

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 11/01/2023 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:** 06/22/2024  
**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:** 32      **Waking Staff:** 24

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Interim      **Exit Conference Date:** 11/01/2023

## Inspection Dates and Department Representative

11/01/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 63      **Residents Served:** 28

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 1

## 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

11/01/2023 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/27/2023

12/04/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/05/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 12/08/2023

Inspections / Reviews *(continued)*

12/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

Room [redacted] was entered; it is currently a vacant room. Former RESIDENT #3 had documents with [redacted] name and date of birth on it. The room was unsecured.

Plan of Correction

Accept ([redacted] - 12/04/2023)

The building nurse immediately removed the document that was left in the vacant room by a DME provider while inspectors still on site on 11/1/2023. DME provider was also notified on 11/1/2023 and told to leave all papers with the nurses and not in the resident rooms. The building nurse and/or administrative assistant will conduct daily walk arounds Monday through Fridays throughout the building and all rooms, even vacant ones, to ensure that no items that have confidential information are left behind and that all vacant rooms are secured and locked. The administrator will continue to monitor and oversee to ensure that compliance is being maintained. Please attachment titled, [redacted]-daily walk throughs.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/27/2023

Implemented ([redacted] - 12/11/2023)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

In the dry storage area, there was an unlabeled 1-gallon jug of blue liquid. The liquid was identified by STAFF MEMBER A as windshield washer fluid.

Plan of Correction

Accept ([redacted] - 12/04/2023)

The Administrator immediately removed the unlabeled windshield washer fluid and disposed of it while inspectors were still on site on 11/1/2023. Daily walk throughs done by the building nurse were initiated on 11/1/2023, Mondays through Fridays to get a good look at all rooms, including storage areas to make sure there is no unlabeled items anywhere. The administrator of the building will continue to oversee to ensure that compliance is being maintained. Please see attachment titled, [redacted]-daily walk throughs.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/27/2023

Implemented ([redacted] - 12/11/2023)

85a - Sanitary Conditions

3. Requirements

85a Sanitary Conditions (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

2 water fountains were dirty. One contained wet with tissue and a white residue in it. The second had a brown dried liquid in it.

The men's room off the lobby had 2 dead worm like bugs on the shower floor.

Room 48, unoccupied, had a pair of gloves on the floor, a moldy cup of brown liquid, and a moldy cup of applesauce. The toilet and floor were dirty and there were bugs on the bathroom floor.

In room 16, unoccupied since September 9/26/23 had an unflushed toilet, full of feces that was growing mold.

Plan of Correction

Accept ( [redacted] - 12/04/2023)

A plan was put into place on 11/1/2023 to initiate daily walk throughs throughout all of the building by the nurse Mondays through Fridays to physically put eyes on every room and ensure areas are being cleaned regularly. The building nurse has given housekeeping a check off to fill out for every room, every time it is cleaned. The nurse of the building will follow up on all rooms that are cleaned to ensure that it is done correctly. The administrator will continue to monitor to ensure that compliance is being maintained. Please see attachments titled, [redacted]-daily walk throughs and [redacted]-cleaning checklist example.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/27/2023

Implemented [redacted] - 12/11/2023)

85b Infestation

4. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Room 46, unoccupied, had a variety of dead bugs on the windowsill and on the floor.

The men's bathroom in hallway #2 had 2 dead worm like creatures with legs on the floor of the shower.

Plan of Correction

Accept ( [redacted] - 12/04/2023)

The dead bugs on the windowsill and floor of the "unoccupied room" were swept up on 11/1/2023 by building nurse. The 2 dead millipedes were removed from the men's bathroom in hallway #2 by building nurse on 11/1/2023. I do not feel like we should be cited on this. There is no infestation of insects and rodents in the facility. Jabco services the building routinely and actually did a visit on 11/1/2023 while the inspectors were still on sight. The owner of the Jabco was contacted and he sent us a letter to send over to you, as our building is surrounded by ongoing construction and in a field. There may have been dead insects in an unoccupied room, but occupied rooms are first priority, and all rooms are painted, cleaned, carpets scrubbed, etc, prior to anyone moving in. Daily walk throughs done by the building nurse and/or administrative assistant was initiated 11/1/2023. Unoccupied rooms as well. The

85b Infestation (continued)

administrator will continue to monitor and oversee to ensure that compliance is being maintained. Please see attachments titled, [redacted] daily walk throughs and [redacted] letter to the state.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/27/2023

Implemented ([redacted] - 12/11/2023)

86a - Ventilation

5. 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 fans in the shower rooms in hall #1, hall #2 and the women's bathroom off the lobby were caked with dust.

Plan of Correction

Accept ([redacted] - 12/04/2023)

The exhaust fans in hallway #1 and #2 in the shower rooms were immediately swept out and cleaned by the building nurse on 11/1/2023. Daily walk throughs by the building nurse and/or the administrative assistant Mondays through Fridays were initiated on 11/1/2023. Maintenance will continue weekly checks as well throughout the buildings and report to building nurse anything that needs addressed. The administrator will continue to monitor to ensure that compliance is being maintained. Please see attachment titled, [redacted] daily walk throughs, and [redacted] weekly maintenance checklists.

This POC is completed.

