

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 05/17/2023 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]  
**Phone:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** 1 2      **Date:** 06/08/2018      **Issued By:** PALI

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 58      **Waking Staff:** 44

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Interim      **Exit Conference Date:** 05/17/2023

## Inspection Dates and Department Representative

05/17/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 63      **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:** 30  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 25      **Have Physical Disability:** 0

## Inspections / Reviews

## 05/17/2023 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/18/2023

## 06/14/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 06/15/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 06/19/2023

Inspections / Reviews *(continued)*

06/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

*Resident 1 is prescribed [REDACTED]. There is no record that the SBP is being checked prior to administering the medication and Staff Member A states that they do not check blood pressure prior to administering the medication.*

**Plan of Correction**

**Accept ( [REDACTED] - 06/14/2023)**

*Administrator immediately added B/P recording to be documented on the MAR. The administrator assistant will be doing med cart audits weekly and parameters will be added to the audits. Administrator will oversee to ensure that compliance is being maintained.*

*Please see attachment titled-SC med cart audits.*

*Please see attachment titled-Foster MAR May and June 1-5th.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date: 06/13/2023**

**Implemented ( [REDACTED] - 06/16/2023)**