

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

December 14, 2023

[REDACTED], ADMINISTRATOR
RURAL LIVING INC
[REDACTED]

RE: WYNWOOD HOUSE AT PENNS
VALLEY
122 WYNWOOD DRIVE
CENTRE HALL, PA, 16828
LICENSE/COC#: 22997

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/22/2023 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 PENNS VALLEY **License #:** 22997 **License Expiration:** 06/14/2024
Address: 122 WYNWOOD DRIVE, CENTRE HALL, PA 16828
County: CENTRE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: RURAL LIVING INC

Address: [REDACTED]
[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/09/2004 **Issued By:** Potter Twp, PA
Type: C-2 LP **Date:** 02/10/2000 **Issued By:** Potter Twp, PA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 39 **Waking Staff:** 29

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/22/2023

Inspection Dates and Department Representative

08/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 35

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:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 1

Inspections / Reviews

08/22/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/21/2023

10/03/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/19/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/10/2023

Inspections / Reviews *(continued)*

10/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2023

12/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b Resident Personal Equipment**1. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The beds located in Room #13 and #21 had enabler bars attached to the beds. The enabler bars were not securely attached to the beds, posing a possible limb or head entrapment.

Plan of Correction**Accept (█ - 10/17/2023)**

Straps were ordered for all enabler bars on 8/29/23 by the administrator of the building and they were attached securely to the beds by maintenance on 9/13/23. The administrator currently does monthly audits that were implemented in May 2023 to ensure enablers are covered and will add that they are securely strapped as well to ensure that compliance is being maintained. Please see attachment titled PV-Enabler strap 1 and PV-Enabler strap 2. Please see attachment titled PV-Enabler audit.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented (█ - 12/14/2023)**82a Poisonous Materials****2. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A bottle of yellow liquid labeled degreaser was in the medication room on the shelf. The bottle did not have the manufactures original label attached.

A bottle of brown liquid was in the shared bathroom near Room #30, the bottle did not have the manufactures original label attached.

Plan of Correction**Accept (█ - 10/17/2023)**

The bottle of degreaser in the medication room and the bottle of brown liquid in shared bathroom near room #30 was immediately disposed of by maintenance during the walk through while inspectors still on-site on 8/22/23. A memo was written up by the administrator to staff on 8/22/23 that no cleaner or poisonous materials shall be removed from their original, labeled containers. The administrator will do random building walk throughs to ensure that compliance is being maintained and if any other implementation is needed in addition to current plan.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented (█ - 12/14/2023)**85a Sanitary Conditions****3. Requirements**

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

A dried brown substance, resembling dried feces, was found on the toilet seat on the shared bathroom near room 30. An open Grandmas cookie bag containing an uneaten Chocolate Brownie cookie was found in the shared shower room outside room 4. At approximately 10am the stove located in the kitchen area was dirty, it was crusted with food. There were crumbs all over the counters. There was food and dirty plastic silverware under the edge of the freezer. The dry storage area of the kitchen was dirty, food and crumbs were noted on the floor. A bowl of dried food was located on the table in the common sitting area near Room #30.

Plan of Correction

Accept (█ - 10/17/2023)

The dried substance found on the toilet seat on the shared bathroom near room # 30 was immediately cleaned while inspectors still on-site on 8/22/23.

The open Grandmas cookie bag containing an uneaten Chocolate Brownie cookie in shared shower room outside room #4 was immediately disposed of while inspectors still on-site 8/22/23.

The bowl of dried food located on the table in the common sitting area near room #30 was immediately removed and washed while inspectors were still on-site 8/22/23.

The stove, counters, and dishes were immediately done and cleaned up while inspectors still on-site 8/22/23. Night shift was given specific tasks created by the administrator 8/25/23 on what to clean and maintain during shifts to help with housekeeping. The administrator will monitor in the mornings to ensure tasks are completed, if any tasks should need added and continue to oversee to ensure that compliance is being maintained. Staff subject to disciplinary action if tasks not being completed. Please see attachment titled PV-night shift cleaning tasks.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented (█ - 12/14/2023)

85d - Trash Receptacles

4. Requirements

2600.

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

A garbage can was in the shared bathroom near Room #30 without a lid

Plan of Correction

Accept (█ - 10/17/2023)

The administrator ordered a garbage can with a lid on 8/29/23 and placed in the shared bathroom near room #30 on 9/4/23. The administrator wrote on lid "do not remove" on 9/4/23. The administrator will add to currently implemented monthly room checks of the building to make sure there are lids on all trash cans and to ensure that compliance is being maintained. Please see attachment titled PV-trash can lid and PV-monthly room checks.

85d Trash Receptacles (continued)

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented (█) - 12/14/2023)

89b - Hot Water Temperature

5. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

Water temperatures of 125.6 degrees and 126.5 degrees were measured in the shared bathrooms outside rooms 29 and 32 respectively.

Repeat Violation: 4/27/23

Plan of Correction

Accept (█) - 10/17/2023)

The maintenance adjusted water temperature on hot water tank and the temperature was 120 degrees while inspectors still on site 8/22/23. Maintenance will conduct weekly checks of the water temperature and log it. Maintenance to inform Administrator is temps off to get servicing in, if needed. Administrator will oversee to ensure that compliance is being maintained and check logs at the end of every month. Please see attachment titled PV August water temp and PV September water temp.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█) - 12/14/2023)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The chest freezer in the kitchen with top glass slide doors did not have a thermometer in it.

