will be conducted monthly and education provided to med techs and families on the importance of not bringing medications into the residents' rooms. Administrator to monitor.

This POC is complete

Completion Date: 04/22/2022

181c - Self-administration Assessment (continued)

Update: 05/13/2022

Documentation will be required for Step 2. Blank checklists are not accepted.

The education form is not completed at the top in order to be accepted. it must contain all the necessary elements.

AG, 5-13-22

Plan of Correction**Accept**

Medication was removed from rooms immediately while inspector was still present on site. Room checks for medications will be conducted monthly and education provided to med techs and families on the importance of not bringing medications into the residents' rooms. Please see attachment titled NV-Med Administration Refresher

Administrator to monitor for ongoing compliance.

This POC is complete.

Completion Date: 04/22/2022

Document Submission**Implemented**

Medication was removed from rooms immediately while inspector was still present on site. Room checks for medications will be conducted monthly and education provided to med techs and families on the importance of not bringing medications into the residents' rooms. Please see attachment titled NV-Med Administration Refresher

Administrator to monitor for ongoing compliance.

This POC is complete.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #6 had 2 loose pills, one [REDACTED] and one [REDACTED] tablet, located in a small plastic cup in the dresser in his/her bedroom.

Resident #8 is assessed to self-administer medications with assistance. Resident #8's [REDACTED] and [REDACTED] were unlocked and accessible, located in a plastic storage container in the resident's bathroom.

Plan of Correction**Do Not Accept**

Pills were removed immediately while inspector still on site. All resident's medications were changed, and facility now manages all medications. Monthly checks will be conducted in all rooms to assure that no medications are left.

This POC is complete

Completion Date: 01/05/2022

Update: 05/13/2022

Evidence of compliance will be needed. Monthly checks in the form of a checklist must be a recently completed checklist. This POC does not include who will be responsible for ongoing compliance.

183b - Meds and Syringes Locked (continued)

█, 5-13-22

Plan of Correction

Accept

Pills were removed immediately while inspector still on site. All resident's medications were changed from self-administration, and facility now manages all medications. Monthly checks will be conducted in all rooms to assure that no medications are left. Please see attachment titled NV-Room check audits.

The administrator will monitor and oversee for ongoing compliance.

Completion Date: 01/05/2022

Document Submission

Implemented

Pills were removed immediately while inspector still on site. All resident's medications were changed from self-administration, and facility now manages all medications. Monthly checks will be conducted in all rooms to assure that no medications are left. Please see attachment titled NV-Room check audits.

The administrator will monitor and oversee for ongoing compliance.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #6 had a █ located in his/her bedroom. This medication is not currently prescribed to the resident.

Resident #7 had a █ in his/her bedroom. This medication is not currently prescribed to the resident.

Plan of Correction

Do Not Accept

The cream and ointment were immediately removed while inspector was on site. Monthly room checks will be conducted to ensure that no medications are present. Residents and families educated on the importance of not bringing in medications without an order and to always report to the nurse prior to leaving anything in the rooms.

This POC is complete.

Completion Date: 01/10/2022

Update: 05/13/2022

Evidence of compliance will be needed. Monthly checks in the form of a checklist must be a recently completed checklist. This POC does not include who will be responsible for ongoing compliance.

█, 5-13-22

Plan of Correction

Accept

The █ and █ were immediately removed while inspector was on site. Monthly room checks will be conducted to ensure that no medications are present. Residents and families educated on the importance of not bringing in medications without an order and to always report to the nurse prior to leaving anything in the rooms.

183d - Prescription Current (continued)

Please see attachment titled NV-Room Check Audits. Administrator will continue to monitor for ongoing compliance.

This POC is complete

Completion Date: 01/10/2022

Document Submission

Implemented

The [redacted] and [redacted] were immediately removed while inspector was on site. Monthly room checks will be conducted to ensure that no medications are present. Residents and families educated on the importance of not bringing in medications without an order and to always report to the nurse prior to leaving anything in the rooms. Please see attachment titled NV-Room Check Audits. Administrator will continue to monitor for ongoing compliance.

This POC is complete

185a - Implement Storage Procedures

1. 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 #8 has a current order for [redacted] suppository, to be administered as needed. This medication could not be located at time of inspection.

Plan of Correction

Accept

An order was sent on 1/5/22 to discontinue the order per request of the family due to cost of suppository being too expensive. Monthly cart audits will be conducted. Administrator will monitor. Please see attachment titled [redacted] ORDER.

This POC complete

Completion Date: 01/10/2022

Update: 05/13/2022

The documentation is acceptable for Step 2. Please note this in Step 2 when responding. Please refer to residents by using the privacy coding.

[redacted] 5-13-22

Document Submission

Implemented

An order was sent on 1/5/22 to discontinue the order per request of the family due to cost of suppository being too expensive. Monthly cart audits will be conducted. Administrator will monitor. Please see attachment titled [redacted] ORDER.

