

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 3, 2022

[REDACTED]
RURAL LIVING INC
[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 09/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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: P A L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 43 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 09/14/2022

Inspection Dates and Department Representative

09/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 38

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 1

Inspections / Reviews

09/13/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/14/2022

Inspections / Reviews (*continued*)

11/02/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/07/2022

11/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/02/2022

12/03/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Through interviews with staff, it was determined that staff person "A" threatened resident #1 by telling the resident that they will have their whistle taken away and shoved down their throat if they keep using it to call staff for assistance.

Plan of Correction**Accept (MM - 11/16/2022)**

Staff "A" adamantly denies making this comment and has never had a former complaint from any residents or families. Staff "A" was immediately removed from providing any care to resident #1. A communication binder has been created by the building nurse on 9/5/2022 in regard to any concerns from this resident and communication between nursing and the family will be continued throughout duration of stay. All staff have been recently educated on resident rights and treating them with dignity and respect. The building administrator, nurse, and administrative assistant will continue to monitor ongoing compliance.

This POC is complete

Licensee's Proposed Overall Completion Date: 11/08/2022

Implemented (MM - 12/03/2022)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

Description of Violation

Staff Person "A" was observed on a video tape that was submitted with a complaint, pushing resident #2 down several times to keep the resident from wandering around the facility and having to monitored the resident.

Plan of Correction**Accept (MM - 11/16/2022)**

Staff person "A" reported that resident #2, who has a diagnosis of dementia and was recently put on hospice due to a rapid change in condition was being combative and difficult to redirect. Staff person "A" reports attempting to put ■ legs up and elevated in the recliner and resident kept putting legs in between the leg rest and was trying to kick at the staff. Staff did not want resident to fall and admits to holding legs down on leg rest to prevent from getting kicked. Staff person "A" has never had a former complaint from any residents or families. A meeting on 9/13/2022 was held with staff member "A" and ■ verbalized understanding that such actions are prohibited. Staff member also to watch a video on caring for residents with dementia and to not provide any care to resident #2. Resident did ctb on hospice services. Staff member is on a probationary period of 90-days.

Building Administrator, Nurse, and Administrative Assistant to monitor ongoing compliance.

This POC is complete.

202 - Prohibitions (*continued*)

Licensee's Proposed Overall Completion Date: 11/08/2022

Implemented (MM - 12/03/2022)

227d - Support Plan Medical/Dental

3. 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

The support plan dated [REDACTED] for resident #1 was not updated to reflect the following changes in resident #1's care needs.

Resident #1 requires assistance of 1 person for all transfers and requires total assistance with toileting. Resident #1 is unable to evacuate independently and requires physical assistance for evacuation in the event of an emergency. There is no plan in place to meet resident #1's increasing needs.

Plan of Correction*Directed (MM - 11/16/2022)*

I do not have a support plan for resident #1 dated [REDACTED]. I have attached the most current one dated [REDACTED] as resident did not move in until [REDACTED]. Please see attachment titled PV-[REDACTED] Rasp. [REDACTED] r most current RASP is attached and evacuation status and assistance with transfers and toileting are all correct. the building nurse to monitor for ongoing compliance.

This POC is complete.

Within 15 days of receipt of this Directed Plan of Correction:

The administrator or designee shall audit all resident support plans (RASP) and ensure that individual care needs are addressed regarding -- 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.

The home shall have a detailed plan in place identifying specific needs and who will be responsible for meeting those needs.

The administrator or designee shall monitor RASP bi-weekly X's 3 months to ensure ongoing compliance.

Proof of the audit shall be sent to the department upon completion.

Directed Completion Date: 12/02/2022

Implemented (MM - 12/03/2022)