

Department of Human Services  
Bureau of Human Service Licensing

July 15, 2022

[REDACTED], OWNER  
[REDACTED]  
[REDACTED]

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 04/27/2022, 05/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

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 License #: 22997 License Expiration: 06/14/2023  
Address: 122 WYNWOOD DRIVE, CENTRE HALL, PA 16828  
County: CENTRE Region: NORTHEAST

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/25/2005 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 05/03/2022

**Inspection Dates and Department Representative**

04/27/2022 - On-Site: [REDACTED]  
05/03/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 40 Residents Served: 39

**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: 39  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

04/27/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/23/2022*

07/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/21/2022*

07/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 65a - FS Orientation 1st Day

## 1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

**Description of Violation**

Staff person A, whose first day of work was [REDACTED] completed orientation on the required topics, however, the document was not dated, so compliance could not be measured.

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

The orientation was dated for the first day of work, [REDACTED]. An audit was conducted on all employee orientation checklists to ensure compliance. Corporate Administrator will continue to monitor and oversee to maintain compliance. Please see attachment titled PV-NY Orientation

This POC is complete.

**Completion Date:** 05/04/2022

**Document Submission****Implemented**

The orientation was dated for the first day of work, [REDACTED]. An audit was conducted on all employee orientation checklists to ensure compliance. Corporate Administrator will continue to monitor and oversee to maintain compliance. Please see attachment titled PV-NY Orientation

This POC is complete.

## 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**

At 9:45am on 5/3/22, the floor under the kitchen work tables was dirty with a layer of grime, old croutons, and particles of food.

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

The floor under the kitchen worktables were immediately swept up and cleaned while inspector still on site. A kitchen checklist was posted on daily duties. Please see attachment titled PV-Kitchen Cleaning Checklist. Administrator will monitor and oversee.

This POC is complete

**Completion Date:** 05/03/2022

**Document Submission****Implemented**

The floor under the kitchen worktables were immediately swept up and cleaned while inspector still on site. A kitchen checklist was posted on daily duties. Please see attachment titled PV-Kitchen Cleaning Checklist. Administrator will monitor and oversee.

88a - Surfaces (continued)

*This POC is complete*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature in the bathroom in room [redacted] was 133.6 degrees.

Plan of Correction

**Accept**

Water heater was set to a lower temp while inspector still present on site. Weekly water checks will be conducted weekly on rm#36 and random rooms to ensure that what temps do not exceed 120 degrees Fahrenheit. Please see attachment titled PV-Quality Assurance Maintenance Check List. Administrator will oversee.

*This POC is complete*

Completion Date: 05/04/2022

Document Submission

**Implemented**

Water heater was set to a lower temp while inspector still present on site. Weekly water checks will be conducted weekly on rm#36 and random rooms to ensure that what temps do not exceed 120 degrees Fahrenheit. Please see attachment titled PV-Quality Assurance Maintenance Check List. Administrator will oversee.

*This POC is complete*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

Description of Violation

Resident #1 in room [redacted] did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

**Accept**

The lamp was immediately moved within arm's reach at bedside while inspector still present on site. Maintenance will conduct weekly checks to ensure all lams are working and accessible from the bed. Administrator will monitor. Please see attachment titled PV-Lamp and PV-Quality Assurance Maintenance Checklist.

*This POC is complete.*

Completion Date: 05/04/2022

Document Submission

**Implemented**

The lamp was immediately moved within arm's reach at bedside while inspector still present on site. Maintenance will conduct weekly checks to ensure all lams are working and accessible from the bed. Administrator will monitor. Please see attachment titled PV-Lamp and PV-Quality Assurance Maintenance Checklist.

*This POC is complete.*

## 103g - Storing Food

## 1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*In the chest freezer in the kitchen, there was a large bag of French fries that was open and not secured closed. Located in the freezer in the dry storage area, was a Sara Lee Poundcake. The top was not secured to the container and the cake appeared to be freezer burned.*

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

*French fries were immediately thrown away while inspector still on sight. A memo was placed in the kitchen and a checklist was created for daily tasks and check offs. Please see attachment titled PV-Kitchen Memo and Sign Off. Administrator will oversee and monitor for continued compliance.*

*This POC is complete.*

**Completion Date:** 05/04/2022

**Document Submission****Implemented**

*French fries were immediately thrown away while inspector still on sight. A memo was placed in the kitchen and a checklist was created for daily tasks and check offs. Please see attachment titled PV-Kitchen Memo and Sign Off. Administrator will oversee and monitor for continued compliance.*

*This POC is complete.*

## 103i - Outdated Food

## 1. Requirements

2600.

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

**Description of Violation**

*Located on the can rack in the dry storage area was a #10 can of tapioca pudding that was dented. A can of tomato paste was located on the can shelf that had an expiration date of 1/28/20.*

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

*The can of tapioca pudding and tomato paste was immediately thrown away while inspector still on site. A memo and daily check off sheet placed in the kitchen for staff to follow. Please see attachment titled PV-Kitchen Memo and Sign off. The administrator will monitor and oversee.*

*This POC is complete*

**Completion Date:** 05/04/2022

**Document Submission****Implemented**

*The can of tapioca pudding and tomato paste was immediately thrown away while inspector still on site. A memo and daily check off sheet placed in the kitchen for staff to follow. Please see attachment titled PV-Kitchen Memo and Sign off. The administrator will monitor and oversee.*

*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 #2 glucometer was not calibrated to the correct time.*

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

*Resident #2's glucometer was immediately calibrated to the correct time. Weekly audits will be conducted on all glucometers to ensure that they are calibrated correctly, Administrator will monitor for continued compliance.*

*This POC is complete.*

**Completion Date:** 05/04/2022

**Document Submission****Implemented**

*Resident #2's glucometer was immediately calibrated to the correct time. Weekly audits will be conducted on all glucometers to ensure that they are calibrated correctly, Administrator will monitor for continued compliance.*

*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 #3's physician order request indicated that the resident had been having recent falls and confusion. The Support plan was not addended to indicate homes plan to ensure the residents safety and fall prevention.*

*Resident #4's support plan dated [REDACTED] not indicate the residents need for a walker for mobilization as indicated in the Residents Annual Medical Evaluations dated [REDACTED]*

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

*Resident #3's support plan was immediately updated that resident was put on 2-hour checks. Resident has also shown a decline in status overall and was admitted to hospice on [REDACTED]. Please see attachment titled PV-[REDACTED] RASP. All falls will continue to be documented and the support plans will be updated appropriately. Audits will be conducted periodically. Administrator will oversee.*

*Resident #4's support plan was immediately updated with the resident's need for a walker for mobilization as indicated in the resident's medical evaluation. All RASPs and DMEs will be audited to ensure that compliance is maintained. The administrator will monitor and oversee. Please see attachment titled [REDACTED].*

*This POC is complete.*

**Completion Date:** 06/01/2022

**Document Submission****Implemented**

*Resident #3's support plan was immediately updated that resident was put on 2-hour checks. Resident has also*

*227d - Support Plan Medical/Dental (continued)*

*shown a decline in status overall and was admitted to hospice on [REDACTED] Please see attachment titled [REDACTED] [REDACTED] RASP. All falls will continue to be documented and the support plans will be updated appropriately. Audits will be conducted periodically. Administrator will oversee.*

*Resident #4's support plan was immediately updated with the resident's need for a walker for mobilization as indicated in the resident's medical evaluation. All RASPs and DMEs will be audited to ensure that compliance is maintained. The administrator will monitor and oversee. Please see attachment titled [REDACTED].*

*This POC is complete.*