This POC complete

187a - Medication Record

1. Requirements

187a - Medication Record (*continued*)

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #6 is prescribed [REDACTED] and [REDACTED] twice daily. One of each of these medication tablets were found in Resident #6's bedroom and therefore were not taken by the resident. However, the resident's medication record (MAR) was initialed on all administration dates despite the medications not being fully administered to the resident.

Resident #7 was recently prescribed [REDACTED] and the home was waiting for the resident's pharmacy to fill the prescription to begin administering the medication. On 1/5/22, the resident's medication record (MAR) was initialed to indicate that the medication was administered. However, the home had not yet received the medication and therefore the MAR was initialed in error.

Plan of Correction**Do Not Accept**

Medications were immediately removed while inspector was still on site. Monthly room checks will be done to check and make sure no medications are in the rooms. All med techs will be trained again on proper administration of medications.

This POC is complete

Completion Date: 01/05/2022

Update: 05/13/2022

The training signature sheets were not completed at the top. This is not accepted as evidence of compliance if not complete just like training being measured at the time of inspection.

The POC does not address who will be responsible for maintaining compliance.

Evidence of checks and training must be submitted for Step 2.

AG, 5-13-22

Plan of Correction**Accept**

Medications were immediately removed while inspector was still on site. Monthly room checks will be done to check and make sure no medications are in the rooms. All med techs will be trained again on proper administration of medications. Please see attachment titled NV-Med administration refresher and NV-Room Check Audits. The administrator will oversee and continue to monitor for maintaining compliance.

This POC is complete.

Completion Date: 01/05/2022

Document Submission**Implemented**

Medications were immediately removed while inspector was still on site. Monthly room checks will be done to check and make sure no medications are in the rooms. All med techs will be trained again on proper administration of medications. Please see attachment titled NV-Med administration refresher and NV-Room Check Audits. The administrator will oversee and continue to monitor for maintaining compliance.

This POC is complete.

187a - Medication Record (continued)

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #6 is prescribed [redacted] daily and [redacted] [redacted] One of each of these medication tablets were found in Resident #6's bedroom and therefore were not taken by the resident. However, the resident's medication record (MAR) was initialed on all administration dates despite the medications not being fully administered to the resident. The attending Med Tech initialed the resident's MAR before witnessing the resident take their medications.

Plan of Correction

Accept

All med techs will be retrained on the proper administration of medications. It was unable to be determined what dates the medications were administered. The medications were immediately removed while inspector still on site. Room checks will be conducted to make sure no medications are left behind. Administrator to monitor. Please see attachment titled NV-Med administration refresher

This POC complete.

Completion Date: 04/28/2022

Update: 05/13/2022

please send in recently completed room checks for step 2 as well as sign in sheets for the training. Also please send in evidence of Administrative monitoring.

[redacted] 5-13-22

Document Submission

Implemented

All med techs will be retrained on the proper administration of medications. It was unable to be determined what dates the medications were administered. The medications were immediately removed while inspector still on site. Room checks will be conducted to make sure no medications are left behind. Administrator to monitor. Please see attachment titled NV-Med administration refresher

This POC complete.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed [redacted] daily and [redacted] [redacted] One medication tablet of each were found in Resident #6's bedroom and therefore were not taken by the resident. It is unknown on what date the resident did not take their prescribed medications.

Plan of Correction

Do Not Accept

Medications were immediately removed from the room while inspector still on site. All med techs will be retrained

187d - Follow Prescriber's Orders (continued)

on proper administration of medications.

This POC is complete.

Completion Date: 01/05/2022

Update: 05/13/2022

Who will be responsible for ongoing compliance?

Please send in evidence of training and monitoring in Step 2.

█, 5-13-22

Plan of Correction

Accept

Medications were immediately removed from the room while inspector still on site. All med techs will be retrained on proper administration of medications. Please see attachment titled NV-Med Administration Refresher. The Administrator will continue to monitor to maintain compliance.

This POC is complete.

Completion Date: 01/05/2022

Document Submission

Implemented

Medications were immediately removed from the room while inspector still on site. All med techs will be retrained on proper administration of medications. Please see attachment titled NV-Med Administration Refresher. The Administrator will continue to monitor to maintain compliance. Please see attachment titled NV-Med administration refresher sign in sheet and NV-Room check audits.

This POC is complete.

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 #9 utilizes an enabler bar attached to his/her bed. The resident's RASP, dated █, does not include the resident's need for the use of an enabler bar.

Plan of Correction

Accept

RASP was immediately corrected while inspector still on site. Audits will be done on charts periodically to ensure all of them are updated with any new orders. Administrator will monitor. Please see attachment titled NV-RASP CORRECTION.

This POC is complete.

Completion Date: 01/04/2022

227d - Support Plan Medical/Dental (continued)

Update: 05/13/2022

Please note in Step 2 that documentation was submitted and approved in Step 1. Please also submit a copy of a recently completed audit, including findings, and actions taken if warranted.

Document Submission**Implemented**

RASP was immediately corrected while inspector still on site. Audits will be done on charts periodically to ensure all of them are updated with any new orders. Administrator will monitor. Please see attachment titled NV-RASP CORRECTION.

This POC is complete.