

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

April 17, 2023

[REDACTED], ADMINISTRATOR
RURAL LIVING INC
[REDACTED]

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 03/15/2023, 03/16/2023 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 NITTANY VALLEY **License #:** 23262 **License Expiration:** 02/03/2024
Address: 294 DISCOVERY DRIVE, BOALSBURG, PA 16827
County: CENTRE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: RURAL LIVING INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/15/2023 **Issued By:** Centre County Code

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 37 **Waking Staff:** 28

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 03/27/2023

Inspection Dates and Department Representative

03/15/2023 - On-Site: [REDACTED]
03/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 33

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 33
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

03/15/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/09/2023

04/11/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/13/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/18/2023

Inspections / Reviews *(continued)*

04/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The privacy coding document was attached to the licensing inspection summary dated 1/4/22 posted on the bulletin board in the entry way of the home. The privacy coding document exposes confidential information of the residents.

Plan of Correction

Accept (████) - 04/11/2023)

The privacy coding document was immediately removed from bulletin board while inspector was still on site on 3/16/2023. The administrator will make sure to remove the privacy coding document prior to hanging any licensing inspections moving forward. The Corporate Administrator will also check bulletin board after each inspection to ensure that no privacy document will be hung to ensure that no confidential information is exposed.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (████) - 04/17/2023)

96a First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the nursing office did not include protective eyewear and a CPR breathing shield.

Plan of Correction

Accept (████) 04/11/2023)

The required protective eyewear and CPR breathing shield were immediately placed back in the first aid kit while inspector was still on site on 3/16/2023. To ensure that items do not get removed again, the administrator added a zip tie to keep the kit locked. Whenever something is needed, the tie will have to be cut open and items that were removed will be able to be replaced and a tie will be replaced again. The administrator of the building will monitor and check the first aid kit on a monthly basis to ensure that compliance continues.

Please see attachment titled █████-first aid kit.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (████) - 04/17/2023)

105g Lint Removal and Duct Cleaning

3. Requirements

2600.

105g Lint Removal and Duct Cleaning (continued)

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 external dryer duct from the laundry room near room #3 which exits the building is completely caked in a thick layer of lint, posing a possible fire hazard.

Plan of Correction

Accept (████ - 04/11/2023)

Maintenance was immediately contacted on 3/16/23 by Corporate Administrator while inspector was still on site. All vents have been cleaned out. Maintenance will continue to conduct weekly checks of all vents to ensure that they remain free of lint and sign off. Administrator will monitor and oversee to ensure that they are being cleaned routinely.

Please see attachments titled █████ Vent before and █████ Vent after
Please see attachment titled █████ Weekly maintenance check list.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/06/2023

Implemented (████ - 04/17/2023)

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drills conducted from 2/23 10/22 were conducted on first shift.

Plan of Correction

Accept (████ - 04/11/2023)

Administrator will make sure to conduct fire drills on different shifts every month to ensure that they are held on different days and times of the day and night. The administrator will monitor and oversee to ensure that fire drills are being done on different shifts.

This POC is completed.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented (████ - 04/17/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's Documentation of Medical Evaluation (DME) does not include the date the resident was evaluated.

Plan of Correction

Accept (████) - 04/11/2023)

The date was corrected and added while inspector was still on site on ██████. The date resident was evaluated was ██████. The administrator corrected it and then conducted chart audits and will continue to do so monthly to ensure compliance is being maintained. Please see attachment titled ██████ chart auditing 2023.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented (████) - 04/17/2023)

181c - Self-administration Assessment**6. 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 #2 self administers ██████ patches. The resident has not been assessed by a doctor to be able to do so.

Plan of Correction

Accept (████) - 04/11/2023)

Resident #2's ██████ were immediately removed from the resident's room while inspector was still on site on ██████. Administrator of the building has spoken with the family and have instructed that all medications are to be dropped off to the nurse or staff in the med room on ██████. Administrator, along with other staff will periodically do checks on all rooms to see if anything that requires an order is not in the rooms to ensure that compliance is continued.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented (████) - 04/17/2023)

184a - Resident's Meds Labeled**7. Requirements**

184a - Resident's Meds Labeled (continued)

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.

Description of Violation

Resident #4's [REDACTED] which are not in use do not have a pharmacy label attached.

Plan of Correction

Accept ([REDACTED] - 04/11/2023)

A label was created while inspector was still on site on [REDACTED]. The med techs have been instructed to check the insulins and insulin pens daily to ensure they are labeled. The administrator will conduct monthly cart audits to oversee and ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented [REDACTED] - 04/17/2023)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED], the pre-admission screening was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 04/11/2023)

Administrator corrected date while inspector still on site on [REDACTED]. Administrator does the documentation via computer and entered the incorrect date. Administrator also conducted an audit on all resident charts to make sure all dates are correct. Please see attachment titled [REDACTED] pre-admission screen and [REDACTED] auditing 2023. Administrator will continue to conduct audits periodically to ensure all dates are correct.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented [REDACTED] 04/17/2023)