

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

December 12, 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 08/23/2023 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:** 06/22/2024  
**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]  
[REDACTED]

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 38      **Waking Staff:** 29

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 08/23/2023

## Inspection Dates and Department Representative

08/23/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 63      **Residents Served:** 32

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 2

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 32  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 6      **Have Physical Disability:** 0

## Inspections / Reviews

08/23/2023 Full

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

10/04/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 10/19/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/11/2023

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

12/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

The licensing inspection summary dated [REDACTED] was not posted in a public conspicuous area of the home.

Repeat Violations: 6/7/22

## Plan of Correction

Accept [REDACTED] - 10/17/2023)

Regional Director posted the licensing inspection from 3/15/23 on 10/1/23 once date was able to be clarified of inspection missing. The administrators or administrative assistants will check boards quarterly, starting 10/1/23 and report dates of licensing inspections posted to the Regional Director. The Regional Director will oversee to ensure that compliance is being maintained. Please see attachment titled [REDACTED]-LIS 3-15

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented [REDACTED] - 12/12/2023)

## 54a - Direct Care Staff

## 2. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

## Description of Violation

Direct care staff member A record does not contain verification of a high school diploma, general equivalency diploma, or active registry status on the Pennsylvania nurse aide registry.

## Plan of Correction

Accept [REDACTED] - 10/17/2023)

Transcript was requested from Dipolog Campus by the Regional Director of HR on 9/18/23 and obtained from them on 9/20/23. An audit was conducted on all files and quarterly audits will continue to ensure that all direct staff are in compliance. The Regional HR Director will oversee to ensure that compliance is being maintained and report audit findings to Regional Director of Operations. Please see attachment titled [REDACTED]-transcript and [REDACTED]-employee file audit 10-1-23.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented [REDACTED] - 12/12/2023)

## 82a - Poisonous Materials

## 3. Requirements

2600.

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

## Description of Violation

A container labeled fruit salad located in laundry room #1 contained a blue liquid in it. Staff member B identified the liquid as laundry detergent. The laundry detergent was not in its original labeled container.

## 82a Poisonous Materials (continued)

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

The container labeled fruit salad located in laundry room #1 was immediately removed by administrative assistant while inspectors still on site 8/23/23. Administrator hung a memo in all laundry rooms above detergent that none is to be removed from the original labeled container on 8/24/23 and education provided by administrator in a building meeting on 9 27 23. Administrator and administrative assistant will monitor and oversee to ensure that compliance is being maintained. Please see attachment title █ detergent memo and █ building meeting 9 27 23

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

**Implemented (█ - 12/12/2023)**

## 86a - Ventilation

**4. Requirements**

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**Description of Violation**

The exhaust fan located in the women's bathroom near the lobby of the home was caked with dust, posing a possible fire hazard.

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

The exhaust fan located in the women's bathroom near the lobby of the home was immediately cleaned and cleared by maintenance while inspector's still on site 8/23/23. Maintenance to do weekly checklist and document when exhausts and vents are cleaned. The administrator will monitor to ensure that compliance is being maintained. Please see attachment titled █ maintenance weekly checklists.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

**Implemented (█ - 12/12/2023)**

## 103i - Outdated Food

**5. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

The following items were found in the homes stand up freezer located in the kitchen without a label or a date: crab cakes, fish, diced chicken, and diced potatoes.

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

The administrative assistant of the building wrote up a memo and posted it for staff to label and date everything prior to it being put in the freezer or refrigerators on 8/24/23. The administrator of the building will assist with putting away weekly truck orders every Tuesday starting 8/29/23 to ensure that everything is being label and dated and that compliance is being maintained. An education was also provided in regard to this regulation in meeting on 9 27 23 by administrator. Please see attachment titled █ label and date memo and █ meeting 9 27 23.

103i - Outdated Food (continued)

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented ( [redacted] - 12/12/2023)

105g - Lint Removal and Duct Cleaning

6. 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

The external dryer ducts coming from the dryers located in hallway #1 and #2 which exit to the outside of the building were caked with a thick layer of lint, posing a possible fire hazard.