Plan of Correction

Accept (█) - 10/17/2023)

Maintenance immediately obtained a thermometer while inspectors still on site and placed in the freezer in the kitchen on 8/22/23. The administrator implemented temp logs immediately on 8/22/23. The administrator will monitor monthly to ensure that compliance is being maintained. Please see attachment titled PV thermometer and PV freezer log temps.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented (█) - 12/14/2023)

105g - Lint Removal and Duct Cleaning**8. Requirements**

2600.

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

A large accumulation of lint and other debris was in the external dryer duct that exits to the front of the building, posing a possible fire hazard.

Plan of Correction**Accept (█ - 10/17/2023)**

The accumulation of lint and other debris was immediately removed and cleaned by maintenance while inspectors still on-site 8/22/23. Maintenance to add to their weekly checklists on Wednesdays and to report any issues immediately to the administrator. Administrator will check the signed list on the first of every month and oversee to ensure that compliance is being maintained. Please see attachment titled PV-weekly maintenance checklist, PV-weekly vent cleaning.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█ - 12/14/2023)**125a - Combustible Storage****9. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A dryer sheet was located behind the dryer under the dryer duct in hallway #3 laundry room, posing a possible fire hazard.

A cleaning brush was located next to the gas fired hot water heater in hallway #3 laundry room, posing a possible fire hazard.

A smoking urn and 2 cigarette butts were located behind the dumpster approximately 5 feet from the home's propane tank, posing a possible fire hazard.

Plan of Correction**Accept (█ - 10/17/2023)**

The dryer sheet was immediately removed from behind the dryer by maintenance in laundry room #3 while inspectors still on-site on 8/22/23.

The cleaning brush located next to the hot water heater in hallway #3 laundry room was immediately removed by maintenance during the walk through while inspectors still on-site 8/22/23.

125a - Combustible Storage (continued)

The smoking urn and 2 cigarette butts were immediately removed by maintenance while inspectors still on-site during the walk through on 8/22/23. Please see attachments titled PV-smoking urn removed and PV-cleaned by dumpster.

Maintenance to conduct weekly checks on Wednesdays beginning 8/30/23 and already implemented of all areas. Maintenance to report to administrator any issues found. Administrator will oversee and do periodic checks at the beginning of every month on the first to ensure that compliance is being maintained. Please see attachment titled PV-smoking urn removed and PV-cleaned by dumpster, PV-weekly maintenance checklist.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█ - 12/14/2023)

144c2 - Smoking Area Distance

10. Requirements

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
 - 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

Cigarette butts were found around the dumpster and outside the exit door from the kitchen, neither of which area is a designated smoking area. Multiple cigarette butts were located on the ground and next to the siding of the home outside the exit door near room #9, which is not the designated smoking area.

Plan of Correction

Accept (█ - 10/17/2023)

The cigarette butts were immediately removed from around the dumpster and next to the building outside of room #9 by maintenance on 8/22/23. There is a sign on the door of the designated smoking area. Maintenance will be checking weekly to ensure areas remain clean every Wednesday beginning 8/30/23. If cigarette butts found, smokers will be responsible for cleaning up and if they continue to be found are subjected to disciplinary action and/or loss of smoking privileges. The administrator will oversee and check monthly on the 1st. of every month to ensure that compliance is being maintained and if further action is needed. Please see attachment titled PV-smoking policy and PV-designated smoking and PV-weekly maintenance checklist.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█ - 12/14/2023)

171b5 - First Aid Kit

11. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

A first aid kit was not found in the Kia Soul used to transport residents of the home.

Plan of Correction

Accept (█ - 10/17/2023)

The administrator ordered a first aid kit on 8/28/23 and installed in the Kia Soul on 8/31/23. It was labeled with items required and the administrator will check to ensure that it is compliant on the first of every month to ensure that compliance is being maintained. Please see attachment titled PV-vehicle first aid kit 1 and attachment titled PV-vehicle first aid kit 2 and PV-first aid kit audit.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█ - 12/14/2023)

181c - Self-administration Assessment

12. 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 # 1 is self-administering █ and has not been assessed by a doctor to do so.

Plan of Correction

Accept (█ - 10/17/2023)

Resident #1 is not able to self-administer medications. The aspirin 81mg was removed by administrator from the room while inspectors still on-site 8/22/23. Room checks are to be done monthly to ensure that medications are not in the rooms as well as any other items that are not within compliance and one was done on 8/22/23. The administrator will oversee to ensure that compliance is being maintained and if any other task will need implemented to room checks. Please see attachment titled PV-monthly room checks for.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (█ - 12/14/2023)

183b - Meds and Syringes Locked

13. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b Meds and Syringes Locked (continued)**Description of Violation**

At approximately 3:35pm, the medication room was unlocked, and the treatment PRN cart was unlocked and accessible.

Plan of Correction**Accept ([REDACTED] - 10/17/2023)**

Administrator immediately hung a memo on 8/22/2023 on the med room door to remind staff that medication room and the medication carts are to be locked at all times. Administrator will periodically check to ensure that compliance is being maintained and will conduct unannounced mock surveys to see if additional implementation is needed. Please see attachment titled PV medication room and medication cart memo.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented ([REDACTED] - 12/14/2023)**185a - Implement Storage Procedures****14. 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 #2 has a PRN prescription for [REDACTED] capsules. The prescription was not available in the home on [REDACTED]

Plan of Correction**Accept ([REDACTED] - 10/17/2023)**

The MD was notified by administrator on 8/22/23 to reorder the [REDACTED] capsules and if they don't want to reorder to send a discharge order. The administrator, along with the administrative assistant will conduct monthly cart audits, check all residents' medications to ensure they are available in the building and compliance is being maintained. Please see attachment titled PV script request and PV monthly med cart audits, PV loperamide delivery confirmation.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented ([REDACTED] - 12/14/2023)