

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

June 16, 2023

[REDACTED], ADMINISTRATOR
RURAL LIVING INC
[REDACTED]

RE: WYNWOOD HOUSE AT STATE
COLLEGE
2350 BERNEL ROAD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 25409

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2023, 03/21/2023 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 STATE COLLEGE **License #:** 25409 **License Expiration:** 06/22/2023
Address: 2350 BERNEL ROAD, STATE COLLEGE, PA 16803
County: CENTRE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: RURAL LIVING INC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 06/08/2018 **Issued By:** Centre Region County

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 53 **Waking Staff:** 40

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 03/21/2023

Inspection Dates and Department Representative

03/15/2023 On Site: [REDACTED]

03/21/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 63 **Residents Served:** 29

Secured Dementia Care Unit

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

Hospice

Current Residents: 7

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: 24 **Have Physical Disability:** 0

Inspections / Reviews

03/15/2023 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/16/2023

Inspections / Reviews (*continued*)

04/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/21/2023

04/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/28/2023

06/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

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

Description of Violation

Residents 1, 2, and 3 indicate that they have had to wait more than 1 hour on multiple occasions to get assistance from staff.

Plan of Correction

Accept (████) - 04/17/2023)

Residents #1, #2, and #3 were immediately put on 2-hour checks and staff is to document and sign off on all checks. I do want to note that resident #2 has █████, has short term memory loss, and is a poor historian. █████, the administrator will follow up weekly with residents to ensure that calls are being answered in a timely manner and phones will be checked every morning to make sure that they were all answered. The administrator will continue to monitor and oversee to ensure that compliance is maintained.

Please see attachment titled █████-Phone Checks

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/11/2023

Implemented (████) - 06/16/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 1 reports being in pain on unknown day in █████ and trying to call for a staff member to get their PRN medication for pain. After waiting for 2 hours while in pain, they got up to locate a staff member for assistance. They left their room and saw a staff member sleeping on the couch and returned to their room without getting their medication.

Plan of Correction

Accept (████) - 04/25/2023)

████ the administrator of the building initiated daily phone checks on 3/22/23 first thing in the mornings and will continue to daily to ensure that all calls are answered and will follow up with residents periodically to verify that calls are being answered timely. The president of the company, █████ initiated unscheduled visits on 3/31/23 at 2am to ensure staff were awake. The last check in was 4/6/23 at 1:45am by █████. All staff were reported to be awake at that time. Unannounced visits will continue periodically and at least monthly. █████, the administrator educated staff on 4/3/23 the importance of two-hour checks and to document what care needs are being met with each resident and initial. There was also a meeting that went over the Older Adult Protective Services Act and pain management. █████ the administrator will continue to monitor and touch base with residents routinely to ensure that needs are being met and compliance is maintained.

Please see the attachment titled █████-Phone Checks.

Please see attachment titled Older Adults Protective Services Act

42b Abuse (continued)

Please see attachment titled [redacted] 4 3 23 training memo.

Please see attachment titled [redacted] 4 3 23 sign in sheet.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [redacted] - 06/16/2023)

58a - Awake Staff 16 or More

3. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

Staff Member A witnessed staff member B sleeping at approximately [redacted] on [redacted]. Resident 1 and Resident 2 have also witnessed staff members sleeping on couches in common areas of the home.

Plan of Correction

Accept ([redacted] - 04/25/2023)

[redacted], the administrator of the building initiated daily reviews of the cell phones on [redacted] to make sure that calls are being answered in a timely manner. The president of the company, [redacted] initiated unscheduled visits on 3/31/23 at 2am to ensure staff were awake. The last check in was 4/6/23 at 1:45am by [redacted]. All staff were reported to be awake at that time. Unannounced visits will continue periodically and at least monthly. All staff were reported to be awake at that time. [redacted], the administrator will continue to monitor and oversee to ensure that compliance is being maintained.

Please see attachment titled [redacted] phone checks.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [redacted] - 06/16/2023)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident 1 and Resident 3 state that medications are left for them, and they are not observed taking the medications. Staff member C stated that Resident 1 did give them a medication that was given to them in error by another MT.

Plan of Correction

Accept ([redacted] - 04/17/2023)

A medication refresher education was given to all med techs on 3/30/23 by building nurse [redacted]. All med techs will be going through the longer med tech training requirement before June 1st. The administrator of the

182c Medication Administration (continued)

building will continue to monitor, check in with residents, and talk with med techs to ensure that med administration is being done properly and the correct steps are taken to avoid any errors in the future.

Please see attachment titled [redacted] medication Administration refresher.

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/13/2023

Implemented ([redacted] - 06/16/2023)

185a - Implement Storage Procedures

5. 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 1 is prescribed [redacted] every six hours as needed and [redacted] every six hours as needed.

Neither was available at the time of inspection.

Staff member D did not follow a verbal home policy and reported destroying an [redacted] without a witness to the pills destruction.

Plan of Correction

Accept ([redacted] - 04/17/2023)

Resident 1 [redacted] every 6 hours as needed and [redacted] every 6 hours as needed were ordered from pharmacy and delivered by pharmacy on 3/21/23. The administrator of the building will conduct monthly cart audits to monitor and oversee that all medications ordered are available to be given per most current orders. Staff member D was removed from administering medications permanently as of 2/21/23. The building administrator or the administrative assistant will check narc count sheet daily to monitor and oversee that narcotics are being signed out and none are getting destroyed incorrectly to ensure ongoing compliance.

Please see attachments titled [redacted] and [redacted]

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/13/2023

Implemented ([redacted] - 06/16/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed [redacted] every 6 hours as needed for [redacted]. The resident requested the medication in the morning on [redacted]. The medication was not available and had not been administered as ordered.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept** (████ - 04/25/2023)

████ the building administrator immediately ordered Resident 1 █████ and was delivered from pharmacy on 3/21/23. █████, the administrative assistant conducted a med cart audit on 3/22/23 and will conduct monthly cart audits to ensure that all medication is available to administer per the most current orders. Ashley, the building administrator will continue to monitor and oversee by reviewing audits to see where/if additional education is needed to ensure that compliance is maintained.

Please see attachment titled █████

Please see attachment titled █████ monthly med cart audits

This POC is complete.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented (████ - 06/16/2023)