

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 11/02/2023 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 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]
Phone: [REDACTED] **Email:** [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:** 41 **Waking Staff:** 31

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Interim **Exit Conference Date:** 11/02/2023

Inspection Dates and Department Representative

11/02/2023 - 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: 5

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: 6 **Have Physical Disability:** 1

Inspections / Reviews

11/02/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/25/2023

12/11/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/12/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/13/2023

Inspections / Reviews *(continued)*

12/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The glass topped freezer in the kitchen had 6 bags of frozen waffles, 1 bag of corn, 1 bag of string beans, and 4 bags of tater tots all unlabeled and undated.

Plan of Correction Accept [REDACTED] - 12/11/2023)

Administrator and/or Administrative Assistant will unload the weekly trucks with the cooks beginning 11/3/2023 and will assist with labeling and dating all items to ensure that compliance is being maintained. They will do this for one with cooks and then will continue to do weekly walk throughs in the kitchen starting 12/1/2023. Administrator will continue to oversee to ensure that compliance is being maintained. Please see attachment titled, [REDACTED]-weekly truck audit.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/22/2023

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

105g - Lint Removal and Duct Cleaning

2. 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

An accumulation of lint was observed in the dryer duct located to the right of the home's exit, posing a possible fire hazard.

Lint was observed in the lint trap of the laundry room near rooms 1-12. The dryer was cool to the touch and was not in use.

Plan of Correction Accept [REDACTED] - 12/11/2023)

Maintenance has and is continuing to conduct weekly vent checks and will continue to do them weekly. The Administrator and/or Administrative Assistant will conduct daily walks throughout the building starting 11/3/2023 1 month and then weekly beginning 12/1/2023 to check for lint and remove any lint, as needed. The administrator will continue to oversee and if needed will return to daily walks throughout the building to ensure that compliance is being maintained. Please see attachment titled, [REDACTED]-weekly vent cleaning log continued.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/22/2023

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

125a - Combustible Storage

3. Requirements

125a - Combustible Storage (continued)

2600.

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

Description of Violation

The laundry room near rooms 1-12 had 2 wash cloths and tissue paper behind the dryer, laying on top of the external dryer vent, posing a fire hazard.

Plan of Correction

Accept (redacted) - 12/11/2023)

Maintenance has and is continuing to conduct weekly maintenance checks and will continue to do them weekly. The Administrator and/or Administrative Assistant will conduct daily walks throughout the building starting 11/3/2023 for 1 month and then weekly beginning 12/1/2023 to check for lint and remove any lint, as needed. The administrator will continue to oversee and if needed will return to daily walks throughout the building to ensure that compliance is being maintained. Please see attachment titled, PV- weekly maintenance checklist November. This POC is complete.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented (redacted) - 12/14/2023)

144c2 - Smoking Area Distance

4. 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

Several cigarette butts were found on the patio, near room 16, which is not designated as a smoking area for the home.

Plan of Correction

Accept (redacted) - 12/11/2023)

Maintenance immediately disposed of the cigarette butt while inspectors still on site on 11/2/2023. Maintenance did a walk around on 11/8/2023 and is continuing to do weekly walk arounds the building for cigarette butts, and it has minimized since originally found. Please see attachment titled, weekly grounds check for debris and remnants. The administrator will continue to oversee weekly reports to ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented (redacted) - 12/14/2023)

181c - Self-administration Assessment

5. Requirements

2600.

181c Self administration Assessment (continued)

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

A tube of [redacted] was found in a plastic bin on the chair located in Resident 1's room. The resident's Documentation of Medical Evaluation dated [redacted] does not indicate that the resident can self administer any medications.

Resident #3 had [redacted] eyedrops and [redacted] eyedrops in the resident room on the stand by the chair. The resident indicated they put the eyedrops in by themselves. The resident's Documentation of Medical Evaluation dated [redacted] indicates the resident cannot self administer medications.

Plan of Correction

Accept [redacted] - 12/11/2023)

The administrator immediately removed the tube of [redacted] from Resident #1's room and [redacted] eyedrops and [redacted] eyedrops from Resident #3's room while inspectors still on site. The administrator and/or administrative assistant will do daily walk arounds throughout the building and check rooms for any contraband or medications starting 11/3/2023 for 1 month, then weekly for 1 month, and then monthly. The administrator will oversee to ensure that compliance is being maintained. Please see attachment titled, PV daily walk throughs.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/25/2023

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

185a - Implement Storage Procedures

6. 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] tablets. The prescription was not available in the home at the time of inspection.

Resident #6 has a PRN prescription for [redacted] tablets. The prescription was not available in the home at the time of inspection.

Plan of Correction

Accept [redacted] - 12/11/2023)

The administrator was able to locate Resident #2's PRN the same day inspectors were on site, but already left on 11/2/2023. Monthly cart audits will be continued, and all medications will be ordered as needed. The administrator will oversee to ensure that compliance is being maintained. Please see attachment titled, PV odansetron.

Administrator immediately reordered resident #6's [redacted] tablets from pharmacy on 11/2/2023 while inspectors still on site. Monthly cart audits will be continued and any medication not available will be ordered. Staff have been educated to order when there is 3 5 days' worth of medications left to ensure it is always available.

185a - Implement Storage Procedures (continued)

The administrator will continue to monitor and oversee to ensure that compliance is being maintained. Please see attachment titled, [REDACTED] card.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/25/2023

Implemented [REDACTED] - 12/14/2023)

227d - Support Plan Medical/Dental

7. 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

Resident #4 and Resident #5 both use bedside mobility devices. The Resident Assessment Support Plans for resident #4 dated [REDACTED], and Resident #5 dated [REDACTED], do not include any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 12/11/2023)

The administrator immediately on [REDACTED] added to resident #4 and resident #5's RASPs any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines. The Administrator and/or administrative assistant will continue to add these to RASPs on existing and new admissions that require an enabler bar for mobility assistance to ensure that compliance is being maintained. Please see attachment PV-updated RASPS.

This POC is complete.

Licensee's Proposed Overall Completion Date: 11/25/2023

Implemented [REDACTED] - 12/14/2023)