

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

January 9, 2023

[REDACTED], OWNER  
RURAL LIVING INC  
[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 11/29/2022, 11/30/2022 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** WYNWOOD HOUSE AT GREENHILLS      **License #:** 24323      **License Expiration:** 12/13/2023  
**Address:** 301 FARMSTEAD LANE, STATE COLLEGE, PA 16803  
**County:** CENTRE      **Region:** NORTHEAST

## Administrator

**Name:** [REDACTED]      **Phone:** [REDACTED]

## Legal Entity

**Name:** RURAL LIVING INC  
**Address:** [REDACTED]  
**Phone:** [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:** 32      **Waking Staff:** 24

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 11/30/2022

## Inspection Dates and Department Representative

11/29/2022 - On-Site: [REDACTED]  
11/30/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 47      **Residents Served:** 32

## Secured Dementia Care Unit

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 32  
**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

11/29/2022 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/18/2022

12/23/2022 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/06/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/28/2022

Inspections / Reviews (*continued*)

## 12/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/04/2023

## 01/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/09/2023

## 01/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*The batteries in the carbon monoxide detector located in the home's dining room were dated 9/17/19. Per the Care Facility Carbon Monoxide Alarms Standards Act, the batteries of carbon monoxide detectors must be replaced annually.*

#### Plan of Correction

**Accept** (████) - 12/23/2022)

*The carbon monoxide detector located in the dining room was not ever on the list of monitors to be checked and signed off monthly. It was not even needed in the location it was found according to regulations. While inspector still on sight on 11/30/22, the carbon monoxide detector was removed and will not be utilized. Monthly checks will continue to be conducted on all other carbon monoxide detectors, as they were all date appropriately and in compliance with regulations. The administrator will continue to oversee.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date:** 12/14/2022

**Implemented** (████) - 01/09/2023)

## 23a - Activities of Daily Living Assistance

### 2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

*The assessment and support plan, dated ██████ for Resident #1 indicates the resident requires assistance with showering, specifically set up and supervision for safety. On ██████, the resident did not receive this assistance as required due to staff refusing to provide this assistance.*

#### Plan of Correction

**Accept** (████) - 12/23/2022)

*Administrator talked with resident #1 on 11/30/22 and a plan was put into place that resident will notify Administrator of any refusal in assistance with showers, or any assistance needed with ADL's from staff. Staff are to report any refusal of any showers to the administrator moving forward. There have been no new reports of any refusal of showers. The administrator will continue to monitor for continued compliance.*

*This POC is completed.*

**Licensee's Proposed Overall Completion Date:** 12/16/2022

**Implemented** (████) - 01/09/2023)

## 85d - Trash Receptacles

### 3. Requirements

2600.

85d Trash Receptacles (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the shared bathroom between resident rooms #18 and #19 was uncovered.

Plan of Correction

Accept (████) - 12/23/2022)

A covered trash can was placed in the bathroom on 11/30/22. Residents were educated on the importance of keeping a cover on. All trash cans in the building were checked to ensure that they were covered. Staff reminded to check while doing the daily removal of trash in all rooms. Please see attachment titled █████ covered trash can. Administrator will continue to oversee to ensure that compliance is maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (████) - 01/09/2023)

88a - Surfaces

4. 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

There was a full sized bath towel on the floor outside of the shower located in the shared bathroom between resident rooms #18 and #19. This poses a possible fall safety hazard.

Plan of Correction

Accept (████) 12/23/2022)

The bath towel was immediately removed from the floor outside the shower while inspector still on sight 11/30/22. Residents were reminded on the safety hazard of leaving a towel after showers. Staff also educated to check and remove any towels during their routine checks and if they are assisting and setting up any showers. Administrator to oversee and monitor for continued compliance.

Please see attachment titled █████ towel reminder

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (████) - 01/09/2023)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The toilet located in the shared bathroom between resident rooms #18 and #19 was leaking and causing a large puddle of water to accumulate on the floor of the bathroom.

Plan of Correction

Accept (████) - 12/23/2022)

Maintenance has ordered a part and to report back when it is in, and toilet is fixed. Until the part comes in, checks on every shift will be done and any accumulation of water on the floor will be cleaned up. Administrator will monitor

**95 - Furniture and Equipment (continued)**

and oversee to ensure that compliance is maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/18/2022

Implemented ( ) - 01/09/2023)

**102h - Toilet Paper****6. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

There was no toilet paper for the toilet in the bathroom located near the home's activity room.

**Plan of Correction**

Accepted ( ) - 12/23/2022)

The administrator that was walking with the inspector immediately grabbed some toilet paper and placed it in the bathroom while inspector still on sight and witnessed it 11/30/22. Public bathrooms will be checked daily to ensure there is always toilet paper provided. Administrator will oversee.

This POC is completed.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ( ) - 01/09/2023)

**102i - Soap Dispenser****7. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

There were 2 unlabeled used bars of soap in the shower located in the shared bathroom between resident rooms #18 and #19.