Plan of Correction

Accept [redacted] - 10/17/2023)

The external dryer ducts coming from the dryers located in hallway #1 and #2 which exit to the outside of the building were immediately cleaned by maintenance and all lint was removed while inspectors were still on-site 8/23/23. Maintenance to check weekly and document when cleaned. Administrator and administrative assistant will oversee to ensure that compliance is being maintained and will periodically do walk throughs. All staff was educated in regard to this at meeting on 9-27-23. Please see attachment titled [redacted]-weekly maintenance checklist and [redacted] meeting 9-27-23.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented ( [redacted] - 12/12/2023)

144c2 - Smoking Area Distance

7. 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

2 black and gray chairs which had a nylon fabric on them were in the homes designated smoking area, posing a possible fire hazard.

## 144c2 Smoking Area Distance (continued)

**Plan of Correction**

Accept (█ - 10/17/2023)

The nylon fabric was immediately removed from the 2 black and gray chairs by maintenance while inspectors still on site 8/23/23. Maintenance to add checking designated smoking areas to weekly checklist. An education was also provided in regard to this at the meeting held on 9 27 23. Administrator and administrative assistant will do periodic walk throughs to check the designated smoking area and will oversee to ensure that compliance is being maintained. Please see attachment titled █ designated smoking area and █ meeting 9 27 23 and █ weekly maintenance checklist.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (█ - 12/12/2023)

## 162c - Menus Posted

**8. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

The current weeks menu and the following weeks menu was not posted.

**Plan of Correction**

Accept (█ - 10/17/2023)

Menus for the current and following weeks were immediately posted while inspectors still on site 8/23/23. The administrator and administrator assistant will check every Monday to ensure that they are being posted and in a conspicuous place starting 8/28/23. Administrator to ensure that 2 weeks of menus will continue to be posted in a conspicuous area to ensure that compliance is maintained. An education was also provided in regard to this regulation by administrator on 9 27 23. Please see attachment titled █ menus, █ October menu week 1 and 2 and █ meeting 9 27 23.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (█ - 12/12/2023)

## 182c - Medication Administration

**9. Requirements**

2600.

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

**Description of Violation**

Resident interviews indicated that if the residents are in the bathroom when the staff members are administering medications, they will leave the cup of medications on the resident's nightstand to take when they are finished. The staff members are not placing the medication in the resident's hand, mouth, or other route as ordered and then documenting the medication has been administered after they observe the resident take the medications.

## 182c - Medication Administration (continued)

Repeat violation: 3/15/23

**Plan of Correction**

Accept (█ - 10/17/2023)

There were no empty containers left in the bathroom or any evidence that suggested that medications are not being administered appropriately. The train the trainer met with all med techs on 10-10-23 to do a med refresher and education on the proper way to administer medications. The building nurse and administrative assistant have been following up with various residents to see if there are any further concerns of medications being left and not administered correctly. There have been no further concerns. The building nurse and administrative assistant will continue to monitor to ensure that compliance is being maintained. Please see attachment titled █-med refresher and █-med refresher training 10-10-23.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (█ - 12/12/2023)

## 221a - Program Activities

**10. Requirements**

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

**Description of Violation**

Resident interviews indicated that the home is not conducting regular activities for the residents.

**Plan of Correction**

Accept (█ - 10/17/2023)

The activities calendar was immediately reposted by the administrative assistant while inspectors were still on-site 8/23/23. Interviews were conducted with residents on 9/28/23 by administrative assistant for suggestions for additional activities. The Regional Director will check with administrator and administrative assistant on the first of every month and add any scheduled activities that may need added to ensure that compliance is being maintained. Please see attachment titled █-September activities and █-October Activities.

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (█ 12/12/2023)

## 221c - Post Activity Calendar

**11. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

The activities calendar for the current week was not posted in the home.

**221c - Post Activity Calendar (continued)****Plan of Correction****Accept** [REDACTED] - 10/03/2023)

*The activities calendar was immediately reposted while inspectors were still on sight. The administrator will check on the first of every month to ensure that compliance is being maintained. Please see attachment titled [REDACTED] activities.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date: 09/21/2023**

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