

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

August 8, 2023

[REDACTED], OWNER  
RURAL LIVING INC  
220 REGENT COURT, SUITE E-1  
STATE COLLEGE, PA, 16801

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, 05/19/2022, 05/26/2023, 07/14/2023 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]

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]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** 1 2      **Date:** 06/08/2018      **Issued By:** Central Region Code

## Staffing Hours

**Resident Support Staff:** 30      **Total Daily Staff:** 64      **Waking Staff:** 48

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 07/14/2023

## Inspection Dates and Department Representative

05/17/2023 Off Site [REDACTED]  
05/19/2022 Off Site [REDACTED]  
05/26/2023 Off Site [REDACTED]  
07/14/2023 Off Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 63      **Residents Served:** 30

## 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:** 4      **Have Physical Disability:** 0

## Inspections / Reviews

## 05/17/2023 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 07/29/2023

Inspections / Reviews (*continued*)

## 07/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/07/2023

## 08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/11/2023

## 08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

88a - Surfaces

1. 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

On 5/12/23 and 5/19/23, the complainant observed electrical extension cords running across the floor in front of resident #1's recliner and alongside and back of resident #1's recliner and in front of resident #1's bed that are potential tripping hazards. A step stool used by resident #1 to get into bed was also observed on the floor protruding from beneath resident #1's bed and into the walkway used to gain access to resident #1's bed. These tripping hazards were brought to the attention of the home's Administrator.

Plan of Correction

Accept (redacted) - 07/31/2023)

The administrator of the building immediately put an order in for room checks to be completed once a shift daily to ensure that pathways are clear. Resident has had no falls since moving from home to the facility. The room was immediately cleaned when the problem was reported. Resident has been educated on the importance of keeping room free of hazards and has not had a fall at all. I really do think this was more of an opinion and measures have been taken to promote safety. Resident even purchased a low bed so that it is easier to get in and out safely. Please see attachment titled- shift room checks.

Please see attachment titled-foster room pic 5-19-23

Please see attachment titled-foster room pic 2 5-19-23.

Administrator will continue to oversee to ensure that checks are being done and room has clear pathways. Again, resident has had no falls.

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented (redacted) - 08/08/2023)

121a - Unobstructed Egress

2. 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

Resident #1's room was found on 5/12/23 and 5/19/23 by the complainant to be full of clutter because resident #1 is a hoarder. The clutter created a situation where the pathways from resident #1's room to resident #1's bedroom exit door and pathway to resident #1's private in room bathroom have obstructions which would prevent resident #1 from using resident #1's rolling walker to access his/her bathroom and would place resident #1 at risk to evacuate his/her room in an emergency.

Plan of Correction

Accept (redacted) - 07/31/2023)

The administrator of the building immediately put an order in for room checks to be completed once a shift daily

**121a - Unobstructed Egress (continued)**

to ensure that pathways are clear. Resident has had no falls since moving from home to the facility. The room was immediately cleaned when the problem was reported. Resident has been educated on the importance of keeping room free of hazards and has not had a fall at all. I really do think this was more of an opinion and measures have been taken to promote safety. Resident even purchased a low bed so that it is easier to get in and out safely.

Please see attachment titled- shift room checks.

Please see attachment titled-foster room pic 5-19-23

Please see attachment titled-foster room pic 2 5-19-23.

Administrator will continue to oversee to ensure compliance is maintained.

**Licensee's Proposed Overall Completion Date: 07/29/2023**

**Implemented [REDACTED] - 08/08/2023)**

**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**

On 5/19/23 resident #1's Geisinger at Home Nurse met with the Administrator of the home and presented the Administrator with a six- step plan of care for resident #1. The plan included the following 1. Walkways to resident #1's bedroom exit door and bathroom and bed will be kept clear and passable for resident #1's Rollator - walker. Staff will be required to check and maintain clear pathways on each shift.

2. Staff will assist resident #1 to remove items from room that are not appropriate and help organize resident #1's personal belongings on a routine basis to help maintain a safe environment for resident #1.

3. Resident #1 uses a step stool to climb into resident #'s bed which is too high. The step stool presents a safety risk for resident #1.

4. Resident #1's nurse recommended a stand-assist rail be added to resident #1's bed to improve resident safety.

5. Because of resident #1's medical condition, resident #1 is required to be weighed daily.

6. Staff will assist resident #1 with proper use of compression pumps for one hour in morning and one hour later in day.

On 5/19/23, the Geisinger Nurse took a Verbal Order (VO) from Dr. Wylie which was documented on a letterhead of the facility and given to staff to do the following for resident #1's seeping left lower leg. 1. Remove Ace wrap and dressing daily. 2. Wash resident's leg with mild soap and PAT dry. 3. Apply ABD pads to surround leg from calf to ankle. 4. Secure with Kerlix. 5. Ace wrap from behind toes to just below the knee. 6. Change daily- use a clean and dry Ace at each change.

Resident #1's support plan dated 10/20/22 was not updated to indicate how resident #1's safety and medical needs will be met and who will be responsible to provide for those service needs.

**Plan of Correction**

**Accept [REDACTED] - 07/31/2023)**

1.) An order was immediately put in for safety checks on 5/12/23 to be done on all shifts and be signed off in the MAR to ensure that clear pathways are maintained, and safety measures are in place for fall prevention-Please see attachment titled- SC foster room checks and compression pumps

**227d - Support Plan Medical/Dental (continued)**

2.) Staff assisted on 5/12/23 to clean up room and promote safety. Safety checks were put into place on every shift. Staff must sign off on MAR that checks are completed.

3.) Staff was made aware of the stool on 5/12/23. Resident reports the bed was too high to get into. Resident agreed to purchase a low bed and stool is not to be utilized any longer. Staff continued to do 2-hour checks and assist resident in bed until the low bed was put into place on 6/10/2023 while resident was out of facility and doing an inpatient rehab stay.

4.) Resident refused a sit to stand-assist rail. Resident is very independent and doesn't need assist with standing and has competency to call if she needs help with any assist. She hasn't had any falls while living at facility and has done so well that therapy is initiating discharge plans and has her on 3 cycles of a half hour of walking independently outside of facility via an app on her phone.

5.) Resident has always and continues to be weighed daily and it is documented under her furosemide that is given daily. Please see attachment titled foster daily weights.

6.) Compression pumps were ordered and, on the MAR, and done twice daily and signed off by the med tech, who assisted with them until they were no longer ordered when she returned from her last rehab stay. Please see attachment titled foster compression pumps. An order was received to do a daily dressing change on 5/19/23 and it was entered into the MAR as a treatment and was signed off until the order was discontinued. Please see attachment titled foster dressing change.

Licensee's Proposed Overall Completion Date: 07/29/2023

Implemented [REDACTED] - 08/08/2023)