Licensee's Proposed Overall Completion Date: 11/27/2023

Implemented ([redacted] - 12/11/2023)

102i - Soap Dispenser

6. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

In the women's bathroom in Hallway #2 there was an unlabeled bar of soap on the shower floor.

Plan of Correction

Accept ([redacted] - 12/04/2023)

The unlabeled bar of soap was immediately disposed of by administrator of building on 11/1/2023 while inspectors were still on site. Daily walk throughs were initiated on 11/1/2023 and will be conducted by the building nurse and/or the administrative assistant to get physical eyes on every room and all areas of the building Mondays through Fridays. The administrator will continue to follow up, monitor, and oversee to ensure that compliance is being maintained. Please see attachment titled, [redacted] daily walk throughs

**102i - Soap Dispenser (continued)**

*This POC is complete.*

**Licensee's Proposed Overall Completion Date: 11/27/2023**

**Implemented (█ - 12/11/2023)**

**103d - Storing Food Off Floor****7. Requirements**

2600.

103.d. Food shall be stored off the floor.

**Description of Violation**

*1 – 50-pound bag of onions were stored on the floor in the dry storage area off the kitchen.*

**Plan of Correction**

**Accept (█ - 12/04/2023)**

*The 50-pound bag of onions were immediately placed on top of a crate off of the floor on 11/1/2023 by building nurse while inspectors were still on site. Daily walk throughs were initiated on 11/1/2023 and will be conducted by the building nurse and/or administrative assistant Mondays through Fridays with staff until they seem to have a good understanding on compliance. The administrator will continue to oversee and monitor to ensure that compliance is being maintained. Please see attachment titled, █-daily walk throughs.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date: 11/27/2023**

**Implemented (█ - 12/11/2023)**

**103e - Left Overs****8. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*In the refrigerator in the kitchen, there was an unlabeled and undated container of what appeared to be tuna salad. There were 2 pitchers of tea and a pitcher of orange juice that were undated. There was a container of applesauce that was labeled fruit salad. The refrigerator also contained a Ziplock bag of ham that was dated 7/29.*

**Plan of Correction**

**Accept (█ - 12/04/2023)**

*The tuna salad was placed in the fridge by a resident, and it was removed and disposed of by building nurse on 11/1/23 while inspectors were still on site. The nurse and/or administrative assistant are continuing with helping unload trucks weekly and labeling all items, prior to storing. A daily walk through was initiated on 11/1/2023 and will be conducted by the building nurse and/or administrative assistant to get physical eyes on all areas of the building Mondays through Fridays. The administrator will continue to monitor to ensure that compliance is being maintained. Please see attachment titled, █-daily walk throughs.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date: 11/27/2023**

103e - Left Overs (*continued*)

Implemented (█ - 12/11/2023)

## 103i - Outdated Food

## 9. Requirements

2600.

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

## Description of Violation

*There was an unlabeled and undated package of sausage in the stand-up freezer in the kitchen.*

## Plan of Correction

Accept (█ - 12/04/2023)

*The package of sausage was immediately removed and disposed of by the building nurse on 11/1/2023 while inspectors still on site. The building nurse and/or administrative assistant will continue to unload the truck with staff to help label and date everything as needed. Daily building walk throughs were initiated on 11/1/2023 and will be conducted Mondays-Fridays by the building nurse and/or administrative assistant. The administrator will continue to oversee to ensure that compliance is being maintained. Please see attachment titled, █ daily walk throughs.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date:** 11/27/2023

Implemented (█ - 12/11/2023)

## 182c - Medication Administration

## 10. Requirements

2600.

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

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

## Description of Violation

*RESIDENT #1 was interviewed, she/he stated that within the previous 2 days her/his medication was left on █ dresser, while she/he was in the bathroom. Resident #2 states staff often leave her/his medication on the dining room table when she/he is eating and walk away before she/he takes her medication.*

## Plan of Correction

Accept (█ - 12/04/2023)

*There was no physical evidence of cups being left behind in rooms. An education was done at a building meeting in regard to this on 9/27/23 and there have been no complaints from residents to staff until re-inspection on 11/1/2023. Daily walk throughs were initiated on 11/1/2023 in all areas of the building and to be conducted by the building nurse and/or the administrative assistant Mondays through Fridays. The building nurse will periodically check in with residents to see if medications are being administered correctly. The administrator will continue to talk with administration and receive updates to ensure that compliance is being maintained. Please see attachment titled, █-daily walk throughs.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date:** 11/27/2023

Implemented (█ - 12/11/2023)

182c - Medication Administration (*continued*)

## 183b - Meds and Syringes Locked

**11. 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.

**Description of Violation**

*There were 2 Sudafed tablets on the bathroom vanity in room 45, which is unoccupied. The door was unlocked/unsecured.*

**Plan of Correction****Accept** [REDACTED] - 12/04/2023)

*The 2 Sudafed tablets in unoccupied rm# 45 were immediately removed and disposed of while inspectors were still on site by building nurse on 11/1/2023. Daily walk throughs throughout the whole building were initiated on 11/1/2023 and to be conducted by the building nurse and/or administrative assistant Mondays through Fridays to get physical eyes on the whole building and to ensure all unoccupied rooms are locked and secured. The administrator will continue to monitor and oversee to ensure that compliance is being maintained. Please see attachment titled [REDACTED]-daily walk throughs.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date: 11/27/2023**

**Implemented** [REDACTED] - 12/11/2023)