**Plan of Correction**

Accepted ( ) - 12/23/2022)

Both residents denied the bar soap being theirs and they were both disposed of while inspector still on sight 11/30/22. Residents educated that bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom. Staff instructed to notify administrator if any bar soap is noticed in any shared bathroom. Checks were completed on the two shared bathrooms in the facility and no bar soap was found. Administrator will monitor to ensure that compliance is maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ( ) - 01/09/2023)

**102k - No Common Towel**

8. Requirements

2600.  
102.k. Use of a common towel is prohibited.

Description of Violation

There were approximately 5 unlabeled hand and bath towels located in the shared bathroom between resident rooms #18 and #19. There was also an unlabeled scrub brush located in the shower of this shared bathroom.

Plan of Correction Accept (████) - 12/23/2022)

Labels were placed above the designated resident's towels and on the scrub brush located in the shared bathroom. The residents were reminded to utilize only their designated belongings. Staff reminded that all items need to be labeled in the shared bathroom. Daily checks of the shared bathroom will be done for one month and then weekly to ensure that compliance is being maintained. The administrator will monitor and oversee.

Please see attachment titled █████-labeled towels  
This POC is complete.

Licensee's Proposed Overall Completion Date: 12/18/2022

Implemented (████) - 01/09/2023)

121a Unobstructed Egress

9. 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 door leading the the outdoor patio in the home's formerly locked unit was labeled as an emergency exit at time of inspection. The door of the patio gate leading to the outside was blocked from opening by a wire wrapped around the top of the door. This prevents immediate egress in the event of an emergency.

Plan of Correction Accept (████) - 01/05/2023)

Wire was removed from the gate. It was originally put on gate due to alarm not working properly. Vigilant was in on 12/8/22 to look at gate and alarm was fixed. This door is able to be utilized as an emergency exit. Please see attachment titled █████-Gate and █████-Exit Sign. Administrator will continue to monitor.

This POC is completed.

Licensee's Proposed Overall Completion Date: 01/03/2023

Implemented (████) - 01/09/2023)

141a Medical Evaluation

10. Requirements

2600.  
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident #2, dated █████ was written on in pen after the qualified medical professional completed and signed the form. The home did not obtain consent from the qualified medical professional to update

141a Medical Evaluation (continued)

this form after it was completed and signed.

Plan of Correction

Accept [redacted] - 12/23/2022)

A new medical evaluation was completed and signed by physician for visit conducted on [redacted]. Please see attachment titled [redacted] dme. An audit was done all charts to ensure that nothing was written in pen after a qualified medical professional completed and signed the form. The administrator will continue to monitor and oversee to ensure that compliance is maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/18/2022

Implemented [redacted] - 01/09/2023)

183d - Prescription Current

11. 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 #3 is prescribed [redacted]. One of the 2 prescription labels on the medication bottle states "Take 2 tablets (1000mg) by mouth at bedtime." It was determined that this is not a current order.

Plan of Correction

Accept [redacted] - 12/23/2022)

A change of order sticker was immediately placed on the medication bottle while inspector still on sight. A med cart audit was completed on 12/13/22 and will continue to be done monthly. Please see attachment titled [redacted] med cart audit. The administrator will monitor and oversee to ensure that continued compliance is maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/18/2022

Implemented [redacted] - 01/09/2023)

184a - Resident's Meds Labeled

12. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed [redacted]. The medication label states "Take 2 tablets every 6 hours as needed for pain." It was determined that the current order states to take the medication every 8 hours as needed.

Plan of Correction

Accept [redacted] - 12/23/2022)

A change of order sticker was immediately placed on the medication bottle while inspector still on sight. A med cart audit was completed on 12/13/22 and will continue to be done monthly. Please see attachment titled [redacted] med cart audit. The administrator will monitor and oversee to ensure that continued compliance is maintained.

This POC is complete.

184a - Resident's Meds Labeled (*continued*)

Licensee's Proposed Overall Completion Date: 12/18/2022

Implemented (█ - 01/09/2023)

## 187d - Follow Prescriber's Orders

## 13. Requirements

2600.

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

**Description of Violation***Resident #5 receives █ based on a sliding scale.**On █ at █, Resident #5's blood sugar was recorded as █ requiring █ units of insulin per the prescriber's sliding scale. The medication record indicated that only █ units of insulin was administered.**On █ at █, the medication record indicates that Resident #5 refused to have their blood sugar reading taken and the resident's blood sugar was unknown. However, it was indicated on the medication record that █ units of insulin were administered.***Plan of Correction**

Accept (█ - 12/23/2022)

*A reportable was sent into the state when error was made known during inspection. The physician and the family were notified as well. The scheduled med tech on 11/28/22 reports that no insulin was given and that it was entered accidentally. Daily checks on all glucometers and insulin data for one month will be done to ensure that all information is being documented correctly and the correct amounts of insulin are being entered. All med techs reeducated on the importance of entering correct data per most current orders. Administrator will oversee and monitor to ensure that compliance is being maintained.**Please see attachment titled █-reportable  
This POC is completed.*

Licensee's Proposed Overall Completion Date: 12/18/2022

Implemented (█ - 01/09/2023)